(ORIGINAL)

TECHNICAL PROPOSAL
TO PROVIDE COMPREHENSIVE
INMATE HEALTH CARE AND MENTAL HEALTH

WEST VIRGINIA DIVISION OF CORRECTIONS
RFP: COR61566
08/05/2014

PRIMECARE MEDICAL, INC.
3940 LOCUST LANE
HARRISBURG, PA 17109

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08/05/14 12:30:00PM
West Virginia Purchasing Division

Authorized contact persons to speak on behalf of PrimeCare Medical, Inc.

Carl A. Hoffman, Jr., D.O., D.Sc., CCHP, President — 08/05/2014 Date

Francis J. Komykoski Sr., MBA, CCHP, Vice President of Operations
Todd W. Haskins, RN, BSN, CCHP, Vice President of Operations

PRIMECARE MEDICAL
OF WEST VIRGINIA, INC.
The Choice for Quality Correctional Healthcare.

August 5, 2014

Office of Tara Lyle, Senior Buyer
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

RE: RFP COR61566 – Inmate Comprehensive Health Care and Mental Health West Virginia Division of Corrections

Dear Ms. Lyle,

PrimeCare Medical of West Virginia, Inc. is pleased to submit this Technical and Pricing Proposal through yourself to the West Virginia Department of Administration / Purchasing Division for **Comprehensive Health Care Services for the Inmates/Patients** of the **West Virginia Division of Corrections**. **PrimeCare Medical** shall fully comply with all mandatory terms, requirements, conditions, and specifications contained in the Request for Proposal (RFP), to include any and all Addendums issued thereafter.

PrimeCare Medical, Inc. is a Pennsylvania professional corporation founded in 1986 by **Carl A. Hoffman, Jr., D.O., D.Sc., CCHP**, who remains as the President, Corporate Medical Director and primary stockholder. Dr. Hoffman brings **"thirty-nine (39) years"** of hands-on experience in correctional medicine. This experience is amplified by a senior management team that brings nearly **"200 combined years"** of correctional health care management experience. **PrimeCare Medical** is currently celebrating **"twenty-eight (28)"** years as a Correctional Medical Corporation, which is corporately located at 3940 Locust Lane, Harrisburg, PA 17109 (www.primecaremedical.com). **PrimeCare Medical** currently provides complete medical / operational management in **three (3)** states (West Virginia, Pennsylvania, and New Hampshire) and in **"sixty-two (62)"** correctional facilities company wide, covering over **"22,500"** inmate/patient lives. It is this footprint across **West Virginia** that has uniquely positioned **PrimeCare Medical of West Virginia, Inc.** to meet the needs of the inmate/patient population of the **West Virginia Division of Corrections** and to seamlessly transition this Proposal.

Developing this Proposal in response to **West Virginia's** RFP was exceptionally critical for **PrimeCare Medical of West Virginia, Inc.** as we are extremely proud of the fact that we are currently partnered with the **State of West Virginia**; as **PrimeCare Medical is the comprehensive health care provider to the West Virginia Regional Jail Authority and West Virginia Division of Juvenile Services, since 1993 and 2001, respectively**. Recognizing this special relationship with the **State of West Virginia, PrimeCare Medical of West Virginia, Inc. was formed as a domestic West Virginia corporation on July 28, 1998**, located at 89 Richard Minnich Drive, Suite 102B in Sutton, West Virginia. Accordingly, **PrimeCare Medical**

of West Virginia, Inc. is a recognized Corporation in **West Virginia**. As such, we are very excited about this opportunity to once again partner with the **State of West Virginia** and further enhance the level of health care services currently being provided to your inmate/patient population. In an effort to show **PrimeCare Medical's** continued commitment to further developing our partnership with the **State of West Virginia, I am designating two (2) of PrimeCare Medical's Vice Presidents and one (1) Junior Vice President to have direct Corporate oversight of this contract: Rebecca F. Davis, RN, BSN, CCHP; Arthur Jim Auxer, BA, M.Ed.; and Daniel R. Hoffman, MBA, CCHP; each of which having numerous years of experience working within the correctional systems in West Virginia.**

As **PrimeCare Medical of West Virginia, Inc.** is currently providing comprehensive correctional health care services to two (2) of the three (3) statewide correctional systems operated by the **State of West Virginia**, we possess the **"unparalleled capability"** of offering the absolute **"highest" level of continuity of health care services** to the **West Virginia Division of Corrections**. As such, by selecting **PrimeCare Medical of West Virginia, Inc.** as the new health care provider to your inmates/patients, the **State of West Virginia** would realize the maximum benefits of these **"economies-of-scale"** and will have a true **"partner"** in maintaining the health care needs of this critical population by having contracted with a **"single provider"** for the entire **State of West Virginia's** correctional health care needs. Throughout our Proposal, **PrimeCare Medical** explains how we will exceed the goals and objectives of this RFP**, as well as, details how the PrimeCare Medical "Solution" is the most logical for the West Virginia Division of Corrections** to consider. Below are just a few examples of some the unique strategies and methodologies contained within our Proposal:

- Established presence and necessary infrastructure within the **State of West Virginia**.
- Implementation of **PrimeCare Medical's** completely customized, electronic medical records system (**CorEMR**) to all **West Virginia Division of Corrections** Facilities.
- Achieve / Maintain Accreditation through the **National Commission on Correctional Health Care (NCCHC)** and **American Correctional Association (ACA)** at all **West Virginia Division of Corrections** Facilities.
- Partnership with **PSIMED CORRECTIONS, LLC.** as the Mental Health Care Provider, who we have worked with for over seven (7) years.
- Proven record of operational efficiencies and cost effectiveness through our Utilization Review Committee, Cost Containment Programs, Continuous Quality Improvement Programs, Technological Advancements, and Management Information Systems.

PrimeCare Medical of West Virginia, Inc.'s proven business model, coupled with its senior leadership, core values, business philosophies, and continuous desire to be the premier

provider of correctional health care services in the industry are what makes **PrimeCare Medical** a **"true leader"** in the correctional health care environment today. Due to the unique and diverse composition of its senior corporate leadership, **PrimeCare Medical** has the unparalleled capability to effectively engage in the type of strategic operational planning, medical / administrative consultation, professional liability / aggressive litigation management, and rapid response to emergent / client issues necessary for the proper delivery of medical services. Because of this experience, **PrimeCare Medical** fully understands the needs and concerns of the **West Virginia Division of Corrections** and is committed to custom designing a medical delivery system based upon nationally accepted standards.

PrimeCare Medical of West Virginia, Inc. will not only meet, but far exceed all levels of services presented in this Proposal. The Company is highly qualified to implement this Proposal, which is designed specifically to service the health care delivery systems for the **West Virginia Division of Corrections**. The result is the best possible health care package for your inmate/patient population and the most cost effective delivery system for the **State of West Virginia** to consider. We are confident that, following your review of our Technical and Pricing Proposal, you will vote to award the medical services contract with **PrimeCare Medical of West Virginia, Inc.** We are anxiously looking forward to the challenging opportunity of providing quality, comprehensive health care services to the **West Virginia Division of Corrections**.

If there are any questions or concerns pertaining to this Proposal, please do not hesitate to contact Rebecca F. Davis, Vice President of West Virginia Operations; Daniel R. Hoffman, Junior Vice President of Marketing and West Virginia Operations; Francis J. Komykoski Sr., Vice President of Operations; Todd W. Haskins, Vice President of Operations; or myself. These are the only five (5) officers that are authorized to speak on behalf of the Corporation or negotiate contractual provisions for this contract. The direct point(s) of contact for **PrimeCare Medical** relating to this Proposal shall be Francis J. Komykoski and Daniel R. Hoffman, who can be reached at the **PrimeCare Medical** Corporate Office, by telephone at (717) 545-5787, by fax at (717) 651-1866 and (717) 364-1227, or by email at fkomykoski@primecaremedical.com and dhoffman@primecaremedical.com, respectively.

Sincerely,

Carl A. Hoffman, Jr., D.O., D.Sc., CCHP

Carl A. Hoffman, Jr., D.O., D.Sc., CCHP
President and Corporate Medical Director

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Attachment A: Vendor Response Sheet

Provide a response regarding the following: firm and staff qualifications and experience in completing similar projects; references; copies of any staff certifications or degrees applicable to this project; proposed staffing plan; descriptions of past projects completed entailing the location of the project, project manager name and contact information, type of project, and what the project goals and objectives where and how they were met.

List project goals and objectives contained in Section 4, Subsection 4:

4. **Project and Goals:** The project goals and objectives are:

   4.1. To provide an ACA and NCCHC delivery of cost efficient comprehensive health care and mental health services to the WV Division of Corrections inmate population as outlined in this RFP.

Vendor Response:

ACCEPTANCE OF TERMS AND CONDITIONS OF RFP COR61566

In accordance with RFP COR61566, PrimeCare Medical of West Virginia, Inc. is respectfully submitting this Technical and Pricing Proposal to provide all services necessary for the provision of comprehensive health care to all inmates/patients who are under the care and custody of the West Virginia Division of Corrections, to include those Division inmates/patients who are housed in other Division operated facilities (i.e., Work Camp Facilities, RSAT Units, Work Release Facilities, Community Corrections Centers, etc.), and those inmates/patients housed within the West Virginia Regional Jail Authority (specifically, required mental health services). PrimeCare Medical of West Virginia, Inc. shall fully comply with all mandatory terms, requirements, conditions, and specifications contained in the West Virginia Purchasing Division's Request for Proposal (RFP), to include any and all Addendums issued thereafter.

In accordance with RFP COR61566, all inmate/patient health care services provided under this contract for the West Virginia Division of Corrections' Facilities shall be in accordance with the standards of the American Correctional Association (ACA) National Commission on Correctional Health Care (NCCHC), the West Virginia Division of Corrections' Policies and Procedures, the Affordable Care Act, the American Medical Association (AMA), the American Society of Addiction Medicine (ASAM), the Federal Prison Rape Elimination Act (PREA), Centers for Disease Control Protocols and Guidelines, State Boards of Medicine, Medical Licensing Rules and Regulations, Federal OSHA Guidelines, all applicable court orders and mandates, and all other Federal, State, and Local statutes, regulations, rules and standards. All required permits, registrations, and licenses needed to perform the services detailed within this Proposal shall be the responsibility of PrimeCare Medical of West Virginia, Inc. to acquire and maintain for the life of the contract.

In accordance with RFP COR61566, PrimeCare Medical of West Virginia, Inc. shall coordinate all aspects of its health care delivery systems, policies and procedures, reporting analysis, quality improvement / assurance studies and processes, cost containment programs, and all other requirements of the RFP with the West Virginia Division of Corrections. Additionally, PrimeCare Medical of West Virginia, Inc. shall be available to confer with the West Virginia Division of Corrections at any time concerning any provisions of this Proposal or any other matters pertaining to the performance of any potential contract.

In accordance with RFP COR61566, PrimeCare Medical of West Virginia, Inc.'s Technical and Pricing Proposal outlines our operational plan to provide comprehensive health care services to the West Virginia Division of Corrections. PrimeCare Medical of West Virginia, Inc. understands the fiscal and operational constraints of the West Virginia Division of Corrections and firmly believes that awarding this comprehensive health care services agreement to PrimeCare Medical will prove to be the most logical, efficient, and cost-effective strategy for the State of West Virginia to consider.

STATEMENT OF THE PROBLEM

The State of West Virginia and the West Virginia Division of Corrections are seeking a highly qualified and experienced correctional health care corporation who shall serve as their primary provider of comprehensive health care services to their inmate/patient population. The respective correctional health care corporation shall solely be in the business of providing such contracted services to inmates/patients confined to correctional institutions and shall provide levels of service consistent with nationally accepted standards, laws, and regulations. All professional health care services and management of such services shall be under the guidance and direction of appropriately qualified, licensed, and trained individuals who are experienced and specialize in the field of correctional medicine.

The main goals and objectives of the West Virginia Division of Corrections, through this RFP process, are to identify, select, and contract with an established, qualified, and proven correctional health care firm who has the expertise and ability for delivering the following:

- Provide health care services at a standard consistent with nationally accepted and community required standards of care (NCCHC and ACA), as well as, all applicable West Virginia statutes, regulations, and laws.

- Provide health care services to each institution in a manner approved by the West Virginia Division of Corrections, which shall be compliant with West Virginia Division of Corrections policies and procedures.

- Provide health care services in the most cost-effective and operationally efficient manner possible, consistent with all requirements set forth in the RFP, with full reporting and accountability to the West Virginia Division of Corrections.

- Develop and implement strategies to minimize health care cost increases during the life of this correctional health services agreement.

- Operate a comprehensive health care program at full staffing using only licensed, certified and professionally trained personnel.
- Partner with the West Virginia Division of Corrections in a joint Continuous Quality Improvement Program, focusing on process and outcome strategies to achieve the most appropriate levels of inmate/patient care.
- Provide for the implementation of a comprehensive electronic medical records system for the entire West Virginia Division of Corrections system.
- Develop relationships with community based partners to coordinate for the necessary discharge of inmates/patients from correctional facilities and insure their successful re-entry back into the community.

The West Virginia Division of Corrections is in need of a comprehensive correctional health care firm who not only possesses the operational ability, but also maintains the financial capability of providing this level of service to its inmate/patient population. Such a firm will need to possess the infrastructure and have the necessary resources available to provide for both the administrative and medical management of such a project, as well as, have the proven ability to transition a correctional health care contract of this size.

Following your review of our Proposal, we firmly believe that the West Virginia Purchasing Division and the Division of Corrections will see that PrimeCare Medical of West Virginia, Inc. not only meets all of the requirements of this RFP, but far exceeds them; thus, making PrimeCare Medical of West Virginia, Inc. the ideal solution for the West Virginia Division of Corrections.

PCM Highlights

- 28 years in business – Established 1986
- Incorporated in the State of West Virginia
- Formed by a physician who continues to serve as President and Corporate Medical Director
- Family owned and operated
- Local WV Office in Sutton
- 161 years of Correctional Management Experience
- 62 Correctional Facilities servicing over 22,500 inmates/patients
- Annual revenues in excess of $75 million

COMPANY PROFILE

PrimeCare Medical, Inc. was originally incorporated in the Commonwealth of Pennsylvania as a business corporation in 1986 and was then known as Pennsylvania Institutional Health Services, Inc. (PIHS). In 1994, its legal status was changed to a professional corporation and, four years later, its name was formally changed to PrimeCare Medical, Inc. That same year, two wholly owned subsidiaries were created, PrimeCare Medical of West Virginia, Inc. and PrimeCare Medical of New York, Inc. PrimeCare Medical is a privately owned and family operated correctional health care corporation that is currently celebrating twenty-eight (28) years in business. Our founder, Dr. Carl A. Hoffman, Jr., D.O., D.Sc., CCHP, currently serves as the President and Corporate Medical Director for PrimeCare Medical, Inc. and PrimeCare Medical of West Virginia, Inc.

and brings over thirty-nine (39) years of hands on correctional / health care experience.

PrimeCare Medical, Inc.'s Corporate Headquarters is located at 3940 Locust Lane, Harrisburg, Pennsylvania 17109. PrimeCare Medical of West Virginia, Inc.'s offices are located at 89 Richard Minnich Drive, Suite 102B, Sutton, West Virginia, 26601; which is located less than sixty (60) miles from the West Virginia Division of Corrections' Office. Due to our continued commitment to servicing the inmate/patient populations throughout the State of West Virginia, as stated above, PrimeCare Medical has actually incorporated itself as a West Virginia business. To our knowledge, PrimeCare Medical is the only correctional health care firm responding to this RFP that has actually been incorporated in the State of West Virginia. Upon a contract award, PrimeCare Medical of West Virginia, Inc. plans to expand its Regional Offices by opening a new Corporate Regional Office location in Charleston, West Virginia, which would be located even closer to that of the Division of Corrections' Headquarters.

PrimeCare Medical is proud to say that our vision of becoming one of the region's most prestigious correctional health care companies has become a reality, due to the tireless efforts, leadership, and management of our senior Corporate Officers. PrimeCare Medical's Executive Vice President, Theresa Marie Hoffman, and our Vice Presidents, Rebecca F. Davis, RN, BSN, CCHP; Arthur Jim Auxer, BA, M.Ed.; Francis J. Komykoski Sr., MBA, CCHP; and Todd W. Haskins, RN, BSN, CCHP, possess a total of 161 years of correctional management, mental health, and administrative experience. The combination of this unparalleled level of experience in the industry permits PrimeCare Medical to possess a unique insight into the challenges and dynamics of the correctional health field today.

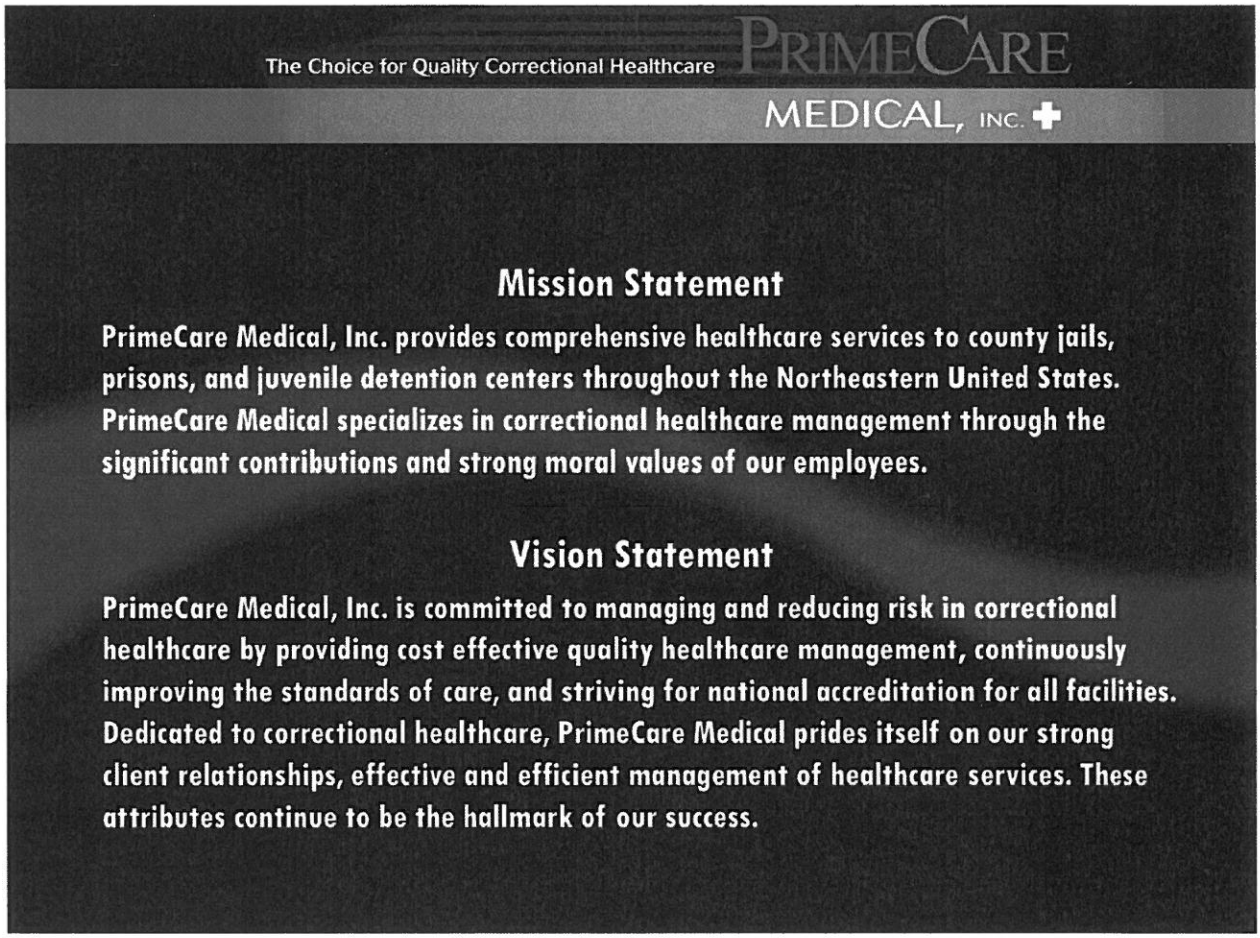
PrimeCare Medical currently provides comprehensive health care services to over "22,500" inmates/patients in sixty-two (62) adult and juvenile correctional facilities throughout the Northeastern United States, totaling in excess of $75,000,000 in annual revenues for the Corporation.

Of those clients, we are most proud of the fact that (1) PrimeCare Medical of West Virginia, Inc. has been the correctional health care provider to the West Virginia Regional Jail Authority since February 22, 1993 and to the West Virginia Division of Juvenile Services since January 15, 2001; and (2) that PrimeCare Medical, Inc. is the "*largest*" provider of county correctional health care services in the Commonwealth of Pennsylvania. This achievement and our continued successes have been attainable due to the vision and leadership of Dr. Hoffman, our tested and proven business model, and the strong partnerships which we have forged with each and every one of our clients throughout the Corporation. Since our inception, we have strived to be the "*best*" in the correctional health care industry and to differentiate ourselves from our competition

through this business philosophy, which was developed to service county jails and state prison systems, such as the West Virginia Division of Corrections. A complete listing of all current contracts and professional references, to include facility names, average daily populations, date original contracts were signed, points of contact and telephone numbers, and accreditation statuses can be found attached to this Proposal. PrimeCare Medical not only welcomes you to, but encourages you to contact any one of these clients and inquire as to the level of service we provide.

PrimeCare Medical also supports the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA) accreditation processes. PrimeCare Medical has successfully achieved and maintained NCCHC Accreditation at forty-four (44) of our contracted facilities and has successfully achieved and maintained ACA accreditation at three (3) of these sites. We are extremely proud of these accreditations and of the fact that not only have we achieved accreditation each and every time that we have applied, but also the fact that we have never lost an accreditation at any of our contracted facilities.

PrimeCare Medical has a proud history and commitment to correctional health care. The Mission and Vision of the Corporation is reflective in our many years of success in a difficult and continuously evolving environment of correctional health care.



PrimeCare Medical currently employs over 1,100 health care professionals, as well as, an additional 38 medical subcontracted providers, who are managed by a team of experienced professionals in health care, corrections, risk management, and business. These health care professionals total over $43,000,000 in annual payroll expense to PrimeCare Medical. With this wide variety of experience, PrimeCare Medical is capable of providing to all of its contracts a professional health care TEAM to address any and all situations that may arise within a correctional setting.

We realize and respect that each individual institution has its own unique policies, procedures and budgetary constraints. Consequently, at PrimeCare Medical, we are committed to providing our clients with quality health care programs that are customized to meet specific institutional needs and fit into existing administrative structures, to include those of the West Virginia Division of Corrections.

Throughout the years, PrimeCare Medical's TEAM has built both close personal and strong professional relationships with many different members of the correctional industry's management staffs in the states in which we operate. This network has empowered PrimeCare Medical to accomplish otherwise impossible tasks. Diversity of relationships, ownership of challenges, accessibility of personnel, commitment to issue resolutions, and retention of senior staff makes PrimeCare Medical of West Virginia, Inc. uniquely suited to deal with the medical issues of the West Virginia Division of Corrections.

> *"At PrimeCare Medical, we remain committed to developing the strongest client relationships in the industry, striving to continuously customizing our services to satisfy the needs of each of our correctional institutions. Our level of commitment to our clients is absolute."*
>
> **~ Carl A. Hoffman, Jr., D.O., D.Sc., CCHP**
> **President and Medical Director**

PRIOR EXPERIENCE

Over the past twenty-eight (28) years, PrimeCare Medical has sustained steady, continual, purposeful growth and has successfully expanded its business operations throughout the Northeastern United States. PrimeCare Medical currently provides complete medical, mental health, dental, pharmaceutical, radiology, laboratory, chronic disease management, risk management, and contract oversight for sixty-two (62) correctional institutions across three (3) states, which encompasses over "22,500" inmate/patient lives. It is this footprint across West Virginia and Pennsylvania that has uniquely positioned PrimeCare Medical of West Virginia, Inc. to meet the needs of the inmate/patient population of the West Virginia Division of Corrections and to seamlessly transition this Proposal. As many of PrimeCare Medical of West

Virginia, Inc.'s contracted correctional facilities neighbor the West Virginia Division of Corrections' institutions, this will provide for a strategic advantage to PrimeCare Medical of West Virginia, Inc. in managing the health care services required under this contract. This close proximity will allow for instant access to already established relationships with community hospital providers, specialty care networks, community health care programs, and other non-profit agencies. This developed network of resources will provide PrimeCare Medical of West Virginia, Inc. with the required level of resources and flexibility needed to achieve our mutual success in transitioning the West Virginia Division of Corrections' health care contract.

On February 22, 1993, PrimeCare Medical was awarded the medical services contract at the Eastern Regional Jail. Since that time, we have had the privilege to have partnered with the West Virginia Regional Jail Authority and have been there to open each of their other Regional Jail Facilities, with the exception of South Central Regional Jail. South Central Regional Jail had originally contracted with another correctional health care firm, but shortly thereafter transitioned its health care services to PrimeCare Medical. As such, we have been the very first, and only, health care provider to service to the West Virginia Regional Jail Authority. For over twenty-one (21) years, PrimeCare Medical of West Virginia, Inc. has successfully provided for the comprehensive health care services to the inmate/patient population of the West Virginia Regional Jail Authority, a single contract consisting of a state-wide correctional system housing over 4,500 inmates/patients, which is very similar in size to that of the West Virginia Division of Corrections. It has been these twenty-one (21) years of service that has made PrimeCare Medical the longest current standing correctional health care firm to have partnered with the State of West Virginia. The West Virginia Regional Jail Authority is comprised of ten (10) regional jail facilities and two (2) state prison facilities. We believe it is imperative to highlight that through our contract with the Regional Jail Authority; PrimeCare Medical of West Virginia, Inc. is already servicing two (2) Division of Corrections facilities (the Northern Regional Jail and Correctional Facility and the Ohio County Correctional Complex), as well as, providing care to many other "state inmates" who are currently serving time within the Regional Jail system. This unique blending of inmates/patients has allowed PrimeCare Medical of West Virginia, Inc. to experience the vast differences and complexities of health related concerns that face those inmates/patients facing both short term and long term sentences.

WV & PCM

- 21 years of health care service to the State of WV
- Very first and only health care provider for the Regional Jail Authority
- Currently providing health care to two (2) WV state prison facilities
- State-Wide Electronic Medical Record (EMR) in all WV RJA Facilities
- Contracted provider for all West Virginia Division of Juvenile Services (DJS) Facilities

As the medical provider to the West Virginia Regional Jail Authority, PrimeCare Medical is responsible for the health care for every individual arrested in the State of West Virginia from the time they first come through the jails' doors. Often times, these individuals have neglected their personal health needs while living in our communities and therefore require significant levels of both physical health and mental health treatment once they become incarcerated. As a result, it then becomes

our responsibility to appropriately assess, diagnose and initiate necessary treatment regimens for these individuals through the length of their stay in the Regional Jails, which can prove to be a challenging task due to the level of neglect prior to their incarceration. However, through our demonstrated experience of having successfully serviced these inmates/patients while in the Regional Jails, it would only make sense to have PrimeCare Medical be responsible for maintaining care of their ongoing health needs as they transition into the West Virginia Division of Corrections system; thus, creating the absolute highest level of continuity of care for this critical population. No other health care company has the ability to ensure this level of continuity.

Likely one of the most significant accomplishments we have made in recent years within the West Virginia Regional Jail Authority has been the implementation of our completely customized electronic medical records system, CorEMR. As of March 2011, PrimeCare Medical of West Virginia, Inc. has successfully transitioned CorEMR into each of the Regional Jail Facilities, making West Virginia one of the only state-wide regional jail systems in the country to have achieved this milestone. It is this vast experience in West Virginia that has uniquely positioned PrimeCare Medical of West Virginia, Inc. to seamlessly transition the contract for the West Virginia Division of Corrections. We believe that through our existing partnership with the Regional Jail Authority, we possess a strategic advantage over each of our competitors to maintain the highest levels of continuity of patient care for those inmates/patients transitioning from the Regional Jail to the Division of Corrections; no other correctional health care company can offer this guarantee.

Also in West Virginia, PrimeCare Medical is extremely proud to say that it has been the contracted health care provider for the entire West Virginia Division of Juvenile Services system since 2001, when we were awarded an emergency services contract at the West Virginia Industrial Home for Youth. The Division of Juvenile Services is another multi-facility system consisting of nine (9) juvenile detention and confinement facilities and PrimeCare Medical is proud to say that it has again, been the only correctional health care firm to have serviced this unique and diverse multi-facility system. This is just another example of PrimeCare Medical's ability to effectively operate and manage a state-wide correctional system.

Aside from our unmatched experience in servicing the State of West Virginia, PrimeCare Medical, Inc. is also extremely proud of its significant accomplishments in the Commonwealth of Pennsylvania, which borders the State of West Virginia. PrimeCare Medical, Inc. is the medical vendor with the "*largest*" number of adult county correctional contracts (33) and juvenile detention facilities (8) in Pennsylvania. These forty-one (41) facilities house nearly "18,000" incarcerated individuals, which represent nearly "fifty" (50%) percent of all Pennsylvania county inmates/patients. Although these Pennsylvania contracted sites are at the county level, many of them house in excess of 1,000 inmates/patients each, proving our ability to successfully manage large facility populations. Below, please find a listing of these facilities and their respective average daily populations (ADP's), many of which being similar in size to the larger facilities under the control of the West Virginia Division of Corrections. Complete contact information and contract details for each of these sites can be found within our Business References, which are attached to this Proposal.

Facility Name	ADP
Dauphin County Prison	1,200
Berks County Jail System	1,000
Chester County Prison	1,100
Northampton County Prison	1,250
Lehigh County Department of Corrections	1,500
York County Prison	2,300
Lancaster County Prison	1,400
Montgomery County Correctional Facility	1,800
Bucks County Correctional Facility	1,082

In addition to these facilities, PrimeCare Medical has also been providing comprehensive correctional health care services to the Rockingham County Department of Corrections, located in New Hampshire, since July 1999.

In addition to the current health care contracts mentioned above, PrimeCare Medical has also contracted with various other correctional institutions throughout the years, to include facilities in Maine, New York, and Maryland.

11.4 YEARS
AVERAGE LENGTH OF ALL PCM CONTRACTS

Another critical aspect of PrimeCare Medical's business model is the "longevity" of our health services contracts. At PrimeCare Medical, we remain focused and committed to establishing long term partnerships with our clients. Typically, once we are awarded a correctional health care contract, we are never faced with the need to prepare an exit strategy and transition plan to another health care company. In fact, many of our existing clients elect to simply "renew" our health care agreements without the desire to even obtain proposals from other firms. PrimeCare Medical has actually maintained many of our health care contracts longer than some of our competitors have even been in business. Below, is a listing of some of the longest standing contracts that PrimeCare Medical has successfully maintained (those being in existence for greater than 10 years). We again encourage you to contact any one of these clients to learn more about the level of services we provide.

State	Facility Name	Contract Start Date
Pennsylvania	Dauphin County Prison	01/01/1988
	Schaffner Youth Center	01/01/1988
	Berks County Jail System	10/01/1989
	Monroe County Correctional Facility	10/01/1993
	Pike County Correctional Facility	11/01/1995
	Cambria County Prison	07/01/1997

	Perry County Prison	07/01/1997
	Chester County Prison	10/01/1997
	Bedford County Jail	12/09/1997
	Northampton County Prison	04/01/1999
	Lawrence County Correctional Facility	04/16/2000
	Fayette County Prison	10/01/2000
	Franklin County Jail	07/01/2002
	Adams County Correctional Complex	02/01/2003
	PA - Childcare Facility East	02/17/2003
	Lehigh County Department of Corrections	08/01/2004
New Hampshire	Rockingham County Department of Corrections	07/01/1999
West Virginia	Eastern Regional Jail	02/22/1993
	Central Regional Jail	02/22/1993
	Southern Regional Jail	06/22/1994
	South Central Regional Jail	07/01/1994
	Northern Regional Jail and Correctional Facility	07/01/1994
	Southwestern Regional Jail	04/01/1998
	Ohio County Correctional Complex	04/01/1998
	Potomac Highlands Regional Jail	02/15/2000
	North Central Regional Jail	08/03/2001
	Kenneth Honey Rubenstein Juvenile Center	08/01/2002
	J.M. Chick Buckbee Juvenile Center	11/04/2003
	James H. Tiger Morton Juvenile Center	11/19/2003
	Donald R. Kuhn Juvenile Complex	12/01/2003
	Western Regional Jail	12/13/2003
	Sam Perdue Juvenile Center	03/02/2004

PrimeCare Medical is also a strong supporter of the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA), as all of our policies and procedures are based upon their standards. One of the key reasons why we feel so strongly about these agencies and their accreditation processes is that they provide our clients with an unbiased, third party evaluation of the level of service PrimeCare Medical provides.

Over the years, PrimeCare Medical has successfully achieved accreditation, as well as reaccreditation, from the NCCHC and ACA in **100%** of our audits; thus, PrimeCare Medical has never failed to achieve and/or maintain continuous accreditation status from either of these agencies.

In West Virginia, we have successfully achieved and maintained accreditation from the NCCHC for the entire Regional Jail Authority and for the entire Division of Juvenile Services, as well as, ACA Accreditation at both Division of Corrections facilities that are under the control of the Regional Jail Authority.

To further illustrate our ability to effectively transition and operate the health services contract for the West Virginia Division of Corrections, we would like to share some statistics detailing the volume of health care services provided by PrimeCare Medical on an annual basis.

Total Average Daily Population (ADP)	22,500
Total Number of Intake Receiving Screenings Completed	146,593
Total Number of Outside Specialty Consultations	14,718
Total Number of Medical Sick Call Visits Completed (Nursing, PA's, CRNP's, & Physician)	328,313
Total Number of Mental Health Patient Contacts	191,285
Total Number of Dental Patient Contacts	35,631

**Statistics taken from 2013 End of Year Statistical Summary Reports.*

PrimeCare Medical has a long-standing, definitive track record of successfully managing all aspects required for a smooth contract implementation, transition of employees, and consistency of services. Every new contract is launched using a formal Transition Plan that specifies key activities within each major functional area, the person(s) responsible for completing these tasks, and the required dates of completion based on the timeframe available. Implementation activities focus on smooth transitioning of all management functions and the continuity of all clinical services required under the contract. Our expertise is further enhanced by PrimeCare Medical's extensive experience and working knowledge of the correctional system. Important for the West Virginia Division of Corrections, PrimeCare Medical of West Virginia, Inc. has a thorough understanding of correctional policies and procedures from our years of experience in managing health care services within the State of West Virginia. Upon a contract award, PrimeCare Medical of West Virginia, Inc. will utilize our West Virginia and Pennsylvania experienced managers to implement and initiate the PrimeCare Medical of West Virginia, Inc. operations plan as detailed throughout this Proposal. Drawing upon twenty-eight (28) years of experience in successfully managing many other contracts, as well as our in-depth working knowledge and experience specific to West Virginia, PrimeCare Medical of West Virginia, Inc.

can assure the West Virginia Division of Corrections a smooth and effectively coordinated transition that will insure continuity of administrative and clinical functions to the West Virginia Division of Corrections.

PRIMECARE MEDICAL D.O.C. EXPERIENCE

PrimeCare Medical, as well as numerous members of our Senior Corporate Leadership Team, also has many years of experience in contracting with State Department of Corrections / Division of Corrections facilities. As stated previously, PrimeCare Medical of West Virginia, Inc. currently provides for the health care management to the Northern Regional Jail and Correctional Facility and the Ohio County Correctional Complex, both of which being West Virginia Division of Corrections facilities which have now been incorporated into this RFP process. We have been the only correctional health care company to have ever serviced these Division of Corrections facilities, which we have managed since 1994 and 1998, respectively. Throughout the years, the State of West Virginia has also routinely housed "thousands" of their Division of Corrections Inmates within the Regional Jail Facilities. As such, we have successfully provided for the ongoing health needs of this critical DOC population, again proving our ability to fulfill the health care requirements of the West Virginia Division of Corrections.

In addition to our Division of Corrections experiences in West Virginia, PrimeCare Medical (then known as Pennsylvania Institutional Health Services) has also maintained the correctional health care contracts with many of the Pennsylvania Department of Corrections facilities. In October 1986, we were awarded health care contracts at the Pennsylvania State Correctional Institutes (SCI) at Cresson and Frackville, becoming our first State Department of Corrections contracted facilities. Throughout the course of the next several years, we were also awarded the state comprehensive health care contracts at SCI-Dallas (1987-1993), SCI-Muncy (1989-1993), SCI-Camp Hill (1989-1993), SCI-Waymart (1990-1993), and SCI-Smithfield (1990-1993).

During this time, Carl A. Hoffman, Jr., D.O., D.Sc., CCHP, President and Corporate Medical Director for PrimeCare Medical, had personally serviced each of these institutions while serving as the President and Corporate Medical Director for Pennsylvania Institutional Health Services and was instrumental in advancing the level of health care that was being provided to these state sentenced inmates. Dr. Hoffman served as the Medical Director at the State Correctional Institution of Camp Hill for the Pennsylvania Department of Corrections from June 1975 until June of 1993. He managed the major population expansion at SCI-Camp Hill from a 1975 population of 842 inmates to the 1993 population of 3,900 inmates. During his "eighteen" (18) years of servicing these Pennsylvania DOC facilities, Dr. Hoffman coordinated and supervised all phases of medical treatments at SCI-Camp Hill (Nursing, Psychiatry, Medicine, Dental, Hospitalizations, E.R. Treatments, Continuous Quality Improvement, Utilization Review, and all Medical Specialty Consults and Treatments), as well as, serving as the Medical Director at SCI-Dallas. Dr. Hoffman also started the Inmate Classification System at SCI-Camp Hill and shared this concept with the entire Pennsylvania Department of Corrections Medical Departments. Of note, Dr. Hoffman had actually managed the medical operations at SCI-Camp Hill during and after the Camp Hill Prison Riots.

In addition to Dr. Hoffman's many years of experience in working with state correctional institutions, Arthur Jim Auxer, BA, M.Ed., Vice President of West Virginia Mental Health, has also had many years of experience in working in the Pennsylvania Department of Corrections, serving both as a mental health care professional providing direct patient care, as well as, serving in a variety of mental health supervisory and administrative positions during his "twenty-seven" (27) year tenure with the Pennsylvania DOC.

Todd Haskins, RN, BSN, CCHP, Vice President for PrimeCare Medical, had served "three" (3) years at the forefront of the medical operations at Pennsylvania SCI-Graterford, which was the largest Pennsylvania state correctional facility at that time, housing nearly 6,000 inmates/patients. During his tenure in the State prison system in Pennsylvania, Mr. Haskins served as a Nursing Supervisor (Nurse II) and as a Pharmacy Supervisor, while assisting with the oversight and management of the facility's pharmacy operations, chronic care clinics, and provider sick call lines.

Prior to her employment with PrimeCare Medical, Kelly Ehrich, MBA, BSN, RN, CCHP, Junior Vice President, was employed by Correctional Medical Services within the New Jersey Department of Corrections for over "seven" (7) years in a multitude of roles, including those of Outside Consultation/Specialty Care Manager, East Area Sr. Financial Analyst, and as the New Jersey Financial Manager. As the Statewide Out-Side Consultation/Specialty Care Manager, she directly supervised consult coordinators within the prison facilities across the state and coordinated on-site clinics and outpatient services for New Jersey State inmates. Throughout her career with Correctional Medical Services, Ms. Ehrich supported the New Jersey contracts in establishing and maintaining accreditation status. She then moved into the role of the East Area Sr. Financial Analyst, where she analyzed financial data for the correctional facilities of the Eastern Region of the United States that contracted with Correctional Medical Services. She worked on bid proposals and helped to support the Main Office Financial Operations Department in St. Louis, MO. She was later appointed as a Focal Point Trainer who was responsible for training all new management and administrative employees in various aspects of their respective contracts. Ms. Ehrich also served as a Financial Manager where she supported the day-to-day financial operations of the $125 million New Jersey Region and Federal Projects. This position included daily monitoring of labor to review appropriate utilization of staff relative to approved operational levels, troubleshooting claim/invoice issues, Ad Hoc reporting/analysis, monitoring utilization trends in inpatient and outpatient services, quickly identifying the need for corrective action, and to effectively communicate and resolve any issues related to the financial performance of the contract to include operational issues that could potentially lead to penalties.

In addition to these experiences in working directly with state DOC facilities, as mentioned previously, PrimeCare Medical of West Virginia, Inc. has been the contracted health care provider to the West Virginia Regional Jail Authority and the West Virginia Division of Juvenile Services since 1993 and 2001, respectively. Each of these organizations operate statewide correctional systems, with the Regional Jail housing adult offenders in multiple facilities "comparable in size" to that of the West Virginia Division of Corrections. These systems have been successfully managed by PrimeCare Medical throughout the years under the leadership of Dr. Hoffman and Rebecca Davis, RN, BSN, CCHP, Vice President of West Virginia Operations,

who brings over "twenty" (20) years of hands-on correctional health management and leadership experience.

In addition to the complete listing of Business References which have been included with this Proposal in the Addenda Section, PrimeCare Medical of West Virginia, Inc. respectfully submits the following references as direct points of contact to validate the level of service in which we provide as it pertains to this portion of our Technical Proposal:

- John E. Wetzel, Corrections Secretary, Pennsylvania Department of Corrections
  - 1920 Technology Parkway, Mechanicsburg, PA 17050
  - Phone: 717-728-4109

- Joseph A. DeLong, Executive Director, West Virginia Regional Jail Authority
  - 1325 Virginia Street East, Charleston, WV 25301
  - Phone: 304-558-2110

- Stephanie Bond, Director, West Virginia Division of Juvenile Services
  - 1200 Quarrier Street, Charleston, WV 25301
  - Phone: 304-558-9800

It is through these corporate experiences and "seventy-five (75)" years of our senior leadership's personal experiences in working with the West Virginia Division of Corrections, the Pennsylvania Department of Corrections, the West Virginia Regional Jail Authority, and the West Virginia Division of Juvenile Services that has again uniquely and strategically positioned PrimeCare Medical of West Virginia, Inc. to seamlessly transition this health services contract for the State of West Virginia in the most cost effective and efficient manner possible.

MANAGEMENT SUMMARY

PrimeCare Medical, since its inception, has been committed to providing the most efficient and cost effective, quality levels of health care services in the industry. This is accomplished through a commitment to operating the corporation on a daily basis consistent with nationally accepted standards, to include those of the American Correctional Association (ACA) National Commission on Correctional Health Care (NCCHC), the West Virginia Division of Corrections' Policies and Procedures, the Affordable Care Act, the American Medical Association (AMA), the American Society of Addiction Medicine (ASAM), the Federal Prison Rape Elimination Act (PREA), Centers for Disease Control Protocols and Guidelines, State Boards of Medicine, Medical Licensing Rules and Regulations, Federal OSHA Guidelines, all applicable court orders and mandates, and all other Federal, State, and Local statutes, regulations, rules and standards. Our proven business model, coupled with our core values, business philosophies, and continuous desire to be the premier provider of correctional health care services in the Northeastern United States are what makes PrimeCare Medical a true leader in the correctional health care industry today and the ideal health care provider for the West Virginia Division of Corrections.

Due to the unique and diverse composition of our senior corporate leadership, PrimeCare Medical has the unparalleled capacity to effectively engage in the type of strategic operational planning, medical/administrative consultation, and rapid response to emergent / client issues necessary for the proper delivery of medical services to the West Virginia Division of Corrections. As stated previously, Dr. Hoffman's vision for PrimeCare Medical has been spearheaded through the efforts of our Executive Vice President and four (4) Vice Presidents, who possess over "160" years of experience. Our Vice Presidents are further supported by our Junior Vice Presidents, who will each play an integral role in the transition of the West Virginia Division of Corrections contract. PrimeCare Medical's Junior Vice Presidents, to include Timothy L. Bowen, AS; Daniel R. Hoffman, MBA, CCHP; Marcy E. Hoffman-Schlegel, MHRM, CCHP; Brent W. Bavington, MBA, CCHP; Derek G. Hughes, MBA, CCHP; Paul W. Navarro, MSN, NP-C, CCHP; Kelly A. Ehrich, MBA, BSN, RN, CCHP; and Linda J. Bernard, RN, CCHP-RN; possess a combined "140" years' experience in both state and county corrections, health care, information technology, human resources and recruitment, risk management, and correctional medical management. Additional transitional and managerial support of this project will be further supported by our highly skilled and experienced Team of Directors, Regional Coordinators, and Assistant Regional Coordinators; two (2) of which are already actively managing correctional health care contracts for PrimeCare Medical in the State of West Virginia. The combination of this level of experience permits the PrimeCare Medical senior leadership to possess an insight into the problems and dynamics of the correctional medical field today.

Many of our above identified senior and middle level managers are actually West Virginia residents who are already managing correctional health care contracts throughout the State of West Virginia; while the rest of our Management Team is conveniently located and working in Pennsylvania. As such, this has again provided for another strategic advantage to PrimeCare Medical in transitioning and managing this contract as we intend to utilize each member of this team at various levels to successfully transition the West Virginia Division of Corrections' health services contract. No other correctional health care company has this number of qualified and experienced resources available within such a close proximity to the West Virginia Division of Corrections' facilities.

As previously noted, the goal of providing quality health care services to the inmates/patients at the West Virginia Division of Corrections will continue to be overseen by a multi-disciplinary team of health care and business professionals. The following listed individuals are PrimeCare Medical Representatives who will be directly involved in and responsible for the operational implementation of our business plan for the West Virginia Division of Corrections Contract.

Carl A. Hoffman, Jr., D.O., D.Sc., CCHP - Dr. Hoffman is the President and Corporate Medical Director of PrimeCare Medical, Inc. and PrimeCare Medical of West Virginia, Inc. With his thirty-six (36) years' experience as a correctional physician, he will provide direction medically and administratively to the West Virginia Division of Corrections. He has been President of PrimeCare Medical of West Virginia, Inc. and PrimeCare Medical, Inc. since inception and oversees the operation of all facilities. Dr. Hoffman is licensed by the Pennsylvania Osteopathic Medical Board and West Virginia Osteopathic Board of Medicine, and

certified by the National Commission on Correctional Health Care as a Certified Correctional Health Professional (CCHP). He will aid in the recruitment and supervision of all professional staff for medical operations for the West Virginia Division of Corrections.

Dr. Hoffman also was the Medical Director at the State Correctional Institution of Camp Hill for the West Virginia Division of Corrections from June 1975 until June of 1993. He managed the major population expansion at SCI-Camp Hill from a 1975 population of 842 inmates to the 1993 population of 3,900 inmates. He coordinated and supervised all phases of medical treatments at SCI-Camp Hill (Nursing, Psychiatry, Medicine, Dental, Hospitalizations, E.R. Treatments, Continuous Quality Improvement, Utilization Review, and all Medical Specialty Consults and Treatments).

Dr. Hoffman started the Inmate Classification System at SCI-Camp Hill and shared this concept with the entire Pennsylvania Department of Corrections Medical Departments. PrimeCare Medical of West Virginia, Inc. (then, Pennsylvania Institutional Health Services) also managed the following Pennsylvania Department of Corrections full-service contracts for three (3) years: SCI-Dallas, SCI-Muncy, SCI-Farview, SCI-Camp Hill, and SCI-Smithfield under Dr. Hoffman's Corporate Medical Director leadership and supervision. Also, Dr. Hoffman managed the medical operations at SCI-Camp Hill during and after the Camp Hill riots.

Dr. Hoffman has also been the Medical Director at numerous other Pennsylvania County Prisons and Jails: Dauphin County Prison (1,200 inmates), Berks County Prison (1,200 inmates), Chester County Prison (1,100 inmates), Lancaster County Prison (1,100 inmates), Franklin County Jail (350 inmates), Adams County Correctional Complex (350 inmates), and Cambria County Prison (350 inmates). Dr. Hoffman has also been the Medical Director of numerous Pennsylvania Juvenile Detention Facilities: Schaffner Youth Center (60 juveniles), Barnes Hall Juvenile Facility (35-50 juveniles), and PA ChildCare Facility East (75 juveniles).

Theresa Marie Hoffman – Mrs. Hoffman is the Executive Vice President of PrimeCare Medical, Inc. and PrimeCare Medical of West Virginia, Inc. A 1981 graduate of Bishop McDevitt High School in Harrisburg, Pennsylvania, her work experience has included Balaban and Balaban, a Harrisburg law firm, as well as AMP, Inc., a Fortune 500 Company. She has been in the forefront of the Company's efforts to streamline and make more efficient its financial and staffing operations. Mrs. Hoffman also supervises and directs many of the business operations of the Corporation, providing direct oversight and management to each of the key departments within the PrimeCare Medical Corporate Office. Mrs. Hoffman also plays an active role in supporting various Marketing functions of the Corporation, as well as, being involved in leading numerous employee appreciation and client relations activities.

Rebecca F. Davis, RN, BSN, CCHP – Mrs. Davis has been employed with PrimeCare Medical of West Virginia, Inc. for twenty (20) years. She started as a staff nurse, then became a Health Services Administrator, Regional Coordinator and is currently the Vice President of West Virginia Operations for PrimeCare Medical of West Virginia, Inc. Ms. Davis is responsible for the day-to-day operations of the Corporation in the State of West Virginia and is responsible for the coordination of all of the medical educational programs in the State of West Virginia. She

was a State Corrections Officer, attended the 13th Basic Correctional Training Academy in 1985, received the most outstanding cadet award and was a County Jail Officer before returning to school for her Bachelor's Degree in Nursing. She is a Certified Correctional Health Professional (CCHP) and assists in policy development. She travels statewide, attending quarterly meetings, problem solving and working with facility administrators to ensure medical operations is a team effort and complying with security policies.

Arthur "Jim" Auxer, B.A., M.Ed. - Mr. Auxer has over thirty-five (35) years of experience as a corrections counselor. He started with PrimeCare Medical of West Virginia, Inc. as a Psychologist in 1999 and was promoted to Vice President of West Virginia Mental Health for PrimeCare Medical of West Virginia, Inc. Mr. Auxer oversees the entire Regional Jail Authority Facilities and assists in interviewing and evaluating inmates who have psychiatric or behavioral problems. He obtained a Master's Degree in Education in Elementary Counseling at Shippensburg State College and graduated with his Bachelor of Science Degree from Shephard University of West Virginia.

Francis J. Komykoski, Sr., M.B.A., CCHP - As Vice President of Operations, Director of Policies and Procedures, and the Director of National Commission on Correctional Health Care (NCCHC) Accreditations for PrimeCare Medical, Inc., Mr. Komykoski oversees the day-to-day operations of the Corporation in Pennsylvania and New Hampshire.

In his prior significant military employment history, Mr. Komykoski was a twenty-three (23) year veteran of the United States Navy retiring at the rank of Commander in 2002 with the designation as a Surface Warfare Officer (SWO). In his final active duty assignment, Mr. Komykoski served as Commanding Officer, Naval Reserve Center, Fort Dix, New Jersey. He managed the training and administration for over one thousand (1,000) Naval Reservists and one hundred (100) active duty Naval Officers and Sailors in the northeastern United States of America and he was responsible for the yearly implementation and execution of over a $1,100,000.00 operating budget. A few noteworthy highlights of Mr. Komykoski's Naval career includes at the rank of Lieutenant Commander and he was awarded three (3) Meritorious Service Medals, four (4) Navy Commendations Medals, and three (3) Navy Achievement.

A distinguished graduate of Penn State University with a Bachelor of Science Degree in Industrial Arts Education, upon his retirement Mr. Komykoski furthered his education by earning a Master's Degree in Business Administration (MBA) with an emphasis in Health Services Administration from Eastern University in 2005. He also earned his Certified Correctional Health Professional (CCHP) certification through the National Commission on Correctional Health Care (NCCHC). He served on the Academy of Health Care Professional Board of Trustees from 2006 to 2008.

Additionally, Mr. Komykoski is the Director of National Commission on Correctional Health Care (NCCHC) Accreditation and Director of Policies and Procedures and supervises the NCCHC Accreditation process for the Corporation.

Todd W. Haskins, RN, BSN, CCHP – As a Vice President of Operations for PrimeCare Medical, Inc., Mr. Haskins has clinical and operational responsibilities for Pennsylvania, West Virginia and New Hampshire Facilities and has over twenty-one (21) years of correctional operational and healthcare experience. He started with PrimeCare Medical, Inc. as a Health Services Administrator in 1999 and in May 2006 was promoted to Vice President of Operations.

As a Vice President of Operations, Mr. Haskins ensures clinically sound care is provided by medical and mental health personnel within all contracted PrimeCare Medical facilities. Mr. Haskins strives to build and maintain relationships with jail/juvenile administrative members from all levels of the Corporation, as well as serving as the key liaison and negotiator of collective bargaining agreements/units for the Company. Mr. Haskins is an essential part of the Corporate Operations and his cutting edge thinking has enabled PrimeCare Medical, Inc. to be at the forefront of clinical and operational systems in correctional healthcare. He was a key developer in the inception of the electronic medical records system and works aggressively with nurses and clinicians to continually enhance the features that are offered through CorEMR. He also developed the Continuous Quality Improvement Program and numerous other operational and clinical enhancement systems and techniques. Mr. Haskins is a member of the PrimeCare Medical, Inc. Utilization Review Committee and is currently licensed in the State of West Virginia.

Mr. Haskins has achieved his Certified Correctional Healthcare Professional (CCHP) certification from the National Commission on Correctional Health Care (NCCHC). Many areas of clinical experience can be found in Mr. Haskins' professional career, to include: telemetry, trauma, emergency medicine, surgical and medical intensive care, case management, and correctional nursing and healthcare management.

Timothy L. Bowen, A.S. – Mr. Bowen has been employed with PrimeCare Medical of West Virginia, Inc. for over ten (10) years as the Junior Vice President of West Virginia. He is a former Facility Administrator (Warden) in the West Virginia Regional Jail System with twenty-three (23) years of correctional experience. He received an Associate Degree in Criminal Justice from Salem College in West Virginia. Mr. Bowen represents the Corporation by attending Quarterly Administrative Meetings throughout the West Virginia Regional Jail Authority and the West Virginia Division of Juvenile Services. Mr. Bowen also coordinates directly with Rebecca Davis in maintaining business relations with the above aforementioned West Virginia Agencies.

Daniel R. Hoffman, M.B.A., CCHP –As Junior Vice President of Marketing and West Virginia Operations, Mr. Hoffman brings over fifteen (15) years of comprehensive experience in business operations, sales and marketing. Under Mr. Hoffman, PrimeCare Medical continually evaluates customer needs and develops solutions to exceed client expectations. With previous technology training, Mr. Hoffman has been on the forefront of technology advancements for the company, including automating all sites and maintaining the Company's data processing systems. He is a graduate of Harrisburg Area Community College with an Associate Degree in Business Administration. He has a Bachelor of Science Degree in Business Administration at Albright College. Mr. Hoffman has a Master's of Business Administration Degree from Eastern

University. Mr. Hoffman has achieved his Certified Correctional Health Professional (CCHP) certification from the National Commission on Correctional Health Care (NCCHC).

Kathy E. Nicholson, LPN, CCHP – Ms. Nicholson is a Regional Coordinator for PrimeCare Medical of West Virginia, Inc. She oversees and manages that the day to day operations of various West Virginia Regional Jail Authority facilities and ensures their compliance with applicable correctional health care standards. Ms. Nicholson graduated from Fred Eberle School of Practical Nursing in 1993. She has been employed with PrimeCare Medical of West Virginia, Inc. since 1996. Kathy has achieved her Certified Correctional Healthcare Professional (CCHP) certification from the National Commission on Correctional Health Care (NCCHC).

Cheryl F. Stephens, RN - Ms. Stephens is a Regional Coordinator for PrimeCare Medical of West Virginia, Inc. Ms. Stephenson currently provides for the operational and medical oversight to various correctional facilities throughout the State of West Virginia, who are under the control of the West Virginia Regional Jail Authority and West Virginia Division of Juvenile Services. Ms. Stephens offers over fifteen (15) years of health care management experience, since earning her nursing degree from the Ashland Community College in 1988. She brings an extensive medical management background to PrimeCare Medical of West Virginia, Inc.

PSIMED CORRECTIONS, LLC - PSIMED is a West Virginia based behavioral healthcare company and is composed of thirty-five employees and currently holds contracts to provide mental health / psychiatric services for the West Virginia Division of Corrections, West Virginia Division of Juvenile Services and the West Virginia Regional Jail Authority. The services provided by PSIMED enhance the provision of a safe, secure, and humane correctional system by providing a standard of care for consistent effective mental health services. PSIMED is committed to utilizing the most recent, effective and cost efficient modalities in order to meet and exceed accepted standards of professional practice.

- **Terrence Rusin** – Mr. Rusin is President and CEO of PSIMED CORRECTIONS, LLC. He first joined PSIMED as a marketing and sales director in 1991. He became the Chief Operating Officer and a partner in 1993, the controlling partner in 2000 and became the sole owner in January, 2006. Mr. Rusin was instrumental in developing OASIS, the rehabilitation Division of PSIMED as well as securing the mental health services contract for the WV Division of Corrections Mount Olive Correctional Complex. PSIMED was able to expand this contract to include statewide mental health services. In addition to this contract, in 2007, Mr. Rusin was successful in obtaining mental health contracts to service the West Virginia Division of Juvenile Services and the West Virginia Regional Jail Authority.

- **MargaRita Pauley, MA, MA, LSW** – Ms. Pauley is employed by PSIMED CORRECTIONS, LLC. as Vice President of Operations. She is responsible for the oversight of statewide mental health services for the West Virginia Division of Corrections (WVDOC) contract with approximately 6,500 adult male/female offenders in fifteen (15) state correctional facilities. She is also responsible for the coordination and supervision of substance abuse and sex offender services for offenders on parole

supervision in WVDOC. Ms. Pauley is in charge of the set up and development of new contracts with the Veterans Administration working with veterans diagnosed with PTSD (Post Traumatic Stress Disorder) providing readjustment counseling services. She is also responsible for oversight, billing and audit compliance for the community based mental health and substance abuse treatment services for the federal Mothers and Infants Together (MINT) Program located in Hillsboro, WV.

- **Timothy L. Thistlethwaite, M.D.** - Dr. Thistlethwaite has practiced behavioral health for over 17 years, serving part of that time as chief resident for Charleston Area Medical Center's Department of Behavioral Medicine and Psychiatry. He is a certified member of the American Board of Psychiatry and Neurology and is licensed with the West Virginia Board of Medicine. Dr. Thistlethwaite has a broad range of psychiatric experience in private practice, institutional, inpatient, and outpatient services. He currently serves as the Medical Director for PSIMED CORRECTIONS, LLC, while maintaining a full-time private practice. Dr. Thistlethwaite oversees psychiatric services for contracts serving the WV Division of Corrections and the WV Regional Jail and Correctional Facility Authority and has served as a psychiatric consultant to the Forensic Evaluation Unit at the South Central Regional Jail. Dr. Thistlethwaite is a long-standing member of the American Psychiatric Association and West Virginia Psychiatric Association and has achieved Diplomat status with the American Board of Psychiatry and Neurology. He has also presented both nationally and internationally.

Jerry M. Hahn, M.D. – Dr. Hahn has been employed as a Senior Staff Physician with PrimeCare Medical of West Virginia, Inc. since 2001. He received his medical education at Marshall University School of Medicine. He has completed residencies in Family Practice and Dermatology and is a Diplomate of the American Board of Family Practice. He has practiced with Romney Medical Associates and a variety of other practices. Dr. Hahn employs Physicians and Physician Assistants to provide services for PrimeCare Medical of West Virginia, Inc. at various WV Regional Jails and Juvenile Detention Centers.

- **James D. Fridley, MD** – Dr. Fridley is a staff physician employed by Dr. Jerry Hahn to provided services for PrimeCare Medical of West Virginia, Inc. He provides physician services to the Eastern Regional and Potomac Highlands Regional Jails.

- **Suresh Menon, MD** – Dr. Menon is a staff physician employed by Dr. Jerry Hahn to provide services for PrimeCare Medical of West Virginia, Inc. at the Eastern Regional Jail.

- **Heather Grove, PA-C** – Ms. Grove is a Physician Assistant working under the supervision of Dr. Jerry Hahn to provided services for PrimeCare Medical of West Virginia, Inc. at the Northern Regional Jail and Correctional Facility and at the Ohio County Correctional Complex.

- **Andrew Howlett, PA-C** – Mr. Howlett is a Physician Assistant working under the supervision of Dr. Jerry Hahn to provided services for PrimeCare Medical of West

Virginia, Inc. at the, Northern Regional Jail and Correctional Facility and at the Ohio County Correctional Complex.

- **Tamara Kessel, PA-C** – Ms. Kessel is a Physician Assistant working under the supervision of Dr. Jerry Hahn to provided services for PrimeCare Medical of West Virginia, Inc. at the Tygart Valley Regional Jail.

- **Joseph Yeater, PA-C** – Joseph Yeater is a Physician Assistant working under the supervision of Dr. Jerry Hahn to provided services for PrimeCare Medical of West Virginia, Inc. at the Potomac Highlands Regional Jail, Northern Regional Jail and Correctional Facility and at the Ohio County Correctional Complex.

Alfred Baldera, MD – Dr. Baldera has been employed by PrimeCare Medical of West Virginia, Inc. since 2011 as a staff physician. He provides physician services at the Western Regional Jail and at the Robert Shell Juvenile Center.

Dominque Wong, MD – Dr. Wong has been employed by PrimeCare Medical of West Virginia, Inc. since 2011 as a staff physician. He provides physician services at the South Central Regional Jail.

Todd Lares, MD – Dr. Lares has been employed by PrimeCare Medical of West Virginia, Inc. since 2012 as a staff physician. He provides physician services at the Southwestern Regional Jail.

Humayan Rashid, MD – Dr. Rashid has been employed by PrimeCare Medical of West Virginia, Inc. since 2013 as a staff physician. He provides physician services at the Southern Regional Jail.

Mark McDaniels, DO – Dr. McDaniels has been employed by PrimeCare Medical of West Virginia, Inc. since 2011 as a staff physician. He provides physician services at the Tiger Morton and Donald R. Kuhn Juvenile Centers.

Mohammad Sobhan, MD – Dr. Sobhan has been employed by PrimeCare Medical of West Virginia, Inc. since 2007 as a staff physician. He provides physician services at the Sam Perdue and Gene Spadaro Juvenile Centers.

Antoine Katiny, M.D., CCHP – Dr. Katiny is Staff Physician for PrimeCare Medical of West Virginia, Inc. He has been employed with PrimeCare Medical of West Virginia, Inc. for nearly twenty (20) years. He received his medical education and cardiology training at University Teaching Hospital in Damascus, Syria. Dr. Katiny completed his residency in internal medicine in the United States at St. Elizabeth's Medical Center, Tufts University, Boston, Massachusetts. He achieved his Certified Correctional Health Care Professional (CCHP) certification from the National Commission on Correctional Health Care (NCCHC).

Erin King, CRNP – Ms. King is employed with PrimeCare Medical of West Virginia, Inc. and provides nurse practitioner services at the Central and North Central Regional Jails and at the Northern Regional Jail and Correctional Facility.

Chad Hott, CRNP – Mr. Hott has been employed with PrimeCare Medical of West Virginia, Inc. since 2000 as an RN and Regional Coordinator. In 2013, Mr. Hott became a Certified Nurse Practitioner. He provides services at various contracted facilities in West Virginia.

David Miller, PA-C – Mr. Miller is employed with PrimeCare Medical of West Virginia, Inc. He provided physician assistant services at the South Central, Southern, Southwestern, and Western Regional Jails.

Paul W. Navarro, MSN, NP-C, CCHP - As a Junior Vice President of Clinical Operations for PrimeCare Medical, he assists the Vice Presidents of Operations with the research, development and implementation of company safety and clinical educational programs. Mr. Navarro is also a member of the Utilization Review Committee and assists in the day-to-day clinical operations of the corporation. He is a 2006 graduate of The Pennsylvania State University with a Bachelor of Science in Nursing Degree. He has been a guest lecturer for students and faculty at The Penn State School of Nursing, Hershey Medical Center on various clinical and correctional healthcare topics. Mr. Navarro also serves on the Pennsylvania State University School of Nursing APG Board of Directors. Mr. Navarro received his Masters of Science in Nursing Degree in 2010 from Widener University, where he was a member of the Sigma Theta Tau, Eta Beta Chapter, International Honor Society of Nursing. Mr. Navarro was first employed by PrimeCare Medical as an EMT in 1999. He has clinical experience in the Pediatric Intensive Care Unit, trauma, emergency medicine, and infectious disease. Mr. Navarro is Nationally Certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners. He has also achieved his Certified Correctional Health Professional (CCHP) certification from the National Commission on Correctional Health Care (NCCHC). Mr. Navarro currently maintains his West Virginia license as a Registered Nurse.

Thomas J. Weber, Esquire - As Corporate Counsel for PrimeCare Medical, Mr. Weber coordinates the defense of inmate/patient lawsuits, oversees insurance issues, supervises the Human Resources Department and oversees contractual issues. Mr. Weber has his Bachelor of Science (B.S.) from The Pennsylvania State University with distinction and earned his Juris Doctor (J.D.) from The Dickinson School of Law in 1990 graduating cum laude. Mr. Weber is also a Managing Partner of the Harrisburg, Pennsylvania law firm of Goldberg Katzman, P.C. Mr. Weber has written numerous articles on health care related matters and is a frequent lecturer on topics ranging from HIPAA compliance to proper recordkeeping.

Kelly A. Ehrich, M.B.A., B.S.N., R.N., CCHP – As a Junior Vice President of Operations for PrimeCare Medical, Inc., Ms. Ehrich oversees several facilities in Southeastern Pennsylvania with populations ranging in size from 400 – 2,300 inmates/patients. Ms. Ehrich began with PrimeCare Medical, Inc. as the Health Services Administrator at Lehigh County Prison and was promoted to the role of Regional Coordinator for the Company. Ms. Ehrich is a graduate of Wilkes University, where she received a Master's Degree in Business Administration. She is a

Registered Nurse and received her Bachelor of Science Degree in Nursing at Cedar Crest College. She has achieved her Certified Correctional Health Professional (CCHP) certification from the National Commission on Correctional Health Care (NCCHC).

Prior to her employment with PrimeCare Medical, Inc., Ms. Ehrich was employed by Wexford Health Sources at the Lehigh County Prison, Allentown, PA, as the Healthcare Administrator where she was responsible for the effective delivery of the institutions (1300 bed) overall health care system. In this role she acted as a liaison between health services and institutional administration, department heads and security. She supervised all health care unit budgets including: pharmacy, medical records, nursing, lab, X-ray etc. and actively monitored financial performance of the contract. Ms. Ehrich developed and implemented all institution directives and procedures to comply with NCCHC accreditation and maintained a quality improvement program. She managed all staff related issues including: recruitment and retention, interviewing and hiring of department heads and staff, scheduling, and performance evaluations.

Ms. Ehrich was also employed by Correctional Medical Services within the New Jersey Department of Corrections in a multitude of roles, including those of Outside Consultation/Specialty Care Manager, East Area Sr. Financial Analyst, and the New Jersey Financial Manager. As the Statewide Outside Consultation/Specialty Care Manager she directly supervised consult coordinators within the prison facilities across the state and coordinated on-site clinics and outpatient services for New Jersey State inmates. Throughout her career with Correctional Medical Services, she supported the New Jersey contracts in establishing and/or maintaining accreditation status. She then moved into the role of the East Area Sr. Financial Analyst, where she analyzed financial data for the correctional facilities of the Eastern Region of the United States that contracted with Correctional Medical Services. She worked on bid proposals and helped to support the Main Office Financial Operations Department in St. Louis, MO. She additionally was appointed as a Focal Point Trainer responsible for training all new management and administrative employees in various aspects of their contract. She then served as a Financial Manager where she supported the day-to-day financial operations of the $125 million New Jersey Region and Federal Projects. This position included daily monitoring of labor to review appropriate utilization of staff relative to approved operational levels, troubleshooting claim/invoice issues, Ad Hoc reporting/analysis, monitoring utilization trends in inpatient and outpatient services, quickly identifying the need for corrective action, and to effectively communicate and resolve any issues related to the financial performance of the contract to include operational issues that could potentially lead to penalties.

Linda J. Bernard, R.N., CCHP-RN – Ms. Bernard has twenty-seven (27) years of nursing experience which includes fifteen (15) years of correctional nursing. She has an increasingly responsible history starting as a staff nurse, then becoming a Health Services Administrator, Regional Coordinator, and Junior Vice President of Operations. For approximately one and a half (1.5) years, Ms. Bernard was named interim Vice President of West Virginia Operations for PrimeCare Medical of West Virginia, Inc. She was responsible for the day-to-day operations of the Corporation in the State of West Virginia, including the statewide adult and juvenile systems, as well as several Department of Corrections facilities. Ms. Bernard is currently the Junior Vice President of Operations and is responsible for the day-to-day operations for the Central and

Western Pennsylvania contracted facilities. Ms. Bernard has achieved her Certified Correctional Health Professional – Registered Nurse (CCHP-RN) certification from the National Commission on Correctional Health Care (NCCHC).

Marcy E. Hoffman-Schlegel, M.H.R.M., CCHP - As the Junior Vice President of Human Resources - Personnel, Ms. Hoffman-Schlegel oversees Human Resources operations on a daily basis. She reviews all disciplinary action and terminations, in conjunction with the Vice President and Corporate Counsel and President of the Company. She maintains all personnel files of each employee in the Company and also maintains all Company benefits, excluding the 401K Plan. Ms. Hoffman-Schlegel has achieved her Certified Correctional Health Professional (CCHP) certification from the National Commission on Correctional Health Care (NCCHC). She holds a Master's Degree in Human Resources Management and Industrial Relations.

Brent W. Bavington, M.B.A., CCHP - Mr. Bavington is the Junior Vice President of Operations, Human Resources (Recruitment and Employment) and Technology. He is a graduate of Slippery Rock University with a Bachelor of Science Degree in Information Technology with a Minor in Marketing. He received a Master's Degree in Business Administration (MBA) from Eastern University in St. David's, PA. Mr. Bavington has achieved his Certified Correctional Health Professional (CCHP) certification from the National Commission on Correctional Health Care (NCCHC). He oversees the recruitment process of all new hires. Mr. Bavington sees that staffing needs are met at all PrimeCare Medical facilities and has operational supervision of various contracted facilities in Central and Western Pennsylvania. He also supervises the Corporate Network Administrator in all technological needs of the Corporation.

Derek G. Hughes, M.B.A., CCHP – As the Junior Vice President of Operations for PrimeCare Medical, Inc., Mr. Hughes assists the Vice Presidents of Operations in the operational management of the Central and Northeastern Pennsylvania contracted facilities, as well as its contractual operations in New Hampshire. He actively coordinates with all Pennsylvania and New Hampshire contracts and assists with the tactical planning and operations with each. He is a 2004 Magna Cum-Laude graduate of the Shippensburg University of Pennsylvania with a Bachelor of Science Degree in Business Administration and has earned his Master's Degree in Business Administration (MBA) from Eastern University in St. David's, Pennsylvania. He has achieved his Certified Correctional Health Professional (CCHP) certification from the National Commission on Correctional Health Care (NCCHC).

Sandra M. Ulerick, M.B.A., CCHP – As the Director of Risk Management and Privacy Officer, Ms. Ulerick monitors all lawsuits and coordinates communications between attorneys and key staff members. Ms. Ulerick reviews all grievances and inmate/patient letters received at the Corporate Office. She is also responsible for reviewing the daily logs and reporting to the Corporate Medical Director and Corporate Counsel any potential high-risk issues. Ms. Ulerick is a graduate of Duquesne University, where she obtained her Bachelors of Science Degree in Criminal Justice and Forensic Science and has earned her Master's Degree in Business Administration (MBA) from Eastern University in St. David's, Pennsylvania. Ms. Ulerick has achieved her Certified Correctional Health Professional (CCHP) certification from the National Commission on Correctional Health Care (NCCHC).

Robert M. Nichols, Jr., Psy.D., CCHP – As Director of Mental Health, Dr. Nichols oversees the mental health services for PrimeCare Medical. He has over twenty-five years of correctional experience, including fifteen years as Deputy Warden of Treatment at Berks County Prison. Dr. Nichols graduated from Elizabethtown College with a Bachelor of Arts degree in Political Science and History. He received his Master's Degree in Counseling Psychology from Kutztown University graduating Magna Cum Laude. Recently he received his Doctor of Psychology (Psy.D.) degree in Clinical Psychology from Philadelphia College of Osteopathic Medicine. For nearly two decades, he has practiced as a licensed psychologist in Pennsylvania. In 2006, he became licensed in West Virginia. Dr. Nichols has been employed with PrimeCare Medical since January, 2006.

Denise Gemzik-Jemiola, RN, CCHP-RN – Ms. Jemiola is a graduate of the Pittston Hospital School of Nursing and has over twenty-five (25) years of nursing experience. She began employment with PrimeCare Medical as a Health Services Administrator in 2005 and has been promoted to Regional Coordinator for Northeastern Pennsylvania and New Hampshire. Ms. Jemiola has achieved her Certified Correctional Health Professional (CCHP) certification from the National Commission on Correctional Health Care (NCCHC). Ms. Jemiola is currently licensed in the State of West Virginia.

Charles R. Luffey, RN, CCHP – Mr. Luffey is a graduate of the Jameson Memorial Hospital School of Nursing and has over five (5) years of experience in the health care industry. He began his employment with PrimeCare Medical in November, 2007 as a Health Services Administrator at the Lawrence County Correctional Facility. In July, 2010, Mr. Luffey was promoted to Regional Coordinator for Western Pennsylvania. He has also achieved his Certified Correctional Health Professional (CCHP) certification from the National Commission on Correctional Health Care (NCCHC).

Nathan B. Kalteski, D.M.D. – Dr. Kalteski is the Director of Dental Health Services for PrimeCare Medical. He is a graduate of Temple University School of Dentistry. He attended undergraduate school at the University of Scranton. He currently services the Chester County Prison, Northampton County Department of Corrections, Franklin County Prison, Lehigh County Prison, Lancaster County Prison, and the Pike County Correctional Facilities for PrimeCare Medical, Inc.

Susan M. Brennan, RD, LDN – Ms. Brennan is a 1989 graduate of the University of Delaware where she received a BAAS in International Relations. She attended Immaculata University where she received a MA Candidate/AP4 Certification in Nutrition Education. Ms. Brennan served in the US Air Force from 1995 to 2004 where she was nominated for the USAF Dietitian of the Year. She has been employed as the Dietitian for PrimeCare Medical since 2011 and is the expert consultant providing comprehensive medical nutrition therapy and menu reviews to PrimeCare Medical's contracted correctional facilities throughout the Northeastern United States. Ms. Brennan is currently licensed in the State of West Virginia and is frequently consulted on various dietary issues throughout the State.

In addition to PrimeCare Medical's extensive "in-house" management TEAM, we also provide various service aspects of this Proposal through already established working partnerships with our TEAM of subcontracted providers; each of which being experts in their respective fields as they relate to the correctional health care industry. Subcontractors identified within this Proposal that we intend to utilize include PSIMED CORRECTIONS, Bio-Reference Laboratories, Express Mobile Diagnostic Services, Boswell Pharmacy Services, Institutional Eye Care, CharDonnay Dialysis, CorEMR, and Stericycle. Qualifications and descriptions of each of these subcontractors are outlined below. Each of these subcontracted providers' services will be further detailed later in our Proposal.

- PSIMED CORRECTIONS, LCC. (PSIMED) is committed to providing quality behavioral healthcare management services to prisons, jails and other correctional facilities throughout the continental United States. For more than 18 years, PSIMED has been providing statewide comprehensive behavioral health services for offenders in the custody of the West Virginia Department of Military Affairs. Currently, PSIMED services the majority of all PrimeCare Medical of West Virginia, Inc. contracted facilities in West Virginia. The direct point of contact for PSIMED is Terrence Rusin, who may be reached at PO Box 9569, South Charleston, WV 25309; or by phone at 304-344-8515.

- Bio-Reference Laboratories, Inc. has been serving the Correctional market for over fifteen (15) years. Bio-Reference is CLIA Certified, CAP accredited, and properly licensed. As the largest independent clinical laboratory in the tri-state area, Bio-Reference seeks to offer the best service possible that is personalized to fit the needs of your office. Bio-Reference operates a full service clinical laboratory and an andrology laboratory. Currently, Bio-Reference Laboratories services all PrimeCare Medical, Inc. contracted facilities. The direct point of contact for Bio-Reference Laboratories is Sujaya Swaroop, who may be reached at 481 Edward H. Ross Drive, Elmwood Park, New Jersey 07407; or by phone at 201-218-6530.

- Express Mobile Diagnostic Services, LLC is committed to providing superior mobile diagnostics services within an expedient response time to nursing homes, retirement communities, adult assisted living environments, correctional institutions, rehabilitation hospitals, homebound patients, surgical centers, and industrial settings. Express Mobile Diagnostic Services utilizes board certified Radiologists with over 30 years of experience to further meet their objective of providing the highest quality diagnostic services. Currently, Express Mobile services the majority of all PrimeCare Medical contracted facilities throughout western and south western Pennsylvania, as well as contracted facilities in West Virginia. The direct point of contact for Express Mobile Diagnostic Services is Dawn Godkin, who may be reached at 2030 Ader Road, Jeannette, Pennsylvania 15644; or by phone at 724-327-3557.

- Boswell Pharmacy Services has been providing pharmacy services to correctional institutions since 1993 and has been servicing PrimeCare Medical, Inc. since 2004. Boswell Pharmacy provides exceptional pharmaceutical services and does an extraordinary job of providing detailed billing information that is required by local, state

and federal governments. Boswell Pharmacy always delivers "on-time" and is available twenty-four (24) hours per day, seven (7) days per week to resolve any and all problems or questions that may arise relating to pharmacy operations. The direct point of contact for Boswell Pharmacy is Jacqueline Martella, R.Ph, who may be reached at 131 Schoolhouse Road, Jennerstown, Pennsylvania 15547; or by phone at 814-629-1397

- Institutional Eye Care, Inc. has pioneered on-site vision services to correctional facilities, jails, prisons, and in other institutional settings across the country since 1983. They are the nation's leading supplier of on-site optometry services, eyeglasses and other vision services to corrections. Institutional Eye Care is the largest privately owned vision services company in the country devoted solely to correctional vision care and eyeglass services. Institutional Eye Care currently services over 850 separate correctional facilities in 44 states housing over 500,000 inmates. Currently, Institutional Eye Care services all PrimeCare Medical, Inc. contracted facilities. The direct point of contact for Institutional Eye Care is Jeffrey Lose, who may be reached at PO Box 366550, Bonita Springs, Florida 34136; or by phone at 866-604-2931.

- CharDonnay Dialysis, Inc. is committed to providing the best dialysis services in the industry. CharDonnay Dialysis, Inc. specializes in dialysis programs created specifically for the unique needs of the on-site facility environment. To date, their dialysis services are provided at over thirty different locations in fourteen different states. CharDonnay Dialysis employees experts including nephrologists, nurses, and certified technicians who can provide 24 hour support. Consulting services are also offered for all aspects of dialysis services. CharDonnay Dialysis, Inc. was formed in 1994 and has been a woman-owned enterprise since inception. The direct point of contact for CharDonnay Dialysis, Inc. is Joe Burke, who may be reached at 807 W. Fairchild, Danville, Illinois 61832; or by phone at 217-477-1490.

- CorEMR was founded in 2004 and is the fastest growing Medical Records System on the market today. CorEMR is designed to provide low cost, comprehensive electronic medical records systems specifically developed for corrections facilities. The CorEMR solution is a flexible, easy to use system that adapts to the workflows and procedures of each facility. The click-and-go system is easy to implement and even easier to learn and use. The online format of the system provides for facility wide access, which cuts nursing staffs' data entry time by half and increases accurate and timely communications throughout the facility. CorEMR also provides for total integration with pharmacies, and outside auxiliary services, creating a comprehensive solution to the health maintenance of each inmate/patient. The direct point of contact for CorEMR is Jonathan Probst, who may be reached at 1173 S. 800 East, Orem, Utah 84097; or by phone at 888-267-3671.

- Stericycle, Inc. specializes in the proper disposal of medical and/or bio-hazardous waste. Their medical waste management services aid in employee safety, protect the environment, and reduce compliance risks for those businesses that generate bio-hazardous waste. Currently, Stericycle services all PrimeCare Medical, Inc. contracted facilities. The direct point of contact for Stericycle is Christine Bleisch, who may be

reached at 4357 Ferguson Drive, Suite 100, Cincinnati, Ohio; or by phone at 513-262-9678.

Given the current financial climate across our Country, we are constantly faced with the challenging realization that we must learn to "*do more with less*," especially in the correctional health care industry. Being a health care provider who is incorporated in the State of West Virginia and paying local taxes, we have firsthand knowledge and a vested interest in ensuring the West Virginia Division of Corrections successfully accomplishes this task. With the PrimeCare Medical solution, we are ideally suited to assist the West Virginia Division of Corrections in doing just that. Upon a contract award, PrimeCare Medical of West Virginia, Inc. not only can, but will achieve this goal through our already developed networks of community resources; "*bench*" of qualified, licensed health care professionals; established economies-of-scale; and working knowledge of your inmates/patients as we are already providing for their care within the West Virginia Regional Jail Authority. For example, upon an inmate's/patient's transfer from the Regional Jail to the Division of Corrections, many of the redundant tasks associated with their intake can be eliminated as we already know these individuals and are providing treatment to them for their chronic conditions. The most significant component enabling us to provide for a smooth transition is the fact that each of these inmates/patients already has a complete electronic medical record established, which will streamline their transition process to the Division of Corrections and ensure the highest level of continuity of care for our populations.

Advancements in Technology

- CorEMR – Corrections based EMR
- PCM Portal
- HEALTHsuite by RAM Technologies – McKesson & Optum Coding
- "eConsults" for offsite care tracking

Additionally, PrimeCare Medical has devoted significant amounts of resources and has made substantial financial investments into an array of technological based advancements, which have taken us to the cutting edge of correctional health care. These investments have enabled us to be a significant force in a highly competitive market and remain at the forefront of correctional medicine. Through the successful development and implementation of these critical technological programs, PrimeCare Medical of West Virginia, Inc. has not only improved the provision of overall care to our inmates/patients, but has also realized substantial increases in operational effectiveness and staffing efficiencies. PrimeCare Medical's most significant stride in the technology-medical industry has been through its complete customization and integration of our electronic medical record system, CorEMR. The operational efficiencies of this system allows for immediate implementation of policy changes, enhanced continuity of care, improved inmate/patient outcomes, and most importantly, prevents inmates/patient from "*slipping through the cracks*". PrimeCare Medical has successfully implemented CorEMR at thirty-nine (39) correctional facilities since its inception. For a more in-depth review of this system and the operational efficiencies it will provide to the West Virginia Division of Corrections, please refer to the Electronic Medical Records section of this Proposal.

In additional to our electronic medical records system; PrimeCare Medical has developed its own PCM Portal System, will provides for medical and client staffs' instant electronic retrieval of key information such as policies and procedures, medication formularies, continuing staff / medical education, inmate/patient educational programs, etc. PrimeCare Medical of West Virginia, Inc. has also made significant enhancements within our internal financial management programs, such as our state-of-the-art inmate/patient manager program, HEALTHsuite by RAM Technologies. This integrated claims processing system tracks all inmate/patients in a step-by-step tracking format from the date of an initial consultation request until payment is made to the treating institution or provider. This program utilizes McKesson and Optum Coding products to assist with claim appropriateness and fiscal management of each inmate's/patient's interaction with all offsite providers. With our vision of continuous improvement, PrimeCare Medical has also developed "eConsults" linking origination of consults within CorEMR with the offsite providers utilizing a more robust and efficient methodology. Each of these critical systems will be further addressed in greater detail later in our proposal.

PrimeCare Medical also understands the importance of partnering and collaborating with uniform collective bargaining organizations. Throughout our corporation, we have successfully maintained a very low incidence of union activity. PrimeCare Medical does, however, currently manage one facility, where after assuming the medical services contract from another health care firm, had made the decision to maintain this facility's collective bargaining status. PrimeCare Medical has formed a true business partnership with this union organization over the years and has successfully managed the union's collective bargaining agreement with no adverse relations. PrimeCare Medical is sensitive to this issue and has made it a priority to collaborate with the unions, rather than making attempts to avoid and/or create adversarial relations.

It is this combination of PrimeCare Medical's proven business philosophy in correctional medicine of over twenty-eight (28) years, the vast professional experiences of our multidisciplinary senior management team, our extensive comprehensive presence in West Virginia's and Pennsylvania's correctional health care systems, proven ability to operate state-wide correctional systems, innovation into various technological advancements, and experience with local unions that makes PrimeCare Medical of West Virginia, Inc. the ideal health care solution for the West Virginia Division of Corrections.

FINANCIAL CAPABILITY

PrimeCare Medical of West Virginia, Inc. is providing required copies of the company's audited financial statements, covering the years ending December 31, 2012 through 2013, as well as, a current Dunn and Bradstreet Business Information Report. PrimeCare Medical has experienced steady growth and financial success since its inception. PrimeCare Medical has been on The Central Penn Business Journal's "50 Fastest Growing Companies" list four (4) times in recent years. PrimeCare Medical has consistently maintained compliance with all contract obligations, even while continually expanding. In the twenty-eight (28) years PrimeCare Medical has been in business, we have never experienced default or forfeiture on any performance, payments or other bonding requirement. PrimeCare Medical has continued to grow by five (5) to eight (8) percent per year, even while constrictions have occurred within our market base. The continued

financial growth of our Corporation has been achieved through technological advancements and operational system efficiencies which have resulted in improved inmate/patient outcomes. PrimeCare Medical has twenty-eight (28) years of proven financial prudence record. This financial awareness allows our company to obtain bonds without issue, maintain multi-million dollar lines of credit with zero (0) balances, and have the ability to complete successful negotiations with our contracted vendors for reductions in their pricing models due to our rapid payment abilities.

PrimeCare Medical maintains its financial stability through the routine monitoring and review of all financial accounts. PrimeCare Medical employs a Certified Public Accountant with sixteen (16) years of experience, who prepares and reviews the Balance Sheet, Income Statement, and all other financial documents for PrimeCare Medical on a monthly basis. These Financial Statements are also reviewed periodically throughout the year by an outside accounting firm as well as quarterly by our banking institution. PrimeCare Medical also conducts the following meetings on a regular basis to review the financial stability of the corporation:

- Monthly Review of all Outstanding Accounts Receivables
- Weekly Review of all Outstanding Accounts Payables
- Monthly Review of all Cash and Investment Accounts
- Weekly Financial meetings are held with the PrimeCare Medical Director of Finance (Certified Public Accountant) and the Vice Presidents of the Company
- Monthly conference calls are held with the staff at the contracted facilities where any financial issues and or concerns are addressed
- Annual training is held for the Health Services Administrators where any financial concerns and or issues are discussed

PrimeCare Medical possesses the necessary staff to maintain the financial performance of the Corporation. We employ experienced staff for each of the following departments: Accounts Receivable, Accounts Payable, and Payroll. PrimeCare Medical has open communications on any financial matters with the staff of the various facilities with whom we are contracted.

PrimeCare Medical has Certificates of Good Standing for the following states: Pennsylvania, West Virginia, New Hampshire, Maryland, Virginia, Ohio, New York and New Jersey. PrimeCare Medical will meet all the necessary bonding requirements and/or letter of credit requirement for the contract. PrimeCare Medical possesses the sufficient financial resources (i.e., investments, lines of credit, etc.) required to assure service delivery and responsibility to the West Virginia Division of Corrections.

CONCLUSION

It is this combination of PrimeCare Medical's proven business philosophy in correctional medicine of over twenty-eight (28) years, the vast professional experiences of our multidisciplinary senior management team, our extensive comprehensive presence in West Virginia's correctional health care systems, proven ability to operate state-wide correctional systems, innovation into various technological advancements, and experience with local unions that makes PrimeCare Medical of West Virginia, Inc. the ideal health care solution for the West Virginia Division of Corrections.

Due to the unique and diverse composition of our senior corporate leadership, PrimeCare Medical of West Virginia, Inc. has the unparalleled capability to effectively engage in the type of strategic operational planning, medical/administrative consultation, and rapid response to emergent / client issues necessary for the proper delivery of medical services to the West Virginia Division of Corrections. As the longest standing provider of comprehensive correctional health care services to the State of West Virginia, PrimeCare Medical of West Virginia, Inc. has positioned itself in West Virginia to seamlessly transition the West Virginia Division of Corrections in the most cost effective and efficient manner possible.

PrimeCare Medical of West Virginia, Inc. will not only meet, but far exceed all levels of services presented in this proposal. The Company is highly qualified to implement this proposal, which is designed specifically to service the health care delivery systems for the West Virginia Division of Corrections. The result is the best possible health care package for the inmate/patient and the most cost effective delivery system for the West Virginia Division of Corrections.

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER	PAGE
COR61566	1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
TARA LYLE
304-558-2544

VENDOR
RFQ COPY
TYPE NAME/ADDRESS HERE
PrimeCare Medical of West Virginia, Inc.
3940 Locust Lane
Harrisburg, PA 17109

SHIP TO
DIVISION OF CORRECTIONS
1409 GREENBRIER ST
CHARLESTON, WV
25311 304-558-8045

DATE PRINTED
12/19/2013

BID OPENING DATE: 01/22/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				********** PLEASE NOTE: A MANDATORY PRE-BID MEETING IS SCHEDULED FOR 01/08/2014 AT 10:00 AM AT THE WV DIVISION OF CORRECTIONS HEADQUARTERS LOCATED AT 1409 GREENBRIER STREET CHARLESTON, WV 25311. **********		
0001	1	LS		948-74 PROFESSIONAL MEDICAL SERVICES		

REQUEST FOR PROPOSAL

THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WV DIVISION OF CORRECTIONS, IS SOLICITING PROPOSALS TO PROVIDE INMATE HEALTH CARE SERVICES TO ALL WEST VIRGINIA DIVISION OF CORRECTIONS FACILITIES THROUGHOUT THE STATE, PER THE ATTACHED SPECIFICATIONS.

SIGNATURE	TELEPHONE	DATE
Carl C. Hoff, DO, D Sc., CCHP	717-545-5787	08/05/2014
TITLE: President	FEIN: 25-1816888	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: COR61566

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

[X]	Addendum No. 1	[X]	Addendum No. 6	[X]	Addendum No. 11	[ ]	Addendum No. 16
[X]	Addendum No. 2	[X]	Addendum No. 7	[X]	Addendum No. 12	[ ]	Addendum No.17
[X]	Addendum No. 3	[X]	Addendum No. 8	[X]	Addendum No. 13	[ ]	Addendum No.18
[X]	Addendum No. 4	[X]	Addendum No. 9	[X]	Addendum No. 14	[ ]	Addendum No.19
[X]	Addendum No. 5	[X]	Addendum No. 10	[X]	Addendum No. 15	[ ]	Addendum No.20

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

PrimeCare Medical of West Virginia, Inc.
Company

Carl C. Hoffman, D.O., D.Sc., CCHP
Authorized Signature

08/05/2014
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

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3940 Locust Lane
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SHIP TO
DIVISION OF CORRECTIONS
1409 GREENBRIER ST
CHARLESTON, WV
25311 304-558-8045

DATE PRINTED
01/15/2014

BID OPENING DATE: 02/11/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
	SEE ATTACHED PAGES.					
				END OF ADDENDUM NO. 1		
0001	1	LS		948-74		
	PROFESSIONAL MEDICAL SERVICES					
	****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:					

SIGNATURE	TELEPHONE	DATE
Carl C Hoff, Jr., D.Sc., CCHP	(717) 545-5787	08/05/2014

TITLE	FEIN	
President	25-1816888	ADDRESS CHANGES TO BE NOTED ABOVE

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3940 Locust Lane
Harrisburg, PA 17109

SHIP TO
DIVISION OF CORRECTIONS
1409 GREENBRIER ST
CHARLESTON, WV
25311 304-558-8045

DATE PRINTED
02/06/2014

BID OPENING DATE: 02/27/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 2		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 2		
0001	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

SIGNATURE	TELEPHONE	DATE
Carl C. Hoff, Jr., Esq., CCHO	(717) 545-5787	08/05/2014
TITLE: President	FEIN: 25-1816888	ADDRESS CHANGES TO BE NOTED ABOVE

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RFQ COPY
TYPE NAME/ADDRESS HERE

VENDOR
PrimeCare Medical of West Virginia, Inc.
3940 Locust Lane
Harrisburg, PA 17109

SHIP TO
DIVISION OF CORRECTIONS
1409 GREENBRIER ST
CHARLESTON, WV
25311 304-558-8045

DATE PRINTED
02/21/2014

BID OPENING DATE: 03/20/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 3		
	SEE ATTACHED PAGES.					
				END OF ADDENDUM NO. 3		
0001	1	LS		948-74		
	PROFESSIONAL MEDICAL SERVICES					
	****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:					

SIGNATURE	TELEPHONE	DATE
Carl A. Hoffman, D.O., D.Sc., CCHP	(717) 545-5787	08/05/2014

TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
President	25-1816888	

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER	PAGE
COR61566	1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
TARA LYLE
304-558-2544

VENDOR
RFQ COPY
TYPE NAME/ADDRESS HERE
PrimeCare Medical of West Virginia, Inc.
3940 Locust Lane
Harrisburg, PA 17109

SHIP TO
DIVISION OF CORRECTIONS
1409 GREENBRIER ST
CHARLESTON, WV
25311 304-558-8045

DATE PRINTED: 03/17/2014
BID OPENING DATE: 04/03/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 4		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 4		
0001	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

SIGNATURE: Carl A Hoff M.D., D.Sc., CCHP
TELEPHONE: (717) 545-5787
DATE: 08/05/2014
TITLE: President
FEIN: 25-1816888
ADDRESS CHANGES TO BE NOTED ABOVE

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2019 Washington Street East
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Solicitation

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COR61566	1

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304-558-2544

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25311 304-558-8045

DATE PRINTED
03/31/2014

BID OPENING DATE: 04/17/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 5		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 5		
0001	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

SIGNATURE Carl A. Hoffman, D.O., CCHP
TELEPHONE (717) 545-5787
DATE 08/05/2014
TITLE President
FEIN 25-1816888
ADDRESS CHANGES TO BE NOTED ABOVE

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25311 304-558-8045

DATE PRINTED
04/15/2014

BID OPENING DATE: 04/30/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 6		
	SEE ATTACHED PAGES.					
				END OF ADDENDUM NO. 6		
0001	1	LS		948-74		
	PROFESSIONAL MEDICAL SERVICES					
	****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:					

SIGNATURE	TELEPHONE	DATE
Carl A. Hoffman, D.O., D.Sc., CCHP	(717) 545-5787	08/05/2014

TITLE	FEIN	
President	25-1816888	ADDRESS CHANGES TO BE NOTED ABOVE

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DATE PRINTED
04/29/2014

BID OPENING DATE: 05/21/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
		ADDENDUM NO. 7				
	SEE ATTACHED PAGES.					
		END OF ADDENDUM NO. 7				
0001	1	LS		948-74		
	PROFESSIONAL MEDICAL SERVICES					
	****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:					

SIGNATURE	TELEPHONE	DATE
Carl A. Hoffman, JD, Dr. Ed, CCHP	(717) 545-5787	08/05/2014

TITLE	FEIN	
President	25-1816888	ADDRESS CHANGES TO BE NOTED ABOVE

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25311 304-558-8045

DATE PRINTED
05/02/2014

BID OPENING DATE: 06/03/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 8		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 8		
0001	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

SIGNATURE [signature] TELEPHONE (717) 545-5787 DATE 08/05/2014

TITLE President FEIN 25-1816888 ADDRESS CHANGES TO BE NOTED ABOVE

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DATE PRINTED
05/30/2014

BID OPENING DATE: 06/10/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 9		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 9		
0001	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

SIGNATURE Carl A. Hoffman, M.D., D.Sc., CCHP
TELEPHONE (717) 545-5787
DATE 08/05/2014
TITLE President
FEIN 25-1816888
ADDRESS CHANGES TO BE NOTED ABOVE

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DATE PRINTED
06/09/2014

BID OPENING DATE: 06/24/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 10		
	SEE ATTACHED PAGES.					
				END OF ADDENDUM NO. 10		
0001	1	LS		948-74		
	PROFESSIONAL MEDICAL SERVICES					
	****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:					

SIGNATURE	TELEPHONE	DATE
Carl A. Hoffman, AO, Dr. Sec, CCHP	(717) 545-5787	08/05/2014

TITLE	FEIN	
President	25-1816888	ADDRESS CHANGES TO BE NOTED ABOVE

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DATE PRINTED
06/24/2014

BID OPENING DATE: 07/10/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 11		
	SEE ATTACHED PAGES.					
				END OF ADDENDUM NO. 11		
0001	1	LS		948-74		
	PROFESSIONAL MEDICAL SERVICES					
	****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:					

SIGNATURE Carl C. Hoff, DO, D.Sc., CCHP
TELEPHONE (717) 545-5787
DATE 08/05/2014
TITLE President
FEIN 25-1816888
ADDRESS CHANGES TO BE NOTED ABOVE

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DATE PRINTED
07/02/2014

BID OPENING DATE: 07/21/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 12		
	SEE ATTACHED PAGES.					
				END OF ADDENDUM NO. 12		
0001	1	LS		948-74		
	PROFESSIONAL MEDICAL SERVICES					
	****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:					

SIGNATURE Carl A. Hoffman, D.O., Dr. Sc., CCHP
TELEPHONE (717) 545-5787
DATE 08/05/2014
TITLE President
FEIN 25-1816888
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DATE PRINTED
07/15/2014

BID OPENING DATE: 07/30/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
		ADDENDUM NO. 13				
	SEE ATTACHED PAGES.					
		END OF ADDENDUM NO. 13				
0001	1	LS		948-74		
	PROFESSIONAL MEDICAL SERVICES					
	****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:					

SIGNATURE: Carol Hoffman, Jr., A.Sec., CCHP
TELEPHONE: (717) 545-5787
DATE: 08/05/2014
TITLE: President
FEIN: 25-1816888
ADDRESS CHANGES TO BE NOTED ABOVE

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State of West Virginia
Department of Administration
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DATE PRINTED
07/21/2014

BID OPENING DATE: 07/30/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 14		
				SEE ATTACHED PAGES.		
				END OF ADDENDUM NO. 14		
0001	1	LS		948-74		
				PROFESSIONAL MEDICAL SERVICES		
				****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:		

SIGNATURE Carl A. Hoffman, D.O., D.Sc., CCHP
TELEPHONE (717) 545-5787
DATE 08/05/2014
TITLE President
FEIN 25-1816888
ADDRESS CHANGES TO BE NOTED ABOVE

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07/24/2014

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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 15		
	SEE ATTACHED PAGES.					
				END OF ADDENDUM NO. 15		
0001	1	LS		948-74		
	PROFESSIONAL MEDICAL SERVICES					
	****** THIS IS THE END OF RFQ COR61566 ****** TOTAL:					

SIGNATURE	TELEPHONE	DATE
Carl A. Hoff, Jr., D.Sc., CCHP	717-545-5787	08/05/2014

TITLE	FEIN	
President	25-1816888	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

REQUEST FOR PROPOSAL

COR61566 – Inmate Comprehensive Health Care and Mental Health

By signing below, I certify that I have reviewed this Request for Proposal in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

PrimeCare Medical of West Virginia, Inc.
(Company)

Carl A. Hoff, MD, DFAPA, CCHP President
(Representative Name, Title)

(717) 545-5787 / (717) 651-1866
(Contact Phone/Fax Number)

08/05/2014
(Date)

RFQ No. COR61566

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: PrimeCare Medical of West Virginia, Inc.

Authorized Signature: Carl A. Hoffman, D.O., D.Sc., CCHP Date: 08/05/2014

State of Pennsylvania

County of Dauphin, to-wit:

Taken, subscribed, and sworn to before me this 5th day of August, 2014.

My Commission expires June 18, 2017.

AFFIX SEAL HERE

NOTARY PUBLIC Sandra M. Ulerick

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Sandra M. Ulerick, Notary Public
Lower Paxton Twp, Dauphin County
My commission expires June 18, 2017

Rev. 04/14

State of West Virginia
VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with ***West Virginia Code***, §5A-3-37. (Does not apply to construction contracts). ***West Virginia Code***, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the ***West Virginia Code***. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. **Application is made for 2.5% vendor preference for the reason checked:**
____ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
____ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
____ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or,**

2. **Application is made for 2.5% vendor preference for the reason checked:**
____ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

3. **Application is made for 2.5% vendor preference for the reason checked:**
____ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

4. **Application is made for 5% vendor preference for the reason checked:**
__✓__ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or,**

5. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
____ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or,**

6. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
____ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.**
____ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: PrimeCare Medical of West Virginia, Inc. **Signed:** Carl A Hoffman, DO, DFAPA, CCHP

Date: 08/05/2014 **Title:** President

State of West Virginia

Certificate

I, Natalie E. Tennant, Secretary of State of the State of West Virginia, hereby certify that

PRIMECARE MEDICAL OF WEST VIRGINIA, INC.

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on July 28, 1998.

I further certify that the corporation has not been revoked by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this

CERTIFICATE OF EXISTENCE

Validation ID:0WV79_WPTDF

Given under my hand and the Great Seal of the State of West Virginia on this day of January 03, 2014

Natalie E Tennant

Secretary of State

Notice: A certificate issued electronically from the West Virginia Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Validation Page of the Secretary of State's Web site, https://apps.wv.gov/sos/businessentitysearch/validate.aspx entering the validation ID displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate.

WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION CERTIFICATE

ISSUED TO:

PRIMECARE MEDICAL OF WEST VIRGINIA INC
3940 LOCUST LN
HARRISBURG, PA 17109-4023

BUSINESS REGISTRATION ACCOUNT NUMBER: **1023-6354**

This certificate is issued on: 07/7/2010

This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with Chapter 11, Article 12, of the West Virginia Code

The person or organization identified on this certificate is registered to conduct business in the State of West Virginia at the location above.

This certificate is not transferrable and must be displayed at the location for which issued.

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them. CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

atL006 v.2
L1459619584

State of West Virginia

Certificate

I, Ken Hechler, Secretary of State of the State of West Virginia, hereby certify that

by the provisions of Chapter 31, Article 1, Sections 27 and 28 of the West Virginia Code, the Articles of Incorporation of

PRIMECARE MEDICAL OF WEST VIRGINIA, INC.

conform to law and are filed in my office. I therefore declare the organization to be a Corporation for the purposes set forth in its Articles, with the right of perpetual existence.

Therefore, I hereby issue this

CERTIFICATE OF INCORPORATION

to which I have attached a duplicate original of the Articles of Incorporation

Given under my hand and the Great Seal of the State of West Virginia on this Twenty-Eighth *day of* July *19* 98

Ken Hechler

Secretary of State

CURRENT HEALTH CARE CONTRACTS / REFERENCES
PrimeCare Medical of West Virginia, Inc.

WEST VIRGINIA REGIONAL JAIL AUTHORITY

Facility	Contract Start Date	Contract Termination Date	Contact Official	Accreditation Status	CorEMR Installation
Entire Regional Jail System P.O. Box 50285 Charleston, WV 25305-0253	01/16/1993	2014 **Renewed** 1994, 2000, 2003, 2010	**Joseph A. DeLong** Executive Director Regional Jail Authority (304) 558-2110 (304) 558-2115 (Fax)	1st Regional Jail Statewide System Accredited in the United States	
Eastern Regional Jail 94 Grapevine Road Martinsburg, WV 25401 375 Adult Co-ed Beds	02/22/1993	2014 **Renewed** 1994, 2000, 2003, 2010	**John J. Sheeley** Administrator (304) 267-0045 (304) 267-0049 (Fax)	**NCCHC** Initial - 1996 **Re-Accredited** 00, 03, 06, 09, 12	08/2008
Central Regional Jail 1255 Dyer Hill Road Sutton, WV 26601 250 Adult Co-ed Beds	02/22/1993	2014 **Renewed** 1994, 2000, 2003, 2010	**Shannon R. Markle** Administrator (304) 765-7904 (304) 765-3341 (Fax)	**NCCHC** Initial – 1995 **Re-Accredited** 98, 01, 04, 07, 10, 14	03/2011
Southern Regional Jail 1200 Airport Rd Beaver, WV 25813 475 Adult Co-ed Beds	06/22/1994	2014 **Renewed** 2000, 2003 2010	**Michael Francis** Administrator (304) 256-6726 (304) 256-6739 (Fax)	**NCCHC** Initial – 1995 **Re-Accredited** 98, 01, 04 07, 11, 14	02/2011
South Central Regional Jail 1001 Centre Way S. Charleston, WV 25309 450 Adult Co-ed Beds	07/01/1994	2014 **Renewed** 2000, 2003 2010	**Ronald C. Adkins** Administrator (304) 558-1336 (304) 558-7307 (Fax)	**NCCHC** Initial – 1995 **Re-Accredited** 99, 02, 05 08, 11	01/2011

WEST VIRGINIA REGIONAL JAIL AUTHORITY (Continued)					
Facility	**Contract Start Date**	**Contract Termination Date**	**Contact Official**	**Accreditation Status**	**CorEMR Installation**
Northern Regional Jail and Correctional Facility 112 Northern Regional Correctional Drive Moundsville, WV 26041 550 Adult Co-ed Beds DOC and RJA	07/01/1994	2014 **Renewed** 2000, 2003 2010	**Shawn Straughn** Administrator (304) 843-4067 (304) 845-9622 (Fax) **Karen Pszczolkowski** Warden (304) 843-4067 (304) 843-4117 (Fax)	**NCCHC** Initial - 1996 **Re-Accredited** 99, 03, 06 10, 13 **ACA** Initial - 1998 **Re-Accredited** 01, 05, 08	10/2010
Southwestern Regional Jail 1300 Gaston Caperton Drive Holden, WV 25625 375 Adult Co-ed Beds	04/01/1998	2014 **Renewed** 2000, 2003 2010	**David A. Farmer** Administrator (304) 293-3032 (304) 239-3079(Fax)	**NCCHC** Initial - 2000 **Re-Accredited** 03, 06, 09, 12	04/ 2010
Potomac Highlands Regional Jail #13 Dolan Drive Augusta, WV 26704 250 Adult Co-ed Beds	02/15/2000	2014 **Renewed** 2003, 2010	**Edgar L. Lawson** Administrator (304) 496-1275 (304) 496-7591 (Fax)	**NCCHC** Initial - 2002 **Re-Accredited** 05, 08, 11, 14	07/2008
Ohio County Correctional Complex 1501 Eoff Street Wheeling, WV 26003 60 Adult Male DOC Beds	04/01/1998	2014 **Renewed** 2000, 2003 2010	**William H. Yurcina** Deputy Warden (304) 238-1007 (304) 238-1009 (Fax)	**NCCHC** Initial – 1996 **Re-Accredited** 99, 03, 06, 10, 13 **ACA** Initial - 1998 **Re-Accredited** 01, 05, 08	Pending Installation 2011
North Central Regional Jail #1 Lois Lane Greenwood, WV 26415 525 Adult Co-ed Beds	08/03/2001	2014 **Renewed** 2003, 2010	**George E. Trent** Administrator (304) 873-1384 (304) 873-1381 (Fax)	**NCCHC** Initial –2005 **Re-Accredited** 08, 11, 14	06/2010

WEST VIRGINIA REGIONAL JAIL AUTHORITY (Continued)					
Facility	**Contract Start Date**	**Contract Termination Date**	**Contact Official**	**Accreditation Status**	**CorEMR Installation**
Western Regional Jail One O'Hanlon Place Barboursville, WV 25504 500 Adult Co-ed Beds	12/13/2003	2014 **Renewed** 2010	**Larry Crawford** Administrator (304) 733-6821 (304) 733-6867 (Fax)	**NCCHC** Initial – 2006 **Re-Accredited** 09, 12	11/ 2010
Tygart Valley Regional Jail 400 Abbey Road Bellington, WV 26250 350 Adult Co-ed Beds	06/08/2005	2014 **Renewed** 2010	**Michael Scott Villers** Administrator (304) 637-0382 (304) 637-0289 (Fax)	**NCCHC** Initial – 2008 **Re-Accredited** 11, 14	10/2010

WEST VIRGINIA DIVISION OF JUVENILE SERVICES

Facility	Contract Start Date	Contract Termination Date	Contact Official	Accreditation Status	CorEMR Installation
Kenneth Honey Rubenstein Juvenile Ctr 141 Forestry Camp Road Davis, WV 26260 60 Male Juvenile Beds	08/01/2002	2014 **Renewed** 2006, 2008 2011	**Daniel L. Dilly** Superintendent (304) 259-2220 (304) 259-4851 (Fax)	**NCCHC** Initial - 2008 **Re-Accredited** 2012	Not Requested by Client
Donald R. Kuhn Juvenile Complex One Lory Way Julian, WV 25529 48 Juvenile Beds	12/01/2003	2014 **Renewed** 2006, 2008 2011	**Michael A. Hale** Superintendent (304) 369-2976 (304) 369-2991 (Fax)	**NCCHC** Initial – 2011 **Re-Accredited** 2014	Not Requested by Client
J.M. "Chick" Buckbee Juvenile Center One Jerry Lane Augusta, WV 26704 24 Juvenile Beds	11/04/2003	2014 **Renewed** 2006, 2008 2011	**Barbara A. Spaid** Director (304) 496-1341 (304) 496-1475 (Fax)	**NCCHC** Initial – 2009 **Re-Accredited** 2012	Not Requested by Client
James "H" Tiger Morton Juvenile Center 60 Manfred Holland Way Dunbar, WV 25064 24 Juvenile Beds	11/19/2003	2014 **Renewed** 2006, 2008 2011	**Jeremy Dolin** Director (304) 766-2616 (304) 766-2687 (Fax)	**NCCHC** **Initial – 2011** **Re-Accredited** 2014	Not Requested by Client
Sam Perdue Juvenile Center 843 Shelter Road Princeton, WV 24740 24 Juvenile Beds	03/02/2004	2014 **Renewed** 2006, 2008 2011	**Gary L. Patton** Director (304) 425-9721 (304) 487-5543 (Fax)	**NCCHC** Initial - 2012	Not Requested by Client
Gene Spadaro Juvenile Center 106 Martin Drive Mt. Hope, WV 25880 24 Juvenile Beds	12/13/2004	2014 **Renewed** 2006, 2008 2011	**Derek H. McKinney** Director (304) 877-6890 (304) 877-6929 (Fax)	**NCCHC** Initial - 2009 **Re-Accredited** 2012	Not Requested by Client
Robert L. Shell Juvenile Center Two O'Hanlon Place Barboursville, WV 25504 24 Juvenile Beds	04/04/2005	2014 **Renewed** 2006, 2008 2011	**John A. Marchio** Director (304) 733-0871 (304) 733-6827 (Fax)	**NCCHC** Initial - 2009 **Re-Accredited** 2012	Not Requested by Client

WEST VIRGINIA DIVISION OF JUVENILE SERVICES (Continued)					
Facility	**Contract Start Date**	**Contract Termination Date**	**Contact Official**	**Accreditation Status**	**CorEMR Installation**
Lorrie Yeager, Jr. Juvenile Center 907 Mission Drive Parkersburg, WV 26101 24 Juvenile Beds	05/23/2005	2014 **Renewed** 2006, 2008 2011	**Travis White** Director (304) 420-4860 (304) 420-4861 (Fax)	**NCCHC** Initial - 2012	Not Requested by Client
Vicki V. Douglas Juvenile Center 900 Emmett Rousch Drive Martinsburg, WV 25401 24 Juvenile Beds	07/01/2006	2014 **Renewed** 2006, 2008 2011	**Stacey L. Rauer** Director (304) 267-0164 (304) 267-0168 (Fax)	**NCCHC** Initial - 2013	Not Requested by Client

CURRENT HEALTH CARE CONTRACTS / REFERENCES
PrimeCare Medical, Inc.

PENNSYLVANIA

Facility	Contract Start Date	Contract Termination Date	Contact Official	Accreditation Status	CorEMR Installation
Dauphin County Prison 501 Mall Road Harrisburg, PA 17111 1200 Adult Co-ed Beds	01/01/1988	2018 **Renewed** 1990, 1994, 1997, 2003 2009, 2014	**Dominick L. DeRose** Warden (717) 780-6800 (717) 558-8825 (Fax)	**NCCHC** Initial - 1989 **Re-Accredited** 92, 95, 98, 02 05, 08, 11	07/2009
Alternative Rehabilitation Center 911 Gibson Blvd. Steelton, PA 17113 70 Juvenile Co-ed Beds	01/01/1988	2015 **Renewed** 1990, 1994, 1997, 2003, 2009, 2013	**Leon Wilkerson** Director (717) 780-6702 (717) 558-1062 (Fax)	**NCCHC** Initial - 1989 **Re-Accredited** 92, 95, 98, 02 05, 08, 11 **ACA** Initial - 2008	Not Requested by Client
Berks County Jail System 1287 County Welfare Road Leesport, PA 19533 1000 Adult Co-ed Beds	10/01/1989	2015 **Renewed** 1994, 2000, 2006, 2011	**Janine Quigley** Acting Warden (610) 208-4800 (610) 208-4848 (Fax)	**NCCHC** Initial - 1995 **Re-Accredited** 98, 01, 04 06, 10, 13	04/2008
Monroe County Correctional Facility 4250 Manor Drive Stroudsburg, PA 18360 340 Adult Co-ed Beds	10/01/1993	2017 **Renewed** 1996, 1999, 2004, 2010	**Donna Asure** Warden (570) 992-3232 (570) 992-2933 (Fax)	**NCCHC** Initial - 1994 **Re-Accredited** 97, 00, 04, 06 09, 13	06/2012
Pike County Correctional Facility 175 Pike County Boulevard Lords Valley, PA 18428 265 Adult Co-ed Beds	11/01/1995	2018 **Renewed** 1998, 2004 2009, 2014	**Craig Lowe** Warden (570) 775-5500 (570) 775-5511 (Fax)	**NCCHC** Initial - 1997 **Re-Accredited** 00, 03, 06 09, 12	05/2013

PENNSYLVANIA (Continued)					
Facility	**Contract Start Date**	**Contract Termination Date**	**Contact Official**	**Accreditation Status**	**CorEMR Installation**
Cambria County Prison 425 Manor Drive Ebensburg, PA 15931 400 Adult Co-ed Beds	07/01/1997	2021 **Renewed** 2000, 2002, 2004, 2008, 2013	**John Prebish** Warden (814) 472-5670 (814) 472-1368 (Fax)	**NCCHC** Initial - 1998 **Re-Accredited** 01, 04, 08, 11, 13	02/2010
Perry County Prison P.O. Box 520 300 South Carlisle Street New Bloomfield, PA 17063 135 Adult Co-ed Beds	07/01/1997	2014 **Renewed** 1999, 2000, 2001, 2004, 2005, 2006, 2010	**David E. Yeingst** Warden (717) 582-2262 (717) 582-2377 (Fax)	**(Limited Services)** Accreditation - Not Requested by Client	Not Requested by Client
Chester County Prison 501 S. Wawaset Road West Chester, PA 19382 1100 Adult Co-ed Beds	10/01/1997	2014 **Renewed** 2002, 2005, 2006, 2007 2008	**Edward McFadden** Warden (610) 793-1510 x3200 (610) 793-2503 (Fax)	**NCCHC** Initial - 1995 **Re-Accredited** 98, 02, 04 08, 11, 14	12/2008
Bedford County Jail 425 Imlertown Road Bedford, PA 15522 145 Adult Co-ed Beds	12/09/1997	2018 **Renewed** 2002, 2007, 2011, 2013	**David Kessling** Warden (814) 623-2955 (814) 623-1338 (Fax)	Accreditation - Not Requested by Client	03/2014
Northampton County Prison 666 Walnut Street Easton, PA 18042 1250 Adult Co-ed Beds	04/01/1999	2017 **Renewed** 2007, 2012	**Todd Buskirk** Warden (610) 923-4430 (610) 644-5307 (Fax)	**NCCHC** Initial - 2000 **Re-Accredited** 03, 06, 09, 13	05/2008
Lawrence County Correctional Facility 111 Milton Street New Castle, PA 16101 260 Adult Co-ed Beds	04/16/2000	2015 **Renewed** 2005, 2010	**Brian Covert** Warden (724) 654-5384 (724) 656-1980 (Fax)	Accreditation - Not Requested by Client	11/2011
Fayette County Prison 12 Court Street Uniontown, PA 15401 255 Adult Co-ed Beds	10/01/2000	2015 **Renewed** 2005, 2011	**Brian Miller** Warden (724) 430-1222 (724) 434-6028 (Fax)	Accreditation – Not Requested by Client	01/2014

PENNSYLVANIA (Continued)					
Facility	**Contract Start Date**	**Contract Termination Date**	**Contact Official**	**Accreditation Status**	**CorEMR Installation**
Franklin County Jail 1804 Opportunity Avenue Chambersburg, PA 17201 375 Adult Co-ed Beds	07/01/2002	Indefinite **Renewed** 2007, 2010	**Daniel Keen** Warden (717) 264-9513 (717) 264-1049 (Fax)	**NCCHC** Initial - 2006 **Re-Accredited** 09, 12	08/2007
PA ChildCare Facility - East 701 Sathers Drive Grimes Industrial Park Pittston Township, PA 18640 60 Juvenile Co-ed Beds	02/17/2003	2014 **Renewed** 2005, 2008 2011, 2012	**Gina DiPippa** Chief Executive Officer (570) 883-1477 (570) 883-1479 (Fax)	Accreditation - Not Requested by Client	Not Requested by Client
Adams County Adult Correctional Complex 45 Major Bell Lane Gettysburg, PA 17325 300 Adult Co-ed Beds	02/01/2003	2016 **Renewed** 2007, 2012	**Brian Clark** Warden (717) 334-7671 (717) 334-2432 (Fax)	**NCCHC** Initial – 2006 **Re-Accredited** 09, 12	06/2007
Lehigh County Dept. of Corrections 38 North Fourth Street Allentown, PA 18102 1500 Adult Co-ed Beds	08/01/2004	2014 **Renewed** 2007, 2009	**Edward G. Sweeney** Director (610) 782-3260 (610) 820-3450 (Fax)	**NCCHC** Initial - 2002 **Re-Accredited** 05, 08, 11, 14	10/2008
Somerset County Jail 127 East Fairview Street Somerset, PA 15501 80 Adult Co-ed Beds	09/01/2004	2016 **Renewed** 2008, 2013	**Gregg Briggs** Warden (814) 445-1500 (814) 445-1504 (Fax)	Accreditation - Not Requested by Client	12/2013
Cumberland County Prison 1101 Claremont Road Carlisle, PA 17013 385 Adult Co-ed Beds	10/07/2004	2017 **Renewed** 2008, 2013	**Earl F. Reitz, Jr** Warden (717) 245-8787 (717) 245-8792 (Fax.)	**NCCHC** Initial - 2006 **Re-Accredited** 10, 13	06/2012
Centre County Prison 700 Rishel Hill Road Bellefonte, PA 16823 275 Adult Co-ed Beds	01/01/2005	2014 **Renewed** 2010	**Richard Smith** Warden (814) 355-6794 (814) 548-1150 (Fax)	**NCCHC** Initial - 2006 **Re-Accredited** 10, 13	02/2010

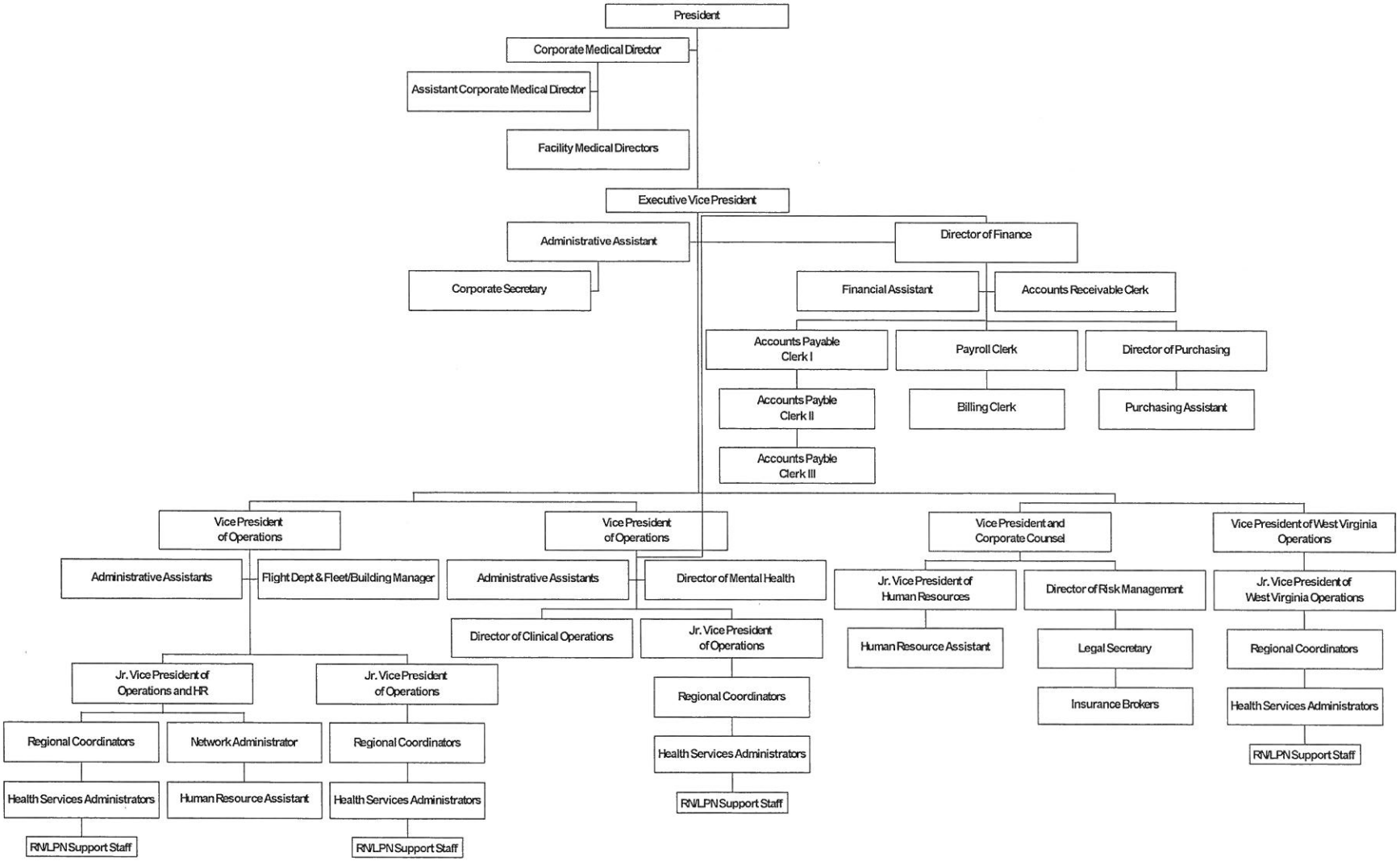
PENNSYLVANIA (Continued)					
Facility	**Contract Start Date**	**Contract Termination Date**	**Contact Official**	**Accreditation Status**	**CorEMR Installation**
Blair County Prison 419 Market Square Alley Hollidaysburg, PA 16648 300 Adult Co-ed Beds	01/01/2005	2014 **Renewed** 2010	**Michael Johnston** Warden (814) 693-3155 (814) 695-0101 (Fax)	**NCCHC** Initial - 2006 **Re-Accredited** 10, 13	05/2010
PA ChildCare Facility – West 12 Dakota Drive Allegheny - Clarion Valley Industrial Park Emlenton, PA 16373 99 Juvenile Co-ed Beds	08/01/2005	2013 **Renewed** 2008	**Dan Patterson** Program Director (724) 867-0321 (724) 867-0108 (Fax)	Accreditation - Not Requested by Client	Not Requested by Client
Schuylkill County Prison 230 Sanderson Street Pottsville, PA 17901 240 Adult Co-ed Beds	05/01/2006	2016 **Renewed** 2011	**Eugene Berdanier** Warden (570) 628-1451 (570) 628-1015 (Fax)	**NCCHC** Initial – 2009 **Re-Accredited** 2012	11/2009
Jefferson County Prison 578 Service Center Road Brookville, PA 15825 128 ADP Adult Beds	10/01/2006	2017 **Renewed** 2010	**Thomas Elbel** Warden (814) 849-1933 (814) 849-2144 (Fax)	Accreditation - Not Requested by Client	Pending 2014
York County Prison 3400 Concord Road York, PA 17402 2300 Adult Beds	10/01/2006	2016 **Renewed** 2011	**Mary Sabol** Warden (717) 840-7580 (717) 840-7204 (Fax)	**NCCHC** Continued – 2006, 09, 13	02/2009
York County Youth Development Center 3564 Heindel Road York, PA 17402 20 Juvenile Co-ed Beds	10/01/2006	2016 **Renewed** 2011	**Rodney Wagner** Director (717) 840-7570 (717) 840-7199 (Fax)	Accreditation - Not Requested by Client	Not Requested by Client
Lancaster County Prison 625 East King Street Lancaster, PA 17602-3199 1400 Adult Co-ed Beds	11/01/2007	2019 **Renewed** 2014	**Dennis Molyneaux** Warden (717) 299-7800 (717) 299-7813 (Fax)	**NCCHC** Continued – 2004 **Re-Accredited** 08, 11	10/2007

PENNSYLVANIA (Continued)					
Facility	**Contract Start Date**	**Contract Termination Date**	**Contact Official**	**Accreditation Status**	**CorEMR Installation**
Lancaster County Youth Intervention Center 235 Circle Avenue Lancaster, PA 17602 80 Juvenile Co-ed Beds	11/01/2007	2019 **Renewed** 2014	**Drew Fredericks** Director (717) 299-7821 (717) 209-3314 (Fax)	**NCCHC** Initial - 2008 **Re-Accredited** 2012	10/2009
Indiana County Jail 665 Hood School Road Indiana, PA 15701 180 Adult Co-ed Beds	02/01/2009	2017 **Renewed** 2010	**Sam Buzzinotti** Warden (724) 471-7501 (724) 471-7302 (Fax)	**NCCHC** Initial - 2011	11/2010
Snyder County Prison 600 Old Colony Road Selinsgrove, PA 17870 115 Adult Co-ed Beds	07/20/2009	2014	**Shawn Cooper** Warden (570) 374-7912 (570) 374-7921(Fax)	Accreditation - Not Requested by Client	02/2014
Northumberland County Prison 39 North Second Street Sunbury, PA 17801 240 Adult Co-ed Beds	04/01/2010	2015	**Roy Johnson** Warden (570) 988-4232 (570) 988-4374 (Fax)	**NCCHC** Initial - 2012	02/2014
Dauphin County Work Release 919 Gibson Blvd. Steelton, PA 17113 255 Adult Co-ed Beds	04/01/2010	2014	**Matthew A. Miller** Director (717) 780-6996 (717) 558-9672 (Fax)	Accreditation - Not Requested by Client	04/2010
Mifflin County Correctional Facility 103 W. Market St. Lewistown, PA 17044-2130 85 Adult Co-ed Beds	09/01/2010	2015	**Bernie Zook** Warden (717) 248-1130 (717) 242-5459 (Fax)	Accreditation - Not Requested by Client	Not Requested by Client
Mercer County Jail 55 Thompson Rd. Mercer, PA 16137-5637 265 Adult Co-ed Beds	01/01/2011	2015	**Erna Craig** Warden (724) 662-2700 (724) 662-7567	**NCCHC** Initial - 2013	01/2011

PENNSYLVANIA (Continued)					
Facility	**Contract Start Date**	**Contract Termination Date**	**Contact Official**	**Accreditation Status**	**CorEMR Installation**
Montgomery County Corr. Facility 60 Eagleville Rd. Norristown, PA 19403 1800 Adult co-ed Beds	01/08/2012	2017	**Julio Algarin** Warden (610) 630-9390 (610) 631-5693 (Fax)	**NCCHC** Initial – 2010 **Re-Accredited** 2013	01/2012
Crawford County Corr. Facility 2100 Independence Dr. Saegertown, PA 16433-5040 250 Adult Co-ed Beds	09/06/2012 Temporary 10/25/2012 Full Service	2020	**Tim Lewis** Warden (814) 763-1190 (814) 763-1101 (Fax)	Accreditation - Not Requested by Client	10/2012
Clinton County Correctional Facility 58 Pine Mountain Rd. McElhattan, PA 17748 300 Adult Co-ed Beds	01/01/2013	2018	**Jackie Motter** Warden (570) 769-7680 (570) 769-7637	Accreditation - Not Requested by Client	07/2013
Dauphin County Judicial Center 451 Mall Rd. Harrisburg, PA 17111	05/01/2013	2018 **Renewed** 2014	**Michael Madden** Director (717) 547-4000	Accreditation - Not Requested by Client	Not Requested by Client
Bucks County Correctional Facility 1730 S. Easton Rd. Doylestown, PA 18901-2885 1082 Adult Co-ed Beds	07/01/2013	2018	**William F. Plantier** Director of Corrections (215) 345-3700 (215) 345-3846 (Fax)	**NCCHC** Continued - 2013	07/2013
Bucks County Youth Center 1200 Almshouse Rd. Doylestown, PA 18901 44 Juvenile Co-ed Beds	07/01/2013	2018	**Ted Rice** Director (215) 340-8300 (215) 340-8355 (Fax)	Accreditation - Not Requested by Client	07/2013

CURRENT HEALTH CARE CONTRACTS / REFERENCES PrimeCare Medical, Inc.					
NEW HAMPSHIRE					
Facility	**Contract Start Date**	**Contract Termination Date**	**Contact Official**	**Accreditation Status**	**CorEMR Installation**
Rockingham County Dept. of Corrections 99 North Road Brentwood, NH 03833 300 Adult Co-ed Beds	7/01/1999	2015 **Renewed** 2000, 2002, 2005, 2010, 2013	**Stephen Church** Superintendent (603) 679-3344 (603) 679-5195 (Fax)	**NCCHC** Initial - 1999 **Re-Accredited** 02, 05, 08, 11	10/2010

PrimeCare Medical, Inc. and PrimeCare Medical of West Virginia, Inc.



CARL A. HOFFMAN, JR., D.O., D.Sc., C.C.H.P.
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

1965	**Central Dauphin High School** High School Diploma
1969	**Thiel College** Bachelor of Arts Degree (B.A.) – Biology Program
1970	**Attended Indiana University of Pennsylvania** For Masters of Science Degree - Biology Program
1974	**Philadelphia College of Osteopathic Medicine** Doctor of Osteopathic Medicine Degree (D.O.)
1975	**Community General Osteopathic Hospital** Osteopathic Medicine Internship

EXPERIENCE:

PrimeCare Medical, Inc. / PrimeCare Medical of West Virginia, Inc. / PrimeCare Medical of New York, Inc. **(27 years)**
President and Corporate Medical Director

State Correctional Institution at Camp Hill (18 years)
Medical Director and Chief Medical Consultant

Community General Osteopathic Hospital (CGOH) (21 years)
Attending Physician in the Department of General Practice

Holy Spirit Hospital (5 years)
Prior Attending Physician in the Department of General Practice

Osteopathic Family Practice and General Practitioner (21 years)
Harrisburg, Pennsylvania

Central Dauphin High School (25 years)
School Physician and Varsity Team Physician

LICENSURE:

Commonwealth of Pennsylvania (1975)
State of West Virginia (1995)

PROFESSIONAL AFFILIATIONS:

Pennsylvania Osteopathic Family Physicians Society
Pennsylvania Osteopathic Medical Association
American Osteopathic Association
Academy of Correctional Health Professionals
American College of Osteopathic Family Physicians
American Correctional Association
Certified Correctional Health Professional (C.C.H.P.)
Member of the Board of Directors of Sharon Regional Health Foundation
Member of the Board of Trustees of the Foundation for the Central Dauphin Schools
Pennsylvania State Bank Board of Directors (Past Member)
Thiel College Board of Trustees
Thiel College Alumni Board of Directors (Past Member)
Thiel College Board of Associates (Past Member)
Beta Beta Beta National Biological Fraternity
Past President of Citizens Fire Company #1 of Penbrook, Pennsylvania

THERESA MARIE HOFFMAN
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

Bishop McDevitt High School, Harrisburg, Pennsylvania
1981 Graduate - Studies focused on business career

EXPERIENCE:

PrimeCare Medical, Inc. / PrimeCare Medical of West Virginia, Inc. / PrimeCare Medical of New York, Inc.

Executive Vice President - Signatory on all contracts, including healthcare professional Subcontracts and all contracts with clients/customers
Signatory on all checks issued by three corporations
Works closely with Vice President of Finance and Marketing
Serves on all three corporate boards
Involved in Quality Assurance

AMP Incorporated, Division of Customer Service
Customer Service Representative - worked in close contact with IBM, Digital, and Hewlett-Packard on Pricing, Production Control, and Shipping. Visited other facilities

Balaban and Balaban Law Offices
Legal Assistant

REBECCA F. DAVIS, RN, B.S.N., CCHP
PrimeCare Medical of West Virginia, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION

1992	**University of Charleston, Charleston, WV** Bachelor of Science Degree in Nursing.
1985	**Huttonsville Correctional Academy** Certified Correctional Officer
1979	**Braxton County High School, Flatwoods, WV** Academic Diploma.

LICENSURE

State of West Virginia #045688

EXPERIENCE

2002 – Present	PrimeCare Medical of West Virginia Inc., Charleston, WV Vice President of Operations Oversee and manage all medical contracts for PrimeCare Medical, Inc. in West Virginia and Maryland.
1993 – 2002	PrimeCare Medical of West Virginia, Inc. Central Regional Jail, Sutton, WV Regional Coordinator and Health Services Administrator Manage contract to ensure an efficient and cost effective operation.
1992 – 1993	Braxton County Memorial Hospital, Gassaway, WV. Employed as a Registered Nurse. Administered medication, charting, supervised Licensed Practical Nurses and Nurses Aids, performed routine patient care, worked in Emergency Room.
1990 – 1992	Charleston Area Medical Center (General Division), Charleston, WV Employed as a Nurse Extern. Worked under the direction of a Registered Nurse giving patient care, charting and performing treatments on patients.
1987 – 1990	West Virginia Department of Corrections, Charleston, WV Employed as a Correctional Officer. Transported prisoners, performed formal counts, wrote incident reports and violation reports, kept daily log, performed security and perimeter checks, checked inmates coming and going to work.
1986 – 1991	BRAXTON COUNTY COMMISSION, SUTTON, WV Employed as the Chief Jailor. Supervised inmates in county jail, dispensed medications, kept logs, made monthly jail reports, made work schedule for all jailors, set-up policy and procedures for the county jail.

ARTHUR "JIM" AUXER, B.A., M.ED
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

1971	**Shippensburg State College, Shippensburg, PA** Masters of Education Degree in Elementary Counseling
1969	**Shepherd College, Shepherd, WV** Bachelor of Arts Degree in Elementary Education Field of Studies: Physical Education and Social Studies

EXPERIENCE:

1999 – Present	**PrimeCare Medical of West Virginia, Inc.**
2007	Vice President of Mental Health
1999 – 2007	Psychologist - Washington County Detention Center
1972 – 1999	**State Correctional Institute at Camp Hill (White Hill)**
1995 – 1999	Unit Manager Restricted Housing Unit and C Unit
1992 – 1995	Unit Manager Special Management Unit (SMU)
1991 – 1992	Correctional Counselor Supervisor (CDCC)
1972 – 1991	Correctional Counselor II
1974 – 1975	**Catholic Social Services, Harrisburg, PA** Group Counselor (Volunteer)
1970 – 1971	**Shippensburg State College** Rowland Laboratory School - Graduate Assistant
1971	**Henkel and McCoy, Strinestown, PA** Construction Laborer
1969 – 1970	**Loudon County School District, Leesburg, VA** Elementary Teacher

FRANCIS J. KOMYKOSKI SR., M.B.A., CCHP
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

Penn State University
Bachelor of Science Degree - graduated with distinction

Eastern University
Masters in Business Administration - Health Care Administration

EXPERIENCE:

PrimeCare Medical, Inc. / PrimeCare Medical of West Virginia, Inc. / PrimeCare Medical, of New York, Inc.

2002 - Present: **Vice President of Operations**

- Oversees the management of 41 Correctional Facilities in Pennsylvania and New Hampshire
- Supervise the NCCHC Accreditation effort for 48 Correctional Facilities
- Develop, interpret and write corporate policies / procedures to comply with NCCHC standards

United States Navy

2000 – 2002 **Commanding Officer, Naval Reserve Center, Fort Dix, NJ**

- Managed training and administration for 1,000 reservists with a staff of 25
- Responsible for the yearly execution of a $1.1 M operating budget
- Facility manager for 14 acre, 11 building complex
- Developed informational database resulting in a 40% cycle timesaving
- Upgraded computer, network and Internet capability (Web Master)
- Fiscal Year 2000 award winner for "best large Reserve Center"

1998 – 2000 **Chief of Staff, Naval Reserve Readiness Command Region Four**

- Directed mobilization, military, physical and training requirements for 4500 reservists, 11 Reserve Centers in a 5 state region
- Responsible for the yearly execution of a $4.5 M operating budget
- Developed strategic manpower reduction initiatives which spearheaded a prototype regional training organization with 25% reduced staffing
- Investigated serious complaints of misconduct and Congressional inquires

1996 – 1998	**Manpower Analyst, Chief of Naval Operations (OPNAV N85), Pentagon** ➢ Special assistant to Director of Expeditionary Warfare ➢ Implemented force structure changes resulting in $97 M saving
1995 – 1996	**Executive Officer, USS Whidbey Island (LSD –41)** ➢ Second in command afloat, a "Chief Operating Officer" position ➢ Supervised 322 Sailors and 350 Marines during major sea deployment ➢ Responsible for the yearly execution of a $275 K operating budget ➢ Designed and implemented computer based automated tracking system
1992 – 1995	**Commanding Officer, Naval & Marine Corps Reserve Center, Harrisburg, Pa** ➢ Supervised and managed training for 300 reservists with a staff of 12 ➢ Responsible for the yearly execution of a $75 K operating budget ➢ Rated "best reserve center in the region out of 13" ➢ Rear Admiral Bresnehan leadership award winner 1994
1989 – 1992	**Engineer, USS Fairfax County (LST-1193), USS Oliver Hazard Perry (FFG-7)** ➢ Managed two complex shipboard engineering $12 M overhauls ➢ Supervised and managed training for 175 shipboard engineers ➢ Responsible for the yearly execution of a $475 K operating budget
1979 – 1987	**Previous Work Assignments:** ➢ General Programs and Nuclear Officer Recruiter, ➢ Division Officer USS Barnstable County (LST-1197), USS Guam (LPH-9), ➢ Industrial Arts Teacher Mahanoy Area H.S., PA and Deptford H.S., NJ.

TODD W. HASKINS, RN, BSN, CCHP
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

A.A.S. – State University of New York at Alfred, Alfred, NY 14801

Eastern University
Bachelor of Science Degree in Nursing

EXPERIENCE:

2006 – Present — **PrimeCare Medical, Inc.**
Vice President of Operations - Oversees the clinical management of 28 Correctional facilities in Pennsylvania and New Hampshire.
Works closely with Corporate Medical Director for evaluation of clinical practices, Operational and Clinical over-site of approximately 7000 inmate beds, NCCHC accreditation activities for site preparation start to finish, Oversees Accounts Payable department and a member of the Utilization Review Committee.

1999 – 2006 — **PrimeCare Medical, Inc.**
Junior Vice President of Operations / Regional Manager
Responsibilities included operational and clinical management of several Pennsylvania correctional facilities
NCCHC accreditation preparations and audits
Invoice completion for Federal and Out-of-County charges for medical services

1997 – 2005 — **St. Luke's Hospital, Bethlehem, PA**
Registered Nurse - Telemetry / Cardiac Step-Down
EKG / ECG Interpretation
Advanced Cardiac Life Support activities
Assisted with conscious sedation
Initiated, maintained, titrated, and monitored numerous cardiac IV medications

1997 – 1999 — **Correctional Health Care Solutions - Northampton County Prison**
Health Services Administrator for 500-600 bed facility with male and female population, managed a budget of 1.1 million dollars, and maintained NCCHC accreditation

1994 – 1997 — **Health Care & Retirement Corporation of America, Toledo, OH**
Case Management of insurance patients for Delaware and Lehigh County facilities, Marketing for Sub-Acute medical units, Monitored and maintained clinical over site for pulmonary rehabilitation unit.

Assisted in obtaining Joint Commission on Accreditation for Healthcare Organizations (Long Term and Sub-Acute)

1993 – 1995 **Nurses House Call, Allentown, PA**
Registered Nurse
High Tech home ventilator cases
IV infusions (PICC and Hickman's)
Feeding tube placement and management

1991 – 1994 **State Correctional Institute at Graterford, Graterford, PA**
Registered Nurse - Correctional Physician Services
Assistant Pharmacy Supervisor
Medication nurse
Sick Call Triage Nurse EDCC

1990 – 1990 **St. Mary's of the Plains Hospital, Lubbock, TX**
Registered Nurse – Flying Nurses Corporation
Medical / Surgical Intensive Care Unit
Shock Trauma patient care
CABG recoveries
Unit Supervisory back-up

1989 - 1990 **Charles Cole Memorial Hospital, Coudersport, PA**
Registered Nurse – Critical Care Unit
Floated to Emergency department
Performed cardiac, neurology and pulmonary monitoring and management

LICENSES AND CERTIFICATIONS:

Licensed with the State Board of Nursing (RN-303026-L)
Certified Correctional Health Profession – 2000
Certified Basic Life Support
Certified Advanced Cardiac Life Support
Critical Care Courses
IV and PICC

THOMAS J. WEBER, ESQUIRE

PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

PROFESSIONAL EXPERIENCE:

1996 - Present	**Goldberg Katzman, P.C.**, Harrisburg, Pennsylvania
1998 – Present	Shareholder, Member of Executive Committee, Chair Civil Litigation Department, September 1998**:** Areas of Practice: Litigation; specializing in commercial litigation, professional negligence, civil rights, professional licensing and administrative litigation. Experience throughout litigation process. Appeared as lead counsel before U.S. District Court of the Middle District of Pennsylvania, numerous Courts of Common Pleas throughout Commonwealth of Pennsylvania, Pennsylvania Superior and Commonwealth Courts and Pennsylvania Supreme Court and various administrative agencies. Corporate law; representing small and medium size businesses in their formation and operation. Also serve as general counsel for statewide association of healthcare providers and statewide association of transportation leaders.
1996 - 1998	Associate
1990 – 1996	**Duane, Morris & Heckscher**, Harrisburg, Pennsylvania Associate Attorney**:** Areas of Practice: General Litigation; specializing in professional negligence, products liability, professional licensing, insurer bad faith, commercial litigation, and administrative litigation.

EDUCATION:

1990	**The Dickinson School of Law**, Carlisle, Pennsylvania Juris Doctor, Cum Laude Top 10 of graduating class **Honors**: • Dickinson Law Review, Editor • Woolsack Honor Society • Abel Klaw Award, excellence in evidence
1987	**The Pennsylvania State University**, University Park, Pennsylvania Bachelor of Science Degree -Major: Marketing, Minor: Economics **Honors**: • Graduated with Distinction, • Dean's List 5 semesters

ADMITTED: Pennsylvania Supreme Court
Pennsylvania Superior Court
Pennsylvania Commonwealth Court
Pennsylvania Courts of Common Pleas
U. S. District Court for the Middle District of Pennsylvania
U.S. Third Circuit Court of Appeals

MEMBERSHIPS IN PROFESSIONAL SOCIETIES:

American Bar Association
Pennsylvania Bar Association
Dauphin County Bar Association:
Local Rules Committee

MISCELLANEOUS:

Frequent Lecturer and Author on healthcare legal issues

LECTURES:

Frequent lecturer throughout the Commonwealth of Pennsylvania on HIPAA privacy issues. Also lectured on defending professional licensing actions before the Department of State. Other lectures include Directors and Officers Liability for small closely held businesses and risk avoidance in the construction industry. Also have lectured in the State of New Jersey on malpractice avoidance issues.

PUBLICATIONS:

Frequent contributor to the Pennsylvania Dental Journal -
Articles include:

- The Expanding Requirement for Informed Consent in the Practice of Dentistry;
- To Report or Not to Report (suspected cases of abuse);
- Treating the Minor Patient;
- Medical Records Law;
- Personal Rights Under HIPAA;
- Uses and Disclosure of Protected Health Information; and
- Business Associate Issues and Business Associate Agreement Terms

ANTOINE KATINY, M.D., CCHP
PrimeCare Medical of West Virginia, Inc.
117 State Street
Bridgeport, WV 26330

EDUCATION:

1991-1993	**St. Elizabeth's Medical Center/ Tufts University** Boston, MA Residency, Internal Medicine
1990-1991	**Metrohealth Medical Center/ Case Western Reserve University** Cleveland, OH Internship, Internal Medicine
1987-1990	**University Teaching Hospital** Damascus, Syria Cardiology Training
1984-1987	**University Teaching Hospital** Damascus, Syria Residency, Internal Medicine
1978-1984	**Damascus University, School of Medicine** Damascus, Syria Medical Student
1975-1978	**Al-Hashimi College** Damascus, Syria Secondary Certificate
1972-1975	**The Fraternity High School** Damascus, Syria Diploma

EXPERIENCE:

1994-Present	**PrimeCare Medical of West Virginia, Inc.** West Virginia Corporate Medical Director
1993-Present	**Braxton County Memorial Hospital** Director of Cardiac Care
1993-Present	**Braxton Imaging**
1993-Present	**Private Practice** Internist

TIMOTHY L. BOWEN, A.S.
PrimeCare Medical of West Virginia, Inc.
117 State Street
Bridgeport, WV 26330

EDUCATION:

1982 - 1984	**Salem College** **Associate Degree in Criminal Justice**

EXPERIENCE:

2003 - Present	**PrimeCare Medical of West Virginia Inc.** Junior Vice President of West Virginia Operations
1999 - 2003	**North Central Regional Jail** Administrator
1994 - 1999	**Central Regional Jail** Administrator
1992 - 1994	**Central Regional Jail** Lieutenant
1984 - 1992	**West Virginia Industrial Home for Youth** Correctional Officer (Sergeant)

DANIEL R. HOFFMAN, MBA, CCHP
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

August 2009 — **Eastern University**
Masters in Business Administration
Major: Business Administration

December 2004 — **Albright College**
Bachelor of Science
Major: Business Administration

December 2000 — **Harrisburg Area Community College**
Associate of Science
Major: Business Management with a focus in Information Technology

EXPERIENCE:

2010 - Present — **PrimeCare Medical, Inc.**
Position: Junior Vice President of Marketing

- Responsible for the supervision, development and implementation of all marketing plans
- Built and maintain relationships with clients
- Conduct market research on current competitors.

2006 - 2009 — **Kendal~Crosslands Communites**
Position: Network Administrator

- Responsible for maintaining and updating computer network at two retirement sites
- Service over 150 computers
- Report to the management team on all technology-related issues
- Budget for all technology-related purchases

1997 – 2006 — **PrimeCare Medical, Inc.**
Position: Junior Vice President of Administration and Technology

- Responsible for establishing and maintaining communications with clients and vendors
- Assume responsibility for all technology related issues
- Launch and manage multiple site video network via frame relay
- Collaborate with accounting and business departments daily to ensure purchases and leases are coordinated properly

2002 - 2004 — **Noroc Broadband, LLC**
Position: Co-Owner

- Created foundation of Noroc Broadband
- Directly responsible for marketing and finance aspects of the company

KELLY A. EHRICH, MBA, BSN, RN, CCHP
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

Carbondale Area High School
High School Diploma

Lackawanna College
Associate Degree in Accounting

Wilkes University
Bachelors and Masters Degree in Business Administration.
Bachelors of Science Degree in Nursing

EXPERIENCE:

PrimeCare Medical, Inc.
Junior Vice President of Operations

- Oversees Eastern Pennsylvania Facilities

Regional Coordinator

- Recruitment and training of medical staff, to include physicians, MH, nursing, etc., for eight county correctional facilities, and one juvenile detention center.
- Establish policies and procedures, and train staff in compliance.
- Liason between County, Facility, and Corporate staff.

Wexford Health Sources, Lehigh County Prison, Allentown, PA.
Healthcare Administrator - Responsible for the effective delivery of the institutions (1300 bed) overall health care system. Act as a liaison between health services and institutional administration, department heads and subordinates. Supervise all health care unit related departments and budgets including: pharmacy medical records, nursing, lab X-ray etc. Actively monitor financial performance of contract. Develop and implement all institution directives and procedures to comply with NCCHC accreditation. Manage all staff related issues including: recruitment and retention, interviewing and hiring of department heads and staff, scheduling, performance evaluations. Ensure staff is properly trained in CPR and NCCHC standards. Maintain an active quality improvement program.

Correctional Medical Services
Mid- State Correctional Facility and NJ Regional Office
NJ Financial Manager - Supports the day-to-day financial operations of the $125 million New Jersey Region and Federal Projects. Daily

monitoring of labor to review appropriate utilization of staff relative to approved operational levels. Troubleshoot claim/invoice issues, and communicate and resolve such issues. Monitor utilization trends in inpatient and outpatient services to identify need for corrective action. Ad Hoc reporting/analysis. Work with subcontractors to insure appropriate payment under contract terms. Manage and supervise scheduling and billing departments.

Correctional Medical Services
East Area Sr. Financial Analyst
Focal Point Trainer - Responsible for training all new management and administrative employees on payroll, consult scheduling and PeopleSoft ordering systems.

Correctional Medical Services
Statewide Consult Manager - Coordinate on-site clinics and off-site appointments for outpatient services for NJ inmates Directly supervise four staff members and indirectly supervise 13 consult coordinators within the prison facilities across the state. Authorize claims for payment san investigate unauthorized billed services. Successfully coordinated the assigned project of decentralizing the scheduling process from the regional office individual sites.

Correctional Medical Services
Office Manager and Administrative Assistant - Maintain personnel records, employee payroll, quarterly inventories, process and track invoices. Schedule and coordinate meetings, medical consult coordinator, maintain and update NCCHC files, order supplies, compiled data for various reports. Other responsibilities included training of employees and assisting in the preparation for NCCHC accreditation on other facilities.

Dr. Gene Wentzel
Accounts payable, insurance and patient billing, accounts receivable, posting payments to patient accounts, preparing bank deposits, preparation of financial statements, hiring of staff, maintain personnel files, training and directing other employees.

Pioneer American Bank
Staff Accountant, Mortgage Processor, Teller.
Preparation of monthly financial statements, branch analysis, new business trend reports, depreciation of fixed assets, accounts payable, entering stock transfers by computer, paying dividends to shareholders, daily balancing of cash, cash exchange, teller over and short, general ledger, savings and official bank checks, the daily analysis of all entries made to the general ledger which included investigating high dollar amounts and errors. Schedule and take mortgage applications from customers, gather information for loan approval, prepare documentation for closing, sell and service loans on secondary market, record and satisfy mortgages.

LINDA J. BERNARD, RN, CCHP-RN
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

2002 — **Excelsior College, Albany, NY**
Associates in Science Degree (Nursing)

1983 — **Altoona Vocational Technical School**
Licensed Practical Nurse

EXPERIENCE:

PrimeCare Medical, Inc.

2008 - Present — Junior Vice President of Operations
- Oversees all Western Pennsylvania Facilities

2004 - 2008 — Regional Coordinator
- Recruitment and training of medical staff, to include physicians, MH, nursing, etc., for eight county correctional facilities, and one juvenile detention center.
- Establish policies and procedures, and train staff in compliance.
- Liason between County, Facility, and Corporate staff.

2002 - 2004 — Health Services Administrator
- Responsible for medical operations & administration of a county correctional facility.
- Training of correctional and medical staff.
- Monitoring compliance of contracted services.
- Cost Management
- Obtained and maintained National Commission on Correctional Health Care Accreditation

1997 – 2002 — Nurse Supervisor
- Performed duties in all aspects of correctional nursing
- Infection Control, Medical Records, Staff Meetings, Medication Pass, Scheduling, etc.
- Supervision of medical staff

LICENSURE AND CERTIFICATIONS

2002 — Licensed with the State Board of Nursing
2004 — Certified Correctional Health Professional (CCHP)
2011 — Certified Correctional Health Professional – Registered Nurse

MARCY E. HOFFMAN-SCHLEGEL, MHRM, CCHP
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

2003 – 2006 **St. Francis University, Loretto, PA**
Masters Degree in Human Resource Management

1996 – 1998 **Penn State University, Capital Campus**
Bachelors Degree in Applied Behavioral Science

1994 – 1996 **Harrisburg Area Community College**
Completed studies in Liberal Arts for transfer

EXPERIENCE:

2006 – Present **PrimeCare Medical, Inc.**
Junior Vice President of Human Resources

2000 – 2006 **PrimeCare Medical, Inc.**
Director of Human Resources (Personnel)
Responsibilities include approving all disciplinary actions and terminations. Responsible for maintaining all personnel files and employee computer tracking system. Responsible for administration of all employee benefit. Oversight of all employee investigations. Other duties include attending UC and Human Relations Commission Hearings as needed. Maintain all other HR functions.

1999 – 2000 **PrimeCare Medical, Inc.**
Human Resources Coordinator
Responsibilities include approving all hires, disciplinary actions, and terminations. Responsible for maintaining all personnel files and employee computer tracking system. Responsible for administration of all employee benefits. Responsible for workers' compensation and other recruitment duties.

1998 – 1999 **PrimeCare Medical, Inc.**
Human Resources Assistant
Assisted Director of Human Resources with offer letters to potential employees and ensuring references and appropriate screenings were completed. Maintained employee personnel files. Screened HR calls for Director. Performed other HR functions as assigned.

1994 – 1998 **Community General Osteopathic Hospital**
File Clerk, Human Resources Department

AFFILIATIONS:

Society for Human Resource Management

BRENT W. BAVINGTON, M.B.A., CCHP
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

2004 –2006 **Eastern University, St. Davids, PA**
Masters in Business Administration (MBA)

1998 – 2002 **Slippery Rock University, Slippery Rock, PA**
Bachelor of Science (B.S.) in Information Technology; Minor: Marketing

EXPERIENCE:

PrimeCare Medical, Inc. / PrimeCare Medical of West Virginia, Inc. / PrimeCare Medical of New York, Inc.

2006 – Present **Junior Vice President of Operations / Recruitment**

2003 – 2006 **Director of Human Resources (Recruiting/Employment)**
Approve and facilitate all hiring for the company
Apprise Operation Department of current staffing issues
Compile company-wide open position list, place advertisements in a variety of media to fill vacancies
Conduct initial interviews, visit facilities to ensure proper training after hiring

2002 –2003 **Recruiter/Information Technology**
Attend Job Fairs and placement events
Provide technical support to the corporate staff
Receive all job inquiries via phone, fax, and email

Slippery Rock University

1999 –2002 **Community Assistant, Office of Housing**
Maintain University policies and regulations in a 600+ student resident hall
Organize and manage social and educational activities for a floor of 40 residents
Conduct meetings with residents and advise residents on academics, scheduling, and personal issues

2001 – 2002 **Web Master, Office of Student Life**
Interact with various organizations to gather requirements for web pages
Design and program web pages for office of student life

Manugistics Inc. Wayne, PA

1999 – 2001 **Internship**
Unit tested, benchmarked, develop software, fixed software failures
Used advanced programming tools, languages, and methodologies to include: C++, Java, SQL, and UNIX

PROFESSIONAL AFFILIATIONS:

Certified Correctional Healthcare Professional (CCHP)

DEREK G. HUGHES, M.B.A., CCHP
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

Eastern University, St. Davids, PA
Masters in Business Administration – GPA 4.0

Shippensburg University, Shippensburg, PA
Bachelor of Science in Business Administration, Cum Laude
Major: Marketing; GPA 3.55/4.0
Phi Sigma Pi National Honors Fraternity
Beta Gamma Sigma, Honors Society for Collegiate Schools of Business
Dean's List for seven (7) semesters
John L. Grove College of Business (Accredited by AACSB International)

EXPERIENCE:

2003 - Present **PrimeCare Medical, Inc.**

Junior Vice President of Operations
- Principle assistant to the Vice Presidents of Operations
- Manage day-to-day operations of 52 correctional healthcare contracts
- Maintain Warden – Client relations
- All duties identified below

Director of Operations
- Direct assistant to Vice Presidents of Operations
- Coordinates with all Pennsylvania contracts
- Primary managerial oversight of 8 Pennsylvania correctional healthcare facilities.
- Completion of various Operational Management Reporting Tools
- All duties identified below

Operations Special Projects Supervisor
- Direct assistant to Vice Presidents of Operations
- Earned Certified Correctional health Professional (CCHP)
- Manage day-to-day operations of 22 correctional healthcare contracts
- Initiate tactical plans for field operatives
- Develop, supervise, and implement Manpower surveys/Tables of Organization
- Sub-chair of Corporate Policy and Procedure Review Committee
- Plan and coordinate company marketing strategies
- Active Certified CPR/AED Instructor for Corporation

Operations Department – Internship
- Assisted Junior Vice Presidents of Operations with tactical planning
- Corporate representative for Regional Convention (Marketing)
- Attended quarterly facility meetings to assess upcoming opportunities

PAUL WILLIAM NAVARRO, MSN, NP-C, CCHP
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

2008 – 2010	**Widener University** Family Nurse Practitioner Program Masters of Science in Nursing
2002 – 2006	**Pennsylvania State University** Bachelor of Science in Nursing
1998 - 2002	**Central Dauphin High School** Academic Diploma

EXPERIENCE:

2006 – Present	**PrimeCare Medical, Inc.** Junior Vice President of Clinical Operations Member of The Board of Directors Assist Vice President of Operations to develop staffing plans and tables of organization for medical departments, recruit, interview and hire facility staff members, complete annual company policy and procedure reviews, and develop nursing protocols.
2006 – 2007	Penn State Hershey Medical Center Pediatric Intensive Care Unit – RN/Staff Nurse
2003 – 2004	Paxtonia Fire Department Volunteer
2002	Penn State Hershey Medical Center Emergency Department - Volunteer

INTERNSHIP:

2009 – Present	**Pennsylvania State University School of Nursing** Research Advisory Panel
2005	Penn State Hershey Medical Center Penn State Life Lion, Critical Care Transport – Student Nurse Emergency Department – Nurse Extern II
2004	Dauphin County Prison Student Nurse/EMT

LICENSURE:

Pennsylvania Registered Nurse #RN576541
West Virginia Registered Nurse #72463
New Hampshire Registered Nurse #060462-21

CERTIFICATIONS:

EMT-B
Fire Operations Module A-Exterior and B-Exterior
Certified Correctional Health Professional (CCHP)
PICU Nursing Internship Program
Trauma Nursing Course
PALS Provider
Home Vent Course
Less Lethal Weapons

SANDRA M. ULERICK, MBA, CCHP
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

2014 — **Eastern University**
Master of Business Administration – Graduated Magna Cum Laude Degree in Business Administration

2010 — **Duquesne University**
Bachelor of Science Degree – Graduated Magna Cum Laude
Concentration in Criminal Justice and Forensic Science and Humane Nonprofit Management

1987 — **National Education Center, Thompson Institute**
Legal Secretary Curriculum; Associates in Specialized Business

1984 — **Carlisle Senior High School**
High School Diploma

EXPERIENCE:

1998 - Present — **PrimeCare Medical, Inc.**

2005 – Present — Director of Risk Management - Monitor all lawsuits; assist and direct staff in response to claims that have been filed against them. Ensure all lawsuits are properly reported to liability insurance carrier. Coordinate communications between attorneys, staff and others as necessary. Review grievances and letters from inmate/patients. Review Daily Logs and report to Corporate Medical Director and Corporate Counsel potential high-risk issues. Monitor Quality Assurance Programs in the Corporate Office and at contract sites. Meet with local facility administration periodically for routine matters and as needed for issues that may impact in the area of risk management. Be a resource and provide assistance to Health Services Administrators, Staff, local administrators and Corporation Staff as needed and requested.

Privacy Officer - Incorporate privacy compliance into all aspects of PrimeCare's Corporate Compliance Program, including periodic audits or assessments of compliance. Coordinate the development of appropriate documentation to demonstrate compliance with applicable legal requirements. Coordinate the development and implementation of an initial employee training program and ongoing training modules to be used for employee orientation and annual in-service training and training

programs for use by clinical contractors, business associates, trainees, and volunteers. Coordinate efforts to identify business associates and trading partners and obtain necessary assurances from business associates. Contact person for inmate/patient and client requests for amendment, access, specialized communication, and accountings and coordinating responses to such requests in accordance with applicable policies and procedures. Coordinate the investigation of and responses to privacy complaints filed by inmate/patients, clients, and/or their responsible persons, and acting as the contact person with respect to government investigations of complaints associated with alleged violations of applicable privacy laws. Act as a resource to PCM's workforce with respect to inquiries regarding privacy compliance issues, outsourcing such inquiries when appropriate, and investigate and appropriately address workforce reports of possible infractions of privacy policies and procedures.

2003 - 2005 Administrative Assistant/Paralegal – Typing of various reports, contracts, agreements, pleadings, letters, and memoranda, as directed; Processing mail as it relates to job assignments; Scheduling appointments, as directed; Paralegal Duties - Maintain filing system and confidentiality of information at all times; Maintain all facilities inmate grievances; Review, report and maintain all facilities daily logs; Track and maintain all lawsuits; Assist and direct PCM workforce questions regarding legal matters, i.e., court orders, subpoenas, etc. when Vice President of Risk Management and Human Resources is unavailable; Track and maintain all corporate insurance matters; Prepare and maintain Company loss run history; Coordinate communications between attorneys, staff and others in defense of lawsuits; Maintain all Corporation documents Companywide; Prepare for and attend Corporate Board Meetings for PrimeCare Medical, Inc. and PrimeCare Medical of West Virginia, Inc.

Assistant Privacy Officer - Answer HIPAA related questions directed by PCM's workforce with respect to inquiries regarding privacy compliance issues; Answer all inmate/attorney mail requests for copies of medical records; Maintain Accounting Disclosure Forms for all facilities

1998 - 2003 Administrative Assistant - Typing of various reports, contracts, agreements, pleadings, letters, and memoranda, as directed; Process mail; and Schedule appointments.

1997 – 1998 **Pennsylvania Office of Attorney General**

Clerk Typist III – Secretary to Chief Deputy Attorney General in the Asset Forfeiture and Money Laundering Section of the Criminal Division. Duties include: draft and type letters, memoranda, petitions and motions. File, answer phones, schedule appointments, and order supplies. Track and input information for federal and state assets. Back-up secretary for

the Assistant Executive Deputy Attorney General for the Organized Crime and Narcotics Division.

1988 – 1995 **Balaban and Balaban**

Legal Secretary – Open/close office; sort mail, type letters, memoranda, pleadings and briefs; file pleadings and brief with various local, state and federal courts; answer phones, filing; schedule appointments.

1987 – 1988 **City of Harrisburg, Law Bureau**

Confidential Legal Secretary – Type letters, memos, pleadings and briefs; file pleadings and briefs with various courts for all staff attorneys; filing; and answer phones.

CERTIFICATION:

2005 – Present Certified Correctional Healthcare Professional (CCHP)
National Commission on Correctional Health Care

2001- Present Notary Public

ROBERT M. NICHOLS JR., Psy.D., CCHP
PrimeCare Medical, Inc
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION

2011	Psy.D. Clinical Psychology, Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania
1989	M.A. in Counseling Psychology, Magna Cum Laude - Kutztown University, Pennsylvania
1980	B.A. in Political Science - Elizabethtown College, Pennsylvania

CREDENTIALS

1995	Licensed Psychologist, Pennsylvania, # PS007479L
2006	Licensed Psychologist, West Virginia, # 929

PROFESSIONAL AFFILIATIONS

1989	Pennsylvania County Corrections Association
2005	Pennsylvania Psychological Association

PROFESSIONAL EXPERIENCE

2006 Director of Mental Health Services, Psychologist
PrimeCare Medical, Inc.

Clinical psychologist responsible for coordination and monitoring of mental health services at contracted facilities in accordance with NCCHC/ACA standards. Provide supervision, training, and support to clinical staff. Serve as PrimeCare Medical liaison to facility administration, health care facilities, county mental health, and other governmental agencies.

2005 - 2006 Practicum
Psychologist
Spring Psychological Associates, Sinking Spring, Pennsylvania

Provide psychotherapy for adolescents, adults, and couples. Specializing in anxiety, depression, and adjustment disorders. Also provide therapy for drug and alcohol issues, family/marital issues, anger management, and treatment for sex offenders.

2004 - 2005 Practicum
Psychologist
Harrisburg State Hospital, Harrisburg, Pennsylvania

Provided individual and group psychotherapy in an inpatient hospital setting to patients who are diagnosed with serious mental illnesses. Worked with multidisciplinary treatment teams to develop treatment and discharge plans and to coordinate treatment for patients. Also performed clinical assessment and testing services.

1989 - 2005 Deputy Warden of Treatment Services
Berks County Prison, Leesport, Pennsylvania

Administration of inmate treatment services including; mental health, medical, counseling, education, and rehabilitative programs. Provided clinical supervision and consultation for counselors and clinical supervisors. Performed testing and assessment for job applicants, sex offenders, and mentally ill offenders. Provided group and individual psychotherapy for inmates with mental illness, sex offenses, and drug and alcohol dependency.

1987 - 1989 Treatment Supervisor of Clinical Services
Berks County Prison, Leesport, Pennsylvania

Supervised inmate counseling and rehabilitative programs. Provided clinical supervision of counselors and supervised case managers. Provided group and individual psychotherapy for both men and women with mental illness and drug and alcohol dependency.

1982 – 1987 Treatment Counselor
Berks County Prison, Leesport, Pennsylvania

Conducted intake, classification, and needs assessments. Provided group and individual counseling to persons with mental illness and drug and alcohol dependency. Performed case management and counseling on housing units. Developed individual discharge plans.

1980 – 1982 Correctional Officer
Berks County Prison, Leesport, Pennsylvania

KATHY E. NICHOLSON, LPN, CCHP
PrimeCare Medical of West Virginia, Inc.
117 State Street
Bridgeport, WV 26330

EDUCATION:

1993	**Fred Eberle School of Practical Nursing – Graduation**
1989 – 1990	**Fairmont State College** National Register EMT-Paramedic
1985	**Fairmont State College** Mobile Intensive Care Paramedic
1974	**Gilmer County High School**

EXPERIENCE:

2005 – Present	**PrimeCare Medical of West Virginia, Inc.** Regional Coordinator for Division of Juvenile Services (10 facilities)
2003 - 2005	Medical Administrator at Central Regional Jail
1995 - 1998	Staff nurse at Central Regional Jail and North Central Regional Jail
1998 - 2005	**Minnie Hamilton Health Care Center** Emergency Room LPN and Emergency Transport Paramedic CPR and First Aid Instructor
1984-2005	**Gilmer County Ambulance Service – Glenville, WV** Paramedic/Firefighter,CPR and Advanced Life Support Coordinator Advanced Life Support Instructor, Basic Trauma Life Support Instructor Pediatric Advanced Life Support Instructor Awarded Outstanding Paramedic Region VI/VII – 1991
1993-1998	**Americare Glenville – Glenville, WV** LPN – Charge nurse
1984-85	**Gilmer County Head Start – Glenville, WV** Assistant Teacher
1978-81	**Glenville City Police Department – Glenville, WV** Secretary, Meter Maid, Patrol Officer

CERTIFICATIONS:

Certified Correctional Healthcare Professional
Paramedic
CPR and First Aid Instructor
Fire Fighter I and II

CHERYL F. STEPHENS, RN, BSN
PrimeCare Medical of West Virginia, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

2007	**University of Phoenix** 9 credits hours towards Masters, Nursing
2006	**West Virginia Wesleyan College** Buckhannon, WV Bachelor of Science, Nursing
1988	**Ashland Community College** Ashland, KY Associate of Science, Nursing

EXPERIENCE:

King's Daughters Medical Center – Ashland, KY

2010 – 2012 — Director, Anesthesia Services
Responsible for oversight of anesthesia practice operations (fourteen anesthesiologist's and twenty four registered nurse anesthetists), including developing and implementing practice objectives to ensure financial profitability through strategic planning in order to meet the long term goals of the Anesthesia Section and the organization

2009 – 2010 — Medical Practice Manager, Inpatient Physicians
Performed administrative duties for the hospital medicine program (fourteen hospitalist's) which included: participating in business planning and development of strategy process, operating within the parameters of an integrated budget, developing with the team and communicating organizational and practice goals, evaluating cost management strategies for efficiency and effectiveness, setting goals, and assigned responsibility and accountability that reflected the mission, vision, and values of the practice and organization.

2004 – 2005 — Director Outpatient Surgery Center
Responsible for all clinical operations, including: Pre-op patient preparation; OR; PACU; Central Sterile, Scheduling, Business Office; block scheduling, staffing, supply/equipment requisition, physician recruitment, operational and strategic planning including

budgeting; maintaining agency regulations, Human Resource performance, including staff education/orientation; and equipment and physical plant maintenance. Planned/conducted team meetings.

2003 – 2004

Patient Care Manager, Outpatient Surgery Center
Managed the construction and development of a $10 million, 15,000 sq. ft. multi-specialty outpatient surgery center. Interviewed and hired all nursing and technical staff. Planned and conducted team meetings. Directed clinical and business teams through daily operational projects and programs. member of various hospital committees including Quality Council, Patient Safety, Department of Surgery and Anesthesia Section. Developed and implemented policies and procedures applicable to the outpatient setting.

1991 – 2003

Clinical Nurse Manager, Endoscopy
Coordinated and planned for the delivery of nursing care with 24 hr. accountability. Developed and implemented policies and procedures. Assisted in the development and design of the endoscopy unit, implemented quality improvement plans, staffing schedules, and new employee orientation. Assisted in developing unit operational and capital budgets.

1988 – 1991

Staff/Charge Nurse, Medical Surgical Unit
Staff nurse and charge nurse duties on 30 bed surgical unit. Responsible for staff assignments based on patient acuity staff mix. Performed daily patient rounds and served as a mentor for new employees.

LICENSES:

Registered Nurse Licensure, Kentucky Board of Nursing – 1988

Registered Nurse Licensure, West Virginia Board of Examiners for Registered Professional Nurses - 2012

DENISE GEMZIK-JEMIOLA, RN, CCHP-RN
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EXPERIENCE:

2006 - Present	PrimeCare Medical, Inc. Regional Coordinator – Northeastern Pennsylvania Facilities • Recruitment and training of medical staff, to include physicians, MH, nursing, etc., for eight county correctional facilities, and one juvenile detention center. • Establish policies and procedures, and train staff in compliance. • Liason between County, Facility, and Corporate staff.
2004 - 2006	Correctional Care, Inc. – Lackawanna County Prison Corrections Nurse – Familiar with both State and Federal inmate standard of care regulations
2002 - 2004	Delta Medix, PC – Scranton, PA • Urology – Hands on diagnostic procedures and follow-up care. • Insurance verification and Medical Records responsibilities.
1983 – 2002	Community Medical Center – Scranton, PA • ICU/CCU Member of First Response Trauma Team • Intravenous Therapy Nurse, Peripheral line insertions and Central Line maintenance, Supervision of peripheral Anti-coagulant therapy and Peripheral Nutrition. • Department of Psychiatry – Psychotropic medications, Group Therapy and Individual Counseling • Surgical Services – Pre/Post Anesthesia Care Unit

CHARLES LUFFEY, RN, CCHP
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

2005	Jameson Memorial Hospital School of Nursing Diploma – Registered Nurse (RN)
2003 - 2004	Penn State University Academic Courses related to Nursing
2003	Butler County Community College Associate in Applied Science

EXPERIENCE:

PrimeCare Medical Inc.

2010 – Present

Regional Coordinator

- Oversee the medical operations of eight county correctional facilities and one juvenile detention center in Western Pennsylvania.
- Recruitment and training of medical staff
- Establish policies and procedures, and train staff in compliance
- Liason between County, Facility, and Corporate Staff.

2007 – 2010

Health Services Administrator

- Responsible for the medical operation and administration at the Lawrence County Correctional Facility.
- Training of medical staff and correctional staff
- Monitor compliance of contracted services

2005 - 2007

Jameson Health System

Registered Nurse (Critical Care Unit)

- Technically proficient in all major ICU skills
- Assisted with insertion and maintenance of invasive lines-arterial, triple-lumen, Swan-Ganz, chest tubes, pacemakers, dialysis catheters.
- Responsible for responding and coordinating client care in code situations.
- Managed surgical recovery of patients including vascular, thoracic, ENT, GI, urological and general medical cases.
- Managed and cared for patients with IABP.
- Proficient in ventilator management and care, as well as assisting with intubations

2004 – 2005

Student Nurse Extern (Critical Care Unit)

- Assisted the Registered Nurse in planning and execution of nursing duties.
- Utilized appropriate personnel, services and equipment resources in a critically ill patient.
- Developed and applied physical and psychosocial skills.

1992 – 2001

Reactive Metals and Alloys Corporation (REMACOR)

Senior Field Service Technician

- Managed accounts throughout the United States and Canada.
- Developed Standard Operating Procedures and Safe Job Procedures.
- Supervised 16 Injection Technicians
- Familiar with quality control procedures and ISO

MILITARY:

1991 – 1999

United States Marine Corp (Reserve)
Warehouse Specialist / Landing Support Specialist

Curriculum Vitae
Jerry M. Hahn, MD

Date of Birth:
Place of Birth:
Marital Status:
Children:
Home Address:



Office:

Hahn Medical Practices, Inc.
PO Box 1737
Romney, WV 26757

Certification:

Medical License
September 1987

Family Practice Residency
June 1989

American Board of Family Practice – Diplomate
1990

Dermatology Residency
June 1993

Licensure:

State of West Virginia Board of Medicine
September 14, 1987

Education:

Facility:	West Virginia University
Degree:	BS Electrical Engineering
Date:	1973-1977

Facility:	Marshal University
Degree:	MD
Date:	1982-1986

Post Graduate:

Facility:	Marshall University
Specialty:	Family Practice Residency
Date:	1986-1989

Facility:	West Virginia University

	Specialty:	Dermatology Residency
	Date:	1990-1993
Practice Experience:	Facility:	Romney Medical Associates Romney, WV
	Specialty:	Family Practice / Dermatology
	Facility:	Mineral County Medical Associates Keyser, WV
	Specialty:	Family Practice / Dermatology
	Facility:	Hardy County Medical Services Moorefield, WV
	Specialty:	Family Practice / Dermatology
	Facility:	Wardensville Medical Services Wardensville, WV
	Specialty:	Family Practice / Dermatology
	Facility:	Sunrise Diagnostics Romney, WV
	Specialty:	Laboratory Director
	Facility:	Berkeley Springs Derm Clinic Berkeley Springs, WV
	Specialty:	Dermatology
	Facility:	Franklin Derm Clinic Franklin, WV
	Specialty:	Dermatology
	Facility:	Martinsburg Derm Clinic Martinsburg, WV
	Specialty:	Dermatology
	Facility:	Hampshire Health Care Center Romney, WV
	Specialty:	Medical Director
	Facility:	Potomac Center Romney, WV
	Specialty:	Medical Director

	Facility:	ResCare, Inc. Wardensville, WV Keyser, WV
	Specialty:	Medical Director
	Facility:	Hampshire County Health Dept. Romney, WV
	Specialty:	County Health Officer
	Facility:	Potomac Highlands Regional Jail Augusta, WV
	Specialty:	Medical Director
Emergency Medicine Experience:	Hospital:	Humane Hospital Kentucky
	Hospital:	Martin Hospital Martin, KY
	Hospital:	Winchester Medical Center Winchester, VA
	Hospital:	Shenandoah Memorial Woodstock, VA
	Hospital:	Preston Memorial Kingwood, WV
	Hospital:	Grant Memorial Petersburg, WV
	Hospital:	Beckley General Beckley, WV
	Hospital:	Ironton City Ironton, OH
	Hospital:	Portsmouth Portsmouth, OH
	Hospital:	Potomac Valley Keyser, WV

	Hospital:	Jackson General Ripley, WV
	Hospital:	Prestonburg Memorial Prestonburg, KY
	Hospital:	Farmington General Farmington, KY
Other Employment:	Facility: Position: Dates:	Doubleday Electrical Engineer 1973-1977
Society Memberships:	American Academy of Family Physicians American Academy of Dermatology West Virginia State Medical Association Delegate for WV State Medial Association West Virginia Dermatological Society	

James O. Fridley, M.D.

[redacted]

March 30, 2008

West Virginia Wesleyan College – 1963 – B.S. Degree Biology

West Virginia University School of Medicine – 1967 – M.D. Degree

Rotating Internship – Riverside Hospital, Newport News, VA – 6/67 to 6/68

General Medical Officer United States Army – 1968-1970

Private practice of General Medicine – Dunn, NC – 1970—1981

Medical Director E.A. Hawse Health Center, Baker, WV – 1982—2003

Staff physician Hahn Medical Practices, Inc. - part-time May 2004—November 2005 and March 22, 2007 to July 1, 2007. Full-time from July 1, 2007 to present

Member of American Academy of Family Physicians since 1972.

Member of American Medical Association 1968—2006

Completed Continuing Medical Education requirements to qualify for consecutive "Physician's Recognition Awards" presented by the American Medical Association from 1974 to 2003

Gaps of time greater than three months are due to retirement.

Andrew Howlett, PA-C
Sunrise Professional Building
Route 50 East
Romney, WV 26757
304-822-3838

Objective
To obtain a position working as a physician's assistant in a primary care setting.

Qualifications
Completed a baccalaureate degree in physician assisting and have since gained and applied that knowledge to provide and manage care for patients in a primary care setting with minimal supervision.

Education
1999 – 2002 Bachelor of Science, Alderson-Broaddus College

Employment
2003- Physician Assistant, Hahn Medical Associates
Daily evaluation, treatment and management of patients in the primary care setting.

2003 – 2003 Physician Assistant, Peninsula Emergency Physicians
Daily evaluation, treatment and management of patients in the emergency department setting.

Joseph Yeater, PA-C

Sunrise Professional Building
Route 50 East
Romney, WV 26757
Phone: (304) 822-3838

OBJECTIVE

To obtain a position as a physician's assistant working at the Potomac Highlands Regional Jail.

QUALIFICATIONS

Completed a baccalaureate degree in health sciences with an emphasis in physician assisting and have since applied that knowledge to provide and manage care for clients in a primary care setting with minimal supervision.

EDUCATION

1989-1994 Bachelor of Science, Alderson-Broaddus College
1985-1989 High School Diploma, Marion High School

EMPLOYMENT

1994- *Physician Assistant, Hahn Medical Associates*
Daily evaluation and treatment of patients in the primary care setting.

Alfred Baldera M.D. [redacted]

College: Boston University, B.A.
College of Liberal Arts 1977 Boston, Mass.

Medical School: Boston University, M.D.
School of Medicine 1977 Boston, Mass.

Internship: Albany Medical Center, 1977-1978

Residency: Marshall University Affiliated Hosp. 1983-1985
Family Practice

Licensure: New York 1978 (Inactive)
West Virginia 1978
Ohio 1985
Kentucky 1987

Professional Experience: National Heath Service of W.Va. 1978-1981
Professor Family Community Health 1981-1983
E. D. Staff Physician 1983-Present
Occupational Health Physician 1985 – Present
Medical Review Officer 1988 – Present
Independent Medical Examiner 2003 - Present

Hospital Affiliations: Cabell Huntington Hospital
Holtzer Medical Center

Professional Memberships:

American Academy of Family Practice
American Academy of Emergency Medicine
Drug and Alcohol Testing Industry Association
American Board of Independent Medical Examiners

Teaching:

Clinical Professor Emergency Medicine M.U.
Teacher of year award 1995

Publications:

Inadequate Tetanus Protection among rural elderly
South Med. Journal 1985 Feb; 78(2): 153-156

Dominique Wong
[redacted]
• E-Mail: yellowgoatfarm@gmail.com

Residency – Family Medicine. Marshall University School of Medicine	1995-1998
M.D. Ohio State University College of Medicine. Columbus, Ohio	1990-1995
B.A. Biology. Cornell University. Ithaca, New York	1984-1988

• Physician for Correctional Facilities, Primecare Medical	2011-present
• Emergency Department Physician. Cabell Huntington Hospital Huntington, West Virginia	1998-present
• 5th Street Urgent Care. Huntington, West Virginia	2005

• Instructor for Critical Care Transport/EMS Provider Program	ongoing
• Guest Lecturer Marshall University School of Medicine Anatomy Course	ongoing

• Board Certified Family Medicine through 2013

ATLS, ACLS certified

- American College of Emergency Physicians, Board Member – West Virginia Chapter
- American College of Emergency Physicians

Curriculum Vitae

[redacted]
Mobile (304) 552-1990
Email [redacted]

August 25, 2011

Employment Objective

Part time employment as an Emergency Physician at a small to medium sized West Virginia hospital.

Introduction

I am a seasoned General Practitioner with over fourteen years experience in Emergency Medicine at several West Virginia and Tennessee hospitals including trauma level III and IV facilities. Additionally, I served as Medical Director for a U.S. DHHS designated critical access Community Health Center Clinic for two years. While I do not have specialty board certification, I bring extensive experience, a solid skill set and tried and proven judgement to the table. I am equally comfortable working in consultation with Medical and Surgical sub-specialists as I am serving as the only medical provider in remote rural locations. I have extensive experience with triage and transfer criteria and procedures. I have solid interpersonal communication skills and have always maintained cordial and professional relationships with Administration, Nursing, Ancillary services, EMS and Referral facilities.

Emergency Medicine Experience

Emergency Physician, Braxton County Memorial Hospital, Gassaway, WV
July 2009– Present

Emergency Physician, Webster County Memorial Hospital
July 2006 - Present

Emergency Physician, Plateau Medical Center, Oak Hill, WV
May 2006 - Present

Emergency Physician, Minnie Hamilton Health Care Center, Inc., Grantsville, WV
October 2006 – March 2009

Emergency Physician, St. Lukes Hospital, Bluefield, WV
May 2006 – October 2006

Emergency Physician, Stonewall Jackson Memorial Hospital, Weston, WV
May 2006 – October 2006

Emergency Physician, Roane General Hospital, Spencer, WV
March 2002 - May 2006

Emergency Physician, Scott County Hospital, Oneida, TN
January 1998 - November 1998

Emergency Physician, Jackson General Hospital, Ripley, WV
November 1997 – July 2006

Other Medical Experience

Medical Director, General Practitioner, Glenville Office, Minnie Hamilton Health System, Glenville, WV
June 2007 – March 2009

Education

Radiology Residency, University of Tennessee, Knoxville, TN. July 1997 – March 1999
Resigned in good standing prior to completion of residency to accept a full time position as an Emergency Medicine Physician.

Surgical Internship, Department of Surgery, Marshall University School of Medicine, Huntington, WV. July 1996 - July 1997. Internship completed with offer to progress to categorical PGY2 position.

M.D., Marshall University School of Medicine, Huntington, WV.
August 1992 - May 1996

B.S., Marshall University, Huntington, WV. August 1989 - June 1992 (early acceptance to School of Medicine prior to completion of degree program due to scholarly merit).

U. S. Army Military Police School, Fort McClellan, AL. May 1986.

High School Diploma, Charleston High School, Charleston, WV. June 1985.

Professional Certifications

West Virginia Medical License # 19106, active without restriction

United States Drug Enforcement Agency Provider Certificate, West Virginia Practice Locations #BL5535779, active without restriction

Tennessee Medical License # 29760, inactive, eligible to reinstate without restriction

United States Drug Enforcement Agency Provider Certificate, Tennessee Practice Locations #BL5493945 inactive, eligible to reinstate without restriction

Advanced Cardiac Life Support, Provider Course, American Heart Association, active

Advanced Trauma Life Support, Committee on Trauma, American College of Surgeons, active

Pediatric Advanced Life Support, active

Neonatal Resuscitation, active

Electrocardiograph Interpretation for Emergency Personnel, Dr. Vernon Stanley, 1998

Professional Organization Affiliations

American College of Emergency Physicians, provisional member, inactive

American Medical Association, inactive

West Virginia State Medical Association, inactive

Radiological Society of North America, inactive

Roentgen Ray Society, resident applicant, inactive

Military Service

Sergeant, Logistics Command, WV Army National Guard, May 1989- July 1992.
Provided administrative support to the Chief of Logistics, then Colonel Allen Tackett. Acted as Assistant Liaison to the West Virginia State Police. Both in reserve status as well as full time between semesters during my undergraduate education.

Specialist, Military Police Corps, U. S. Army, Active Duty, October 1985 - March 1989, Honorable Discharge. Performed general law enforcement duties as well as special security details in the region of the former East West German border.

Personal

[redacted]

References

Excellent letters of recommendation available on request.

CURRICULUM VITAE

Humayun Rashid, M.D.

PERSONAL:

Date of Birth: [redacted]
Citizenship:
Marital Status:
Military Obligation:

PREMEDICAL EDUCATION:

Gordon College (University of Panjab)
Lahore, Pakistan, 1960 - 1962

MEDICAL EDUCATION:

King Edward Medical College - (University of Panjab)
Lahore, Pakistan, 1962 - 1967

POSTGRADUATE MEDICAL TRAINING:

Internship:

Mayo Hospital
Lahore, Pakistan — April, 1968 - March, 1969

St. Francis Hospital
Evanston, Illinois — July, 1969 - June, 1970

Surgical Residency:

Henry Ford Hospital
Detroit, Michigan — July, 1970 - June, 1971

Michael Reese Hospital
Chicago, Illinois — July, 1971 - June, 1974

Cardiothoracic Residency:

University of Tennessee Medical Center
Memphis, Tennessee July, 1974 - June, 1976

Fellow in Cardiovascular Surgery:

Rush Presbyterian St. Luke's Medical Center
Chicago, Illinois — July, 1976 - June, 1977

POSTGRADUATE MEDICAL TRAINING – CONTINUED:

Fellow In Cardiac Surgery:

Milwaukee Heart Surgery Associates
Milwaukee, Wisconsin November, 1978 - August, 1979

ACADEMIC FACULTY APPOINTMENTS:

Instructor in Surgery
Rush University
Chicago, Illinois July, 1976 - June, 1977

Clinical Associate Professor
Department of Surgery, West Virginia University School of Medicine
1992 – Present

Clinical Associate Professor
Department of Surgery, West Virginia School of Osteopathic Medicine
- Present

HOSPITAL APPOINTMENTS:

Department of Surgery
Charleston Area Medical Center 1979 - Present

Department of Surgery
St. Francis Hospital 06/09/1980 - Present
Charleston, West Virginia

Department of Surgery
Thomas Memorial Hospital 11/30/2000 - Present
South Charleston, West Virginia

Department of Surgery
Putnam General Hospital
Hurricane, West Virginia

COMMITTEE APPOINTMENTS:

Member, Surgical Quality Assurance Committee, CAMC
1989 and 1990

Member, Infection Control Committee, CAMC, 1991

ADMINISTRATIVE APPOINTMENTS:

Chief, Section of Cardiothoracic Surgery, CAMC
1991 and 1992

Vice-Chief, Department of Cardiovascular Medicine, CAMC
January - December, 1995

Chief, Department of Cardiovascular Medicine, CAMC
January - December, 1996

DEGREES/CERTIFICATION:

Bachelor of Science, University of Panjab, Pakistan, 1964
M.B., B.S., University of Panjab, Pakistan, 1967
ECFMG: Standard Certificate #88073, March, 1968
Diplomate, American Board of Surgery, March, 1975
Diplomate, American Board of Thoracic Surgery, April, 1977
ACLS - 2008

RECERTIFICATION:

American Board of Thoracic Surgery 1987, 1995, 2006 (valid till 2017)

MEDICAL LICENSE:

West Virginia - 1979 (valid)

SPECIALTY:

General Surgery

SUB-SPECIALTY:

Cardiovascular-Thoracic Surgery

AWARDS:

Physician Recognition Award, AMA, 1974, 1976, 1979, 1982

MEMBERSHIP:

Fellow, American College of Surgeons
Fellow, American College of Cardiology
Fellow, College of Chest Physicians
Member, Society of Thoracic Surgeons

PUBLICATIONS (Co-Author):

1. Giant Single Anastomotic Aneurysm Arising From Both Iliac Limbs of An Aorta-Bi-Iliac Reconstruction. WV Medical Journal, February 1990, Volume 86, Page 47.

2. Management of Malignant Ventricular Arrhythmias Using Anti-Tachycardia Devices. WV Medical Journal, September, 1991, Volume 87, Pages 396-399.

RESEARCH:

1. Principal Investigator - ICEM 2000 Intra-Aortic Filtration System Study. (Multi-center prospective randomized study).

2. Sub-investigator - PREVENT IV Study (to improve saphenous vein graft patency).

3. PRIMO-CABG II (Multi-center, randomized, double-blind, parallel-group, placebo-controlled study in patients undergoing CABG with cardiopulmonary bypass).

4. NAPA-CABG A014 (Nesiritide Infusion Study in patients undergoing CABG on cardiopulmonary bypass).

5. (SNUG-2) – A Randomized, Double-blind, Placebo-controlled Study of Glypromate in Patients Undergoing Cardiopulmonary Bypass Surgery.

6. RED-CABG Trial: (Reduction In Cardiovascular Events by Acadesine in Subjects Undergoing CABG.)

CLINICAL PRACTICE:

Thoracic & Cardiovascular Associates, Inc

Attending Surgeon- Cardiothoracic & Vascular Surgery

10-01-1979 - 08-31-2010

Medical Director, Wexford Health Sources

09-01-2010 - 02-14-2012

CONTACT INFORMATION:



DR. MARK E. MCDANIEL

PROFILE

Family Practice physician with over 15 years experience in a variety of medical settings to include outpatient Family Practice, Urgent Care, and Emergency Medicine. Additional experience in Aviation, Military, Correctional, Medical-Legal Death Investigation and Maritime Medicine.

EXPERIENCE

U.S. AIR FORCE, KEESLER MEDICAL CENTER, BILOXI, MS — 06/1998-08/2000
Staff Physician-Family Medicine, Medical Liason Officer-cycle ergometry testing,
Quality Assurance Officer, Chief of Osteopathic Medicine Clinic

U.S. AIR FORCE, FAMILY MEDICINE CLINIC, RAF UPWOOD, ENGLAND — 08/2000-08/2001
Staff Physician/Flight Surgeon, Medical Director of Pharmacy, Director of Laboratory Services,
DoD/NASA Space Shuttle rescue support team - Physician / contingency team member,
Director of Cardiac Care Program

U.S. AIR FORCE, FLIGHT MEDICINE, RAF LAKENHEATH, ENGLAND — 08/2001-10/2002
Flight surgeon, DoD/NASA Space Shuttle rescue support team - Physician / contingency team member

U.S. AIR FORCE, ARPC, DENVER, CO (assigned Keesler AFB Biloxi, MS) — 10/2002-11/2006
Flight surgeon / IMA Family Practice Physician

FAMILY CARE (Community Health Center), CHARLESTON, WV — 04/2003-04/2005
Family Practice Physician

KANAWHA COUNTY MEDICAL EXAMINER, CHARLESTON, WV — 03/2005-09/2007
Practice of medico-legal death investigation

NORWEGIAN CRUISE LINES, MIAMI, FL — 09/2007-12/2010
Ship Surgeon / Senior Physician

ST. LUCIE MEDICAL CENTER CLINIC, PORT ST. LUCIE, FL — 11/2007-02/2009
Medical Director

WV AIR NATIONAL GUARD, CHARLESTON, WV — 11/2006-present
Senior Flight Surgeon, Chief of Clinical Medicine, Medical Review Officer, Family Liaison officer,
Medical Director of Laboratory Services, Medical Director of Pharmacy

SCHUMACHER GROUP, LOGAN, WV — 12/2009-present
ER Physician, Logan Regional Medical Center

HOLISTIC MEDICAL, SOUTH WILLIAMSON, KY — 12/2010-present
Collaborative physician

EXPERIENCE CONT.

LOCUM PHYSICIAN - Family Medicine / Emergency Medicine — 01/2005 - present
-EMCare providing ER coverage in Tylertown MS & Kosciusko MS 01/2005-01/2008
-Locum Medical Group working at Pope AFB 04/2005-07/2005
-Locum Medical Group working at FCI Gilmer 11/2005-01/2006
-RLM services working at Pope AFB 08/2006-11/2007
-Locum Medical working at Reynolds Memorial Hospital ER 11/2005-12/2005
-Marietta Health Care providing outpatient locum coverage 09/2008-10/2008
-Delta Locums working at MedExpress 11/14/2009-12/31/2009
-Jackson General Hospital, Ripley, WV 10/2010-12/2010
-Maxim Locum services, working at FL Dept of Corrections, Chipley FL 09/2010-02/2011

DR. MARK E. MCDANIEL

EDUCATION

West Virginia School of Osteopathic Medicine, Lewisburg, West Virginia,
1991-1995 Doctor of Osteopathy
Honors: Sigma Sigma Phi (National Medical Honorary)

United Hospital Center, Clarksburg, West Virginia, 1995-1998
Residency in Family Medicine

Air University, Maxwell Air force Base, Montgomery, Alabama, 1998
Officer Training School

United States Air Force School of Aerospace Medicine, San Antonio, Texas, 2000
Aerospace Medicine Primary Course, Flight Surgeon

DoD/NASA Space Shuttle Recovery Training Course, Ramstein AFB, Germany, 2001/ 2006

AWARDS / HONORS

1999 Adjunct Professor of Physician Assistance Studies, University of South Alabama
2000 Keesler Medical Center, USAF Outstanding Unit Award, Air Force Achievement Medal
2002 Air Force Commendation Medal, Air Medal, National Defense Medal
2005 Global War on Terrorism Expeditionary Medal

LICENSES

West Virginia, Mississippi, Florida, Kentucky, Georgia

CERTIFICATION

ACLS, ATLS, PALS, BLS

REFERENCES

George Capo D.O.

[redacted]

Cindy Martinsen D.O.

[redacted]

MOHAMMAD A. SOBHAN, MD

[redacted]

CURRICULUM VITAE

EXPERIENCE & WORK HISTORY

Facility	Position & Dates
Richwood Area Community Hospital 75 Avenue B Richwood, W.V. 26261	Family Practice & Emergency Department August, 2005 to Present
Doctor's Express Care 269 B Stanaford Road Beckley, W.V. 25801	Family Practice & Primary Care September, 2004 to August, 2005
Beckley Appalachian Regional Hospital 306 Stanaford Road Beckley, W.V. 25801	Emergency Room Physician August, 2001 to September, 2004
Richwood Area Community Hospital 75 Avenue B Richwood, W.V. 26261	Family Practice & Emergency Department January, 2001 to July, 2001
Rainelle Medical Center 645 Kanawha Avenue Rainelle, W.V. 25962	Family Practice & Primary Care March, 1999 to November, 2000
BAMC Sophia Clinic 705 West Main Street Sophia, W.V. 25921 *While employed at the Sophia Clinic I was frequently "loaned" to Rainelle Medical Center.*	Family Practice and Primary Care January, 1999 to September, 1999
Appalachian OH-9, Inc. Primary Care Division Route 2, Box 382 Beckley, W.V. 24701	Family Practice and Primary Care March, 1997 to December, 1998

Mohammad A. Sobhan, MD
Curriculum Vitae

Experience & work History

Facility	Position & Dates
Healthcare Alliance, Inc. One Pavilion Drive Daniels, W.V. 25832	Emergency Department Physician Beckley Hospital December, 1996 to February, 1997
Community Health Systems, Inc. Rural Acres Clinic 252 Rural Acres Drive Beckley, W.V. 25801	Family Practice & Primary Care January, 1979 to November, 1996
Appalachian OH-9, Inc. Primary Care Division Route 2, Box 382 Bluefield, W. V. 24701	Family Practice & Primary Care July, 1978 to December, 1978
Oak Hill Hospital Oak Hill, W.V. 25901	Emergency Department & Primary Care July, 1977 to June, 1978
Rainelle Medical Center, Inc. 645 Kanawha Avenue Rainelle, W.V. 25962	Family Practice & Primary Care July, 1975 to June, 1977

MEMBERSHIPS

American Academy of Family Practice
Raleigh County Medical Society
Southern Medical Asscoiation

Publications

Islam, N., Sobhan, M.A., 1971. Sensitivity to Histoplasmin, Coccidiodin, Blastomycin and Tuberculin in East Pakistan. Am. J. Trop. Med. & Hyg., Vol 20, No. 4, July, 1971, p.621-624

Mohammad A. Sobhan, MD
Curriculum Vitae

Education

School, College or University	Certificates & Dates
Gurudaspur High School Gurudaspur, Natore, Bangladesh	High school Certificate February 1959
Rajshahi Government College Rajshahi, Rajshahi, Bangladesh	Intermediate Science (Pre-Med) March, 1961
Dacca Medical College, Dacca University Dhaka, Bangladesh	M.B., B.S. January 1967
Dacca Medical College Hospital Dhaka, Bangladesh	Internship in Medicine April, 1967 to April, 1968
Institute of Postgraduate Medicine & Research Dhaka, Bangladesh	Fellowship Internal Medicine-Incomplete July, 1970 to September, 1971
S.S. Medical College Dhaka, Bangladesh	Demonstrator of Pathology October, 1971 to May, 1975
Bangladesh Medical Council	License & Registration December, 1972

CERTIFICATIONS

ECFMG, USA [redacted]	MD January, 1974
Medical Licensing Board, W.V. [redacted]	FLEX February, 1978
American Board of Family Practice	Diplomate December, 1978 Expired

[redacted]

Erin N. King

Objective

To obtain a position as a nurse practitioner providing primary care for individuals in the regional jails.

Education

08/2007 to 05/2010 West Virginia University Morgantown, WV

Master of Science in Nursing with Family Nurse Practitioner

- Maintained GPA of 3.86

08/2004 to 05/2007 Fairmont State University Fairmont, WV

Bachelor of Science in Nursing

- Outstanding BSN Student of the Year Award
- Maintained GPA of 3.75

08/2002 to 05/2004 Fairmont State College Fairmont, WV

Associate Degree in Nursing

- Maintain GPA of 3.75

08/1998 to 05/2002 Braxton County High School Sutton, WV

High School Diploma

- Valedictorian

Professional experience

10/2010 to present Braxton Community Health Center Gassaway, WV

Family Nurse Practitioner

- History and Physical Exam of patients
- Chronic care of patients
- Walk-in clinic provider
- Assessment and plans of patient care – including prescriptions and refills on routine medications
- Reviewing diagnostic results

03/2006 to 09/2010 Braxton County Memorial Hospital Gassaway, WV

Emergency Department RN

- Triage, including history taking and patient assessment
- Medication preparation and administration

- Primary patient care including disposition arrangements for patients

11/2004 to 09/2010 Braxton County Memorial Hospital Gassaway, WV

Medical-Surgical Nurse

- Patient assessment and monitoring
- Medication preparation and administration
- Signing off orders from physician
- Disposition arrangements for patients

06/2003 to 11/2004 Braxton County Memorial Hospital Gassaway, WV

Nurse Extern

- Working under staff nurse
- Providing patient care – bathing, ambulation, etc.
- Vital signs, intake/output

Clinical Practicum

09/2009 to 05/2010 Braxton Community Health Center Gassaway, WV

- More than 500 direct clinical hours under supervision of Lisa M. Coltrill, FNP-C in a rural community health clinic providing primary care for patients
- Physical exam, work-up, treatment, and diagnosis
- Performed and assisted with medical procedures

Certifications

Advanced Cardiovascular Life Support

Basic Life Support for Healthcare Providers

Pediatric Advanced Life Support

Trauma Nursing Core Course

References

Available upon request

CHAD T. HOTT, BSN, RN, CCHP-RN
PrimeCare Medical of West Virginia, Inc.
117 State Street
Bridgeport, WV 26330

EDUCATION:

2010 - Present	**Mountain State University** Masters of Science in Nursing - CRNP
2010	**Mountain State University** Bachelor of Science in Nursing
1999	**Shepherd College** Associate of Applied Science in Nursing
1995	**Hampshire High School** High School Diploma

EXPERIENCE:

2001 - Present	**Valley Health Systems, Inc.** Staff Nurse (per diem), Emergency Services
2000 - Present	**PrimeCare Medical of West Virginia, Inc.** 2003 - Present Regional Coordinator 2000-2003 Staff Nurse/Infection Control Nurse
1999 - 2003	**Hampshire Memorial Hospital, Inc.** Staff Nurse, Medical/Surgical, Intensive Care, Emergency
1993 -1999	**CJC Management, Inc.** 2nd Assistant Manager

LICENSURE:

2003-present	Maryland-Registered Professional Nurse
2001-present	Virginia-Registered Professional Nurse
1999-present	West Virginia-Registered Professional Nurse

CERTIFICATIONS:

Certified Correctional Health Professional
Basic Life Support Provider
Advanced Cardiac Life Support Provider
Trauma Nurse Core Course Provider
IV Therapy for Health Professionals

[redacted]

J. David Miller

Objective

To obtain a part time position with your company as a Physician Assistant utilizing my education and skills in chronic disease management and urgent care.

Experience

2008-present HealthStat, Inc. Charleston, WV
Physician Assistant
Duties include: solo provider in clinic with supervising physician on/off site providing medical care to the City of Charleston's employees; ordering and interpreting diagnostic studies, prescribing medication, educating patients about preventative care, evaluating patients in an urgent care setting, maintaining rapport with supervising physician, co-workers, and patients, supervising nursing staff, and working a forty hour work week.

2009-2011 Medexpress Urgent Care Beckley, WV
Physician Assistant
Duties include: providing medical care in an urgent care setting. Ordering and interpreting diagnostic studies, prescribing medication, performing suturing and splinting, maintaining rapport with physicians', nursing staff and front office staff.

2006-2008 Correctional Medical Services Montgomery, WV
Physician Assistant
Duties include: providing medical care to inmates in a maximum security prison setting, ordering and interpreting diagnostic studies, prescribing medication, adhering to stringent security policies, maintaining rapport with supervising physician, co-workers, and patients, supervising nursing staff, and working a forty hour work week.

2005-2006 New River Health Association Scarbro, WV
Physician Assistant
Duties included: providing medical care in a family practice setting, treating patients from two years of age and older, ordering and interpreting diagnostic studies, prescribing medications, maintaining rapport with supervising physician, co-workers, and patients, and working over forty hours per week.

2004-2005 Tri-State Neuroscience Center, Inc. Huntington, WV
Physician Assistant
Duties included: providing preoperative and postoperative care in an office setting, ordering and interpreting laboratory results prior to and following patients' surgeries, assisting surgeon with multiple types of neurosurgery in the operating room, maintaining rapport with supervising physician, co-workers, and patients, and working over forty hours per week.

Education

2001-2004 Mountain State University Beckley, WV

- M.S., Physician Assistant Studies
- B.S., Medical Sciences

1998-2001 Marshall University Huntington, WV

- B.A., Criminal Justice

Certifications NCCPA, American Heart Association BLS for Healthcare Providers

References Professional and personal references available upon request.

NATHAN B. KALTESKI, D.M.D., CCHP
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION:

1997 – 2001	**Temple University School of Dentistry, Philadelphia, PA** Doctoral Studies in Dental Medicine, D.M.D.
1997	**University of Scranton, Scranton, PA** Bachelor of Science, Minor in Gerontology
1993	**North Pocono High School, Moscow, PA** High School Diploma

EXPERIENCE:

2002 - Present	**PrimeCare Medical, Inc.** Corporate Dentist – Provides dental services at Northampton County Department of Corrections, Chester County Prison, Franklin County Prison, Lehigh County Prison and the Pike County Correctional Facility. Provides orientation and training for all PrimeCare Medical, Inc. dentists'.
2001 - 2002	**St. Joseph's Medical Center, Reading, PA.** Dentist - Performed procedures of a General Dentist including extractions, root canals, restorative procedures, and managed emergencies.

COMMUNITY SERVICE:

1999 – 2000	Special Olympics Volunteer Temple University School of Dentistry, Philadelphia, PA Performed dental screenings for the participants involved in the games. Updated the children's dental records and made recommendations for future treatment.
2001	Convoy of Hope and St. Joseph's Dental Clinic Performed oral cancer screenings to the public
2002	Free Children's Clinic at St. Joseph's Dental Clinic Performed dental procedures on children of the area who do not have the resources to maintain their dental needs.

SUSAN M. BRENNAN, RD, LDN
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

EDUCATION

1998	**Cooper Clinic – Dallas, TX** Health Promotion Director Certification
1994	**US Air Force – Andrews Air Force Base, MD** US Air Force Dietetic Internship Graduate
1993	**Immaculata University** – Immaculata, PA MA Candidate/AP4 Certification, Nutrition Education
1990	**Fort Dix Military Base – Fort Dix, NHJ** Master Fitness Trainer Certification
1989	**University of Delaware – Newark, DE** BAAS, International Relations

EXPERIENCE

2011 – Present	PrimeCare Medical Inc., Dietitian – Expert consultant providing comprehensive medical nutrition therapy and menu review to correctional facilities throughout the Northeastern U.S. Harrisburg Area YMCA: YMCA-certified nutrition lecturer and counselor
2011 – 2012	Demand Media Studios Nutrition writer providing health, fitness and lifestyle information to consumers. Provide a wide variety of nutrition information for LIVESTRONG.com, EHow, Travels.com and Readers Digest.
2010 – 2012	Clinicial Dietition, Sodexo – Harrisburg Area PA Dietitian for Helen M. Simpson Rehabilitation Hospital, Community General Osteopathic Hospital, Women's Health Center, Carlisle Regional Medical Center and Harrisburg Hospital.
1995 – 2004	United States Air Force Force Support Branch Commander, Dover AFB, DE Preventive Medicine Coordinator, Scott AFB, IL Chief Clinical Dietetics, Scott AFB, IL (USAF Dietitian of the Year nominee).

LICENSURE & AFFILIATIONS

Academy of Nutrition and Dietetics (RD #813567)
PA Dept. of State Bureau of Professional/Occupational Affairs (LDN #DN004311)
WV Board of Licensed Dietitians (RD #896)
Dietetics in Health Care Communities
Sports, Cardiovascular and Wellness Nutrition

STATE OF WEST VIRGINIA

WEST VIRGINIA REGIONAL JAIL AND CORRECTIONAL FACILITY AUTHORITY
1325 VIRGINIA STREET, EAST
CHARLESTON, WV 25301-3011
(304) 558-2110
FAX: (304) 558-2115

EARL RAY TOMBLIN
Governor

JOSEPH C. THORNTON
Cabinet Secretary

To whom it may concern:

The purpose of this letter is to serve as my enthusiastic recommendation and high praise for the level of service offered by Prime Care Medical (Prime Care).

During my tenure as Executive Director of the Regional Jail Authority (RJA), it has been a necessity to work with multiple vendors who provide a number of required outside services. I can say without equivocation that Prime Care is the most responsible and service oriented vendor relationship we have.

When it comes to medical providers, I suspect that many, if not most are capable of providing adequate medical care. However, I cannot imagine that any provider goes above and beyond in the way that we experience daily from Prime Care. When any issue arises, no matter how small, Prime Care's representatives have always been available to bring a quick and satisfactory resolution.

In addition to outstanding customer service, Prime Care also exceeds all other vendor relationships in that they operate as a partner with RJA. In fact, sometimes it is easy to forget that they are a third party and not a branch of our internal operations. Anytime RJA has a training, job fair or otherwise special event; Prime Care's dedicated staff participates with both energy and professionalism.

While I cannot pretend to know what all goes into the decision making process for every organization when selecting a third party medical services provider; I can from first-hand experience, guarantee that no company will exceed Prime Care in terms of their dedication and loyalty to those they serve.

Please feel free to contact me anytime if you have any questions or need additional information.

Sincerely,

Joe DeLong

Joe DeLong
Executive Director

STATE OF WEST VIRGINIA

EASTERN REGIONAL JAIL
94 Grapevine Road
Martinsburg, WV 25405-3434
(304) 267-0045
Fax: (304) 267-0049

Earl Ray Tomblin
Governor
State of West Virginia

JOHN SHEELEY
Administrator

Joseph Delong
Executive Director
WV Regional Jail &
Correctional Facility
Authority

To whom it may concern:

This correspondence is submitted on behalf of Prime Care Medical Services. It has been my privilege to work with Prime Care since my appointment as Administrator at Eastern Regional in July of 2011. Teamwork and cooperation are essential components necessary to achieve our goal of providing a safe secure and humane environment for inmates incarcerated at E.R.J. Prime Care is called upon daily to provide medical care while working within the constraints of our Security schedules and many unforeseen obstacles. The level of proficiency demonstrated with regard to Staff Expertise, Continuity of Care, Automation and over-all Efficiency are Exemplary. I have worked with several Medical Contractors over the course of 33 years in this business. Prime Care Medical has set a standard for all others to aspire.

Sincerely,

STATE OF WEST VIRGINIA

CENTRAL REGIONAL JAIL
1255 Dyer Hill Road
Sutton, WV 26601
(304) 765-7904
Administration Fax (304) 765-3341
Booking Fax (304) 765-2309

EARL RAY TOMBLIN
Governor
State of West Virginia

SHANNON R. MARKLE
Administrator

JOSEPH A. DELONG
Executive Director
WV Regional Jail &
Correctional Facility
Authority

07 February 2014

TO WHOM IT MAY CONCERN:

I would like to take this opportunity to express my satisfaction with PrimeCare Medical. As the Administrator of Central Regional Jail I have the upmost respect for their Administration and their employees.

PrimeCare has been with the Regional Jail for several years now; they are good to work with and understands how the facility operates.

Should you have any questions, please feel free to contact me.

Sincerely,

S/ Markle

Shannon R. Markle
Central Regional Jail
Administrator

STATE OF WEST VIRGINIA

SOUTHERN REGIONAL JAIL
1200 Airport Road
Beaver, West Virginia 25813
(304) 256-6726
Fax: (304) 256-6739

February 4, 2014

Jim Rubenstein
West Virginia Division of Corrections
1409 Greenbrier St
Charleston, WV 25311

Dear Mr. Rubenstein

I would like to take the opportunity to offer a formal recommendation for Prime Care Medical as your Health Services provider. Over the years I have personally had a great working relationship with the Prime Care Family.

Prime Care Medical is not considered a contract employee but a part of the team at Southern Regional Jail. The service that they provide can often times go unnoticed, however I can personally say that they work with a great amount of enthusiasm and dedication and promote teamwork in our Facility.

I believe Prime Care Medical exhibits the qualities that are essential to provide the Division of Corrections with quality Medical Care Services for its Inmate population. I highly recommend Prime Care Medical to lead you into the future.

Sincerely,

Michael Francis
Administrator
Southern Regional Jail

Administrator R. Craig Adkins
South Central Regional Jail
1001 Centre Way Drive
Charleston, WV 25309
February 5, 2014

Jim Rubenstein
Commissioner
WV Division of Corrections

Dear Commissioner Rubenstein:

I am pleased to recommend PrimeCare Medical to provide medical services for the WV DOC facilities.

I have had the pleasure of working with PrimeCare Medical throughout my years with the WVRJA, and have remained pleased with the service that they have provided to our inmate population and correctional staff. They maintain a competent and professional staff that is quick to address any issues that may arise. Administrative staff is easily accessible and willing to provide assistance and support when needed. I believe that PrimeCare Medical would be an asset to the WVDOC.

Sincerely,

R. Craig Adkins

R. Craig Adkins
SCRJ Administrator

STATE OF WEST VIRGINIA

NORTHERN REGIONAL JAIL & CORRECTIONAL FACILITY
112 Northern Regional Correctional Drive
Moundsville, West Virginia 26041
(304) 843-4067
Fax (304) 843-4089

EARL RAY TOMBLIN
Governor

SHAWN T. STRAUGHN
Administrator

JOSEPH A. DELONG
Executive Director

10 February 2014

Letter of Reference for PrimeCare Medical

I have worked with PrimeCare Medical for 20 years in several positions and most recently, as the Northern Regional Jail Administrator. PrimeCare Medical has been found to be efficient and reliable in providing quality care for inmates. Through the course of years, the medical area has demonstrated excellent record keeping via the introduction of electronic records which has been a source of saving space in the facility, time management and accuracy.

Teamwork is essential in the correctional setting and many obstacles have been overcome. Time constraints and safety concerns are in the forefront of the work force and the officers and nurses work well together to provide a humane environment for the inmates incarcerated here at NRJ.

I have had the opportunity to work closely with the Regional Coordinator, Cecelia Janiszewski and the Health Service Administrator, Robin Janiszewski. With joint efforts, the goals have been achieved and the overall outcomes have been positive. All nurses are very willing to do the best job as possible for our Agency.

PrimeCare Medical has served this facility since 1994 and through the joint efforts in correctional care, this has become a successful endeavor. The level of proficiency demonstrated with the regard to staff expertise, continuity of care and automation are exemplary.

Sincerely,

Shawn Straughn
Administrator

Loretta R. Stoner

To: Rebecca Davis, RN, BSN, CCHP
Subject: RE: Reference Letter

From: Justice, LeAnne N [LeAnne.N.Justice@wv.gov]
Sent: Tuesday, February 11, 2014 3:06 PM
To: Rebecca Davis, RN, BSN, CCHP
Subject: FW:

From: Farmer, David A
Sent: Tuesday, February 11, 2014 2:36 PM
To: Justice, LeAnne N
Subject:

To whom it may concern,

I have been employed with the Regional Jail Authority for 13 years. During this time, I have worked with Primecare in many different positions that I have held. Currently, I am the Administrator of the Southwestern Regional Jail and have always found there staff to be very professional, knowledgable and accessible when needed. If you are looking for a highly competent company I would highly recommend Primecare Medical.

If you have any questions or if I can be of further assistance please call me at 304-239-3032.

Thanks,
David A. Farmer

Administrator
Southwestern Regional Jail
13 Gaston Caperton Drive
Holden, WV 25625
304-239-3032
David.A.Farmer@wv.gov

STATE OF WEST VIRGINIA

POTOMAC HIGHLANDS REGIONAL JAIL
#13 DOLAN DRIVE
AUGUSTA, WEST VIRGINIA 26704
(304) 496-1275

EARL RAY TOMBLIN
GOVERNOR
STATE OF WEST VIRGINIA

EDGAR L. LAWSON
ADMINISTRATOR

JOSEPH C. THORNTON
CABINET SECRETARY

February 7, 2014

To Whom It May Concern:

I have worked with Prime Care Medical since the company initially joined forces with the Regional Jail Authority. Over the course of twenty-two years, I have always found Prime Care to be an efficient and reliable counterpart in providing care for inmates. I have worked alongside Medical staff in several different jails throughout the state, and Prime Care has always provided a high level of consistency and cooperativeness. Prime Care even excels in record keeping; with the introduction of electronic records, accuracy, time management, and space saving for the facility as a whole as increased.

In a correctional setting, there are always many obstacles, such as time constraints and safety concerns, but teamwork has always led to positive results. Our officers and nursing staff work together daily to provide a humane environment for the inmate population.

During my time as Administrator, I have had the opportunity to work closely with our Health Service Administrator, Tina Tillman, and have always been able to openly discuss issues and work jointly to achieve the best possible outcome in all situations. Recently, I have met with Cecelia Janiszewski, the current Regional Coordinator, and look forward to working with her more as time goes on. She is very willing to do the best job possible for our Agency, and that is very reassuring. The Vice President, Becky Davis, and I have known each other for twenty-one years, and she has always been a great professional colleague that I can call on whenever necessary.

Overall, I cannot say enough about how well Prime Care Medical has served this facility and made our joint efforts in correctional care a successful endeavor. I look forward to more years to come of the same rewarding experiences.

Sincerely,

Edgar L. Lawson
Administrator

STATE OF WEST VIRGINIA

WESTERN REGIONAL JAIL
One O'Hanlon Place
Barboursville, WV 25504
(304)733-6821

Earl Ray Tomblin
Governor
State of West Virginia

J. Larry Crawford
Administrator

Joe DeLong
Executive Director
WV Regional Jail &
Correctional Facility Authority

February 10, 2014

RE: PrimeCare Medical Inc.
3940 Locust Lane
Harrisburg, PA 17109

To Whom It May Concern:

Please consider this as a letter of reference for PrimeCare Medical, Inc., which is the contract medical provider for the Western Regional Jail. During the period of time I have been involved with PrimeCare Medical, I have found them to be extremely professional in the services they provide. PrimeCare Medical has also provided well qualified staff to deal with all of the medical needs of the inmates of our facility. We enjoy excellent working relationships with the employees and management of PrimeCare Medical. I have found that the vice-president of operations for West Virginia, Becky Davis, has been responsive to all of our needs, and she has timely addressed all issues that have been presented to her.

Being a medical provider to inmates in a correctional facility is a challenging responsibility. The staff of PrimeCare Medical has demonstrated an adept ability at handling these challenges in a caring and compassionate manner regardless of the demeanor of those with the varied medical needs. It is obvious that PrimeCare expends a great deal of time in training their staff in the nuances associated with a jail environment.

I would highly recommend that a positive consideration be given to PrimeCare Medical, Inc. as a medical provider to any facility with an inmate population. They have demonstrated they can handle any and all of the contractual requirements imposed on them.

If any additional information is desired, please feel free to call me at any time.

Sincerely,

J. Larry Crawford

J. Larry Crawford
Administrator

STATE OF WEST VIRGINIA

Earl Ray Tomblin
Governor

Tygart Valley Regional Jail
400 Abbey Road
Belington WV 26250
Phone: (304) 637-0382
Fax: (304) 637-0289

Joseph DeLong
Executive Director

M. Scott Villers
Administrator

10 February 2014

Letter of Reference for PrimeCare Medical

During my 19 years of working for the West Virginia Regional Jail Authority I've dealt with PrimeCare Medical from the positions of Correctional Officer, Correctional Counselor, Director of Inmate Services, and Administrator. Through the ever changing demands and tremendous variety of medical needs encountered I can attest to PrimeCare's dedication, consistency, thoroughness, and care they exhibit when dealing with inmates. As an Administrator I can also attest to the ease and effectiveness of communication, cooperation, and crisis management PrimeCare has displayed at Tygart Valley Regional Jail.

Sincerely,

M. Scott Villers
Administrator

STATE OF WEST VIRGINIA
DEPARTMENT OF MILITARY AFFAIRS & PUBLIC SAFETY
DIVISION OF JUVENILE SERVICES
STEPHANIE BOND, ACTING DIRECTOR
1200 Quarrier Street
Charleston, WV 25301
Telephone: (304) 558-9800
Fax: (304) 558-6032

EARL RAY TOMBLIN
GOVERNOR

JOSEPH C. THORNTON
CABINET SECRETARY

5 February 2014

To Whom It May Concern:

It is with pleasure that I recommend the services of Prime Care Medical for any type of correctional institution.

The West Virginia Division of Juvenile Services has contracted with Prime Care since 2001 and I have worked with them in different capacities since that time. Initially it was when I was the Assistant Superintendent of Treatment and Programs at our maximum security correctional facility, then as the Superintendent of our minimum security facility and currently as the Acting Director of our Division.

Throughout the years I have always found both line staff and administration of Prime Care to be highly professional. No matter the situation, circumstances, or time of day I have always been able to count on them to be immediately responsive to any request or needs. I have also found them to be true team players. They are involved with facility staff and operations and truly understand the dynamics of working in a correctional environment.

While working with Prime Care, the Division of Juvenile Services has gone through many changes. Through it all, we have had the support and encouragement of Prime Care. They have adapted to our needs and worked with us to ensure proper care for all our youth. In addition, during all of this, Prime Care has achieved NCCHC Accreditation in all of our DJS facilities.

In closing, I am proud to partner with Prime Care Medical for our juveniles' needs and would highly recommend any other correctional agency to consider the same. If I can be of any further assistance, please don't hesitate to contact me.

Sincerely,

Stephanie Bond,
Acting Director

State of West Virginia

DIVISION OF JUVENILE SERVICES

James "Tiger" Morton Juvenile Detention Center
60 Manfred Holland Way Dunbar, WV 25064
304.766.2616 304.766.2687 fax

Earl Ray Tomblin
Governor
Joseph C. Thornton
Cabinet Secretary
Stephanie Bond
Acting Director
Margaret Fulks
Interim Director

February 6, 2014

To Whom It May Concern:

RE: Prime Care Medical

I would not hesitate to recommend Prime Care Medical for your organization. Prime Care has become an integral part of this facility through their dedication to our young residents and to our staff since opening in 2004. First and foremost they have been a tremendous benefit to us. They are an asset to our facility and the Division.

Their professional and medical standards continue to be of the highest quality. They have a dedicated group of nurses who ensure we are always covered and make sure they are available for any emergency that may occur.

They have received their NCCHC Accreditation with top score.

I am available for further information if needed. I can be reached at (304) 766-2616.

Sincerely,

Margaret A. Fulks

Margaret A. Fulks, Interim Director

State of West Virginia

DIVISION OF JUVENILE SERVICES

Robert L. Shell Juvenile Center
Two O'Hanlon Place
Barboursville WV 25504
304-733-0871 Fax 304-733-6827

Earl Ray Tomblin
Governor
Joseph C. Thornton
Cabinet Secretary
Stephanie Bond
Acting Director
John Marchio
Facility Director

TO: Jim Rubenstein, Commissioner

FROM: John Marchio JM

DATE: 12 February 2014

RE: PrimeCare Medical

I am writing you with regards to PrimeCare Medical who is currently our onsite medical provider. I have been associated with PrimeCare since the opening of our facility in 2005. PrimeCare continues to provide outstanding services to both staff and residents. My experience with the onsite Medical Administrator and the Regional Coordinator, I am confident that both will provide the upmost professionalism and will address any issues among their staff with tact to ensure that safety for the facility is never jeopardized. I believe that PrimeCare is not only a great provider for RSJC, but to the Division of Juvenile Services.

State of West Virginia

DIVISION OF JUVENILE SERVICES

Earl Ray Tomblin
Governor
Joseph C. Thornton
Cabinet Secretary
Stephanie Bond
Acting Director

Donald R. Kuhn Juvenile Diagnostic and Detention Center
One Lory Place • Julian, WV 25529
304-369-2976 • 304-369-2991 Fax

Michael A. Hale
Superintendent

March 11, 2014

To whom it may concern:

It is without reservation that I extend this letter of commendation on behalf of the health care administrator and staff of PrimeCare Medical. We enjoy an extremely close working relationship within the facility that is always prompt, professional and courteous. We are provided assistance in every situation so required. Our youth and staff are well cared for and PrimeCare staff are always well-trained and competent.

I consider this facility most fortunate to have PrimeCare as its contractual provider due to an established history of performance, professionalism and integrity.

Should you have concerns or questions, please feel free to contact me at your convenience.

Sincerely,

Michael A. Hale, Superintendent

MAH/tlt

State of West Virginia
DIVISION OF JUVENILE SERVICES
Gene Spadaro Juvenile Center
106 Martin Drive, Mt. Hope WV 25880
304-877-6890 304-877-6929 fax

Earl Ray Tomblin
Governor
Joseph Thornton
Cabinet Secretary
Stephanie Bond
Acting Director

Derek McKinney
Facility Director

TO: Whom it May Concern

FROM: Derek McKinney Director GSJC

DATE: 13 March 2014

RE: Letter of Recommendation

This is a letter of recommendation for Prime Care. I myself worked in the Division of Corrections for many years and worked directly with the medical department as I do now within the Division of Juvenile Services. I was a shift commander and Mt. Olive Correctional Complex for 4 years during my employment there, which demanded me to work directly with the medical department in many capacities. I am now the Director of Gene Spadaro Juvenile Center and still work directly with the medical staff on many levels. I feel that Prime Care would be an excellent choice to render medical services for the Division of Corrections. I have had excellent service from Prime Care and recommend that they be awarded the upcoming contract with the DOC. They have been professional and thorough in the care they have provided my residents and staff and I feel the Division of Corrections would receive the same great care. If you have any further questions for me regarding this matter I can be reached at (304) 877-6890.

Derek McKinney Director GSJC

State of West Virginia
DIVISION OF JUVENILE SERVICES
Kenneth "Honey" Rubenstein Juvenile Center
141 Forestry Camp Rd.; Davis, WV 26260
304.259.5241 304.259.4851 fax

Earl Ray Tomblin
Governor
Joseph C. Thornton
Cabinet Secretary
Stephanie Bond
Acting Director

Daniel L. Dilly
Acting Superintendent

March 10, 2014

To Whom It May Concern:

I am writing on behalf of PrimeCare Medical. PrimeCare has held the medical contract for many years at the Rubenstein Center. I have found the staff to be knowledgeable, friendly and accommodating with our needs.

The PrimeCare staff stationed here have applied and completed NCCHC accreditation which they have maintained for 5 years. I would recommend PrimeCare Medical for any correctional facility in the state of West Virginia.

Sincerely,

Daniel L. Dilly
Acting Superintendent

State of West Virginia
DIVISION OF JUVENILE SERVICES

Earl Ray Tomblin
Governor
Joseph C. Thornton
Cabinet Secretary
Stephanie Bond
Acting Director

Lorrie Yeager Juvenile Detention Center
907 Mission Drive, Parkersburg, WV 26101-5559
304-420-4860 304-420-4861 fax

Janet Haines
Facility Director

March 14, 2014

Dear Becky,

I understand PrimeCare Medical is bidding on a Department of Corrections contract. I would like to say I have worked with PrimeCare Medical for a few years. They are easy to work with, very professional and extremely educated in the medial field.

All the staff I have worked with work well with the Division of Juvenile Services. As you probably are aware the juvenile population can be very needy. PrimeCare Medical makes sure every resident is seen and every complaint that a juvenile makes is looked at. Every resident upon their intake is seen and given a physical within the allotted policy time. At times we do get female residents who are pregnant and PrimeCare makes sure the resident and the baby get the best care necessary. The care they give our residents is very top notch. I have no complaints.

PrimeCare has become a great asset to our Division and I can assure the Department of Corrections if you decide to award PrimeCare the bid of taking care of the adult population, you will not be sorry.

Please feel free to contact me at 304-420-4860 if you have any questions or concerns.

Respectfully Submitted,

Janet Haines
LYJJC Director

STATE OF WEST VIRGINIA
DEPARTMENT OF MILITARY AFFAIRS & PUBLIC SAFETY
DIVISION OF JUVENILE SERVICES
STEPHANIE BOND, ACTING DIRECTOR

EARL RAY TOMBLIN
GOVERNOR

JOSEPH C. THORNTON
CABINET SECRETARY

Sam Perdue Juvenile Center
843 Shelter Road
Princeton, WV 24739
Gary Patton, Facility Director
Tel: (304) 425-9721

Gary Patton
Sam Perdue Juvenile Center
843 Shelter Road
Princeton, WV 24739
Gary.L.Patton@wv.gov

March 24, 2014

To Whom It May Concern:

The intent of this letter is to make a recommendation for Primecare Medical, which currently provides full-time medical services throughout the Division of Juvenile Services, and more particularly our facility, the Sam Perdue Juvenile Center.

Jenifer Carver, whom is the supervising nurse for PrimeCare at Sam Perdue Juvenile Center, is very compassionate toward the residents in our facility, but maintains the appropriate boundaries needed when working with incarcerated individuals. This type of professionalism is vital in our environment and the entire medical team displays an understanding for the significance of maintaining those boundaries on a daily basis. Nurse Carver and all of her staff are very dependable, organized, and provide a priceless service to our facility. There is an obvious open line of communication and team effort between all of the Primecare employees as the daily operations, which often includes crisis interventions, resident movements, and of course routine daily medical care, all seem to occur and be dealt with in a highly efficient manner. In short, Primecare is always part of the solution and never part of the problem. The Sam Perdue Juvenile Center is fortunate to have such an asset available to us on a daily

basis.

In November 2012, the medical department at SPJC became fully accredited by the National Commission on Correctional Health Care. This honor was awarded to them due to their hard work, meeting and exceeding the standards set before them to provide quality health care.

I have had the privilege to work closely with Kathy Nicholson, Regional Coordinator, on multiple occasions during Quarterly Administrative Meetings. She exemplifies leadership and knowledge in correctional health care, and has always demonstrated extreme professionalism in every manner.

Our facility holds Primecare in the highest regard and has no reservations about recommending their top notch medical care to any agency fortunate enough to acquire the services they provide. If you have any other questions in regards to this matter, please do not hesitate to contact me at (304) 425-9721.

Yours Truly,

Gary Patton
Facility Director

WEST VIRGINIA DIVISION OF CORRECTIONS																
PROPOSED STAFFING																
Position	Reg. Office	ACC	DCC	HCC	LCC	MCC	MOCC	PCC	SMCC	SCC	NCF/NRJ	OCCC	CWRC	BCC	PBCC	FTE's/Wk
Regional Manager	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.00
Regional Administrative Assistant	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.00
Regional Medical Director	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.00
Health Services Administrator (RN)	-	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	11.00
Medical Director/Physician	-	0.40	0.40	1.00	0.40	0.25	1.00	0.40	1.00	0.40	0.35	0.05	-	-	-	5.65
Director of Nursing	1.00	-	-	1.00	1.00	-	1.00	-	1.00	-	-	-	-	-	-	5.00
Assistant Director of Nursing	-	-	-	-	-	-	2.00	-	-	-	-	-	-	-	-	2.00
Physician Assistant / Nurse Practitioner	-	-	-	1.00	1.00	-	2.00	-	-	-	0.15	PRN	-	0.20	0.20	4.55
Registered Nurse	-	1.00	1.00	8.00	5.40	-	2.00	3.00	4.20	3.00	1.00	-	-	-	-	28.60
Charge Nurse	-	-	-	-	-	1.00	3.00	-	-	-	-	-	-	-	-	4.00
Licensed Practical Nurse	-	4.20	4.20	8.00	7.00	3.20	11.50	5.60	11.00	5.80	8.60	4.50	-	0.20	0.20	74.00
Certified Nursing Assistant	-	-	-	2.00	4.20	2.00	6.00	-	11.80	-	-	-	-	-	-	26.00
Dentist	-	0.40	0.20	1.00	0.80	0.25	1.00	0.25	1.00	0.25	0.25	NCF/NRJ	-	-	-	5.40
Dental Assistant	-	0.40	0.20	0.90	0.80	0.25	1.00	0.25	1.00	0.25	-	-	-	-	-	5.05
Dental Hygienist	-	-	-	1.00	0.20	-	1.00	-	-	-	-	-	-	-	-	2.20
X-Ray Technician	-	-	-	0.25	-	-	1.00	-	0.05	-	-	-	-	-	-	1.30
Medical Records Supervisor	-	-	-	-	-	-	1.00	-	-	-	-	-	-	-	-	1.00
Medical Records Clerk	-	1.00	1.00	2.00	1.00	-	2.00	0.50	1.00	0.40	-	-	-	-	-	8.90
Optometrist	-	-	0.05	0.20	0.10	-	0.20	0.05	0.10	0.05	-	-	-	-	-	0.75
Administrative Assistant	-	-	-	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	-	8.00
TOTAL MEDICAL FTE'S	**4.00**	**8.40**	**8.05**	**28.35**	**23.90**	**8.95**	**37.70**	**12.05**	**34.15**	**12.15**	**12.35**	**5.55**	**0.00**	**0.40**	**0.40**	**196.40**
MH Regional Administrator	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.00
Mental Health Administrator	-	-	-	-	-	-	1.00	-	-	-	-	-	-	-	-	1.00
Regional Psychologist	2.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2.00
Program Mentor	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.00
Physician Extender/Video Tech	0.50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.50
Referral Coordinator	1.50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.50
Psychologist	-	-	0.10	2.00	2.00	2.00	2.00	1.00	1.00	1.40	0.50	0.25	-	-	-	12.25
Psychiatrist	1.50	-	-	-	-	-	-	-	-	-	0.10	NCF/NRJ	-	-	-	1.60
Psychiatric RN	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.00
Psych Assistant	-	0.50	-	1.00	1.00	-	-	-	1.00	1.00	-	-	-	-	-	4.50
Therapist	-	1.00	0.50	2.00	2.00	-	2.00	-	1.00	-	-	-	-	-	-	8.50
Behavioral Health Technician	-	-	-	-	1.00	-	1.50	-	-	-	-	-	-	-	-	2.50
Administrative Assistant	1.00	-	-	-	-	1.00	1.00	-	-	-	-	-	-	-	-	3.00
Licensed Practical Nurse	-	-	-	-	-	-	1.00	-	-	-	-	-	-	-	-	1.00
TOTAL MENTAL HEALTH FTE'S	**9.50**	**1.50**	**0.60**	**5.00**	**6.00**	**3.00**	**8.50**	**1.00**	**3.00**	**2.40**	**0.60**	**0.25**	**0.00**	**0.00**	**0.00**	**41.35**
SUB TOTAL FTE'S	**13.50**	**9.90**	**8.65**	**33.35**	**29.90**	**11.95**	**46.20**	**13.05**	**37.15**	**14.55**	**12.95**	**5.80**	**0.00**	**0.40**	**0.40**	**237.75**
*Sex Offender Counselor/Master MHP								1.25								1.25
*Substance Abuse Counselor/Master MHP								1.00								1.00
															GRAND TOTAL FTE'S	**240.00**

*Positions shall be provided to meet the counseling needs of paroled offenders and inmates as requested by the West Virginia Division of Corrections at Facilities designated by the Division.

**Above Proposed Staffing Plan based upon RFP COR61566, Addendum No. 15. However, such staffing will be adjusted if required by the West Virginia Division of Corrections pursuant to this RFP.

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Attachment B: Mandatory Specification Checklist

List mandatory specifications contained in Section 4, Subsection .5:

5.1.1 Transition

Vendor must have proven ability for contract transition with an orderly and efficient startup or contract transition. A detailed plan with a proposed timetable is required for implementation and operation of the system. Services must be operating at required capacity within sixty (60) days of the contract start date.

Vendor Response:

TRANSITION PLAN

PrimeCare Medical of West Virginia, Inc. guarantees a comprehensively coordinated and seamless transition of the West Virginia Division of Corrections' medical services contract, which shall commence immediately upon a contract award. PrimeCare Medical's "Transition TEAM" shall be spearheaded through the leadership of Carl A. Hoffman, Jr., D.O., D.Sc., CCHP, President and Corporate Medical Director; Rebecca F. Davis, RN, BSN, CCHP, Vice President of West Virginia Operations; Arthur Jim Auxer, BA, M.Ed., Vice President of West Virginia Mental Health; Daniel R. Hoffman, MBA, CCHP, Junior Vice President of Marketing and West Virginia Operations; Brent W. Bavington, MBA, CCHP, Junior Vice President of Operations and Recruitment; and Paul W. Navarro, MSN, NP-C, CCHP, Junior Vice President of Clinical Operations. Additional Corporate support of this critical transition shall be provided by Francis J. Komykoski, Sr., MBA, CCHP, Vice President of Operations; Todd W. Haskins, RN, BSN, CCHP, Vice President of Operations; and Derek G. Hughes, MBA, CCHP, Junior Vice President of Operations. A synopsis of PrimeCare Medical of West Virginia, Inc.'s transition plan, to include key transitional components designed specifically for the West Virginia Division of Corrections can be found below. All required services pursuant to this RFP shall be operating at required capacity within sixty (60) days of the contract start date.

PROGRAM EVALUATION AND REVIEW TECHNIQUE (PERT) / GANTT CHART

The project management methodology used by PrimeCare Medical of West Virginia, Inc. for the transitioning of contracts is the Program Evaluation and Review Technique (PERT) and Gantt Charts system. Through the use of the PERT and Gantt management tools, PrimeCare Medical is able to process data representing the major, finite accomplishments essential to achieve transitioning of our systems into the West Virginia Division of Corrections. This is obtained through the processing of data to achieve end-objectives; the inter-dependence of those events; and estimates of ranges of times necessary to complete each activity between multiple successive events.

The Gantt chart utilized by PrimeCare Medical can be found within our Addenda Section to this Proposal and demonstrates in a graphic format, all tasks and timelines required to accomplish transitioning. While the Gantt chart is a comprehensive approach to project management, PrimeCare Medical has expanded its focus on system requirements and assignments of those systems into the development of its PERT. The PrimeCare Medical standard transition methodology is to assign key staff members responsibility for each task, from high level administrative positions to facility level members to insure ownership and accountability of actions. Empowered department heads and other key personnel are held accountable for implementation of assigned tasks, who assure successful collaboration in team projects.

The PERT and Gantt Charts provide for versatility of additions, changes, and flexibility when required. Based on PrimeCare Medical's extensive correctional health care experience and focus on continuous improvement, the PERT and Gantt Charts will be used to communicate and document any necessary changes.

TRANSITION

The PrimeCare Medical model of transition management has been refined and proven effective for contract implementation for over "twenty-eight (28) years". PrimeCare Medical has developed an organizational structure for managing the fundamental components common to every transition that clearly delineates authority, responsibility and accountability of key positions/functions necessary for effective management.

Large projects can be most effectively managed if they are broken down into smaller segments and implemented by key personnel who are at the facility level. This implementation can only occur if the culture of the implementation team remains sensitive to the daily operational concerns of the facilities where the implementation is occurring. The implementation team works not to make changes to the correctional facility, but merges our corporate mission statement into the existing culture within the each of the institutions. Our transition program is streamlined with less focus on layers of administrative management and increased focus on visibility, accessibility, and service delivery.

Our specific organizational approach on transition implementation reflects the West Virginia Division of Corrections' operational scope, cost accountability and assures continuity of management. Drawing upon our extensive expertise in managing correctional health care contracts, we have created a management structure to insure an appropriate level of supervision, monitoring and accountability of staff functions. A cost-effective and accountable deployment of resources across West Virginia Division of Corrections' sites will begin immediately upon notice of contract award. Recognizing the critical importance of implementing programs with minimal service and management disruption, PrimeCare Medical of West Virginia, Inc. presents a comprehensive transition plan tailored to the unique requirements of the West Virginia Division of Corrections' contract, detailing how PrimeCare Medical will manage the transition in a responsive and timely manner. As mentioned above, our PERT and GANTT Charts outline specific activities, goals, responsible parties and projected completion dates.

PrimeCare Medical of West Virginia, Inc. has developed its transition plan based upon a full completion within a 120-day implementation period beginning with the date of contract award, with an additional 30-day review and compliance monitor, which can be further modified based upon the Division's needs. PrimeCare Medical will communicate and coordinate directly with the West Virginia Division of Corrections to facilitate the transition to assure continuity of care and a seamless delivery of services and is fully prepared to start this contract on a date to be determined by the West Virginia Division of Corrections. Over the past twenty-eight (28) years, PrimeCare Medical has successfully started or transitioned over "sixty" (60) jails, prisons, state-wide correctional systems and juvenile detention centers.

To demonstrate our ability to effect an uninterrupted and smooth transition, PrimeCare Medical has prepared a written description of our approach, identification of dedicated personnel and resources followed by our PERT and GANTT Charts, which illustrates the specific task, person responsible and time line for completion. We have also included our plans for deactivation in compliance with the RFP requirements.

As explained in the Management Summary, PrimeCare Medical of West Virginia, Inc. is proposing an innovative, integrated management structure that will frame our approach to health care delivery subject to approval by the West Virginia Division of Corrections. The Transition Plan requires an initial series of meetings with the West Virginia Division of Corrections, where we will collaborate on the approach to re-engineer staffing patterns, designate health care unit missions, review the inmate/patient medical classification system, and work toward program consolidation. While the transition planning will begin immediately, it is a process of innovation and system changes that must be collaborative and evolve over time.

Upon a contract award, the President and Corporate Medical Director, Transition Vice President, and project leadership personnel will meet with the appropriate West Virginia Division of Corrections representatives to review the Transition Plan. At that time, all aspects of the transition plan will be prioritized and the initiation and/or completion dates and responsible parties will be confirmed. It is imperative that the West Virginia Division of Corrections key staff be involved with all aspects of this transition, to ensure a safe, timely, and efficient transition for all parties involved. Simultaneously, since this will be a very concerning time period for the current staff employed by the incumbent vendor, PrimeCare Medical of West Virginia, Inc. will notify all such personnel through all media channels available of this change and offer informational workshops to ease their concerns of this transition process.

This approach to health care delivery is population-based and systems-oriented. It is an approach that this management team has experience in implementing and has been used to meet the needs of other large facilities and state systems, including the West Virginia Regional Jail Authority, the West Virginia Division of Juvenile Services, York County Prison, Bucks County Department of Corrections, Montgomery County Correctional Facility, Lehigh County Department of Corrections, Berks County Prison, Lancaster County Jail System, etc.

The PrimeCare Medical approach to program management implementation, developed and refined with our experiences over time, combines the following major elements:

- Use of a structured plan that details the specific tasks, timeframes and individuals responsible for a seamless transition as detailed in our PERT and GANTT Charts.

- Designation of a 'transition team' composed of representatives from operations, human resources, clinical services, pharmacy, network development, information systems, finance and other areas with a clear understanding of tasks and transition challenges.

- Transition Team members at each West Virginia Division of Corrections facility to work side-by-side with key members of the medical staff and correctional administrators to insure successful integration of the transition implementation.

- Expansion and staffing of the PrimeCare Medical of West Virginia, Inc. Regional Office in Charleston, West Virginia and at the Corporate Offices based in Harrisburg, Pennsylvania.

- Communications, orientation, education and coordination around all aspects of employee transition issues.

- Intensive network development/provider contracting, technology applications, pharmacy, claims and other support systems implementation.

- Development and deployment of the Transition Plan model in collaboration with the West Virginia Division of Corrections.

PrimeCare Medical of West Virginia, Inc. understands the uncertainty and anxiety that will result in any contract transition and PrimeCare Medical will do everything possible to ease the transition of the current staff. All current employees will be interviewed and given first priority for available positions for which they are qualified. As needed, PrimeCare Medical will initiate recruitment efforts locally, within PrimeCare Medical's base of 1,000+ affiliated professionals and support staff, as well as nationally, if needed to fill any vacancies or new positions. PrimeCare Medical will schedule timely information sessions introducing key team members. As part of our transition process, PrimeCare Medical will meet with West Virginia Division of Corrections staff to determine your preferred location for these meetings. Key employee informational documents will be provided; clearly describing the PrimeCare Medical approach, benefit packages, and relevant contact personnel. The PrimeCare Medical Transition Teams will have members from our Human Resources Department who are intimately familiar with all Human Resources/Employee Benefit functions, as well as, the concerns and issues which will need to be addressed with current employees. Coordination of all matters related to employee transition and this administrative process will be managed through the PrimeCare Medical Human Resources Department.

PrimeCare Medical maintains a comprehensive plan to retain and recruit Medical Providers, Mid-Level Practitioners and Management Staff at all contracted correctional facilities. PrimeCare Medical values the knowledge and loyalty of existing staff within a facility and will strive to retain those individuals within their existing positions. PrimeCare Medical will launch

all efforts to reach out to those existing employees to discuss retention upon immediate notice of a contract award. For any outstanding vacancies, PrimeCare Medical will initiate a variety of recruiting techniques to include advertisement in various local periodicals, professional organization publications, job fairs, online and other media outlets such as television and radio, direct mailings and referral bonus programs. PrimeCare Medical of West Virginia, Inc. also has established relationships with various schools throughout the State to mentor new graduates in their professional careers. PrimeCare Medical has a team of recruiters whose experience totals over thirty (30) years in all aspects of Human Resources, which includes two (2) Master's Level Practitioners.



PrimeCare Medical, upon successful award, will designate a Senior Recruiter for each of the four (4) Regions within the West Virginia Division of Corrections. Each Senior Recruiter will be responsible for establishing a job fair at their respective locations. Existing employees wishing to remain employed, will attend the job fair to obtain information on how to continue their employment without interruption. The job fair will be an informative way to reach large amounts of individuals within a small time frame, as well as, allow for an opportunity for the exchange of necessary employee information. Additionally, the job fair will be open to the public so that applicants not currently employed at the West Virginia Division of Corrections have a venue in which to obtain information on employment opportunities.

Each Senior Recruiter will have two (2) additional human resources / recruitment assistants during the fair to handle the volume of employees participating. The number of assistants will depend on the current staffing complement per Facility. Each candidate will be interviewed and be given an opportunity to review the job description for the position they wish to hold. Upon successful completion of the interview, a telephone psychological screening test will be administered as well as information forwarded to Facility Security Personnel to ensure that the candidate is eligible to work in a correctional facility. A series of reference checks will occur as well as a credentialing procedure, if applicable. Once these items have successfully been completed, each candidate will be offered a job both verbally and in writing through an Offer of Employment Letter. They will then be transferred to the Orientation and Training Modules.

The management process of planning, organizing, actualizing, and controlling is most effectively and successfully accomplished by those closest to the work. The team of the Transition Vice President, Statewide Medical Director, and Transition Team Members will coordinate the alignment of the institutions' health care programs into four (4) Districts. PrimeCare Medical has chosen these Districts based on geography, institutional dynamics, and how we envision they would evolve into more efficient, integrated continuums of care. We are anxious to share our vision with the West Virginia Division of Corrections should we be awarded the West Virginia

Division of Corrections contract and look forward to collaborating on a new and improved model for correctional health care delivery.

Districts - PrimeCare Medical has included a brief description of the Transition Plan's District Re-Organization to illustrate how we plan to group these services, should the West Virginia Division of Corrections approve this program. Each of the four (4) Districts is grouped to include all of the functional resources including dialysis, mental health and specialty care to ensure a continuum of service delivery throughout the prison system. PrimeCare Medical is cognizant of the West Virginia Division of Corrections' desire to consolidate infirmaries, and we anticipate cost savings using this program. Initial steps for the development and implementation of the Transition Plan in coordination with the West Virginia Division of Corrections will be aimed at:

- Holding a series of meetings with the West Virginia Division of Corrections to obtain, from their prospective, a checklist of their needs related to the corrections division. Based on the areas of concern(s), the PrimeCare Medical Transition Team will collaborate and provide an explanation how the transition program implementation can be initiated.

- Reviewing and evaluating the status of the current health services program for primary care and on/off-site specialty care to insure access to care.

- Developing needs assessment procedures designed to insure we meet chronic care clinic requirements.

- Development of unique medical programs to meet the needs of the inmate/patient population for on-site specialty services.

- Verifying medication requirements and needs for chronic care inmates/patients are met.

This Transition Plan is ideally suited to meet the future needs of the West Virginia Division of Corrections as consolidation drives synergies, but allows PrimeCare Medical of West Virginia, Inc. to structure the program in such a way to assure each Region and each of the four (4) Districts have the potential to offer the full array of care and services (on-site primary and specialty and off-site support) to reduce transportation and intra system transfer as much as possible.

PrimeCare Medical has successfully transitioned numerous contracts for medical services. Our tested systems and team approach to the specific requirements of each client assures that nothing is overlooked and your particular concerns are addressed timely and professionally. PrimeCare Medical is confident that our experience in managing this important process, coupled with our sensitivity to these issues, will result in uninterrupted service to the inmates/patients confined to the West Virginia Division of Corrections. PrimeCare Medical is able to fully commit the scope and focus of key personnel and regional based company resources needed to insure a timely, smooth start-up and continuity of services. It is these personalized services and commitment to excellence that makes PrimeCare Medical of West Virginia, Inc. a true competitor.

Deactivation Plan - If, for any reason, PrimeCare Medical of West Virginia, Inc. is not retained at the conclusion of this contract term, or if it were to be terminated at any point prior to the expiration of the contract term, PrimeCare Medical will be fully cooperative and communicative with the West Virginia Division of Corrections, institution staff and incoming provider(s) to assist with a smooth transition to a new vendor. Continuity of care with minimal inconvenience to the institution and its inmates/patients will be the primary consideration. A deactivation plan will be initiated as soon as notification is received that there will be a new provider. The West Virginia Vice President will implement a definitive plan through consultation with the West Virginia Division of Corrections and institution staff as appropriate. The final plan will elaborate on the actions to be completed by designated individuals and defining specific time periods. PrimeCare Medical will continue with our existing policy to utilize exit surveys designed to identify deficiencies or shortcomings during the deactivation process.

Tasks required to assure continuity of care upon expiration of the contract include the following:

- Meet with incoming vendor regarding continuity of care and specific needs.
- Confirm contract completion with subcontractors and provide written notification.
- Inventory medical supplies and discuss levels of stock (i.e., supplies and medication required for transition period).
- Bookkeeping review of any outstanding accounts payable and accounts receivable and establish formalization of accounts.
- Insure that the quality of health care services is maintained up to termination of services. (Insure arrangements for orderly transfer of medical documentation (i.e., pending referrals and scheduled outside trips).
- Contact each affected institution to schedule removal of PrimeCare Medical of West Virginia, Inc. owned equipment. Identify West Virginia Division of Corrections owned equipment; which will remain at the institution. Contact vendor regarding purchase or removal of leased equipment (i.e., copiers, fax machines, and computers).
- Insure all employees are advised as to their rights and benefits with the contract termination. Wherever possible, PrimeCare Medical will actively assist employees in exploring other job opportunities within our Company and/or the new vendor.

5.1.2 Comprehensive Health Care and Mental Health Services

The Vendor shall provide all services necessary to provide comprehensive health care to all inmates under the care and custody of the Agency institutions designated within this document.

The Vendor shall be responsible for the provision of on-site and, when required as Vendor deems necessary, off-site general medical, dental, optometry, and mental health specialty or diagnostic ancillary services.

The services shall also generally include the employment and payment of contractual staff and agencies necessary for the provision of said care.

The Vendor is expected to provide equipment and supplies necessary for the performance of these health care obligations except as outlined in this RFP.

The Vendor will make every attempt to schedule the delivery of all non-emergent services so as to coordinate within the operations and security schedule of each institution. In the event of a conflict, the security and operations of the institution must take precedence.

Vendor Response:

ACCEPTANCE OF TERMS AND CONDITIONS OF RFP COR61566

In accordance with RFP COR61566, PrimeCare Medical of West Virginia, Inc. is respectfully submitting this Technical and Pricing Proposal to provide all services necessary for the provision of comprehensive health care to all inmates/patients who are under the care and custody of the West Virginia Division of Corrections, to include those Division inmates/patients who are housed in other Division operated facilities (i.e., Work Camp Facilities, RSAT Units, Work Release Facilities, Community Corrections Centers, etc.), and those inmates/patients housed within the West Virginia Regional Jail Authority (specifically, required mental health services). PrimeCare Medical of West Virginia, Inc. shall fully comply with all mandatory terms, requirements, conditions, and specifications contained in the West Virginia Purchasing Division's Request for Proposal (RFP), to include any and all Addendums issued thereafter.

In accordance with RFP COR61566, all inmate/patient health care services provided under this contract for the West Virginia Division of Corrections' Facilities shall be in accordance with PrimeCare Medical Policies and Procedures, which incorporate the standards of the American Correctional Association (ACA) National Commission on Correctional Health Care (NCCHC), the West Virginia Division of Corrections' Policies and Procedures, the Affordable Care Act, the American Medical Association (AMA), the American Society of Addiction Medicine (ASAM), the Federal Prison Rape Elimination Act (PREA), Centers for Disease Control Protocols and Guidelines, State Boards of Medicine, Medical Licensing Rules and Regulations, Federal OSHA Guidelines, all applicable court orders and mandates, and all other Federal, State, and Local statutes, regulations, rules and standards. All required permits, registrations, and licenses needed to perform the services detailed within this Proposal shall be the responsibility of PrimeCare Medical of West Virginia, Inc. to acquire and maintain for the life of the contract.

In accordance with RFP COR61566, PrimeCare Medical of West Virginia, Inc. shall coordinate all aspects of its health care delivery systems, policies and procedures, reporting analysis, quality improvement / assurance studies and processes, cost containment programs, and all other

requirements of the RFP with the West Virginia Division of Corrections. Additionally, PrimeCare Medical of West Virginia, Inc. shall be available to confer with the West Virginia Division of Corrections at any time concerning any provisions of this Proposal or any other matters pertaining to the performance of any potential contract.

PrimeCare Medical shall be responsible for the provision of on-site, and when clinically necessary, off-site general medical, dental, optometry, and mental health specialty or diagnostic ancillary services as detailed throughout this Proposal. PrimeCare Medical shall also provide for the employment and payment of contractual staff and subcontracted agencies necessary for the provision of said care. PrimeCare Medical shall also make all reasonable attempts to schedule the delivery of all non-emergent services so as to coordinate within the operations and security schedules of the institutions. In the event of a conflict, the PrimeCare Medical acknowledges that the security and operations of the institutions must take precedence.

In accordance with RFP COR61566, PrimeCare Medical of West Virginia, Inc.'s Technical and Pricing Proposal outlines our operational plan to provide comprehensive health care services to the West Virginia Division of Corrections. PrimeCare Medical of West Virginia, Inc. understands the fiscal and operational constraints of the West Virginia Division of Corrections and firmly believes that awarding this comprehensive health care services agreement to PrimeCare Medical will prove to be the most logical, efficient, and cost-effective strategy for the State of West Virginia to consider.

MEDICAL SUPPLIES AND EQUIPMENT

PrimeCare Medical of West Virginia, Inc. shall be responsible for the maintenance, repair, and replacement of equipment and for acquisition of additional equipment and supplies necessary for the proper conduct of inmate/patient medical services to the West Virginia Division of Corrections and remain flexible to the ongoing needs of the facilities. The Purchasing Department of PrimeCare Medical of West Virginia, Inc. will receive and process all supply orders for the West Virginia Division of Corrections. All of these purchases will be acquired within acceptable timeframes as required by the RFP. Additionally, the PrimeCare Medical Purchasing Department will also be responsible for coordinating the acquisition of telemedicine equipment and service contracts for this equipment in collaboration with the PrimeCare Medical of West Virginia, Inc. Information Technology Department.

PrimeCare Medical utilizes the following system of on-going Corporate review:

- All supply orders are received by the Director of Purchasing at the Corporate Office for review and processing. Any significant increase in the number of specific supplies ordered that cannot be explained by an increase in the inmate/patient population is noted and questioned by the Director of Purchasing before the order is processed.

- PrimeCare Medical's Corporate computer capability is such that all supply and prescription costs can be tracked by facility and any significant increase suggesting waste

will quickly be identified with appropriate instructions to explain or address the situation provided to the appropriate PrimeCare Medical Health Services Administrator.

- The utilization review and contract compliance audit processes noted in this Proposal also provides a valuable checks and balances mechanism which guards against waste and unnecessary expenditures.

NORTHERN REGINOAL JAIL INMATES/PATIENTS

The Northern Regional Jail and Correctional Facility jointly houses inmates sentenced to and in the physical custody of the WV Division of Corrections and houses inmates sentenced to and in the physical custody of the Regional Jail Authority.

In addition to the Agency facilities described in the RFP, PrimeCare Medical shall provide health care and mental health services to the Regional Jail Authority inmates that are housed at the Northern Regional Jail (NRJ). The following services shall be provided to NRJ's Regional Jail inmates, as is the current practice by PrimeCare Medical of West Virginia, Inc.

PrimeCare Medical shall directly invoice the NRJ. No charges for care for NRJ inmates shall be included on any Division invoice.

The standards of service provided at NRJ for all comprehensive health and mental health care services shall be in compliance and in accordance with the following:

- All applicable federal legislation;
- All applicable statutes, regulations, rules and any "standards of care" implemented by the State of West Virginia;
- Any applicable court orders/mandates;
- Policies of the Regional Jail Authority;
- American Correctional Association (ACA) current standards;
- National Commission on Correctional Health Care (NCCHC) current Standards for Health Services in Prisons;
- PrimeCare Medical shall provide NRJ with the most current copy of the vendor's policy and procedure manual, the vendor's physician's medical protocols, and the vendor's nursing protocols after award of the contract, but prior to commencement of contract services;
- In the event medical detoxification services are necessary for any inmate, American Society of Addiction Medicine (ASAM) criteria will be adhered to;
- Current Prison Rape Elimination Act (PREA) Standards.

In the event of a conflict in standards, the highest standard shall prevail.

PrimeCare Medical shall be financially responsible for the provision of the following inmate medical services (in accordance with 95-1-14, 95CSRI):

- Receiving Medical Screening 95-1-14.9.7
- Health Appraisal 95-1-14.9.9
- Access to Treatment 95-1-14.9.13
- Daily Triage of Complaints 95-1-14.9.14
- Sick Call 95-1-14.9.15

Medical Observation Unit: PrimeCare Medical shall utilize the medical observation unit to the fullest extent possible for the care and treatment of inmates requiring medical supervision. The medical observation unit shall be operated in compliance with the following guidelines.

- A physician shall be available on-call 24 hours per day;
- Medical Observation Unit supervision by health-trained personnel (LPN or RN) shall be maintained at all times during occupancy by an inmate;
- A manual of nursing care procedures, medical treatment protocol and standing orders for medication shall be maintained in the Medical Observation Unit. A copy of this manual shall be provided to the NRJ Jail Administrator within 90 days of commencement of contract; and
- PrimeCare Medical's utilization review process shall operate to assure appropriate usage of infirmary facilities. A monthly report shall be provided to the NRJ Jail Administrator of Medical Observation Unit utilization on a monthly basis.

Health records for these inmates/patients shall be maintained in accordance with the terms set for the RFP.

Health Care: When inpatient or outpatient catastrophic care is medically required for the care and treatment of an inmate, PrimeCare Medical shall be responsible for such arrangements and payment as may be required, subject to the following limitations. Inmates will be transported to outside facility by NRJ staff or emergency ambulatory means.

- $5,000.00 annual aggregate limit per inmate per occurrence of illness or injury;
- $10,000.00 annual aggregate limit for illness or injury affecting more than one inmate;
- Hospitalization of federal inmates shall require the specific approval of the responsible federal agency. Federal inmates will be billed directly to the responsible federal agency rather than NRJ, in accordance with WV Code §3 1-20-30.
- NRJ shall be responsible for costs exceeding the above limitations. However, PrimeCare Medical shall remit payment to the appropriate community providers and submit documentation to NRJ for reimbursement.

Specialty Services: Inmates for whom outpatient specialty care is medically necessary shall be referred to and treated by appropriate specialists within the community; subject to catastrophic limits. Federal inmates require the specific approval of the responsible federal agency. Specialty clinics shall be scheduled within the facility whenever appropriate and necessary. These services shall be the responsibility of PrimeCare Medical for all inmates in the NRJ facility.

Psychiatric Illness: PrimeCare Medical shall provide for psychiatric / mental health care services at NRJ pursuant to the RFP and in accordance with 95-1-14.9.11, 95-1-14.9.12 and WV Code Chapter 27-5-2, as amended.

PrimeCare Medical shall provide for consultation, crisis intervention and evaluation of inmates by psychiatrists or psychologists, as necessary.

Ancillary Services: PrimeCare Medical shall bear responsibility for provision of medically necessary laboratory, x-ray and other ancillary services.

Dental Services: PrimeCare Medical shall adhere to no less than the minimum number of contracted full-time equivalents for onsite dental services.

Pharmaceuticals and Supplies:

- All prescriptions and non-prescription medication, medical supplies, books and periodicals shall be provided by PrimeCare Medical.
- All prescription medication and, whenever possible, non-prescription medications shall be in unit dose format and identified by inmate name, initiation and cessation date. Bulk medication, except for items such as aspirin is prohibited and shall not be used. All unit dose medications shall be formulated by a pharmacist. Distribution of medication shall be by vendor staff in compliance with 95-1-14.9.22 and the standards of the NCCHC and ACA standards. PrimeCare Medical shall maintain and monitor records of all medications dispensed and/or administered.
- When any pre-trial inmate is sent to the Sharpe State Hospital for stabilization, PrimeCare Medical will honor any and all medication prescribed by the physician(s) at Sharpe State Hospital. When the inmate is returned to NRJ, PrimeCare Medical shall not deviate from the types of medication that was prescribed by the physician(s) at the Sharpe State Hospital without approval from NRJ.
- All medications shall be ordered and dispensed in accordance *with* applicable minimum standards (See 95-1-14.9.22 and 95-1-14.9.23), WV Board of Pharmacy regulations and the standards of NCCHC and ACA.

Health Education: PrimeCare Medical shall provide in-service education, first aid and CPR training for the NRJ staff.

Transfer of Records: Transferring of records shall be completed in accordance with the RFP.

Management: PrimeCare Medical shall provide for clinical and administrative management of inmate medical services.

Compliance with Standards:

All inmate medical services provided under this Contract shall be in accordance with 95CSR I and shall meet the standards of all regulating authorities as set forth above.

PrimeCare Medical shall maintain documentation of appropriate licensing and accreditation for any hospitals, clinics or laboratories which provide services under this Contract. A copy of the certificates/licenses shall be kept at NRJ.

Personnel Selection and Retention Requirements:

PrimeCare Medical shall employ only such personnel who are qualified by training, education and experience for the positions they hold; all staff must meet applicable licensing or certification requirements for practice within West Virginia; the vendor shall maintain written job descriptions for each position.

PrimeCare Medical shall provide all necessary medical care for any inmate to include issues related to medications that sustain the viability and health of pregnant females and their unborn child.

PrimeCare Medical shall be responsible for maintaining and the accounting of all such medications and any licensing or training required for distribution of said medications.

Emergency Treatment of Staff and Visitors: PrimeCare Medical shall provide emergency first aid treatment of any jail staff or visitor who is injured or becomes ill while on the jail premises; such treatment shall be limited to emergency first aid or stabilization pending further necessary treatment.

Administration of Addictive or Psychotropic Medication: PrimeCare Medical shall administer potentially addictive or psychotropic medication in liquid form or crushed and dissolved in water unless otherwise specified by a doctor.

Maintenance of Records and Reports: PrimeCare Medical shall make and maintain such records and reports as may be required for compliance with regulations of the Department of Health and Human Resources, the Board of Pharmacy and the Center for Communicable Diseases and shall notify the Administrator of such reports.

Maintenance of First Aid Supplies: PrimeCare Medical shall conduct a monthly inspection of all NRJ institutional and vehicular first aid supplies and shall replenish necessary supplies as may be required.

Body Cavity Searches: PrimeCare Medical shall, subcontract with another entity to conduct and document body cavity searches of inmates upon request of the Administrator.

Tuberculosis screening is the most prevalent form of testing for infectious diseases. Other testing including HIV and Hepatitis is done only as indicated by other symptoms or complaints.

Additional Information:

PrimeCare Medical shall be responsible for maintenance, repair and replacement of Owner-supplied equipment and for acquisition or additional equipment and supplies necessary for the proper conduct of inmate medical services under this Contract.

Payments for in-patient hospital charges in excess of contract limits will be billed to the NRJ as reimbursements after the original medical bills have been paid PrimeCare Medical; charges for federal inmates are the responsibility of the United States Marshal's office; and excess charges for state inmates are the responsibility of the Division of Corrections.

Catastrophic cost limits are based upon annual aggregate for each inmate for each incident or episode resulting from the same problem.

Physical Examination of Staff: PrimeCare Medical shall conduct physical examinations of all applicants for employment as correctional officers in accordance with RJA policy.

A monthly meeting is to be held with the Jail Administrator and other Jail Staff as the Administrator desires to review services provided in the prior month.

Complaint Procedure:

PrimeCare Medical shall specify the policies and procedures to be followed in dealing with inmate complaints regarding any aspect of the medical services program. NRJ regulations require that all complaints received by the administrative staff be referred, in writing, to the Utilization Review Committee who shall respond in 24 hours of receipt of the complaint.

Insurance and License Requirements:

PrimeCare Medical, prior to the award of a Contract, shall provide Certificates of Insurance as required by the RFP and shall maintain such coverage in force during the life of the Contract. The Regional Jail and Correctional Facility Authority shall be named as an additional insured on all such Certificates of Insurance. Each Certificate of Insurance or Policy shall contain a covenant by the issuing company that no policy will be canceled or amended without thirty (30) days written notice made to the Regional Jail and Correctional Facility Authority by the issuing company. All insurance premiums shall be paid by PrimeCare Medical.

License Requirements:
All inmate medical services provided under this contract shall be in accordance with 95CSRI and all other standards set forth in this proposal.

PrimeCare Medical shall maintain documentation of appropriate licensing and accreditation for any hospitals, clinics or laboratories which provide services under this Contract.

PrimeCare Medical is responsible for all taxes as well as the acquisition of and all costs associated with licensures, taxes, fees, bonds, permits, Workers Compensation, accreditation and all other costs associated in the fulfillment of this contract.

5.1.3 Standards of Services

All comprehensive health and mental health care services provided shall be in compliance and accordance with the following:

- All applicable federal legislation;
- All applicable statutes, regulations, rules, and any "standards of care" implemented by the State of West Virginia;
- Any applicable court orders/mandates;
- Policy directives of the Agency;
- American Correctional Association (ACA) current standards
- National Commission on Correctional Health Care (NCCHC) current Standards for Health Services in Prisons
- The Vendor shall provide Agency with the most current copy of the Vendor's policy and procedure manual, the Vendor's physician's medical protocols, and the Vendor's nursing protocols after award of contract, but prior to commencement of contract services.
- In the event medical detoxification services are necessary, American Society of Addiction Medicine (ASAM) criteria will be adhered to.
- Current PREA Standards.

In the event of a conflict in standards, the highest standard shall prevail.

Vendor Response:

In accordance with RFP COR61566, all inmate/patient health care services provided under this contract for the West Virginia Division of Corrections' Facilities shall be in accordance with PrimeCare Medical Policies and Procedures, which incorporate the standards of the American Correctional Association (ACA) National Commission on Correctional Health Care (NCCHC), the West Virginia Division of Corrections' Policies and Procedures, the Affordable Care Act, the American Medical Association (AMA), the American Society of Addiction Medicine (ASAM), the Federal Prison Rape Elimination Act (PREA), Centers for Disease Control Protocols and Guidelines, State Boards of Medicine, Medical Licensing Rules and Regulations, Federal OSHA Guidelines, all applicable court orders and mandates, and all other Federal, State, and Local statutes, regulations, rules and standards. All required permits, registrations, and licenses needed to perform the services detailed within this Proposal shall be the responsibility of PrimeCare Medical of West Virginia, Inc. to acquire and maintain for the life of the contract.

5.1.4 Work Stoppage

In the event of a strike, slowdown, or full or partial work stoppage of any kind by the employees of the Vendor, the Vendor hereby acknowledges its responsibility to continue to fulfill its obligations under this contract and will indemnify Agency of any reasonable losses it may incur in the event of such circumstances.

Vendor Response:

PrimeCare Medical of West Virginia, Inc. certifies that all services required by the RFP and detailed within this Proposal shall be provided to the West Virginia Division of Corrections at all times, to include such times as may be affected by a strike, slowdown, or full or partial work stoppage of any kind; and shall indemnify the Division of any reasonable losses it may incur in the event of such circumstances.

5.1.5 Compliance with DOC Policy Directives/Staff Notices

All Vendor employees are responsible for complying with all applicable Agency Policy Directives and Facility Staff Notices/Operational Procedures.

Vendor Response:

In accordance with RFP COR61566, all inmate/patient health care services provided under this contract for the West Virginia Division of Corrections' Facilities shall be in accordance with PrimeCare Medical Policies and Procedures, which incorporate the standards of the American Correctional Association (ACA) National Commission on Correctional Health Care (NCCHC), the West Virginia Division of Corrections' Policies and Procedures, the Affordable Care Act, the American Medical Association (AMA), the American Society of Addiction Medicine (ASAM), the Federal Prison Rape Elimination Act (PREA), Centers for Disease Control Protocols and Guidelines, State Boards of Medicine, Medical Licensing Rules and Regulations, Federal OSHA Guidelines, all applicable court orders and mandates, and all other Federal, State, and Local statutes, regulations, rules and standards. All required permits, registrations, and licenses needed to perform the services detailed within this Proposal shall be the responsibility of PrimeCare Medical of West Virginia, Inc. to acquire and maintain for the life of the contract.

5.1.6 Accreditation

The Vendor shall maintain all current levels of accreditation, both ACA and NCCHC, held at each institutional site, and NCCHC accreditation and reaccreditation shall be at Vendor's expense. The Vendor will comply with all ACA standards established within each facility. The Agency shall assume all costs associated with ACA accreditation and/or reaccreditation at all sites.

Currently, the following locations are NCCHC accredited: ACC, DCC, HCC, LCC, MCC, MOCC, PCC, and SMCC.

The Vendor shall maintain and keep current all documentation that may be necessary for any accrediting audits. Vendor will be responsible for NCCHC re-accreditation costs at all sites:

Date Accredited	Institution
2006	ACC
2006	DCC
2006	HCC
2004	LCC
2007	MCC
2005	MOCC
2006	PCC
2006	SMCC

The following facilities are ACA accredited: ACC, DCC, HCC, LCC, MCC, MOCC, PCC, and SMCC. The Agency shall assume all costs associated with ACA re-accreditation at all sites.

Vendor Response:

NCCHC / ACA ACCREDITATION

PrimeCare Medical is a strong supporter of the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA) accreditation processes. Over the years, PrimeCare Medical has successfully achieved accreditation, as well as re-accreditation, from these agencies in 100% of our audits; thus, earning NCCHC Accreditation at forty-four (44) of our contracted facilities and ACA accreditation at three (3) of these sites. We are extremely proud of these accreditations and of the fact that not only have we achieved accreditation each and every time that we have applied, but also the fact that we have never lost an accreditation at any of our contracted facilities. The only instance in which PrimeCare Medical has not applied for and achieved accreditation exists with a few of our smaller correctional institutions where such accreditation is not required by the client. One of the key reasons why we feel so strongly about these agencies and their accreditation processes is that they provide our clients with an unbiased, third party evaluation of the level of service in which PrimeCare Medical provides.

> Over the years, PrimeCare Medical has successfully achieved accreditation, as well as reaccreditation, from the NCCHC and ACA in **100%** of our audits; thus, PrimeCare Medical has never failed to achieve and/or maintain continuous accreditation status from either of these agencies.

In West Virginia, we have successfully achieved and maintained accreditation from the NCCHC for the entire Regional Jail Authority and for the entire Division of Juvenile Services, as well as, ACA Accreditation at both Division of Corrections facilities that are under the control of the Regional Jail Authority. These are two of the first state-wide systems of their kind to have achieved this milestone.

Since our inception, PrimeCare Medical has always provided a guarantee to each of our clients of our proven ability to successfully manage and operate their institutional health care programs on a daily basis so that we will not only achieve accreditation from any agency requested, but also that we will maintain such continuous accreditation for the life of any medical services contract. Thus, we can state without hesitation, that by awarding the West Virginia Division of Corrections' health care contract to PrimeCare Medical of West Virginia, Inc., that we will achieve and/or maintain NCCHC and ACA Accreditation at each and every one of your correctional institutions as is required by the RFP. Additionally, PrimeCare Medical shall be financially responsible for all such accreditation expenses as required by the RFP.

PrimeCare Medical's model of correctional health care establishes each individual facility's on-site Health Services Administrator's primary responsibility as managing the day-to-day operations of their Medical Department in a manner consistent with the the standards of the American Correctional Association (ACA) National Commission on Correctional Health Care (NCCHC), the West Virginia Division of Corrections' Policies and Procedures, the Affordable Care Act, the American Medical Association (AMA), the American Society of Addiction Medicine (ASAM), the Federal Prison Rape Elimination Act (PREA), Centers for Disease Control Protocols and Guidelines, State Boards of Medicine, Medical Licensing Rules and Regulations, Federal OSHA Guidelines, all applicable court orders and mandates, and all other Federal, State, and Local statutes, regulations, rules and standards. The Health Services Administrators' efforts are further supported by our established regional and senior level management personnel.

Additionally, we have invested significant amounts of time and energy in developing our completely customized Continuous Quality Improvement Programs, which are designed to monitor and analyze all aspects of our health care delivery systems, to include our uniquely devised Peer Audit Review Program. This program was developed to mirror the NCCHC and ACA Accreditation programs; all of which are further detailed in the below sections of our Proposal. It is the combination of these management systems and quality assurance tools that enables PrimeCare Medical to achieve and maintain a perfect accreditation history.

Additionally, PrimeCare Medical shall participate in any other audits / external reviews that are conducted at the West Virginia Division of Corrections that may be required. Should any deficiencies be noted, appropriate corrective action plans shall be prepared and initiated through the Health Services Administrator and Medical Director.

5.1.7 WV Vendors

All contracted medical and mental health services (hospital, specialty referrals, etc.) shall be West Virginia providers, preferably in the community if possible.

Vendor Response:

PrimeCare Medical shall make all attempts to ensure that all contracted medical and mental health services (hospital, specialty referrals, etc.) are West Virginia providers, preferably in the community if possible. All subcontractors identified within this Proposal are currently providing services in the State of West Virginia, to include many local community based providers.

5.1.8 Utilities

The Agency will provide all necessary utilities at each institutional site, including phone lines for local calls. The Vendor is responsible for the cost of long distance calls, as well as all other transmittal costs for fax, long distance, etc. Vendor is responsible for all postage costs incurred to provide services. Telemedicine line charges shall be the responsibility of the Vendor.

Vendor Response:

PrimeCare Medical acknowledges its financial obligations pursuant to the cost(s) of such utilities as required by this RFP.

5.1.9 Maintenance and Housekeeping

The Agency will provide for the general maintenance and housekeeping at each institutional site. This includes cleaning supplies in the areas where the Vendor is to provide health care services. The Vendor is Responsible for ensuring that the cleanliness and sanitation of the medical unit, clinical area, and infirmary area are in compliance with the standards of the medical community in general.

Vendor Response:

PrimeCare Medical acknowledges its obligations pursuant to the maintenance and housekeeping of all areas in which health services are provided as required by this RFP.

5.1.10 Transportation

The Agency shall provide for the secure transportation via state vehicle of incarcerated persons for outside medical services to a location within the State of West Virginia, as the Vendor deems necessary and appropriate in order to provide for health care of such person. The Vendor shall arrange and pay for the use of any emergency transportation vehicle, such as ambulances and

medically equipped helicopters, as deemed necessary and appropriate for emergency transportation.

Vendor Response:

EMERGENCY TRANSPORTATION

PrimeCare Medical of West Virginia, Inc. will be responsible for ambulance, medic unit ground transportation, and medically equipped aircraft coverage for emergency life threatening medical conditions of inmates/patients through contracts or operating agreements with local ambulance companies. Ambulance services shall be provided in the form of Basic Life Support (BLS) or Advanced Life Support (ALS) through local contract arrangements. PrimeCare Medical will coordinate these services when the situation or condition warrants BLS Transportation. ALS services are requested when medically necessary. The Physician/Physician Assistant/Nurse Practitioner will determine what type of transportation is needed to transport inmates/patients through consultation with facility authorities. The Facilities will arrange for transportation of the correctional officers or designee necessary for security coverage of inmates/patients admitted to the hospital. Emergency care will also be extended to all staff, volunteers, visitors, and vendors as needed. Treatment for visitors and staff consisting of stabilization and referral to a personal physician or local hospital shall be provided as required by the West Virginia Division of Corrections.

NON-EMERGENT TRANSPORTATION

The West Virginia Division of Corrections shall provide and pay for routine non-emergency transportation of inmates/patients, which may become necessary between the facilities and to other medical facilities, as PrimeCare Medical may deem medically necessary and appropriate for the health care of the inmates/patients. All non-emergency transportation of inmates/patients shall be provided by the Facilities or designee. The Facilities shall also provide and pay for any necessary security transportation in conjunction with inmate/patient trips to such medical facilities.

PrimeCare Medical recognizes that inmates/patients being transported off-site may present the security transportation staff at risk. Our staff will be educated to provide the minimum amount of health information necessary to protect the county transportation staff (i.e., If patient is suspected of having an illness that could expose the transportation staff, our staff will advise the transporting staff what personal protection device they should utilize for the transport).

5.1.11 Security

It is understood and agreed upon that the Agency shall be responsible for the provision of security to the Vendor's employees and staff and that said security will be provided according to the same standard that is provided to Agency employees. It is further understood that the responsibility for DEA controlled substances and any other health care supplies or equipment that may jeopardize the security of the institution is the responsibility of the Vendor. Inmates

shall not be notified in advance of the date or time of any off-site specialty appointments. Privileged information, that is information regarding security in regard to inmate patient care, will be provided only on a need-to-know basis.

Vendor Response:

SECURITY REQUIREMENTS

A strong working relationship with security personnel is critical to meeting inmate/patient and staff needs. All medical personnel must be trained in the security operations of each facility where they work. To build upon the working relationships that already exist, PrimeCare Medical of West Virginia, Inc. will continually educate staff on the importance of security, as well as, any other acute issues that are applicable to the correctional setting. The Health Services Administrator will be responsible for maintaining positive working relationships and operations of adhering to security regulations. PrimeCare Medical will work with security staff to develop alternatives when particular medical orders implicate particular institutional security concerns.

Without exception, it is the responsibility of PrimeCare Medical to ensure that all work areas, equipment and supplies are kept secure, and information that pertains to security matters and inmate/patient health care is properly controlled. No inmate/patient or inmate/patient visitor is to be left unattended or unobserved within any treatment or procedural area at any time. PrimeCare Medical shall control entry and access into its assigned work areas. Areas that provide for the storage of medication, instruments, or sharps are to be kept locked at all times. Non-Medical personnel shall not be left unattended in these areas. Inmates/Patients shall not be permitted access to these areas.

Inmates/Patients will not be notified in advance of the date or time of any off-site specialty appointments. Privileged information, that is information regarding security in regard to inmate/ patient care, will be provided only on a need-to-know basis.

PrimeCare Medical will work in conjunction with the security staff of the West Virginia Division of Corrections Facilities. PrimeCare Medical realizes the importance of security at correctional facilities and pledges full cooperation. Due to the nature of correctional facilities, the following requirements will be accepted by PrimeCare Medical:

- Personnel will adhere to all security rules of the West Virginia Division of Corrections.
- Will submit names, social security number, driver's license number, race, gender, and date of birth of all PrimeCare Medical prospective employees providing services to the West Virginia Division of Corrections. The West Virginia Division of Corrections shall conduct a background check, on each individual and may prohibit any individual from entering a their institutions when in the discretion of the Division, such individual possesses a threat to the security, safety or orderly operation of the institution.

- The responsibility for scheduling appointments in a manner that causes minimum disruptions to the daily institutional schedule.

- Will be responsible for maintaining operations during planned/unplanned institutional lockdowns, state of emergencies, natural disasters, and implementation of Incident Command Systems (ICS).

- It is acknowledged that the West Virginia Division of Corrections has the right to investigate any employee or subcontractor of PrimeCare Medical for security reasons.

- Employee breaks, meals, shift changes, etc. will be coordinated with security to coincide with the Facilities' personnel staff schedules and requirements.

A member of security is requested to attend all monthly CQI meetings. At every staff, CQI and quarterly meeting; access to medical care is addressed along with a CQI audit that is completed on the quality of access to medical services. It is important that medical orders are carried out within each institution. In the event that a medical order cannot be carried out, the Health Services Administrator and Medical Director are contacted to review the situation, and if possible, an alternative plan will be developed that meets the medical needs of the inmate/patient while maintaining security within the institution. In the event that a resolution is not possible at this level, the chain of command within PrimeCare Medical and the Facility is to be initiated.

5.1.12 Inmate Transfers

The Agency reserves the right to transfer any adult inmate within a facility and/or between facilities. If an inmate is physically transferred from one facility to another facility, the facility from which the inmate is transferred is responsible for medical expenses up to the date of transfer, at which time the receiving facility will be responsible for provisions of services in accordance with the contract.

Vendor Response:

PrimeCare Medical acknowledges that inmates/patients can be transferred between institutions at any time and that we are responsible for the provision of necessary health care services, to include the costs thereof, for all such Division inmates/patients within the institutions designated by the RFP while in the care, custody, and control of the West Virginia Division of Corrections.

OTHER DIVISION OPERATED FACILITIES

As the West Virginia Division of Corrections may transfer certain inmates/patients to various other Division operated institutions throughout the State of West Virginia (i.e., Work Camp Facilities, RSAT Units, Work Release Facilities, Community Corrections Centers, etc.), PrimeCare Medical of West Virginia, Inc. shall provide for all required health related services to these inmates/patients, to include those inmates/patients housed within the RJA, to include any required mental health and pharmaceutical related services as detailed within the RFP.

5.1.13 Reports, Statistics, and Meetings

The Vendor shall furnish monthly reports and statistical data in the detail and format specified by the Agency, to include inmate medical co-pay information. A monthly meeting is to be held with the Warden and/or his/her designees and other staff as appropriate to review services provided for the previous month.

Vendor Response:

MANAGEMENT INFORMATION SYSTEM

PrimeCare Medical of West Virginia, Inc. will maintain trend analysis charts on key statistical data taken from the monthly reports and, should an unusual trend occur, the information will be shared with all parties involved. As part of this process, PrimeCare Medical will:

- Make cost containment information available to the Administrative Office or selected designee as requested.
- Track all costs related to primary health care services by:
  - Laboratory Services
  - Radiology Services
  - Other Ancillary Services (i.e., physical therapy, clinics, oxygen therapy)
  - Outpatient Services
  - Specialty Services - by Specialty
  - Dental Care
  - Inpatient Services
  - Pharmaceutical
  - Medical Supplies

The above management information system will be capable of providing statistical data necessary for the evaluation and monitoring of health services. Information gathered by PrimeCare Medical will be utilized for the preparation of the following documents:

- Monthly reports of services, to include costs associated with any Division initiate inmate/patient co-pay system.
- Reports for administrative meetings with Facilities' officials.
- Annual reports for the analysis of services provided.
- Specifically, PrimeCare Medical shall provide a monthly and an annual report that includes:

- Inmate's/Patient's requests for various services
- Inmates/Patients seen at physician's clinic
- Inmates/Patients seen by dentist
- Inmates/Patients seen by psychologist
- Special Needs Unit admission, patient days, average length of stay
- Off-site hospital admissions
- Medical specialty consultation referrals
- Intake medical screening
- History and physical assessments
- Diagnostic studies
- Percentage of inmate/patient population dispensed medication
- Inmates testing positive for sexually transmitted diseases
- Inmates/Patients testing positive for HIV
- Inmate/Patient mortality
- Other data deemed appropriate by the Facilities' Administration and/or the West Virginia Division of Corrections

➢ Data collection will be monitored by the on-site Medical Director. Monthly reports shall be generated and presented for discussion at each Quality Improvement Committee meeting. Any significant variances in the data will be investigated and discussed during these monthly meetings. All documents pertaining to health care services will be forwarded to the Quality Improvement Committee for evaluation.

PrimeCare Medical, Inc. shall meet at least quarterly with the Facilities Administrators to review and discuss health care programs in the West Virginia Division of Corrections. Meeting minutes shall be kept for all such meetings. Meetings are to be attended by PrimeCare Medical staff, members of the Facilities staff, and any other individual deemed appropriate. Meetings should, as much as possible, be multi-disciplinary in their scope. The chairperson may determine the specific focus of any meeting. Reports shall be submitted monthly on the health care delivery system at the Facilities. Topics shall include the effectiveness of the health care delivery system, a description of any environmental factors which may require improvement, changes effected since the last report, and recommendations for corrective action if needed. Depending on contractual and jurisdictional requirements, other additional reports may be required. The Health Services Administrator is responsible for thorough review and knowledge of the medical services contract and its requirements. Standard reporting requirements of PrimeCare Medical include the following, which can be further enhanced to meet the specific needs of the West Virginia Division of Corrections:

➢ The Quarterly Report shall include an agenda to address at a minimum the following topics: Minutes from previous Quarterly Meetings, Review of Catastrophic Medical Expense, Medical Grievances and Resolutions, Medical Staffing, and Quarterly Statistical Summary.

➢ Along with this report, Health Services Administrator may be asked to submit a copy of Staff Meeting Minutes, QI/QA tools and minutes, Quarterly Pharmacy Inspections, Daily

Head Count and any other reports that may be required depending on contractual requirements.

- The Statistical Summary Report shall include morbidity statistics for the quarter. Trends shall be analyzed to determine if corrective action is needed.

- The Environmental Health and Safety Report is to be completed monthly by the PrimeCare Medical Health Services Administrator. The Environmental Health and Safety Report evaluates the Facilities to determine if they are safe and clean in order to promote good health.

- The Annual Report is typed synopsis of the year's major events, an overview of the annual QI/QA review in accordance with PrimeCare Medical Corporate Policy, major Facilities achievements for the year, and goals and objectives for the upcoming year.

Additionally, PrimeCare Medical shall meet weekly with Facilities staff and the Facilities Administrators to review inmate/patient medical services and to propose corrections of deficiencies or problems, to identify in-services training needs and to suggest improvements to the delivery of contracted services. PrimeCare Medical will communicate with the West Virginia Division of Corrections more frequently as any potential issues are noted or chronically ill inmates/patients are identified. Furthermore, a daily communication protocol will be developed between PrimeCare Medical and the West Virginia Division of Corrections. Required PrimeCare Medical meetings include, but are not limited to the following:

- Quarterly Administrative Meetings - PrimeCare Medical of West Virginia, Inc. Regional Office personnel, Facilities Health Services Administrator and Facilities Administrator or designee. Purpose: to review effectiveness of health care services.

- Monthly Health Service Staff - PrimeCare Medical of West Virginia, Inc. administration and medical staff. Purpose: to disseminate information and problem solving.

- Quarterly Pharmacy & Therapeutics - Pharmacists, PrimeCare Medical of West Virginia, Inc. Administration, Medical Director / Nursing Supervisor. Purpose: to evaluate and monitor quality care delivery criteria, focus on quality improvement, review the appropriateness of prescriptions ordered at the Facilities and to review any changes to the formulary made by the Pharmacy and Therapeutics Committee.

- Monthly Continuous Quality Improvement - PrimeCare Medical of West Virginia, Inc. selected staff, Medical Director and Psychiatrist. Purpose: to evaluate and monitor quality care delivery criteria and focus on quality improvement.

- Quarterly Infection Control - PrimeCare Medical of West Virginia, Inc. Health Services Administrator, Medical Director, Staff Physicians, Nursing Director, Facilities Treatment Staff. Purpose: to report incidence of infectious and communicable diseases and initiate a way to promote a safe and healthy environment.

- Monthly Medical Administrative Committee (MAC) Meetings –PrimeCare Medical of West Virginia, Inc. Health Services Administrator, Facilities Administration Staff, and all other parties requested by Facilities. Purpose: to review effectiveness and appropriateness of health care services, inmate/patient treatment plans, and efficiency of medical operations.

5.2.1 Health Care Services

Health care services provided at the expense of the Vendor shall include the following:

5.2.1.1 Administrative services

The Vendor shall have in place, sixty (60) days after award, the administrative components and operational policies and procedures necessary for continuing compliance with contract specifications and maintenance of accreditation status. The Agency reserves the right to review policies and procedures of the Vendor in any areas affecting the performance of its responsibilities under law.

The Vendor shall be responsible for ensuring that its staff reports any problems and/or unusual incidents to both the institutional CEO and/or designee. This includes, but is not limited to, medical, security-related and personnel issues that might adversely impact the delivery of health care services or the security needs of the institution. This reporting may be initiated either verbally or in writing; however, any verbal communication must be followed up with written documentation within 24 hours of the incident.

The Vendor shall provide the Agency information regarding the inmate co-pay system in a format designed by the Agency regarding the utilization of services. All funds received for health care services shall be deposited into an Agency account.

Vendor Response:

ADMINISTRATIVE OPERATIONAL PLAN

PrimeCare Medical of West Virginia, Inc.'s business model provides for a comprehensive Administrative Operations Plan, which has been designed to guide, govern, analyze and support the health care services being provided to our inmate/patient populations, to include those of the West Virginia Division of Corrections. PrimeCare Medical, since its inception, has been committed to providing efficient, quality health care. This is accomplished through a commitment to operating the company on a day-to-day basis by nationally accepted standards, by consistently monitoring the health needs of our inmate/patient populations, and by immediately implementing evidence based standards of care when clinically indicated. The following Administrative Operations Plan addresses the major managerial aspects of PrimeCare Medical's health care delivery systems, to include: policies and procedures, accreditations, continuous quality improvement, utilization review and cost containment, management information systems, technological enhancements, risk management, transition planning, staff

education and training, and human resources. Below, PrimeCare Medical of West Virginia, Inc. will provide a detailed overview and explanation of our proven business model, identifying how our solution will provide for the provision of comprehensive health care services to the West Virginia Division of Corrections. Although these critical functions are described separately within this section, our multidisciplinary management and transition team shall strategically and systematically integrate each of these functions into our overall work plan; thus, creating a model that will ensure the highest level of health care services are provided to the West Virginia Division of Corrections in the most cost effective and efficient manner possible.

PrimeCare Medical shall ensure that any problems and/or unusual incidents are reported to the Division Administrative personnel, to include medical, security-related and personnel issues that may adversely impact the delivery of health care services or the security needs of the institution. If such reports are made verbally to the Division, written reports shall be completed and submitted within twenty-four (24) hours.

PrimeCare Medical shall provide the Division with any information requested pertaining to the inmate/patient co-pay system regarding the utilization of services in a format approved by the Division. All funds received through this program shall be deposited into an Agency account.

HEALTH CARE POLICY AND PROCEDURE MANUAL

Under the supervision of PrimeCare Medical's Director of Policies and Procedures, Francis J. Komykoski Sr., MBA, CCHP, and Carl A. Hoffman, Jr., D.O., D.Sc., CCHP, President and Corporate Medical Director, the Corporation has successfully completed a year-long review of our Company Policies and Procedures Manual. The result has been a 650 page Policy Manual which incorporates the standards of the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC), the American Medical Association (AMA), Centers for Disease Control Protocols and Guidelines, State Boards of Medicine, Medical Licensing Rules and Regulations, and Federal OSHA Guidelines. This Policy Manual provides guidance and direction to all personnel employed by the Corporation, for both clinical and administrative issues that may arise. Our Policy and Procedures Manual has stood the test of time in not only providing for clear, concise directives in how to function in a correctional health care setting, but also in guiding our staffs to provide the appropriate and necessary health related services needed by our inmate/patient populations and in effectively defending the Corporation from frivolous medical actions filed against us. Copies of this Manual are present in all contracted facilities' Medical Departments, with additional copies being furnished to each of our clients. The PrimeCare Medical Policy Manual represents already developed policies, which shall be further customized to fit the specific needs of the West Virginia Division of Corrections upon contract award, which shall be completed within 60 days after contract award.

LEGAL, RISK MANAGEMENT, & INSURANCE PROGRAMS

PrimeCare Medical of West Virginia, Inc. will assemble a team of West Virginia attorneys to represent its interests and those of the West Virginia Division of Corrections. Each of these attorneys will work closely with Thomas Weber, Esquire, Corporate Counsel for PrimeCare

Medical in a proactive manner to aggressively defend medical operations at the West Virginia Division of Corrections. This will be done in a cooperative fashion with the Facilities and will emphasize working as a team. PrimeCare Medical always stands with its clients and defends them when inmate/patient medical lawsuits are filed. Together, this team of legal professionals will defend against frivolous inmate/patient medical lawsuits, will assist in obtaining court orders for medication and other intervention necessary to deal with mental health emergencies, will consult on a variety of medical issues, and will intervene on behalf of the West Virginia Division of Corrections where medical care is at issue. PrimeCare Medical agrees to cooperate with the Facilities in all matters under individual or joint litigation. In addition, PrimeCare Medical will act as a consultant to the Division upon request in litigation where the Corporation is not involved. PrimeCare Medical has included within the Proprietary Addenda Section, a complete litigation history of pending or settled suits filed against PrimeCare Medical over the past five (5) years.

Currently, PrimeCare Medical of West Virginia, Inc. utilizes the services of three (3) different West Virginia law firms pursuant to our business operations at the Regional Jail Authority and Division of Juvenile Services. These firms and respective attorneys are listed below:

- John D. Hoffman, Esq.
  - Flaherty, Sensabaugh & Bonasso, PLLC
  - 200 Capitol Street
  - P.O. Box 3843
  - Charleston, WV 25338-3843
  - (304) 345-0200

- D. C. Offutt, Esquire
  - Offutt Nord Burchett, PLLC
  - P.O. Box 2868
  - 949 Third Avenue, Suite 300
  - Huntington, WV 25728-2868
  - (304) 529-2868

- Christopher L. Slaughter, Esq.
  - Steptoe and Johnson, PLLC
  - 1000 Fifth Avenue, Suite 250
  - Huntington, WV 25722
  - (304) 526-8140

PrimeCare Medical of West Virginia, Inc. will furnish the West Virginia Division of Corrections and each institutional site, certificates verifying that it carries insurance for the life of this contract naming the West Virginia Division of Corrections and each institutional site as an additional insured. The policies will contain a covenant by the company issuing the same that the policies will not be cancelled by the issuing company unless a thirty (30) day written notice of cancellation first be submitted to the West Virginia Division of Corrections. Certificates of the policies representing the same will be delivered to each institutional site, with additional copies provided to the West Virginia Division of Corrections' Central Office. All premiums due upon these policies will be paid by PrimeCare Medical of West Virginia, Inc. PrimeCare Medical shall carry and maintain insurance limits in the minimum amounts as required by the RFP.

Professional liability coverage for PrimeCare Medical of West Virginia, Inc. is underwritten through Rockbridge Underwriting Agency, Ltd. in Houston, Texas. Rockbridge specializes in underwriting medical professional liability insurance for clients with unusual coverage needs. Rockbridge underwrites under a binder authority behalf of Mt. Hawley Insurance Company. Mt. Hawley Insurance Company is rated A+XI by A.M. Best. This gives PrimeCare Medical of West Virginia, Inc. the substantive financial backing needed in a tight insurance market. General Liability, Umbrella Liability, and automotive coverages are through Cincinnati Insurance Company, with Workman's Compensation brokered through Enders Insurance Associates and being provided by Travelers Property Casualty Company of America. The Division will be named on all general liability and automobile liability policies as "Additional Named Insured" for the proposed work. All Insurance Coverage Limits shall meet the minimum limit requirements as set forth in the RFP.

PrimeCare Medical of West Virginia, Inc. has insurance professionals available to assist in identifying insurance needs and meeting these needs with state-of-the-art products. These include: Matthew Anderson/Jon Kirssin/Paul Siebert – Matthew Anderson is a representative of CRC Professional Liability/Healthcare Insurance and serves as medical professional liability broker and consultant to PrimeCare Medical of West Virginia, Inc. He is available to assist on any health care professional liability issue. Jon Kirssin is President of Captive Formation Management Corporation. He has been the focal point in adapting PrimeCare Medical of West Virginia, Inc.'s coverage's to changes in the marketplace. His specialty is alternative markets. Paul Siebert is PrimeCare Medical of West Virginia, Inc.'s consultant on all surety issues, including bid, payment and performance bonds. All three individuals are available to the West Virginia Division of Corrections on any insurance–related issue.

TECHNOLOGICAL ENHANCEMENTS

PrimeCare Medical has devoted significant amounts of resources and has made substantial financial investments into an array of technological based advancements, which have taken us to the cutting edge of correctional health care. These investments have enabled PrimeCare Medical to be a significant force in a highly competitive market and remain at the forefront of correctional medicine. Through the successful development and implementation of these critical technological programs, PrimeCare Medical has not only improved the provision of overall care to our inmates/patients, but has also realized substantial increases in operational effectiveness and staffing efficiencies.

PrimeCare Medical's most significant stride in the technology-medical industry has been through its complete customization and integration of its electronic medical record system, CorEMR. The operational efficiencies of this system allows for immediate implementation of policy changes, enhanced continuity of care, improved inmate/patient outcomes, and most importantly, prevents inmates/patients from "slipping through the cracks".

PrimeCare Medical has also made significant enhancements within our internal financial management programs, such as our state-of-the-art inmate/patient manager program,

HEALTHsuite, created by RAM Technologies. This integrated claims processing system tracks all inmates/patients in a step-by-step tracking format from the date of an initial claim until payment is made to the treating institution or provider. This program utilizes McKesson products to assist with claim appropriateness and fiscal management of each inmate's/patient's interaction with all off-site providers. Through the integration of CorEMR and HEALTHsuite, medical claims can be monitored and approved in a more simplified approach that increases our billing efficiencies and accuracies while only paying for appropriately authorized claims.

Additionally, PrimeCare Medical has developed an internal clinical authorization system to more easily communicate, collaborate and determine what treatment regimens are best for our patients. This eConsult System enables health care providers at multiple facilities to seek clinical guidance and advice concerning complex health care treatments from our Corporate Utilization Review Committee.

PrimeCare Medical has also created an internal data sharing platform, PCM Portal, to bring information together from various sources. This unified approach is now available to our employees, vendors and clients to access information in a consistent and efficient manner. The PCM Portal is also the "launch-pad" for several customized reporting interfaces that we have developed. This portal enables PrimeCare Medical to update staff and other parties with new policy and procedural protocols, necessary employee credentialing renewals, and other critical health updates.

PrimeCare Medical has created an instant reporting and monitoring system. This system, PCM NOW, responds to business/medical issues by automatically sending alerts or notifications when pre-defined events occur. These alerts can be anything from certain patient events (high blood pressure, low blood sugars, etc.) to patients approaching monetary thresholds on their medical claims. This NOW technology gets information delivered to key decision makers quickly. This technology puts PrimeCare Medical on the forefront of technology, "NOW".

5.2.1.2 Vendor Personnel

The base compensation shall reflect the Vendor's system-wide complement of staff necessary to provide the health care and mental health services according to the Vendor's proposal. This includes the number of Full-time Equivalents (FTE's), their classification title, and the distribution of staff among facilities.

Agency's current staffing for healthcare and mental health is attached as **Attachments E-1 and E-2**.

The Vendor shall provide adequate qualified medical/mental health staff for the provision of the aforementioned health care services in compliance with NCCHC standards. The attached current staffing exhibit outlines the required minimum staffing levels.

The Vendor must submit a proposed staffing plan for the delivery of services delineated within the RFP. The Vendor shall cover periods of absences necessitated by vacations, holidays, and

sick leave. The Vendor will comply with all keeping requirements set forth by the Agency to ensure that the integrity of the staffing plan is met.

The Vendor shall be responsible for providing educational services for all health services staff. The Vendor's contractual relationship with qualified health care professionals shall provide for support of continuing education activities required for maintenance of licensure. All qualified health care professionals are required to participate in annual continuing education.

The Vendor shall be responsible for assuring that all the required registrations, licenses, and credentials associated with the operation are active and in good-standing. This includes, but is not limited to, medical, dental, physician assistant (PA), nurse practitioner (NP), nursing, optometry, radiology, pharmacy, DEA registration, and licenses and registration with appropriate state boards. The Vendor shall provide the Agency with current resumes and licenses, required by state statute, on all applicable qualified health care professional employees as well as those subcontracted, if applicable, professional employees. All qualified health care professionals shall possess unrestricted licenses.

All persons working within any unit covered by the contract, whether Physician (MD, DO, DDS or otherwise), RN, LPN, nurse practitioners, nursing assistants, physician assistant, or any other individual providing health care shall be insured by the contractor to the same limits as required of the contractor and such insurance or coverage shall be paid for and provided by the contractor.

In order to be assigned to a facility under the control of the Agency, all contracted and subcontracted employees must pass a background investigation conducted by the Agency or its designee. Such investigation shall be the equivalent of the investigations conducted for all agency applicants. Health professionals who have been convicted of a felony in accordance with any State or Federal law are unacceptable. The Agency shall reserve the right to delay employment of any proposed staff member without cause.

The Vendor agrees to require all newly hired employees to attend a 40 hour training and orientation program provided by the Agency. When such a training program is available, the Vendor shall require such employees to be in attendance prior to engaging in the delivery of health care services within the correctional setting. If training is unavailable, the institutional CEO may grant a waiver until the next training class convenes. The 40 hour training and orientation, as well as annual in-service training, will be provided on-site at each location. Vendor will be responsible for ensuring there is no lapse in service to the institution during any training.

The Vendor shall require all employees to be in attendance at annual in-service security training. Cost of this training, with the exception of wages, travel, and incidental costs are to be incurred by the Agency. Professional training hours may be substituted for a portion of the required institutional annual in-service, as approved by the Agency.

With respect to those employees and subcontractors engaged by the Vendor, the Agency, at its sole discretion, reserves the right to request random drug testing and to demand the immediate

dismissal and replacement of any individual who fails said drug screening or who has violated the rules and/or regulations of the Agency, or who poses a risk or threat to the security of the institution. Agency shall provide written documentation to substantiate its demand for immediate replacement of the Vendor's employees or subcontractor. The employee will not be formally dismissed until there has been discussion between the Agency and the Vendor regarding the rationale for the Agency's request.

The Agency reserves the right to reassign FTE's among the various sites throughout the state based on need and site mission. The Vendor, with sufficient justification, may also request the reassignment of FTE's throughout the state. The Agency will consider and approve or disapprove the request.

In the event Agency opens new; expands existing facilities; changes an institution's operations; or receives mandated court orders, the Vendor agrees to provide services based on the needs of the Agency. This will be accomplished through a change order to the contract, based on needs and negotiated costs.

All individuals involved in the direct care of infirmary-level inmates shall be qualified health care professionals. Inmates are not to be involved in treatment decisions, confidential health information, or medication administration.

Vendor Response:

HUMAN RESOURCES AND PERSONNEL

For over twenty-one (21) years, PrimeCare Medical has had the pleasure of partnering with an amazing multitude of "West Virginia Proud" employees. Our commitment to preserving jobs for locally qualified individuals is foremost to our hiring practices as our employees are the driving force behind our continued success. At PrimeCare Medical, we recognize the need to employ qualified, well-trained and appropriately licensed individuals that share the same core values as our Corporation. It is these hard working employees who are on the front lines of our correctional health care delivery systems and continue to impress and carry out our Company's mission. These dedicated employees are paramount to our continued success as an industry leader in the field of correctional health care.

PrimeCare Medical of West Virginia, Inc. shall provide sufficient staffing services to appropriately fulfill the needs of the West Virginia Division of Corrections as detailed within our proposed staffing matrix. Also included within this Proposal are copies of PrimeCare Medical of West Virginia, Inc.'s Job Descriptions for each of the respective staffing positions, which outline specific job duties and responsibilities for each of the positions, as well as, their minimum qualifications for employment. Any vacant positions that should occur shall be the responsibility of PrimeCare Medical to secure appropriate coverage. Due to PrimeCare Medical's existing footprint in West Virginia, we are uniquely suited to access a large network of health care staffs who are currently employed and licensed in the State of West Virginia, as well as, providers and other necessary resources to assist with staffing vacancies.

RECRUITMENT PRACTICES

PrimeCare Medical of West Virginia, Inc.'s current recruitment practice was formulated in response to the tight labor market for health care personnel as an adaptation to the realities of today's marketplace. PrimeCare Medical employs a Junior Vice President Operations and Recruitment to coordinate recruitment activities at every PrimeCare Medical facility. The position oversees two (2) recruitment specialists, in addition to other duties in the Operations Department. Both recruitment specialist are full-time and are dedicated to staffing. They will assist, through proven techniques that have been proven as effective recruiting/hiring tools, including: local advertising, online, job fairs and professional conferences, national and regional professional publications, and direct mailings. PrimeCare Medical recognizes the unique issues of staffing in a correctional environment and has identified resources for each designated region. PrimeCare Medical has a proven track record in recruiting and retention; currently recruiting, hiring and retaining employees in the State of West Virginia. PrimeCare Medical has also identified the need for use of several staffing agencies to assist with staffing as staffing issues may arise.

PrimeCare Medical is committed to using medical personnel residing and paying taxes in West Virginia and shall make all reasonable attempts to retain existing medical staff, as long as they are appropriately licensed and otherwise qualified to provide quality medical services. All members of the existing health care staff shall be given priority as to scheduling of interviews and offering of positions with PrimeCare Medical. We will ensure strict compliance with federal immigration law. In accordance with Division policy, all potential applicants are required to successfully complete a criminal background screening, as well as other required screenings to include fingerprinting and urine drug screen, prior to being offered a position at the Facilities. The Facilities' Administration shall have the right of approval for all employees and prospective employees to be utilized by PrimeCare Medical at the West Virginia Division of Corrections. The Facilities' Administrators, or designee, shall also be involved in the interview and selection process for the Medical Director and Health Services Administrator(s).

Not only does PrimeCare Medical recruit competent nursing and health care personnel, it also utilizes a pre-employment screening which is EEOC compliant and designed to assess key job-related characteristics and identify predictable hiring mistakes. It produces employees with higher levels of workforce productivity in such areas as work ethic, care-giving attitudes, reliability, retention, integrity, and client service. PrimeCare Medical's hiring process starts with applicant identification and moves through a series of steps from self-survey screenings to face-to-face interviews, which ultimately can result in an offer of employment letter and institutional placement. This procedure has resulted in a more stable workforce.

All PrimeCare Medical personnel at the West Virginia Division of Corrections shall comply with all current and future federal, state, and local laws and regulations, court orders, administrative regulations, administrative directives, and policies and procedures of the Facilities. All such personnel are subject to removal from the Facilities if the Facilities' Administration determines an individual has engaged in illegal, unprofessional, or threatening behavior, or has violated the

terms of the contract. PrimeCare Medical and the Division shall consult on all personnel matters prior to terminations / separations from employment occurring.

PrimeCare Medical also takes a proactive approach to retaining employees. We believe hiring the right person from the start is the best way to reduce turnover. Traditionally, we have enjoyed below average industry standards in turnover rates. Through a comprehensive recruiting and screening process, a thorough orientation program, and on-going commitment to continuing education in-services, PrimeCare Medical believes that the health staff at the West Virginia Division of Corrections can be appropriately managed and the turnover rates can be minimized. Temporary placement or assignment due to shortages/coverages for holiday, leave, or other temporary vacancies will be communicated to the West Virginia Division of Corrections. It shall be the responsibility of PrimeCare Medical of West Virginia, Inc. to maintain the integrity and full staff compliment as detailed within the enclosed proposed staffing plan. The Division reserves the right to reassign FTE's among the various sites throughout the State, based upon need and site mission. PrimeCare Medical also reserves the right to request such reassignments within the West Virginia Division of Corrections Facilities, as approved by the Division in advance of such reassignment occurring.

In the event any changes to staffing, supplies or equipment, or services shall become necessary as a result of any construction and/or renovations now pending or undertaken in the future, to include the expansion / adoption of facilities contained within this RFP, any consequent increase or decrease in contract pricing shall be agreed to in advance prior to services or personnel being furnished.

PrimeCare Medical shall insure all individuals involved in the direct care of infirmary-level inmates/patients shall be qualified health care professional. Inmates/Patients will not to be involved in treatment decisions, confidential health information, or medication administration. Inmates/Patients will not provide any hands-on care or medical care.

EQUAL EMPLOYMENT OPPORTUNITIES

PrimeCare Medical of West Virginia, Inc. is committed to equal employment opportunity and maintaining a workplace free from harassment or hostility. PrimeCare Medical does not discriminate against employees, contractors, or job applicants on the basis of race, religion, color, sex, age, national origin, ancestry, or on any other basis prohibited by law. This nondiscrimination policy applies to all terms and conditions of employment. To assure the existence of such a workplace, PrimeCare Medical requires all employees, contractors, and job applicants to read, sign, and abide by its Policy on Equal Opportunity and Sexual Harassment. It has become a part of our professional credentialing package.

DRUG-FREE WORK PLACE

PrimeCare Medical of West Virginia, Inc. acknowledges and certifies its understanding that the following acts by PrimeCare Medical, its or agents performing services pursuant to this Agreement are prohibited: (1) The unlawful manufacture, distribution, dispensing, possession or

use of alcohol or other drugs; and (2) Impairment from the use of alcohol or drugs (except the use of drugs for legitimate medical purposes as directed by a physician). PrimeCare Medical shall further comply with any Division policy regarding initial and/or random employee drug screening as part of a joint effort to provide for a drug-free work place environment.

SECURITY REQUIREMENTS

PrimeCare Medical of West Virginia, Inc. will work in conjunction with the security staff of the West Virginia Division of Corrections. The Company realizes the importance of security at a correctional facility and pledges full cooperation. All staff employed by PrimeCare Medical are subject to the same security requirements, to include obtaining and maintaining a security clearance to the Facilities, as all correctional personnel. PrimeCare Medical will inform the West Virginia Division of Corrections if any applicant or employee requires ADA accommodations. PrimeCare Medical understands the nature of essential job functions and requirements of staff, to include: negotiating stairway, mobility and movement around interior compound, lifting of inmates/patients, written and oral communication to inmates/patients and staff and standing for long periods of time. PrimeCare Medical provide coverage for any employee who is unable to perform their assigned duties in a reliable manner, demonstrates an uncooperative attitude or is deemed to be unsatisfactory by the Administrator of the West Virginia Division of Corrections in which he or she is employed. PrimeCare Medical follows a progression discipline policy for corrective action. PrimeCare Medical's employees are classified as essential employees and understand it is expected to report to work even when other state agencies are closed for emergencies.

EMPLOYEE BENEFITS

All full-time employees receive the following benefits. Employees currently established as full-time with the current vendor and retained through the transition process will be permitted to waive the waiting period for benefits.

- Health Insurance - Provided by Highmark / Blue Shield, including aprescription drug plan. Dental and vision coverage will be provided through Capital Blue Cross.

- Health Savings Account – Those employees participating in a qualified high deductible plan may elect to participate in a health savings account. Currently, the accounts are administered through Bank of America. Employees may elect a monetary deduction, pre-pay, from their paycheck to be deferred into the account. Qualified medical expenses, as defined by the Internal Revenue Service, may be paid for using money from the account. Funds will roll-over from year to year and the account is portable.

- Life Insurance / Disability Insurance – This includes a term life insurance policy in which the employee names their beneficiary. The employee can purchase additional life insurance at reduced group rates. A short-term twenty-six (26)

week disability policy is also an insurance voluntary option. Voluntary long term disability is available at a significant reduction in premium.

- Retirement Plan – The Company has a 401(k) Plan in place for all employees who are with the Corporation for a minimum of one (1) year, attain the age of twenty-one (21), and work at least one thousand (1,000) hours per year. The Company also provides a discretionary match for each participating employee.

- Jury Duty / Military Leave / Bereavement – available per written PrimeCare Medical of West Virginia, Inc. policy.

- Leave – Leave is considered as any time for which an employee is paid for time while not working. Paid leave is available to full-time employees only. Leave is any time off. Since PrimeCare Medical is a twenty-four (24) hour, 365 day per year operation, no holidays, whether legal or religious, are granted as leave. All time taken off during regularly scheduled working hours is considered leave time. Full-time employees are granted leave as follows:

    - Start date through conclusion of first year employment – 0.50 days (4 hours) for each payroll period worked (thirteen (13) days for first year worked).

    - Second year of employment – 0.615 days for each payroll period worked (sixteen (16) days per year).

    - Third year of employment – 0.769 days for each payroll period worked (twenty (20) days per year).

    - Fourth year of employment – 0.846 days for each payroll period worked (twenty-two (22) days per year).

    - Fifth year of employment – 1.0 days for each payroll period worked (twenty-six (26) days per year). Any waiver of this provision must be in writing and signed by the President and Executive Vice President.

    - Current employees that are retained during the transition will have their existing leave grandfathered up to a total of twenty-six (26) days per calendar year.

EMPLOYEE ASSISTANCE PROGRAM

PrimeCare Medical of West Virginia, Inc.'s Employee Assistance Program (EAP) is provided as part of the Company's health insurance plan, where full-time employees may utilize covered visits for both Outpatient Psychiatric and Outpatient Substance Abuse treatments. They may also utilize the plan for covered visits for both Inpatient Psychiatric Visits and Inpatient

Substance Abuse treatments. Employees who are in need of assistance that cannot be covered by Highmark or who may not be part of the plan shall be referred to appropriate local providers.

STAFF TRAINING AND PERSONNEL DEVELOPMENT

PrimeCare Medical of West Virginia, Inc. shall be responsible for providing educational services for all health services staff and non-clinical staff employed pursuant to this Proposal. PrimeCare Medical's contractual relationship with qualified health care professionals shall provide for support of continuing education activities required for maintenance of licensure. All qualified health care professions are required to participate in annual continuing education. Annual in-service training shall also include required security training as provided by the Division.

The West Virginia Division of Corrections will provide training to all PrimeCare Medical staff in accordance with applicable West Virginia Division of Corrections policies and in accordance with the RFP. PrimeCare Medical has an established comprehensive continuing education program for all institutional health care staff as well as PrimeCare Medical staff. Staff employed by PrimeCare Medical pursuant to this RFP shall successfully complete a minimum of forty (40) hours of annual in-service training. Tools are in place for tracking and retention of individual staff training verification.

PrimeCare Medical requires all of its practitioners to submit an Out Service Training Request (OSTR) for off-site continuing education training. All OSTR requests enter an approval process. PrimeCare Medical strives to reduce the number of off-site trainings for its practitioners through its E-learning and continuing education programs.

PrimeCare Medical shall assist the institutions in providing preventative health education the inmate/patient population. As described within our Training Section, each training agenda will be developed with the institutional health care staff on mutually identified topics and tailored to the facilities' needs.

PrimeCare Medical is committed to continuing education for its staff. All staff members who successfully complete the exam for Certified Correctional Healthcare Professional (CCHP) are fully reimbursed for examination expense by the Corporation. Staff requesting attendance at NCCHC and/or ACA conferences, are given fair consideration.

Staff is encouraged to continue their education and PrimeCare Medical periodically provides information bulletins to field staff to keep them informed about topics of interest. PrimeCare Medical utilizes a variety of community resources (hospital, education programs, Red Cross, Department of Health, specialty doctors and nurses), as well as an internal pool of Corporate staff and field staff to provide in-service education programs. PrimeCare Medical pays for a variety of continuing education programs. Staff attending these programs, are then eligible to teach other staff. All staff at the West Virginia Division of Corrections will be eligible to attend Medical In-services at no expense to West Virginia Division of Corrections.

To date, in-service training has addressed the following topics:

- Basic and Advanced CPR
- Mental Health Education / Emergencies
- Basic and Advanced First Aid
- Disaster Planning
- Drug Abuse Education
- HIV/AIDS Education
- In-house Pharmaceutical Prescription (with drug interaction education)
- Management of the Mentally Ill offender
- Poison Control and Diagnosis/Education
- Industrial and Occupational injury education
- Multiple Medical Systems Education
- "Sharps" Container Handling and Disposal
- Suicide Awareness
- Smoking and Tobacco Education
- Sexually Transmitted Disease
- Crash Cart Procedures
- Oral Care
- Prison Rape Elimination Act ("PREA")
- Rehabilitation Assistance
- Diabetic and Epilepsy Recognition
- Cardiovascular Recognition
- HIPAA Training in Privacy Practices
- Pandemic Preparedness
- Infection Control
- Emergency Medical Treatment and Triage

PrimeCare Medical shall provide eighty (80) hours of orientation to all health care staff within the first thirty (30) days of the start date. PrimeCare Medical will divide the state into four (4) districts and train each district simultaneously, utilizing onsite trainings and web-based E-learning modules, as described in the Training Section. PrimeCare Medical will implement a mentoring program, providing each facility Health Services Administrator with a PrimeCare Medical mentor.

Many of the continuing education and training topics for medical staff will be conducted via web-based E-learning modules on topics agreed upon by both PrimeCare Medical and West Virginia Division of Corrections in compliance with all ACA and NCCHC Standards. PrimeCare Medical will implement instructional systems design (ISD) methodology to

The PrimeCare Team brings the right mix of experience to help you meet your training objectives.

- **Strong track record of working with State agencies.**
- **Our approach leverages our experience of working with correctional agencies to develop and deliver training programs to audiences with varied functional training needs as well as being geographically dispersed across the State.**

develop new training plans on an annual basis. Documentation of training and continuing medical education credits will be kept in each employee's personnel file. The West Virginia Division of Corrections medical staff will be invited to attend such training at no additional cost to the West Virginia Division of Corrections.

PrimeCare Medical has built its success on bringing together talented healthcare professionals who are passionate about delivering quality for patients, accountability for clients and long-term value for the public.

The PrimeCare Medical Team understands that the success of any training program is contingent on the training recipients' understanding and receptiveness to ongoing training and recertification offerings that will help in the day to day operations. The cornerstone for building a receptive user community is the ability to accurately align training courses, roles, and individuals.

The West Virginia Division of Corrections needs a training strategy that prepares personnel to be proficient in their roles starting immediately with the West Virginia Division of Corrections orientation training delivered at the inception of the project, ongoing continuing education, and recurring recertification and retraining opportunities. We designed our training program taking into consideration training effectiveness as well as project schedule.

The PrimeCare Medical Team has the expertise and resources to support the training effort required to transform and maintain the skills of the West Virginia Division of Corrections professional staff, as well as our own staff being brought in to provide the health care service requested through this RFP. Specifically, the PrimeCare Medical Team will staff the training team with individuals possessing in-depth medical knowledge and extensive experience in developing comprehensive training programs, creating customized training content, and delivering expansive training curriculums to a diverse user community. PrimeCare Medical also understands its obligation to have its staff comply with all West Virginia Division of Corrections training requirements.

Knowing how to deliver effective training to meet these challenges is paramount to the project's success and helps minimize disruptions that an implementation of this size and scope has on staff, business partners, and other stakeholders.

The training program discussed in the subsequent sections meets the needs of West Virginia Division of Corrections through the application of effective learning solutions tailored to your specific needs. PrimeCare Medical's goal is not to simply train West Virginia Division of Corrections staff and PrimeCare Medical staff continually, but how to use the training in day to day operations. The key to making this initiative a success and transforming your organization hinges on a comprehensive training program supporting the organizational and procedural changes this implementation will drive.

Training Strategy - The PrimeCare Medical Training Team is committed to delivering an effective training program that will resonate with employees and equip them with relevant skills

that allow them to be proficient in their day-to-day responsibilities. The training strategy which the PrimeCare Medical Team is proposing is a functionally-oriented, business-based approach. With this strategy, the West Virginia Division of Corrections staff continuing education will be taught in the context of the day-to-day business operations.

The PrimeCare Medical team will work closely with West Virginia Division of Corrections staff to analyze and design the training content to meet the specific needs of the West Virginia Division of Corrections business users, and then develop, implement training materials needed by the affected users. The Training Strategy consists of defining and documenting the training approach, audience, materials, timeline, and defined roles and responsibilities, culminating in a comprehensive plan that outlines the specific training requirements for each stakeholder, training modules, sequence of training, and delivery methods.

Successful change to an organization is dependent on how well its management and staff are equipped to operate in the new setting. The degree to which the organization can quickly adapt to this new environment depends on the quality of the training provided.

PrimeCare Medical will present a flexible proposal to deal with possible fluctuations of institutes. If the West Virginia Division of Corrections opens a new institution, orientation and training will be available for staff immediately.

Training Methodology - PrimeCare Medical has developed training plans using a widely-recognized instructional systems design (ISD) methodology that we have used with great success on numerous initiatives of similar size and scope to the proposed West Virginia Division of Corrections effort. The ADDIE (Analyze, Design, Development, Implementation, Evaluation) model depicted below provides an approach to training that is proven and performance-based.

Analyze	Design	Development	Implementation	Evaluation
Pre-planning; thinking about the course	Design your course	Develop course materials and assemble the course	Begin teaching	Look at the course outcomes with a critical eye
• Design of course • Audience • Goal • Objectives • Identify content • Identify Environment and Delivery • Instructional Strategies • Assessment Strategies • Formative Evaluation • Constraints	• Name the learning units of Instruction • Identify content and strategies for an individual unit of instruction • Write instructions for the learning unit • Name the menu items for a learning module	• Based on design phase • Build content, assignments, assessments • Build course structure • Upload content	• Overview of course • Expectations • Initiate instruction • Interaction • Ask for feedback early on (formative evaluation)	• Did the students achieve expected learning outcomes? • What have you learned? • How can you make the course better?

Let's take a closer look at the phases within the ADDIE model:

- The *Analysis* phase sets the foundation for the remainder of the plan. During this phase you determine the who, what, where, when, and why of the training design process.
- In the *Design* phase, the basic foundation and structure for the training program is established. The foundation consists of the goals, objectives, and evaluation tasks that must be developed and how they will be sequenced. This phase is the real heart of the instructional design process.
- The *Development* phase is the tangible and most easily recognized component of the training program. The project moves from the blueprint to construction stage. The course materials are tested and piloted at this phase.
- The *Implementation* phase is the delivery of the training and materials.
- The *Evaluation* phase allows the end users to evaluate their training and, just as importantly, allows management to see what is and is not working.

The following sections describe how PrimeCare Medical will apply the ADDIE model to the execution of the training plan specifically tailored for the West Virginia Division of Corrections.

Analyze - The Analyze step in the training methodology creates the foundation upon which the training design, development and implementation for this project will be built. The training plan will be driven by the requirements of continuing education, workplace safety and annual meetings. The requirements then will be analyzed to provide a curriculum design that is based on job roles.

The analysis also consists of the development of the documentation standards. These specify the appropriate use of language such as commonly used phrases and the use of business English versus conversational English to standardize the development efforts of a diverse team. It also consists of organizational elements (bubble text, hyperlinking, tables, tabs, spacing, use of white space), level of detail, and effective use of graphics (clip art, photos, screen images, and process flows). The delivery standards describe the format (standard agendas and durations) and level of formality (informal, conversational, or formal).

PrimeCare Medical recognizes that the West Virginia Division of Corrections may already have documentation standards in-place. We will leverage any existing standards as appropriate for the continuing education and other training efforts.

Design - The design phase expands on the training analysis by establishing detailed training plans and delivery standards, creating the required templates, and prototyping the user document and graphical interfaces. PrimeCare Medical will design the overall curriculum, training materials, to meet the needs and characteristics of the users. We will use the outputs from the analysis to map the job functions and workflows to the module areas and topics resulting in a curriculum or "learning path" for a given end-user population. With this approach, the West Virginia Division of Corrections users take courses that are relevant to their day-to-day duties and address the "what's in it for me" question by providing the targeted content needed to fulfill their specific job needs.

The standards developed in the Analyze phase are codified into the training team templates that are used to author the actual training content deliverables. Built into the design is the quality control process. As part of the development process, material is drafted, reviewed, and then finalized. During this phase, initial prototype of the training materials will be produced and reviewed with corrections and health care staff. The prototypes are the visual representations of each of the deliverables and give the West Virginia Division of Corrections the opportunity to confirm content, layout, format and standards as early in the process as possible. The prototypes will serve as the templates from which the actual training content will be developed.

There are many options available for training employees and testing comprehension of new skills of procedures. Using traditional methods such as instructor-led classes to train a large and diverse workforce is time consuming, expensive and labor-intensive. PrimeCare Medical believes that based on the number of end-users, their location and the extent of the changes under this effort, we are recommending Web-based delivery as the primary training medium. Web-based training (WBT) is an innovative approach to distance learning. Web-based training is an ideal vehicle for delivering training to individuals anywhere in the world at any time. Advances in computer network technology and improvements in bandwidth will usher in capabilities for

unlimited multimedia access. We believe that Web-based training overcomes the limitations of traditional instructor-led training and gives the staff the most flexibility for completing the training modules in a timely manner.

The following list summarizes the advantages of web-based training:

- Training delivered to large audiences efficiently and effectively
- Update training materials as needed and made available sooner to staff
- Streamlines the training delivery process
- Educate new staff members more quickly
- Expand training to additional institutions quickly with minimal effort
- Accessible at anytime
- Highly customizable to tailor content to specific audiences

By offering employee web-based training programs and techniques, PrimeCare Medical is providing the West Virginia Division of Corrections with an innovative training approach that will engage employees, give attendees greater scheduling flexibility and fosters greater knowledge retention by giving staffs greater control over the pace of the training delivery. Web-based training programs will decrease overhead costs, as all of the components tied to traditional instructor-led training in the form of conferences, printed materials, and staff such as speakers and trainers, is now all in one consistent web- and computer-based format.

To establish a baseline for the end-user training program, PrimeCare Medical performed an initial scoping exercise to define a generic curriculum for each core functional area. We then mapped current West Virginia Division of Corrections roles to that curriculum to begin to flush out the details of a plan to give you an initial insight into the types of offerings we propose for development and delivery. The courses are organized by functional area, along with supporting data about delivery method, audience, and frequency.

PrimeCare Medical recognizes that as a result of the detailed role mapping exercise that will be performed during the project, this baseline will need further refinement, we will work with the West Virginia Division of Corrections to identify specific individuals in each institution that requires training. During the Analyze phase, PrimeCare Medical will work with the West Virginia Division of Corrections to refine this proposed curriculum to ensure changes are identified and reflected in the plan to devise the optimal set of training offerings are made available to the widest audience.

Training design is an iterative process where PrimeCare Medical will provide opportunities for the West Virginia Division of Corrections to review the materials to refine the specific elements that will ultimately comprise the training module. Also during this phase, initial decisions about how web-based training will be used to apply the curriculum design to the overall development cycle will be made. The web-based development and publishing standards will be reviewed with West Virginia Division of Corrections to gain acceptance on the format of training deliverables. Our experience shows that finalizing these details at this stage in the process can identify

compatibility issues and other technical anomalies sooner so that they can be investigated and resolved before they adversely impact future development activities.

Development - The next phase in the ADDIE model is the development of the training materials to be used during the training sessions. Each type of training material is developed based on the needs identified through requirements that were captured and refined in the earlier phases. The training deliverables will contain targeted content that is tailored to the individual roles of the end user and the program's learning objectives. This approach enables PrimeCare Medical to create detailed, targeted, and tested materials to be delivered during the training sessions.

PrimeCare Medical will staff the project with training development professionals having extensive experience in a wide range of training development platforms. Although the RFP does not indicate a specific preference for what development platform to use, PrimeCare Medical will comply with any specific technical requirements mandated by the West Virginia Division of Corrections to use its preferred development tool of choice if applicable. At the present time, we believe that much of the non-technical training would be developed in Microsoft PowerPoint and published in a format that is compatible with the Web-based delivery approach we have proposed as the primary delivery vehicle. For the more system-oriented training modules such as the ones we have proposed for the electronic medical records system module, a more robust training development tool such as Adobe Captivate would be used to create a robust training deliverable and publish for accessibility via a Web-browser.

PrimeCare Medical will consult with the West Virginia Division of Corrections IT professional staff during the Analyze phase to review your technical environment and discuss the specific requirements that need to be met to support the development effort.

As mentioned earlier, one of the advantages of Web-based training is that it is one of the most efficient ways to make training universally available to a wider audience concurrently. The collective set of materials in the proposed curriculum will be organized in such a way that makes the content easily accessible to the staff. PrimeCare Medical proposes the use of Microsoft SharePoint, a robust collaborative platform that is ideal for hosting the training content that will be served to students over the Web. PrimeCare Medical will host the SharePoint technical environment and configure it with secure login IDs and other relevant security controls to make the training curriculum easily accessible to the staff across all West Virginia Division of Corrections facilities. All training deliverables would be published in an HTML format and hosted on the SharePoint server and accessed by the end users on-demand through a secured hyperlink for viewing through a compatible Web-browser. Members of the PrimeCare Medical IT staff will consult with West Virginia Division of Corrections IT staff to develop a detailed logistics plan for implementing the SharePoint environment to support the training initiative. This includes identifying security roles, defining user IDs and passwords, ongoing system administration, course publishing standards, site navigation, and confirming current Web-browser requirements to ensure all training materials are compatible with current West Virginia Division of Corrections standards.

Staff would be directed to a SharePoint site containing the courseware where they would enter a secure login ID and password that would authenticate their credentials and direct them to the materials. Staff would initiate a training course through an electronic site map that displays links to the individual courses by module. Staff would click on the desired course link which would start the course within the user's Web browser.

Training courses can be adapted to the various learning styles of students. Although each course has a suggested duration for completion, staff will have full control over the pace of the materials using their mouse and keyboard navigation keys to move through the content. Staff will feel more empowered knowing that they can regulate how fast or slow they proceed through the materials without having to worry about the impact to others. All courses will involve an interactive component that engages the student with checkpoints throughout the material that gives the user an opportunity to confirm their understanding of the materials up to that point. At the end of each training course, the staffs' overall competency on the subject matter will be measured through programmed tests built into the training material. Test results will be collected and reported management to measure how well staff mastered the materials and serve as confirmation of successful completion of the class.

When the training plan is put into action, the PrimeCare Medical Training Team will continually monitor the plan to ensure the curriculum objectives are being met. Staff feedback will be a key element of determining whether changes need to be made to the plan to ensure high customer satisfaction. Both SharePoint and Adobe Captivate have survey management components that support the creation of templates to define the format of survey forms plus a backend piece that helps compile the data into meaningful summary reports. PrimeCare Medical will be responsible for leveraging the capabilities of each of the tools to establish an environment where the resulting outputs can be used effectively for optimizing the training plan to ensure the success of the training plan.

The Web-based delivery method eliminates the need for producing printed training guides, a costly and time-consuming component of the training plan that is usually associated with instructor-led training. However, both PowerPoint and Captivate provide printing capabilities that supports the creation of hardcopy training guides should the requirement for it be identified during the Analyze phase. For example, PrimeCare Medical would utilize the printing capabilities of the training development tools to fulfill the specific requirement outlined in the RFP for publishing a training guide for the orientation training. Unless otherwise directed, we acknowledge that we have the ability to publish training guides but will treat the electronic materials delivered over the web as the deliverable of record.

The following types of training materials are projected to be developed:

- E-Learning Modules. This includes any courseware that has been developed and adapted for delivery over the Web. Courses will be published to the secure PrimeCare Medical SharePoint Web site that will be accessible to the staff via a Web-browser.

- Training Guide - This is a hardcopy manual containing the course objectives, process flows, new terms, key concepts, related policies, roles and responsibilities, review questions, business scenarios, screen examples, etc. Hardcopy training guides will only be published for selected courses to be confirmed during the Analyze phase.

- Training Evaluation Assessment - Each module will support a Training Evaluation at the end of the course. PrimeCare Medical proposes that we utilize the survey management capabilities of SharePoint and Captivate to establish the environment to capture student feedback at the end of each course and develop management reports from the data collected.

Implementation - The Implement phase of the ADDIE Model has one distinct component for the Correctional Health Care Services project: End-user Training. This component of training delivery is comprised of delivering the End-User Training Logistics Plan. Training logistics planning is the culmination of the previous activities into an executable training schedule (who, what, when, and where, and how). The Training Logistics Plan will define end-user roles and map them to specific courses to create an overall schedule.

PrimeCare Medical will roll out end-user training to staff members located in all West Virginia Division of Corrections facilities. Based on roles, we will schedule classes in a matrix manner that will strive to keep daily disruptions to a minimum. The learning paths will be laid out and communicated to the affected users prior to the roll out. The exact duration and timing of the curriculum delivery will be determined during the Development phase of our comprehensive training plan. Given the nature of Web-based training, end-users will have the flexibility of going through the training modules at a time that is the least disruptive to their regular routine with an objective to complete specified training within certain timeframes to be determined as part of the logistics plan.

In the event a question or issue arises while staff is taking a web-based course, they will be access a pre-formatted electronic form that will allow them to input their question/issue. The user would submit the form which is automatically sent to an e-mail address that will be monitored by PrimeCare Medical for follow up and resolution. We will develop a standard template so that questions are captured consistently for efficient handling and timely response turnaround. The entire list of questions/issues for each module will be posted in SharePoint and updated regularly. End users will have the option of being notified via e-mail when changes have been made to the list.

Detailed Training Schedule - Based on the role mapping analysis, a training curriculum will be created that maps each West Virginia Division of Corrections business role to an end-user course. The PrimeCare Medical of West Virginia, Inc. Team will then use this information to determine how many people need each course to optimize the sequence and frequency of the courses in the curriculum. This will apply to leadership, in-service, orientation, electronic medical records, workplace safety, and mandatory training.

Participant Notification - SharePoint will be configured to manage notifications that go out to line staff and management staff about the training delivery. PrimeCare Medical will consult with West Virginia Division of Corrections Training Leads to understand the relevant electronic notifications that will be sent informing proposed attendees and their managers about changes in training status such as when they have been enrolled in a course, reminder emails for the availability of upcoming courses, and changes to course content recently posted to SharePoint.

Tracking and Reporting - The staff will log into the PrimeCare Medical SharePoint environment which will maintain a log of courses taken for each staff member. After the course is completed the staff member will then complete a knowledge test for assessing the staff's mastery of the course content. The staff will then complete a survey which is accessible to PrimeCare Medical for management reporting.

Print Support - Should the West Virginia Division of Corrections require printed training guides for a particular training offering, it will be the responsibility of the West Virginia Division of Corrections to provide the necessary materials and printing support to satisfy this requirement. Printed materials for those specific sessions will be published by the West Virginia Division of Corrections and made ready at least two (2) days prior to the delivery of the training session. Specific courses identified as ones requiring a hardcopy training guide will be determined during the Analyze phase.

Evaluation - The Evaluation phase is the last phase of the ADDIE methodology. The primary activity during this phase is the capture of feedback from staff after they complete each course in their individualized training plan. Course surveys are administered at the end of each course to give each staff an opportunity to assign a numeric rating for various aspects of the training class effectiveness, relevance to job, course length, etc., as well as the capture of freeform comments to record the staff's satisfaction with the training experience. Staff feedback is one of the tools typically used to gauge the effectiveness of the training and the readiness of the West Virginia Division of Corrections and PrimeCare Medical of West Virginia, Inc. staff to apply the knowledge to their assigned roles.

The PrimeCare Medical of West Virginia, Inc. Team recognizes that an employee taking the web-based training does not always guarantee that they have mastered the skills that are consistent with the learning objectives of the course. This can lead to frustration that is reflected in the end of course survey submitted by the staff. Traditionally, the data from staff surveys are the primary metric used to gauge the success of the training initiative. PrimeCare Medical's approach to the Evaluation phase is a bit different. We go further toward ensuring real knowledge transfer by going past the post-training survey as described below.

Additional input will be gathered from the staff and other sources after course implementation that will provide more in-depth information on the success of the training. Specifically, PrimeCare Medical will analyze the Help Desk logs daily for a period of time to determine whether or not there are questions/issues being recorded that suggest the need for either additional or corrective training requirements. We will follow up with another survey within the first sixty (60) days targeting the users and their supervisors to measure training effectiveness

and determine corrective actions, as required. Finally, PrimeCare Medical will survey management to determine their sense of the success of the training effort and what, if any, changes they require. This method allows for a more realistic way to measure training's role as well as giving the organization the opportunity to react more deliberately to take corrective action.

PrimeCare Medical of West Virginia, Inc. has developed, subject to the Facilities' approval, an inmate/patient health education program utilizing posters, pamphlets, and individual health counseling. To further this health education process, formal sessions shall be made available based on the assessed educational needs of the inmates/patients. Inmate/Patient health education topics shall include, but not be limited to personal hygiene, sexually transmitted diseases, chemical dependency, effects of smoking, and communicable diseases.

Career Advancement Paths - It is the policy of PrimeCare Medical of West Virginia, Inc. to promote from within whenever possible. All openings are posted throughout the entire company before anyone is recruited from the outside.

Licensing / Certification Requirements - PrimeCare Medical shall be responsible for assuring and verifying that all the required registrations, licenses, board certifications, and credentials associated with the operation are active and in good-standing. This includes, but is not limited to, physicians, physician assistant (PA), nurse practitioner (NP), nursing, optometry, radiology, and other licenses, DEA registration, as well as registration with appropriate State Boards. PrimeCare Medical shall provide the West Virginia Division of Corrections with current resumes and licenses, required by statute, on all applicable qualified health care professional employees as well as those subcontracted, if applicable. All qualified health care professionals shall possess unrestricted licenses. All physicians will be monitored by PrimeCare Medical of West Virginia, Inc. through a National Physician Databank for any actions which would cause practice concerns while practicing in other jurisdictions. This databank will be used as part of the credentialing process for all current and newly recruited practitioners.

PrimeCare Medical is responsible for all taxes as well as the acquisition of and all costs associated with licensures, taxes, fees, bonds, permits, Workers Compensation, accreditation and all other costs associated in the fulfillment of this contract. PrimeCare Medical shall maintain documentation of the appropriate licensing and accreditation for and hospitals, clinics or laboratories which provide services under this contract.

Duties And Responsibilities - PrimeCare Medical shall ensure the duties and responsibilities of medical personnel shall be governed by written job descriptions approved by the responsible physician and the facility administrator. Verification of current credentials and job descriptions shall be kept on file. Written job descriptions shall include qualifications required and the specific role in the health care delivery system of that position.

PrimeCare Medical intends to use an automated time keeping system at the West Virginia Division of Corrections for payroll and reporting purposes. The current automated time keeping system utilized by PrimeCare Medical is a hand / finger scan device, which is provided through

our contracted payroll company, ADP. PrimeCare Medical is also willing to comply and utilize the electronic time keeping system currently in place at the Division's Facilities (KRONOS) should we be required to do so.

The Facility Administrator shall have the right of approval for all employees and prospective employees to be utilized by PrimeCare Medical of West Virginia, Inc. under this contract. This right may be exercised at any time, but such approvals shall be withheld for valid security reasons only. PrimeCare Medical recognizes the requirements of the West Virginia Division of Corrections and its security clearance procedures.

ORIENTATION MANUAL

PrimeCare Medical of West Virginia, Inc. offers a comprehensive Orientation Manual which provides direction and guidance into key Corporation policies and procedures. The Orientation Manual is designed to be utilized for each new staff member. The period of orientation shall be approximately eighty (80) hours, to include an additional forty (40) hours of training and orientation provided by the Division. Orientation shall commence on the first day of hire and should be completed within the first month of employment. An Orientation to the respective Correctional Facility (Security Policy and Procedures) for each new employee is required to also occur within the initial Orientation Period. PrimeCare Medical of West Virginia, Inc. will be responsible for the orientation of all clinical and non-clinical staff (Employees and Subcontractors).

CREDENTIALING

PrimeCare Medical shall provide to the West Virginia Division of Corrections a current accounting of all required credentials for professionally licensed and certified staff. Our current system maintains capabilities of storing, retrieval, reporting, and auditing for all staff credentials/license renewals, first aid and CPR expirations, and malpractice insurance criteria. Qualified health care professionals shall not possess restricted licenses as designated by the appropriate State Board. The West Virginia Division of Corrections maintains the right to disqualify individuals from providing service based on prior work history and security concerns. PrimeCare Medical of West Virginia, Inc. shall provide necessary insurance coverages for all staff provided to the Division, with such limits meeting the minimal insurance requirements set forth by the RFP.

SAFETY COMMITTEE

In an effort to promote and foster the safest work environment possible, PrimeCare Medical has assembled a Corporate Safety Committee to provide continuous assessment and recommendations with regard to the safe operations of the medical department in a wide variety of correctional settings throughout the Company. The Safety Committee has continued to evolve and is currently composed of nine (9) members who represent the regional interests and issues of their respective areas of responsibility. These areas include West Virginia, New Hampshire and Pennsylvania. This membership aggregate insures compliance with all Federal safety regulations

in addition to all State and Local safety regulations throughout the PrimeCare Medical system. PrimeCare Medical's Safety Committee has a demonstrated ability to reduce the numbers of work related injuries sustained by our health care personnel and decrease unnecessary heath related expenses; thus creating a more productive labor force within our contracted correctional institutions.

Safety Committee Meetings are held on a monthly basis and follow a published agenda. The agenda is organized into sections that include Old Business, New Business, Review and Discussion of Workers Compensation Claims and Review and Discussion of Near Misses. This format allows for interaction and collaboration among committee members and has been an integral part in developing effective safety related policies. Meeting minutes from each meeting are generated and maintained in addition to attendance sheets, that each attendee is required to sign. All records related to the Safety Committee are maintained at the PrimeCare Medical Corporate Office in Harrisburg, Pennsylvania.

5.2.1.3 Vendor Services Provided to Agency Staff

The successful vendor will offer/provide the following health care services to Agency staff at each institutional site:

- The scheduling and performance of a limited medical examination for all applicants for employment with the Agency, to include a two-step tuberculin skin test, within 5 days of request. In the event of a positive tuberculin skin test, the Vendor will assume responsibility of obtaining a chest x-ray to confirm. The x-ray may be done on-site if capabilities are available, or at an outside facility.
- The scheduling and performance of annual, limited medical examinations for all Correctional Officers;
- The provision for all Agency employees of an annual two-step tuberculin skin test. In the event of a positive tuberculin skin test, the Vendor will assume responsibility of obtaining a chest x-ray to confirm. The x-ray may be done on-site if capabilities are available, or at an outside facility.

- These exams will be at no charge to the employee or Agency. Testing for BCC and CWR will take place at MOCC. Testing for HWR will take place at LCC.
- The Vendor shall provide emergency/first aid services to any staff member who becomes ill or injured while on duty as outlined in the Emergency Health Services section of this document.
- The Vendor will offer and provide and Hepatitis B immunizations to all Agency institutional staff who so desire vaccination at no charge to the Agency or employee.
- The administration of the influenza vaccine shall be offered to all staff. The cost of this vaccine shall be at no cost to the Agency or employee.
- Provide training to staff in areas identified to be in need in which health care staff demonstrate expertise or as requested by the CEO of the institution. Examples of such include infectious disease and hazardous material clean up.

- Agency employees, contractual employees, official institutional guests, and institutional visitors shall be provided emergency health services if necessary by the Vendor at no cost to the individual.

See **Attachment F** for Agency Staff Turnover Rate.

Vendor Response:

PrimeCare Medical of West Virginia, Inc. will conduct Pre-Employment and Annual Staff physicals examinations in accordance with West Virginia Division of Corrections policies. Upon receipt of staff/employees names requiring either annual or pre-employment physicals, PrimeCare Medical of West Virginia, Inc.'s Health Services Administrator or Designee will schedule the examination within five (5) days of the request at times and locations as designated by the Division. Laboratory and diagnostic studies will be completed as medically appropriate and in accordance with Division policy. A physician will review the results and document findings in the employee's file. In the event of a positive tuberculin skin test PrimeCare Medical shall be responsible to obtain a chest x-ray. Such TB testing shall be provided for agency personal on an annual basis. PrimeCare Medical shall also be responsible for the provision of emergency/first aid services for any employee and/or visitor who becomes ill or injured while onsite at any Division facility. Additional immunizations shall be provided to facility personnel pursuant to applicable Division policy. Health service trainings shall be provided to institutional staff on any applicable health related topic as requested by the Division, as further detailed within our training section.

5.2.1.4 Emergency Offender Health Services

Emergency Health Services will be provided at contracted facilities by qualified health care staff and in accordance with NCCHC and ACA standards. The Vendor shall make provisions and be responsible for all costs for 24 hour emergency medical, dental, and mental health care including, but not limited to 24 hour/7 days per week on call services. The Vendor shall ensure availability of emergency treatment through prearranged agreements with community agencies. The Vendor will coordinate all emergency transfers with facility staff.

All contractual sites will have, at a minimum, appropriate qualified health care professional staff on-site 24 hours a day, 7 days a week. This may also necessitate the physician's return to the site location after regularly scheduled hours. This must be in accordance with NCCHC and ACA standards.

Vendor Response:

PrimeCare Medical personnel shall provide for necessary emergency services at the West Virginia Division of Corrections Facilities in accordance with NCCHC and ACA Standards twenty-four (24) hours per day. Adequate health care personnel to provide such services shall be on-site as detailed within our staffing plan. Key health care personnel, to include all providers, shall be on call twenty-four (24) hours per day as well. Contractual agreements shall also be

maintained with local community agencies to assist with the provision of such care. All inmate/patient transfers to these locations shall be coordinated with security personnel. PrimeCare Medical's professional health staff (i.e., physicians) shall also be available for return to the facilities should an emergent situation arise.

5.2.1.5 Disaster Plan

The Vendor will adopt and have in place within 60 days of contract award, a medical disaster plan to provide for the delivery of medical services in the event of a disaster, either naturally occurring or man-made. The medical disaster plan shall be in compliance with ACA and NCCHC standards of care. All health care staff shall be trained in their roles within the context of this plan.

The Vendor shall provide the institutional CEO's with a copy of the plan, as well as a contact list for recall of key health care staff and qualified health care professionals.

Vendor Response:

EMERGENCY PREPAREDNESS

PrimeCare Medical of West Virginia, Inc. has an established all-hazard medical disaster and contingency plan to provide for the delivery of medical services in the event of an unexpected event or disaster, either naturally occurring or man-made. This plan shall be further customized to meet the needs of the Division and shall be completed within sixty (60) days of a contract award, with a copy provided to designated Division personnel, to include a complete listing of recall personnel. This plan is compliant with all NCCHC and ACA standards. PrimeCare Medical will implement procedures for the delivery of medical services in the event of a disaster such as fire, tornado, epidemic, riot, strike or mass arrests. Such procedures will be developed by the Responsible Health Authority, in cooperation with correctional staff and PrimeCare Medical corporate management personnel. All such plans and emergency measures shall be coordinated with the nearest local disaster agency. The all-hazard medical disaster plan is in compliance with all applicable standards. Upon a contract award, PrimeCare Medical will implement its already developed disaster plans and customize them to fit the needs of the West Virginia Division of Corrections, based upon the Facilities needs and risk assessments. PrimeCare Medical shall review all findings and disaster plans on an annual basis and more frequent as systems warrant.

All health care staff shall receive orientation training and yearly mandatory training in their roles in the event of a disaster or disruption within the context of this plan. PrimeCare Medical will utilize Tabletop discussions to reinforce specifics of emergency response planning and steps in the event of a pandemic or disaster. PrimeCare Medical will also initiate functional and real life exercises in the form of mass disaster drills and man-down drills; including all appropriate record keeping and METTAG or California Fire Chief's Triage Tags system in accordance with all applicable standards. PrimeCare Medical shall provide the Facilities' Administration with a copy

of the plan, as well as, a contact list for recall of key health care staff and qualified health care professionals.

PrimeCare Medical also has an established Information Technology Disaster Plan. This plan details key functions and individuals in the event of any emergency. Information regarding the electronic medical record and how it operates in the event of a disaster is also detailed in this plan. PrimeCare Medical's Emergency Preparedness Plan and Information Technology Disaster Plan were developed and tested by a third party who specializes in these types of programs. These plans are reviewed at a minimum of annually; with specific portions and aspects of the plan being tested as often as quarterly (i.e., Backup Solutions). PrimeCare Medical corporate policy requires a comprehensive review and test of all emergency preparedness plans be completed on an annual basis.

Employee training will be facilitated through PrimeCare Medical of West Virginia, Inc.'s SharePoint Portal. This portal has been designed for every employee to access information including, but not limited to: Human Resources, Training, Information Technology, Legal, Policy and Procedures, and Operations. Through this portal, information can be passed quickly and efficiently to staff alerting them of emergencies or changes to our already established Disaster Plan.

PrimeCare Medical of West Virginia, Inc. will implement its All Hazard Plan for the delivery of medical services in the event of a disaster. Several Emergency Management Elements or core components that may be affected in an emergency have been identified as illustrated below.



PrimeCare Medical of West Virginia, Inc. has identified several key functions based solely in technology. PrimeCare Medical has invested heavily in its infrastructure to ensure redundancy and backup solutions are present for these key functions. PrimeCare Medical has an established Information Technology Disaster Plan. This plan details key functions and individuals in the event of any emergency. An overview of this IT Disaster Recovery & Continuity Plan is attached to this Proposal in the Addenda Section. Information regarding the electronic medical record system and how it operates in the event of a disaster is also detailed in this plan. The electronic medical record will be housed in a Tier 3 in Reading, PA; which is uniquely equipped to support a structure that is proposed in this RFP.

PrimeCare Medical of West Virginia, Inc. will operate the Incident Command Center (ICC) for the Emergency Management Group (EMG) from our Corporate Office in Harrisburg, PA. The ICC is a secure building with backup two (2) natural gas generators to ensure uninterrupted power supply. Multiple redundant Internet connections, multiple vendor phone/fax line and use of mobile communications will ensure that the ICC is able to communicate as effectively and efficiently as possible with the West Virginia Division of Corrections' Headquarters and any of the local institutions throughout the State. The EMG consists of all upper management and department heads. Key members of the EMG would be required to be registered with the West

Virginia Division of Corrections Alert Network and receive notifications about prison emergencies.

With any Pandemic, staffing is called into question. PrimeCare Medical of West Virginia, Inc. will utilize its already established network throughout the state of correctional healthcare providers and staff. We will also lean on temporary staffing agencies which we have contracted with. Additionally, PrimeCare Medical of West Virginia, Inc. will leverage its technology (use of telemedicine and its electronic medical records system) to ensure the employees can carry out all essential functions. PrimeCare Medical shall also identify and utilize internal and external resources, such as the West Virginia State Department of Health and PrimeCare Medical of West Virginia, Inc. subcontractors to assist the EMG in the rapid response plan and implementation of emergency management and recovery procedures and tools.

For example, on April 26, 2009, the U.S. Department of Health and Human Services declared a public health emergency as a result of the detection of twenty (20) known cases of individuals infected with what is now known as 2009 H1N1 pandemic influenza in the United States. PrimeCare Medical of West Virginia, Inc. initiated its Emergency Preparedness and pandemic plan immediately upon this announcement. Within twenty-four (24) hours of the initial notification, detailed correspondence was disseminated via email to all PrimeCare Medical of West Virginia, Inc. staff and facility administrators identifying key facts and recommendations in preparation for a potential H1N1 pandemic. PrimeCare Medical of West Virginia, Inc.'s Pandemic Policy and Procedures took effect immediately, setting off a chain-of-events: Education was provided to all staff and inmate/patient populations, aggressive surveillance measures were taken to rapidly identify and quarantine patients/inmates with Influenza-Like Illness (ILI) symptoms, and subcontractors were notified of our needs and a surplus of necessary emergency supplies began to be immediately stockpiled. PrimeCare Medical conducted meetings with the State Departments of Health and local Emergency Response Organizations to assist in the development and identification of further needs and treatment options. On June 11, 2009, the World Health Organization declared H1N1 to be a pandemic. Fortunately, due to PrimeCare Medical's prompt initiatives and support from local and state health organizations, as well as through the partnerships of our contracted clients, we were successful in appropriately treating all inmates/patients who presented with signs and symptoms of H1N1 and avoided any serious outbreaks in any PrimeCare Medical contracted site.

PrimeCare Medical of West Virginia, Inc. guarantees that, in cooperation with West Virginia Division of Corrections Facilities' Staff, the established plan will implement procedures for the delivery of medical services in the event of a disaster within a reasonable period of time from the effective date of any new contract. Such procedures will be developed in collaboration with the Vice President, Regional Managers, State Medical Director, on-site Medical Directors/Physician Assistants/Nurse Practitioners and Health Services Administrators, and correctional staff. The Medical Disaster Plan shall include the following:

- Communications system
- Recall of key staff
- Assignment of health care staff

- Establishment of command post
- Safety and security of the inmate/patient and staff areas
- Use of emergency equipment and supplies
- Establishment of a triage area
- Triage procedures
- Medical records - identification of injured
- Use of ambulance services
- Transfer of injured to local hospitals
- Evacuation procedures (to be coordinated with security personnel)
- Practice drills

PrimeCare Medical of West Virginia, Inc. shall be a participating member of the West Virginia Division of Corrections response team that provides and participates in post trauma incident debriefings and counseling services for critical incidents, including disasters and pandemic episodes. Such services are provided and intended to expedite the recovery process, help foster a better understanding of the roles and traumas each individual suffered, aid in recovery, and promote a better understanding and appreciation for the roles played by all those involved.

The on-site Medical Director/Physician Assistant/Nurse Practitioner will ensure that capable emergency medical treatment, including the following, is provided:

- In-service education on first aid and emergency procedures for all staff members (both Medical and Security) involved.
- Written policies and procedures concerning emergency transfer and transportation of inmates/patients.
- Emergency 24-hour on-call provider coverage.
- Coordination with security for arrangements when the immediate transfer of an inmate/patient is indicated.
- Treatment for visitors and staff consisting of stabilization and referral to a personal physician or local hospital.

5.2.1.6 Non-Emergent Health Services:

5.2.1.6.1 General Provisions

All non-emergent health care services shall be in accordance with ACA and NCCHC standards of care. The Vendor will work with the Agency to coordinate the provision of these services within security parameters.

Vendor Response:

SCOPE OF WORK

PrimeCare Medical of West Virginia, Inc. shall provide comprehensive medical, dental, mental health, and pharmaceutical services to all inmates/patients of the West Virginia Division of

Corrections as specified within the RFP and as detailed within this Proposal. PrimeCare Medical, since its inception, has been committed to providing efficient, quality health care. This is accomplished through a commitment to operating the company on a day-to-day basis by nationally accepted standards, by consistently monitoring the health needs of our inmate/patient populations, and by immediately implementing evidence based standards of care when clinically indicated. The following Work Plan addresses the major aspects of PrimeCare Medical's health care delivery systems and our medical operation, from the initial intake to the discharge planning and outlines services such as transition planning, continuity of care, infectious disease, continuous quality improvement, cost containment strategies, utilization review, electronic medical records systems, risk management, staff and inmate/patient education, policy and procedure compliance, and accreditation. Below, PrimeCare Medical of West Virginia, Inc. will provide a detailed overview and explanation of our proven business model, identifying how our solution will provide for the provision of comprehensive health care services to the West Virginia Division of Corrections. Although these critical functions are described separately within this section, our multidisciplinary management and transition team shall strategically and systematically integrate each of these functions into our overall work plan; thus, creating a model that will ensure the highest level of health care services are provided to the West Virginia Division of Corrections in the most cost effective and efficient manner possible.

PrimeCare Medical of West Virginia, Inc. shall provide all non-emergent health care services detailed within this Proposal in accordance with ACA and NCCHC Standards. All such services shall be coordinated directly with each West Virginia Division of Corrections' Facility.

MEDICAL AUTONOMY

It is acknowledged and agreed that, in accordance with NCCHC and ACA Standards, decisions and actions regarding health care services provided to inmates/patients are the sole responsibility of qualified health care personnel and cannot be compromised for security reasons; thus, all decisions involving the exercise of medical or other health related judgments are the sole responsibility of PrimeCare Medical of West Virginia, Inc. and its health care practitioners.

ACCESS TO TREATMENT

Upon admission, each inmate/patient shall be informed of his or her right of access to medical treatment. In addition to verbal instruction, each inmate/patient shall receive an educational sheet which includes information about the Facility's sick call schedule, the procedures for registration for sick call, education on dental hygiene, smoking cessation, MRSA prevention, mental healthcare/suicide precautions, access to health care in the community, and the grievance procedures concerning medical care. All such instruction is documented within CorEMR. The medical information and educational packets shall be approved by the responsible physician. All inmates/patients shall have prompt access to necessary medical, dental and psychiatric care provided in a reasonable manner by licensed personnel in accordance with applicable standards. Additionally, initial health consents are signed by the inmate/patient at this time and scanned into the respective medical record. Specific consents are also completed during incarceration for certain physical health, dental care, and mental health services as required by Federal and State

Law. PrimeCare Medical also has specific policies related to obtaining parental consent for juveniles confined to adult institutions as may be required by law.

INFORMED CONSENT

The informed consent of inmates/patients is necessary for all medical examinations, treatment and procedures except those required by law, e.g., the treatment of infectious diseases when public health law requires such treatment, or in the event of an emergency. Informed consent is the voluntary consent of an inmate/patient to an examination, treatment or procedure after receiving information concerning the material facts regarding the nature, consequences, risks and alternative procedures. In the event a minor is admitted, the consent to medical care must be obtained from a parent, guardian or legal custodian in accordance with state law. Any inmate/patient refusing to consent for medically required treatment shall be required to document their refusal in accordance with ACA and NCCHC standards and West Virginia Division of Corrections' policy.

5.2.1.6.2 Inmate Screening/Assessment

All receiving and transfer screenings, mental health screenings, and health assessments shall comply with the guidelines delineated in the most current ACA and NCCHC Standards for Health Services in Prisons.

Vendor Response:

PrimeCare Medical shall ensure that all inmate/patient screenings, assessments, and evaluations are provided for in compliance with ACA and NCCHC Standards.

RECEIVING SCREENING

PrimeCare Medical believes that rapid, effective, comprehensive receiving screenings are paramount to the clinical success of each inmate/patient entering a correctional institution. Many of our inmates/patients have potentially serious, and many times untreated, health conditions; which if gone untreated, can result in serious medical and/or mental health concerns. The receiving screening also allows our medical staff the opportunity to not only assess the newly committed inmate/patient for injuries, illness or mental health related disorders, but the opportunity to provide education regarding future access to care, even in the community.

Each of the newly received inmates/patients, to include those inmates/patients being transferred from other correctional facilities and/or from the Regional Jail Facilities, will receive a thorough receiving screening immediately upon arrival to the West Virginia Division of Corrections, which shall include obtaining a complete medical, mental health, and dental history and determining the disposition of each newly committed inmate/patient. All inmates/patients who are admitted will also be screened for various infectious diseases. In addition to TST testing, all inmates/patients are screened for diabetes and female patients are screened for pregnancy. Receiving Screenings shall be performed by an appropriately licensed health care professional as

permitted by the RFP. In the event that this evaluation identifies any medical conditions that require treatment, an appropriate therapy regimen will be initiated in accordance with accepted protocols.

PrimeCare Medical has developed and implemented specific questions within our receiving screening tools, which dependent upon how an inmate/patient responds, will automatically initiate several critical procedural protocols. These pre-established protocols assist our staffs with safeguarding the inmate/patient and prevent individuals from "*falling through the cracks*". A few examples of when these pre-programmed safeguards are initiated include detoxification risks, chronic diseases, mental health issues, and PREA related concerns. Additionally, immediate medical referrals shall be arranged to appropriate clinical providers as indicated.

DETOXIFICATION

All inmates/patients incarcerated at the West Virginia Division of Corrections shall be screened and evaluated as part of the Receiving Screening process for the use of both prescribed and illegally obtained medications, heroin, methadone, benzodiazepines, synthetic designer drugs, and/or alcohol. This screening process utilizes questions which are based on substance type, amount and usage patterns. Many times, staff is faced with making an independent decision as to whether they should contact a provider for detoxification orders. Our system of questions will automatically implement a warning message to our staff indicating a high degree of risk for withdrawal, based upon the inmate's/patient's responses. This process not only warns our staff of the potential for detoxification, but also refers the inmate/patient to a medical provider for an immediate evaluation. PrimeCare Medical's protocols will also initiate follow-up checks to be completed by medical and mental health providers, as well as nursing staff.

PrimeCare Medical will utilize the entire medical staff to provide ambulatory detoxification utilizing appropriate medications, excluding Methadone (except pregnant females), via prescriptions issued by either the Physician/Physician Assistant/Nurse Practitioner in accordance with established protocols as approved for use at the Facilities. When an inmate/patient has been identified as being at high risk for withdrawal, regardless of the substance, our staff is automatically tasked to closely monitor the patient. This process will place the inmate/patient on a higher level watch for withdrawal signs and symptoms. In such cases, the inmate/patient will receive assessments and evaluations by both nursing staff and providers, with parameters that will provide safety for the inmate/patient. Our protocols include certain medications which will prevent / assist with alleviating the signs and symptoms of withdrawal. Proper documentation and multiple daily interventions with medical staff will be performed and recorded by the PrimeCare Medical team.

PrimeCare Medical currently offers varying degrees of detoxification programs throughout the Corporation. In some jurisdictions, coordination with community Methadone programs have been established to maintain the community Methadone program patients while incarcerated. This unique program has proven to decrease recidivism rates in the jurisdictions where established. If requested, PrimeCare Medical can bring our community partners to the West Virginia Division of Corrections to assist with the establishment of this program. Methadone

maintenance for inmates/patients shall be provided as clinically indicated and as ordered by an appropriately licensed and credentialed physician. This program shall be contingent upon Federal and State regulations. Rapid detoxification utilizing Suboxone has also been utilized by PrimeCare Medical and found to be a very effective approach to inmates/patients who will detoxify from either high dose opiate abuse or heroin. All opiate addicted pregnant females shall be rapidly placed in a community based Methadone program to prevent Fetal Abstinence Syndrome. In all jurisdictions, PrimeCare Medical has collaborated with the Community Methadone programs to provide our pregnant female population with Methadone within the institution. This program has saved our contracted institutions significant transportation expenses since the female is no longer transported daily to the local community program location.

Additionally, PrimeCare Medical shall administer the Texas Christina University Drug Screen as required by the RFP.

PREGNANCY, PRENATAL, AND POSTPARTUM CARE

PrimeCare Medical of West Virginia, Inc. shall be responsible for the health of the female inmate/patient, pregnant inmate/patient, and the unborn child. PrimeCare Medical will provide timely and appropriate OB/GYN and prenatal care, specialized obstetrical services, and postpartum care as clinically indicated and as required by the RFP. Prior to incarceration, many female patients have maintained unhealthy lifestyles, often times including a history of extensive drug, alcohol, and tobacco use; many of which lack proper OB/GYN prenatal care. Therefore, many inmate/patient pregnancies can be classified as high risk. In addition, other factors complicate high-risk pregnancies, such as infectious diseases, poor nutritional status, and mental health concerns. On admission and upon request, female inmates/patients are screened to determine if they test positive for pregnancy. If the pregnancy testing is found to be positive, formal pregnancy counseling will occur; which includes education on pregnancy options (delivery, adoption and or termination). In the event complications occur within any pregnancy, PrimeCare Medical shall refer the inmate/patient to the local hospital, or other local specialty care clinic, for urgent care needs. PrimeCare Medical shall be responsible for the scheduling and payment of any requested abortions.

Following the February 2012 American Civil Liberties Union (ACLU) Report, *Reproductive Health Locked Up: An Examination of Pennsylvania Jail Policies.*, the ACLU recognized PrimeCare Medical as having "excellent" protocols and policies relating to inmate/patient pregnancies. The ACLU went on to report that "the policies of jails that use PrimeCare as their medical contractor were more complete than most others in the state. In a sense, PrimeCare is taking the place of laws or regulations that we believe should be coming from the state legislators or the DOC. We applaud your efforts to develop comprehensive policies.*"(American Civil Liberties Union of Pennsylvania [ACLU], 2012), (Petraitis, 2012)*

INTAKE HISTORY AND PHYSICAL EXAMINATIONS

Within seven (7) days of arrival, PrimeCare Medical will perform a comprehensive health assessment (physical) on all inmates/patients in accordance with applicable standards. During this visit, the inmate's/patient's vital signs and weight will be re-assessed, as well as, their medical, surgical and mental health history. PrimeCare Medical also requires several other screenings / testing's be completed at this time, such as blood glucose testing on all inmates/patients to identify any undiagnosed diabetic conditions. The health assessment will be conducted by the PrimeCare Medical Physician/Physician Assistant/Nurse Practitioner or Registered Nurse, as permitted by jurisdiction and the RFP. If completed by a registered nurse or mid-level practitioner, the physician shall review, initial and date the health assessment. In the event that this evaluation identifies any medical conditions that require treatment, an appropriate therapy regimen will be initiated in accordance with accepted protocols. Any inmate/patient identified as having a chronic care condition will be immediately referred to the appropriate specialty chronic care clinic. All identified infectious diseases shall be reported to the Public Health Authority in accordance with State and Federal requirements.

Additionally, annual health assessments shall be conducted on all inmates/patients being incarcerated for a period of one year or greater in accordance with applicable standards. The annual health assessment shall also include testing for tuberculosis and an annual dental examination completed by the contracted dentist.

NURSING SERVICES

Nursing services shall be provided to the West Virginia Division of Corrections as detailed within the enclosed proposed staffing matrix and shall include completing all tasks as outlined within this Proposal as permitted by licensure. Responsibilities of the nursing staff shall include, but are not limited to conducting daily nursing sick call (as permitted by the RFP), dispensing medications as ordered by appropriate providers, completing initial receiving screenings, and completing other nursing tasks as directed by the provider staff.

All completed nursing protocol forms are sent to the on-site Medical Director's electronic medical record queue for review and signature. Issues that may be identified are directly addressed with the appropriate staff member. Nursing protocols are reviewed annually by the Statewide and on-site Medical Directors. They are also reviewed by the Vice-President, Regional Managers and on-site Health Services Administrators.

Nurses are clinically supervised by the on-site Health Services Administrator, Director of Nursing and Medical Director. The Health Services Administrator and Director of Nursing complete monthly CQI audits that directly monitor nursing care at the Facilities. Issues related to nursing care are addressed at the monthly staff meeting and on an individual basis if necessary.

Additionally, PrimeCare Medical shall ensure that at least one (1) Registered Nurse at each West Virginia Division of Corrections Facility, with the exception of the Work Release facilities, is trained as a Sexual Assault Nurse Examiner as required by the RFP.

PHYSICIAN / PHYSICIAN ASSISTANT / NURSE PRACTITIONER SERVICES

PrimeCare Medical of West Virginia, Inc. shall designate a responsible physician to approve health care policies, procedures and agreements which may include the use of emergence rooms in local hospitals. A properly licensed local Physician, Physician Assistant and/or Nurse Practitioner will conduct providers' clinic at the West Virginia Division of Corrections' Facilities, as detailed within the enclosed Staffing Plan. Physician's coverage will include on-call availability twenty-four (24) hours a day, seven (7) days a week for emergency situations. They shall be further supported by the Statewide Medical Director, as well as by Carl A. Hoffman Jr., D.O., D.Sc., CCHP, Corporate Medical Director; Antoine Katiny, M.D., CCHP, Staff Physician; and various other members of the Utilization Review Committee from the Corporate Office in Harrisburg, Pennsylvania.

Duties of the Physician / Physician Assistant / Nurse Practitioner shall include the following:

- Conducting inmate/patient physician's clinic at the Facilities on days and at times scheduled in conjunction with the Facilities.
- Examining, diagnosing, and treating inmates/patients referred to the respective provider.
- Reviewing all laboratory and X-ray and ancillary reports and documenting the review in the medical record.
- Examining and rendering initial emergency medical treatment of persons who are injured or who become ill while on the premises. These persons (other than inmates/patients) shall be stabilized and referred to their physician for any necessary follow-up care.
- Performing annual and/or employment physical examinations for the Facilities, where contractually applicable.
- Providing minor surgical treatment at the institution as deemed medically appropriate, to include suturing for minor lacerations.
- Conducting intake and annual physical examinations of inmates/patients.
- Evaluating food handler candidates prior to assignment and periodically thereafter to ensure compliance with all health regulations.
- Constantly evaluating the need for non-emergency referrals to medical specialists or outside hospitals as needed for diagnosis or treatment of those inmates/patients with health care problems which may extend beyond the scope of services provided on-site.

- Documenting all health care contacts in the inmate's/patient's health care record.
- Participating in quality assurance programs, which include, but are not limited to, audit and medical chart review procedures.
- Provide for daily reports including condition, diagnosis, treatment plan, medications, prognosis, and discharge planning and clinical status / progress on all hospitalized inmates/patients.
- Physicians shall be knowledgeable in the treatment of HIV infection, Tuberculosis, Hepatitis and other communicable diseases, and shall remain current in the treatment of these diseases.
- Physicians' lines shall not be concluded until all inmates scheduled have been assessed.

PrimeCare Medical staff will adhere to accepted medical practice in evaluating and monitoring the medical status of each inmate/patient to ensure that all necessary supporting diagnostic examinations are provided as needed. All health problems identified will be managed through appropriate follow-up. All supporting diagnostic/follow-up coordination needs will be managed by the PrimeCare Medical Health Services Administrator and on-site Medical Director. The provider shall review and sign all diagnostic test results and off-site treatment records during their next scheduled visit to the Facilities. The physician shall also be responsible for adherence to PrimeCare Medical's policy on the use of clinically ordered therapeutic restraints and therapeutic seclusion, which is based upon NCCHC and ACA Standards.

PrimeCare Medical also intends to work with various local residency programs and OB/GYN groups in the State of West Virginia in an effort to identify qualified, appropriately trained providers to assist with providing additional coverages that may be needed within the West Virginia Division of Corrections.

CONTINUITY OF CARE

PrimeCare Medical of West Virginia, Inc. will ensure continuity of care is maintained for all inmates/patients at the West Virginia Division of Corrections, through established communication systems and protocols. PrimeCare Medical's electronic medical records system, CorEMR, has been instrumental in maintaining continuity of care for all health related services, to include provider-to-provider consultation, inmate/patient follow-up on chronic and/or acute health conditions, off-site health referrals, hospitalizations, and discharges from Facility custody. As inmates/patients are continually being discharged from custody while receiving specific treatment regimens, the health care team to include members from Medical and Mental Health, are responsible for coordinating appropriate community referrals prior to the time in which the individual is being released from custody. This effort cannot be successful without the continued collaboration and communication with facility treatment personnel and local support agencies within the community. Our Transition Coordinator will design, develop and implement a

referral resource network within the local communities and be responsible for the successful transition of the inmate/patient back into society.

5.2.1.6.3 Sick Call

Sick call shall be conducted within the parameters of ACA and NCCHC standards. During normal operations, sick call will be conducted in the designated medical unit for general population inmates. Offenders housed in segregated units may be handled within their unit, or at specified times in the medical unit. A primary care physician shall be on-site providing direct patient contact. The standard for direct patient contact is not inclusive of the time required for administrative tasks, such as chart reviews, cosigning charts, reviewing diagnostic reports, and attending meetings. Additionally, the physician/patient ratio will be increased in certain institutions, such as those with large numbers of inmates in segregation or those with a high number of chronically ill, frail/elderly, or high acuity level inmates.

The Agency will coordinate facility sick call schedule with the vendor. Although this schedule will be given priority, the security needs of the facility shall prevail.

The Agency will provide sick call forms and secure collection points. The Vendor shall retrieve sick call forms. A Registered Nurse will triage all collected slips the same day that they are received and record the date and time of triage.

Those sick call slips asserting a medical complaint considered to be an emergency or time sensitive shall be responded to immediately. Immediate referral to a Clinician on-site or on-call shall occur. Those sick call slips determined not to constitute an emergency shall be scheduled for a sick call clinic so that the inmate is seen within 48 hours if submitted Sunday through Thursday, or 72 hours if submitted on Friday, Saturday, or a holiday. The Vendor must collect sick call slips daily at any facility for which 2417 staffing is provided. For facilities where the Vendor does not provide 2417 staffing, sick call slips should be collected daily Monday through Friday, except for state recognized holidays. However, in no instance shall the Contractor fail to collect sick call slips for more than three consecutive days.

For the General Population, the Vendor shall operate sick call clinics no less than five days a week (Monday through Friday, including holidays). On state holidays, staff shall triage sick call slips to identify acute and urgent/emergent inmate complaints and treat such as needed, up to and including referrals to off-sit providers or community hospitals. For non-emergency sick call slips submitted by inmates that the nurse could not manage, the inmate shall be placed on the sick call schedule for the next available day. Sick call hours shall be posted on each medical unit, and be of such duration that all inmates have been seen.

All documentation of sick call encounters shall be made the same day, including missed appointments and refusals. All refusals must be documented and a refusal slip must be signed by the inmate.

Each sick call clinic shall continue operation on that day until it is completed; i.e., when each inmate scheduled to be seen during that sick call clinic and who shows up for the appointment has been seen. There shall be no "backlogs" of inmates to be seen in sick call. Same day referrals from triage (emergent complaints) shall be seen during a clinic session on the same day the inmate appears for services.

The Vendor is responsible for providing sick call to inmates in segregation that is equivalent to the sick call services available to the general population.

A Registered Nurse or higher shall conduct rounds in each segregation unit daily and will speak with each inmate housed there to determine if there are any medical needs. Rounds shall be completed during inmate waking hours and in conjunction with security's ability to provide escort.

Chronic Care Clinic

The Vendor shall operate a comprehensive chronic care program that ensures that conditions requiring chronic care are appropriately diagnosed, treated, and controlled to prevent and minimize decompensation and/or complications of diseases/conditions.

Chronic care conditions include chronic medical problems such as asthma, diabetes, epilepsy, hypertension, cardiovascular and infectious diseases (HIV/AIDS, TB, hepatitis, etc.), and other disabilities or conditions related to aging, terminal illness, etc.

All chronic care clinics shall be documented.

Vendor Response:

DAILY SICK CALL / DISPENSARY OPERATION

Sick call is the system through which each inmate/patient reports for and receives appropriate medical services for non-emergent illness or injury. PrimeCare Medical has established sick call protocols which are system based and have set areas of assessments which should occur based on the inmate/patient concern. Sick call schedules shall be coordinated with security personnel. The Sick Call Protocols are reviewed on an annual basis and are limited within the scope of the practice per state licensure regulations. Per policy, annual training shall occur, conducted by the facility Medical Director, which reviews these protocols and assessment techniques. When an inmate/patient who desires to be evaluated for a medical condition or concern, they will have the opportunity to register via a sick call request slip (Electronic if so equipped) on a daily basis, which shall be reviewed that day by the health authority or other person designated by the responsible physician. When the sick call requests are received in the Medical Department, the following process will occur:

- In accordance with established nursing protocols, a registered nurse will conduct a screening / triage of all sick calls received seven (7) days per week (shall occur within 24

hours of receipt). Actual sick call clinics shall occur within 48 hours of submission of the sick call request. All such forms shall be reviewed, signed, dated, and timed by PrimeCare Medical. In the event the request is emergent in nature, such request shall be responded to immediately by health care personnel. Duration of sick call lines shall be sufficient to ensure that all inmate/patient needs can be met in accordance with the above schedules (i.e., no backlogs shall occur).

- Based on the results of this screening, the nurse will administer appropriate treatment in accordance with treatment protocols and make appropriate referrals to a Provider Clinic.

- All sick call encounters shall be appropriately documented within the medical record, to include appropriate documentation of any missed appointments and/or refused appointments. All refusals shall be signed by the inmate/patient and witnessed by a member of the health care staff.

- The Physician's Clinic/Physician Assistant Clinic/Nurse Practitioner Clinic shall be conducted in the Medical Department on daily basis consistent with the staffing plan contained within this Proposal, or at other designated locations as required by the West Virginia Division of Corrections.

- Upon completion of the physician's clinic, each inmate/patient will have an appropriate notation made on the Dispensary Card found in the medical record (sick call request slips shall also be filed in the inmate's/patient's medical record) until such a time that the PrimeCare Medical of West Virginia, Inc. electronic medical record system is installed. Once installed, all documentation from the sick call process shall occur within this electronic record. Any necessary additional laboratory testing or treatments will be ordered at that time. All of the laboratory, x-ray, and medical tests performed will be reviewed by the on-site Medical Director/Physician Assistant/Nurse Practitioner and recommendations for additional medical tests or treatments will be made.

Sick call shall be conducted within the parameters of NCCHC and ACA standards. During normal operations, sick call will be conducted in the designated medical unit for general population inmates/patients. Offenders housed in segregated units may be handled within their unit or at specified times in the medical unit. Regardless of whether a segregated inmate/patient requests medical service, nursing rounds shall still occur within the segregation unit on a daily basis, to include assessments and appropriate follow-up care. Such segregation rounds shall be completed by a Registered Nurse on a daily basis; where the nurse is required to speak with each inmate/patient housed in segregation to determine if any medical needs are present. Additionally, mental health staff shall conduct rounds within these units in accordance with ACA and NCCHC Standards. All such segregation round encounters are documented within the respective inmate/patient medical records. Co-Payment procedures shall be carried out in accordance with West Virginia Division of Corrections requirements, if applicable. The West Virginia Division of Corrections will coordinate a sick call schedule with PrimeCare Medical. Although this schedule will be given priority, the security needs of the Facilities shall prevail.

A primary care physician shall be on-site providing direct patient contact. The standard for direct patient contact is not inclusive of the time required for administrative tasks, such as chart reviews, cosigning charts, review of diagnostic reports, and attending meetings. Additionally, the Physician/PA/CRNP-to-patient ratio will be increased in certain institutions, such as those with large numbers of inmates/patients housed in segregation or those with high number of chronically ill, frail/elderly, or high acuity level inmates/patients.

SPECIALTY SERVICES AND CHRONIC CONDITIONS

ACA and NCCHC Standards relating to Special Needs Treatment Plans require close monitoring of inmates/patients with special needs (i.e. chronically ill, communicable disease, physically handicapped, disabled, frail elderly, terminally ill, special mental health needs, inmates/patients in a diagnostic or therapeutic "Pipeline" and the developmentally disabled). PrimeCare Medical of West Virginia, Inc. places a major emphasis on chronic care at all of its sites.

PrimeCare Medical of West Virginia, Inc. will provide the services of specialists needed for comprehensive medical services for inmates/patients at the West Virginia Division of Corrections through the contract hospital, local managed care network and/or the local medical community. During the initial Receiving Screening process, all inmates/patients are asked questions related to chronic health conditions. If inmates/patients answer in the positive that they have a chronic condition, automatically, the respective inmates/patients receive a referral for a rapid assessment during the next scheduled provider line. During this chronic care assessment, the inmate/patient is ordered all necessary diagnostic testing and a review of medications shall occur. By rapidly assessing and providing unfettered access to health care services, we have noted a dramatic reduction in hospitalizations related to untreated or delayed care for our sickest and highest risk populations. During this visit, the medical provider will schedule future appointments.

During the Health Assessment and on a continuous basis, inmate/patients who are chronically ill are identified and tracked to ensure that they are seen every thirty (30) to ninety (90) days, or less depending on the severity of their illness, to monitor the chronic condition by the physician, physician assistant, or certified nurse practitioner. The physician shall be required to complete a review of these individuals at a minimum of every three (3) months. Additionally, the physician shall review the care and treatment plans for each of these inmates/patients. A specialized treatment plan will be developed for each inmate/patient requiring such on-going therapeutic care through a multidisciplinary team of health care professionals. When seen, preventative medical maintenance shall be provided and shall include health education and medical services, such as inoculation and immunization in order to take measures in advance of the onset of illness and to provide instruction in the self-care of chronic conditions. Treatment plans shall include a written statement which specifies the particular course of therapy and the roles of medical and non-medical personnel in carrying out the course of therapy, to include specific instructions regarding diet, exercise, medication, type and frequency of diagnostic testing, the frequency of medical follow-up, and adjustment of treatment modality. Such plans shall be individualized and based on an assessment of the inmate's/patient's needs, short and long term goals, and the methods by which these goals shall be pursued.

PrimeCare Medical of West Virginia, Inc. shall utilize aggressive case management for all inmates/patients identified as being at risk for exacerbation of their chronic illnesses related to being incarcerated. The Registered Nurse Case Managers shall monitor, implement, evaluate, and coordinate all care and therapeutic regimens. The Registered Nurse Case Managers and other staff members included with this proposal shall also coordinate discharge planning through the multidisciplinary team. It is PrimeCare Medical's belief that through aggressive case management, the health needs of the Facilities' high health risk population will be managed in the most efficient and cost-effective manner possible; thus resulting in the most favorable inmate/patient health outcomes.

Some of the Chronic Care Clinics which are regularly conducted are as follows:

CHRONIC CARE CLINICS			
HIV/AIDS	Endocrine/Diabetes	Infectious Disease	Seizure Disorders
C.O.P.D.	G.I. Disorders	Mental Illness/Suicide	Tuberculosis
Cardiac	Hypertension	Pulmonary	Chemical Dependency
Asthma	Epilepsy	Kidney Disease	OB/GYN
Cancer/Oncology	Pain Management	Gastroenterology	General Medical Probs.
Physical Therapy	Rehabilitation	Hospice Care	Hepatitis

INFECTIOUS DISEASE

PrimeCare Medical of West Virginia, Inc. will manage any infectious disease cases identified at the West Virginia Division of Corrections as clinically indicated. Guidelines and educational procedures will be such that proper diagnosis, screening, and treatment of these special inmates/patients will be performed by PrimeCare Medical staff in a timely fashion. HIV testing shall be completed at the request of the inmate/patient. State confidentiality laws will be strictly adhered to. PrimeCare Medical has successfully managed and implemented many programs to protect and prevent the transmission of various infectious disease processes within our institutions. Types of these programs include the successful prevention of Tuberculosis, Multidrug Resistant Tuberculosis, MRSA, Influenza, varicella infections, etc. We believe education is paramount to the successful prevention of many infectious disease processes. Through our aggressive management and rapid detection, we have successfully mitigated and prevented the possible spread of illness throughout our institutions. PrimeCare Medical collaborates and coordinates our infection control measures with community, State and Federal public health departments.

The PrimeCare Medical Facility and Statewide Medical Directors will utilize the services of various infectious disease consultants, on acute infectious disease issues, including treatment regimens and medication recommendations. Inmate/Patient management shall be provided only through one or more Board Certified Infectious Disease Specialist(s) or, at a minimum, be supervised by a Board Certified Infectious Disease Specialist(s). Proper and appropriate documentation of services and record keeping shall be maintained, including written recommendations to the Corporate Utilization Review Committee on necessary formulary additions with updates as required by advancing pharmacology. If any significant revisions are

made to the current treatment regimens for infectious diseases, the costs of such additional treatments shall be separately negotiated between PrimeCare Medical and the West Virginia Division of Corrections.

Additionally, PrimeCare Medical shall evaluate and clear all inmates/patients requesting to work in the food service areas / kitchen, to ensure they are free of contagious diseases. Additional diagnostic testing shall be completed as required by the facilities.

- HIV/AIDS MEDICAL CASES: PrimeCare Medical of West Virginia, Inc. will manage any AIDS or HIV positive cases identified at the West Virginia Division of Corrections. Guidelines and educational procedures will be such that proper diagnosis, screening, and treatment of these special inmates/patients will be performed by PrimeCare Medical of West Virginia, Inc. staff in a timely fashion. Treatment for HIV/AIDS shall include: one-on-one counseling, medication education, medication prescription, monitoring and management, medical treatment, management of medical needs and coordination with community based agencies for care and follow-up upon discharge from Facilities. PrimeCare Medical of West Virginia, Inc. will work closely with the community HIV Case Management Agency for purposes of continuity of care. State confidentiality laws will be strictly adhered to.

- HEPATITIS MEDICAL CASES: PrimeCare Medical of West Virginia, Inc. will provide testing for the inmate/patient population pursuant to the requirements of the RFP. In addition to the specialty clinics, immunization and therapeutic treatment regimens will occur in accordance with West Virginia Division of Corrections policy and procedure. The Facility Medical Directors, in conjunction with the PrimeCare Medical of West Virginia, Inc. infectious disease physicians, will evaluate and implement therapeutic treatment regimens for this disease process.

- MRSA/MULTI-DRUG RESISTENT MEDICAL CASES: PrimeCare Medical of West Virginia, Inc. will manage any positive or suspected MRSA or other drug resistant infections identified at the West Virginia Division of Corrections with community approved clinical treatment regimens. Guidelines and educational procedures will be such that proper surveillance, diagnosis, treatment, prevention and monitoring of these special inmates/patients will be performed by PrimeCare Medical of West Virginia, Inc. staff in a timely fashion. PrimeCare Medical will provide prevention education for all inmates/patients currently housed within the West Virginia Division of Corrections' Facilities. Strict screening will occur on intake for any signs or symptoms of CA-MRSA or other multi-drug resistant bacterial infections. All procedures will be completed in accordance with the State Department of Health and the Center for Disease Control guidelines.

- INFULENZA-LIKE-ILLNESS (ILI): PrimeCare Medical of West Virginia, Inc. will manage any suspected or confirmed ILI cases identified at the West Virginia Division of Corrections. Guidelines and educational procedures will be such that proper surveillance, diagnosis, treatment, prevention and monitoring of these infectious inmates/patients will

be performed by PrimeCare Medical staff in a timely fashion. All procedures will be completed in accordance with the State Department of Health and the Center for Disease Control guidelines. All inmates/patients who are housed and or arriving in the West Virginia Division of Corrections will be screened and receive education on ILI illness. In the event a new strain or a strain with significant virulence occurs, PrimeCare Medical will implement its pandemic plan to assist the West Virginia Division of Corrections with clinical and operational oversight. Our plan focuses on monitoring the State Department of Health and Center for Disease Control sentinel reporting methods, monitoring national and international media outlets, monitoring the Center for Disease Control and the World Health Organization (WHO). Once reported, PrimeCare Medical will increase surveillance efforts to monitor all sites and regions for any unusual activity. PrimeCare Medical will work with the State Department of Health to determine if rapid testing is available. If available, sentinel testing will begin within the institutions. PrimeCare Medical will immediately work with the West Virginia Division of Corrections to implement rapid education, increase surveillance efforts, and will recommend any special housing recommendations. Pertinent information will be shared with all PrimeCare Medical and West Virginia Division of Corrections employees.

THERAPEUTIC DIET PROGRAMS

The on-site Physician/Nurse Practitioner/Physician Assistant will be responsible for the ordering, monitoring, and evaluating of therapeutic diet programs as dictated by applicable standards at the West Virginia Division of Corrections. Necessary therapeutic diets will be permanently recorded in the inmate's/patient's medical record. These therapeutic diet programs may only be ordered by the Physician/Physician Assistant/Nurse Practitioner and must be reviewed on a monthly basis. These diets are the financial responsibility of the Facilities. Inmates/Patients who suffer from diabetes, hypertension, cardiac problems, AIDS, hepatitis, or other nutritionally complicated conditions, such as pregnancy, may require a therapeutic diet. PrimeCare Medical's contracted dietician, Susan Brennan, RD, LDN, shall be available to consult on semi-annual dietary menu cycle reviews in accordance with applicable standards and complete specific inmate/patient reviews when therapeutic dietary treatment plans have been ordered for unique nutritional concerns. The PrimeCare Medical of West Virginia, Inc. contracted dietician and health care providers shall educate inmates/patients on the topics of dietary needs, food consumption, and commissary.

RENAL DIALYSIS

PrimeCare Medical of West Virginia, Inc. will subcontract dialysis services to CharDonnay Dialysis, Inc. CharDonnay Dialysis was formed in 1994 and has been a woman-owned enterprise since inception, which specializes in Correctional Care Dialysis. CharDonnay Dialysis offers experienced dialysis nurses, certified technicians and nephrologists. CharDonnay Dialysis follows all state and federal regulations as they apply to corrections and shall ensure their services comply with all policy, procedures, and guidelines as set forth in the RFP. CharDonnay is also the current dialysis provider to the West Virginia Division of Corrections, therefore,

allowing PrimeCare Medical to seamlessly transition this portion of the Proposal, while maintaining the highest level of continuity of care for this critically ill inmate/patient population.

At the Mount Olive Correctional Center, CharDonnay Dialysis will run six (6) days a week, Monday through Saturday, if treatments are required, but will maintain a routine M-W-F schedule when census allows. Most inmates/patients dialysis treatment duration is between three to four and one-half (3-4.5) hours, three (3) times a week, either M-W-F or T-Th-Sat schedule. Hours of operations and maximum usage of the dialysis machines is dependent upon the flexible hours of operations allowed within the correctional facility.

CharDonnay Dialysis will provide admission inmate/patient teaching and annual patient teaching thereafter. CharDonnay Dialysis provides experienced dialysis nurses who are able to conduct on-going education for the inmates/patients. CharDonnay Dialysis will provide a continuous quality improvement program monitoring water quality, infection control, dialysis adequacy, anemia control, nutritional status, osteodystrophy, access integrity, access complications, sentinel events, off-site care patient/staff safety and satisfaction. This program can be tailored to the specific needs of the facility.

All inmate/patient interactions and treatments shall be documented in PrimeCare Medical of West Virginia, Inc.'s electronic medical record system under a renal dialysis section. A copy of the treatment record shall be provided to the West Virginia Division of Corrections upon return of the inmate/patient from any off-site renal dialysis treatment.

CharDonnay Dialysis would conduct an on-site machine orientation with all new or retained staff. If permitted, CharDonnay Dialysis would complete employee orientation during the week prior to initiation of the contract. Prior to opening, CharDonnay Dialysis technical support would go on-site and hook each machine to the water source and that each new machine is in working order, perform machine disinfection on each machine and obtain all cultures to be sent to a laboratory company.

5.2.1.6.4 Dental Services

Dental care services are to be provided in accordance with ACA and NCCHC standards. All dental services shall be provided under the direction and supervision of a dentist licensed by the State of West Virginia.

Dental laboratory services and all prosthetics shall be the responsibility of the Vendor. If an inmate has been edentulous for some time before being admitted into the custody of the Agency, and evaluation shall be made on an individual basis to determine the need for prosthetic devices and/or dentures.

Pursuant to court order, dental prosthetics for cosmetic purposes, specifically front teeth replacement, shall be provided at least six (6) months prior to the first possible release date.

Vendor will provide dental services, such as fillings and/or extractions, to RSAT inmates housed at work release centers. Inmate will be transported to the nearest Agency facility with dental capabilities.

Vendor Response:

DENTAL SERVICES

Part of the initial assessment will include a dental screening to be performed by a PrimeCare Medical, Inc. health care professional. This screening includes an assessment of the individual's dental health and provides education to assist with dental hygienic practices. Medical staff personnel responsible for completing these screenings will be trained by Dr. Nathan Kalteski, Director of Dental Health Services, or his designee. Basic dental services and treatments shall be in accordance with ACA and NCCHC Standards and will be performed by the contracted dentist and shall include examinations, extractions, fillings, dental hygiene instruction, emergency care, provision of all dental prosthetics and lab services, and provision of maxillofacial surgery services when indicated. If an inmate/patient has been edentulous for some time before being admitted into the custody of the Division, an evaluation shall be made on an individual basis to determine the need for prosthetic devices and/or dentures. PrimeCare Medical acknowledges that pursuant to court order, dental prosthetics for cosmetic purposes, specifically front teeth replacement, shall be provided at least six (6) months prior to the first possible release date. PrimeCare Medical will also provide required dental services to RSAT inmates/patients pursuant to the RFP. All dental evaluations and treatments shall be documented by the contracted dentists within the PrimeCare Medical of West Virginia, Inc. electronic medical record system to ensure continuity of inmate/patient care is maintained at all times. Arrangements for emergent care through locally contacted oral surgeon offices shall also be available and coordinated as clinically indicated. The assigned dentist, or a Corporate Dentist, shall be available on-call twenty-four (24) hours per day, seven (7) days per week for emergency situations.

5.2.1.6.5 Optometry Services

Optometry examinations and treatment shall be provided on-site at every correctional center with the exception of MCC and ACC, so as to adequately attend the needs of all inmates. Adult commitments assigned to ACC shall be transported to DCC for optometric services as medically determined. The Agency will provide security transportation at no cost to the Vendor. Agency will provide all equipment necessary for these on-site services at all locations. Treatment and care beyond the scope of expertise of the optometrist shall be referred to an off-site specialist.

Generally, inmates who have 20/40 vision or better, and at least one eye uncorrected with neither eye being less than 20/40 corrected will not be issued corrective lenses unless he/she presently wears corrective lenses or has worn corrective lenses within the last 2 years.

An indication of need for further examination would be if the visual acuity is not at least 20/40 or if the intraocular pressure is above 20. Furthermore, if a disease process merits visual evaluation,

additional follow-up and treatment will be performed. Routine eye examinations will be performed every two years in accordance with NCCHC standards.

Inmates 50 years of age or older, or persons with a suspected or confirmed diagnosis of Diabetes or severe vascular hypertensive or lipid disorders shall be afforded the opportunity to be examined by an Optometrist on an annual basis.

In the event of identification of a special need which arose prior to the defined frequency intervals, such as traumatic injury, disease, or disorder which impacts vision, the inmate may be evaluated by the Optometrist more often than specified herein and referred to an Ophthalmologist based upon demonstrated clinical need.

The Vendor shall not be responsible for any treatment or care involved in the use of contact lenses. Inmates who opt for use of contact lenses will be solely responsible for the purchase, care, and maintenance of said items.

There shall be no sunglasses or tinted lenses unless medically indicated; that is, the inmate's ophthalmologic integrity would suffer or be compromised without the use of these lenses.

Vendor Response:

VISION CARE SERVICES

Eye examinations and treatments shall be performed in accordance with West Virginia Division of Corrections Policy, as well as being in accordance with ACA and NCCHC Standards at all sites required by the RFP. PrimeCare Medical of West Virginia, Inc. shall utilize Institutional Eye Care, a Pennsylvania Corporation, for optical services, as well as, locally contracted eye care providers as required by the RFP. These services will include: Regular eye examinations, Emergency eye care services, Prescribing, Ordering, Dispensing, Fitting of eyeglasses, Routine eyeglass maintenance, Routine eye examinations when medically indicated and other eye care services as indicated. Contact lenses will only be provided if medically necessary in accordance with West Virginia Division of Corrections policy. Any required treatment and care beyond the scope that can be provided on-site shall be referred to a locally contracted off-site specialist. Routine eye exams shall be completed every two (2) years in accordance with NCCHC Standards.

5.2.1.6.6 Auditory Services

Auditory services will be provided as follows:

A hearing examination will be performed by a licensed audiologist when indicated by the results of health appraisals or assessments. Vendor is responsible for the purchase and provision of hearing amplification devices and batteries, and for any repairs to hearing amplification devices, unless it is evident that the impending repair is the result of intentional misuse. If the aforementioned is the case, then the inmate will be responsible for the cost of repairs. If a

hearing amplification device is indicated, the Vendor will not be expected to render payment for more than one amplification device per person per 3 year period, unless medically required.

Vendor Response:

Hearing examinations and treatments shall be performed by a licensed audiologist in accordance with West Virginia Division of Corrections Policy, as well as being in accordance with ACA and NCCHC Standards at all sites required by the RFP. PrimeCare Medical shall be responsible for the purchase and provision of necessary hearing amplification devices and batteries consistent with the requirements of the RFP.

5.2.1.6.7 Referrals to off-site health care providers

All off-site referrals shall be at the expense of the Vendor and are to be applied towards the catastrophic capitation limit. The Vendor shall make referral arrangements per a Utilization Management Plan for off-site specialty treatment and care for those inmates whose health condition warrants the same, or for those problems which may extend beyond the capabilities of the primary health care provider.

All off-site referrals shall be coordinated with Agency institutional staff. The Vendor shall endeavor to consolidate the scheduling of appointments and services for inmates with community physicians, hospitals, and other health care providers and services. Every effort shall be made to minimize the impact upon security staff that must transport and provide custody to inmates during off-site referrals. There may be rare occasions, due to the non-availability of transportation vehicles, that non-urgent appointments must be rescheduled. The Agency shall make every effort to accommodate all off-site referrals.

Vendor Response:

SCHEDULING OF OFF-SITE CONSULTATIONS

PrimeCare Medical of West Virginia, Inc. shall be responsible for administrative efficiency, quality, and cost-effectiveness of any off-site specialty consultation. PrimeCare Medical shall recruit, credential, develop, and contract with a preferred provider network to provide all covered medically necessary services, which cannot be provided on-site to the inmate/patient population of the Facilities. PrimeCare Medical shall make all reasonable attempts to develop the preferred provider network within the closest available proximity to the Facilities, keeping in mind the additional burden placed on security personnel as a result of these off-site transports. Such outside specialists will be brought on-site to the West Virginia Division of Corrections whenever possible to furnish services. Upon a contract award, PrimeCare Medical fully intends to formalize agreements with all other community specialists / members of the existing preferred provider network and negotiate financial discounts in accordance with West Virginia legislation for services provided to each Facility's inmate/patient population. PrimeCare Medical of West Virginia, Inc. already has established relationships with community providers near most West Virginia Division of Corrections' facilities; therefore, this implementation item will occur

seamlessly due to these long term positive relationships. PrimeCare Medical shall coordinate all off-site medical, mental health, and dental referrals to local community specialists as determined clinically appropriate by the respective on-site physician. All scheduling, continuity of care paperwork, and payment coordination shall be the responsibility of PrimeCare Medical.

All off-site referrals will be reviewed and evaluated for clinical appropriateness by the Statewide Medical Director and the Corporate Utilization Review Committee and shall be coordinated with Facility Administration. A Request for Consultation review form will be completed and sent with the inmate/patient to the respective community provider's office. PrimeCare Medical shall endeavor to consolidate the scheduling of appointments and services for inmates/patients with community physicians, hospitals, and other health care providers and services. The West Virginia Division of Corrections shall make every available effort to accommodate all off-site referrals. PrimeCare Medical shall obtain daily updates on all inmates/patients receiving health care services from any off-site specialty care provider while the inmate/patient is receiving such off-site care. All medical documentation / findings received from the local provider's office shall be reviewed by the physician / physician's assistant / certified registered nurse practitioner in accordance with applicable standards and placed in the inmate's/patient's medical record with appropriate orders for any new treatment and/or medication required. Any non-routine follow-up care that is recommended by the preferred provider's office shall be communicated directly with the Facility Medical Director to determine the most appropriate course of future treatment.

UTILIZATION REVIEW & COST CONTAINMENT

PrimeCare Medical of West Virginia, Inc. has an effective Utilization Review procedure. All hospitalizations, outpatient procedures, outside consultations, outside diagnostic procedures, and non-formulary medication requests are subject to review by the Corporate Utilization Review Committee. Elective and experimental drugs and procedures are not utilized unless the immediate health or quality of life of the inmate/patient will be adversely affected. Emergency issues are handled by the individual facilities' Physicians, but an immediate report to the Statewide Medical Director and Corporate Medical Director is made once a situation has stabilized. Pre-approval is requested from the U.S. Marshall's Service or U.S. Immigrations on all Federal Inmates/Patients. This Utilization Review procedure shall demonstrate to the West Virginia Division of Corrections that the uses of off-site services are appropriate and that the length of stay, if applicable, is neither longer nor shorter than medically indicated. PrimeCare Medical's Corporate Utilization Review Committee is multidisciplinary in scope and is comprised of the following members:

- **Carl A. Hoffman, Jr., D.O., D.Sc., CCHP** - President and Corporate Medical Director, with over thirty- nine (39) years of correctional health care experience.
- **Jerry M. Hahn, M.D.** – Senior Staff Physician, with over thirteen (13) years of correctional health care experience.
- **Antoine Katiny, M.D., CCHP** – Staff Physician, with approximately twenty (20) years of correctional health care experience.

- **Rebecca F. Davis, RN, BSN, CCHP** – Vice President of Operations, with over twenty (20) years of correctional health care experience.

- **Todd W. Haskins, RN, BSN, CCHP** - Vice President of Operations, with over twenty-one (21) years of correctional health care experience.

- **Paul W. Navarro, M.S.N., NP-C, CCHP** - Junior Vice President of Clinical Operations and Nurse Practitioner, with nearly fifteen (15) years of correctional health care experience.

- **Jennifer Mroz, MS, PA-C, CCHP** – Director of Clinical Operations, with over ten (10) years of correctional health care experience.

PrimeCare Medical of West Virginia, Inc. shall utilize aggressive case management for all inmates/patients identified as being at risk for exacerbation of their chronic illnesses related to being incarcerated. The Registered Nurse Case Managers shall monitor, implement, evaluate, and coordinate all care and therapeutic regimens. The Registered Nurse Case Managers shall also coordinate discharge planning through the multidisciplinary team. It is PrimeCare Medical of West Virginia, Inc.'s belief that through aggressive case management, the health needs of the West Virginia Division of Corrections' high health risk population will be managed in the most efficient and cost-effective manner possible; thus resulting in the most favorable inmate/patient health outcomes. This team of Registered Nurse Case Managers primary responsibility is to aggressively case manage all inmate/patient hospitalizations, specialty consultations, and acute care inmates/patients; providing daily progress updates to the Utilization Review Committee and State Medical Directors.

Additionally, PrimeCare Medical of West Virginia, Inc.'s Utilization Review Program includes:

- An identified percentage of all cases for medical provider review.

- An identification of whether the determination is such that a medical provider becomes involved.

- The number of medical provider requests that would be reviewed in a year, identifying how many were approved for Medical / Surgery, Mental Health, and Dental Services.

- Implementation of a coding system for diagnoses and procedures.

- Develop review criteria and procedures for determining medical necessity for proposed treatment (including chemical dependency withdrawal), admission to off-sites facilities and/or the infirmary to include appropriate length of stays; mental health care (in-patient and out-patient); case management; and out-patient services. Prior authorization from the Utilization Review Committee is required for all such care, except for in emergent situations as detailed above. Reviews shall occur within a timely manner, typically

within twenty-four (24) hours of request, to facilitate timely access to care. All such requests will be reviewed to ensure requested care is in accordance with applicable clinical standards, is of the most conservative, but yet appropriate manner possible so that the inmate's/patient's medical needs are addressed, and to quickly redirect certain cases to the best alternative sources of required treatment.

- The Utilization Review Committee shall have the ability to review and discuss any non-formulary and/or consultation requests with the respective on-site providers / facility medical directors to ensure the most clinically appropriate care is being provided to the inmates/patients. All such communication and requests shall be appropriately documented.

- The system shall accommodate and provide for an appeal process that is quick and that allows the primary care physician to appeal a case, along with his/her supervisor, to a committee of physicians overseen by the Corporate Medical Director who shall serve as a final arbiter in all cases.

PrimeCare Medical of West Virginia, Inc. shall cooperate and work with the West Virginia Division of Corrections to assure that its Utilization Review Program staff and Quality Assurance Staff have an effective means of communication with the facilities regarding all critically ill inmates/patients.

MANAGEMENT OF OFF-SITE CARE AND COST CONTAINMENT

PrimeCare Medical of West Virginia, Inc. has various systems and protocols in place to effectively manage the inmate's/patient's health needs on-site at the West Virginia Division of Corrections. However, as mentioned above, clinical situations do arise where the need for off-site specialty services and/or hospitalization is required. In such cases, PrimeCare Medical's Utilization Review Committee, RN Case Managers, local Health Services Administrators and Medical Directors work collaboratively together to ensure the need for such service is clinically indicated and that PrimeCare Medical's cost containment protocols are enforced.

Typically, when PrimeCare Medical transitions a new medical services contract, we conduct an initial baseline review and analysis of the current facilities / medical operations to determine necessary and required operational modifications that we believe will lead to increased efficiencies and cost effectiveness. Based upon these findings, we will strategically and systematically initiate changes which we believe will help us to achieve these goals. Once initiated, we will begin to monitor their effectiveness and continue to make slight modifications to them until the desired outcome is achieved. While many of these operational changes have assisted us in reducing the clients' financial liability, many more significant achievements have been realized which cannot be quantified. PrimeCare not only offers to you, but encourages you to contact any of our existing clients to validate our performance.

Based upon our review of the West Virginia Division of Corrections' RFP and historic utilization statistics, we believe there are several options and efficiencies that we can offer to significantly

reduce the number of outside transports that the State has been experiencing. One component of this is through the use of our telemedicine clinics, which is further discussed later in this Proposal. Through the PrimeCare solution, we can offer the West Virginia Division of Corrections with the option of having various different health care specialists evaluate inmates/patients through the use of telemedicine video conferencing equipment, thus eliminating the need for these individuals to be transported off-site. Some examples of such specialists include OB/GYN providers, oral care specialists, and infectious disease physicians. Another component that PrimeCare Medical would suggest to reduce the number of inmate/patient transports would be by contracting with a local mid-level practitioner who would be willing to travel on-site to the correctional institutions on the evening shift to evaluate and provide necessary care to your population. Based upon your statistics, we believe this could play a critical role in reducing non-emergent after hour transports. PrimeCare Medical has already made similar staffing adjustments within other correctional institutions, which have yielded invaluable results to both our medical team and the facility correctional staff. For example, in Dauphin County, Pennsylvania, they were experiencing an increase in the number of off-site consultations and in-patient hospitalizations. As a result, PrimeCare Medical successfully recruited for a full-time Infectious Disease / Chronic Care Registered Nurse. Since this position was created, the number of consults and hospitalizations has decreased significantly, saving PrimeCare and the County financially. In Northumberland County, Pennsylvania, they were also experiencing a surprisingly high number of off-site referral requests. Again, following our analysis of their operation, we coordinated for an additional provider clinic one time per week, which almost immediately nearly eliminated the use of off-site consultation requests.

Another critical aspect of this process, specifically relating to cost containment initiatives, is spearheaded by our Corporate Utilization Review Committee. Typically, pharmaceutical expense is the largest variable on-site operating cost in any correctional health care setting. PrimeCare Medical's medication formulary, which is detailed later in this Proposal, is the most significant method by which we adequately and appropriately manage this expense. In the event a health care provider elects to order a non-formulary medication, prior approval must be obtained, pursuant to Company policy, from the Utilization Review Committee. Throughout the years, we have managed to successfully reduce many clients' pharmaceutical budgetary line items significantly through this process. Recently, PrimeCare Medical was awarded a correctional health services contract in Crawford County, Pennsylvania; where in the first year of our contract alone, we were able to reduce the total pharmaceutical expense by over ninety (90%) percent.

With regards to off-site care, this is often times another substantial cost to agencies' inmate health care budgets. Again, many of PrimeCare Medical's initiatives and cost containment strategies are detailed throughout this proposal, to include utilization review, aggressive case management, negotiating for significantly reduced billable charges through outside agencies, etc. Through these efforts we have managed to significantly limit the financial exposure of our clients as it pertains to off-site consultations and in-patient and out-patient hospitalizations. Likely two (2) of the most significant accomplishments in which PrimeCare Medical is extremely proud to say that we played a critical role in developing have to do with the passing of state legislation in both Pennsylvania (Act 22 of 2011) and West Virginia (House Bill 2422),

which regulate what hospitals and off-site specialists can charge for inmate/patient health care services. Both of these pieces of legislation capitate billable charges by these organizations at the Medicaid and Medicare fee structures, thus, resulting in significant savings to the respective clients.

In Chester County, Pennsylvania, the County is responsible for the health needs of a detainee prior to their booking into the correctional facility. Through our aggressive negotiation efforts and network of local community providers, we have managed to save Chester County between $1.5M to $2.0M over recent years.

In Dauphin County, Pennsylvania, the County had housed two (2) different hemophiliac patients within the past few years, both of which required extensive in-patient hospitalization. Again, through our ability to negotiate with the respective hospital organizations, we successfully negotiated the first inmate's charges from $4.4M to only $399,000. The second hemophiliac patient incurred hospital charges of over $7.0M. In this case, we were able to coordinate with the hospital's case management and billing department to have the inmate enrolled in Medicaid, which ultimately made full payment on behalf of the County.

5.2.1.6.8 Pharmaceutical Services

Pharmaceutical services shall be provided in accordance with NCCHC and ACA standards, The Vendor shall develop a proposed formulary and submit a copy thereof to the Agency for review. It is recommended that the formulary is utilized for the majority of prescribed medications.

The Vendor shall be responsible for the provision of all necessary pharmaceuticals, to include prescription and nonprescription, to the institution. Pharmaceuticals are expected to be procured in a timely and expedient manner. Prescribed pharmaceuticals must be available for administration the next day following order transcription, excluding Saturday, Sunday, and/or Holidays.

The Vendor will provide the necessary equipment for the transmission and procurement of pharmaceutical orders. The "unit dose" system is the preferred means of packaging. When feasible, once a day or twice a day dosing is preferred. There shall be a procedure for the timely acquisition of newly prescribed, stat, and emergent pharmaceuticals.

When there is no staff pharmacist, the Vend or shall employ a consulting pharmacist who shall be utilized for Quality Assurance, pharmacy inspections, visits, and consultations on a regular basis, not less than quarterly.

A program of self-administration of medications, referred to as "keep on person" or KOP, with strict accountability will be implemented among those inmates who meet program criteria as mutually agreed upon by the Vendor and the Agency. No federally DEA controlled medications, psychotropic, injected medications, or medication for the treatment of AIDS or preventative tuberculosis therapy shall be dispensed through the use of the KOP program. All KOP

medications will be packaged utilizing the "unit dose" system. Inmates who demonstrate noncompliance or lack of responsibility shall be removed from the program.

In order to facilitate continuity of care, whenever an inmate receiving prescription medication is discharged, paroled, or transferred from the Agency system, a minimum of a 10 day supply of mediation shall accompany the inmate, as well as, one prescription for a 30 day supply of non-controlled medication. This permits the inmate or the receiving facility sufficient time to arrange for follow-up care.

Vendor Response:

PHARMACEUTICAL SERVICES

PrimeCare Medical of West Virginia, Inc. has written policies outlining the proper procedure for medication administration, documentation requirements on the medication administration record (MAR), routine provider follow-up evaluations for continued long-term medication orders, and counseling / referring of inmates/patients who refuse prescribed medications. Through this effort, PrimeCare Medical's goal is to provide safe and cost effective care. All prescriptions are written in accordance with a formulary, which includes generic drugs approved for substitution by the Medical Director/Physician Assistant/Nurse Practitioner. Preference is for generic drugs whenever appropriate. The purpose for such formularies is to:

- Promote cost containment/effectiveness without increased risk of adverse consequences or therapeutic misadventures.
- Promote rational and objective drug therapy.
- Promote appropriate generic drug utilization and use of the lowest cost therapeutically equivalent drug within a category.
- Work with other state agencies to purchase medications in bulk at the state agency rate.

Our pharmaceutical system shall provide for the ordering, monitoring on-site receipt, and maintaining an inventory of pharmaceuticals in a safe, secure, and organized fashion. The responsible physician shall approve written procedures for the distribution, administration, accounting and disposal of medications. The responsible physician shall also approve a formal medication log (Medication Administration Record) which shall be maintained for each inmate/patient receiving medication. The inmate's/patient's medication log shall include the date, time, name of drug and dosage administered. PrimeCare Medical shall also adhere to any West Virginia Division of Corrections' keep-on-person limited medication policy as approved by the Facility and Statewide Medical Director. Each facility shall provide a locked storage area for medications and a list of stored medications shall be maintained. Medications shall be secured within these areas in both locked cabinets and also locked medication carts. All drugs are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.

Internal and injectable medications will be stored separately from antiseptics, drugs for external use, disinfectants, and cleaning supplies.

Persons administering medication shall do so under the supervision of the responsible physician and shall have received training appropriate to their assignment. They are accountable for administering medications according to orders as to both frequency and dosage, and for recording the administration of medications in a manner and on a form approved by the responsible physician. Training from the responsible physician shall include the medical aspects of administration or distribution of medication to all individuals involved with the handling, ordering, or administering of medications. When feasible, once a day or twice a day dosing is preferred.

Any inmate/patient who refuses medication shall sign a statement to that effect, which shall be signed by a staff member and filed in the inmate's/patient's medical record. Medications shall be administered only by an appropriately licensed health care professional. When medications are taken orally, the person administering the medication shall take appropriate action to verify that the medication has been swallowed, thereby ensuring proper ingestion of the prescribed medication. The on-site registered nurse shall be responsible for maintaining the accuracy of the MAR each shift and that any inaccuracies / errors are corrected. Furthermore, inmate/patient MAR's shall be available to the providers during all clinical encounters. PrimeCare Medical of West Virginia, Inc. shall provide notifications of contraindications, e.g., drug interactions, drug allergy, or incorrect dose.

PrimeCare Medical will provide all medical supplies, office supplies, books, periodicals, and forms necessary to maintain a facility dispensary for the care of the West Virginia Division of Corrections inmate/patient population. PrimeCare Medical will provide a central pharmacy through Boswell Pharmacy Services, Inc., a local Pennsylvania corporation, for prescription services. Through our agreement with Boswell Pharmacy Services, we will ensure that all requirements of the RFP are met, to include on-site STAT dose capabilities for emergencies, availability of emergency medication boxes, daily mediation delivery in unit dose packs, on-site starter doses of medications, pharmacy's provision of alerts and reports to our health care providers regarding drug interactions and dosage alerts, and quarterly pharmacy audits with written reports completed by a registered independent pharmacist. PrimeCare Medical shall also contract with local back-up pharmacy providers within the community, so that any prescribed medications ordered after hours can be made available to the respective inmates/patients; thus, making pharmaceutical delivery available seven (7) days per week. Upon an inmate's/patient's discharge from the facility, an adequate supply of medication shall be sent with them in accordance with West Virginia Division of Corrections' policy. These services shall be further customized for the Facilities' needs and will be furnished in compliance with all State, Federal and other applicable regulations.

Over-The Counter (OTC) Medications and Stock Medications Inventory:

- PrimeCare Medical of West Virginia, Inc. shall establish a stock supply of commonly utilized medications (OTC's, legend and controlled substances) for administration to

inmates/patients prior to receipt of their specific prescription as permitted by State Law and the West Virginia Division of Corrections.

- Stock medications shall be managed and maintained in a safe and secure environment with a perpetual inventory tracking system, developed by PrimeCare Medical of West Virginia, Inc., to ensure accountability.

- PrimeCare Medical of West Virginia, Inc. shall train all involved facilities and health care staff that are involved in the process subsequent to their duties and responsibilities, in order to initiate and maintain the system. The training program shall be approved in advance by the West Virginia Division of Corrections.

In order to minimize the waste of pharmaceutical and consumable medical supplies, it is the responsibility of the PrimeCare Medical of West Virginia, Inc. Health Services Administrator to designate one (1) individual to be responsible for conducting a weekly inventory and ordering of all supplies and one (1) individual, to be responsible for weekly ordering of medications. This will ensure that physicians have adequate notice to review and renew prescriptions. This specific designation of responsibility increases accountability and reduces the possibility of double ordering, missed prescriptions, delay in ordering, lack of supplies when most needed, and premature prescription changes.

Our electronic medical record system is critical to effective medication management. Physicians order medications directly through the electronic medical record system and inmates/patients receive their medications (if available) at the next medication pass. When a clinician orders medications, the order is sent electronically directly to the pharmacy via the electronic medical record system. This system allows for faster ordering and processing of medications in all facilities. This one step process allows for a reduction in staff time and there is less likelihood for transcription errors to occur. Furthermore, inmate/patient MAR's shall be available to the providers during all clinical encounters. PrimeCare Medical shall provide notifications of contraindications, e.g., drug interactions, drug allergy, or incorrect dose.

A Pharmacy and Therapeutics Committee, consisting of at least the on-site Medical Director/ Physician Assistant or Nurse Practitioner, Health Services Administrator, Pharmacist, and members of the Facilities' Administration will meet as required, but no less than quarterly. This committee, which will report to the Continuous Quality Improvement Committee, shall be responsible for considering and recommending additions and deletions to the formulary. The usage of all pharmaceuticals, including psychotropic drugs, shall be closely monitored and prescribing patterns identified. The Committee shall also assist with drug utilization audits. Generic prescription drugs are used whenever possible. Effective, accepted drugs which have been on the market are provided initially, and only when they are ineffective, are newly approved drugs prescribed. PrimeCare Medical of West Virginia, Inc. and the contracted pharmacy vendor shall report on a monthly basis all requested pharmacy statistics required by the West Virginia Division of Corrections.

PrimeCare Medical and Boswell Pharmacy shall provide a consulting pharmacist who shall be utilized for quality assurance, pharmacy inspections, site visits and consultation as needed, but no less than quarterly.

Upon an inmate's/patient's discharge from the Division's custody, PrimeCare Medical shall provide sufficient supplies of prescribed medications in accordance with Division policy.

5.2.1.6.9 Infirmary Care

Infirmary care shall be provided at the following institutions: MOCC, SMCC, and LCC. All infirmaries shall conform to ACA and NCCHC standards of care. The Vendor shall utilize the infirmary to its fullest extent within appropriate health care standards. The infirmary shall be staffed 24 hours per day, 7 days a week by sufficient and appropriate qualified health care professionals in order to provide skilled nursing care to those inmates whose health conditions merit such care.

Infirmary care shall adhere to the following guidelines:

1. A physician must be on call 24 hours per day/7 days a week.
2. Infirmary is to be supervised by a staff RN who is to be present daily for each shift.

Vendor Response:

INFIRMARY OPERATIONS

PrimeCare Medical of West Virginia, Inc. shall utilize infirmary units to the fullest extent consistent with acceptable medical standards at all West Virginia Division of Corrections Facilities who offer an Infirmary (MOCC, SMCC, LCC). PrimeCare Medical of West Virginia, Inc. shall be permitted to request from the West Virginia Division of Corrections a temporary inmate/patient transfer for infirmary inmates/patients to the nearest infirmary available for those inmates/patients housed in an institution that does not operate an infirmary. All functioning infirmaries shall adhere to the following minimum standards:

- A physician shall be on-call twenty-four (24) hours per day, seven (7) days per week and must come on-site as needed to make assessments, write orders, and provide care.
- Supervision of the infirmary shall be completed by an on-site registered nurse, twenty-four (24) hours per day, seven (7) days per week.
- A sufficient number of appropriate health care personnel shall be on duty, as dictated by the staffing matrix requirements, as well as, by clinical need.
- PrimeCare Medical of West Virginia, Inc.'s Policy and Procedures Manual shall be on-site and available to all staff working within the infirmary.

- Completion of a medical history, physical examination, and nursing care plan shall occur within twenty-four (24) hours of admission to the unit.

- All clinical encounters shall be documented in the inmate/patient medical record.

- Admission to and discharge from the infirmary require the order of a physician. The PrimeCare Medical of West Virginia, Inc. provider must sign admission notes and discharge treatment plans. This will be required for each infirmary stay.

- Infirmary rounds shall be conducted by a registered nurse on each shift (including weekends and holidays).

- All PrimeCare Medical of West Virginia, Inc. policies, procedures, and protocols for infirmary care shall be consistent with ACA and NCCHC standards and be approved by the West Virginia Division of Corrections.

- Those inmates/patients requiring care beyond the capability of the infirmary shall be hospitalized at a local, licensed community hospital or other appropriate licensed health care facilities.

- PrimeCare Medical of West Virginia, Inc.'s electronic medical record system has a comprehensive infirmary care module that will provide the means for treatment and related documentation for all care provided to the inmates/patients confined to the facilities' infirmaries.

The PrimeCare Medical of West Virginia, Inc. Director/Physician Assistant/ Nurse Practitioner will utilize the infirmary / medical observation unit / special needs housing located in the Medical Department in lieu of placement in an outside hospital unless it is medically necessary to do so. Placement outside of the Infirmary / Medical Observation Unit / Special Needs Housing Unit will occur only when the medical condition of the inmate/patient is such that special needs housing is not appropriate because of the resource level demanded for successful treatment of the inmate/patient condition. The Infirmary / Medical Housing shall be utilized to its fullest extent. The Medical Observation Unit / Special Needs Housing Unit will be operated in accordance with the following:

- A physician shall be on-call twenty-four (24) hours per day.

- Medical Observation Unit / Special Needs Housing Unit supervision by health-trained personnel (LPN or RN) shall be maintained at all times during occupancy by an inmate/patient.

- A manual of nursing care procedures, medical treatment protocol and standing orders for medication shall be maintained in the Medical Observation Unit / Special Needs Housing Unit in accordance with ACA and NCCHC Guidelines. A copy of this manual shall be provided to the Facilities Administrator upon commencement of the contract.

- PrimeCare Medical of West Virginia, Inc.'s utilization review process shall operate to assure appropriate usage of Medical Observation Unit / Special Needs Housing Unit. A monthly report shall be provided to the Facilities Administrator of the Medical Observation Unit's / Special Needs Housing Unit's utilization.

Prior to inmates/patients with diagnosed psychiatric or significant medical illnesses are given housing assignments, work assignments, disciplinary measures or transfers, the Prison Facility's administrator and the responsible physician or their designees shall confer to consider any special precautions or preparations. A list of frequent illnesses which require special arrangements shall be developed.

SPECIAL NEEDS HOUSING

In addition to operating Infirmaries within the West Virginia Division of Corrections, PrimeCare Medical of West Virginia, Inc. Physician/Physician Assistant/Nurse Practitioner will also utilize the special needs housing units to their fullest extent within the institutions for all inmates/patients who require close medical observation, when clinically appropriate. Placement outside of the special needs housing unit will occur only when the medical condition of the inmate/patient is such that special needs housing is not appropriate because of the resource level demanded for successful treatment of the inmate's/patient's condition.

5.2.1.6.10 Radiology Services

All routing radiology services are to be provided on-site by the Vendor's radiology technician at those facilities which have radiology units. Radiology services for those sites which do not have radiology units, will be provided either through mobile units or off-site. All supplies and materials necessary for the provision of on-site radiology services shall be the responsibility of the Vendor as well as fees of mobile and off-site units.

All emergency radiographs are to be performed and interpreted at the community facility. For procedures that are beyond the capacities of on-site equipment, the inmate will be transported to an off-site referral facility capable of performing the diagnostic procedure at the expense of the Vendor and are to be applied towards the catastrophic capitation limit.

In the event that on-site radiology equipment becomes inoperable, the Vendor shall arrange for appropriate temporary radiology services until such time that the existing equipment is either replaced or repaired at the Agency expense. The Agency will incur those temporary radiology costs during the period in which the on-site equipment is inoperable.

Vendor Response:

IMAGING SERVICES

PrimeCare Medical of West Virginia, Inc. will provide contracted x-ray and radiological services to the West Virginia Division of Corrections by utilizing Express Mobile Diagnostic Services

and/or Physicians Mobile X-Ray Services. These mobile radiology services personnel are appropriately trained, insured, and certified in accordance with State Law. PrimeCare Medical shall be responsible for providing all necessary supplies and equipment to complete required on-site radiological services, to include all fees associated with the transportation of x-ray films and related interpretation readings by a licensed Radiologist. The ordering and completion of STAT radiological services shall also be available as clinically indicated. All test results shall be made available to the facilities within twenty-four hours, with abnormal findings being made available immediately upon interpretation by the provider.

Digital and regular radiographs will be conducted Monday through Friday at times designated by the institutions (regularly scheduled days), unless institutional operational schedules dictate otherwise, by a registered technician; with interpretations completed by a board certified radiologist who shall provide a typed and/or automated report to the institution on within acceptable time frames. PrimeCare Medical shall ensure that results of services will be reported to the institution no later than twenty-four (24) hours after service was rendered. When warranted, STAT readings are to be provided immediately to the institution when findings are significant. PrimeCare Medical shall be responsible for the maintenance, pulling, filing, and purging of all X-ray films. All such radiology services shall be fully integrated into the electronic medical records system, which will provide for the highest levels of continuity of care following such testings. PrimeCare Medical shall utilize electronic medical records system for the storage, retention, and documentation of digital images.

PrimeCare Medical shall also be responsible for all other X-rays and diagnostic testing not available at the institution. The use of on-site mobile ultrasounds, bone mineral density studies, EKG's, and digital holter monitoring will be available and utilized as specific inmates'/patients' needs warrant it. PrimeCare Medical of West Virginia, Inc. understands that if radiological services cannot be completed on-site, the scheduling of radiological services will be coordinated with Facility Administration to ensure security and transportation requirements.

In the event that onsite radiology equipment becomes inoperable, PrimeCare Medical shall ensure radiology services continued to be provided through the use of our subcontracted radiology vendor(s), until such time this equipment is either replaced or repaired.

5.2.1.6.11 Laboratory/Diagnostic Services

Routine laboratory/diagnostic services shall be provided by the Vendor at all contractual sites. Services should include laboratory/diagnostic supplies, capability for lab pick-up and deliver daily (Monday through Friday), printer to provide test results at each institution, reporting capability within 24 hours; and personnel capable of performing the appropriate collection procedures. Laboratory/diagnostic services may be subcontracted by the Vendor at the Vendor's expense and shall comply with all State and Federal standards.

All routine laboratory results shall be reviewed in a timely manner to ensure proper treatment and follow-up care. A procedure for timely communication of any grossly abnormal results or "critical" laboratory values shall be implemented. A record of the date and time of this

communication, as well as resulting intervention orders are to be documented in the inmate health care record. It shall be the responsibility of the qualified health care professional receiving the lab results to ensure that appropriate intervention is initiated.

Vendor Response:

LABORATORY SERVICES

PrimeCare Medical of West Virginia, Inc. will contract laboratory services through Bio-Reference Laboratories, Inc. PrimeCare Medical will ensure that all subcontracted laboratory services meet all state licensing requirements and shall provide documentation of routine quality control activities as requested. All specimen results, when received, will be reviewed by the nurse on-duty at the respective facility, with calls placed to the on-call provider for orders when clinically appropriate. A record of the date and time of this communication as well as resulting intervention orders is to be documented in the inmate's/patient's health care record. It shall be the responsibility for the qualified health care professional receiving the lab results to ensure that appropriate intervention is initiated. The ordering and completion of STAT laboratory services shall also be available as clinically indicated, either through Bio-Reference Laboratories or through arrangements with local hospitals; thus, eliminating the need for off-site transports for the respective inmates/patients. All test results shall be made available to the facilities within twenty-four hours, with abnormal findings being made available immediately upon interpretation by the provider. PrimeCare Medical of West Virginia, Inc. will utilize CareEvolve, a subsidiary of Bio-Reference Laboratories, Inc. to provide on-line access to laboratory results at each institution. CareEvolve provides access to test results as soon as they are available via a secure web portal with a unique login and password. Bio-Reference Laboratories is required to notify PrimeCare Medical immediately by telephone of any critical abnormal results.

Specimens will be picked up, Monday through Saturday, at approximately the same time each day and delivered to the laboratory as soon as possible. Stat labs will be transported to a local hospital within one (1) hour.

In order to ensure a high level of quality control, PrimeCare Medical of West Virginia, Inc. will require the contracted laboratory to utilize both internal and external systems to monitor the accuracy and precision of each inmate/patient run for every test performed in the laboratory. In addition, data from laboratory quality control proficiency procedures is to be available for review upon request. The on-site Medical Director/Physician Assistant/Nurse Practitioner shall check, initial, and date all laboratory results within an appropriate time to assess the follow up care indicated and to screen for discrepancies between the clinical observations and the laboratory results.

5.2.1.6.12 EKG Services

The Vendor shall provide EKG services, equipment, and supplies at all contractual facility sites. EKG services shall include at a minimum:

1. Training and orientation of all qualified health care professional staff.
2. Printed EKG rhythm strip and computerized interpretation report within 10 minutes.
3. Cardiologist over-read with immediate response for those abnormal designated for over-read by the Medical Director.
4. Equipment maintenance and service within 24 hours of repair request.

Vendor Response:

ECG SERVICES

PrimeCare Medical of West Virginia, Inc. shall provide EKG services, equipment, and necessary supplies to all West Virginia Division of Corrections Facilities. EKG equipment utilized by PrimeCare Medical will be provided by Mortara Instrument ECG's, a world leader in ECG technology. Widely recognized, Mortara resting ECG interpretation algorithms use gender specific and adult criteria to provide a silent second opinion for resting ECG interpretation. PrimeCare Medical of West Virginia, Inc. will be responsible for the direct interpretation of all electrocardiograms and tracings through an interpretive machine located On-Site. These tracings will become part of the inmate's/patient's permanent medical record with full interpretations performed by a Cardiologist/Internal Medicine specialist. The ordering and completion of STAT EKG services shall also be available as clinically indicated. Readings from these machines, as well as their interpretations shall be electronically integrated through the electronic medical records system not to exceed 10 minutes, which shall be cardiologist over read with immediate response for those abnormal designated for over read by the medical director. Equipment maintenance and service shall be available within 24 hours of request. PrimeCare Medical of West Virginia, Inc. will provide all equipment and supplies necessary for these specific services. PrimeCare Medical shall provide training and orientation to all staff involved with this process.

5.2.1.6.13 Long Term Care

The Vendor shall assist the Agency in the identification, planning, and care for those offenders who may require skilled nursing care for assistance with one or more "activities of daily living" or "ADL's".

Vendor Response:

LONG-TERM CARE

PrimeCare Medical of West Virginia, Inc. recognizes that long-term care is provided at various West Virginia Division of Corrections facilities and shall partner with the Division to provide for the identification, planning, and care of this critical group of inmates/patients. PrimeCare Medical of West Virginia, Inc. has proposed adequate staffing for these services and will follow West Virginia Division of Corrections policy and applicable standards on long-term care referrals and procedures. The services PrimeCare Medical of West Virginia, Inc. will provide, but are not limited to: skilled care, intermediate care, personal care, assistance with ADL's, and specialty medical care (ventilator, wound care, dialysis, and extensive rehabilitation).

HOSPICE

PrimeCare Medical of West Virginia, Inc. will work closely with the West Virginia Division of Corrections to continue to follow the nationally accepted standards set forth by the ACA, NCCHC, National Hospice and Palliative Care Organization, and the National Prison Hospice Association. PrimeCare Medical shall fully cooperate and assist with the West Virginia Division of Corrections in the continuation and enhancement of the comprehensive hospice program for inmates/patients with terminal illness.

A terminally ill inmate/patient is defined as one (1) whose physical condition has deteriorated to the extent that the prognosis of life expectancy is less than one (1) year. Early release refers to an inmate/patient being released before expiration of his or her sentencing based upon inmate's/patient's terminal condition. PrimeCare Medical of West Virginia, Inc. is sensitive and understands that some terminally ill inmates/patients will not be permitted to be released from the custody of the West Virginia Division of Corrections under these circumstances. In these cases, we will provide end-of-life care using a holistic approach.

PrimeCare Medical understands the effects that end-of-life care has on an inmate's/patient's physical, psychological, social, and spiritual needs. A hospice program's focus is on symptom and pain management, not in attempting to cure the inmate's/patient's condition. PrimeCare Medical staff will receive training in the basic theories and techniques of hospice care. Hospice Care, according to the National Prison Hospice Association, is an interdisciplinary comfort-oriented care that allows seriously ill and dying patients to die with dignity and humanity with as little pain as possible in an environment where they have mental and spiritual preparation for the natural process of dying. With the increasing "elderly" inmate/patient population in the West Virginia Division of Corrections, PrimeCare Medical is poised to handle the medical needs of these inmates/patients.

As such, PrimeCare Medical proposes to develop this program as a true partnership, through a multidisciplinary team approach with involvement from custody, health care providers and community resources. This type of team approach will aide and support in the West Virginia Division of Corrections' and PrimeCare Medical of West Virginia, Inc.'s goal of providing a holistic approach to care for inmates/patients requiring the levels of care associated with hospice programs. Hospice care is a concept that necessitates that the health care provider evaluates and considers all aspects of death and dying. Palliative care will be available in all West Virginia Division of Corrections' Facilities infirmaries. As noted within our operational plan, PrimeCare Medical will provide a community based palliative care program to include pain management. These programs will be implemented with the primary care site physician and the program managers as the primary focal point. Our goal will be to provide a holistic program and to preserve the dignity of the dying inmate/patient.

PrimeCare Medical will address needs of the inmates/patients according to the current Community Standards. Adequate and appropriate pain management will be provided and documented in the inmate's/patient's medical record. When PrimeCare Medical of West Virginia, Inc.'s Medical Director determines that care in a community setting is medically

preferable or transfer to a facility that can offer a higher level of care within the West Virginia Division of Corrections, he or she will make a recommendation to the appropriate legal authority for the inmate's/patient's transfer or early release request.

5.2.1.7 Mental Health Services

Mental health services for offenders may be subcontracted to a single vendor. The delivery of mental health services shall be in accordance with NCCHC and ACA standards or care. Mental health policies and procedures guiding services for the individual contracted sites shall be in place sixty (60) days after award.

The mental health professionals shall provide or be responsible for, at a minimum:

Substance Abuse and Sex Offender Counselors

Vendor shall provide substance abuse and sex offender counselors, as required, to meet the counseling needs of paroled offenders and inmates as requested by the Agency.

Psychological Services

1. Diagnostic Evaluations - The completion and submission of a typewritten, court ordered Diagnostic evaluation comprising personality, academic and intellectual functioning and neurological screening with interview, in an approved format and within time frames.

2. Intake/Classification Evaluations - The interviewing, completion and submission of a typewritten Intake evaluations comprising personality, academic and intellectual functioning, neurological screening and sex offender assessment interpretation with interview. The evaluation report shall also address criminogenic risk/need, responsivity and addiction severity and shall be provided in an approved format within time frames.

3. Parole Update/Parole Violator Update- The completion and submission of a required, psychological update report to include an interpretation of new testing, interview, file review and assignment of written psychological stability in an approved format within time frames.

4. Segregation Evaluations and Mental Health Updates - the completion and submission of a written segregation assessment, quarterly updates and required weekly cell checks to monitor current functioning within time frame and approved format.

5. Segregation Hearings and Quality of Life Programs/Special Management- Participation in hearings and meetings to review status of offenders placed in segregation, administrative segregation and quality of life status while housed in the segregation units as set forth in Agency policy and facility procedure.

6. Individual Therapy - The provision of individual therapy upon the referral of the psychiatrist.

7. Group Therapy - The provision of group therapy upon the referral of the Agency staff or as appropriate.

8. Crisis Intervention - The provision of crisis intervention either by referral or by observable behavior, including suicide risk assessment and management.

9. Critical Incident Debriefing - Participation in offender incident debriefing as requested by the Agency.

10. Sick Call Requests- Coordinate with the medical department to respond to inmate sick call requests within twenty-four (24) hours; and to an offender crisis sick call upon receipt.

11. Additional MH Information - Responsible to provide additional information to include but not limited to monthly statistical reports and surveys at the request of the Agency.

12. The completion and submission of a required psychological update report to include an interpretation of new testing, interview, file review, and assignment of written psychological stability within timeframe and in approved format.

13. Provision of additional mental health information and/or evaluation at the request of the Agency.

Additionally, the Agency will conduct social/summary admission interviews, perform specified diagnostic testing and compile legal information on newly received offenders. This data will be provided to the psychologist.

It is the mental health provider's responsibility to provide a sufficient number of WV Board of Psychologists (WVBEP) licensed psychologists to provide appropriate clinical supervision of all psychologists employed pursuant to this contract.

The Provider may utilize the services of a qualified Therapist to perform all or part of the following tasks; weekly segregation rounds, individual and/or group therapy, crisis intervention, and response to inmate sick call requests.

Psychiatric Services:

1. The Psychiatrist must be board certified to practice adult psychiatry in the state of WV and have a minimum of three (3) years of experience working in a correctional system.

2. A Psychiatrist shall prescribe, monitor, and review psychotropic medications, pursuant to established time frames. Monitoring may include face to face interviews in order to adjust diagnosis and/or chart adjustment to medication. Face to face interviews may be accomplished via electronic means.

3. The Psychiatrist shall provide a treatment plan with an Axis Diagnosis and recommended plan of follow up.

4. The Psychiatrist will participate in medical treatment reviews to permit the involuntary use of medications and therapeutic restraints for an offender requiring psychopharmacological treatment and who, by well documented history of mental illness and violence, presents serious risk of danger to self, others, or property.

5. The Psychiatrist shall consult with Medical, Mental Health, and Agency staff in the management of suicidal inmates, therapeutic restraints, and forced medications.

6. The Psychiatrist shall provide consultation with face to face interview and provide a treatment plan with documented diagnosis on all Axes with recommended follow-up. A face to face interview may include an interview utilizing electronic means.

7. The Psychiatrist will act in compliance with all applicable standards of the Agency and with all licensing standards of the applicable licensure boards and authorities.

8. The Psychiatrist shall perform the following for the Mental Health Unit at MOCC:
    a. Admissions and discharges;
    b. Oversight multi-disciplinary treatment team meetings;
    c. Diagnosis and written approval of treatment plan;
    d. Availability for consultation and/or crisis intervention at all times.
    e. Charted weekly observation of inmates housed on the unit.

In the absence of a Psychiatrist, the site physician will assume these responsibilities, within the scope of the practitioner's license. The contractual site physicians will also refer offenders as appropriate for psychiatric evaluation.

Mental Health Unit - Mt. Olive Correctional Complex (MHU-MOCC)

Acutely male mentally ill offenders may be transferred to MOCC-MHU for intensive mental health assessment and stabilization. The Psychiatrist and Mental Health Director shall be informed of and approve all transfers prior to the inmate movement to the MHU.

The Vendor and the Mental Health Provider are solely responsible for the development and implementation of mental health services and the provision of qualified mental health staff for the mental health unit at MOCC. The Vendor and the Mental Health Provider will coordinate coverage and the MHU will be staffed twenty-four (24) hours/day, seven (7) days/week by qualified health professionals to monitor mental health status of offenders on the Unit. Those

staff assigned to this unit shall be qualified and shall have extensive experience and knowledge in the care of mental health clients.

Admission criteria to the Mental Health Unit:

- Axis I diagnosis;
- Imminent risk for injury to self or others.
- Actively psychotic and unable to function in lesser secure unit;
- Imminent risk for acute medical status deterioration due to the presence and/or treatment of an active psychiatric symptom.
- The severity of the disorder and/or impairment of developmental progression require a supervised, structured, and supportive therapeutic milieu.
- Demonstrate impaired functioning that precludes the offender from adequately maintaining in a less structured or segregation setting;
- Acute serious deterioration of the individual's baseline ability to fulfill age-appropriate responsibilities to the extent that behavior is so disordered or bizarre that it would be unsafe for the individual to be treated in a lesser level of care;
- There is an active psychiatric disorder that can be more effectively treated to decrease the offender's suffering.
- Developmentally delayed and/or traumatic brain injury that the offender is unable to effectively provide self-care and is a potential health risk to themselves and/or others and unable to fulfill age-appropriate responsibilities.

In addition to psychiatric intervention, a comprehensive, multi-disciplinary treatment team will be established and maintained for each offender on the MHU at MOCC by the Subcontractor. All treatment plans will be developed in a manner that is consistent with reintegration of the offender back into general population. Qualified mental health professionals will be assigned to the unit to meet the individual needs of each offender and may include: individual therapy, group therapy, recreational and socialization activities, education on mental illness and related medications, symptoms and behavior management. All services provided on the MHU will adhere to social learning and cognitive behavioral approaches.

Treatment Programs

The mental health provider shall provide a 1.0 FTE Program Mentor whose sole duty and responsibility shall be for areas of assignment for all Agency sites. The areas include: program development, quality control of programming, consultation and communication and professional development of Agency staff. The program mentor shall liaison extensively with the Agency Director of Programs to fulfill Agency programming goals. A role description for this position is included in Attachment G.

The Program Mentor, at a minimum, must be credentialed as follows: Licensed Professional Counselor, Approved Licensed Professional Supervisor, WV Certified Clinical Addiction Counselor, and Certified Counselor Supervisor. The Program Mentor shall be responsible to provide curriculum development and training for Agency staff for the following Agency

approved programs: Aladrue, Batterers Intervention and Prevention Programs (BIPPS), Crime Victim Awareness (CVA), Domestic Violence Intervention and Prevention (DVIP), Managing My Anger, Sex Offender Curriculum (SOPI, II, III), and Trauma Groups. The DVIP and Trauma Groups are specific for the Lakin Correctional Center. Prior approval shall be required by the Agency concerning additional program areas.

The Provider shall provide assistance with continuing education credits through the appropriate approved licensure and credentialing boards in West Virginia. The Provider shall provide qualified Therapists to facilitate the Agency approved Sex Offender treatment program for the following facilities: Anthony Correctional Center, Denmar Correctional Center, Huttonsville Correctional Center, Lakin Correctional Center, Mount Olive Correctional Complex, and St. Mary's Correctional Center.

The Provider shall provide qualified Therapists to facilitate the Agency approved Trauma and Women's Batterer's Intervention Prevention (DVIP) Programs for the Lakin Correctional Center. The minimum qualifications for the Therapist position and program descriptions for the agency approved programs are contained in Attachments H-1 and H-2.

Training

The Contractor is responsible for the provision of approved training programs related to mental health issues and medical staff and to the Agency staff. Additionally, the Mental Health Provider employees shall attend all required specialized training programs as specified by the Agency.

Use of Interns

The use of student interns may be permitted by the medical and/or mental health providers with Agency knowledge and approval. Students shall be subject to security clearance and required onsite training as specified by the Agency. Students must work within the placement agreement with responsibilities assigned by knowledge and permission of the Agency.

Student Interns may NOT:

- Provide any emergency medical or psychiatric/psychological crisis intervention services;
- Perform any direct clinical services that a Vendor employee is responsible for completing;
- Act without a supervisor present guiding the delivery of services.

Behavioral Health Unit (BHU) - Lakin Correctional Center (Female Facility)
This unit provides mental and behavioral health services and interventions in an individualized contextual manner with the goal of promoting improved offender safety and functioning to give the offender the opportunity to function in the general population and the community upon release. The BHU will serve as a proactive program that provides care for special needs inmates who require close supervision or multidisciplinary care.

A. Admission Criteria:

- Functional Level- Unable to maintain in the general population for mental health related reasons;
- Chronic behavioral difficulties that have not been mitigated by use of SEG & AD SEG that prevent inmate from maintaining in general population. AD SEG Committee indicates that inmate may be at a place where they are open /susceptible to doing some work on improving their behavior
- Step down from suicide watch in the medical unit;
- Psychosis stabilization (basic psychotic disorders or mood disorders, self-mutilation, aggressive mentally ill, post-traumatic stress disorders);
- Behavioral observation for differential diagnosis.

Vendor Response:

MENTAL HEALTH SERVICES

PrimeCare Medical of West Virginia, Inc. has considerable experience in providing treatment to inmates/patients with mental illness. PrimeCare Medical and its contracted mental health care professionals understand the unique challenges and individual needs of this critical population. Comprehensive Mental Health Services, pursuant to the RFP, shall be provided by PrimeCare Medical of West Virginia, Inc., through a contract with our existing mental health vendor in the State of West Virginia, PSIMED CORRECTIONS, Inc. Mental Health Services will be provided by PSIMED mental health professionals, such as psychiatrists, psychologists, psychiatric nurse practitioners, psychiatric nurses, intake specialists, mental health specialists, and/or other appropriately trained health care personnel as outlined in the proposed staffing matrix, which shall meet the minimum staff / credentialing requirements set forth in the RFP. PrimeCare Medical of West Virginia, Inc. and PSIMED have been partnering to provide all mental health services to the inmates/patients housed within the West Virginia Regional Jail Authority for the past seven (7) years. As such, we have already established an excellent, collaborative working relationship and have a thorough understanding of each other's policies and procedures as they pertain to mental health treatment. An additional benefit to the West Virginia Division of Corrections is the fact that due to our existing working relationship with PSIMED, they already have an extensive working knowledge of the functionality of our electronic medical records system, CorEMR; which will provide for a seamless transition of this health services contract by providing clinical continuity of care between systems

Nearly all of PrimeCare Medical's correctional health care contracts are comprehensive in scope (i.e., provision of both medical and mental health services), with the only exceptions being a few small county facilities who have separately contracted with local county offices to provide such services. As such, PrimeCare Medical has unparalleled experience in providing for a comprehensive health care system to the West Virginia Division of Corrections, building upon our twenty-eight (28) years of correctional health experience. Consistent with West Virginia's goal of improving the integration and communication between medical and mental health care providers, PrimeCare Medical and PSIMED will ensure this is successfully maintained during the life of this medical services contract.

PSIMED's Mental Health staff shall communicate effectively and work collaboratively with medical staff to review and discuss treatment regimens and medication management for the facilities' mentally ill population throughout the West Virginia Division of Corrections. Qualified mental health personnel will initiate voluntary and involuntary mental health commitments as clinically indicated. PrimeCare Medical shall not be responsible for the cost of these proceedings or any mental health treatment at state or community forensic facilities.

PrimeCare Medical understands the unique challenges and needs of mentally ill inmates/patients, who enter your institutions with a wide range of mental disorders, intellectual disabilities, and treatment needs. Therefore, PrimeCare Medical and PSIMED will ensure that this population's physical and mental health care is provided as an integrated system. This will be accomplished as outlined in our Collaboration Plan and Continuous Quality Improvement Program.

PrimeCare Medical has already established an excellent working relationship with PSIMED, Inc. at both the corporate level, as well as at the local facility level. At a global level, PrimeCare Medical corporate staff will interact with the PSIMED's corporate staff to ensure effective delivery of quality health care services. This includes holding meetings with corporate personnel for development and implementation of the Collaboration / Transition Plan. In addition, meetings will be held quarterly to resolve any problems that arise and to improve overall operations. These meetings will also be the forum to present updates in evidence based practice and professional staff recommendations to make certain that evolving standards of community health care are incorporated into the forensic model of health care within the West Virginia Division of Corrections.

At the facility level, PrimeCare Medical staff will have weekly team meetings with the PSIMED staff to determine current needs of new and existing mentally ill offenders with special attention to those with serious mental illness. The meeting will also include discussion of sentinel events and related protocols that may need to be changed as a result of the review.

A PSIMED representative shall attend all monthly Continuous Quality Improvement (CQI) meetings. PrimeCare Medical will also conduct CQI audits of psychiatric and mental health processes for both mental health care, as well as, care issues involving coexisting medical and mental health conditions. All audit findings are shared with on-site mental health staff and the corporate medical and mental health management as outlined in the CQI program. Indicators found to be below established thresholds require that corrective action(s) be implemented. These corrective actions are to be monitored and modified as necessary until the system deficiency is corrected.

Health care integration between medical and mental health providers is realized through the use of our electronic medical record system, CorEMR. This occurs immediately at the time of intake, when the inmate/patient receives a comprehensive health assessment including both the inmate's/patients mental and physical condition. Once an inmate/patient is identified as being in need of mental health services, an immediate referral is generated to a qualified mental health provider via CorEMR. The qualified mental health provider automatically receives the referral and is able to review findings in the medical record immediately to utilize the information while

conducting their clinical assessment of the inmate/patient. Once the mental health assessment is completed, the qualified mental health provider can then create follow-up tasks, document relevant information and forward it to medical staff or a specific provider, so that all medical providers are aware of and actively participating in the ongoing care of inmates/patients with mental illness. For further details, please refer to the Receiving Screening and Pharmaceutical Operations Sections of this Proposal.

Medical staff is trained to be alert for symptoms of mental illness during the Initial Receiving Screening process as well as during all subsequent contact with inmates/patients. Medical Staff and Corrections Staff shall be trained by the Psychologist and/or Psychiatrist on what symptoms and issues to look for when screening for mental illness. The New York Model Suicide Screening Tool will be utilized on all new prison commitments. The system utilizes a weighted scoring system consisting of individual questions addressing suicide risk factors. When the screen cut-off score is reached, the inmate/patient is immediately placed on suicide precautions and referred to Mental Health staff for further evaluation.

Mental health services shall be provided to all inmates/patients under the jurisdiction and control of the West Virginia Division of Corrections, to include required services to those individuals housed within the West Virginia Regional Jail Authority as detailed within the RFP, to include parole eligible inmates/patients, parole violators, male diagnostic evaluations, and as requested by the Division. Inmates/Patients processed into the facilities will have a mental health appraisal completed by a mental health professional. Inmates/Patients with high risk indicators will be referred for a comprehensive psychological evaluation. Examples of high risk indicators may include the following, a) a significant mental health history including psychiatric treatment and hospitalizations, b) a current prescription for psychotropic medication(s), c) currently exhibiting symptoms of serious mental illness (psychosis, delusions, agitation, suicidal thoughts) are immediately referred to mental health staff for assessment and evaluation. Mental health records are immediately requested and prescription drug orders are verified through the inmate's/patient's physician. Referrals are also made through appropriate staff such as Administrators, Counselors, Officers, Work Supervisors, and Medical Staff. Annual Suicide Prevention / Awareness Training will be provided by PrimeCare Medical and PSIMED in coordination with the Facilities' Administration and/or Training Officers.

As part of the medical intake process, all inmates/patients are required to sign a general consent to treatment document prior to undergoing any evaluation or assessment and before receiving any treatment including medication. When inmates/patients are seen by psychiatric providers, they must provide informed consent prior to evaluation and treatment. They are informed of the potential risks and benefits of medication and/or psychotherapy and sign consent forms acknowledging this understanding prior to their receiving treatment. Information on medication classes is provided to the inmates/patients at the time that medication is prescribed. All signed consent forms, and copies of information provided are scanned into the detainee's medical chart.

Inmates/Patients should complete a sick call slip to access mental health services. Those in segregation units can also verbally request to be seen by mental health staff by speaking with nursing or mental health staff completing segregation rounds. Security and other facility staff can

also refer an inmate/patient to mental health by contacting the medical department. All referrals are input as tasks to the appropriate mental health staff to be seen depending on the nature and purpose of the referral. Once 'tasked' to mental health, the referrals will be completed within 24 hours. Medical staff will also accept referrals from family members.

PrimeCare Medical will refer inmates/patients through the electronic medical record system; which provides for immediate referrals and minimizes delays in assessment and treatment. Nurses will contact psychiatric staff for medication orders, which shall be entered into the electronic medical record system and submitted to the pharmacy.

Inmates/Patients will be medically cleared as soon as is clinically appropriate to permit transfer to a mental health or special needs unit. Suicide prevention and reduction of self-injurious behavior are met through the Collaboration Plan, Continuous Quality Improvement (CQI) program and orientation/training curriculum. Medical care in mental health units, psychiatric observation cells and special needs units will be managed daily via rounds and referral mechanism and weekly via on-site treatment teams.

Mental health staff shall respond to inmates/patients experiencing psychiatric emergencies, including suicidal behavior, immediately. A psychiatric provider will be contacted when an inmate/patient is experiencing a psychiatric emergency. If present in the facility, mental health staff will evaluate the inmate/patient immediately. If no mental health staff is on site at that time, the on-call psychiatric provider will be called by medical staff for orders. Please refer to the Suicide Prevention Screening Guidelines discussed earlier in this proposal.

Forced psychotropic medication will only be utilized in accordance with West Virginia State law, WVDOC Policy Directive, PrimeCare Medical policy, and within the scope of professional practice. PrimeCare Medical/PSIMED mental health staff shall arrange for the transfer of mentally ill inmates/patients to an appropriate psychiatric facility based on the current established criteria. Mental health staff will work with the West Virginia Division of Corrections to complete the admission process within established requirements for such admissions to include psychiatric evaluations, clinical assessments, and required documentation.

Laboratory screening ordered by mental health staff to determine therapeutic drug levels, will be entered into the electronic medical record system and tasked to medical staff to be drawn. Psychotropic medication non-compliance is automatically calculated by the electronic medical record system and mental health personnel will be able to view this critical inmate/patient information without prompting from medical. This system also minimizes delays in clinical interventions and allows both medical and mental health staff to spend their time providing inmate/patient care in a more efficient manner.

Discharge planning, including continuity of care and referrals for community based services is crucial for effective mental health treatment. PrimeCare Medical and PSIMED are committed to providing transition services for inmates/patients being discharged. Regarding aftercare planning and referrals to community agencies and psychiatric providers, PrimeCare Medical and PSIMED will continue existing relationships that we have established and seek additional

services and providers in the community. We have found that working closely with the local mental health offices to be the best way to facilitate effective discharge planning which typically involves securing funding and or obtaining health care insurance.

A monthly statistical report shall be submitted to the West Virginia Division of Corrections regarding the mental health program. This report will be included as part of the medical monthly report. At minimum, it will include caseload statistics, staffing patterns, summaries of services provided by type, number or inmates/patients on psychotropic medications, and statistics on the number of suicidal and other self-injurious behaviors reported during the month.

Substance Abuse Treatment Services

PrimeCare Medical and PSIMED shall provide substance abuse and sex offender counselors to meet the counseling needs of paroled offenders and inmates as required by the RFP, in a manner consistent with Division Policy. Following PrimeCare Medical's detoxification of applicable inmates/patients, referrals of such individuals shall be made to the substance abuse treatment provider. Individuals participating in these programs are often times in need of other mental health services, which will be provided by our appropriately licensed mental health professionals. Upon successful completion of these programs and upon release from custody, should a transferring drug or alcohol treatment facility require physical and/or mental health examinations, or documentation of such, PrimeCare Medical shall provide to the respective individuals.

Psychological Services:

- Diagnostic Evaluations – PrimeCare Medical of West Virginia Inc. shall complete court ordered diagnostic evaluations and submit the typewritten reports in an approved format within established time frames. The diagnostic evaluations of inmates/patients will at a minimum consist of a) a psychological interview, b) an assessment of personality, c) academic, and intellectual functioning, and d) neurological screening assessment.

- Intake/Classification Evaluations - PrimeCare Medical of West Virginia Inc. shall interview all inmates/patients referred for intake and classification evaluations and submit the typewritten reports in an approved format within established time frames. The evaluations will consist of a clinical interview, assessments of personality, academic and intellectual functioning, and neurological screening. Further specific sex offender assessment interpretation, including interview, will be included for identified inmates/patients. The completed evaluation report will utilize the Risk-Need-Responsivity Model to formulate individualized plans that recommend levels of treatment and interventions which will maximize its effectiveness in reducing the inmate's/patient's risk of recidivism.

- Parole Update/Parole Violator Update – Psychological update reports will be completed and submitted in an agency approved format and time frame as well as in compliance with Senate Bill 371. When requested by the agency, existing inmate/patient evaluations

will be updated. This process will incorporate data acquired after the most recent psychological evaluation was prepared. This data is obtained from medical and mental health records, psychological test findings, and a clinical interview. The update report will make a determination of an individual's psychological stability assignment and report this to the West Virginia Division of Corrections.

- Segregation Evaluations and Mental Health Updates – Qualified mental health staff shall conduct weekly cell rounds to monitor inmates/patients level of functioning and document the information in the mental health record. Based on the findings, inmates/patients may be referred to psychologists or the psychiatrist for further evaluation and treatment. Written segregation assessments and quarterly mental health updates are completed by a mental health professional.

- Segregation Hearings and Quality of Life Programs/Special Management - In accordance with West Virginia Division of Corrections' policy and facilities procedures, mental health staff shall participate in designated hearings and meetings to review the status of inmates/patients placed in segregation, administrative segregation, and quality of life status while housed in the segregation units.

- Individual Therapy – Upon recommendation of the psychiatrist, individual psychotherapy will be provided by qualified mental health professionals to treat individual inmate's/patient's specific problematic behavior(s).

    - Psychotherapy can treat specific, diagnosable mental health conditions such as anxiety, depression, or ADHD, in addition to everyday concerns, such as relationship problems, stress management, career ambitions, or other issues that may affect a person's mental well-being.

- Group Therapy – Upon referral of Facility staff, or for other appropriate reasons, group psychotherapy will be provided by qualified mental health professionals to treat specific behavior(s) such as stress and anger management, and cognitive group therapy.

- Crisis Intervention – Crisis intervention services are provided on an as needed basis, either as the result of a referral or through direct observation of concerning inmate/patient behavior. This includes suicide risk assessment and management services.

- Critical Incident Debriefing – Inmate/Patient incident debriefing will be provided when requested by the West Virginia Division of Corrections. Follow-up services are provided to inmates/patients that require further treatment. Critical incident debriefing is a process whereby individuals are provided an opportunity to express their thoughts and feelings about a critical incident (e.g., suicide attempt, suicide), to develop an awareness of critical stress symptoms, and to develop ways of coping with those symptoms.

- Sick Call Requests – Sick call requests will be referred to mental health staff by nursing when inmates/patients request mental health services. Inmates/Patients will be seen within 24 hours for routine requests and immediately if the inmate/patient is in crisis.

- Additional MH Information – PrimeCare Medical will provide additional information to the West Virginia Division of Corrections, including, but not limited to monthly statistical reports and surveys as requested and specified.

- The completion and submission of required psychological update report for specified inmates/patients will include testing and assessment, test interpretation, file review, and determination of psychological stability, in writing, within designated timeframe.

- Provision of additional mental health information (reports) and/or evaluations will be completed at the request of the West Virginia Division of Corrections.

It is noted, that the West Virginia Division of Corrections conducts social/summary admission interviews, performs diagnostic testing, and complies legal information on newly received inmates/patients. This information shall be provided to appropriate mental health personnel.

PrimeCare Medical shall also provide additional mental health services to those inmates/patients housed at NRJ/NCC and OCCC, as well as other required mental health appraisals within the West Virginia Regional Jail Authority as detailed at Addendum 12 of the RFP.

PrimeCare Medical's contracted mental health provider, PSIMED, is responsible to provide a sufficient number of West Virginia Board of Psychologists licensed psychologists to provide appropriate clinical supervision of all psychologists employed pursuant to this contract.

PrimeCare Medical's contracted mental health provider, PSIMED, will utilize services of a qualified Therapist to assist with completing the following tasks: weekly segregation rounds, individual and/or group therapy, crisis intervention services, and response to inmate/patient sick call requests.

Psychiatric Services:

- Psychiatrists employed will be board certified to practice adult psychiatry in the State of West Virginia and have a minimum of three years of experience working in a corrections system.

- Psychiatrists shall prescribe, monitor, and review the use of psychotropic medications, within established time frames. Monitoring may include face-to-face interviews in order to adjust diagnosis and/or chart response to medication. Face-to-face interviews may be conducted via electronic means (telemedicine).

- The psychiatrist shall provide specific treatment plans for each inmate/patient. These treatment plans shall include a Multi-Axial Diagnosis and scheduled follow-up appointment.

- The psychiatrist will participate in medical treatment reviews to permit the involuntary use of medications and therapeutic restraints for an offender requiring psychopharmacological treatment and who by virtue of a well documented history of mental illness and violence, presents a serious risk of danger to self, others, or property.

- The psychiatrist shall consult with medical, mental health, and West Virginia Division of Corrections staff in the management of suicidal inmates/patients, use of therapeutic restraints, and forced medications.

- The psychiatrist shall provide consultation with face-to-face interview and provide a treatment plan with documented multi-axial diagnosis and recommended follow-up. The face to face interview may be conducted via electronic means (telemedicine).

- The psychiatrist(s) will act in compliance with all applicable West Virginia Division of Corrections standards and with all licensing standards of the applicable licensing board and its authorities.

- The psychiatrist(s) shall perform the following duties for the mental health unit at Mount Olive Correctional Complex:
  - Admissions and discharges
  - Oversight of multi-disciplinary treatment team meetings
  - Diagnosis and written approval of individual treatment plans
  - Availability for consultation and/or crisis intervention at all times
  - Charted weekly observation of inmates/patients housed on the unit.

In the absence of a psychiatrist, the site physician will assume these responsibilities, within the scope of the practitioner's license. The contractual site physicians will also refer offenders as appropriate for psychiatric evaluation. Psychiatric providers, psychiatrists and psychiatric nurse practitioners, will provide on call coverage at all times when there is not a psychiatric provider on-site.

PrimeCare Medical will provide for the purchase, prescription, administration, and management of psychoactive medications as further detailed within the Pharmacy Section of this Proposal. Psychotropic medications are prescribed by psychiatric providers after they conduct a clinical assessment or in the case of new commitments, when it is verified that the inmate had a valid prescription and was compliant with his psychotherapeutic treatment. Medication administration is conducted by nursing at the same time as other medications are dispensed. Stock psychopharmacological medication is maintained on site and is available when prescribed. A copy of PrimeCare Medical's medication formulary can be found attached to this Proposal in the Proprietary Addenda Section. PrimeCare Medical and PSIMED shall provide medication education and information to inmates/patients receiving psychotropic medications. Psychiatric

providers shall discuss medications with each inmate/patient they intend to prescribe medication to during their clinical assessment. The discussion will include the potential risks and benefits of the medication. Printed literature will also be provided at this time.

As part of the transition plan to PrimeCare Medical, all current psychotropic medications will be continued until the inmates/patients can be seen by a psychiatric provider. Whenever possible, medications will be continued and not modified unless there is a clinical need. If existing medications are not on our formulary they may be converted to similar medications which are on the formulary, unless clinically contraindicated. All inmates/patients on suicide precautions or psychiatric observation will remain on that status and their care will be assumed on the transition date. All relevant and current records on inmates'/patients' mental health care and the services they received will be reviewed as they are seen for routine follow-ups or referrals. Please see details on the overall transition plan discussed elsewhere in this Proposal.

Mental Health Unit – Mt. Olive Correctional Complex (MHU-MOCC)

Male acutely mentally ill offenders may be transferred to the MHU-MOCC for intensive mental health assessment and stabilization. The psychiatrist and Mental Health Director shall be informed of and approve of all transfers prior to the inmate/patient movement to the MHU.

PrimeCare Medical and PSIMED are solely responsible for the development and implementation of mental health services and the provision of qualified mental health staff for MHU-MOCC. PrimeCare Medical and PSIMED will coordinate coverage for the MHU, which will be staffed 24 hours per day, seven days per week by qualified health professionals to monitor the mental health status of offenders on the unit. Those staff assigned to this unit shall be qualified and shall have extensive experience and knowledge in the care of mental health patients. Admission criteria to the MHU:

- Axis I diagnosis
- Imminent risk of injury to self or others
- Actively psychotic and be unable to function in a lesser secure unit
- Imminent risk for acute medical status deterioration due to the presence and/or treatment of an active psychiatric symptom
- The severity of the disorder and/or impairment of developmental progression require a supervised, structured, and supportive therapeutic milieu
- Demonstrate impaired functioning that precludes the offender from adequately maintaining in a less structured or segregation setting
- Acute serious deterioration of the individual's baseline ability to fulfill age-appropriate responsibilities to the extent that behavior is so disordered or bizarre that it would be unsafe for the individual to be treated in a lesser level of care
- There is an active psychiatric disorder that can be more effectively treated to decrease the offender's suffering
- Developmentally delayed and/or traumatic brain injuries that the offender is unable to effectively provide self-care and is a potential health risk to themselves and/or others and unable to fulfill age-appropriate responsibilities.

In addition to psychiatric intervention, a comprehensive, multidisciplinary treatment team will be established and maintained for each offender on the MHU-MOCC by PrimeCare Medical and PSIMED. All treatment plans will be developed in a manner that is consistent with reintegration of the offender back into general population. PrimeCare Medical and PSIMED shall assign qualified mental health professionals to the unit to meet the individual needs of each offender and may include – individual therapy, group therapy, recreational and socialization activities, education on mental illness and medications used in the treatment of mental illness, symptoms, and behavior management.

Treatment Programs

PrimeCare Medical and PSIMED shall also provide a 1.0 full time equivalent (FTE) Program Mentor whose sole duty and responsibility shall be for areas of assignment for all Agency sites. These areas include program development, quality control of programming, consultation, communication, and development of West Virginia Division of Corrections staff. The Program Mentor shall liaison extensively with the West Virginia Division of Corrections' Director of Programs to fulfill such programming goals. The Program Mentor, at minimum, must be credentialed as follows: Licensed Professional Counselor, Approved Licensed Professional Supervisor, West Virginia Certified Clinical Addiction Counselor, and Certified Counselor Supervisor. The Program Mentor shall be responsible to provide curriculum development and training for the West Virginia Division of Corrections' staff for the following programs – Aladrue Batterers Intervention and Prevention Programs, Crime Victim Awareness, Domestic Violence Intervention and Prevention(DVIP) Managing My Anger, Sex Offender Curriculum (SOP I, II, III), and Trauma Groups. The DVIP and Trauma Groups are specific for the Lakin Correctional Center. Prior approval shall be required concerning additional program areas.

PrimeCare Medical and PSIMED shall provide assistance with continuing education credits through the appropriate approved licensure and credentialing boards in West Virginia.

PrimeCare Medical and PSIMED shall provide qualified Therapists to facilitate the Sex Offender treatment program for the following facilities – Anthony Correctional Center, Denmar Correctional Center, Huttonsville Correctional Center, Lakin Correctional Center, Mount Olive Correctional Complex, and St. Mary's Correctional Center.

PrimeCare Medical and PSIMED will also provide qualified Therapists to facilitate the Trauma and Women's Batter's Intervention Prevention and programs for the Lakin Correctional Center.

Training

PrimeCare Medical and PSIMED are responsible for the provision of approved training programs related to mental health issues to medical and West Virginia Division of Corrections' staff. PrimeCare Medical and PSIMED employees shall also attend all required specialized training programs.

Use of Interns

PrimeCare Medical and PSIMED will only utilize student interns for medical or mental health services with the West Virginia Division of Corrections' knowledge and approval. Intern selection and intern supervision will meet all requirements and expectations of the West Virginia Division of Corrections. Student interns will be subject to security clearance and required onsite training as required. Student interns must work within the placement agreement with responsibilities assigned with the knowledge and permission of the West Virginia Division of Corrections. Student interns may not:

- Provide any emergency medical or psychiatric/psychological crisis intervention services.
- Perform any direct clinical services that a PrimeCare Medical or PSIMED employee is responsible for completing.
- Act without a supervisor present guiding the delivery of services.

Behavioral Health Unit – Lakin Correctional Center (female facility)

This unit provides mental and behavioral health services and interventions in an individualized contextual manner with the goal of promoting improved offender safety and functioning to provide the offender the opportunity to function in the general population and the community upon release. The Behavioral Health Unit will serve as a proactive program that provides care for special needs inmates/patients who require close supervision or multidisciplinary care.
Admission Criteria:

- The inmate/patient is unable to function in the general population for mental health related reasons.
- The inmate/patient has chronic behavioral difficulties that have not been mitigated by use of segregation and administrative segregation that prevent the inmate/patient form maintaining in general population. The Administrative Segregation Committee indicates that an inmate/patient may be ready to do some work on improving their behavior.
- Step down from suicide watch in the medical unit.
- Psychosis stabilization - for psychotic disorders, mood disorders, self-mutilation, aggression, post-traumatic stress disorder.
- Behavioral observation for differential diagnosis.

SUICIDE PREVENTION AND AWARENESS

Medical staff will be alert for any symptoms of mental illness during the initial Receiving Screening process as well as during all subsequent contacts with the inmate/patient. Medical Staff and Corrections Staff shall be trained by the PSIMED Psychologist and/or Psychiatrist on what symptoms and issues to look for when screening for mental illness. PrimeCare Medical has worked closely with a National Suicide Prevention Expert, Mr. Lindsay Hayes, M.S., to further develop and enhance its Suicide Prevention Program(s). Recently, Mr. Hayes attended PrimeCare Medical's Health Services Administrators' Annual Training Seminar, at which he presented an in depth training on updates to suicide prevention policy and protocol. Mr. Hayes has also visited several of PrimeCare Medical's contracted facilities to make certain all suicide

prevention policies remain on the forefront of recognition by our health care and mental health staffs. One example of this collaborate approach is our usage of the New York Model Screening Tool, which is used to screen all new commitments to the Facilities. The system utilizes a scoring system on individual questions; when a specific score (8) is reached, the inmate/patient is placed on watch and referred to Mental Health staff.

Appropriately trained staff completes the suicide prevention screen questionnaire on all new commitments. Those who score eight or more are placed on constant observation and referred to mental health staff. Once the referral is received, mental health staff is tasked to evaluate the inmate/patient as soon as possible. Mental health staff will then conduct an evaluation to determine the inmate's/patient's risk for suicide or self-harm and determine the appropriate level of suicide precautions based upon the results of the suicide screen and clinical assessment. PrimeCare Medical currently utilizes three levels of suicide precaution; Constant Observation, Level 1 Suicide Watch, and Level 2 Suicide Watch.

- Constant Observation - This level is reserved for the patient who is actively suicidal, either threatening or engaging in self-injurious behavior and would be considered an extreme risk for suicide or serious self-injury. Staff shall observe such a patient on a continuous uninterrupted basis and have a clear unobstructed view of the patient at all times. Observations shall be documented at ten-minute intervals. Only licensed mental health professionals can modify or discontinue suicide watch levels.

- LEVEL I – Suicide Watch - This level is for patients who are not actively suicidal but a) express suicidal ideation and have a plan to commit suicide, b) have recently (within 60 days) attempted suicide, c) engaged in serious self-injurious behavior, or d) demonstrates other concerning behavior (through actions, current circumstances or recent history) indicating the potential for self-injury. This level of watch is for actively suicidal individuals, those either threatening or engaging in self-injurious behavior. These patients would be considered medium to high risk for suicide. Only licensed mental health professionals can modify or discontinue suicide watch levels. This level may be utilized whenever staff (e.g. nursing, custody staff) believes a patient is at moderate to high risk for suicidal behavior, pending an evaluation by a licensed mental health professional.

- LEVEL II – Suicide Watch - This level is the default level for a patient who has suicidal ideation, but no plan to commit suicide. This level is for patients who are not actively suicidal, but express suicidal ideation (e.g. a wish to die without a specific threat or plan) and/or has a prior history of self-destructive behavior. This also applies to patients that deny suicidal ideation, but demonstrates other concerning behavior (through actions, current circumstances, or recent history) indicating the potential for self-injury. Only licensed mental health professionals can modify or discontinue suicide watch levels. This level is also used for patients that score an eight or higher on the Suicide Screening Form who are not actively suicidal and have had no recent suicide attempts. Note: patients charged with any sex offense or those that are high-profile should also be placed on this watch level (unless they meet criteria for Level I) even if they do not score an

eight or higher on the screen. Level II is also used as a step-down from Level I suicide watch.

PrimeCare Medical's and PSIMED's mental health staff will participate in the administration of the jail's prevention plan as required. All PrimeCare Medical staff receives training in the identification, assessment, monitoring, and interventions utilized in suicide prevention. Further, it is recommended that facility staffs who have direct contact with inmates/patients also receive training in the identification of inmates/patients at risk for suicide and the related policies and procedures on suicide prevention.

- Identification - The Receiving Screening Form and the Suicide Prevention Screening Guidelines (NY Model) contain observation and interview items related to a detainee's potential suicide risk. If either PrimeCare Medical or facility staff identifies someone who is potentially suicidal, the individual is placed on close observation - suicide precautions and is referred immediately to mental health staff. Further, any staff member who believes an inmate/patient is suicidal should immediately refer them to medical staff for evaluation. In such a circumstance, the detainee should be continuously observed while waiting for evaluation or be placed on constant observation.

- Training - All staff members who work with detainees shall be trained to recognize verbal and behavioral clues that indicate a risk of suicide, and how to respond appropriately. Initial training during employee orientation and at least annual training should be provided. Training is conducted by an appropriately trained qualified mental health professional such as a psychiatrist, psychologist, or psychiatric nurse practitioner. The training will include avoiding negative attitudes to suicide prevention, research on inmate suicide, why correctional environments are conducive to suicidal behavior, potential predisposing factors to suicide, high-risk suicide periods, warning signs and symptoms, identifying suicidal inmates despite denial of risk, the agency's suicide prevention policy, the use of the Suicide Prevention Screening Guidelines – NY Model, and associated liability issues. The training curriculum must be reviewed and approved by the responsible health authority.

- Assessment – A suicide risk assessment will be conducted by a licensed mental health professional on each detainee that a) screens positive for suicide risk based on the Suicide Prevention Screening Guidelines and/or other critical risk indicators, b) is placed on suicide watch by other staff, and c) screens positive for mental illness. The assessment is conducted in a private setting, not by the cell door, in the dayroom, or other non-private locations. The licensed mental health professional will designate the individual's level of suicide risk and level of supervision needed. This may include making a recommendation to petition the court for an involuntary commitment to a state forensic hospital.

    - The suicide risk assessments will include a description of the current behavior(s) and justification for a particular level of observation and/or discharge from suicide precautions. The assessment must include a brief mental status examination, a listing of both historic and current risk

factors, a listing protective factors, the determined level of suicide risk (i.e. low, medium, high), and a treatment plan.

- Detainees on suicide watch or identified as at risk of suicide will be evaluated daily by mental health staff to monitor and document changes in suicidal ideation, mood, affect, cognition, behavior, stressors, etc. that affect relative risk for suicidal behavior. Only licensed mental health professionals can modify or discontinue suicide watch levels. There must be written justification for each decision documented in the medical chart.

- Individual treatment plans are developed for all detainees held on suicide precautions for more than 24 hours, of the business day following the initiation of suicide precautions. The plans should describe signs, symptoms, and the circumstances in which the risk for suicide is likely to recur, how recurrence of suicidal thoughts are avoided or managed, and actions the detainee or staff can take if suicidal thoughts do occur.

- Treatment plans shall include the provision of follow up evaluations for detainees once they are cleared from suicide precautions. Typically these are within the first 24 hours, then the following 72 hours, the next week, and then periodically (e.g. 30 day, 60 day, 90 day intervals) until the detainee is released from custody.

- Monitoring/Housing – An inmate/patient identified as being at risk for suicide shall be placed on constant observation until evaluated by a licensed mental health professional. Inmates/Patients who are identified as being at risk for suicide shall be placed in an area where regularly scheduled observations are made and those observations documented. If possible, an inmate/patient on suicide watch should not be placed in isolation (or single celled), they should be housed with another inmate/patient or in dormitory style housing and checked on an irregular schedule not to exceed 15 minutes. The cell should be as suicide proof as possible (without protrusions of any kind that would enable a hanging). If the potentially suicidal inmate/patient is deemed to be at high risk, constant observation is required. Use of other inmates/patients for monitoring is not permitted.

    - All inmate/patient on suicide precautions should be allowed all routine privileges (e.g. visitation, telephone calls, out-of-cell time unless it is contraindicated with written justification in the medical chart by a licensed mental health professional (except in cases where the inmate/patient has lost privileges as the result of a disciplinary sanctions)).

- Referral – PrimeCare Medical staff or facility staff can refer inmates/patients they believe may be suicidal to mental health care providers for evaluation.

- Communication - Communication between PrimeCare Medical health care and facility personnel regarding the status of the inmate/patient must provide clear and up-to-date

information. Communication between transferring authorities (e.g. county facility, medical/psychiatric facility) and facility personnel must be in written format. At minimum, a Doctor's Order to the Jailer (DOJ) will be issued documenting all changes in suicide precautions, suicide watch levels, observation, and housing.

- Intervention – All staff that comes into contact with inmates/patients should be trained in first aid and cardiopulmonary resuscitation (CPR). Any staff member who discovers an inmate/patient attempting suicide shall respond immediately; survey the scene to ensure the emergency is genuine, alert other staff to the emergency, call for medical personnel and begin standard first aid and/or CPR. Staff should never presume that the inmate/patient is dead but rather initiate life saving measures until relieved by medical personnel. Housing units should have appropriate emergency equipment including first aid kits, rescue tools, and ready access to an automatic external defibrillator (AED) as well as be trained in its use.

- Notification and Reporting - Procedures are in place stating when facility administrators, outside authorities, and family members are notified of attempted or completed suicides. All designated correctional officials are to be notified through the chain of command. All staff that came into contact with the victim prior to the incident are required to submit a statement as to their knowledge of the inmate/patient and the incident. PrimeCare Medical has its own notification procedures that include notification of corporate personnel.

- Review - There are procedures for medical and administrative review if a suicide or a serious suicide attempt occurs. Mortality reviews are required to be completed within 30 days of a completed suicide. As part the mortality review for a completed suicide a psychological review of records is conducted and its findings included in the mortality review.

In addition to the suicide prevention screening, all inmates/patients are screened for potential untreated depression. These depression scales are gender based and if found to be positive, pre-established protocols shall be initiated which assist with the immediate scheduling of referrals to mental health staff and placement recommendations.

Inmates/Patients processed into the Facilities with significant mental health histories and/or currently taking daily prescribed psychotropic medications and/or exhibiting signs of mental illness are immediately referred to mental health staff for evaluation. In addition, mental health records are immediately requested and prescription drug orders are verified through the inmate's/patient's physician or pharmacy. Referrals are also made through appropriate Facility staff such as Administrators, Counselors, Officers, Work Supervisors, and Medical Staff. Annual Suicide Prevention / Awareness Training will be provided by PrimeCare Medical in coordination with the Facility Administration. Education related to access to mental health services, suicide prevention and what to do if a fellow inmate/patient is discussing suicidal thoughts is also shared with all new inmate/patient commitments.

5.2.1.8 Hospitalization

All inmates who require hospitalization will receive such care within the appropriate type of licensed facility warranted by their condition pursuant to standards. Inpatient health care facilities utilized by the Vendor must meet the legal requirements for a licensed general hospital within the State of West Virginia.

Vendor Response:

OUTSIDE HOSPITALIZATION

PrimeCare Medical of West Virginia, Inc. will provide outside hospitalization at local hospitals for West Virginia Division of Corrections inmates/patients. The Health Services Administrator will coordinate with the security staff for arranging transportation and correctional officer supervision of hospitalized inmates/patients. Same day surgical services will be encouraged and outpatient treatments, radiology, and emergency room care will be coordinated with the appropriate local providers.

PrimeCare Medical of West Virginia, Inc. shall insure that the medical condition of hospitalized inmates/patients is routinely monitored (daily) to insure that hospitalization is continued only until no longer medically necessary. The daily monitoring of hospitalized inmates/patients, to include anticipated treatment plans and discharge plans, shall be coordinated through the Statewide Medical Director and the respective Facility's Medical Director. Such daily reporting shall be communicated to the West Virginia Division of Corrections. Hospital utilization managers and discharge planners shall be contacted so that discharges from the hospital are arranged as soon as clinically indicated. The electronic health record system currently being utilized has the ability to notify established key personnel on a daily basis of the status of the hospitalized inmate/patient. However, as required by the RFP, a section of the health record will be introduced which will document daily contact and concurrent reviews when an inmate/patient is hospitalized. This information will be in each individual inmate's/patient's health record. Therefore, any personnel who has authorized access to the electronic health record will not only receive daily email updates, but will also be able to review documentation within the inmate/patient health record.

PrimeCare Medical of West Virginia, Inc. will also have on staff, a team of Registered Nurse Case Managers who's primary responsibility is to aggressively case manage all inmate/patient hospitalizations, specialty consultations, and acute care inmates/patients; providing daily progress updates to the Utilization Review Committee and State Medical Directors.

PrimeCare Medical of West Virginia, Inc. shall maintain documentation of appropriate licensing and accreditation for any hospitals, clinics or laboratories which provide services under this contract. A copy of these certificates will be kept at each Facility, as well as at the PrimeCare Medical Corporate Office. All applicable Federal and State laws regarding patient confidentiality will be strictly adhered to for all inmate/patient hospitalizations.

PrimeCare Medical makes all attempts to aggressively negotiate significant discounted rates through local hospitals and specialty care providers in the community. Significant infrastructure is available within our corporate offices to assist with processing claims received for in-patient and out-patient care. PrimeCare Medical will seek any and all third party available sources (i.e., private insurance, federal funding, worker's compensation, etc.) to assist with off-setting expenses for out-patient and in-patient care of the inmate/patients of the West Virginia Division of Corrections. Such alternate payment opportunities shall be utilized to their fullest extent. PrimeCare Medical staff shall be responsible for the coordination and enrollment of inmates/patients into any such programs available. Off-site detailed billing summaries shall be provided to the West Virginia Division of Corrections as required by the RFP. Further, PrimeCare Medical of West Virginia, Inc. shall assist with the coordination and completion of all applicable inmate/patient Medicaid enrollment applications pursuant to the Affordable Care Act as required by the West Virginia Division of Corrections.

PrimeCare Medical of West Virginia, Inc. has also been intimately involved in the development, implementation and utilization process of West Virginia House Bill 2422 since its inception. We have been heavily involved, partnering with the West Virginia Regional Jail Authority, with the successful roll-out of this legislation throughout the State of West Virginia.

5.2.1.9 Medical Records

Medical records shall be managed according to ACA and NCCHC standards. Agency shall possess sole ownership of all inmate medical records. The Vendor will utilize the medical record format and standard Agency medical record forms as specified by the Agency.

Vendor Response:

MEDICAL RECORDS

PrimeCare Medical of West Virginia, Inc. will continue to utilize the medical record system currently in place in the West Virginia Division of Corrections. All medical information will be recorded on the format utilized by that system. Medical documentation will continue to occur on a daily basis to ensure that ACA and NCCHC standards are consistently maintained. We will guarantee through an internal audit that medical records are complete and contain accurate legible entries. All information acquired shall be kept confidential in accordance with State Law, the Health Insurance Portability and Accountability Act (HIPAA), and ACA and NCCHC Standards.

PrimeCare Medical acknowledges that the Division shall possess sole ownership of all medical records. PrimeCare Medical of West Virginia, Inc. shall have full access to the medical records after the termination of any contract in order to prepare for litigation or anticipated litigation brought by third persons in connection with the services rendered by PrimeCare Medical of West Virginia, Inc. pursuant to this proposal.

Confidentiality of Health Record: Active health care records shall be maintained under secure conditions and separately from confinement records pursuant to ACA and NCCHC Standards. Access to active inmate/patient records is controlled by the health care authority. PrimeCare Medical of West Virginia, Inc. shall not deny Facility Administration or his/her designee access to such records in accordance with applicable law.

Release of Health Care Information: Detailed health care information shall only be released to an outside agency upon written authorization from the inmate/patient or in accordance with PrimeCare Medical of West Virginia, Inc. Policy on the matter. Exempt from this policy is the pertinent health care information necessary for any off-site consultation and/or specialty referral.

Transfer of Records: When an inmate/patient receives off-site examination or treatment or is transferred to another Facility or hospital, the inmate's/patient's health record or a copy of the summary shall accompany him or her. In the event that an inmate/patient is transferred to a correctional facility outside the jurisdiction of the West Virginia Division of Corrections, an inmate/patient health care summary sheet shall accompany the inmate/patient. Documentation of any off-site examination or treatment shall be made in the health record by the physician or other health professional involved.

Record Retention: PrimeCare Medical of West Virginia, Inc. shall comply with all applicable Federal and State rules and regulations, and requirements governing the maintenance of documentation to verify any cost of services or commodities rendered under this contract by PrimeCare Medical of West Virginia, Inc. PrimeCare Medical of West Virginia, Inc. shall maintain such records a minimum of seven (7) years and make available all records to the West Virginia Division of Corrections personnel in accordance with applicable Federal and State rules and regulations.

PrimeCare Medical of West Virginia, Inc. shall have access to private and confidential data maintained by the West Virginia Division of Corrections to the extent required for PrimeCare Medical of West Virginia, Inc. to carry out the duties and responsibilities defined in this agreement. PrimeCare Medical of West Virginia, Inc. agrees to maintain confidentiality and security of the data made available.

ELECTRONIC MEDICAL RECORDS

PrimeCare Medical of West Virginia, Inc. continually updates and improves technology throughout the Corporation. In 2006, PrimeCare Medical of West Virginia, Inc. signed a contract with "CorEMR", an Electronic Medical Records Corporation based in Orem, Utah. CorEMR has designed an electronic medical record (EMR) system specifically for corrections. In an effort to continue with product improvements, PrimeCare Medical of West Virginia, Inc. continuously works with CorEMR to provide further customization to this software to better serve each of our facilities. We have already implemented this electronic medical records system in thirty-one (31) Pennsylvania facilities, one (1) New Hampshire Facilities, and in ten (10) West Virginia facilities. A complete listing of these facilities, to include the Facility Administrator's contact information, is contained in the Addenda Section of this Proposal. This

system has significantly improved the resolution of medical record time, such as the storage, instantaneous access to intake/receiving screening, current and complete medical information, health assessment, etc. for staff and increase speed and efficiencies of several processes that currently require a significant amount of time. PrimeCare Medical of West Virginia, Inc. plans to begin its initial implementation of its electronic medical records system at "all" West Virginia Division of Corrections' Facilities immediately upon a contract award so that its transition / implementation process can begin.

PrimeCare Medical of West Virginia, Inc.'s proposed electronic medical record system shall be fully implemented at all West Virginia Division of Corrections' Facilities within "six" (6) to "twelve" (12) months of a contract award. This implementation period shall be contingent upon the timely cooperation of all parties involved. This installation is significant in size and scope, which is why resources have already began working on this mission. PrimeCare Medical of West Virginia, Inc. is committed to meeting all requirements set forth in the RFP and National Health Information Exchange.

CorEMR brings real time and accurate health records to the treating medical staff in an efficient and effective manner. Through built in functionality, CorEMR allows for increased inmate/patient care and overall improved inmate/patient outcomes. This system is a completely paperless and a complete electronic medical record system. It has the ability to interface with OMS, laboratories, radiology providers, pharmacies, and other outside agencies. The system is continuously improving and growing. The built in tracking and reporting features are robust and information is readily available to the end user. Exago or eWeb Reports can mine database information, custom and ad hock reporting can be produced, saved and reference at any time. It is built on a sound backbone for expansion and growth. With health conditions of inmate/patient populations changing and the world of medicine continually evolving, PrimeCare Medical of West Virginia, Inc. and CorEMR understand the importance of staying up to date on all national and local trends, medical protocols and changes within the West Virginia Division of Corrections.

PrimeCare Medical of West Virginia, Inc. will deploy a multi-site CorEMR cloud based system. This will allow for not only inter Division of Corrections transfers but also transfers from DOC to Regional Jail Authority (RJA) and back. This transfer of health records will be seamless and real time. This efficiency has demonstrated in high movement locations a reduction of potential detrimental effects of the "falling through the cracks". All patient history will seamlessly transfer from location to location. This transfer will allow the healthcare professionals to continue with orders written previously and will instantly provide the new facility with a complete understanding and critical knowledge of the patients' medical and mental health history. This vital information demonstrates the economy of scale that PrimeCare Medical of West Virginia, Inc. can provide to the State of West Virginia. All patients who are in the Regional Jail Authority (RJA) when transferred to the Division of Corrections will have all medical information transferred thus an improvement of patient care and ultimately a reduction of healthcare expenses will prevail for the State of West Virginia.

ELECTRONIC MEDICAL RECORDS PRICING

PrimeCare Medical of West Virginia, Inc. is proposing the installation of its completely customized electronic medical records system, CorEMR, to the West Virginia Division of Corrections immediately upon a contract award. Costs associated with this system include hardware, software, start-up fees, training, and usage fees. Due to PrimeCare Medical of West Virginia, Inc.'s long standing and unique relationship with CorEMR, we are able to include CorEMR to West Virginia Division of Corrections in our base bid.

ELECTRONIC MEDICAL RECORDS SYSTEM

PrimeCare Medical of West Virginia, Inc. continually updates and improves CorEMR. It is an electronic medical record (EMR) system built from the ground up specifically for corrections. Since that time, PrimeCare Medical, Inc. has partnered with CorEMR and has completely customized its own comprehensive electronic medical records system through CorEMR. Included within PrimeCare Medical, Inc.'s CorEMR system, we have built in our proven and proprietary business model, operational health systems, forms, policies, protocols and procedures. It is this customization that separates PrimeCare Medical, Inc.'s CorEMR system apart from everyone else. In an effort to continue with product improvements, PrimeCare Medical of West Virginia, Inc. continuously works with CorEMR to provide further customization of this software to better serve each of our facilities. We have already implemented this electronic medical record system in "forty-two" (42) sites – accounting for over "21,000" lives. PrimeCare Medical, Inc. is currently working towards implementing this system in all contract facilities. The system currently services PrimeCare Medical, Inc. facilities ranging in size from 2,600 beds (York County) to 49 beds (Lancaster Youth Intervention Center) including a multi-site system (West Virginia Regional Jail Authority). CorEMR has significantly improved the patient care in many ways, such as the storage of paper charts, instantaneous access to intake/receiving screening, current and complete medical information, health assessment, etc. for staff CorEMR has increased speed and efficiencies of several processes that previously require a significant amount of time.

This implementation period shall be contingent upon the timely cooperation of all parties involved. This installation is significant in size and scope, which is why resources have already been allocated for this mission. Training of staff will take place two weeks prior to the start date of the contract and all medical history on active patients will be inputted into the system at that time. Any scheduled future visits such as: Chronic Care Clinics, Sick Calls, Dental Visits, as well as, all current medications will be entered into the system.

PrimeCare Medical of West Virginia, Inc. will be the custodian of all medical records in accordance with all West Virginia Division of Corrections Policies. The records will also comply with all HIPAA rules and regulations. PrimeCare Medical of West Virginia, Inc.'s implementation of an electronic medical records system will reduce the amount of records being produced going forward. PrimeCare Medical of West Virginia, Inc. will scan medical charts that it deems necessary to maintain the continuity of care of chronically ill inmates/patients. With health conditions of inmate/patient populations changing and the world of medicine continually

evolving, PrimeCare Medical of West Virginia, Inc. and CorEMR understand the importance of staying up to date on all national and local trends, medical protocols and changes within the West Virginia Division of Corrections.

PrimeCare Medical of West Virginia, Inc. brings West Virginia Division of Corrections a solution that will service the inmate/patient population in the most state of the art and high availability model currently being offered. PrimeCare Medical Inc. will host this solution in a Tier III data center. The virtualized environment allows the solution to scale as needed and is accessible at all times. The EMR is continuously replicated to diverse geographical locations and monitored 24/7. CorEMR can be accessed simultaneously by different users at multiple locations. CorEMR runs through a web browser, so no extra software is needed. This backbone will ensure availability and security of medical records compliant with all state and federal regulations.

As previously mentioned, the system is a "completely paperless" touching every aspect of medical services: Intake, Sick Call, Medication Pass, Forms, Reports, Scheduling and much more. When an inmate/patient is committed to the West Virginia Division of Corrections and intake is completed by our medical staff – it is at this point they are entered into CorEMR and the process begins. CorEMR has a built in scheduler that will automatically schedule patient referrals and follow ups based on PrimeCare Medical of West Virginia, Inc.'s proprietary screening. An extensive mental health assessment is also completed with suicidal risk factors. The system is set up to accept digital signatures as well as email notifications for risk factors and/or classification purposes.

CorEMR can integrate with West Virginia Division of Corrections' jail management software and pass patient demographic and location information on a constant basis. CorEMR can also send and receive confirmations from a pharmacy provider. If sick call requests are submitted through a kiosk or telephonically, a system will be set up so that CorEMR will also capture this information and task to the appropriate healthcare worker.

KEY FEATURES:

Certification & Standards Compliancy

- ✓ CorEMR v5.0 received ONC Staging 1 Meaningful Use certification in December 2012.
- ✓ The software is NCCHC compliant and will assist the facility in reaching and maintaining NCCHC accreditation.
- ✓ The software supports AJA, ACA and NSA standards

Integrations

- ✓ Imports patient data from existing Offender Management Systems (OMS). This integration creates an automatic electronic patient chart. Patient photo and basic demographic information is automatically captured.
- ✓ Send medication orders to your pharmacy provider for shipment or delivery.
- ✓ Receive lab results as an optional integration.

Technology

- ✓ Simultaneous access allowed for multiple terminals and users within the facility.
- ✓ Web based structure that runs on the facility's local network or by a server running at one central location for facilities with multiple locations.
- ✓ Built on a SQL back end and is compatible with SQL Server 2005, 2008, 2012 and MySQL 5.0+.

Medical Forms

- ✓ Forms can be configured with "triggers" that automatically create actions. (Such as creating an active problem for a diabetic or scheduling a task for the nurse on duty to review that intake form).
- ✓ Transfer and release forms configured with triggers that automatically retrieve information from the patient's medical chart such as active problem list, current medications and most recent PPD test results.
- ✓ Unique forms creation tool allows users to create customized forms to use throughout the system. These forms can be categorized as medical, dental or mental health and can be defined as Intake, Release, Patient Requests, Subjective Interview, Patient History, Education and Exam Forms (Objective).
- ✓ Forms with built in Protocols based on a specific problem or condition.
- ✓ Forms with Triggers that will automatically create actions in other parts of the system, such as nurse tasks or creating an active problem for an inmate.
- ✓ Forms can also capture not-examination information, such as administrative and patient consent forms.

Patient Charts

- ✓ Search for a patient's chart by booking number, last name, Social Security number or other identifiers.
- ✓ Scan and upload patient requests, outside provider visits, or any other non-system documents to the patient's chart.
- ✓ Flow sheets for vital signs and blood sugar levels can be recorded and logged. Other flow sheets include: neuro checks, Coumadin log, nebulizer treatments and more.
- ✓ Record progress and chart notes for each patient.
- ✓ Create "Patient Alerts," such as suicide watch or recreation restriction, on the patient chart, which also displays on the dashboard for high visibility to other users. Alerts are fully configurable.
- ✓ The Chart Summary includes: current medical problems, medications, task summary, intake form summary and recent medical history with links to each section.
- ✓ Chronic Care is also part of the inmate's chart.

Infirmary Charting

- ✓ The software supports distinct and separate charting for inmates/patients that are being held in an Infirmary, yet maintains a single chart as per NCCHC requirements.
- ✓ The software will track doctor ordered level changes. (i.e., level 1,2,3, observatory, etc.) which determines the level of care required while the inmate/patient is in the Infirmary.

- ✓ The software will allow for different Forms to be available within the Infirmary Chart as opposed to the Master Chart, providing an additional level of separation of the information captured in each chart.
- ✓ The software supports an admission and discharge process that will allow the user to determine which data related to medications, alerts and problems is shared between the Infirmary and Master charts.

Scheduler

- ✓ Includes a robust appointment scheduler that can be filtered by task category (doctor, dentist, nurse, social worker etc.), priority and housing location.
- ✓ Tasks and appointments can be viewed by day, week or by month.
- ✓ The system can prevent the over scheduling of a user or user type.
- ✓ The system will allow an administrative user to configure an unlimited number of Task Categories or Types.

Sick Call (SOAPe Notes)

- ✓ Uses the standard SOAPe note format for Sick Call examination.
- ✓ Displays patient summary information such as current medical problems and current medication compliance on the Sick Call.
- ✓ Gives users access to the Subjective, Objective, Action, Plan and Education sections directly from the Sick Call module, allowing doctors to record orders for later note off or complete the actions themselves.
- ✓ Available actions include completing interview or exam forms, scheduling future appointments, ordering lab work, and ordering medications.
- ✓ Receive and store scanned documents and electronic files directly into sick calls.
- ✓ Allows users to note if Sick Calls (clinic) or medications are billable.

Medication Administration

- ✓ MedPass times are configured by day and MedPass Prep List is generated accordingly.
- ✓ MedPass lists can be grouped by housing unit or alphabetically by last name.
- ✓ Patient's acceptance or refusal of each dose is recorded. Graphical and detailed MAR reports can be viewed at any time.
- ✓ The system easily accommodates KOP, PRN, injections and stat dosing.
- ✓ Optional bar code reader integration to find each patient's chart, record MedPass compliance and synchronize data with the CorEMR server.
- ✓ Automatically highlights medication expiration dates and refill notifications.
- ✓ Body image shows on Med Pass to indicate injection sites.
- ✓ The software will allow for off-line medication administration in facilities that do not have wireless network connectivity throughout the facility.
- ✓ Med Pass data is safeguarded using a Local Save feature that will prevent the Med Pass from being lost if the laptop being used is accidently powered off or the battery life would happen to expire.
- ✓ The software supports Medication schedule configurations to meet the distribution schedule.

- ✓ The software will support administrative user configuration of multiple Med Passes for a given day (i.e. 0800,1200, 1600, and 2000)
- ✓ The software will allow an administrative user to tie medication frequencies to the configured Med Pass Times. (i.e. BID medications distributed at 0800 and 1600, QD distributed at 0800, etc.)
- ✓ The software will allow reporting on medication compliancy so the providers can make an informed decision as to continue the medication or discontinue it based on missed dosages.

Pharmacy Module

- ✓ Send orders to and receive confirmations from your pharmacy provider.
- ✓ Includes a pharmacy module for ordering, making MedPass assignments and scheduling refills.
- ✓ Imports your drug list and identifies formulary medication.
- ✓ Allows filtering of the drug list by name, analgesic category, form and other criteria.
- ✓ Inventory check-in screen when Meds are received from the pharmacy.
- ✓ Eliminates the need for double entry of medications into the EMR and also the Pharmacies on-line ordering system.
- ✓ Eliminates potential pharmacy provider transcription error that can result in medication errors
- ✓ Provides positive confirmation that the order has been received by the pharmacy.
- ✓ Provides for near real-time order status including error reporting on medication orders (i.e. reorder too soon, requires a signed paper prescription, etc.)
- ✓ Provides positive Prescription identification using the RX number that will allow the check-in of medications using bar-code scanning
- ✓ The software supports STAT medication ordering that will allow for the ordering and administration of the med in a single step, while updating the MAR appropriately.

Integrated Document Scanning

- ✓ Documents can be attached to the Inmate/Patient chart and categorized for easy retrieval.
- ✓ Documents can be attached to the chart, an inmate form, a release form or a sick call record.

Reports

- ✓ Reports include: task reports, prescription (drug by name and patient), prescriptions ordered by date range, Medication compliance, refusal, and dosing summary reports, missed doses, infirmary reports and more.
- ✓ Captures a large amount of information on each patient to generate Management Reports and other patient demographic information.
- ✓ Includes a User Definable Report Builder that allows facilities to retrieve information for unlimited customized reports from defined data elements.

Administration

- ✓ Permissions Grid restricts access by user type.

- ✓ Ability to manage and edit all forms and form triggers. Includes the ability to create event triggers (such as automatically create a specific task when a question on a form is answered a certain way).
- ✓ Ability to create Medication Sets—multiple medications configured to be ordered as a group, for situations like alcohol withdrawal protocols.
- ✓ The software can automatically create in inmate/patient chart when a new inmate to the system is entered into the JMS system minimizing manual data entry of demographic data.
- ✓ The software will update the chart by adding new booking data (Booking Number, Booking Date and Booking Time) to an existing chart.
- ✓ The system will track the inmate's/Patient's housing location history to assist with Med Pass and also disease management due to contagious diseases (inmate/patient proximity report).
- ✓ The system can capture Agency information (i.e. ICE, US Marshal, Fed, etc.) that is entered into the JMS that can be used to generate billing reports or passed on to the Pharmacy for billing.
- ✓ The system will automatically cancel any future scheduled Task and Discontinue any medications when the inmate is released from the Jail Management System.
- ✓ Non-Inmate activities can be entered into the system to assist with communication between management and clinical staff.
- ✓ Activities can be marked as complete so that they will no longer display.

As mentioned above, PrimeCare Medical of West Virginia, Inc. feels that it is uniquely suited with "CorEMR" to provide the West Virginia Division of Corrections with a "state-of-the-art, completely customized electronic medical records system". PrimeCare Medical of West Virginia, Inc. has built specific efficiencies into CorEMR and feels that West Virginia Division of Corrections would benefit immensely with the implementation of CorEMR. PrimeCare Medical of West Virginia, Inc.'s is confident that we can provide a level of service that is unsurpassed by our competitors however, should West Virginia Division of Corrections choose to use a different electronic medical records system, PrimeCare Medical of West Virginia, Inc. shall implement said system.

5.2.1.9.1 Confidentiality of Health Care Record

Active health care records shall be maintained under secure conditions and separately from confinement records pursuant to standards. Access to active inmate records is controlled by the health care authority. The Vendor shall not deny the Commissioner of the Agency or his designee, or the Institutional CEO or his/her designee access to such records for examination and/or photocopying.

Vendor Response:

Confidentiality of Health Record: Active health care records shall be maintained under secure conditions and separately from confinement records pursuant to ACA and NCCHC Standards. Access to active inmate/patient records is controlled by the health care authority. PrimeCare

Medical of West Virginia, Inc. shall not deny Facility Administration or his/her designee access to such records in accordance with applicable law.

Release of Health Care Information: Detailed health care information shall only be released to an outside agency upon written authorization from the inmate/patient or in accordance with PrimeCare Medical of West Virginia, Inc. Policy on the matter. Exempt from this policy is the pertinent health care information necessary for any off-site consultation and/or specialty referral.

HIPAA COMPLIANCE

As a result of its services in correctional institutions throughout Pennsylvania, West Virginia and New Hampshire, PrimeCare Medical has diligently fulfilled its obligations to protect all inmates/patients privacy rights, including those established under the Health Insurance Portability and Accountability Act ("HIPAA"). This compliance continues to be monitored and adjusted as the regulations are modified and/or affected by other provisions, such as HITECH. PrimeCare Medical has a company-wide Privacy Officer, as well as a Security Officer. Respectively, the Privacy Officer and Security Officer are charged with the responsibility of overseeing HIPAA compliance. Immediate contact to these individuals will be made available to all appropriate Division employees involved with, or concerned about, inmate/patient privacy matters. In addition, the Privacy Officer and Security Officer have immediate access to PrimeCare Medical's General Counsel who is well versed on HIPAA compliance, having written and extensively lectured on the subject matter. PrimeCare Medical has instituted company-wide training on HIPAA compliance on at least an annual basis and will continue to do so throughout the term of any health services agreement.

5.2.1.9.2 Inmate Transfer

In the event that an inmate is transferred to another facility within the Agency, the entire inmate health record shall be transferred with the inmate in the care and custody of the senior transporting officer. When the decision has been made to transfer the individual, the medical department shall alert the receiving facility and inform them of any pertinent medical information.

Vendor Response:

PrimeCare Medical of West Virginia, Inc. will deploy a multi-site CorEMR cloud based system. This will allow for not only inter Division of Corrections transfers but also transfers from DOC to Regional Jail Authority (RJA) and back. This transfer of health records will be seamless and real time. This efficiency has demonstrated in high movement locations a reduction of potential detrimental effects of the "falling through the cracks". All patient history will seamlessly transfer from location to location. This transfer will allow the healthcare professionals to continue with orders written previously and will instantly provide the new facility with a complete understanding and critical knowledge of the patients' medical and mental health history. This vital information demonstrates the economy of scale that PrimeCare Medical of West Virginia, Inc. can provide to the State of West Virginia. All patients who are in the

Regional Jail Authority (RJA) when transferred to the Division of Corrections will have all medical information transferred thus an improvement of patient care and ultimately a reduction of healthcare expenses will prevail for the State of West Virginia.

RE-ENTRY / DISCHARGE PLANNING

PrimeCare Medical of West Virginia, Inc. shall work in cooperation with the West Virginia Division of Corrections' designated Re-entry Coordinators to develop discharge planning services for inmates/patients being discharge from the care and custody of the West Virginia Division of Corrections. PrimeCare Medical will identify continuing areas of concern for re-entry, and make recommendations for changes where needed in existing re-entry programs, and make recommendations for the development of new programs to address inmate re-entry needs. Health Care Release Planning is initiated for each inmate/patient when the medical department is notified of the inmate's/patient's pending release. Health Care Release Planning consists of several components, to include health education, self-care instruction, and continuity of care plan development, which includes both the Treatment Plan and Community Agency Referrals.

PrimeCare Medical will designate a member of each facility's Medical Department to serve as a Health Care Release Coordinator. The work associated with the Health Care Release Coordinator is accomplished in coordination with various other departments and multiple disciplines. The duties of the Health Care Release Coordinator include, but are not limited to:

- Review Facility Re-entry Coordinator's list of inmates/patients eligible for parole and/or release. Notify the West Virginia Division of Corrections of any inmate/patient with a serious healthcare problem that will require extensive medical care or who may present complex medical conditions post-release.
- Discussion with the inmate/patient about discharge.
- Medicaid / Medicare eligibility determination and application submission / coverage.
- Mail, or e-mail when possible, the completed Application for Health Care Coverage Signature Page and the medical form, if necessary, to the appropriate assistance offices.
- Assist assigned Correctional Counselor with medical information when inmate has been deemed eligible for Social Security benefits.
- Coordinate discharge planning of every mental health/mental retardation (MH/MR) inmate/patient with the designated Mental Health Coordinator.
- Provide information to inmate/patient related to self-care and health education, as well as education on Special Needs.

PrimeCare Medical shall make every reasonable effort to ensure that inmates/patients have a sufficient supply of medication upon discharge. PrimeCare Medical shall ensure that a physician

reviews all medications prior to the inmate's/patient's discharge from the facilities, within thirty (30) days of discharge.

5.2.1.9.3 Release of Health Care Information

Detailed health care information shall only be released to an outside agency only upon written authorization from the inmate. Exempt from this policy is the pertinent health care information necessary for any off-site consultation/specialty referral.

Vendor Response:

HIPAA COMPLIANCE

As a result of its services in correctional institutions throughout Pennsylvania, West Virginia and New Hampshire, PrimeCare Medical has diligently fulfilled its obligations to protect all inmates/patients privacy rights, including those established under the Health Insurance Portability and Accountability Act ("HIPAA"). This compliance continues to be monitored and adjusted as the regulations are modified and/or affected by other provisions, such as HITECH. PrimeCare Medical has a company-wide Privacy Officer, as well as a Security Officer. Respectively, the Privacy Officer and Security Officer are charged with the responsibility of overseeing HIPAA compliance. Immediate contact to these individuals will be made available to all appropriate Division employees involved with, or concerned about, inmate/patient privacy matters. In addition, the Privacy Officer and Security Officer have immediate access to PrimeCare Medical's General Counsel who is well versed on HIPAA compliance, having written and extensively lectured on the subject matter. PrimeCare Medical has instituted company-wide training on HIPAA compliance on at least an annual basis and will continue to do so throughout the term of any health services agreement.

5.2.1.9.4 Record Retention

Inactive medical records shall be sealed, properly identified, and archived in the central storage area with the balance of the inmate's confinement record. Retention of these documents shall be for the legal requirements of the State of West Virginia, or other jurisdiction, if applicable.

Vendor Response:

Record Retention: PrimeCare Medical of West Virginia, Inc. shall comply with all applicable Federal and State rules and regulations, and requirements governing the maintenance of documentation to verify any cost of services or commodities rendered under this contract by PrimeCare Medical of West Virginia, Inc. PrimeCare Medical of West Virginia, Inc. shall maintain such records a minimum of seven (7) years and make available all records to the West Virginia Division of Corrections personnel in accordance with applicable Federal and State rules and regulations.

5.2.1.9.5 Transfer of Health Care Information

In the event that an inmate is transferred to a correctional facility outside of the jurisdiction of the Agency, an inmate health care summary sheet shall accompany the inmate.

Vendor Response:

Transfer of Records: When an inmate/patient receives off-site examination or treatment or is transferred to another Facility or hospital, the inmate's/patient's health record or a copy of the summary shall accompany him or her. In the event that an inmate/patient is transferred to a correctional facility outside the jurisdiction of the West Virginia Division of Corrections, an inmate/patient health care summary sheet shall accompany the inmate/patient. Documentation of any off-site examination or treatment shall be made in the health record by the physician or other health professional involved.

5.2.1.9.6 Data Mining

The Vendor shall provide a method of "data mining" for collection and analyzing of medical information to assist in the identification, treatment, and reporting in order to provide a predictive model for risk management.

Vendor Response:

MANAGEMENT INFORMATION SYSTEM

PrimeCare Medical of West Virginia, Inc. will maintain trend analysis charts on key statistical data taken from the monthly reports and, should an unusual trend occur, the information will be shared with all parties involved. As part of this process, PrimeCare Medical will:

- Make cost containment information available to the Administrative Office or selected designee as requested.
- Track all costs related to primary health care services by:
  - Laboratory Services
  - Radiology Services
  - Other Ancillary Services (i.e., physical therapy, clinics, oxygen therapy)
  - Outpatient Services
  - Specialty Services - by Specialty
  - Dental Care
  - Inpatient Services
  - Pharmaceutical
  - Medical Supplies

The above management information system will be capable of providing statistical data necessary for the evaluation and monitoring of health services. Information gathered by PrimeCare Medical will be utilized for the preparation of the following documents:

- Monthly reports of services, to include costs associated with any Division initiate inmate/patient co-pay system.
- Reports for administrative meetings with Facilities' officials.
- Annual reports for the analysis of services provided.
- Specifically, PrimeCare Medical shall provide a monthly and an annual report that includes:
    - Inmate's/Patient's requests for various services
    - Inmates/Patients seen at physician's clinic
    - Inmates/Patients seen by dentist
    - Inmates/Patients seen by psychologist
    - Special Needs Unit admission, patient days, average length of stay
    - Off-site hospital admissions
    - Medical specialty consultation referrals
    - Intake medical screening
    - History and physical assessments
    - Diagnostic studies
    - Percentage of inmate/patient population dispensed medication
    - Inmates testing positive for sexually transmitted diseases
    - Inmates/Patients testing positive for HIV
    - Inmate/Patient mortality
    - Other data deemed appropriate by the Facilities' Administration and/or the West Virginia Division of Corrections
- Data collection will be monitored by the on-site Medical Director. Monthly reports shall be generated and presented for discussion at each Quality Improvement Committee meeting. Any significant variances in the data will be investigated and discussed during these monthly meetings. All documents pertaining to health care services will be forwarded to the Quality Improvement Committee for evaluation.

PrimeCare Medical, Inc. shall meet at least quarterly with the Facilities Administrators to review and discuss health care programs in the West Virginia Division of Corrections. Meeting minutes shall be kept for all such meetings. Meetings are to be attended by PrimeCare Medical staff, members of the Facilities staff, and any other individual deemed appropriate. Meetings should, as much as possible, be multi-disciplinary in their scope. The chairperson may determine the specific focus of any meeting. Reports shall be submitted monthly on the health care delivery system at the Facilities. Topics shall include the effectiveness of the health care delivery system, a description of any environmental factors which may require improvement, changes effected

since the last report, and recommendations for corrective action if needed. Depending on contractual and jurisdictional requirements, other additional reports may be required. The Health Services Administrator is responsible for thorough review and knowledge of the medical services contract and its requirements. Standard reporting requirements of PrimeCare Medical include the following, which can be further enhanced to meet the specific needs of the West Virginia Division of Corrections:

- The Quarterly Report shall include an agenda to address at a minimum the following topics: Minutes from previous Quarterly Meetings, Review of Catastrophic Medical Expense, Medical Grievances and Resolutions, Medical Staffing, and Quarterly Statistical Summary.

- Along with this report, Health Services Administrator may be asked to submit a copy of Staff Meeting Minutes, QI/QA tools and minutes, Quarterly Pharmacy Inspections, Daily Head Count and any other reports that may be required depending on contractual requirements.

- The Statistical Summary Report shall include morbidity statistics for the quarter. Trends shall be analyzed to determine if corrective action is needed.

- The Environmental Health and Safety Report is to be completed monthly by the PrimeCare Medical Health Services Administrator. The Environmental Health and Safety Report evaluates the Facilities to determine if they are safe and clean in order to promote good health.

- The Annual Report is typed synopsis of the year's major events, an overview of the annual QI/QA review in accordance with PrimeCare Medical Corporate Policy, major Facilities achievements for the year, and goals and objectives for the upcoming year.

Additionally, PrimeCare Medical shall meet weekly with Facilities staff and the Facilities Administrators to review inmate/patient medical services and to propose corrections of deficiencies or problems, to identify in-services training needs and to suggest improvements to the delivery of contracted services. PrimeCare Medical will communicate with the West Virginia Division of Corrections more frequently as any potential issues are noted or chronically ill inmates/patients are identified. Furthermore, a daily communication protocol will be developed between PrimeCare Medical and the West Virginia Division of Corrections. Required PrimeCare Medical meetings include, but are not limited to the following:

- Quarterly Administrative Meetings - PrimeCare Medical of West Virginia, Inc. Regional Office personnel, Facilities Health Services Administrator and Facilities Administrator or designee. Purpose: to review effectiveness of health care services.

- Monthly Health Service Staff - PrimeCare Medical of West Virginia, Inc. administration and medical staff. Purpose: to disseminate information and problem solving.

- Quarterly Pharmacy & Therapeutics - Pharmacists, PrimeCare Medical of West Virginia, Inc. Administration, Medical Director / Nursing Supervisor. Purpose: to evaluate and monitor quality care delivery criteria, focus on quality improvement, review the appropriateness of prescriptions ordered at the Facilities and to review any changes to the formulary made by the Pharmacy and Therapeutics Committee.

- Monthly Continuous Quality Improvement - PrimeCare Medical of West Virginia, Inc. selected staff, Medical Director and Psychiatrist. Purpose: to evaluate and monitor quality care delivery criteria and focus on quality improvement.

- Quarterly Infection Control - PrimeCare Medical of West Virginia, Inc. Health Services Administrator, Medical Director, Staff Physicians, Nursing Director, Facilities Treatment Staff. Purpose: to report incidence of infectious and communicable diseases and initiate a way to promote a safe and healthy environment.

- Monthly Medical Administrative Committee (MAC) Meetings –PrimeCare Medical of West Virginia, Inc. Health Services Administrator, Facilities Administration Staff, and all other parties requested by Facilities. Purpose: to review effectiveness and appropriateness of health care services, inmate/patient treatment plans, and efficiency of medical operations.

5.2.1.10 Materials, Supplies, and Equipment

Vendor shall supply all materials and supplies necessary to perform the provisions of this RFP. The Vendor shall provide prosthetics (spectacles, dentures, artificial limbs, hearing aids, etc.) and orthotics (braces, splints, shoes, etc.) deemed necessary by the appropriate clinician. All prosthetic appliances deemed necessary by the appropriate clinician shall be provided by the Vendor. The Vendor shall repair or replace appliances and aids, if medically necessary, that inmates may have upon intake. This shall include any type of nutritional supplements deemed necessary by the clinician. A special diet is not considered a nutritional supplement. The Vendor shall provide all other aids to impairment deemed medically necessary and ordered by the Vendor.

All current medical equipment onsite at each facility owned by the Agency shall remain the property of the Agency. Agency shall repair and/or replace all currently owned medical equipment when the need arises. Vendor shall supply all other office and/or medical equipment necessary during the term of said contract. Upon expiration or cancellation of said contract, Vendor shall retain ownership to all equipment purchased by vendor and shall remove the equipment from Agency's property at Vendor's expense. Vendor shall be responsible for any and all equipment rental or leasing fees for equipment it deems necessary to fulfill its obligations of this contract.

The Agency warrants that it has examined the inventory lists of the Agency-owned health care equipment. The Agency represents that unless otherwise noted, all listed equipment is in functional working order. If and when Agency's equipment requires repair and is inoperable,

Agency shall be responsible for the equipment rental fees and the repair costs of the inoperable Agency-owned equipment.

Vendors are encouraged to examine all onsite medical equipment. An inventory of all onsite medical equipment is detailed on Attachments 1-1 through 1-11.

Vendor Response:

MEDICAL SUPPLIES AND EQUIPMENT

PrimeCare Medical of West Virginia, Inc. shall be responsible for the maintenance, repair, and replacement of equipment and for acquisition of additional equipment and supplies necessary for the proper conduct of inmate/patient medical services to the West Virginia Division of Corrections and remain flexible to the ongoing needs of the facilities. The Purchasing Department of PrimeCare Medical of West Virginia, Inc. will receive and process all supply orders for the West Virginia Division of Corrections. All of these purchases will be acquired within acceptable timeframes as required by the RFP. Additionally, the PrimeCare Medical Purchasing Department will also be responsible for coordinating the acquisition of telemedicine equipment and service contracts for this equipment in collaboration with the PrimeCare Medical of West Virginia, Inc. Information Technology Department.

PrimeCare Medical utilizes the following system of on-going Corporate review:

- All supply orders are received by the Director of Purchasing at the Corporate Office for review and processing. Any significant increase in the number of specific supplies ordered that cannot be explained by an increase in the inmate/patient population is noted and questioned by the Director of Purchasing before the order is processed.

- PrimeCare Medical's Corporate computer capability is such that all supply and prescription costs can be tracked by facility and any significant increase suggesting waste will quickly be identified with appropriate instructions to explain or address the situation provided to the appropriate PrimeCare Medical Health Services Administrator.

- The utilization review and contract compliance audit processes noted in this Proposal also provides a valuable checks and balances mechanism which guards against waste and unnecessary expenditures.

5.2.1.11 Disposal of Biomedical Hazardous Waste

The Vendor shall be responsible for all bio hazardous waste material, as well as to provide for and bear the cost for an approved appropriate method of disposal of contaminated waste. This includes needles, syringes, and other materials used in the provision of health care services. These disposal methods shall be in compliance with any applicable standards and/or regulations relevant to the disposal of bio hazardous waste material.

The Vendor shall take appropriate measures to ensure that only biomedical waste material is deposited within the designated contaminated waste containers. Air filters used in air recirculation and air conditioning units which are removed or replaced by the maintenance department in rooms considered to harbor airborne pathogens shall also be treated as biomedical hazardous waste and disposed of accordingly.

The Vendor will be responsible for utilization and cost associated with the services of a biomedical waste disposal company. It is the responsibility of the Vendor to arrange for routine disposal of these waste materials by said disposal company.

The Vendor is also responsible for the training of all staff, including WVDOC, in the proper handling and disposal of biomedical waste material .In addition, the Vendor shall comply with all applicable laws and record keeping involving the handling and disposal of biomedical waste material.

Vendor Response:

INFECTIOUS WASTE DISPOSAL

PrimeCare Medical of West Virginia, Inc. will be responsible for the custody and approved appropriate method of disposal of any and all hazardous waste generated by medical care or treatment provided to the West Virginia Division of Corrections. These disposal methods shall be in compliance with any applicable standards and/or regulations relevant to the disposal of bio-hazardous waste material. PrimeCare Medical shall take appropriate measures to ensure that only biomedical waste material is deposited with in the designated contaminated waste containers, and all health care personnel shall be appropriately trained in the proper handling and disposal of such waste. This will occur through an appropriate contractual relationship with a qualified waste disposal firm known as Stericycle, Inc., who currently provides medical waste disposal services to all PrimeCare Medical contracted facilities. All certificates of disposal shall be maintained by PrimeCare Medical of West Virginia, Inc. Air filters which are removed or replaced by the maintenance department shall also be treated as bio-medical hazardous waste and disposed of accordingly.

5.2.1.12 Area and Informational Security

Without exception, it is the responsibility of the Vendor to ensure that all work areas, equipment, and supplies are kept secure, and that any information pertaining to security matters and inmate health care is properly controlled.

Not inmate or visitor is to be left unattended or unobserved within any treatment or procedural area at any time. The Vendor shall control entry and access into its assigned work areas. Areas that provide for the storage of medications, instruments, or sharps are to be kept locked at all times. Non-vendor personnel shall not be left unattended in these areas. Inmates shall not be permitted access to these areas.

Inmates and/or family members shall not be notified in advance of the date or time of any off-site appointment. Information relating to patient out-trips/transfer will only be provided to security and/or other personnel on a need-to-know basis.

Vendor Response:

Without exception, it is the responsibility of PrimeCare Medical to ensure that all work areas, equipment and supplies are kept secure, and information that pertains to security matters and inmate/patient health care is properly controlled. No inmate/patient or inmate/patient visitor is to be left unattended or unobserved within any treatment or procedural area at any time. PrimeCare Medical shall control entry and access into its assigned work areas. Areas that provide for the storage of medication, instruments, or sharps are to be kept locked at all times. Non-Medical personnel shall not be left unattended in these areas. Inmates/Patients shall not be permitted access to these areas.

Inmates/Patients will not be notified in advance of the date or time of any off-site specialty appointments. Privileged information, that is information regarding security in regard to inmate/ patient care, will be provided only on a need-to-know basis.

5.2.1.13 Inmate Health Education

The Vendor shall provide health education and training in self-care skills to inmates. Topics for health education may include, but are not limited to, personal hygiene, nutrition, physical fitness, methods for self-examination and disease prevention, chemical dependency, sexually transmitted diseases, stress management, prenatal care, and chronic disease education. Methods for health education may include individual instruction, classes, group discussion, videotapes, pamphlets, and/or brochures. The Vendor must provide health educational services.

In the interest of the public health of the community, the Vendor shall participate in any state or federal programs (pilot) that will assist Agency in further promoting public safety. Technical assistance and training shall be made available for nurses conducting HIV, STD, and Hepatitis counseling, testing, and referral services.

Vendor shall deliver at intake, during inmate orientation, and prior to release, a formal infectious disease education class.

In accordance with the Federal Prisoner Re-entry Initiative, medical referrals for chronically ill offenders shall be made to general practitioners in the community of the offenders intended release. Referral services shall be conducted prior to release and include: locating general practitioners who are willing to accept offenders as a new patient and the transfer of all applicable medical records to that general practitioner. All action taken on behalf of the offender must be documented.

Vendor Response:

INMATE/PATIENT HEALTH EDUCATION

PrimeCare Medical of West Virginia, Inc. has developed, subject to the West Virginia Division of Corrections' approval, an inmate/patient health education program utilizing posters, pamphlets, and individual health counseling. To further this health education process, formal sessions shall be made available based on the assessed educational needs of the inmates/patients. Inmate/Patient health education topics shall include, but not be limited to personal hygiene, medication education, sexually transmitted diseases, chemical dependency, effects of smoking, and communicable diseases. Such health related topics are also available and provided to health care staff, as well as, facility security personnel. PrimeCare Medical's Continuous Quality Improvement Program's assessment tools require compliance that all patient encounters include education topics related to the visit. We believe that with continued education, the health care team can effect change within inmate/patient lives. This improvement in health will not only benefit the inmate/patient, but will provide for improved patient outcomes and will assist once the inmate/patient is discharged back into the community.

In the interest of the public health of the community PrimeCare Medical of West Virginia, Inc. shall participate in any state or federal programs (pilot) that will assist the Division in further promoting public safety. PrimeCare Medical provides training for staff conducting HIV, STD, and hepatitis counseling, testing, and referral services. Formal infectious disease education classes shall be provided at intake, during orientation, and prior to release. In accordance with the Federal Prisoner Re-entry Initiative, appropriate referrals shall be made with appropriate community based agencies. All such actions shall be documented within the medical record.

5.2.1.14 Catastrophic Capitation

The Vendor shall be responsible for medical obligations incurred up to the below listed limitation:

$5,000 for the treatment of any one person with a single injury or illness with consistent primary diagnosis.

The Agency shall be responsible for costs exceeding the above limitations. However, the Vendor shall remit payment to the appropriate community providers in excess of the capitation and submit documentation to Agency for reimbursement. The Vendor shall invoice the Agency on a quarterly basis for reimbursement of the costs exceeding the above limitations.

In the event of contract renewal by both parties, these limits are a capitation figure as delineated per each contract year. Capitation figures are not to be construed as a total for the initial year in addition to subsequent renewal periods. The capitation limits will follow the inmate throughout the system.

Vendor Response:

LIMITATIONS ON CATASTROPHIC LIABILITY

As set forth herein, the West Virginia Division of Corrections shall share in the cost of medical treatment as a result of catastrophic situations, as follows:

- PrimeCare Medical shall be liable only to the amount of $5,000.00 for illness or injury per single adult inmate/patient with consistent primary diagnosis. Such capitation limit shall follow the inmate/patient throughout the system.

Any costs in excess of the catastrophic limits delineated above shall be paid by PrimeCare Medical, with any expenses in excess of this Catastrophic Limit being invoiced back to the West Virginia Division of Corrections on a quarterly basis as specified within the RFP. Catastrophic limits shall be calculated for the three hundred sixty-five (365) days following incurring of initial costs relating to the treatment of an inmate/patient affected by such illness or injury. Should an inmate/patient require further treatment for such illness or injury, PrimeCare Medical shall be liable for payment up to the catastrophic limit for an additional three hundred sixty-five (365) day period. The liability of PrimeCare Medical for such payments shall attach as of the effective date of this Agreement.

5.2.1.15 Medical Payments

WV State Code 25-1-4 establishes payments to outside providers of medical care for inmates at 73% of billed charges, provided that critical access hospitals shall be reimbursed at 85% of billed charges. Vendor must comply with this law. This payment structure of 73% of billed charges applies to all medical care services, goods, and medications provided to a person who is in the custody of a correctional facility and is provided those services outside of said facility.

This law also provides, effective July 1, 2008, that the Vendor may not pay an amount to an outside provider of a medical service for a person residing in a correctional facility greater than the reimbursement rate applicable to service providers established by legislative rule of the Bureau for Medical Service within the Department of Health and Human Resources: Provided that the critical access hospitals shall be reimbursed at 75% of the billed charges. These limitations apply to all medical care, services, goods, and medications provided to a person who is in the custody of a correctional facility, and is provided these services outside of said facility. Vendor will be responsible to remit payment for any of the above services in accordance with the applicable reimbursement rates set forth by Bureau for Medical Services within the Department of Health and Human Resources.

The Vendor shall re-price/adjust all medical services invoices at the WV Medicaid rate prior to payment, this includes any invoices Agency may be responsible for paying. Once adjusted, Vendor shall remit payment to the medical provider or return the invoice to the Agency within fourteen (14) days if the Agency is responsible for paying said invoice.

The Vendor is responsible for the timely payment of all claims by offsite hospital or specialty care to Agency's inmates pursuant to referral by the provider and in emergency cases. Any legal action, late fees, interest, etc. for unpaid claims or partial claim payment shall be the exclusive responsibility of the Vendor. This responsibility survives the life of this contract for any services that were performed at any time while the contract was in effect.

Upon expiration or termination of said contract, the Vendor shall remain responsible for the payment of any medical services rendered during the term of the contract.

Affordable Health Care Act: The Vendor shall assist the Agency in the implementation of the Affordable Care Act/Medicaid Expansion.

Vendor and Agency shall coordinate with the WV Department of Health and Human Resources for the review of eligibility for the inmates for Medicaid and submit applications. When an inmate is hospitalized for a period of 24 hours or more, Vendor shall, if necessary, assist with the Medicaid applications. Any Medicaid reimbursements shall be remitted to the Agency.

Vendor Response:

PrimeCare Medical shall process and pay all invoices for health care service rendered off-site (i.e., specialty care facility, hospital, etc.) in accordance with West Virginia State Law, in accordance with applicable Department of Health and Human Resources regulations and as required by the RFP.

PrimeCare Medical makes all attempts to aggressively negotiate significant discounted rates through local hospitals and specialty care providers in the community. Significant infrastructure is available within our corporate offices to assist with processing claims received for in-patient and out-patient care. PrimeCare Medical will seek any and all third party available sources (i.e., private insurance, federal funding, worker's compensation, etc.) to assist with off-setting expenses for out-patient and in-patient care of the inmate/patients of the West Virginia Division of Corrections. Such alternate payment opportunities shall be utilized to their fullest extent. PrimeCare Medical staff shall be responsible for the coordination and enrollment of inmates/patients into any such programs available. Off-site detailed billing summaries shall be provided to the West Virginia Division of Corrections as required by the RFP. Further, PrimeCare Medical of West Virginia, Inc. shall assist with the coordination and completion of all applicable inmate/patient Medicaid enrollment applications pursuant to the Affordable Care Act as required by the West Virginia Division of Corrections. Any Medicaid reimbursements shall be remitted to the Agency.

PrimeCare Medical of West Virginia, Inc. has also been intimately involved in the development, implementation and utilization process of West Virginia House Bill 2422 since its inception. We have been heavily involved, partnering with the West Virginia Regional Jail Authority, with the successful roll-out of this legislation throughout the State of West Virginia.

5.2.1.16 Quality Management Support Services

The contract shall provide quality management services to support the provision of the comprehensive health service program. The Vendor shall be responsible for all costs incurred for these services. Quality management support services shall be system-wide and shall be in place within 6 months of contract award. The Vendor shall provide written documentation to substantiate these services. This shall include, at a minimum, the following:

1. Continuous quality improvement (CQI): This is designed to monitor the quality of health services deliver. This includes such items as chart review by a qualified health care professional, with the appropriate recommendations for corrections of any discrepancies.
2. Infection control: This is designed to provide surveillance of infections, to institute preventative measures, and to report those infections in accordance with applicable laws. Infection control monitoring shall be an ongoing process.
3. Utilization management: This is designed to monitor and review all outside consultations and inpatient services. The Vendor shall submit a written plan of action which addresses, at minimum, mechanisms which will facilitate timely and appropriate consultations, specialty referrals, and inpatient and outpatient hospitalizations. The plan must demonstrate an appropriate mechanism for ensuring timely and appropriate access to off-site health care services.
4. Peer review: This is designed to monitor physician services and shall take place annually. Peer review shall include activities such as chart review, medical treatment plan review, review of off-site consultations and specialty referrals, emergencies, and inpatient hospitalizations. All cost incurred for peer review shall be at the cost of the Vendor.
5. Risk management: This is designed to manage critical incidents. It shall include mortality review procedures.
6. Policy review: Health services policies and protocols shall be reviewed annually by the Medical Director and the DCS. Therapeutic guidelines shall be reviewed quarterly by the Medical Director.

Vendor Response:

QUALITY IMPROVEMENT PROGRAM

PrimeCare Medical of West Virginia, Inc. embraces an active Continuous Quality Improvement (CQI) Program within all contracted facilities, which shall be implemented immediately upon contract award. The program takes a multidisciplinary collaborative approach to ensure that all inmates/patients under the care of PrimeCare Medical receive appropriate, timely and clinically sound medical treatment. Any existing quality assurance programs being conducted by the Division shall also be integrated into this process.

At each West Virginia Division of Corrections Facility, a CQI committee will be formed and shall be chaired by the on-site Medical Director. The committee will meet monthly and will include a representative(s) from the PrimeCare Medical of West Virginia, Inc. Corporate Office, Prison Administration, Security, Treatment, Mental Health, Pharmacy, Dentistry, Medical

Records, and Dietary; as well as the Health Services Administrator and Director of Nursing. The committee shall review findings of monthly audits, which study all aspects of the health care delivery system. The committee shall review findings of monthly audits, as well as, discuss the following mandatory topics: access to medical services, mortalities, patient grievances, pregnancies, hospitalizations, infirmary care, dialysis care, outside consultations, suicide/attempted suicide, adverse patient occurrences, emergency response, infection control, patient/staff safety, staffing, monthly environmental and kitchen inspections, credentialing, training, pharmacy, diagnostic testing, diets, health records, dentistry, intake and discharge planning and mental health concerns. These items are also reviewed for patterns and trends that may have developed since the last committee meeting.

Audit findings that fall below established thresholds, to include any patterns or trends that have been identified, are discussed in-depth by the committee, a plan is developed to bring the indicators into compliance, and the necessary corrective actions are taken by the appropriate committee member(s). Indicators below the established thresholds are monitored until the CQI committee determines there to be continued evident compliance. Until such time, continuous re-evaluation of the plan and continued corrective action efforts shall occur. This is typically done through the development and implementation of a Process and Outcome Study based upon the identified deficiencies. These studies are completed every month for a minimum period of six months and until the findings exceed the established thresholds for a minimum of three (3) continuous months. This three (3) month timeframe ensures that a realized compliance is not merely a one (1) month phenomenon, but rather, that such compliance has been established for the long term and that true corrective action measures have been adopted as customary practice.

PrimeCare Medical has an established chart review process that is tasked on a monthly audit calendar. The monthly audit calendar is followed by the Health Services Administrator each month, which provides the health related topics that are to be studied for the particular month. At minimum, the PrimeCare Medical Health Services Administrator, or medical staff designee, is required to conduct monthly chart reviews of at least a five (5%) to ten (10%) percent random sample of active charts. During this review, established criteria are applied to each chart and identified problems are immediately referred to the responsible physician with follow-up by the Medical Review Committee. In all cases, monthly reviews must be completed on adverse patient occurrences, acute care hospitalizations, medical emergencies, conditions requiring outside medical services, and medical grievances. The responsible physician must be able to demonstrate that inmates/patients are receiving appropriate care and all written orders and procedures have been properly carried out. Indicators on audits are based on ACA and NCCHC Standards. The West Virginia Division of Corrections' practices and protocols will be integrated into this CQI system upon a contract award.

PrimeCare Medical has also developed a comprehensive Peer Audit Review system, in which various members of the middle to upper level management TEAM travel on-site to each contracted Facility every three (3) to six (6) months to complete an internal review of all systems, policies, and procedures to verify and validate their respective compliance measures. These Peer Audit Reviews have been designed around and mirror the ACA and NCCHC Accreditation inspection process, thereby ensuring compliance with all applicable standards.

PrimeCare Medical's goal is to operate according to policy and procedure/standards at all times. With the peer audit reviews being completed every six months, it allows on-site staff to be continually educated in the process of ACA/NCCHC Accreditation and ensures medical departments are striving for continued policy compliance, regardless of when the next accreditation may be.

PrimeCare Medical also completes clinical performance enhancements each year on all professional health care staff. Random samplings of the provider's charts are pulled and an audit on the documentation and soundness of clinical judgment is completed by another provider of equal or greater training in accordance with applicable standards. Findings are documented and discussed with the individual provider, and if necessary, a confidential plan of corrective action is developed through the Utilization Review Committee. Any noted deficiencies shall be corrected in a timely fashion. An unplanned peer review may also be initiated in response to inmate/patient complaints or inmate/patient care issues. The Peer Review will be conducted by an individual who does not regularly perform services at the facility being evaluated. Such auditor shall be of equal or greater training than of the individual being audited. The outcome of the review is designed to be constructive and provide a learning experience for the provider. Alternatively, if corrective action is necessary, a Corrective Action Plan will be formulated that includes timeline for remediation. If the issues are not corrected, recommendations will be dealt with by the Supervisor of the provider and the PrimeCare Medical of West Virginia, Inc. Utilization Review Committee.

The State Medical Director, Regional Manager, and Vice-President shall review all reports, minutes, audits and findings every month for each of their assigned facilities. These individuals will also attend each of their assigned facilities' CQI meetings at a minimum of quarterly. This system allows individual facilities' accomplishments and deficiencies to be viewed from a more global perspective and allow for study and analysis of any potential regional trends that may develop. Relevant findings of the audits and CQI committee meetings are discussed at monthly medical department staff meetings to teach an understanding of the importance of following policy and procedure and to continually educate staff in clinically sound care. PrimeCare Medical of West Virginia, Inc. will also participate actively on any local or Statewide Quality Improvement Committee. PrimeCare Medical staff will attend any administrative statewide quality improvement meetings that are held and each institution's Medical Management Review meetings.

PrimeCare Medical of West Virginia, Inc. shall provide quality management services to support the provision of the comprehensive health service program. PrimeCare Medical shall be responsible for all costs incurred for these services. Quality management support services shall be system-wide and have already been established in the existing PrimeCare Medical of West Virginia, Inc. contracted facilities throughout the State. PrimeCare Medical shall provide written documentation to substantiate these services, which shall include at a minimum, the following:

- Continuous Quality Improvement (CQI) - This is designed to monitor the quality of health services delivery. This includes such items as chart review by a qualified health

care professional with the appropriate recommendations for corrections of any discrepancies.

- Infection Control - This is designed to provide surveillance of infections, to institute preventative measures, and to report those infections in accordance with applicable laws. Infection control monitoring shall be an on-going process.

- Utilization Management - This is designed to monitor and review all outside consultations and in-patient services. PrimeCare Medical shall submit a written plan of action which addresses, at minimum, mechanisms which will facilitate timely and appropriate consultations, specialty referrals, and out-patient and in-patient hospitalizations.

- Peer Review - This is designed to monitor physician's / mental health services. It shall occur no less than quarterly. Peer review shall include such activities as chart review, medical treatment plan review for special needs inmates/patients, review of off-site consultation, specialty referrals, emergencies, and in-patient and outpatient hospitalizations.

- Risk Management - This is designed to manage critical incidents. It shall include mortality review procedures.

- Policy Review – This is designed to review all applicable policies and protocols on an annual basis. Therapeutic guidelines shall be reviewed quarterly by the medical director.

- Safety and Sanitation Inspections - This is designed to monitor institutional food service, housing and work areas within the contracted facilities. PrimeCare Medical shall coordinate monthly safety and sanitation inspections and make appropriate recommendations for corrections of any discrepancies.

The intent of the above process is to ensure that problems are found as they occur and appropriate corrective action is taken immediately. In order to further ensure that corrective action is taken, all minutes of the Quality Assurance Committee and the Quarterly Tracking Report are forwarded to both the on-site Medical Review Committee and the Corporate Medical Review Committee.

Upon receiving the information at Corporate Headquarters, a Medical and Risk Management Review is conducted by the Corporate Medical Director and the Director of Risk Management. The minutes of both the Quality Improvement Committee and the Tracking Report will be carefully reviewed and, if necessary, on-site visits will be conducted. Throughout the process, physician and nursing notes will be compared to ensure that there is continuity in the medical records. Where problems are found, every attempt will be made to educate the physician and nurse in a positive, constructive manner.

All findings and required reports and chart audits shall be reported by PrimeCare Medical of West Virginia, Inc. to the West Virginia Division of Corrections at least monthly to ensure the highest quality of inmate/patient health care is being provided in the most efficient, cost-effective manner possible.

INMATE/PATIENT GRIEVANCES

Any medical grievances filed by inmate(s)/patient(s) shall be referred to the on-site Health Services Administrator, who shall review the claim and gather information concerning the complaint and take appropriate action consistent with institutional grievance procedures. All grievances received shall be reviewed for patterns and trends at the monthly Continuous Quality Improvement team meetings. If patterns are noted, plan of actions are developed to improve inmate/patient satisfaction rates. The Health Services Administrator shall be responsible for meeting with all inmates/patients who submit a medical grievance. The purpose of this meeting is to obtain all of the facts regarding the grievance and to provide education when necessary. We have determined many grievances can be eliminated through this procedure. All grievances received shall also be reviewed at the monthly health care staff meeting. The review shall include any corrective action plans developed as a result of patterns or trends noted. All grievances are further reviewed weekly by the Corporate Risk Manager as a proactive approach to resolving potential problems at an early stage.

5.2.1.17 Telemedicine

Vendor shall provide telemedicine services when appropriate. Vendor shall submit its policy and procedures for the use of telemedicine. Agency owned telemedicine equipment onsite at any location may be utilized by the Vendor. Any additional telemedicine equipment required shall be provided by the Vendor.

Vendor Response:

TELEMEDICINE CAPABILITIES

PrimeCare Medical of West Virginia, Inc. will implement and utilize state-of-the-art telemedicine technologies to assist with the provision of mental health care and certain other specialty health care clinics as approved by the West Virginia Division of Corrections. Designed for mobility and ease of use at the point of care, these technologies make it ideal for medical cases ranging from remote inmate/patient consultations to virtual care teams and medical education. Through these technologies, health care providers can overcome the barrier of distance, deliver better and timelier care to inmates/patients, and work more productively through remote face-to-face collaboration in a medical setting. This system will operate in compliance with PrimeCare Medical's and PSIMED's policies on Telemedicine.

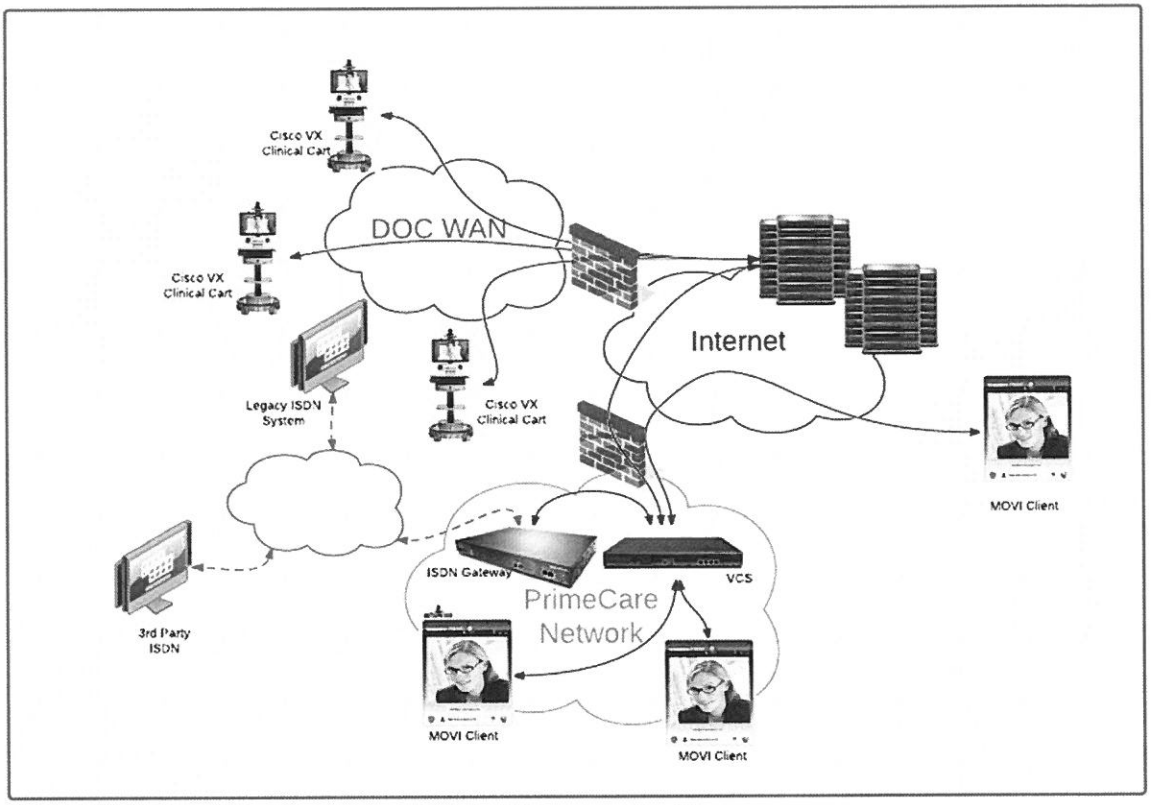
Telemedicine has been utilized as an important adjunct to our facility staff. In some jurisdictions, PrimeCare Medical has utilized this critical technology for not only emergent mental health evaluations, but also for unique specialists such as infectious disease certified

physicians. Our technology systems allow these off-site providers to see the inmate/patient, complete documentation, and issue orders directly in the inmate's/patient's electronic health record. PrimeCare Medical will work with local specialty groups and those currently on staff to assist when needed to conduct these services. Additional local specialists who may be opposed to entering the correctional environment, but would be willing to collaborate and evaluate our patients through this electronic media will be recruited and retained.

PrimeCare Medical proposes enhanced use of telemedicine to reduce the necessity for off-site transportation. The impact on the West Virginia Division of Corrections transportation and security will prove to be significant in addition to impacting insurance liability. Once the service is tested and available, PrimeCare Medical will perform telemedicine consults.

For the End User Equipment, PrimeCare Medical of West Virginia, Inc. is proposing the "Cisco TelePresence – Jabber" telemedicine devices to replace the incumbent telemedicine solution. The Cisco Jabber brings the power of telepresence to healthcare environments. Designed for mobility and ease of use at the point of care, a high-definition video collaboration system with functionality makes it ideal for medical use cases ranging from remote patient consultations to virtual care teams and medical education. This mobile telemedicine endpoint is part of the Cisco portfolio, which offers a total solution approach including content sharing, recording, firewall traversal, and management capabilities. Healthcare providers can overcome the barrier of distance, deliver better and timelier care to inmates/patients, and work more productively through remote face-to-face collaboration in a medical setting.

Network/Telecommunication Considerations - PrimeCare Medical of West Virginia, Inc. has a firm understanding of the State of West Virginia's current network infrastructure, due to our current working relationship with the Regional Jail Authority and Division of Juvenile Services. This proposed solution will be IP based and will traverse the West Virginia Division of Corrections data network. IP-based calls to non-department locations will be enabled and will use the West Virginia Division of Corrections internet connections. The solution proposed would allow both inbound and outbound calls to be made if desired using URI dialing (example site1@domain.com). The end user equipment proposed would be registered to Cisco's Jabber for SIP registration. This would allow for centralized directory services, URI dialing, and firewall traversal services.



The Cisco Video Conferencing infrastructure will allow authorized end points to register securely over the internet. The infrastructure allows for robust and reliable video conferencing communications and simplifies the end point user interface to ease the burden on end users. Since the servers are in the cloud, bandwidth is readily available.

End User Training – PrimeCare Medical of West Virginia, Inc. will provide end user training sessions per location on the Cisco Jabber. In these training sessions, users will be shown how to make and receive video calls and operate the system.

Technical Support – Connectivity to the service provides will be in conjunction with Office of Information Technology regarding technical support due to connectivity/registration issues; all other Technical Support will flow through PrimeCare Medical's established call center.

The time line presented in our implementation plan is to have this service operational within ninety (90) days from the date of signed contract.

5.2.1.18 Inmate Death

All inmate deaths are treated as per West Virginia State Statute regarding unattended deaths. The Vendor shall be responsible for adherence to State Statute, as well as the performance of a mortality review. The Medical Director will meet with the Warden or designee within 24 hours

of an inmate death to provide necessary medical information. The Medical Director will also provide a written morbidity and mortality review report within 48 hours of the death.

Vendor Response:

CRITICAL INCIDENTS AND MORTALITY REVIEW

PrimeCare Medical takes a collaborative approach in responding to any critical incidents that occur within our contracted facilities through a formal critical incident debriefing process as defined by NCCHC and ACA. This is completed as a joint effort by the Health Services Administrator, Medical Director, and Mental Health Staff. A formal review of all processes and actions leading up to the incident are reviewed, with formal action plans developed if any procedural discrepancies are noted. These individuals also meet with all staff members involved in the incident immediately following the event. Such services are also made available to facility personnel if requested (i.e., mental health staff meet with personnel involved if an attempted suicide occurs within a facility).

Additionally, PrimeCare Medical policy clearly defines appropriate protocols and procedures to be followed in the event of an inmate/patient death, based upon applicable standards. A formal mortality review is required to be completed within thirty (30) days of such an event, which includes members from Facility Administration, the Health Services Administrator, Medical Director, Mental Health Staff, Regional Directors, and members of the Corporate Utilization Review Committee. Should any corrective action plans be required as a result of the above, PrimeCare Medical shall issue a formal report of such to the Facility Administration.

Medical Director will meet with the Warden or designee within 24 hours of an inmate death to provide necessary medical information. The Medical Director will also provide a written morbidity and mortality report within 48 hours of the death.

5.2.1.19 DNA Databank

Vendor shall be responsible for drawing blood at intake for offenders convicted of identified crimes. The sample taken is shipping and processed by the WV State Police at no cost to the vendor. Test results become part of a statewide informational DNA databank.

Vendor Response:

PrimeCare Medical of West Virginia, Inc. shall be responsible for drawing blood at intake for offenders convicted of identified crimes. The sample taken is shipping and processed by the WV State Police. Test results become part of a statewide informational DNA databank.

5.2.1.20 Research Data Submission Requirements:

Vendor must submit a monthly report by the 1Oth of each month that contains key indicators as dictated by the Association of State Correctional Administrator's Performance Based Measures

System (PBMS) (Attachment J). Reports will be submitted in Microsoft Excel Format and will be separated by functional location (facility) and include an agency wide total.

Vendor Response:

PrimeCare Medical shall submit monthly reports by the 10th of each month that contains key indicators as dictated by the Association of State correctional Administrator's Performance Based Measures System (PBMS). All such reports will be submitted in Microsoft Excel Format and will be separated by functional location (facility) and include an agency wide total, as further detailed within our Management Information System section.

CONCLUSION

It is this combination of PrimeCare Medical's proven business philosophy in correctional medicine of over twenty-eight (28) years, the vast professional experiences of our multidisciplinary senior management team, our extensive comprehensive presence in West Virginia's correctional health care systems, proven ability to operate state-wide correctional systems, innovation into various technological advancements, and experience with local unions that makes PrimeCare Medical of West Virginia, Inc. the ideal health care solution for the West Virginia Division of Corrections.

Due to the unique and diverse composition of our senior corporate leadership, PrimeCare Medical of West Virginia, Inc. has the unparalleled capability to effectively engage in the type of strategic operational planning, medical/administrative consultation, and rapid response to emergent / client issues necessary for the proper delivery of medical services to the West Virginia Division of Corrections. As the longest standing provider of comprehensive correctional health care services to the State of West Virginia, PrimeCare Medical of West Virginia, Inc. has positioned itself in West Virginia to seamlessly transition the West Virginia Division of Corrections in the most cost effective and efficient manner possible.

PrimeCare Medical of West Virginia, Inc. will not only meet, but far exceed all levels of services presented in this proposal. The Company is highly qualified to implement this proposal, which is designed specifically to service the health care delivery systems for the West Virginia Division of Corrections. The result is the best possible health care package for the inmate/patient and the most cost effective delivery system for the West Virginia Division of Corrections.

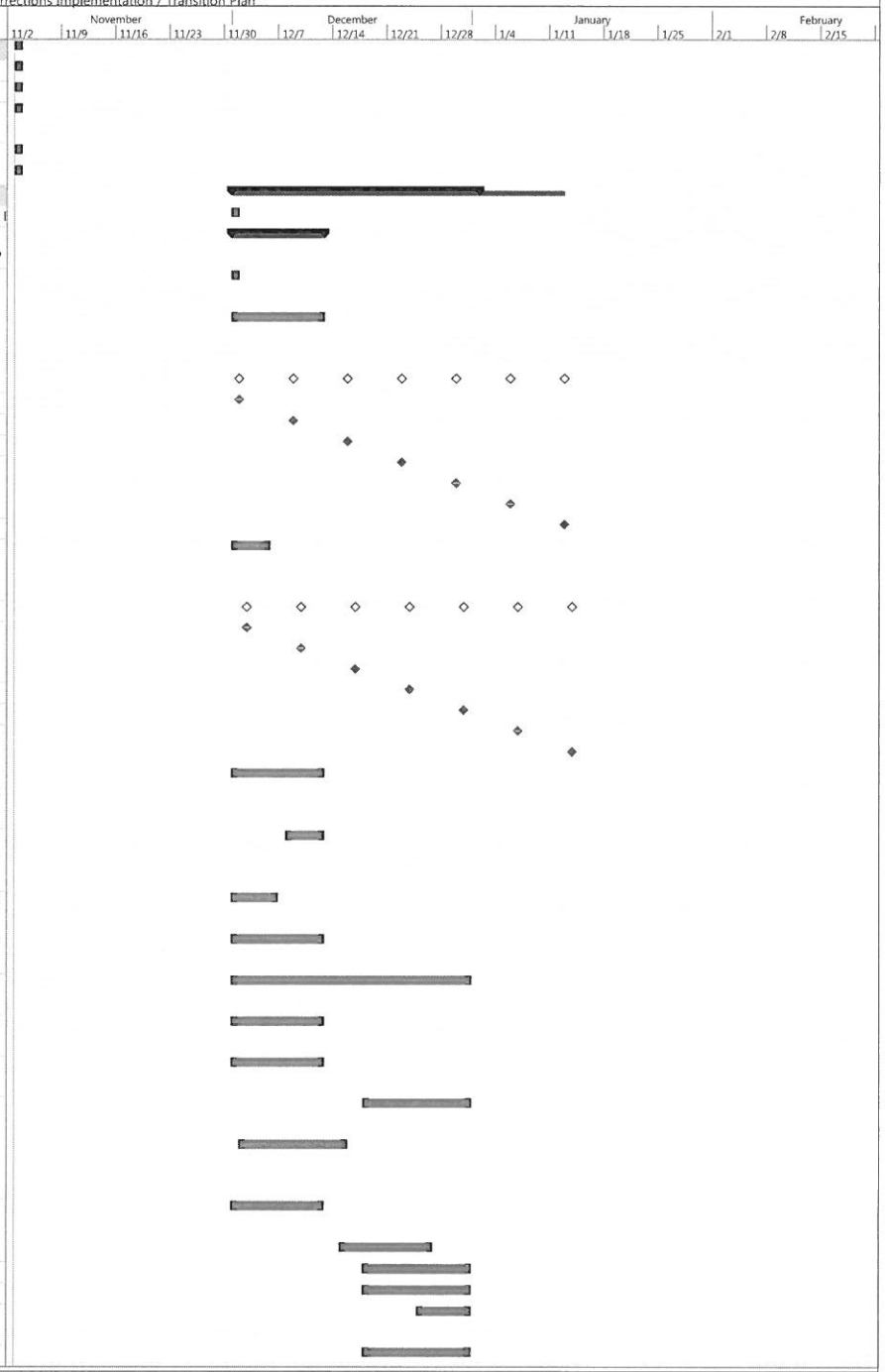
PrimeCare Medical of West Virginia, Inc.

District Map



PrimeCare Medical, Inc. - West Virginia Division of Corrections Implementation / Transition Plan

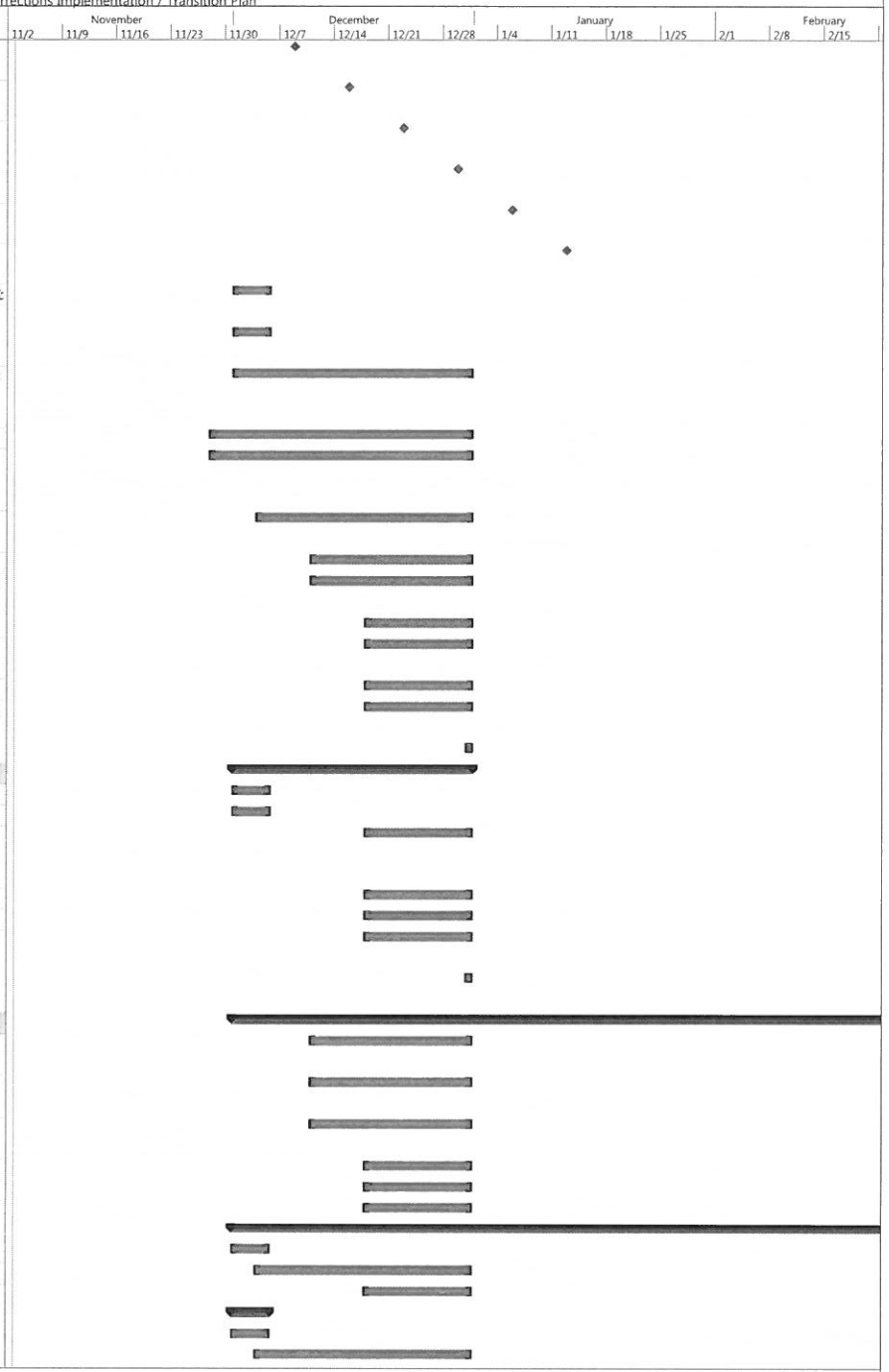
ID	Transactional Activities	Duration	Start	Finish	Key Resource
1	Administration (Corporate)	1 day	Mon 11/3/14	Mon 11/3/14	
2	Identify Transition Team	1 day	Mon 11/3/14	Mon 11/3/14	VP Ops,VP Ops - Clinical
3	Review transition plan with Transition Team	1 day	Mon 11/3/14	Mon 11/3/14	VP Ops,VP Ops - Clinical
4	Identify / establish any reporting requirements, performance indicators, and define responsibilities	1 day	Mon 11/3/14	Mon 11/3/14	VP Ops,VP Ops - Clinical
5	Prepare a list of key contacts for both PCM and WV DOC	1 day	Mon 11/3/14	Mon 11/3/14	VP WV Ops
6	Develop problem / issue escalation procedures	1 day	Mon 11/3/14	Mon 11/3/14	VP WV Ops
7	**General Operations and Implementation Team**	**24 days**	**Mon 12/1/14**	**Thu 1/1/15**	
8	Award of Contract	1 day	Mon 12/1/14	Mon 12/1/14	President & Corporate Medical I
9	**Schedule initial meeting with Regional Coordinators, HSAs, and Medical Director**	**10 days**	**Mon 12/1/14**	**Fri 12/12/14**	**Jr VP Ops - Mktg,President & Corporate Medical Director,VP**
10	Forward copy of proposal to Regional Coordinators for review of contract terms and commitments.	1 day	Mon 12/1/14	Mon 12/1/14	Admin Asst 1
11	Regional Coordinators to meet with current PCM facilities: discuss WV DOC transition plan, impact on existing facilities, roles and responsibilities.	10 days	Mon 12/1/14	Fri 12/12/14	RCs,VP WV Ops
12	**PCM Corporate Staff Meeting to discuss Transition Plan**	**31 days**	**Mon 12/1/14**	**Mon 1/12/15**	
13	PCM Corporate Staff Meeting to discuss Transition Plan 1	0 days	Mon 12/1/14	Mon 12/1/14	VP Ops,VP WV Ops
14	PCM Corporate Staff Meeting to discuss Transition Plan 2	0 days	Mon 12/8/14	Mon 12/8/14	VP Ops,VP WV Ops
15	PCM Corporate Staff Meeting to discuss Transition Plan 3	0 days	Mon 12/15/14	Mon 12/15/14	VP Ops,VP WV Ops
16	PCM Corporate Staff Meeting to discuss Transition Plan 4	0 days	Mon 12/22/14	Mon 12/22/14	VP Ops,VP WV Ops
17	PCM Corporate Staff Meeting to discuss Transition Plan 5	0 days	Mon 12/29/14	Mon 12/29/14	VP Ops,VP WV Ops
18	PCM Corporate Staff Meeting to discuss Transition Plan 6	0 days	Mon 1/5/15	Mon 1/5/15	VP Ops,VP WV Ops
19	PCM Corporate Staff Meeting to discuss Transition Plan 7	0 days	Mon 1/12/15	Mon 1/12/15	VP Ops,VP WV Ops
20	PCM Senior Corporate staff to meet with WV DOC and Facility Administration. (Contact Wardens) to develop transition schedule and rollout.	5 days	Mon 12/1/14	Fri 12/5/14	Jr VP Ops - Mktg,President & Corporate Medical Director,RCs,VP WV Ops
21	**Meet weekly with Prison administrative contact.**	**31 days**	**Tue 12/2/14**	**Tue 1/13/15**	
22	Meet weekly with Prison administrative contact. 1	0 days	Tue 12/2/14	Tue 12/2/14	HSAs,RCs,VP WV Ops
23	Meet weekly with Prison administrative contact. 2	0 days	Tue 12/9/14	Tue 12/9/14	HSAs,RCs,VP WV Ops
24	Meet weekly with Prison administrative contact. 3	0 days	Tue 12/16/14	Tue 12/16/14	HSAs,RCs,VP WV Ops
25	Meet weekly with Prison administrative contact. 4	0 days	Tue 12/23/14	Tue 12/23/14	HSAs,RCs,VP WV Ops
26	Meet weekly with Prison administrative contact. 5	0 days	Tue 12/30/14	Tue 12/30/14	HSAs,RCs,VP WV Ops
27	Meet weekly with Prison administrative contact. 6	0 days	Tue 1/6/15	Tue 1/6/15	HSAs,RCs,VP WV Ops
28	Meet weekly with Prison administrative contact. 7	0 days	Tue 1/13/15	Tue 1/13/15	HSAs,RCs,VP WV Ops
29	PCM Dept. Head Prison Tours	10 days	Mon 12/1/14	Fri 12/12/14	Jr VP Ops - Mktg,President & Corporate Medical Director,VP WV Ops,RCs
30	Visit facility Work Release Center	5 days	Mon 12/8/14	Fri 12/12/14	Jr VP Ops - Mktg,President & Corporate Medical Director,VP WV Ops
31	Schedule date for PCM department heads to meet all potential staff who currently work at facility	6 days	Mon 12/1/14	Sat 12/6/14	VP Ops,VP Ops - Clinical,VP WV Ops
32	Perform an inventory and assesment at each site of medical/office suplies.	10 days	Mon 12/1/14	Fri 12/12/14	Admin Asst 2,Jr VP Ops,RCs,VP WV Ops
33	Contact current medical provider regarding supplies and equipment being left on-site.	23 days	Mon 12/1/14	Wed 12/31/14	Admin Asst 2,Jr VP Ops
34	Meet with MH / MR regarding obtaining mental health records & 304 commitment contact person	10 days	Mon 12/1/14	Fri 12/12/14	Mental Health Director,VP WV Ops
35	Telephone call to State Health Dept. regarding HIV Testing	10 days	Mon 12/1/14	Fri 12/12/14	Jr VP Ops - Clinical,VP WV Ops
36	Health Services Administrator to submit nursing schedule for first month of contract	10 days	Thu 12/18/14	Wed 12/31/14	RCs,VP WV Ops
37	Meet with Health Services Administrator to ensure all necessary supplies and equipment are ordered. (medical, dental, office, lab, pharm)	10 days	Tue 12/2/14	Mon 12/15/14	RCs,VP WV Ops
38	Meet with Contract Administrator to discuss facility's security procedures.	10 days	Mon 12/1/14	Fri 12/12/14	RCs
39	Establish orientation schedule for all newly hired PCM staff.	10 days	Mon 12/15/14	Fri 12/26/14	HSAs,RCs
40	Attain property insurance for new facility.	10 days	Thu 12/18/14	Wed 12/31/14	Jr VP Ops -HR & Recruit
41	Determine pager vs. cell phone needs for key staff	10 days	Thu 12/18/14	Wed 12/31/14	Jr VP Ops -HR & Recruit
42	PCM Corporate staff-Final meeting (invite Health Services Administrator)	5 days	Thu 12/25/14	Wed 12/31/14	VP WV Ops
43	Complete facilities gouge sheet	10 days	Thu 12/18/14	Wed 12/31/14	Jr VP Ops



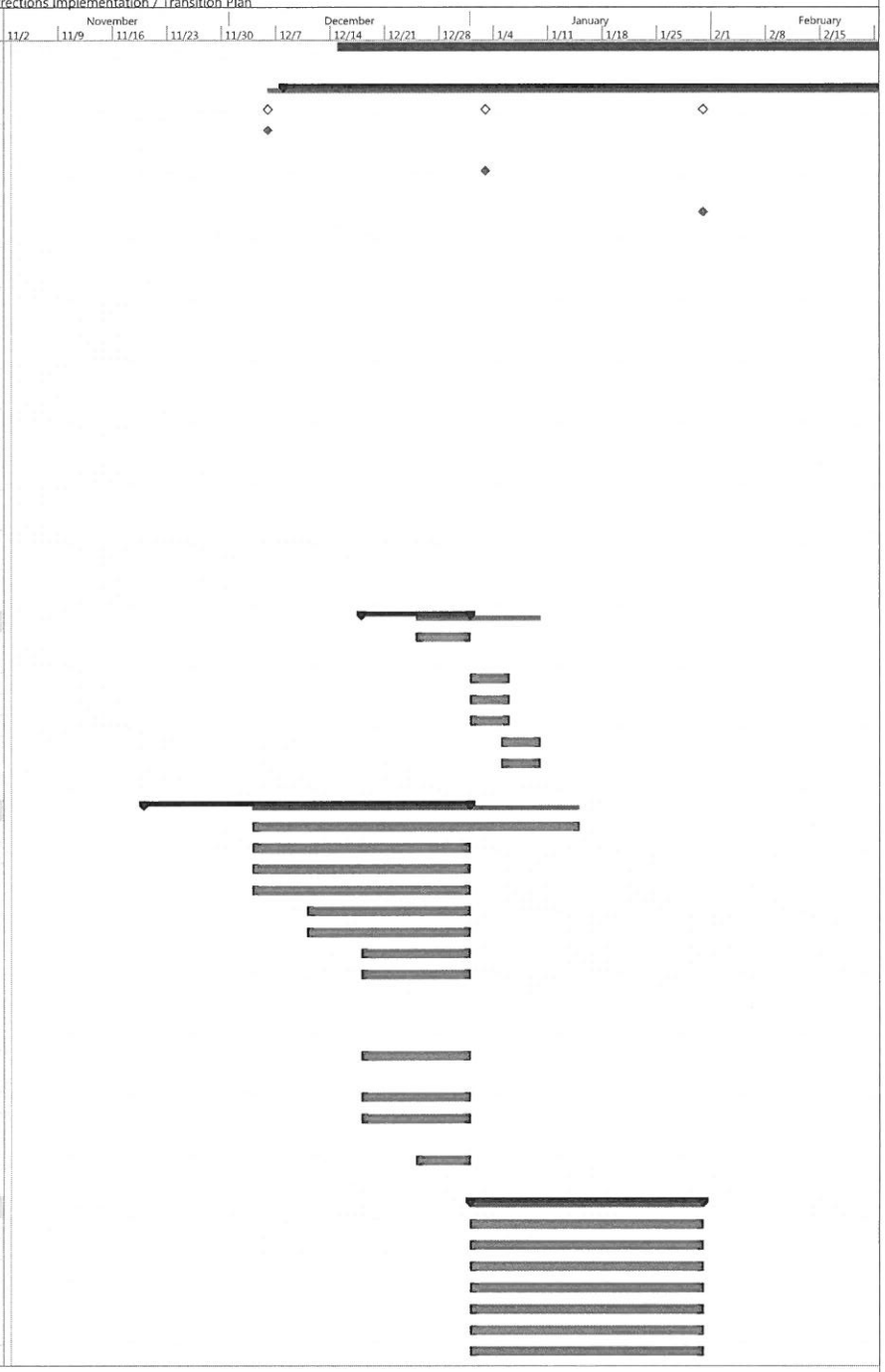
ID	Transactional Activities	Duration	Start	Finish	Key Resource
44	Complete facilities T.O.	10 days	Thu 12/18/14	Wed 12/31/14	Admin Asst 2,Jr VP Ops
45	Physician training regarding consults and non-formulary medications	5 days	Thu 12/25/14	Wed 12/31/14	Jr VP Ops - Clinical,RCs,VP Ops - Clinical
46	Establish Petty Cash Amount	5 days	Thu 12/25/14	Wed 12/31/14	Dir. of Finance
47	Conduct mandatory training as per established training schedule	4 days	Wed 12/31/14	Mon 1/5/15	RCs
48	Security and Emergency Procedures training.	4 days	Wed 12/31/14	Mon 1/5/15	HSAs,RCs
49	Set-up dates for all meetings for the next quarter. (i.e.. Staff meetings, CQI Meetings, Education in-services, Quarterly Meetings, Holiday Staff Party date, etc...)	4 days	Wed 12/31/14	Mon 1/5/15	HSAs,RCs
50	Review Essential and important Standards regarding PCM policy and procedures to see what is currently being done and not done at this facility. (Peer Audit)	10 days	Mon 1/5/15	Fri 1/16/15	Peer Audit Team 1,Peer Audit Team 2,RCs
51	Review Essential and important Standards regarding PCM policy and procedures to see what is currently being done and not done at this facility. (Peer Audit)	8 wks	Mon 1/5/15	Fri 2/27/15	Peer Audit Team 1,Peer Audit Team 2,RCs
52	Corporate medical director to visit all major sites during rollout	7 days	Thu 1/1/15	Fri 1/9/15	President & Corporate Medical Director
53	Transition Support team to be onsite at each facility to provide support.	12 days	Thu 1/1/15	Fri 1/16/15	RCs,VP WV Ops
54	Ensure list of all Corporate and Emergency Contacts are posted for all medical staff needs.	1 day	Thu 1/1/15	Thu 1/1/15	RCs
55	**Documentation / Books**	**24 days**	**Mon 12/1/14**	**Thu 1/1/15**	
56	Develop PCM Policy and Procedures for Prisons / DOC	31 days	Mon 12/1/14	Mon 1/12/15	Jr VP Ops,VP Ops
57	Review PCM intake form vs. facilities intake form	20 days	Mon 12/1/14	Fri 12/26/14	Jr VP Ops -HR & Recruit,RCs,VP Ops - Clinical
58	Complete Emergency Preparedness Local Procedure for Initial Staff Orientation.	13 days	Mon 12/15/14	Wed 12/31/14	RCs
59	Local Policy and Procedure manuals to be established and completed	23 days	Mon 12/1/14	Wed 12/31/14	RCs
60	Provide Policies & Procedures, Forms, and Protocol Manuals	13 days	Mon 12/15/14	Wed 12/31/14	Admin Asst 1,Admin Asst 2
61	CD's to be established of PCM forms manual and policy manual. (Adobe & Microsoft Word)	13 days	Mon 12/15/14	Wed 12/31/14	Admin Asst 1,Admin Asst 2
62	Prepare month end book	13 days	Mon 12/15/14	Wed 12/31/14	Admin Asst 1,Admin Asst 2
63	Consult Approval and Claims form books	13 days	Mon 12/15/14	Wed 12/31/14	Admin Asst 1,Admin Asst 2
64	Binders for NCCHC standards	13 days	Mon 12/15/14	Wed 12/31/14	Admin Asst 1,Admin Asst 2
65	Log Books - new intake, EKG book, lab book, x-ray, sick call, time sheet, dental instrument count sheet, narcotic book, sharps and instrument	13 days	Mon 12/15/14	Wed 12/31/14	Admin Asst 1,Admin Asst 2
66	Assist with setting up charts. Need at least 250 charts (with dividers only) made. (Consult Operations for samples)	13 days	Mon 12/15/14	Wed 12/31/14	Admin Asst 1,Admin Asst 2
67	Redacted copy of contract, RFP, and Tech. & Pricing Proposal sent.	13 days	Mon 12/15/14	Wed 12/31/14	Admin Asst 2
68	**Contracts**	**20 days**	**Thu 12/4/14**	**Wed 12/31/14**	
69	Start developing relationships with hospital for a contractual partnership.	20 days	Thu 12/4/14	Wed 12/31/14	Admin Asst 2,Jr VP Ops
70	Contact X-Ray company for contract	20 days	Thu 12/4/14	Wed 12/31/14	Admin Asst 2,Jr VP Ops
71	Set-up initial meeting with Lab vendor.	20 days	Thu 12/4/14	Wed 12/31/14	Admin Asst 2,Jr VP Ops
72	**Set-up initial meeting with Pharmacy.**	**10 days**	**Tue 12/2/14**	**Mon 12/15/14**	**Admin Asst 2,VP Ops - Clinical**
73	Get copies of MARs at each site and forward to pharmacies.	10 days	Tue 12/2/14	Mon 12/15/14	RCs,VP Ops - Clinical,VP WV Ops
74	Review all non formularies	10 days	Tue 12/2/14	Mon 12/15/14	VP Ops - Clinical
75	Finalize any outstanding contracts.	10 days	Thu 12/18/14	Wed 12/31/14	Admin Asst 2,Jr VP Ops
76	Finalize contract with Hospital .	10 days	Thu 12/18/14	Wed 12/31/14	Admin Asst 2,Jr VP Ops
77	Meet with Medical Doctors regarding contracts.	20 days	Thu 12/4/14	Wed 12/31/14	RCs,VP WV Ops
78	Mail to Physicians PCM drug formulary with contracts.	20 days	Thu 12/4/14	Wed 12/31/14	Admin Asst 2
79	Meet with PSIMed regarding contract.	20 days	Thu 12/4/14	Wed 12/31/14	Jr VP Ops,Mental Health Director,VP WV Ops
80	**Human Resources**	**30 days**	**Mon 12/1/14**	**Fri 1/9/15**	
81	**Weekly updates on status of new hires**	**30 days**	**Mon 12/1/14**	**Fri 1/9/15**	**Jr VP - HR,Jr VP Ops -HR & Recruit**
82	Weekly updates on status of new hires 1	0 days	Mon 12/1/14	Mon 12/1/14	Jr VP - HR,Jr VP Ops -HR & Recruit



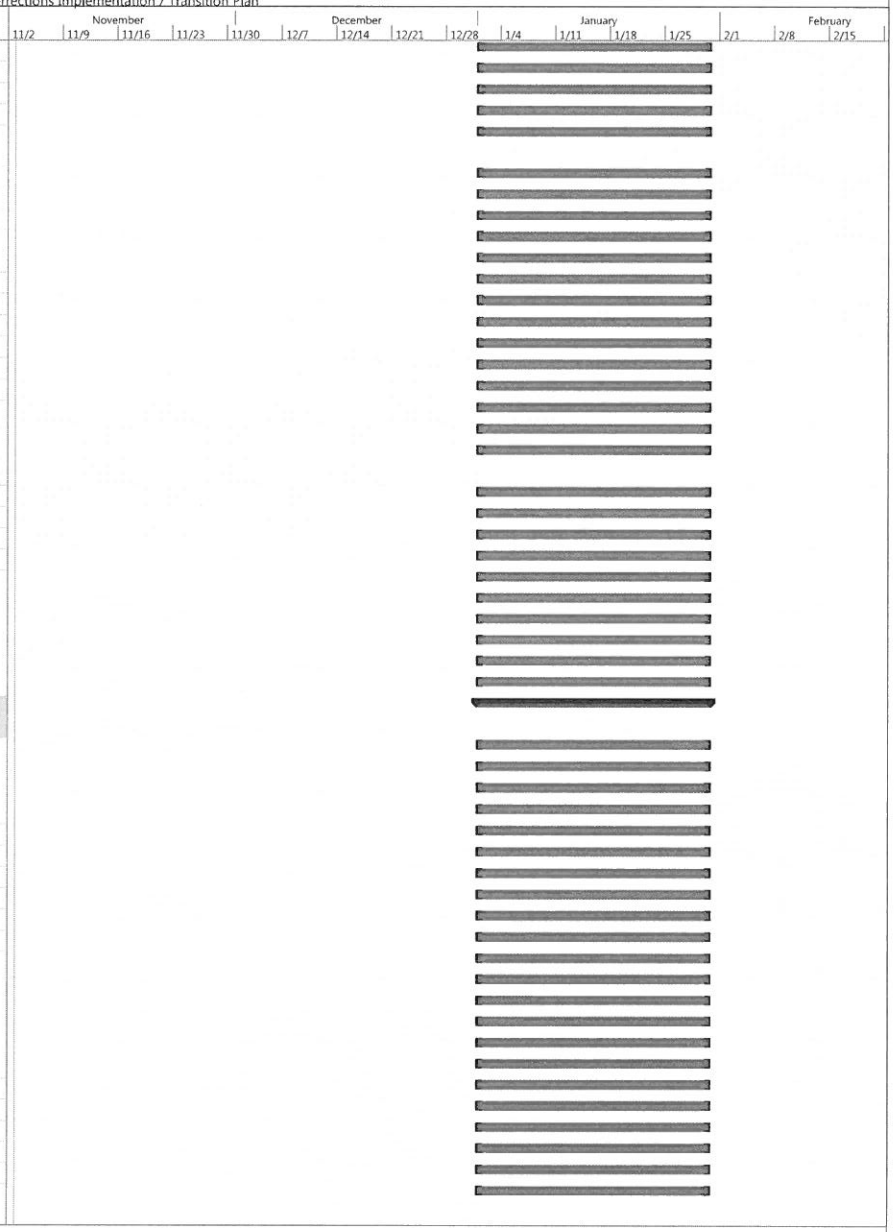
ID	Transactional Activities	Duration	Start	Finish	Key Resource
83	Weekly updates on status of new hires 2	0 days	Mon 12/8/14	Mon 12/8/14	Jr VP - HR,Jr VP Ops -HR & Recruit
84	Weekly updates on status of new hires 3	0 days	Mon 12/15/14	Mon 12/15/14	Jr VP - HR,Jr VP Ops -HR & Recruit
85	Weekly updates on status of new hires 4	0 days	Mon 12/22/14	Mon 12/22/14	Jr VP - HR,Jr VP Ops -HR & Recruit
86	Weekly updates on status of new hires 5	0 days	Mon 12/29/14	Mon 12/29/14	Jr VP - HR,Jr VP Ops -HR & Recruit
87	Weekly updates on status of new hires 6	0 days	Mon 1/5/15	Mon 1/5/15	Jr VP - HR,Jr VP Ops -HR & Recruit
88	Weekly updates on status of new hires 7	0 days	Mon 1/12/15	Mon 1/12/15	Jr VP - HR,Jr VP Ops -HR & Recruit
89	Introduction meeting with current staff	5 days	Mon 12/1/14	Fri 12/5/14	Jr VP - HR,Jr VP Ops -HR & Recruit,VP WV Ops,RCs
90	Research current staffing situation at each site and develop a plan for PCM to staff contract (Coordinate with Operations)	5 days	Mon 12/1/14	Fri 12/5/14	RCs,VP WV Ops
91	Start recruiting process for potential new hires, RN's, LPN's and Mental Health position(s) immediately. (Brent to coordinate with Operations)	23 days	Mon 12/1/14	Wed 12/31/14	HR Recruit 1,HR Recruit 2,Jr VP Ops -HR & Recruit
92	Set up Interviews	24 days	Fri 11/28/14	Wed 12/31/14	HR Recruit 1,HR Recruit 2
93	Meet with all agency nurses about becoming PCM staff nurses. As approved by Contract Administrator and Director of Nurses. (if applicable)	24 days	Fri 11/28/14	Wed 12/31/14	RCs,VP WV Ops
94	Obtain Psychologicals on all new hires. (Set up training for all hires)	20 days	Thu 12/4/14	Wed 12/31/14	HR Recruit 1,HR Recruit 2
95	Verify all staff licenses and insurances	15 days	Thu 12/11/14	Wed 12/31/14	HR Recruit 1,HR Recruit 2
96	Offer of Employment letters sent to all potential nurses.	15 days	Thu 12/11/14	Wed 12/31/14	HR Recruit 1,HR Recruit 2,Jr VP Ops -HR & Recruit
97	Provide list of employees to HR / Finance Departments	10 days	Thu 12/18/14	Wed 12/31/14	HR Recruit 1,HR Recruit 2
98	Request Security Clearances on all new hires (NLT DATE)-Hair folical test	10 days	Thu 12/18/14	Wed 12/31/14	HR Recruit 1,HR Recruit 2
99	HR to ensure that all offer letters have been returned.	10 days	Thu 12/18/14	Wed 12/31/14	HR Recruit 1,HR Recruit 2
100	Set Start Dates for all employees (mandatory attendance for all new hires 2 days prior to contract start date)	10 days	Thu 12/18/14	Wed 12/31/14	HR Recruit 1,HR Recruit 2,HSAs
101	Mandatory posters posted in Medical - specified by state!	1 day	Wed 12/31/14	Wed 12/31/14	Employee Relations Mgr
102	**Finance**	**23 days**	**Mon 12/1/14**	**Wed 12/31/14**	
103	Assign Facility a number	5 days	Mon 12/1/14	Fri 12/5/14	Dir. of Finance
104	Receive Contract 30 days prior to start up	5 days	Mon 12/1/14	Fri 12/5/14	Dir. of Finance
105	Provide (leave slips, time sheets, etc.) Forms (Pay check questionnaires, W4, Direct Deposit, I9 forms) - all received Friday before upcoming pay date	10 days	Thu 12/18/14	Wed 12/31/14	Dir. of Finance
106	Assign pay dates (employees and sub-contractors)	10 days	Thu 12/18/14	Wed 12/31/14	Dir. of Finance
107	Receive Sub-contractor info sheet	10 days	Thu 12/18/14	Wed 12/31/14	Dir. of Finance
108	Submit memo for all providers (sub-contractors) and discounts	10 days	Thu 12/18/14	Wed 12/31/14	Dir. of Finance
109	All bills (lab, pharm, x-ray, EKG) received in a timely fashion	1 day	Wed 12/31/14	Wed 12/31/14	Dir. of Finance
110	**IT**	**241 days**	**Mon 12/1/14**	**Sat 10/31/15**	
111	Review computer and technology needs. Check on current PC.	15 days	Thu 12/11/14	Wed 12/31/14	Dir IT,Jr VP Ops -HR & Recruit
112	Provide contract with requirements for telemedicine hook ups	15 days	Thu 12/11/14	Wed 12/31/14	Dir IT
113	Prepare all technical aspects and have all equipment, supplies, and accessibility ready to go	15 days	Thu 12/11/14	Wed 12/31/14	Dir IT
114	Establish facility e-mail	10 days	Thu 12/18/14	Wed 12/31/14	Dir IT
115	Establish facility fax	10 days	Thu 12/18/14	Wed 12/31/14	Dir IT
116	Establish facility telephone	10 days	Thu 12/18/14	Wed 12/31/14	Dir IT
117	**EMR**	**241 days**	**Mon 12/1/14**	**Sat 10/31/15**	
118	Review current system, work flow and process	5 days	Mon 12/1/14	Fri 12/5/14	Dir IT,Jr VP Ops -HR & Recruit
119	Identify systems requirements	20 days	Thu 12/4/14	Wed 12/31/14	Dir IT
120	Purchase Equipment	10 days	Thu 12/18/14	Wed 12/31/14	Dir IT
121	**Deploy hosted EMR framework**	**5 days**	**Mon 12/1/14**	**Fri 12/5/14**	
122	Interfaces with lab, x-ray, pharmacy	5 days	Mon 12/1/14	Fri 12/5/14	Jr VP Ops -HR & Recruit
123	Migration of Patient Data	20 days	Thu 12/4/14	Wed 12/31/14	Dir IT



ID	Transactional Activities	Duration	Start	Finish	Key Resource
124	End User Training 2 weeks per site	215 days	Mon 12/15/14	Fri 10/9/15	COR IT
125	Reporting Requirments	15 days	Tue 12/11/14	12/31/214	Jr VP Ops -HR & Recruit
126	**Status Update CorEMR at all sites**	**235 days**	**Mon 12/8/14**	**Fri 10/30/15**	
127	**CorEMR implementation project status reviews**	**235 days**	**Mon 12/8/14**	**Fri 10/30/15**	
128	CorEMR implementation project status reviews 1	0 days	Fri 12/5/14	Fri 12/5/14	COR IT,Dir IT,Jr VP Ops -HR & Recruit
129	CorEMR implementation project status reviews 2	0 days	Fri 1/2/15	Fri 1/2/15	COR IT,Dir IT,Jr VP Ops -HR & Recruit
130	CorEMR implementation project status reviews 3	0 days	Fri 1/30/15	Fri 1/30/15	COR IT,Dir IT,Jr VP Ops -HR & Recruit
131	CorEMR implementation project status reviews 4	0 days	Fri 3/6/15	Fri 3/6/15	COR IT,Dir IT,Jr VP Ops -HR & Recruit
132	CorEMR implementation project status reviews 5	0 days	Fri 4/3/15	Fri 4/3/15	COR IT,Dir IT,Jr VP Ops -HR & Recruit
133	CorEMR implementation project status reviews 6	0 days	Fri 5/1/15	Fri 5/1/15	COR IT,Dir IT,Jr VP Ops -HR & Recruit
134	CorEMR implementation project status reviews 7	0 days	Fri 6/5/15	Fri 6/5/15	COR IT,Dir IT,Jr VP Ops -HR & Recruit
135	CorEMR implementation project status reviews 8	0 days	Fri 7/3/15	Fri 7/3/15	COR IT,Dir IT,Jr VP Ops -HR & Recruit
136	CorEMR implementation project status reviews 9	0 days	Fri 7/31/15	Fri 7/31/15	COR IT,Dir IT,Jr VP Ops -HR & Recruit
137	CorEMR implementation project status reviews 10	0 days	Fri 9/4/15	Fri 9/4/15	COR IT,Dir IT,Jr VP Ops -HR & Recruit
138	CorEMR implementation project status reviews 11	0 days	Fri 10/2/15	Fri 10/2/15	COR IT,Dir IT,Jr VP Ops -HR & Recruit
139	CorEMR implementation project status reviews 12	0 days	Fri 10/30/15	Fri 10/30/15	COR IT,Dir IT,Jr VP Ops -HR & Recruit
140	**Legal**	**10 days**	**Thu 12/18/14**	**Wed 12/31/14**	
141	Meet with Health Services Administrator to discuss legal concerns	5 days	Thu 12/25/14	Wed 12/31/14	Dir. of Risk Mgmt.
142	Daily Logs	3 days	Thu 1/1/15	Mon 1/5/15	Dir. of Risk Mgmt.
143	Conduct HIPPA training for all new employees	3 days	Thu 1/1/15	Mon 1/5/15	Dir. of Risk Mgmt.
144	Conduct HIPPA training for Facility Administrator	3 days	Thu 1/1/15	Mon 1/5/15	Dir. of Risk Mgmt.
145	Grievances sent weekly and other in services as needed	5 days	Mon 1/5/15	Fri 1/9/15	Dir. of Risk Mgmt.
146	Court Orders/Subpoenas/Lawsuits/Hunger Strikes/Adverse Occurrences	5 days	Mon 1/5/15	Fri 1/9/15	Dir. of Risk Mgmt.
147	**Purchasing**	**30 days**	**Thu 11/20/14**	**Wed 12/31/14**	
148	Order Dental furniture (if applicable)	30 days	Thu 12/4/14	Wed 1/14/15	Dir. of Purchasing
149	Purchase dental suite (if applicable)	20 days	Thu 12/4/14	Wed 12/31/14	Dir. of Purchasing
150	Purchase new EKG Machine	20 days	Thu 12/4/14	Wed 12/31/14	Dir. of Purchasing
151	Order large equipment: Exam Tables (if applicable)	20 days	Thu 12/4/14	Wed 12/31/14	Dir. of Purchasing
152	Determine who will provide printer/fax/copier	15 days	Thu 12/11/14	Wed 12/31/14	Dir. of Purchasing
153	Determine office equipment needs.	15 days	Thu 12/11/14	Wed 12/31/14	Dir. of Purchasing
154	Supply copier to facility (if needed)	10 days	Thu 12/18/14	Wed 12/31/14	Dir. of Purchasing
155	Order office equipment and supplies - computer, copy, printers, fax (coordinate with operations dept on who will supply), doctors stamp, discharge stamp, chronic care stamp, date stamp	10 days	Thu 12/18/14	Wed 12/31/14	Dir. of Purchasing
156	Order necessary medical supplies to include oxygen, nebulizer	10 days	Thu 12/18/14	Wed 12/31/14	Dir. of Purchasing
157	Order necessary lab supplies and equipment	10 days	Thu 12/18/14	Wed 12/31/14	Dir. of Purchasing
158	Pharmacy -- Medication carts to be delivered (if applicable)	10 days	Thu 12/18/14	Wed 12/31/14	Dir. of Purchasing,VP Ops - Clinical
159	PCM forms printed	5 days	Thu 12/25/14	Wed 12/31/14	Dir. of Purchasing,Admin Asst 1
160	**Orientation / Education Topics:**	**22 days**	**Thu 1/1/15**	**Fri 1/30/15**	
161	Completion of all new hire paperwork	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
162	Tour of facility for new hires	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
163	Meet with Deputy Warden of Treatment and Warden	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
164	Emergency Preparedness Training	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
165	Security Training	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
166	Review Sexual Harassment Policy	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
167	HIPPA Training	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs,Dir. of Risk Mgmt.



ID	Transactional Activities	Duration	Start	Finish	Key Resource
168	Risk Management Training	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
169	PCM Policies and Procedure Book	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
170	Law Suit processing dos and don'ts	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
171	Oral Assessment Training if not conducted within past year	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
172	Medication Administration Training if not conducted within past year	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
173	Blood Borne Pathogen Review	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
174	Proper intake completion	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
175	Suicide prevention Training	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
176	PCM Leave procedures	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
177	Call-off procedure	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
178	Payroll procedure	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
179	Review PCM policies on sick call	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
180	Review PE's with all RN's	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
181	Review of vena-punctures	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
182	Review of TB Procedure	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
183	Review PCM emergency procedures	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
184	Consult review	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
185	ER Consult Review	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
186	Corporate Medical Director review regarding consults and inmates in Hospital	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
187	PCM Detoxification procedures	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
188	PCM Drug formulary to include non-formulary form	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
189	Narcotic and sharps control	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
190	Review of PCM Chain-of-Command	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
191	Review PrimeCare forms	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
192	Medication schedule	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
193	Review sick call procedures	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
194	Review schedule with staff	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
195	Start orientation to nursing sick call procedure	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
196	Review of all log books	22 days	Thu 1/1/15	Fri 1/30/15	HSAs,RCs
197	**Regional Coordinator training to be conducted with Health Services Administrator and DON.**	**22 days**	**Thu 1/1/15**	**Fri 1/30/15**	
198	Daily Logs	22 days	Thu 1/1/15	Fri 1/30/15	RCs
199	Risk Management Forms	22 days	Thu 1/1/15	Fri 1/30/15	RCs
200	Daily ADP reporting	22 days	Thu 1/1/15	Fri 1/30/15	RCs
201	QI Tools	22 days	Thu 1/1/15	Fri 1/30/15	RCs
202	End of Month requirements	22 days	Thu 1/1/15	Fri 1/30/15	RCs
203	Consult processing	22 days	Thu 1/1/15	Fri 1/30/15	RCs
204	HR process and contacts	22 days	Thu 1/1/15	Fri 1/30/15	RCs
205	Grievance Process	22 days	Thu 1/1/15	Fri 1/30/15	RCs
206	Payroll	22 days	Thu 1/1/15	Fri 1/30/15	RCs
207	Subcontractor payroll	22 days	Thu 1/1/15	Fri 1/30/15	RCs
208	Invoice processing	22 days	Thu 1/1/15	Fri 1/30/15	RCs
209	PCM P&P to include local policies and procedures	22 days	Thu 1/1/15	Fri 1/30/15	RCs
210	PCM Supply department	22 days	Thu 1/1/15	Fri 1/30/15	RCs
211	Medication programs	22 days	Thu 1/1/15	Fri 1/30/15	RCs
212	Review of PCM Corporate Audit tools	22 days	Thu 1/1/15	Fri 1/30/15	RCs
213	Establish local policies and Procedures	22 days	Thu 1/1/15	Fri 1/30/15	RCs
214	Chronic Disease Management	22 days	Thu 1/1/15	Fri 1/30/15	RCs
215	PCM Orientation procedure	22 days	Thu 1/1/15	Fri 1/30/15	RCs
216	PCM New hire Process	22 days	Thu 1/1/15	Fri 1/30/15	RCs
217	Quarterly meetings process	22 days	Thu 1/1/15	Fri 1/30/15	RCs
218	Federal Inmates special billing	22 days	Thu 1/1/15	Fri 1/30/15	RCs
219	Monthly - Identify all INS and out of county inmates and fax to Corp.	22 days	Thu 1/1/15	Fri 1/30/15	RCs



BosWell
PHARMACY SERVICES

131 Schoolhouse Rd., P.O. Box 266
Jennerstown, Pennsylvania 15547
(p) 1.888.688.3288
(f) 814.629.7644
www.boswellpharmacy.com

July 24, 2014

To Whom It May Concern,

Please accept this letter as official notification of BosWell Pharmacy Services' intention to provide pharmacy services to the inmate/patient population at the West Virginia Department of Corrections on behalf of PrimeCare Medical of West Virginia, Inc.

BosWell Pharmacy Services has had an excellent working relationship with PrimeCare Medical for over a decade. Both our companies' core visions are of providing outstanding healthcare to inmate populations. Our Clinical Pharmacy Department coupled with their experienced medical staff and management make us a perfect team from which our mutual customers directly benefit.

BosWell Pharmacy Services, LLC is a WBE (Women-Owned Business Enterprise), Pennsylvania based institutional pharmacy.

Boswell Pharmacy Services understands that this action will be negotiated only upon the award of the West Virginia Department of Corrections' Health Services Contract to PrimeCare Medical of West Virginia, Inc.

Boswell Pharmacy Services agrees to provide all necessary and required credentialing information when requested by PrimeCare Medical of West Virginia, Inc. If I can be of any further assistance to the West Virginia Department of Corrections or PrimeCare Medical of West Virginia, Inc., please do not hesitate to call.

Respectfully submitted,

Jacqueline M. Martella, R.Ph.
President/CEO
BosWell Pharmacy Services, LLC

CharDonnay Dialysis, Inc.

807 W. Fairchild
Danville, Illinois 61832
(217) 477-1490 Fax (217) 477-1495

July 29, 2014

Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

WV Division of Corrections – Headquarters
1409 Greenbrier Street
Charleston, WV 25311

RE: **PrimeCare Medical of West Virginia, Inc.** / West Virginia Division of Corrections
RFP COR61566 to provide inmate health care services

To whom it may concern:

This letter confirms that, should PrimeCare Medical of West Virginia, Inc. be awarded a contract to provide healthcare services for the offenders in the West Virginia Division of Corrections, dialysis services will be provided by CharDonnay Dialysis at the Mount Olive Correctional Center. CharDonnay Dialysis, Inc. shall meet all requirements as set forth in the Request for Proposal COR61566 provided by the West Virginia Division of Corrections; Department of Administration / Purchasing Division.

CharDonnay Dialysis, Inc. currently provides contracted dialysis services to the West Virginia Division of Corrections / Mount Olive Correctional Center.

Sincerely,

Joe Burke
Vice President

CorEMR
Electronic Medical Records

The Electronic
Medical Records System for Corrections

July 31, 2014

Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

WV Division of Corrections – Headquarters
1409 Greenbrier Street
Charleston, WV 25311

RE: **PrimeCare Medical of West Virginia, Inc.** / West Virginia Division of Corrections
RFP COR61566 to provide inmate health care services

To whom it may concern:

This letter confirms that, should PrimeCare Medical of West Virginia, Inc. be awarded a contract to provide healthcare services for the offenders in the West Virginia Division of Corrections, electronic medical records services will be provided by CorEMR. CorEMR shall meet all requirements as set forth in the Request for Proposal COR61566 provided by the West Virginia Division of Corrections; Department of Administration / Purchasing Division.

CorEMR currently provides contracted electronic medical records services to all of PrimeCare Medical of West Virginia, Inc.'s contracted facilities.

Sincerely,

John Probst
President

EXPRESS MOBILE DIAGNOSTIC SERVICES

Picture Quality...Inside and Out

2030 Ader Road
Jeannette, PA 15644

January 23, 2014

Derek G. Hughes
Jr. Vice President of Operations
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109

Dear Mr. Hughes

It is our understanding that PrimeCare Medical, Inc. is bidding on the inmate medical services for West Virginia Department of Corrections.

Should PrimeCare Medical, Inc. be awarded the contract for inmate medical services, this Letter of Intent expresses our willingness to work with PrimeCare Medical, Inc. in establishing an agreement for services to this population for all on-site x-rays and ultrasounds. Express also provides bone mineral density, EKG, digital holter monitor and electronic health record interface.

We look forward to working with you on this opportunity.

Sincerely,

Renee Negri

Renee Negri
Express Mobile Diagnostic Services
Director of Business Development

CMA11286

Certification Number

September 08, 2014

Expiration Date

NWBOC®

National Women Business Owners Corporation

Certifies that:

Express Mobile Diagnostic Services, L.L.C.

has successfully met the requirements of the NWBOC National Certification Program for certification as a woman-owned and woman-controlled business.

President

September 09, 2013

Date

NAICS Code(s): 621512

NWBOC, 1001 W. Jasmine Dr., #G, Lake Park, FL 33403 • 800-675-5066 • www.nwboc.org

Tampering or altering this certificate is, in the discretion of NWBOC, grounds for termination of certification.

INSTITUTIONAL EYE CARE

Sharing your Vision for Excellence in On Site Health Care since 1983

July 24, 2014

Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

WV Division of Corrections – Headquarters
1409 Greenbrier Street
Charleston, WV 25311

RE: **PrimeCare Medical of West Virginia, Inc.** / West Virginia Division of Corrections
RFP COR61566 to provide inmate health care services

To whom it may concern:

This letter confirms that, should PrimeCare Medical of West Virginia, Inc. be awarded a contract to provide healthcare services for the offenders in the West Virginia Division of Corrections, optometry and prescription eyeglass services will be provided by Institutional Eye Care. Institutional Eye Care shall meet all requirements as set forth in the Request for Proposal COR61566 provided by the West Virginia Division of Corrections; Department of Administration / Purchasing Division.

Institutional Eye Care currently provides contracted optometry services to PrimeCare Medical of West Virginia, Inc. at all of its contracted facilities.

Sincerely,

Zachary R Lose
Institutional Eye Care
Senior Financial Manager

PO Box 366550
Bonita Springs FL 34135

Phone 570 523-3493
Fax 570 524-2817

www. InstitutionalEyeCare

Institutional Eye Care

Demographics & Business Information

Type of Business: Small Business / Sole Proprietorship
Owner: Jeffrey R. Lose, OD

Years in Business: Continuous since 1983

Address: P.O. Box 366550
Bonita Springs, FL 34136

Phone: (866) 604-2931
E-mail: *info@institutionaleyecare.com*

Web Site: *InstitutionalEyeCare.com*

License #: [redacted]
Reg. #:

Scope:

Currently servicing over 1000 separate local, county, state or federal facilities in 44 states housing over 500,000 inmates. Serving federal detainees in all 50 states and US Territories. International service since 2000.

Memberships:

American Correctional Association, American Correctional Health Services Association, American Jail Association, American Optometric Association, American Public Health Association, Society of Correctional Physicians, Who's Who of International Businesses

IEC is an equal opportunity employer committed to the utilization of minority/women owned businesses. IEC does not discriminate in employment practices related to race, religion, age, sex, sexual orientation, disability or Vietnam-era status. IEC is a qualified small business concern as defined in the PA Code 2.23.

Institutional Eye Care
Optometry Services

Scope of Service:

Institutional Eye Care can provide **on site** optometry services that meet all community standards of care to virtually any correctional facility in the country.

We have the largest, most extensive and most experienced network of optometrists in the country providing correctional eye care. We currently have over 650 active licensed optometrists and associates in all 50 states. Many of our optometrists have been servicing their respective facilities for a decade or more. And some have over 20 years of corrections experience. Institutional Eye Care has been providing on site vision services to correctional facilities since 1983.

Optometry services are always provided by in state licensed or reciprocated optometrists. Should any site be insufficiently equipped to provide vision services consistent with the community standards of care, we will assure our optometrist(s) are provided the portable equipment to do so. This includes phoropters for the refractive portion of the exam, applanation or electronic tonometers for glaucoma testing and/or portable slit lamp microscopes for eye health assessment.

Routine on site eye examinations include: problem oriented history, visual acuity, eye health assessment, refraction, disposition, eyeglass order generation when indicated, completion of any documentation or records and any other vision service within the equipment parameters and scope of optometrists as provided by the state. Referral to ophthalmology, other physicians or specialty services for care beyond the scope of optometry in the state will occur as needed.

Institutional Eye Care's extensive national resources and corrections experience assures stable consistent optometry services are available to cover any facility's utilization demands. Scheduling will occur as mutually agreed upon between each facility's medical staff allowing the examining optometrists to assure no backlogs occur, emerging ones are expeditiously identified and addressed or previous provider backlogs are eliminated.

The examining optometrist will specify with each site the maximum and minimal number of inmates to be scheduled per clinic, as well as, a mutually agreeable clinic schedule. The number of inmates examined per clinic is dependent on the complexity of each evaluation, the examining optometrist's efficiency and the facility's ability to assure inmates are available for examination in the medical department. Clinics are generally four hours maximum in duration. Consecutive clinics at any site requiring such can and often can be scheduled for full day coverage.

Inmates should be scheduled so that clinic flow is uninterrupted by routine counts or meals. At facilities where inmates must be escorted, adequate security is usually assigned to assure uninterrupted availability of inmates for examination.

Each site is responsible for providing an adequately sized room. On site medical staff will be responsible for generating the eye clinic line of patients, make arrangements for the inmate's timely arrival at clinic, and coordinate any other activities to facilitate clinic flow. On site medical support staff usually dispense completed eyeglasses to inmates and address other eyeglass issues as they arise between routine optometry clinics.

IEC is an equal opportunity employer committed to the utilization of minority/women owned businesses. IEC does not discriminate in employment practices related to race, religion, age, sex, sexual orientation, disability or Vietnam-era status. IEC is a qualified small business concern as defined in the PA Code 2.23.

IEC is the largest privately owned vision services company in the country devoted solely to correctional eye care. IEC currently services over 1000 separate facilities in 44 states housing over 500,000 people. We provide federal vision services in all 50 states and began international services in 2000. Our corrections experience began in 1983.

{end}

Institutional Eye Care
Eyeglass Services

SCOPE OF SERVICES

Institutional Eye Care (IEC) can supply eyeglasses to meet the needs of any correctional facility.

Specifically, IEC's optical lab will fabricate complete finished eyeglasses from prescriptions received from the site's optometrist and/or facility HSA. At this time, standard eyeglass orders are being **shipped in less than three business days** of order receipt. Completed eyeglasses are returned UPS Ground or Priority Mail USPS to each site for fast conveyance and to assure verification of on site delivery and date. IEC guarantees completed standard eyeglasses shipped within ten business days of order receipt. Orders can be placed by US Mail, Fax or encrypted E-mail.

IEC employs ABOC certified opticians for eyeglass fabrication, testing and inspection duties. Our lab is equipped with patternless *Santinelli* edging equipment allowing tolerances to within 0.1 millimeters which greatly exceeds all current standards. All prescription eyeglasses meet or exceed ANSI Z-80 dress safety standards and FDA dress safety requirements. Prescription lenses are clear plastic single vision or ST-28 bifocals. Tints, contact lenses and other optical options are not recommended and only provided when medically indicated.

IEC will supply a selection of standard male and female styles in multiple sizes to meet the functional eyeglass needs of any inmate. Prescription order slips, our Phone & Fax number and E-mail address will also be provided. Upgraded frames styles and other options will be provided only when medically indicated or approved in advance by the facility's Health Services Administrator or Medical Director. Most of our standard frames are manufactured for IEC by *Kenmark* of Louisville Kentucky. All IEC frames carry a one guarantee against breakage due to manufacturing defect.

All completed eyeglasses will be returned with a "Vision Safety Notice" to the inmate. By explaining in writing to each eyeglass recipient the expectations and limitations of their new eyeglasses this notice affords the facility, examining optometrist, and IEC a further degree of liability protection.

IEC will provide complete phone support Monday through Friday to any site during our normal business hours - 8:30 am to 4:30 pm EST. Our lab manager will be the designated contact person regarding eyeglass order questions. Additionally IEC's owner, Jeffrey R. Lose, OD will be available to any site for technical consultation.

Billing occurs monthly. Only eyeglasses shipped are billed. IEC utilizes our own custom computer billing software designed specifically for correctional work. Listing by inmate name, number and date of services are part of IEC's routine billing format. Customization to meet any unique billing requirements can be implemented.

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IEC is the largest privately owned vision services company in the country devoted solely to correctional eye care. IEC currently services over 1000 separate facilities in 44 states housing over 500,000 people. We provide federal vision services in all 50 states and began international services in 2000. Our corrections experience started in 1983.

{end}

BY LAURA GATER, CONTRIBUTING EDITOR AND
CHRISTINE ST. PIERRE, CONTRIBUTING EDITOR

Healthcare in Prisons

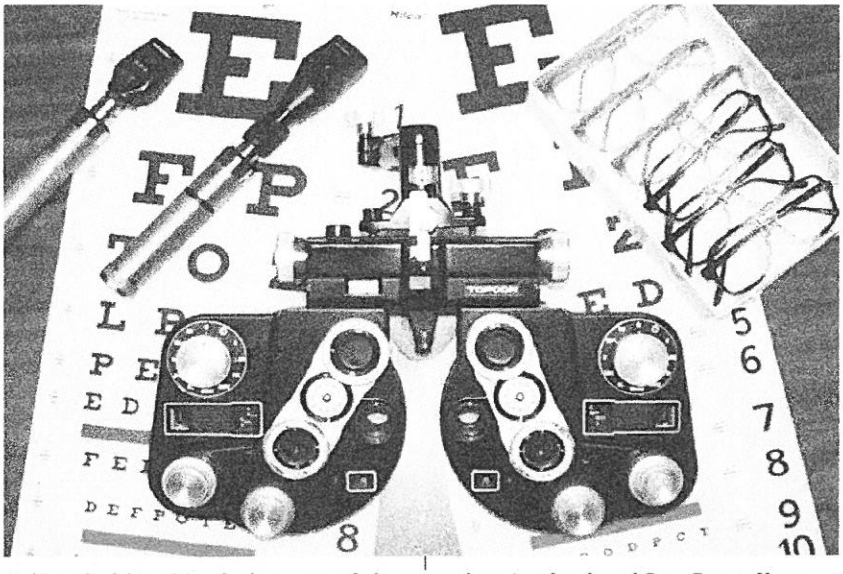
A Trends Overview

Medical modules that speed up the number of patients to be seen and ways to kill disease-causing germs are among the trends in correctional medical care today.

It takes hundreds of services to run a correctional facility, and by saving time, money, and manpower, facilities can be run more efficiently. These companies are just a small percentage of all those that offer various unique healthcare products and/or services that are compatible with correctional facilities.

Functional, Not Fashionable

When it comes to purchasing eyeglasses for inmates, getting quality frames and lenses quickly is key. According to Jeffrey Lose, OD, owner and founder of Institutional Eye Care, which services more than 850 local, county, state and federal facilities in 44 states, the company's $14.75



Taking fashionable choices out of the equation, Institutional Eye Care offers one style each of prescription eyeglasses for men and women, at less than $15 per pair.

complete prescription eyeglasses for inmates meet or exceed all FDA and ANSI standards, and all lab managers and opticians are certified through the American Board of Opticianry for edging (making lenses). Dr. Lose points out that other companies supplying eyeglasses to correctional facilities often utilize fabrication by inmate labor.

"We currently turn standard eyeglasses around in less than three days from when the ordered is received, with a bulk of them going out the same day," he adds. "Ultimately that piece, even more so than the price, is what appeals to our clients. In a county jail, the inmate might not be there in a few weeks, and in state systems, inmates tend to move around. This way, they get the glasses to the inmates while they're still in the facility."

As for options, Dr. Lose doesn't see the need. While Institutional Eye Care does offer many styles, sizes and colors, he recommends just one pair for men and one for women, unless medically necessary. "We provide a functional pair of eyeglasses and take the fashion aspect out of it," he notes. "By taking the fashion side out of the equation, it makes it much easier for the facility. We use the precedent similar to the military, where you're provided just one basic style of eyeglasses."

At the same time, the company offers optometry services to all sized facilities. If the facility has a dedicated eye exam room, Institutional Eye Care will send its trained doctors onsite, or have the doctor bring portable optometric equipment into a smaller facility. "The standard of care in correctional facilities has to mirror the standard of care in the community," Dr. Lose believes. "We equip our doctors with phoropters so they can provide the same routine eye care as they do in their private practices." And one of the biggest reasons to do onsite eye care, he adds, is the savings, not only in eliminating outside visits, but in catching any issues before they turn into a major problem.

Fillings in an Hour

For facilities that don't have a dentist or dental clinic, ACC Consultants offers onsite oral health services to correctional facilities of all sizes. Tammie Scarborough, correctional oral healthcare operations manager, explains that approximately 15 percent to 25 percent of a facility's budget can be spent on healthcare for inmates. "We think we can save them a lot with our dental services, and since we're mobile, there's no need to transport the inmate to a dentist. And by charging an hourly rate that, too, can be very cost effective for a facility," she notes.



Working in their mobile RV or labs set up in an hour, ACC Consultants provide dental exams, fillings, x-rays and extractions.

If a facility has an existing dental lab but no dentist, the company will provide a dentist and assistant experienced in working with inmates. There are two options if a facility doesn't currently have a dental lab—a mobile RV can be brought in or a fully-functioning lab can be set up in a 10' by 10' room in one hour.

"Our goal is to provide quality, non-judgmental care to inmates. When you have dentists and assistants that are caring and go into this environment with no judgments, the inmates tend to have a good experience, and that means a lot to the facility," Scarborough adds. ACC Consultants will provide as many services as the facility needs, though most request exams, x-rays, fillings and extractions. Some juvenile facilities include cleanings for younger populations.

Germ Killer

When washing with soap and water isn't enough to fight germs and bacteria, including MRSA and other staph infections, Molnlycke Health Care developed



A chemical antiseptic in HIBICLENS and HIBISTAT kills microorganisms and repels germs for up to six hours.

PSIMED
CORRECTIONS, LLC
Correctional Behavioral Health

July 31, 2014

Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

WV Division of Corrections – Headquarters
1409 Greenbrier Street
Charleston, WV 25311

RE: **PrimeCare Medical of West Virginia, Inc.** / West Virginia Division of Corrections
RFP COR61566 to provide inmate health care services

To whom it may concern:

This letter confirms that, should PrimeCare Medical of West Virginia, Inc. be awarded a contract to provide healthcare services for the offenders in the West Virginia Division of Corrections, mental health services will be provided by PSIMED Corrections. PSIMED Corrections, LLC shall meet all requirements as set forth in the Request for Proposal COR61566 provided by the West Virginia Division of Corrections; Department of Administration / Purchasing Division.

PSIMED Corrections, LLC currently provides contracted mental health services to all of PrimeCare Medical of West Virginia, Inc.'s contracted facilities as well as the West Virginia Division of Corrections.

Sincerely,

Terrence E. Rusin
President/CEO

P.O. Box 9569 ◆ So. Charleston, WV 25309-0569
Phone: (304) 344-8515 ◆ Fax: (304) 344-8519 ◆ Email: mail@psimedinc.com

Stericycle
Protecting People. Reducing Risk.

Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

WV Division of Corrections – Headquarters
1409 Greenbrier Street
Charleston, WV 25311

RE: **PrimeCare Medical of West Virginia, Inc.** / West Virginia Division of Corrections
RFP COR61566 to provide inmate health care services

To whom it may concern:

This letter confirms that, should PrimeCare Medical of West Virginia, Inc. be awarded a contract to provide healthcare services for the offenders in the West Virginia Division of Corrections, bio hazard / medical waste services will be provided by SteriCycle. CorEMR shall meet all requirements as set forth in the Request for Proposal COR61566 provided by the West Virginia Division of Corrections; Department of Administration / Purchasing Division.

Stericycle currently provides contracted bio hazard / medical waste services to all of PrimeCare Medical of West Virginia, Inc.'s contracted facilities.

Sincerely,

Christine Blesch
Regional Account Executive

PSIMED



PSIMED CORRECTIONS, LLC, a West Virginia based behavioral healthcare management company, is West Virginia's largest provider of correctional behavioral healthcare and has been providing statewide comprehensive services for offenders in the custody of the West Virginia Department of Military Affairs for more than 18 continuous years. Current PSIMED Corrections contracts consist of providing statewide behavioral health services for the WV Division of Corrections (WVDOC), Parole Services, the Division of Juvenile Services (WVDJS) and the WV Regional Jail and Correctional Facilities Authority (WVRJCFA). PSIMED has been successful in partnering with the West Virginia Department of Military Affairs to develop and provide high quality cost effective behavioral health services for West Virginia's Correctional Facilities and community corrections offenders.

In addition, PSIMED currently holds contracts to provide services to the Western Regional Day Report Drug Court and the Federal Bureau of Prisons Community Transitional Drug Abuse Treatment and Mental Health Services to the offenders in the Mothers and Infants Nurturing Together (MINT) program located in Hillsboro, West Virginia. Through a Memorandum of Understanding (MOU), PSIMED partners with the Cabell County Adult Drug Court and the Human Resources Development Foundation (HRDF) to provide community based counseling services.

PSIMED is committed to continuous quality improvement as a way to meet the changing needs of our customers. It is our practice to be acutely sensitive to business and work environments by consistently exploring the advantages of partnering with other state agencies to allow us to maximize utilization of resources available throughout the state. Services provided by PSIMED enhance the provision of a safe, secure, and humane correctional system by providing a standard of care for consistent and cost effective mental health services. PSIMED is committed to utilizing the most recent, effective and cost efficient modalities in order to meet and exceed accepted standards of professional practice.

PSIMED's continued commitment to quality mental health services has resulted in a network of services, which exceed expectations. PSIMED recognizes Community Reintegration Programs (Reentry) as a key component necessary for the continued success of inmates upon discharge from the correctional system. PSIMED has been successful in assisting with community based on-site staff orientation and consultation for inmates placed in community group home settings. This program has been a key factor to ensure successful community reentry based placements. In addition, PSIMED has partnered with a community based non-profit company, Transitions, Inc., to assist in the bridging of services for offenders transitioning out of the prison system who are in need of continued psychotropic services until they are able to receive follow-up care with a community mental health agency.

PSIMED staff has developed a strong partnership with the WV State Police Department, beginning in 1996, to provide Sex Offender Community Notification Meetings of discharged or paroled sexual offenders. This partnership involves traveling to all 55 counties in WV to participate in community notification meetings for the public. This illustrates PSIMED's commitment to community safety and to provide quality services based on the needs of the state.

PSIMED was the first private company in the nation to provide a licensed Batterer's Intervention Prevention Program (BIPPS) in a maximum-security correctional facility and is the only correctional behavioral healthcare company in the state of West Virginia to currently meet and exceed the mandated standards for licensure of BIPPS. In addition, the WV Coalition Against Domestic Violence approached PSIMED and requested approval to implement PSIMED's BIPP's model to community providers. PSIMED has assisted with this project by designating staff hours and training to help with the curriculum development and training for community providers. In addition, PSIMED provides volunteer consultants to participate on the Family Services Protection Board (FSPB) to assist with licensure for BIPPS programs throughout the state.

PSIMED

PSIMED provides specialized training to various agencies including the United States Attorney's Crimes Against Children Task Force, WV State Police, WV Sheriffs Association Leadership Academy, Children's Justice Task Force, Women's Resource Center for Summers County Multi-Disciplinary Investigative Teams and for the Mental Health in Corrections Consortium.

PSIMED has experience designing statewide systems with comprehensive mental health services to include service delivery and statistical reporting congruent with national reporting measures (see attachment for details)

STATEWIDE SYSTEMS EXPERIENCE INCLUDES:

PSIMED is experienced in building statewide systems of comprehensive mental health services for prisons, jails and juvenile facilities. Services are provided at all levels of security to include: administrative segregation, quality of life, medical unit, mental health unit, mainline population, work release centers, community corrections, youth report centers, youth detention centers and youth correctional centers.

Statewide System of Care for the West Virginia Division of Corrections
Inception Date: March 1996. (Map Attached).

Statewide System of Care for the West Virginia Division of Juvenile Services
Inception Date: March 2007. (Map Attached).

Statewide Psychiatric and Psychological Services System of Care for the West Virginia Regional Jail and Correctional Facility Authority
Inception Date: June 2008. (Map Attached).

TELEMEDICINE:

In 2002, PSIMED effectively developed and implemented West Virginia's first statewide telemedicine program which was integrated with the Division of Corrections' technology to include the use of T-1 lines and high security maintenance systems. PSIMED found this to be an effective tool for reducing inmate transfers and providing a more efficient delivery of psychiatric and psychological services. PSIMED is experienced in network development and technical support as well as the implementation, enhancement, and expansion of successful correctional telemedicine programs. PSIMED recognized the benefits that telemedicine programs has offered our customers by creating a continuum of care providing for more timely and comprehensive mental health programming through the marriage of telemedicine with psychiatry and psychological services. PSIMED has significantly improved the delivery and quality of services to small rural communities rivaling that of larger urban areas through the use of telemedicine.

Telemedicine has:

- Increased the continuity of care among offenders on psychiatric caseloads within the WV Depart ment of Military Affairs.
- Increased the availability of services to rural areas.
- Allowed more effective utilization of psychiatric FTE's creating an economy of scale in small markets.
- Maximized mental health services to facilities with limited availability of service hours.
- Supported PSIMED in maintaining a high standard of care throughout statewide systems.
- Enabled inmates to be maintained on the same psychiatric caseload which reduced pharmacy costs and duplication of services.
- Increased ability to offer emergency and critical care services in a timely manner.

- Eliminated the need for unnecessary off-site or inter-facility transportation.
- Significantly decrease the cost of inmate movement for the Department of Corrections.

SERVICE MODEL:

PSIMED works cooperatively with the medical provider to conduct mental health screenings on every inmate that is received in the intake center. Inmates who are identified with mental health indicators are immediately referred to a master's level licensed clinician for a more in depth clinical evaluation. Inmates are referred for individual and group therapy based on current issues and level of services needed. Individual therapy is based on a brief cognitive therapy model in order to provide solution focused therapy and to decrease staff over-familiarity issues with the inmate. Service needs are dynamic and program plans are tailored around these ever changing needs. PSIMED works with the facility staff to develop individualized treatment plans and curriculum for special needs populations.

PROGRAM DEVELOPMENT:

PSIMED provides program development for correctional and community based criminal justice agencies. We utilize the latest research regarding offender programs to address risk factors related to recidivism that follows national best practice guidelines, and tailor services based on individual and institutional need. This is accomplished by gathering information from the National Institute of Corrections, Center for Sex Offender Management, Association for the Treatment of Sexual Abusers, Office of Juvenile Justice and Delinquency Prevention, Substance Abuse and Mental Health Services Administration and various other offender-based journals and publications.

To address various learning styles of the program participants, multimedia resources are used to deliver content (i.e. videos, role play, etc.) and homework is utilized to provide focus on content between group sessions. All program participants must sign appropriate consent for treatment and acknowledgement of limits of confidentiality forms prior to beginning group. Group notes are maintained on each offender in the group, tracking their progress throughout their participation in the program.

In the initial stage of program development, we work directly with leadership, institutional staff and those participating in the program to complete a detailed assessment of current programs offered. This information is then compared to national research to identify strengths and weaknesses of the programs. Once the assessment is completed, PSIMED staff works directly with institutional staff to develop standardized programs.

With our experience working inside a variety of institutions, we recognize and address the unique needs of the correctional environment. As best practice programming models are utilized, we are also able to address needs such as:

- Security of the institution
- Offender movement
- Various educational levels of the population
- Difficulty of maintaining consistent staff
- Training needs for treatment and security staff

PSIMED utilizes group counseling based on a cognitive-behavioral model. Psycho-educational phases are incorporated in programs to ensure cost-effective implementation by utilizing correctional staff as facilitators. To ensure appropriate implementation, correctional personnel are trained to facilitate the specific programs. Quality assurance is monitored by peer and mentor evaluations of facilitators. For the 'treatment' components of each program, PSIMED provides qualified, professional staff in each area for direct service implementation. Our professional staff

understands the importance of working as a team and the importance of providing support, resources, and training to institutional personnel at all levels.

To compliment program development, PSIMED may also participate in developing institutional policies and procedures, victim-related services, designing legislative mandates, gathering statistical information, grant writing, grant implementation, community education, partnership with community agencies and committee memberships.

Anger Management Program (Managing My Anger)

This program is designed to address inappropriate responses to anger in general situations. Those with a history of domestic violence should not be referred to the Anger Management (MMAB) Program, even if they have previously completed the Batterer's Intervention Prevention Program (BIPP).

Offenders are referred through standard referral procedures within facilities (in most cases, through the case manager in the form of a resource referral form based on information contained in the offender's Individual Re-Entry Program Plan (IRPP). The program facilitator will conduct an initial screening to determine appropriate group placement. If domestic violence issues are discovered, an offender is immediately referred to BIPPS, and will NOT participate in the Anger Management (MMA) Program.

To be eligible for this program, an offender should have a documented history of issues involving inappropriate responses to anger (i.e. multiple institutional write-ups, criminal history, etc.) All participants must sign appropriate consent for treatment and acknowledgement of limits of confidentiality forms prior to beginning group. Group notes are maintained on each offender in the group, tracking their progress throughout their participation in the program.

This program lasts approximately ten sessions, with one-hour sessions held at least once a week. Offenders are encouraged to look at how anger was dealt with in their home as a child, and how their coping skills in dealing with anger developed throughout different stages in their life. Offenders are educated on anger as a process, and are encouraged to examine how their own anger progresses in an attempt to identify early warning signs for more effective management of anger. Inmates are educated on different types of responses to anger (identifying both inappropriate and appropriate responses.) They are also educated on common origins of conflict, and common characteristics that impede and/or benefit conflict resolution. Offenders are also educated on critical thinking skills and how to set goals effectively. The program is divided into sections dealing with past anger (roots of anger), self anger, dealing with situations within the prison setting and dealing with situations outside of the prison setting.

Program Report Cards and certificates of participation are granted upon completion of the program, and maintained in the offender's file.

In order to become a MMA group facilitator, the facilitator must complete 16 (sixteen) hours of group facilitation training and 16 hours of training specific to the MMA curriculum. Facilitators are required to re-certify every 2 years with eight (8) hour recertification training.

Batterer's Intervention and Prevention Program (BIPP)

This program is licensed by the State of West Virginia's Family Services Protection Board, and annually reviewed to assure quality of services as well as adherence to state guidelines. West Virginia Division of Corrections (WVDOC) in partnership with PSIMED was the first correctional system in the nation to have a licensed domestic violence perpetrator program within their correctional facilities. Facilitators must complete an initial 30 hour training to become a certified BIPPS Facilitator. Recertification is required every 2 years and a sixteen (16) hour recertification class must be complet-

ed. Three (3) hours of continuing education is required in the year between recertification.
The program is a minimum of 32 sessions, meeting once or twice weekly for at least an hour long session. To be eligible for admittance into the group, and offender must meet at least one of the following criteria:

1. The offender must have a history of domestic violence behavior, with or without a history of domestic violence related charges. The offender may or may not be serving his current sentence for this type of charge. (This includes, any history of charges with a domestic violence component – i.e. Burglary of a partner's residence, destruction of property, harassing communications, etc.)

2. The offender has been observed to exhibit behaviors related to domestic violence during incarceration (i.e. abusive communication during phone calls/visits, violence towards same-sex partner, etc.)

This program uses the "Power and Control" model and is largely based on the groundwork laid by the Duluth and Emerge programs. It addresses forms of domestic violence as set in the "Power and Control Wheel." This program incorporates multimedia resources (i.e. videos, role plays, etc.) to educate offenders on their use of violence and alternative, appropriate, respectful responses to replace abusive/controlling behaviors. Homework is utilized for offenders to work on program content between sessions.

Taking responsibility and being accountable for abusive, controlling behaviors is emphasized and reinforced within the group. Offenders are encouraged to examine and challenge their beliefs about women and relationships in general, in an effort to make a permanent change in their behavior and attitudes. Offenders are educated on different forms of abuse such as isolation, economic abuse, emotional abuse, physical abuse, sexual abuse, use of culture/religion to be abusive, etc. They are educated on appropriate forms of communication, negotiation of needs and how to develop safe and supportive relationships. Distorted thinking is confronted, and offenders are educated on how to rationally challenge these thoughts. Offenders are also required to complete a reinvestment project as part of the program. Past examples of these projects include printable brochures, vignettes for use within the group, and outreach projects.

Crime Victim Awareness (CVA)

The Crime Victim Awareness program addresses the development of empathy in offenders for victims of criminal acts. This program is approximately 15 sessions in duration, meeting at least once a week for at least an hour-long session.

This program examines the various effects on victims of criminal behavior, and the specifics of different areas of criminal behaviors (i.e. gang-related crimes, murder, etc.) Offenders are educated on primary and secondary victims as well as the different areas in which victims are affected by criminal activity (i.e. physical, financial, spiritual and psychological). Understanding empathy, compassion and learning to develop it for others is a large part of this program. Offenders are encouraged to begin to think empathically and compassionately when dealing with other people. The impact of media on victims is examined and Victims' Rights are reviewed.

Offenders are referred through standard referral procedures within facilities (in most cases, through the case manager in the form of a resource referral form based on information contained in the offender's Individual Re-Entry Program Plan (IRPP). Once a referral is received, an initial screening is conducted by the facilitator.

Upon the offender's completion of the 15-session program, an exit interview is conducted by the facilitator. The offender's participation is reviewed with that offender and the victim empathy assessment is re-administered to help determine if the program had any impact on the offender's level of thinking/empathy for victims. Program Report Cards and certificates of participation are granted upon completion of the program, and maintained in the offender's classification file. Facilitator training for this program consists of sixteen (16) hours with an annual refresher training of eight (8) hours.

Group Facilitation

Group facilitation skills is a sixteen (16) hour training for new facilitators or those wanting to "refresh" their group facilitation skills. This training covers the basic components of group facilitation. Topics addressed during this training include, but are not limited to: motivational interviewing, stages of group development, stages of individual change, setting up your group, group screening and orientation, strategies for getting group members involved and dealing with difficult group members. This training also addresses the different styles of learning and provides an opportunity for new facilitators to plan and practice making a presentation before the group.

Sex Offender Program (SOP)

In order to become a SOP group facilitator, sixteen (16) hours of training specific to the SOP curriculum must be completed. Facilitators are required to complete a sixteen (16) hour re-certification training every 2 years.

The Sex Offender Program is developed to work with inmates who have a history of sexual offending behaviors. The participating offender may or may not be currently incarcerated for a sexual offense. Any history of a sexually-related offense makes the offender eligible for the SOP.

The SOP is a three-tiered program. Every participating offender begins this program in Phase I. All offenders with a history of sexual offending behaviors should be referred to Phase I of SOP. Offenders are referred through standard referral procedures within facilities (in most cases through the case manager in the form of a resource referral form based on information contained in the offender's Individual Re-Entry Program Plan (IRPP)). Once a referral is received, the SOP facilitator will conduct an initial screening session to gain necessary information. A victim empathy assessment is administered to help determine an offender's initial level of empathy for victims.

This initial phase is educationally based, and does not require the offender to admit any guilt for sexual offending. It is 10-12 sessions, meeting once a week for at least an hour per session. Topics addressed include content vs. cooperation, WV sex offender registry laws, the "Deviant Cycle," thinking distortions/psychological defenses, effects of sexual assault on victims, legal issues, anger management, etc. Multimedia resources are used to deliver content (i.e. videos, role plays, small group work, etc.)

Upon the offender's completion of Phase I, an exit interview is conducted by the facilitator. The offender's participation is reviewed and the victim empathy assessment is re-administered to help determine if the program had any impact on the offender's level of thinking/empathy for victims. Program Report Cards and certificates of participation are granted upon completion of the program, and maintained in the offender's file. If an offender wishes to continue with the SOP, an initial screening is conducted to prepare the inmate to enter Phase II of the SOP.

Phase II of the SOP is a more treatment-based and completely voluntary phase which requires the offender to admit to some form of sexual deviance which can be addressed by participation in the group (the offender does not have to admit guilt to the crime for which they are currently incarcerated.) All participants must sign appropriate consent for treatment and acknowledgement of limits of confidentiality forms prior to beginning group. Group notes are maintained on each offender in the group, tracking their progress throughout their participation in the program.

The group addresses such issues as accepting responsibility, behavior modification, including the "Deviant Cycle," cognitive restructuring, motivation of offense, victim empathy, healthy relationships, social skills, human sexuality, etc. The offender is expected to openly discuss the content in relation to their specific sexual deviance issues. Offenders are encouraged to develop insight into the motivation for their offense, and to challenge irrational and distorted thoughts with realistic and rational thinking. Offenders are educated on healthy relationship boundaries, and appropriate and

safe sexual relationships. Further work on empathy is done in this phase, with support in developing and implementing empathic responding in relationships. This phase of the SOP is a minimum of 150 sessions and is point based. In order to successfully complete this phase, the participant must achieve 85% of the total points.

Once the offender completes Phase II he will complete at least one year of Aftercare, which is considered the third phase of treatment. This phase focuses on relapse prevention and community transition issues. Offenders are encouraged to begin developing a reliable support system, and identify resources for meeting their needs in the community. Offenders focus on realistic, effective goal development, and emphasis is placed on continued structure upon reentry into society. Offenders are asked to develop a relapse prevention plan to immediately address any high risk behaviors upon release.

Group notes are maintained on each offender in the group, tracking their progress throughout their participation in the program. This program is ongoing until the offender's release from the facility, meeting weekly for at least an hour per session.

IPV Survivors' Group (DVIP)

This program focuses on issues faced by women who have been in abusive intimate relationships. Topics focus on understanding the coercive control tactics used by perpetrators, developing a safety plan for leaving an abusive relationship, and developing healthy intimate relationships. The group extends for 12 sessions, and uses a variety of multi-media teaching methods. Emphasis is placed on behavior accountability while assisting participants in recognizing warning signs early in relationships.

Female Non-Defensive IPV Perpetrators' Group

This is a 10 session psycho-educational group for women who have perpetrated violence against a domestic partner that was not defensive. Emphasis is placed on the context of violence perpetration among women, and understanding means for developing healthy, non-abusive intimate relationships. During the screening process, emphasis is placed on excluding inmates who engaged in defensive violence.

Female Sex Offender Program (SOP)

The F-SOP program is conducted in 2 phases. Phase I represents an introduction to treatment concepts and legal responsibilities for sexual offenders, and lasts for 12 sessions. In addition to providing orientation to the deviant cycles, the program presents registration requirements and residency restrictions in accordance with WV State Code.

Phase II represents the treatment phase. This is an ongoing, time-unlimited, open group. Each inmate is required to present their autobiography in order to remain in the group. Topics focus on addressing risk factors and personal issues related to each participant's history of offending. As an open group, with no specific treatment manual, the group attempts to incorporate up-to-date research regarding female sexual offenders.

PSIMED

VALUE ADDED SERVICES

PSIMED strives to exceed expectations set by the client. Some examples of these value added services include:

1. PSIMED CORRECTIONS, LLC, established a doctoral level internship program with West Virginia University to provide an opportunity for up to four students to be placed on a one year rotation at the Pruntytown (PCC) and Salem Correctional Centers (SCC). These two facilities are minimum custody to low medium custody state correctional facilities for male offenders. Students gain competencies with the following: psychological evaluations, mental health screenings, psychiatric triage, consultation with medical staff, individual therapy, crisis intervention, and psycho/educational classes.

The population of these facilities is becoming increasingly diverse and the numbers of offenders with undiagnosed medical problems, brain trauma, severe substance abuse history, cognitive disorders, behavioral disorders, personality disorder, anxiety and depression, and psychotic disorders has increased over the past few years. This provides an excellent training opportunity for the students to gain competencies working with mentally ill offenders.

Students function as an integral part of the evaluation and treatment team at both facilities. Students work closely with supervisors, correctional, and medical staff to conduct evaluations. Students learn to review court documents, probation/parole reports, police reports, and, staff and disciplinary reports for use in evaluations. Students gain experience in interviewing offenders with personality disorder, serious substances use disorders, cognitive disorders, history of abuse and trauma, and anxiety and affective disorders. Students learn to interpret the MMPI-2-RF, the BETA-3, WRAT-4, WAIS and Trails.

2. PSIMED Provides a Forensic Psychiatry Fellowship opportunity for trainees in the West Virginia University Behavioral Medicine and Psychiatry Department. As part of this training program, the forensic fellows gain competencies in the delivery of psychiatric services to offenders, research, consultation and participation in supervision and didactic learning experiences for the correctional population within the state of West Virginia as well as community based treatment services. In addition, as part of this program, the forensic fellows are provided clinical oversight by a licensed psychiatrist or designee based on location of service delivery. Dr. Timothy Thistlethwaite, is approved by the Psychiatry Section Chief for the WVU Behavioral Medicine and Psychiatry Department to provide oversight for the fellows placed in this program.

3. West Virginia Employee Benefit Fund – PSIMED partnered with the WVDOC and the Correctional Peace Officers Foundation (CPOF) in 2009 to sponsor a golf tournament in conjunction with the Mock Prison Riot in an effort to support the surviving families of correctional officers who lose their lives in pursuit of their chosen profession of protecting the public from those remanded to correctional custody and supervision in the nation's prisons and jails. In 2010, PSIMED was instrumental in establishing the West Virginia Employee Benefit Fund which models the CPOF mission but keeps the funds in WV and makes the funds available to support West Virginia correctional employees and their families.

4. Transitions – PSIMED has partnered with a non-profit organization, Transitions, Inc., to help secure grants in order to provide services for offenders transitioning out of the correctional system into the community. An identified gap in services between release and implementation of community based services led to the partnership with this non-profit organization. Offenders who are on a psychiatric caseload within the WV correctional system are provided psychotropic medication upon release. However, there is an extended period of time between release and appointment availability within the community mental health system. The mission of PSIMED's partnership with Transitions, Inc. is to provide services during the interim between release and the offender's community appointment in order to continue uninterrupted mental health services. In addition, Transitions, Inc., utilizes PSIMED staff to provide training for community agencies working with the mentally ill offender population. Working with offenders in the community can be challenging. Training is provided to help community providers understand the key features and best practices in working with the offender population. The main outcome of this training is to see changes in the way staff view difficult behaviors presented by the offenders and gain a new understanding behind the difficulties offenders face adjusting to living in a

community based setting.

5. PSIMED supports employees being involved with higher education and encourages staff to gain Adjunct Faculty Member Status. Current universities where PSIMED employees are providing bachelors or masters level instruction include: West Virginia University, Marshall University, Alderson Broadus University, West Virginia State University, Fairmont University and Bridgemont Community and Technical College. These relationships help with recruiting and highlighting employment opportunities available in the correctional field.

6. PSIMED, in partnership with the Marshall University Graduate College, established a degree cohort for students to graduate with a master's degree in counseling with an emphasis in corrections and specialization in sex offender management. This was a two year program with twenty two students beginning the program, twenty students completed the program and two students were recruited to work for PSIMED in the correctional system. In addition, three students are now employed by the West Virginia Supreme Court of Appeals, the Division of Juvenile Services and Forensic Unit at Sharpe Hospital, a mental health facility. This program strengthened the credential level of professionals by improving the availability and quality of service providers in this area of expertise throughout the state of West Virginia.

7. Behavioral Health Unit, Lakin Correctional Center - The Behavioral Health Unit is an intensive 10 week (minimum) program that is primarily designed to work with offenders who have difficulty maintaining appropriate behavior while housed in general population. While these offenders are on administrative-segregation status they are offered the opportunity to participate in and graduate from the BHU as an alternative to their segregation status. These offenders tend to be insubordinate, and sometimes assaultive. During the course of the BHU programming they undergo psychological programming that includes psychoeducation in Emotional Regulation, Interpersonal Effectiveness, Recognition of Criminal Thinking, and Distress Tolerance.

8. West Virginia Association of Alcohol and Drug Counselors (WVAADC)-Judy Acree, Program Mentor, is an active WVAADC board member and Public Policy Co-Chair. She is responsible for organizing public policy events and information. She works with a Legislative Consultant to keep the Board and membership up to date on legislative issues that affect substance abuse clients, treatment, and the addiction field in general. She assists in organizing the "Awareness Day at the Capitol" which includes a workshop and meeting time with the legislators. To highlight, one particular campaign, "Ed-gislate 2012", was successful during the legislative sessions to "educate" them on issues regarding WVAADC and about substance abuse concerns throughout WV. As part of this campaign, foam bricks were sold in the months leading up to the legislative session. We called this "Tearing down walls and building brick roads – The New Brick Brigade." These "bricks" were purchased by anyone who wanted legislators to know their lives were somehow touched by substance abuse issues. Written on the "bricks" were the names of someone who died from substance abuse, the names of someone in recovery or struggling with recovery from substances, and/or the names of family members affected by substance abuse or the names of those in treatment. On the Awareness Day at the Capitol all of the bricks were divided by county and volunteers delivered the bricks to the legislator that represented those counties. It was very impactful – some legislators were given many bricks and it really helped them see how many people in their area were represented by those bricks.

9. Governor's Regional Substance Abuse Task Force – Governor Tomlin initiated a Regional Substance Abuse Task Force. PSIMED was involved in the regional meetings which met on a monthly basis. The Governor utilized the feedback from the task force to make recommendations to the legislators in addressing substance abuse issues throughout the state.

10. Domestic Violence and Crime Victim Awareness Walks – PSIMED employees participate in organized walks through Grafton, WV, to bring awareness to the community on issues regarding those victims of domestic violence and walks for Crime Victim Awareness.

11. Domestic Violence Remembrance at the Lake – Judy Acree is a member of Pruntytown Correctional Center (PCC) Domestic Violence planning committee. PCC hosts an annual memorial event at Tygart Lake in remembrance of those who have died as a direct result of domestic violence. This is a brief ceremony that includes a speaker from the local chapter of the Domestic Violence Coalition or a survivor of domestic violence.

12. Mount Olive Correctional Complex (MOCC) - Mental Health Unit (MHU)
Some highlights for services provided on and through the MHU Include:

a. PSIMED staff has established programming that utilizes the best practices in mental health treatments to improve the offender's functioning and mental stability, as well as ensure safety on the unit. The most effective program uses weekly chips, sodas, and movies to reward positive behavior and medication compliance. In order to implement this program, PSIMED staff petitioned the MOCC Warden for use of the Offender Benefit Fund to pay for these incentives. Additionally, PSIMED has established a petty cash fund to provide positive incentives to increase pro-social activities. For example, the petty cash fund has purchased video games that increase socialization and cooperation and daily newspapers to increase involvement with the community outside MOCC. Overall, these programs and the daily monitoring of offender functioning have helped establish a safe and therapeutic community for the offenders housed on the MHU.

b. Providing treatment on the MHU extends beyond the individual offender to include the families. PSIMED staff handles daily phone calls with offender families. They work with the families and offenders to problem solve crises and manage emotional crises such as deaths in the offender's family. They ensure the offenders are able to maintain family connections, giving a sense of stability to both the offender and the family members.

c. PSIMED staff has also provided services outside the MHU. When offenders with a higher level of behavioral and medical needs go to the outside hospital, PSIMED staff will accompany them to help establish a safe and stable environment for the offender. Recently when an offender had to be taken to the hospital for blood pressure problems, he left the hospital against medical advice because a PSIMED staff member was not with him. Upon his return to the MHU, the staff person talked with the offender about why he needed to continue his treatment at the hospital. The Warden asked if the staff person would accompany this offender to the hospital the next time and he agreed. Later, the offender was returned to the hospital around 8:00pm, after the staff person's work shift had ended. Despite this, he drove to the hospital to be with the offender until midnight and then returned the next day. He helped this offender while he received his medical care, increasing the offender's comfort and willingness to receive the medical treatment.

d. PSIMED involvement extends beyond treatment on the MHU in order to help facilitate successful community integration. Mental health staff accompany offenders to their community placement when they are granted parole or are discharged from the facility and assist with setting up mental health appointments for the offender in his new home area. Follow-up will often continue for an extended period, increasing the offender's success at community living.

e. One example of a successful discharge is a former offender. Finding him a suitable discharge plan was difficult due to his violent crime. He had to stay on the mental health unit for almost a year, after he was granted parole status, until PSIMED staff was able to secure a group home placement in another county willing to take him. Two PSIMED staff members personally accompanied the offender to his new home. One staff member continued to make weekly and eventually biweekly in-person visits to him to monitor his functioning and provided him opportunities for short field trips, such as going for hot dogs. The visits continued until the offender moved to a living situation closer to family members, with whom he had recently reconciled. This reconciliation and successful integration into the community could not have happened without PSIMED's persistence in finding an appropriate housing situation and then providing continued follow-up visits.
f. Another offender was on the MHU for twelve years due to a diagnosis of schizophrenia and unstable functioning. He continued to exhibit unstable behavior even when discharging; due to his mental health, he would need extensive mental health care and supervision. To ensure he received the proper level of care in the community, PSIMED staff be-

gan the process of filing a mental hygiene petition to have him committed to a hospital upon discharge. However, at his mental hygiene hearing the commissioner did not find sufficient reason to commit him. This finding went against the significant level of evidence presented by PSIMED staff, including the fact he had almost set a fire to staff's car on the way to the hearing. PSIMED staff returned to Kanawha County and worked with the Kanawha County Mental Hygiene Commissioner to commit the offender to a facility that could provide the level of mental health care he needed. This case example happened more than fifteen (15) years ago and to this day, this offender continues to reside in a state run mental hospital due to his need for a high level of mental health needs.

g. PSIMED staff has often responded to requests for help with offenders living in the general population. Two years ago, the MOCC Warden asked one of our staff for help finding housing for an offender who did not have a home plan in place for his upcoming discharge that week. He had significant medical problems that resulted in him being confined to his bed and in need of a high level of medical care. The Warden knew he could ask for PSIMED's help, because we had handled similar difficult discharge problems. Staff worked with the Division of Health and Human Resources to qualify the offender for Medicare/Medicaid, which was a requirement for nursing home place. In order to do this, staff became his surrogate and found a nursing home that was willing to house him. On the day of his discharge, PSIMED staff accompanied the offender in the ambulance to his new home. PSIMED staff served as the offender's surrogate for two years, until this October when he was informed that he had died. PSIMED's actions to help the offender, MOCC, and the Warden earned a staff member the Employee of the Year title.

h. Sherrill Snyder, Director of Mental Health Services at MOCC, was recommended and continues to be a member of the Crime Victim's Awareness Committee which is a statewide committee that addresses safety issues for crime victims throughout WV.

i. PSIMED staff have been involved with Operation Reach Out, which is held annually at the WV State Capitol, since it's inception 14 years ago. Staff volunteers escort school age children through a variety of informative displays and lectures regarding such topics
as gangs, bullying, and drug use. The students are afforded the opportunity to talk one-on-one with law enforcement professionals.

j. PSIMED staff attends and participate in Corrections Day at the Legislature each year, and attends Victim's Day, often in a supportive role for the victim who is the guest speaker.

k. PSIMED staff has spoken to classes at various schools about what we do in an incarcerated setting, and about what it is like to be incarcerated. PSIMED staff has escorted and talked to school age children touring Mount Olive Correctional Complex about prison life and how it differs from the media's version of incarceration.

PSIMED

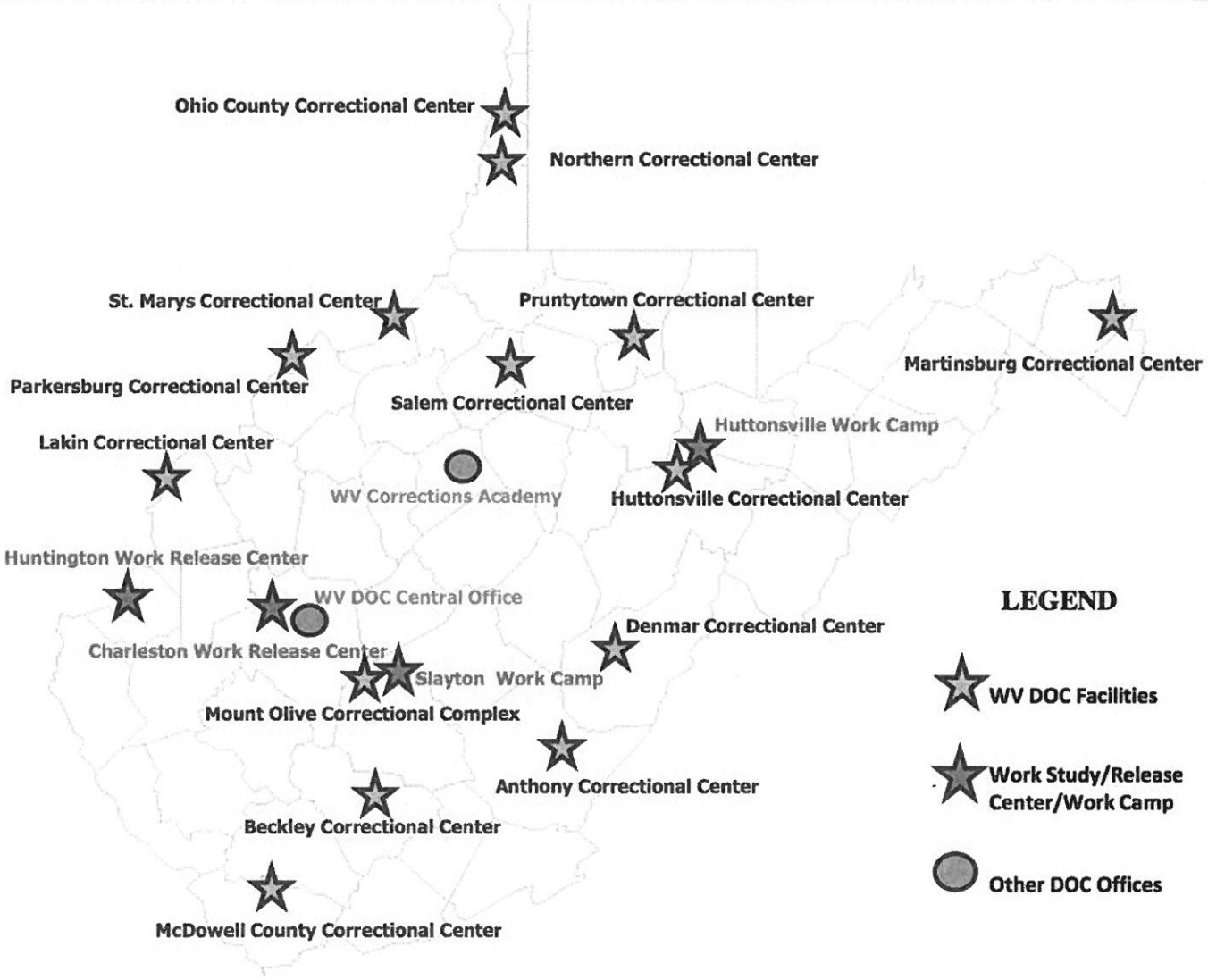
STATISTIC SHEET

PSIMED CORRECTIONS, LLC:
PSYCHIATRIC SERVICES
Psychiatric New Referral
Psychiatric Follow Up
Segregation Contacts
New Referrals placed on Psych Rx - reporting month (V.2.1)
Inmates on Psych Rx - total (V.2.2)
% Inmates on Psych Rx
# Inmates with a mental health diagnosis - reporting month (V.1.2)
# Inmates with a mental health diagnosis - total (V.1.3)
# Inmates with Axis I Diagnosis - reporting month (V.1.4)
# Inmates with Axis I Diagnosis - total (V.1.5)
# Inmates with MRDD Diagnosis
# Inmates with a SA Diagnosis
Average Facility Population
PSYCHOLOGICAL SERVICES
Psychological Assessments(implemented July 2013)
Psychological Evaluations - reporting month (V.1.1)
Diagnostic Evaluations
Psych Stability Reviews
Psych Testing
Sick Call Requests
Psychiatric Triage Tx Plans
Individual Therapy Session
Suicide Assessments
Suicide Attempts (III.8.2)
Suicides (III.8.1)
Treatment Team Meetings
GROUP THERAPY SERVICES
# of Group Screenings
# of Offender Treatment Groups
# of Offender Group Contacts
INPATIENT SERVICES - MOCC/MHU
Administrative Hearings
MH Admissions
MH Discharges
Restraints Ordered
Group Therapy Contacts

Tx Plans // Beh.Mgnt. Plans
Commissary/Gym Trips
Family Contacts
INPATIENT SERVICES - LCC/BHU
Admissions
Discharges
Total # of Inmates on Unit in the Month
Total # of Inmate Days on the Unit in the Month
Treatment Team Meetings and Plan Reviews
# of BHU Offender Groups
# of BHU Offender Group Contacts
Special Supervised Family Contact
Supervised Off-Unit Contacts (meals, rec, etc.)
Activities Off-Unit
Number of Inmates Attended Off-Unit Activities
SEGREGATION SERVICES
Segregation Evaluations
Segregation Weekly Rounds
Ad Seg & Special Mgnt. Hearings
MENTAL HEALTH TOTALS
MH Visit Psychiatrist
MH Visit Psychologist
MH Therapist
MH Visit Other
Mental Health Services
MHU count

PSIMED

WEST VIRGINIA DOC LOCATIONS

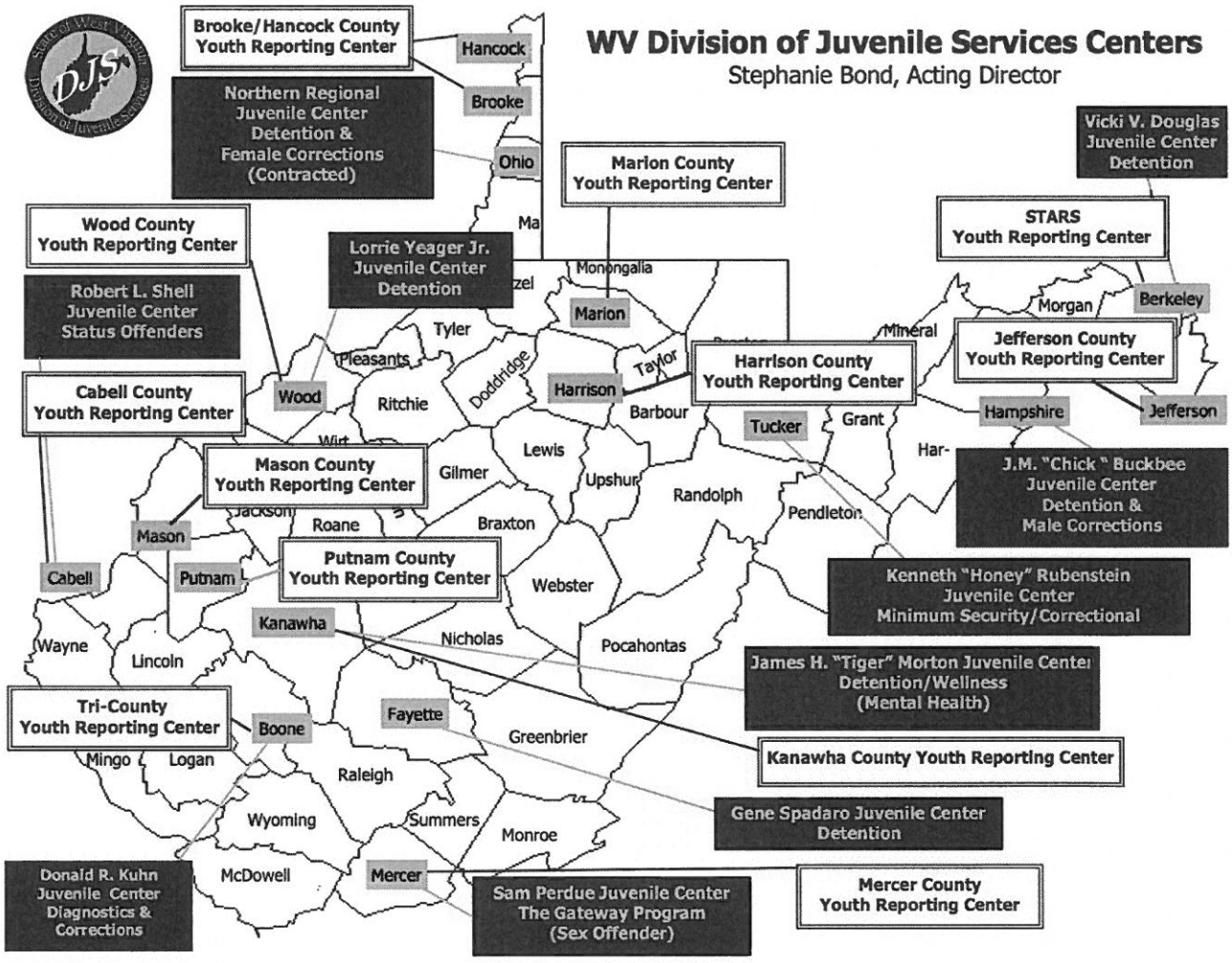


ABBREVIATIONS

CO:	Central Office
ACC:	Anthony Correctional Center
BCC:	Beckley Correctional Center
CWRC:	Charleston Work/Study Release Center
DCC:	Denmar Correctional Center
HWRC:	Huntington Work/Study Release Center
HCC:	Huttonsville Correctional Center
HWC:	Huttonsville Work Camp
LCC:	Lakin Correctional Center
MCC:	Martinsburg Correctional Center
MCDO:	McDowell County Correctional Center
MOCC:	Mount Olive Correctional Complex
NCC:	Northern Correctional Center
OCCC:	Ohio County Correctional Center
PBCC:	Parkersburg Correctional Center
PCC:	Pruntytown Correctional Center
SCC:	Salem Correctional Center
SMCC:	St. Marys Correctional Center
SWC:	Slayton Work Camp

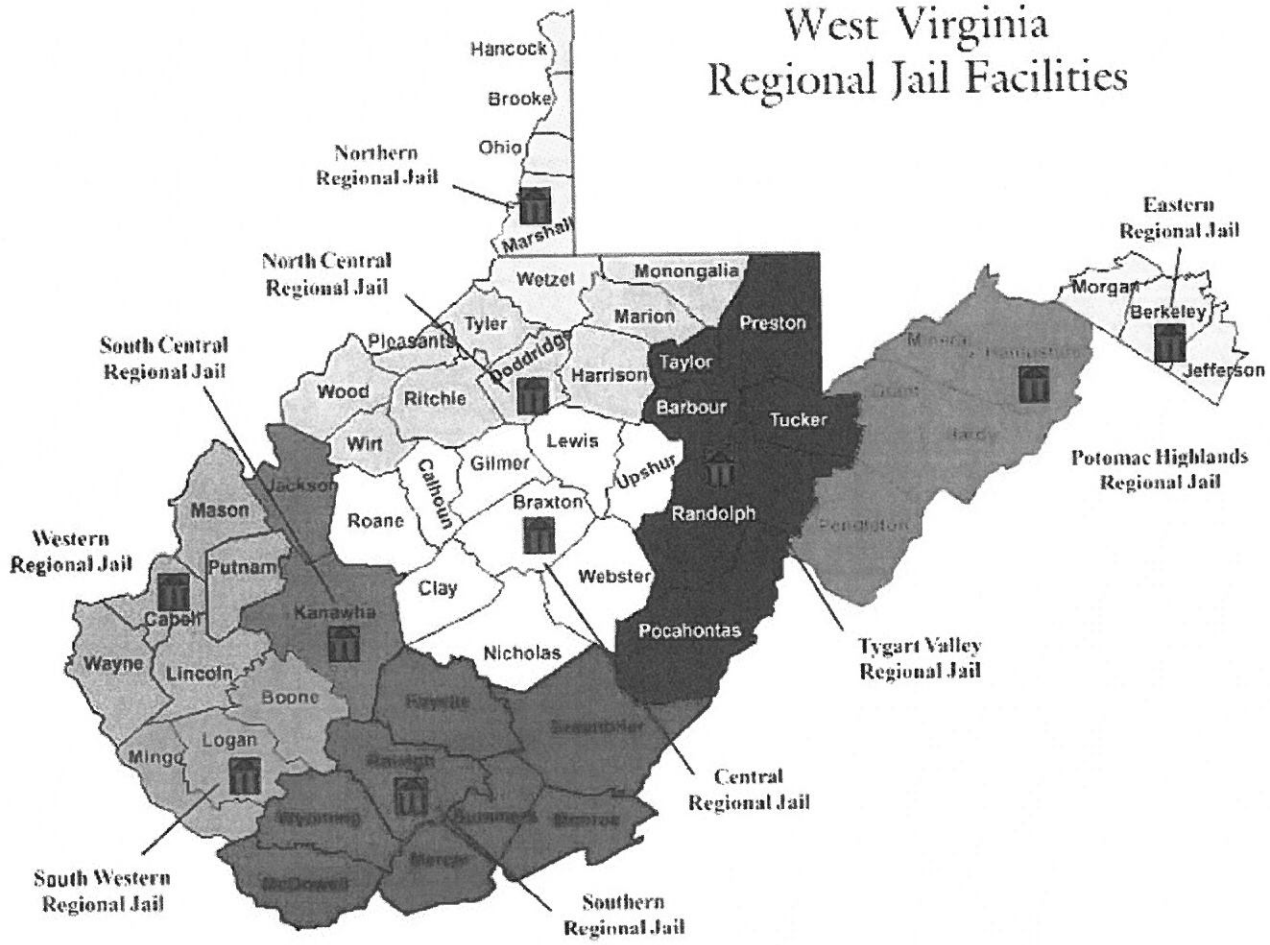
PSIMED

WEST VIRGINIA DJS LOCATIONS



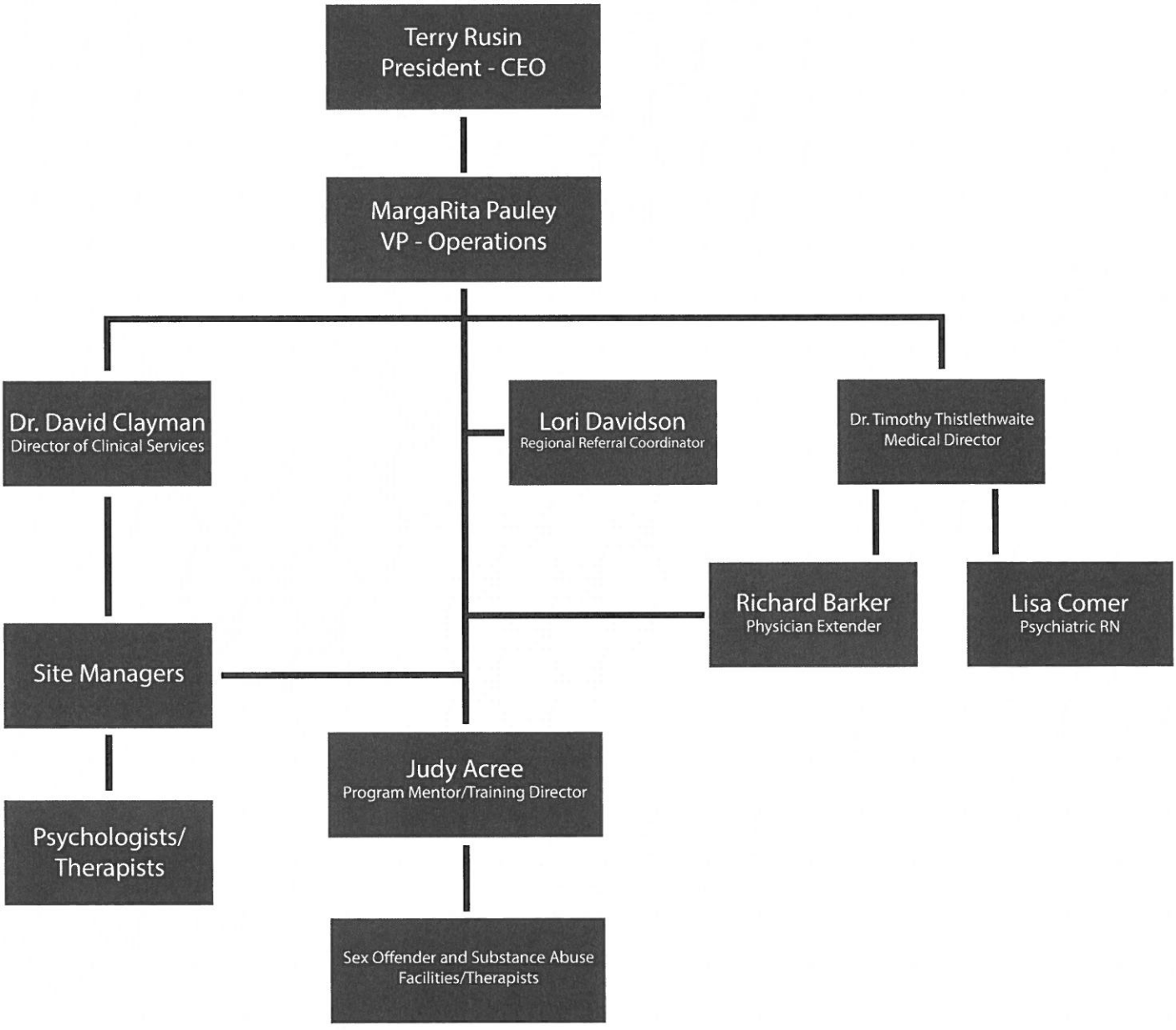
PSIMED

WEST VIRGINIA JAIL LOCATIONS



PSIMED

PSIMED ORGANIZATIONAL CHART



MargaRita L. Pauley, M.A., M.A., LSW

[redacted]

EXPERIENCE

Vice President of Operations, October 2007 - Present
PSIMED CORRECTIONS, LLC, P.O. Box 9569, South Charleston, West Virginia 25309

- Responsible for the oversight of statewide mental health services for the West Virginia Division of Corrections (WVDOC) contract with approximately 6,500 adult male/female offenders in fifteen (15) state correctional facilities.
- Responsible for the coordination and supervision of substance abuse and sex offender services for offenders on parole supervision in WVDOC.
- Responsible for the set up and development of new contracts with the Veterans Administration working with veterans diagnosed with PTSD (Post Traumatic Stress Disorder) providing readjustment counseling services.
- Responsible for oversight, billing and audit compliance for the community based mental health and substance abuse treatment services for the federal Mothers and Infants Together (MINT) Program located in Hillsboro, WV.
- Responsible for billing and collections for psychological services provided to the WVDOC offenders housed at the McDowell County Correctional Center.
- Coordinated classes for PSIMED's Cohort Degree Program through Marshall University – Master's of Arts Degree in Counseling with an emphasis in Corrections and Certification in Sex Offender Management.
- Responsible for the partnership with Marshall University Psychological Consortium for the application and implementation of APPIC and APA Internship Programs.
- Planning and implementation of continuing education training opportunities for employees, students and community members (WAIS-IV, Sex Offender Programming, MMPI-2-RF).
- Staffing plan and proposal development for new business contracts.
- Responsible for oversight and management of individualized site contracts.
- Human Resource Management for new hires and existing employees.
- Development, planning and implementation of annual training for all employees to include: agenda, speaker confirmations, continuing education approvals, etc.
- Provide quarterly summary reports to the Medical Audit Committee for current contracts.
- Audit expense reports submitted for reimbursement.
- Develop business plans for contract proposals.

Adjunct Professor – Counseling Department
Marshall University Graduate College, May 2009 – 2012

- Responsible for teaching adjunct classes on correctional counseling:

- Provide feedback and updated grades to students through utilization of the WebCT.
- Courses Taught - 574 – Social and Cultural Issues in Counseling(summer 2009)
  603 – Counseling Theories (spring 2010)
  641 – Seminar in Correctional Counseling (fall 2010)
  691 – Internship (Spring 2011) – Assisted Dr. Bob Rubenstein
  691 – Internship (Summer 2011) – Assisted Dr. Bob Rubenstein
- Responsible to recognize and use appropriate resources for effective counseling of people of different cultural, ethnic, social, class, racial, geographic or other backgrounds.
- Develop appropriate practicum and internship placements for graduate students.
- Responsible for assisting the student in meeting the requirements for placement to include individual and group counseling, documentation, crisis intervention, etc.
- Development and set up of the Counseling 602 – Developmental and Adjustment Issues for the fall 2009 class session.

Correctional Mental Health Regional Administrator, September 2001 – October 2007
PSIMED CORRECTIONS, LLC, P.O. Box 9569, South Charleston, West Virginia 25309

- Complete annual performance evaluations for statewide mental health staffing in contracted correctional facilities
- Assist in the coordination of ACA and NCCHC Standards compliance
- Responsible for ensuring NCCHC (mental health) accreditation in five correctional facilities
- Responsible for ensuring ACA accreditation in one correctional facility
- Completion of monthly staffing matrix, staffing reports and billing audits for seven correctional facilities
- Responsible to track and submit monthly statewide mental health services statistics
- Responsible for the oversight and supervision of statewide mental health services for the West Virginia Division of Corrections
- Provide monthly summary reports to the Medical Audit Committee at each contracted facility on a monthly basis.
- Audit expense reports submitted for reimbursement
- Develop business plans for contracted facilities

Correctional Mental Health Director, September 1999 – September 2001
Mt. Olive Correctional Complex, One Mountainside Way, Mt. Olive WV 25185

- Participate in monthly budget meetings

[redacted]

- Responsible for the supervision of mental health staff
- Development of employee handbook
- Complete annual performance evaluations for staff
- Assist in the coordination of ACA Standards compliance
- Calculate monthly statistics for mental health services provided

Correctional Mental Health Psychologist, July 1999 – September 1999
Mt. Olive Correctional Complex, One Mountainside Way, Mt. Olive WV 25185

- Complete intake assessments
- Responsible for conducting segregation unit weekly rounds
- Communicate with the segregation unit commanders on a daily basis
- Develop step-down plans for high risk offenders being released from segregation status
- Crisis response to the medical, mental health and segregation units

Correctional Mental Health Therapist, March 1996 - July 1999
Mt. Olive Correctional Complex, One Mountainside Way, Mt. Olive WV 25185

- Coordinate mental health evaluations for inmates at MOCC
- Participate in administrative segregation hearings for offenders in segregation
- Develop parole and step-down group modules for offenders
- Develop and propose individualized step-down plans for long term segregation offenders

SHAWNEE HILLS, INC.
Intensive Outpatient Services Team Leader, August 1989 to March 1996

- Assess, link, & coordinate services of consumers on caseload
- Monitor relapse and de-compensation of individuals, arranging the necessary treatment therapy for a variety of psychiatric emergencies
- Develop treatment plans using measurable and behavioral goals and objectives
- Daily and quarterly monitoring of progress/issues through detailed documentation
- Regular assessment and annual summarization of bio-psychosocial information on treatment progress, treatment issues and unmet needs

EDUCATION

MARSHALL UNIVERSITY GRADUATE COLLEGE
Master of Arts, Psychology, May 1999
-Concentration on Diagnosis and Intervention
3.85 GPA

[redacted]

UNIVERSITY OF WEST VIRGINIA COLLEGE OF GRADUATE STUDIES
Master of Arts, Counseling, May 1994
-Concentration on Corrections
3.86 GPA

WEST VIRGINIA STATE COLLEGE
Bachelor of Arts, Psychology, May 1990

SPECIALIZED TRAINING

Crisis Intervention Teams: A Frontline Response to Mental Illness in Corrections
National Institute of Corrections Academy, Aurora, Colorado
March 12, 2012 – March 15, 2012

Information Security Awareness
Veterans Administration
Joy Hunter, PhD
January 26, 2010

Privacy Policy FY10
Veterans Administration
Joy Hunter, PhD
January 28, 2010

Individuals with Mental Illness in the Criminal Justice System: Addressing Criminogenic Risks and Mental Health Needs
Jennifer Skeems, PhD
November 18, 2009

LEAD Master's Phase III
WVDOC Correction's Academy
November 16-18, 2009

EMERGE-Batterer's Intervention Prevention Program
WV Coalition Against Domestic Violence
June 18-20, 2009

Knowing When to Recommend RSAT
WV Division of Corrections
June 23-24, 2009

How to Excel at Managing and Supervising People
SkillPath Seminars
June 26-27, 2008

MargaRita L. Pauley, M.A., M.A., LSW

[redacted]

PROFESSIONAL LICENSE / COMMITTEES

Supervised Psychologist
Effective Date: September 1999 (inactive status)
Supervisors: David A. Clayman, Ph.D
Steven Dreyer, Ph.D

WV Social Work License
Effective Date: December 1, 2003 - Current
License Number: [redacted]

Basic Life Support Instructor
American Heart Association
Instructor Number: 272

LS/CMI Statewide Implementation Committee
June 2010 – February 2012
WVDOC has been tasked with the implementation of the LS-CMI for Accelerated Parole and incarcerated offenders. Also, currently serving on the Policy and Procedures Sub-Committee for oversight of how this instrument will interface with current psychological practices.

In Defense of Battered Women Committee
April 2009 – November 2011
WV Coalition Against Domestic Violence and the National Clearinghouse for the Defense of Battered Women (National Clearinghouse) formed a partnership and developed an oversight committee to identify approaches that are working and to help build consensus in our understanding of the best ways to assist battered women who themselves are charged with crime.

WV Division of Juvenile Services Advisory Committee
July 2007 – Present
Responsible to assist in curriculum review and program development oversight for the WVDJS.

Risk Assessment and Classification Identification Committee
January 2005 – June 2009
Responsible for the development of psychological stability code review assignment and risk assessments for inmates incarcerated in the WVDOC. This committee completed assigned tasks and disbanded.

WV Serious and Violent Offender Reentry Committee Member
September 2002 – January 2008
Partnership between the West Virginia Department of Corrections and several community stakeholders.
Grant funding expired and the committee disbanded.

[redacted]

Correctional Mental Health Sub-Committee Member
December 2004 – 2006
This committee is made up of community providers to identify the treatment needs of offenders being released from prison and returning to our communities. This is a subcommittee to the WV Serious and Violent Offender Reentry Committee.

Administrative Segregation Committee Member
May 1996 – September 2000
This committee is charged with considering and reviewing placement of offenders at MOCC in Administrative Segregation and Step-Down Custody, to review offender requests for Special Management Status, and to perform related tasks as assigned by the Warden.

Hostage Negotiation Team
May 1999 – September 2000
This team is charged with responding to crisis situations involving staff and inmates. Bi-annual training to role-play hostage situations is provided through the Federal Bureau of Investigations.

PRESENTATIONS

Connecting the Dots –
American Correctional Association Winter Conference
New Orleans, LA, Saturday, August 9, 2008

Connecting the Dots –
Women Working In Corrections & Juvenile Justice 12th Annual Conference
Des Moines, Iowa, Monday, October 27, 2008

Journey Through the Mountains - Women Working In Corrections& Juvenile Justice 12th Annual Conference
Des Moines, Iowa, Tuesday, October 28, 2008

Curriculum Vita
(revised 04/2012)

David A. Clayman, Ph.D.

Clinical & Forensic Psychologist

OFFICE:
Clayman & Associates, pllc
1097 Fledderjohn Road Suite 3
Charleston, WV 25314
Phone: (304) 345-0880
Fax: (304) 345-1112
e-mail:dac@claymanassociates.com

HOME:
[redacted]

EDUCATION

Ph.D. Clinical Psychology 1970-1975

University of Vermont—Burlington, Vermont
- APA Approved Program
- Specialty Training in Medical Psychology

B.A. Psychology 1966-1970
Trinity College— Hartford, Connecticut
- Departmental Honors

INTERNSHIPS

Clinical Psychology – APA Approved

Medical Center Hospital of Vermont 1971-1972
Psychology Service
Burlington, Vermont

Howard Mental Health Services 1972-1973
Community Behavioral Health Center
Burlington, Vermont

Creamery Mental Health Offices 1973-1974
Private Clinic
Burlington, Vermont

LICENSE AND REGISTRATION

State of West Virginia License [redacted] (Granted April 1, 1977)

Commonwealth of Virginia License [redacted] (Granted 05/30/08)

State of West Virginia Qualified Forensic Examiner

National Register of Health Service Providers in Psychology
Certificate Number: [redacted] (Granted February, 1983)

Association of State and Provincial Psychology Boards
Certificate of Professional Qualification in Psychology
Certificate Number: [redacted] (expires June 8, 2013)

MEMBERSHIP CERTIFICATES

American College of Forensic Examiners Institute
Diplomate-Board Certified Forensic Examiner
Identification Number: [redacted] (through January 2012)

American Board of Disability Analysts
Senior Disability Analyst and Diplomate
Number: [redacted] (Inactive)

PROFESSIONAL EMPLOYMENT

Clayman & Associates, pllc
Clinical & Forensic Psychology
Director 2004-present
Responsibilities: Overall clinical, administrative, development and fiscal oversight of practice consisting of a total of four psychologists, two paraprofessionals and three support staff. Primary focus continues in **Forensic Psychology** and other historical areas of interest, involvement and expertise including **Medical Psychology**. Serve as media consultant to all four major networks. Offers specialized assessment and strategic intervention services to business to help manage employee dysfunction.

Process Strategies 2001–2004
(Highland Behavioral Health Services)
Charleston, WV
Chief Clinical Officer
Responsibilities: Clinical and administrative supervision of multidiscipline staff as well as participation in program development, budget, credentialing and community relations. Primary focus is **Forensic Psychology** (see Forensic Activities section). Additional interests in

Critical Incident Debriefing, Crisis Management, Intensive Executive Consultation, and Law Enforcement and Public Safety. Serve as Clinical Director for Advantage Valley Behavioral Health Services.

Process Strategies Institute 1981-2001
Charleston, WV
CEO/Director/Founder
Responsibilities: Provided overall administrative, management and development leadership to multidiscipline full-service mental health practice. This included budget and other financial functions, personnel, public relations and clinical direction. Clinical services were provided to adults and adolescents with a broad range of problems. Specialization in **Medical Psychology** which is the field concerned with the interaction between physical and emotional factors involved in health and illness. Advisor regarding health related issues in legal and business settings. Specific interests in stress management, panic disorders, medical compliance and eating disorders. Extensive experience in **Forensic Psychology** in civil and criminal cases (see Forensic Activities section). Business consultant focusing on distressed executives, crisis intervention, team building and values-based leadership.

West Virginia University Medical Center 1974-1981
Charleston Division
Department of Behavioral Medicine and Psychiatry
Charleston, WV
Coordinator-Consultation Liaison Service (1974-1979)
Outpatient Therapist (1974-1981)
Responsibilities: Supervision of doctorate and master's level psychology interns, Psychiatry, Internal Medicine and Family Medicine residents, and Medical Students. Served as liaison officer to all Critical Care Units (Medical, Surgical, Coronary and Neonatal) and Dialysis. Administratively responsible for program design and implementation, curricula development, research planning and funding for Consultation/Liaison Service. Traditional therapeutic and assessment activities carried out as part of outpatient responsibilities. Research interests included: Patient Compliance with Dialysis, Psychosocial Complications of Physical Disease and Impact of Psychological Consultation Services on Medical Patients

Other positions:

Lynn Hospital
Lynn, Massachusetts
Inhalation Therapy Aide (Summers and vacations, 1963 & 1964)
Corpsman (Summers and vacations, 1965 & 1966)

HOSPITAL STAFF PRIVILEGES

Charleston Area Medical Center – Independent Allied Staff
Thomas Memorial Hospital – Allied Staff

BUSINESS INVOLVEMENT

Profiles International, Inc. 2001-present
Waco, TX
Special Consultant: Law Enforcement/Public Safety and other projects
Technical Advisory Panel 2010-present

Profiles of West Virginia 1995-2002
Area Director
Responsibilities: Dealer development in West Virginia and throughout the United States and Canada.

PSI-MED, Inc. 1991-2001
Charleston, WV
Vice President & Founder
Health care management and program development in corrections and pain management programs.

Senior Consultant 2004 – 2009

Clinical Director *2009-present*

Oversight of professional quality standards.

PSIVENCO, LLC 1998-2001
Charleston, WV
Chairman of the Board/CEO
Responsibilities: Developed concepts for businesses that combine the benefits of technology and the internet with more traditional services to enhance work performance. Providing training and consultation as well as innovative applications of data. Professional speaking. Umbrella for other ventures.

- **CastleLight Consulting** 1995-2000
  President
  Responsibilities: Provided specialized interventions for management and leadership as well the MBA (Managing by Assessment) seminar for businesses and organizations of all sizes. A strategic business partner of Profiles International, Inc offering job based assessments.
- **CorEx, LLC** 1998-2000
  President & Member
  Responsibilities: Specialty programs addressing the unique needs of corrections professionals in the hiring, managing, and training processes. Also, dealt with career and professional development.

Personal Performance Consultants 1985-1995
Franchisee – Employee Assistance Programs

Learning Enhancement Centers, Inc.
Charleston & Morgantown, WV
Vice President & Founder
Specialized programming for children with academic and behavioral difficulties including a self-contained, certified school.

Psybron Systems, Inc.
Charleston, WV
Vice President & Founder
Development of business and personal software applications for the Apple computer.

ACADEMIC APPOINTMENTS

West Virginia University Medical Center-Charleston Division
Department of Behavioral Medicine & Psychiatry

- Clinical Associate Professor 1981-present
- Associate Professor 1979-1981
- Tenure Granted 1980
- Assistant Professor 1974-1979

West Virginia University-Morgantown
Department of Psychology

- Adjunct Associate Professor 1979-1982
- Adjunct Assistant Professor 1975-1979

West Virginia College of Graduate Studies
Institute, WV
Department of Psychology

- Adjunct Assistant Professor 1974-1982

University of Charleston 2006-2008
School of Business – Executive MBA and Executive Masters in Forensic Accounting

- Visiting Lecturer

Selected courses taught: Abnormal Psychology, Psychological Testing, Forensic Psychology, Psychological Aspects of Medical Disease, Health Psychology, Introduction to Psychotherapy, Advanced Issues in Psychotherapy, Personality Theory, Youth & Violence, and Human Sexuality; Leadership and Self Awareness; Personal values and Work Performance.

GRADUATE SCHOOL EXPERIENCE

University of Vermont—Burlington, VT

- Psychology Department-Graduate Instructor 1971-1974
- Project ABETS 1970-1971

(Aspects Behavioral & Environmental in Traffic Safety)
Graduate Research Assistant

- Project CRASH 1971

(Countermeasures Related to Accident Safety
on the Highways)
Team Coordinator

Part-Time Consultant

- Planned Parenthood
- Burlington Correctional Center
- Elizabeth Lund Home for Unwed Mothers
- Department of Neurology—Medical Center Hospital of Vermont

PROFESSIONAL AFFILIATIONS/MEMBERSHIP

American Psychological Association 1976-present

Division 38: Health Psychology

- Founding Member
- Secretary Treasurer (1978-1979)
- Treasurer/Membership Chair (1979-1985)
- Delegate: National Working Conference on Education & Training in Health Psychology (1983)
- Delegate: National Conference on Research in Health & Behavior (1988)
- Technical Advisory Panel on Managed Mental Health Care (1992)

Division 12: Clinical Psychology
Division 22: Rehabilitation (Inactive)
Division 41: Law
Division 42: Independent Practice (Inactive)
CHAMPUS Peer Reviewer 1983-1988
Public Education Coordinator 2012-present

Society of Behavioral Medicine 1978-present

Founding Board Member (1978-1979)

West Virginia Psychological Association 1977-present

Committee Assignments:

- Co-Chair Health Services Committee
- Chair Professional Standards Review Committee
- Supervision
- Legislation
- Private Practice

Board Member at Large 2010-present

American Association of Correctional Psychology 2004-present

Academy of Behavioral Medicine Research 1978-2004

Association for the Advancement of Psychology 1978-1998

Biofeedback Society of America 1982-1986

FORENSIC ACTIVITIES

Extensive experience (involvement in approximately 4500 cases) in criminal and civil litigation throughout West Virginia. Approved as an expert in 28 counties and all Federal jurisdictions in the state. In addition to Forensic evaluations, provide consultation on trial strategy, witness preparation and jury selection. Serve as a Medical Expert with the Office of Hearing & Appeals of the Social Security Administration (involvement in approximately 3000 cases). Cases have included the following issues:

- Competence to Stand Trial
- Criminal Responsibility
- Competency to Understand Legal Rights
- Competency to Understand Miranda Rights
- Competency to Waive Rights
- Capacity to Accept a Plea
- Sexual Offender Presentence Evaluation
- Presentence / Probation Recommendations
- Violence Risk Assessment
- Habeas Consultation
- Transfer to Adult Status
- Fitness for Duty
- Sexual Harassment
- Fitness for Parenting
- Civil Competencies
- Mental Health Malpractice
- Personal Injury & Medical Malpractice (Liability & Damages)
- Workers Compensation
- Posttraumatic Stress Evaluations
- IME (Psychological)

WVDHHR - Forensic Advisory Panel (2008-present) and Special Project Consultant (2011)
PrimeCare Medical – Quality Control Consultant to Regional Jails (1994-1996)

Mount Olive Correctional Complex Mental Health Unit – Clinical Director (1996-1999)

Forensic Evaluation Unit – Clinical Director (1993-2004)

Forensic Services Task Force – WV DHHR (1999, 2003 & 2004)

Forensic Task Force – Office of Behavioral Health & Health Facilities (2002)

West Virginia Division of Corrections – Prehire Evaluation Program (1997-2002)

West Virginia Public Service Commission – Firearm Screening for Highway Officers (1998-present)

Sexually Violent Predator Management Task Force – (2006-2007)

Eyewitness Identification Task Force – (2007-2008)

PSI-MED Corrections - Clinical consultant for WV Division of Corrections; Division of Juvenile Services and Regional Jail Authority (2007- 2010); Clinical Director (2010-)

AWARDS & RECOGNITION

Entrepreneur of the Year-West Virginia Finalist (1991 and 1998)

The Superintendent's Blue Ribbon Award for Contributions to Kanawha County Schools (1991)

Who's Who in West Virginia Business, *The State Journal* (1997)

Mildred Mitchell Bateman Tribute Award, Mental Health Association (2009)

COMMUNITY ACTIVITIES & CONSULTING

Media:

On Air Consultant to WSAZ 3 (NBC), WCHS 8 (ABC); WVAH 11 (Fox) and WOWK 13 (CBS) (Ongoing)

Life Challenges produced by WV Library Commission (1992-present)

Resource for Educational Tapes

Eckerd Youth Facilities Consultant (2007)

National Alliance of the Mentally Ill – Consultant to Executive Director (2006-presen8) and Clinical Coordinator for CIT Training Program

The Clay Center – Consultant (2006)

Appalachian Pain Foundation Board of Directors (2006-2008)

Workers Compensation Fund Health Care Advisory Panel (2005)

Chain Breakers Board of Directors (2004-2007)

Communities That Care Steering Committee (2004-present)

Garnet Career Center School of Health Care Advisory Committee (2004)

WV DHHR Consultant to Develop Statewide EAP (2004)

Kanawha County Commission Behavioral Health Services Grant Consultant (2004)

YMCA Spirit of the Valley – Team Captain (2003-2006)

APS Provider Quality Improvement Council (2003-2007)

Mission West Virginia (1997-present)
Chair (1997-2001)

Leadership West Virginia (1998)
- Board of Directors (1999 and 2009-present)
- Alumni Committee, Chair (2009-present)

Rotary Club of Charleston (1983-present)

Charleston Area Regional Chamber of Commerce and Development (1981-1999)
- Small Business Advisory Committee
- Employee Involvement Sub-Committee
- Legislative Affairs Sub-Committee
- Expect the Best (Founder)
- Board of Directors

West Virginia Chamber of Commerce (1982-present)

- Workers' Compensation Committee (1982-1983)
- Small Business, Chair (2008-2011)

Kanawha Valley Business Forum (1984-1994)

Uniform Credentialing Committee (2001-2007)

Hartley Crisis Management Consultant - WV Office of Behavioral Health Services (2001)

Ad hoc Committee on Behavioral Health Standards (1995)

West Virginia Board of Examiners of Psychologists (1987-1990)

- Supervision Coordinator

Behavioral Health Services Consultant to Montgomery General Hospital (1993-1997)

West Virginia Department of Health & Human Resources

- Consultant to HR Staff
- Program and Staff Consultant to the Secretary
- Office of Behavioral Health Services
- Bureau of Public Health
- Office of Children's Services

Special Consultant on P.E.I.A. Mental Health Benefits and Co-Chair Mental Health Services Steering Committee (1989-1990)

Governor's Workers' Compensation Fund Advisory Committee (1989-1991)

- Chair, Rehabilitation Services Committee

Statewide Health Coordinating Council (1984-1986)

- Executive Committee
- Chair, Plan Development Committee

West Virginia Health Systems Agency (1977-1983)

- Chair, Regional III (1978-1983)
- State Project Review Committee (1978-1979)
- Chairperson's Forum (1978-1983)
    - Chair (1980-1983)

West Virginia Continuum of Care Committee, Alternate (1982-1984)

Health Service Integration Project – West Virginia Department of Health (1979-1982)

Governor's Commission on Alcoholism & Alcohol Abuse (1978-1982)

West Virginia Department of Welfare- Medical Service and Crippled Children's Division, *Program on Assessment, Treatment and Impact of Illness* (1978-1979)

Kanawha Hospice Care, Inc.

- Founder
- President (1980-1982)
- Consultant

Hospice Consortium Kanawha/Charleston Health Department (1978-1980)

EPI-LAB Seizure Control Program, West Virginia Department of Rehabilitation Services (1977-1980)

Compassionate Friends Advisory Board, WV Chapter (1989-1990)

P.L.E.A.S.E. – Kanawha County Sheriff Department Drunk Driving Task Force (1986-1988)

West Virginia Kidney Foundation (1978-1980)

- Board of Directors

Caring and Sharing, American Cancer Society (1979-1982)

Easy Breathing Program, West Virginia Lung Association (1977-1982)
River School Board of Trustees (1981-1983)

Sample of businesses and other organizations to which Consulting, Training or Lectures provided:

Canadian Training & Development Group
DuPont
FMC
University of Charleston
US Army & Air Force Reserve
WV Manufacturer's Association
Financial Women International
Anker Energy
Peabody Coal/Eastern Associated Coal
Charleston Area Medical Center
Putnam General Hospital
Thomas Memorial Hospital
St. Francis Hospital
Fox Run Hospital
Spilman & Thomas
Jackson & Kelly, PLLC
Bowles, McDavid, Graff & Love
Pfaff & Smith, Inc.
Clarksburg Casket Co.
TV Fox 11
WV Public Health Association
Funeral Directors International
Seven States Veterinary Association
Old Colony Realty
Corridor L Regional Tourism
Century Aluminum
RMI, Ltd.
Equitable Insurance Group

Akron General Hospital
Eye Physicians & Surgeons
WV Department of Highways
WV State Auditor
WV Department of Environmental Protection
WV Department of Natural Resources
WV Chamber of Commerce
Jefferson Pilot/MedCert
WV Adult Education Association
WV State Police
WV School Board Association
Ntelos
Alzheimer's Association
Leadership West Virginia
International Association of Administrative Professionals
St. Mary's Hospital Cardiac Care Conference
St. Mary's Hospital Medical Staff
WV Association of Student Financial Aid Administrators
Dow Chemical
WV American Water Company
Farrell, Farrell & Farrell Law Firm
West Virginia Mutual Insurance Company
HR Statewide Conference
WV Broadcasters' Association
WV Realtors Association
WV Insurance Commission
WV Mental Health Association
Advanced Courtroom Training -WV Prosecuting Attorney's Institute
PSI-MED, Inc. – Prison Mental Health
Robert C. Byrd Health Sciences Center – Department of Behavioral Medicine
Marshall University Forensic Science Program
Marshall University Medical School
Solo & Small Firm Conference – WV Continuing Legal Education
United Stated Federal Probation Officers
WV Judicial Conference

Recent topics include:

- Surviving Medical Malpractice – Physician's Guide
- Assessing Sexual Offenders
- Reluctant Witnesses in Domestic Violence and Sexual Assault
- Executive Stress Management
- Dealing with Corporate Change
- Maximizing Performance for Realtors
- Forensic Assessment – A guide for attorneys
- Understanding White Collar Criminals
- Establishing and Managing a Forensic Practice
- Coping with Maturation
- Advocacy for Mental Health Services – Giving a Voice to the Voiceless
- Managing Federal Probationers – Practical Guidelines for Officers
- Managing Difficult Employees
- Psychological Fitness for Duty and Return to Work: Assessments and Interventions

SELECTED CONTINUING EDUCATION

APA Peer Reviewer Workshop (1985)
Preparing and Using the Mental Health Professional as Expert Witness (1986)
Meeting Challenges to Testimony of Mental Health Professionals (1986)
Roles for the Expert Witness (1986)

Practice Options for the Next Decade (1986)
Cleft Palate: Adjustment Factors (1987)
Advanced MMPI-2 Workshop (1991)
Anxiety Disorders: Psychological and Pharmacological Treatment (1992)
Psychological & Psychiatric Testimony in Court (1993)
Professional Review Standards and Practice (1993)
Managed Care in Clinical Practice (1993)
Preparing for the Diplomate in Forensic Psychology (1993)
Short Term Psychotherapy with Difficult Patients (1995)
Criminal and Juvenile Justice: Clinical and Legal Issues (1997)
Advanced Forensic Psychology Practice: Issues in Applications (2000)
The Ethical and Professional Challenges of Court Testimony (2001)
Forensic Application of the MMPI-2 (2003)
Excusing and the New Excuses (2003)
Comprehensive Child Custody Evaluations (2003)
Ethics and the Business of Forensic Practice (2004)
Assessment and Management of Workplace Violence (2004)
Psychological Evaluation and Testimony in Cases of Clergy and Teacher Sex Abuse (2004)
Overview of Neuropsychological Assessment (2004)
An MMPI-2 Update for Correctional Psychologists (2006)
Forensic Psychological Evaluations: Process, Protocol and Billing (2008)
Children, Divorce, and Custody: New Research & Roles for Psychologists (2009)
Psychological Experts in Malpractice Litigation (2009)
Psychological Independent Medical Examinations in Disability Matters (2009)
Supervision for Psychologists (2009)
Risk Management in Specific High Risk Areas (2010)
MMPI-2-RF (2009 & 2010)
WAIS-IV/WMS-IV and ACS (2010)

Dr. Tim Thistlethwaite has practiced behavioral health for over 17 years, serving part of that time as chief resident for Charleston Area Medical Center's Department of Behavioral Medicine and Psychiatry. He is a certified member of the American Board of Psychiatry and Neurology and is licensed with the West Virginia Board of Medicine. Dr. Thistlethwaite has a broad range of psychiatric experience in private practice, institutional, inpatient, and outpatient services. He currently serves as the Medical Director for PSIMED CORRECTIONS, LLC, while maintaining a full-time private practice. Dr. Thistlethwaite oversees psychiatric services for contracts serving the WV Division of Corrections and the WV Regional Jail and Correctional Facility Authority and has served as a psychiatric consultant to the Forensic Evaluation Unit at the South Central Regional Jail. Dr. Thistlethwaite is a long-standing member of the American Psychiatric Association and West Virginia Psychiatric Association and has achieved Diplomat status with the American Board of Psychiatry and Neurology. He has also presented both nationally and internationally.

CURRICULUM VITA

Timothy Lawrence Thistlethwaite, MD

[redacted]

Education and Training

1983-1987	West Virginia University – Bachelor of Arts in Chemistry
1987-1991	West Virginia University - School of Medicine~ MD
1991-1993	Charleston Area Medical Center / WVU School of Medicine- Charleston Division – Two years Residency Training in Internal Medicine
1991-1994	Charleston Area Medical Center / WVU School of Medicine- Charleston Division- Residency Training in Psychiatry
1994-1995	Charleston Area Medical Center, Charleston, WV Chief Resident in Department of Behavioral Medicine and Psychiatry

Board Certification

April 1996	American Board of Psychiatry and Neurology
September 2006	Recertified, American Board of Psychiatry and Neurology

Medical Licensure

1993- present	West Virginia Board of Medicine- License # 17498

Work Experience

1993-1995	Thomas Memorial Hospital, South Charleston, WV Part-time Psychiatrist for Chemical Dependency and Psychiatric Unit
1993-1995	PsyCare, Inc., South Charleston, WV Part-time Psychiatrist in private setting, outpatient setting
7/95-9/06	PsyCare, Inc., South Charleston, WV Full-time private practice Psychiatry
1995-2002	Thomas Memorial Hospital, South Charleston, WV Medical Staff
1995- present	Mount Olive Correctional Center, Mount Olive, WV Medical Director for Mental Health Services
1995-1999	Psychiatric Services- South Central, Southern and Southwestern Regional Jails
1995-10/04	Forensic Psychiatric Evaluations at South Central Regional Jail Forensic Evaluation Unit
2002- present	PSIMED Corrections, LLC Medical Director, Corrections Division
10/04- 9/06	Psychiatric Consultant to Forensic Evaluation Unit- South Central Regional Jail
9/06- present	Tim Thistlethwaite, MD, PLLC, Charleston, WV Full-time Private Practice, Psychiatry

ORGANIZATIONS

1993- present	Member, American Psychiatric Association
1993- present	Member, West Virginia Psychiatric Association
1996- present	Diplomat, American Board of Psychiatry and Neurology

[redacted]

Judith Rae Acree

Education

West Virginia University
Morgantown, W V
Master of Arts - Counseling
GPA 3.9

West Virginia Wesleyan College — Buckhannon, WV
Bachelor of Arts – Youth Services; Minor Psychology
Dean's List 1977-1978

Merrill-Palmer Institute of Human Growth and Development
Detroit, MI
January 1977-May 1977 Requirement of West Virginia Wesleyan College
Youth Services Major Program

Nicholas County High School — Summersville, WV
"Who's Who Among American High School Students"

Accreditations

Licensed Professional Counselor (LPC)

Approved Licensed Professional Supervisor (ALPS)

West Virginia Advanced Alcohol and Drug Counselor - Supervisor (AADC-S)

Professional experience

September 2009- Currently — PSIMED CORRECTIONS, LLC - Program Mentor

Responsible for curriculum oversight, training and development
Clinical supervisor for those in the LPC licensing track and AADC certification process.

1997 – September 2009 — Valley HealthCare System

Fairmont, Morgantown, Kingwood, Grafton, WV

Regional Manager Chemical Dependency Outpatient

- Program management of all outpatient programs including: DUI, adult/adolescent treatment, adult/adolescent intensive outpatient
- Responsible for program development

- Clinical Supervision
- Administrative supervision
- Provide therapy – individual, family, couple and group
- Drug/Alcohol Assessment
- Mandt Instructor Trainer/Presenter since 2002

1996-1997 United Summit Center Clarksburg, WV

Addiction Recovery Manager

- Same as with Summit Center. United Hospital Center purchased the assets of Summit Center when that organization filed for bankruptcy. At that time I was hired by United Summit Center to perform the same duties I had at the Summit Center.

1985-1996 Summit Center for Human Development, Inc. Clarksburg, WV

Addiction Recovery Manager/Emergency Services Manager (1992-1996)

- Program management for all Addiction/ACOA Recovery services, i.e. DUI, adult and adolescent outpatient services
- Clinical supervision of staff
- Administrative supervision of staff
- Budgeting
- Therapist for individual, families and groups
- Program manager for emergency services for mental health and substance abuse
- Scheduling of crisis workers
- Crisis intervention
- On-call after hours
- Presenter/Trainer
- Public Relations

Regional Youth Specialist (1986-1991)

(Summit Center)

- Coordination of Adolescent Addiction Recovery/Children of Addicts Outpatient programs
- Clinical supervision of staff
- Administrative supervision of staff
- Development of community networks
- Prevention
- Consultation with other community groups and agencies
- Consultation with school systems
- Development of identification and referral systems in schools, such as, Student Assistance Programs, Natural Helpers, Peer Helpers Counseling

- Presenter/Trainer

Emergency Services Counselor (1985-1986)

(Summit Center)

- Crisis intervention
- Assessments
- Brief therapy
- Referrals
- After hours emergency services

(1978-1985) Seneca Mental Health/Mental Retardation Council, Inc.
Summersville, WV

Mental Health/Substance Abuse Therapist (1982-1985)

- Group, Individual and Family therapy
- Initial evaluations
- Bio-feedback/Relaxation therapy
- Case manager of AMI/CMI clients
- On-call crisis intervention
- Consultation and education
- Commitments
- Drug/Alcohol therapy
- Children of Addicts/Co-dependents

Group Home Director (1979-1982)

(Seneca MH/MR Council)

- Budgeting
- Overall financial management
- Administrative and clinical supervision of staff
- Scheduling, interviewing and hiring of staff
- Monthly reports
- Evaluation/Admission/Discharge of residents
- Case manager of CMI/MR/DD residents
- Public Relations
- Program development
- 24 hour on call for group home
- Crisis on call for Center
- Individual therapist for AMI clients

Youth Services Counselor/Aftercare Case Aide (1978-1979)

- Therapist for youth ages 11 – 19
- Group therapist for school groups
- Initial evaluations
- Aftercare Case Aide for CMI/MR/DD aftercare program

- Program development for clients
- Organized the "Annual Talent Show" for CMI/MR/DD clients
- Organized the "Annual Super Sports Event"
- Taught independent living skills and basic education

1977 Nicholas County Mental Health Center (Later named Seneca Mental Health/Mental Retardation Council Inc.)
Summersville, WV

Internship

- Aftercare case aide for CMI/MR/DD clients
- Taught independent living skills and basic education
- Activities groups
- Liaison for Weston State Hospital

Interests and activities

President West Virginia Association of Alcoholism and Drug Abuse Counselors (2004-2006)

President-elect West Virginia Association of Alcoholism and Drug Abuse Professionals (2001-2004)

Past West Virginia Association of Alcoholism and Drug Abuse Professionals Conference Chairperson (1998-2000)

Clarksburg Mission Board President (2002-2004)

Clarksburg Mission Board Secretary (1999-2002)

Awards received

1999 West Virginia Association of Alcoholism and Drug Abuse Professional "Lisa Grossi Award for Inspiring Dedication to the Field of Addictions"

References

Available upon request

BIO-
Judith Rae Acree, MA, LPC, ALPS, AADC-S
Judy's career spans over 30 years and began in community mental health at Nicholas County/Seneca Mental Health in Summersville WV, where she worked with the MR/DD and seriously mentally ill population, adolescents and later with substance abuse.

She moved to Clarksburg WV to complete her master's degree at WVU. She began working at Summit Center (later became United Summit Center) where she worked in a variety of programs also. She began work there as a Crisis Worker and later was promoted to Supervisor of the Adolescent Substance Abuse programs and later promoted to the Supervisor of The Addictions Recovery programs. Judy also provided substance abuse and mental health counseling.

Judy left United Summit Center and began work at Valley HealthCare System as Regional Manager of Chemical Dependency outpatient programs as well as substance abuse and problem gambler counselor. She remained at Valley until beginning her employment with PSIMED Corrections in 2009 as Program Mentor. In her role as Program Mentor her duties include staff training and curriculum and program development.

Judy received her BA degree at WV Wesleyan College in Youth Services which was the first degree in the state to offer a combination of Government, Psychology and Sociology. She went on to complete her Master's in Counseling at WVU. Judy is a Licensed Professional Counselor, (LPC), Approved Licensed Professional Supervisor (ALPS), and she is holds an Advance Alcohol and Drug Counselor Supervisor certification (AADC-S). Judy has served as President of the (WVAADC) WV Alcoholism and Drug Abuse Counselors and worked as the conference chair person and committee member for many years during her career.

50 words or less BIO

Judy is currently employed by PSIMED Corrections, Inc and has over 30 years experience in the mental health and substance abuse field in community mental health. She is a graduate of WV Wesleyan College and WVU. She is a WVAADC past president and past conference chair.

Rockbridge Underwriting

3700 Buffalo Speedway | Suite 300 | Houston, TX 77098
P: 713-874-8800 | F: 713-874-8899 | www.rockbridgeins.com

February 7, 2014

WV Division of Corrections - Headquarters
1409 Greenbrier Street
Charleston, WV 25311

Re: PrimeCare Medical, Inc.
Policy Number: MMM0000010

To whom it may concern:

This letter confirms that, should PrimeCare Medical, Inc. be awarded a contract to provide healthcare services for the inmates in the facilities listed below, an endorsement will be added to policy no. MMM0000010 or its succeeding renewal policy issued by Mt. Hawley Insurance Company providing medical professional liability insurance coverage for these services.

Anthony Correctional Center, Denmar Correctional Center, Huttonsville Correctional Center, Lakin Correctional Center, Martinsburg Correctional Center, Mount Olive Correctional Center, Pruntytown Correctional Center, St. Mary's Correctional Center, Salem Correctional Center, Northern Correctional Facility, Ohio County Correctional Complex, Charleston Work Release Center, Beckley Correctional Center, Parkersburg Correctional Center, and Huntington Work Release Center.

The policy limits applicable to this contract would be no less than $1,000,000 per Loss Event /$10,000,000 Aggregate.

Please contact me with any questions or comments.

Sincerely,

Chris Sweet
Vice President
Rockbridge Underwriting, An RLI Company

PRIME-1 OP ID: SF

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/06/14

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 Enders Insurance Associates 5912 Linglestown Road P O Box 6118 Harrisburg, PA 17112-0118 Donald E. Enders, Jr,CIC,CPCU 717-652-4902	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED PrimeCare Medical Inc PrimeCare Medical of WV Inc PrimeCare Medical of NY Inc 3940 Locust Lane Harrisburg, PA 17109	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Cincinnati Insurance Company — 10677 INSURER B : Travelers Property Casualty INSURER C : INSURER D : INSURER E : INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC			CPP 081 63 72	01/01/14	01/01/15	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			CAA 587 96 61	07/01/13	07/01/14	COMBINED SINGLE LIMIT (Ea.accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB CLAIMS-MADE DED [X] RETENTION $ None			CPP 081 63 72	01/01/14	01/01/15	EACH OCCURRENCE AGGREGATE	$ 15,000,000 $ 15,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		6JUB19903-3-13	09/01/13	09/01/14	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

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

CERTIFICATE HOLDER

WVDIVIS

West Virginia Division of
Corrections Headquarters
1409 Greenbriar St
Charleston, WV 25311

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
Donald E. Enders, Jr,CIC,CPCU

Sandra L. Kehnstock

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EIA ENDERS INSURANCE ASSOCIATES

February 19, 2014

To: West Virginia Department of Corrections

From: Donald E. Enders, Jr., CIC, CPCU

RE: PrimeCare Medical, Inc.

Please be advised that we provide Workers Compensation Insurance for PrimeCare Medical, Inc through Travelers, Policy Number 6JUB 6B199033, for their employees in West Virginia.

Should our insured be awarded the contract, the coverage will be afforded through this policy for the new location.

Thank you,

Donald E. Enders, Jr., CIC, CPCU

5912 LINGLESTOWN ROAD, HARRISBURG, PA 17112-0118 • PHONE 717-652-4902 • FAX 717-545-1191

PRIMECARE MEDICAL, INC.
COMPANY POLICY OPERATING MANUAL

TABLE OF CONTENTS			January 1, 2014
SECTION A			
GOVERNANCE AND ADMINISTRATION	**(E or I)**	**Number**	**REMARKS**
Access to Care	(E)	C,J-A-01	
Responsible Health Authority	(E)	C,J-A-02	
Medical Autonomy	(E)	C,J-A-03	
Administrative Meetings and Reports	(E)	C,J-A-04	
Policies and Procedures	(E)	C,J-A-05	Revised
Continuous Quality Improvement Program	(E)	C,J-A-06	
Emergency Response Plan	(E)	C,J-A-07	
Communication On Patients' Health Needs	(E)	C,J-A-08	
Privacy of Care	(I)	C,J-A-09	
Procedures in the Event of a Patient Death	(I)	C,J-A-10	
Grievance Mechanism for Health Complaints	(I)	C,J-A-11	
PrimeCare Employee Expense Reporting and Reimbursement		PCM A-01	
PrimeCare Employee Expense & Gas Credit Card		PCM A-02	
Participation in Executions		PCM A-03	
Computer Use Guidelines		PCM A-04	
Cellular Phones, Pagers, and Calling Cards		PCM A-05	
Corporate Vehicles		PCM A-06	
Computerized Medical Record (CorEMR)		PCM A-07	
Notification in Emergencies		PCM A-08	
Inmate Blue Cross Usage		PCM A-09	Reserved, no copy provided
Traveling Nurse Program		PCM A-10	
Petty Cash		PCM A-11	
New Facility Start Up		PCM A-12	
Peer Audit Review Program		PCM A-13	Revised
Disadvantage Business Policy		PCM A-14	

Enclosure 1

PRIMECARE MEDICAL, INC.
COMPANY POLICY OPERATING MANUAL

TABLE OF CONTENTS			January 1, 2014
SECTION B			
SAFETY	**(E or I)**	**Number**	**REMARKS**
Infection Control Program	(E)	C,J-B-01	
Patient Safety	(I)	C,J-B-02	
Staff Safety	(I)	C,J-B-03	
Federal Sexual Assault Reporting Regulations	(I)	C,J-B-04	
Procedures in the Event of Sexual Assault	(I)	C,J-B-05	
Blood Borne Pathogens Exposure Control Plan		PCM B-01	
Hepatitis B Vaccine		PCM B-02	
Pandemic Influenza Plan		PCM B-03	
Tuberculin Skin Testing		PCM B-04	
MRSA Infection Control Measures		PCM B-05	
Accident and Incident Reporting and Investigation		PCM B-07	
Respiratory Protection Program		PCM B-09	
Workers Compensation Guidelines and Operating Procedures		PCM B-11	Revised
Guidelines for the Prevention and Management of Tuberculosis		PCM B-12	
Guidelines on Management of HIV Infection		PCM B-13	
Viral Load Testing		PCM B-14	
Guidelines on Use of Methadone		PCM B-15	
Guidelines on Management of Hepatitis C		PCM B-16	

PRIMECARE MEDICAL, INC.
COMPANY POLICY OPERATING MANUAL

TABLE OF CONTENTS			January 1, 2014
SECTION C			
PERSONNEL AND TRAINING	**(E or I)**	**Number**	**REMARKS**
Credentialing	(E)	C,J-C-01	
Clinical Performance Enhancement	(I)	C,J-C-02	
Professional Development	(E)	C,J-C-03	
Health Training for Correctional Officers	(E)	C,J-C-04	
Medication Administration Training	(E)	C,J-C-05	
Inmate Workers	(E)	C,J-C-06	
Staffing	(I)	C,J-C-07	
Health Care Liaison	(I)	C,J-C-08	
Orientation for Health Staff	(I)	C,J-C-09	
Out Service Training Policy		PCM C-01	
CPR Training		PCM C-02	
Attendance at Staff Meetings And In-Service Training		PCM C-03	
Job Descriptions		PCM C-04	
Accounts Payable / Receivable Supervisor		PCM C-04.01	Corp. Office Dist. Only
Activity Technician - Forensic (Psychiatric) Unit		PCM C-04.02	
Administrative Assistant Operations		PCM C-04.03	Corp. Office Dist. Only
Director of Administrative Services		PCM C-04.04	Corp. Office Dist. Only
Billing Clerk		PCM C-04.05	Corp. Office Dist. Only
Case Manager		PCM C-04.06	
Case Worker		PCM C-04.07	
Charge Nurse		PCM C-04.08	
Health Services Administrator		PCM C-04.09	
Dentist		PCM C-04.10	
Forensic (Psychiatric) Coordinator		PCM C-04.11	
Human Resource Assistant		PCM C-04.12	Corp. Office Dist. Only
Junior Vice President Director of Human Resources (Personnel)		PCM C-04.13	Corp. Office Dist. Only
Junior Vice President/Director of Human Resources (Recruiting and Employment)		PCM C-04.13.1	Corp. Office Dist. Only
Infection Control Nurse		PCM C-04.14	

PRIMECARE MEDICAL, INC.
COMPANY POLICY OPERATING MANUAL

TABLE OF CONTENTS			January 1, 2014
SECTION C			
PERSONNEL AND TRAINING	**(E or I)**	**Number**	**REMARKS**
Inventory Clerk		PCM C-04.15	
Medical Assistant		PCM C-04.16	
Medical Director		PCM C-04.17	
Mental Health Clinician		PCM C-04.18	Revised
Mental Health / Mental Retardation Forensic Specialist		PCM C-04.19	Revised
Masters Level Social Worker (MSW)		PCM C-04.20	
Certified Registered Nurse Practitioner		PCM C-04.21	
Nurse Supervisor		PCM C-04.22	
Radiological Technologist		PCM C-04.23	
Office Clerk (Facility)		PCM C-04.24	
Office Clerk / Receptionist (Corporate)		PCM C-04.25	Corp. Office Dist. Only
Office Clerk / Receptionist Administrative Assistant (Corporate)		PCM C-04.25.1	Corp. Office Dist. Only
Payroll Clerk (Corporate)		PCM C-04.25.2	Corp. Office Dist. Only
Physician (Staff)		PCM C-04.26	
Physician Assistant		PCM C-04.27	
Psychiatric Nurse		PCM C-04.28	
Psychiatrist		PCM C-04.29	
Psychologist		PCM C-04.30	
Psychology Resident / Intern		PCM C-04.31.1	
Psychotherapist		PCM C-04.32	
Director of Purchasing		PCM C-04.33	Corp. Office Dist. Only
Safety Specialist		PCM C-04.34	Corp. Office Dist. Only
Regional Coordinator		PCM C-04.35	
Staff Nurse - Licensed Practical Nurse		PCM C-04.36	
Staff Nurse - Registered Nurse		PCM C-04.37	
Director of Accounts Payable / Receivable		PCM C-04.38	Corp. Office Dist. Only
Vice-President of Risk Management and Human Resources		PCM C-04.39	Corp. Office Dist. Only
Nursing Assistant		PCM C-04.40	Reserved, no copy provided
Director of Operations		PCM C-04.41	Corp. Office Dist. Only
Assistant Corporate Medical Director		PCM C-04.42	Corp. Office Dist. Only

PRIMECARE MEDICAL, INC.
COMPANY POLICY OPERATING MANUAL

TABLE OF CONTENTS			January 1, 2014
SECTION C			
PERSONNEL AND TRAINING	**(E or I)**	**Number**	**REMARKS**
Vice President of Operations (Director of Accreditation & Policies and Procedures)		PCM C-04.43	Corp. Office Dist. Only
Junior Vice President of Operations		PCM C-04.43.1	Corp. Office Dist. Only
Junior Vice President of Finance		PCM C-04.44	Corp. Office Dist. Only
Junior Vice President of Human Resources		PCM C-04.45	Corp. Office Dist. Only
Junior Vice President of Technology and Administration		PCM C-04.46	Corp. Office Dist. Only
Privacy Officer		PCM C-04.47	Corp. Office Dist. Only
Certified Addiction Counselor		PCM C-04.48	Corp. Office Dist. Only
President and Corporate Medical Director		PCM C-04.49	Corp. Office Dist. Only
Executive Vice President		PCM C-04.50	Corp. Office Dist. Only
Operations Special Projects Supervisor		PCM C-04.51	Corp. Office Dist. Only
Operations Intern		PCM C-04.52	Corp. Office Dist. Only
Accounts Payable Clerk		PCM C-04.53	Corp. Office Dist. Only
Financial Assistant		PCM C-04.54	Corp. Office Dist. Only
Director of Risk Management		PCM C-04.55	Corp. Office Dist. Only
Vice President and Corporate Counsel		PCM C-04.56	Corp. Office Dist. Only
Legal Secretary		PCM C-04.57	Corp. Office Dist. Only
Licensed Nursing Assistant (LNA) Medication Nursing Assistant (MNA)		PCM C-04.58	
Junior Vice President of Clinical Operations		PCM C-04.59	Corp. Office Dist. Only
Group Vice President		PCM C-04.60	Corp. Office Dist. Only
Regional Vice President		PCM C-04.61	Corp. Office Dist. Only
Statewide Regional Medical Director		PCM C-04.62	Corp. Office Dist. Only
Human Resources – Employee Relations		PCM C-04.63	Corp. Office Dist. Only
Assistant Director of Nursing		PCM C-04.64	New
Corrective Discipline		PCM C-05	
Code of Conduct		PCM C-06	
Combined Leave Guidelines And Operational Procedures		PCM C-07	
Dress Code		PCM C-08	
Employee Resignations		PCM C-09	New
32/40 Employee Leave / Overtime		PCM C-13	
Overtime Policy		PCM C-14	

PRIMECARE MEDICAL, INC.
COMPANY POLICY OPERATING MANUAL

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PERSONNEL AND TRAINING	**(E or I)**	**Number**	**REMARKS**
Personnel Administration		PCM C-16	
Affirmative Action		PCM C-17	Reserved, no copy provided
Employee Complaint Procedure And Job Satisfaction		PCM C-18	
Leaves of Absence		PCM C-19	
Policy on Equal Opportunity And Sexual Harassment		PCM C-20	
Employee Investigations		PCM C-21	
Employee Drug Testing		PCM C-22	
Job Shadowing		PCM C-23	
Mandation		PCM C-24	
Employee Referral Bonus Program		PCM C-25	
Photo Identification Tags		PCM C-26	

PRIMECARE MEDICAL, INC.
COMPANY POLICY OPERATING MANUAL

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HEALTH CARE SERVICES AND SUPPORT	**(E or I)**	**Number**	**REMARKS**
Pharmaceutical Operations	(E)	C,J-D-01	
Medication Services	(E)	C,J-D-02	
Clinic Space, Equipment and Supplies	(I)	C,J-D-03	
Diagnostic Services	(I)	C,J-D-04	
Hospital and Specialty Care	(I)	C,J-D-05	
Formulary		PCM D-01	
PrimeCare Medical Drug Formulary		PCM D-01.01	

PRIMECARE MEDICAL, INC.
COMPANY POLICY OPERATING MANUAL

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Receiving Screening	(E)	C,J-E-02	
Transfer Screening	(E)	C,J-E-03	
Initial Health Assessment	(E)	C,J-E-04	
Mental Health Screening and Evaluation	(E)	C,J-E-05	
Oral Care	(E)	C,J-E-06	
Non Emergency Health Care Requests and Services	(E)	C,J-E-07	
Emergency Services	(E)	C,J-E-08	
Segregated Patients	(E)	C,J-E-09	
Patient Escort	(I)	C,J-E-10	
Nursing Assessment Protocols	(I)	C,J-E-11	
Continuity of Care During Incarceration	(E)	C,J-E-12	
Discharge Planning	(I)	C,J-E-13	
Dental Treatment (Dentures)		PCM E-01	
Shift Reporting		PCM E-03	
Telemedicine/Mental Health Operating Procedure		PCM E-04	
Personal Medication		PCM E-05	
Written and Verbal Clinicians Orders		PCM E-06	
Special Physician's Orders		PCM E-07	
Utilization Review		PCM E-08	
Utilization Review		PCM (NH) E-08	
Use of Language Interpreters		PCM E-09	

PRIMECARE MEDICAL, INC.
COMPANY POLICY OPERATING MANUAL

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PRIMECARE MEDICAL, INC.
COMPANY POLICY OPERATING MANUAL

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Infirmary Care	(E)	C,J-G-03	
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Suicide Prevention Program	(E)	C,J-G-05	Revised
Intoxication and Withdrawal	(E)	C,J-G-06	
Care of the Pregnant Inmate	(E)	C,J-G-07	
Inmates with Alcohol or Other Drug Problems	(I)	C,J-G-08	
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PRIMECARE MEDICAL, INC.
COMPANY POLICY OPERATING MANUAL

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Permitted and Required Uses and Disclosures of Health Information		PCM H-01	
Business Associate Arrangements		PCM H-02	
Discussions With Family Members and Friends		PCM H-03	
Personal Representatives		PCM H-04	
Requests by Inmates for Access To Their Health Information		PCM H-05	
Requests For Amendment of Health Information		PCM H-06	
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PRIMECARE MEDICAL, INC.
COMPANY POLICY OPERATING MANUAL

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PRIMECARE MEDICAL, INC.
COMPANY POLICY OPERATING MANUAL

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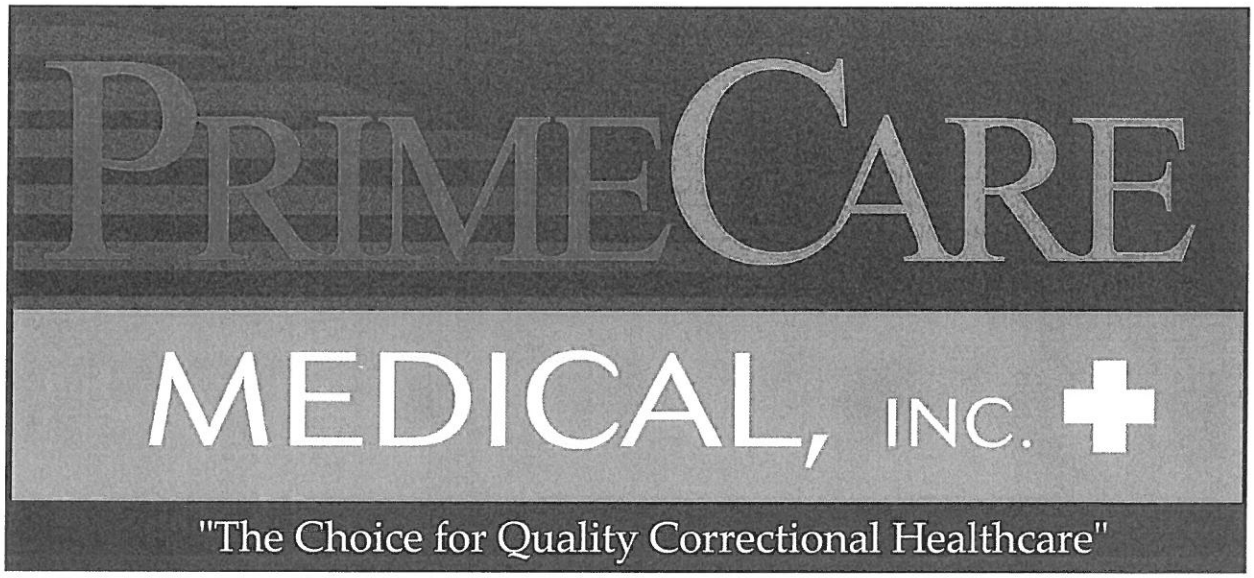
Inmate Medical Fee for Service		PCM J-04	
Release of Financial Responsibility		PCM J-05	
Employee and Subcontractor Payroll Reporting		PCM J-07	
Direct Deposit		PCM J-08	
YCP Facility Time Clock Policy		PCM J-09	YCP Distribution Only
Facility Time Clock Policy		PCM J-10	
Inmate Billing Procedures		PCM J-11	

PRIMECARE MEDICAL

3940 Locust Lane
Harrisburg, PA 17109



IT DISASTER RECOVERY & CONTINUITY PLAN

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PrimeCare Medical of West Virginia, Inc.

Adult Statistics

PrimeCare Medical of West Virgina, Inc.

Statistical Summary Report
Year 2013

Facility: WV MASTER ADULT

Rev A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Monthly ADP	4954	4919	5131	5138	5128	5210	5132	5231	5176	5083	4750	4473	5027
Death	2	2	2	0	0	0	2	0	0	1	0	0	9
Inpatient Hosp	17	17	20	29	13	18	28	30	24	24	21	16	257
Total Patient Days	79	71	103	130	92	81	104	90	89	82	85	83	1089
Total Outside Consultations	280	321	265	297	350	290	359	393	299	349	253	257	3713
Allergy	1	0	0	1	0	0	0	1	1	0	1	0	5
Cardiology	6	1	2	3	3	3	5	9	10	13	5	1	61
Chest Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
Dermatology	0	2	0	0	1	0	0	0	3	1	2	3	12
Dialysis	0	0	0	0	0	0	0	0	3	7	0	0	10
Emergency Room	48	57	48	59	51	56	65	68	50	60	39	39	640
Ambulance Trips	25	21	21	21	16	20	35	42	32	31	23	19	306
Gastroenterology	3	2	0	0	3	1	3	4	1	2	2	2	23
General Medicine	1	0	0	0	0	2	0	1	1	3	6	5	19
General Surgery	6	4	3	4	7	7	9	11	11	7	5	4	78
Gynecology	3	2	0	0	0	2	9	4	3	8	4	0	35
Hematology	6	6	5	2	1	1	4	3	1	1	6	2	38
Methadone	18	81	50	61	96	42	72	83	22	54	48	77	704
Neurology	3	2	1	4	3	1	1	4	3	5	3	2	32
Neurosurgery	0	0	0	0	0	0	0	0	1	0	0	0	1
Obstetrics	30	30	32	40	47	34	23	30	26	38	25	20	375
Ophthalmology	21	19	10	12	16	23	19	12	19	19	10	13	193
Orthopedics	26	22	24	26	25	18	20	34	26	28	16	20	285
Physical Therapy	2	3	2	3	0	1	4	2	14	6	1	0	38
Plastic Surgery	2	0	2	0	2	0	1	1	3	0	1	1	13
Podiatry	1	2	3	1	5	1	1	0	1	3	3	0	21
Proctology	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatry	0	2	0	0	0	0	0	0	0	0	0	1	3
Surgery Performed	12	9	5	12	9	5	11	10	7	4	8	5	97
Thoracic Surgery	0	0	0	0	0	0	0	0	0	1	0	0	1
Urology	8	6	6	5	6	10	2	6	4	9	6	1	69
Outside X-Rays	7	16	17	5	15	9	22	19	12	16	10	14	162
Diagnostic Test (outside)	27	22	21	23	29	24	28	27	26	18	21	11	277
Other Trips / Outside Consults	24	12	13	15	15	30	25	22	19	15	8	17	215

PrimeCare Medical of West Virgina, Inc.

Statistical Summary Report
Year 2013

Facility: WV MASTER ADULT

Rev A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
In-House EKG's	186	156	182	229	204	188	183	222	205	192	206	166	2319
In-House X-Ray's	233	235	269	278	331	283	313	274	244	277	281	247	3265
MD/PA/CRNP Sick Call	1620	1355	1371	1653	1587	1394	1465	1161	1328	1464	1285	1308	16991
Nurse Sick Call	3088	2808	3443	3419	3500	3319	3283	3356	3218	3378	3360	3153	39325
MD Physicals	0	29	19	22	27	0	4	6	0	5	1	0	113
NP/PA Physicals	92	93	121	53	64	79	75	59	54	91	79	114	974
Nursing Physicals	909	873	550	957	793	831	858	1100	775	873	881	730	10130
Annual Physicals	70	55	149	88	71	75	107	80	60	58	40	31	884
Psychiatrist / Group Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatrist / Indiv. Seen	538	500	518	460	575	475	497	576	481	557	433	457	6067
Psychologist Group	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychologist Indiv. Seen	558	597	648	585	747	578	628	714	671	709	731	506	7672
M.H. Worker Groups	0	0	0	0	0	0	0	0	0	0	0	0	0
M.H. Worker Indiv. Seen	165	211	129	201	156	139	228	158	104	122	102	88	1803
Involuntary M.H. Commitments	6	3	2	3	4	4	5	4	2	0	2	3	38
Total Inmates Seen by Dentist	593	599	534	607	672	650	625	612	547	551	623	539	7152
Extractions	201	184	190	183	235	199	236	203	180	181	201	172	2365
Fillings	76	94	72	89	83	98	95	79	75	70	80	78	989
Exams	238	215	186	241	263	207	194	194	157	213	229	147	2484
Other	78	106	86	94	91	146	100	136	135	87	113	142	1314
Inmates seen by Oral Surgeon	16	7	6	10	12	8	8	4	8	6	3	1	89
In-House Surgeries	4	3	0	1	5	1	5	3	2	3	2	6	35
# Inmates @ in-house clinics	546	608	831	992	924	918	972	826	873	977	849	842	10158
# Intake Screening	4287	3954	4324	4299	4323	4080	4233	3872	3795	3997	3646	3661	48471

PrimeCare Medical of West Virgina, Inc.

Statistical Summary Report
Year 2013

Facility: WV MASTER ADULT

Rev A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Pharmacy													
# of patients on Medical Meds	1813	1694	1820	1822	1881	1851	1868	1914	1962	2078	1782	1932	22417
% ADP on Medical Meds	36.6%	34.4%	35.5%	35.5%	36.7%	35.5%	36.4%	36.6%	37.9%	40.9%	37.5%	43.2%	37.2%
# of patients on HIV Meds	11	11	13	9	11	14	15	17	18	12	12	12	155
% ADP on HIV Meds	0.2%	0.2%	0.3%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.2%	0.3%	0.3%	0.3%
# of patients on Psych Meds	999	975	899	948	947	971	899	927	933	977	823	880	11178
% ADP on Psych Meds	20.2%	19.8%	17.5%	18.5%	18.5%	18.6%	17.5%	17.7%	18.0%	19.2%	17.3%	19.7%	18.5%
# of Grievances	88	83	70	81	113	158	120	82	88	116	90	76	1165
# of Adverse Patient Occurrences	12	12	18	13	20	19	31	23	19	38	32	20	257
HIV Test Done	60	56	57	64	69	46	60	59	77	87	74	63	772
HIV Cases	12	14	18	13	10	17	15	18	18	15	13	15	178
AIDS Cases	0	0	0	0	1	0	0	0	0	0	0	2	3
Hepatitis Cases	496	538	522	569	557	622	586	516	440	485	436	501	6268
Syphilis Cases	0	0	0	0	0	0	1	1	0	0	0	1	3
Gonorrhea Cases	3	1	1	2	2	1	2	1	0	2	0	0	15
# of pregnant females	32	35	33	39	47	38	28	36	33	31	26	21	399
# of patients isolated to rule out MRSA	42	30	43	51	44	44	45	46	18	55	32	27	477
# of confirmed MRSA cases	12	7	14	17	15	15	18	17	6	23	12	9	165
TB Cases	0	0	0	0	0	0	1	0	0	0	0	0	1
PPD Test	3703	3091	3770	3519	3740	3112	2930	2349	1233	540	394	425	28806
(+) PPD's	6	8	4	8	6	3	1	6	6	0	1	1	50
RPR Test	18	19	10	19	19	14	12	13	9	13	10	15	171
Inmates on Suicide Watch	478	430	436	444	487	511	525	481	508	484	571	510	5865
# of Inmates on Restraints	33	35	31	39	32	32	28	48	41	62	40	41	462
# of Shifts involving Restraints	29	30	26	33	22	21	25	40	21	30	28	25	330
# of Medical Transport	303	315	299	329	381	301	355	382	289	353	282	268	3857

PrimeCare Medical of West Virginia, Inc.

Juvenile Statistics

PrimeCare Medical of West Virgina, Inc.

Statistical Summary Report
Year 2013

Facility: WV MASTER JUVENILE

Rev A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Monthly ADP	269	262	273	273	280	258	232	197	201	222	214	196	240
Death	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient Hosp	0	0	1	0	0	0	0	0	0	0	0	0	1
Total Patient Days	0	0	3	0	0	0	0	0	0	0	0	0	3
Total Outside Consultations	56	38	45	55	34	50	33	32	24	35	40	44	486
Allergy	0	1	0	0	0	0	0	0	1	1	1	1	5
Cardiology	0	1	0	0	0	0	0	0	0	1	0	1	3
Chest Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
Dermatology	3	1	3	0	0	1	0	0	1	0	0	2	11
Dialysis	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Room	7	4	10	11	5	9	5	7	5	7	8	13	91
Ambulance Trips	1	0	4	1	2	5	0	1	0	0	0	6	20
Gastroenterology	1	3	1	4	3	0	1	2	1	0	2	0	18
General Medicine	2	5	0	0	0	0	1	0	0	0	0	0	8
General Surgery	2	0	2	1	3	0	2	2	0	2	3	1	18
Gynecology	1	1	0	0	1	2	0	0	0	0	0	0	5
Hematology	0	0	0	0	0	1	0	0	0	0	0	0	1
Methadone	0	0	0	0	0	0	0	0	0	0	0	0	0
Neurology	3	0	0	4	0	2	0	0	0	0	1	1	11
Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Obstetrics	1	1	1	2	2	2	0	0	0	2	3	1	15
Ophthalmology	3	6	6	6	4	5	8	3	2	7	10	3	63
Orthopedics	7	5	3	9	5	14	5	8	5	7	7	6	81
Physical Therapy	3	0	1	0	0	0	0	0	0	0	0	0	4
Plastic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Podiatry	2	1	0	0	1	0	0	0	1	0	2	2	9
Proctology	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatry	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery Performed	1	1	0	1	1	0	0	0	0	0	0	0	4
Thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	2	1	0	0	0	0	0	0	0	2	0	1	6
Outside X-Rays	1	1	2	5	0	0	1	1	0	0	0	0	11
Diagnostic Test (outside)	3	3	2	8	3	4	1	3	5	3	1	2	38
Other Trips / Outside Consults	13	3	10	3	4	5	9	5	3	3	2	4	64

PrimeCare Medical of West Virgina, Inc.

Statistical Summary Report
Year 2013

Facility: WV MASTER JUVENILE

Rev A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
In-House EKG's	25	24	24	22	21	24	15	15	20	26	27	19	262
In-House X-Ray's	20	16	27	24	21	35	23	14	21	32	16	23	272
MD Sick Call	176	138	144	178	147	134	108	75	66	100	115	76	1457
NP/PA Sick Call	16	27	28	15	28	28	28	29	29	34	10	13	285
MD/PA/CRNP Sick Call	192	165	172	193	175	162	136	104	95	134	125	89	1742
Nurse Sick Call	545	459	575	493	583	630	482	463	439	564	472	410	6115
MD Physicals	87	92	85	102	93	92	69	71	64	102	91	55	1003
NP/PA Physicals	3	1	3	0	0	1	3	4	3	1	0	1	20
Nursing Physicals	24	20	5	38	23	20	13	12	30	4	3	4	196
Annual Physicals	11	7	12	5	5	5	4	2	5	4	2	0	62
Psychiatrist / Group Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatrist / Indiv. Seen	98	72	74	96	73	60	71	49	36	74	61	62	826
Psychologist Group	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychologist Indiv. Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
M.H. Worker Groups	0	0	0	0	0	0	0	0	0	0	0	0	0
M.H. Worker Indiv. Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary M.H. Commitments	0	1	0	0	0	0	0	0	0	0	1	0	2
Total Inmates Seen by Dentist	92	61	62	75	101	94	58	58	55	65	50	70	841
Extractions	3	2	1	1	1	3	2	1	2	2	0	1	19
Fillings	24	12	7	9	6	9	9	13	14	12	7	10	132
Exams	54	41	48	62	91	80	39	41	38	47	41	43	625
Other	11	6	6	3	3	2	8	3	1	4	2	16	65
Inmates seen by Oral Surgeon	5	0	6	4	3	3	4	6	8	5	0	1	45
In-House Surgeries	1	0	0	0	0	0	0	2	0	0	0	0	3
# Inmates @ in-house clinics	40	36	32	21	32	20	20	19	19	28	18	12	297
# Intake Screening	147	167	164	190	165	133	136	99	156	160	113	105	1735

PrimeCare Medical of West Virgina, Inc.

Statistical Summary Report
Year 2013

Facility: WV MASTER JUVENILE

Rev A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Pharmacy													
# of patients on Medical Meds	130	115	120	103	112	100	106	75	70	84	66	70	1151
% ADP on Medical Meds	48.3%	43.9%	43.9%	37.7%	40.1%	38.8%	45.8%	38.0%	34.9%	37.8%	30.9%	35.6%	39.6%
# of patients on HIV Meds	0	0	0	0	0	0	0	0	0	0	0	0	0
% ADP on HIV Meds	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
# of patients on Psych Meds	106	117	111	94	107	86	83	59	52	71	75	77	1038
% ADP on Psych Meds	39.4%	44.7%	40.6%	34.4%	38.3%	33.4%	35.8%	29.9%	25.9%	32.0%	35.1%	39.2%	35.7%
# of Grievances	1	2	0	2	3	5	1	1	3	0	0	0	18
# of Adverse Patient Occurrences	0	0	0	1	1	0	0	0	0	0	0	0	2
HIV Test Done	74	66	67	62	74	56	54	39	47	66	42	42	689
HIV Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
AIDS Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis Cases	2	4	4	3	4	5	1	1	0	4	5	2	35
Syphilis Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Gonorrhea Cases	0	0	0	1	0	0	4	2	0	2	2	0	11
# of pregnant females	2	1	2	5	2	1	2	1	1	3	2	1	23
# of patients isolated to rule out MRSA	0	1	3	1	2	4	2	2	1	1	1	1	19
# of confirmed MRSA cases	0	0	3	0	0	1	1	1	1	0	0	2	9
TB Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
PPD Test	119	135	124	125	109	89	82	62	51	51	42	29	1018
(+) PPD's	0	1	0	1	0	0	0	0	0	0	0	0	2
RPR Test	101	74	95	101	92	70	84	59	63	83	60	46	928
Inmates on Suicide Watch	22	38	33	19	26	18	19	9	4	4	14	2	208
# of Inmates on Restraints	65	38	42	22	30	38	25	10	13	19	12	7	321
# of Shifts involving Restraints	15	13	7	13	23	21	16	7	7	13	11	7	153
# of Medical Transport	69	30	36	39	32	39	35	45	40	49	47	53	514

PrimeCare Medical Inc.

Adult Statistics

PrimeCare Medical, Inc.

Statistical Summary Report
Year 2013

Facility: PCM MASTER ADULT

Rev A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Monthly ADP	15877	15904	15774	15901	16043	16177	17034	17278	17422	17256	17117	16650	16536
Death	1	2	2	2	1	0	1	6	3	0	1	2	21
Inpatient Hosp	39	51	64	49	40	58	66	63	53	85	46	63	677
Total Patient Days	114	136	186	242	134	182	196	207	194	277	203	185	2256
Total Outside Consultations	793	680	760	881	889	834	917	921	820	962	838	854	10149
Allergy	0	0	0	0	0	0	0	0	0	0	0	54	54
Cardiology	12	5	4	14	7	7	11	13	15	26	16	8	138
Chest Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
Dermatology	3	1	2	1	1	0	3	4	0	1	0	1	17
Dialysis	49	34	66	86	64	59	52	49	51	54	38	49	651
Emergency Room	124	101	131	128	113	137	146	157	122	142	133	128	1562
Ambulance Trips	49	54	61	68	47	51	72	75	59	64	52	50	702
Gastroenterology	8	8	8	15	15	14	15	9	10	11	7	11	131
General Medicine	6	5	7	3	8	5	6	5	3	11	8	1	68
General Surgery	11	14	12	10	12	7	9	21	16	12	12	12	148
Gynecology	7	7	5	12	12	15	9	8	12	6	9	5	107
Hematology	4	2	7	12	1	6	3	2	3	8	5	3	56
Methadone	108	58	59	96	156	128	146	135	129	147	145	143	1450
Neurology	6	5	3	4	6	6	6	5	8	5	5	4	63
Neurosurgery	3	1	1	0	0	3	0	0	1	2	12	0	23
Obstetrics	83	62	65	77	107	100	120	101	101	136	99	83	1134
Ophthalmology	59	43	40	41	29	51	52	58	40	58	57	44	572
Orthopedics	82	84	78	84	98	84	115	108	100	100	73	78	1084
Physical Therapy	18	25	17	20	15	6	10	8	16	20	19	17	191
Plastic Surgery	12	6	6	2	6	4	6	9	6	2	3	2	64
Podiatry	4	1	2	3	2	5	3	3	5	4	2	1	35
Proctology	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatry	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery Performed	9	8	17	11	20	8	11	10	8	16	8	9	135
Thoracic Surgery	0	0	1	0	1	0	0	0	0	0	0	0	2
Urology	11	5	3	16	11	7	14	11	11	16	13	9	127
Outside X-Rays	9	4	4	6	5	9	2	9	6	10	4	6	74
Diagnostic Test (outside)	52	50	50	67	56	38	51	64	58	58	41	44	629
Other Trips / Outside Consults	64	97	111	105	97	84	55	57	40	53	77	92	932

PrimeCare Medical, Inc.

Statistical Summary Report
Year 2013

Facility: PCM MASTER ADULT

Rev A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
In-House EKG's	408	377	395	419	487	360	350	486	436	464	431	386	4999
In-House X-Ray's	830	630	735	969	775	776	886	905	832	929	866	817	9950
MD Sick Call	1447	1221	1299	1200	1601	1407	1661	1466	1550	1805	1578	1236	17471
NP/PA Sick Call	5442	5300	5925	6899	6242	5797	7636	7646	7824	8350	6725	6912	80698
MD/PA/CRNP Sick Call	6889	6521	7224	8230	7985	7322	9407	9167	9436	10155	8343	8175	98854
Nurse Sick Call	13225	10930	11650	12108	11998	12056	13506	13026	12941	14613	14181	14144	154378
MD Physicals	100	131	117	118	163	151	832	749	502	399	374	159	3795
NP/PA Physicals	744	805	1000	889	1027	792	938	995	897	1155	822	848	10912
Nursing Physicals	3798	3323	3253	3733	3433	2899	2866	3125	3152	3100	3026	2941	38649
Annual Physicals	202	245	169	216	158	184	213	208	306	183	163	151	2398
Psychiatrist / Group Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatrist / Indiv. Seen	3068	2809	3194	3455	3101	3039	3376	3018	3407	3544	3229	3315	38555
Psychologist Group	73	77	58	66	75	49	50	48	47	64	56	59	722
Psychologist Indiv. Seen	3105	2872	3148	2992	3177	3223	3877	3280	3272	3930	3353	3398	39627
M.H. Worker Groups	2834	2094	2468	2668	2822	2319	2245	2437	3007	2933	2390	2253	30470
M.H. Worker Indiv. Seen	5312	4432	4700	5022	5396	5150	5587	6205	5308	6041	5265	5530	63948
Involuntary M.H. Commitments	12	15	7	16	19	11	17	16	11	7	13	8	152
Total Inmates Seen by Dentist	2204	1943	2147	2209	2089	1855	2539	2302	2349	2430	2055	2041	26163
Extractions	370	335	371	379	390	341	444	394	441	407	387	333	4592
Fillings	187	146	169	221	179	127	190	164	158	192	141	104	1978
Exams	1434	1282	1412	1437	1325	1205	1714	1532	1571	1608	1354	1400	17274
Other	213	180	195	172	195	182	191	212	179	223	173	204	2319
Inmates seen by Oral Surgeon	18	17	10	14	13	5	9	12	16	13	10	7	144
In-House Surgeries	10	9	11	12	12	7	12	5	5	4	3	7	97
# Inmates @ in-house clinics	2452	2354	2812	2761	3021	2629	2942	3197	3134	3260	2648	2890	34100
# Intake Screening	8024	6957	7549	7921	8173	7547	8400	8544	8074	8726	7396	7272	94583

PRIMECARE MEDICAL, INC.

Statistical Summary Report
Year 2013

Facility: PCM MASTER ADULT

Rev A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Pharmacy													
# of patients on Medical Meds	5233	5169	5315	5192	5158	5311	5707	5706	5803	5992	5786	5666	66038
% ADP on Medical Meds	33.0%	32.5%	33.7%	32.7%	32.2%	32.8%	33.5%	33.0%	33.3%	34.7%	33.8%	34.0%	33.3%
# of patients on HIV Meds	107	115	117	126	133	148	156	148	142	155	160	164	1671
% ADP on HIV Meds	0.7%	0.7%	0.7%	0.8%	0.8%	0.9%	0.9%	0.9%	0.8%	0.9%	0.9%	1.0%	0.8%
# of patients on Psych Meds	4117	4318	4225	4213	4131	4438	4533	4483	4564	4615	4439	4344	52420
% ADP on Psych Meds	25.9%	27.2%	26.8%	26.5%	25.7%	27.4%	26.6%	25.9%	26.2%	26.7%	25.9%	26.1%	26.4%
# of Grievances	143	149	174	150	177	154	189	218	213	244	265	229	2305
# of Adverse Patient Occurrences	617	437	561	562	442	457	506	483	575	475	448	371	5934
HIV Test Done	837	789	976	1332	1636	995	1941	1363	1301	1562	1071	1337	15140
HIV Cases	114	123	126	125	119	138	161	153	152	157	163	170	1701
AIDS Cases	21	25	20	26	28	29	25	25	32	32	26	26	315
Hepatitis Cases	492	425	479	439	505	475	477	477	489	423	447	466	5594
Syphilis Cases	2	8	6	3	9	4	12	7	10	9	9	8	87
Gonorrhea Cases	5	3	5	3	4	2	4	7	6	5	4	8	56
# of pregnant females	76	85	94	100	116	113	119	110	120	122	98	89	1242
# of patients isolated to rule out MRSA	66	70	99	95	92	103	134	113	115	133	92	103	1215
# of confirmed MRSA cases	15	14	34	31	25	34	45	39	45	39	38	32	391
TB Cases	1	1	1	1	0	0	1	1	0	1	1	2	10
PPD Test	6079	5552	5997	5704	6141	5955	6413	5620	3612	2535	2240	2677	58525
(+) PPD's	170	85	94	130	89	53	74	57	44	8	30	26	860
RPR Test	417	351	303	397	473	284	933	829	762	983	759	774	7265
Inmates on Suicide Watch	737	682	742	773	828	780	825	869	937	955	840	854	9822
# of Inmates on Restraints	46	39	40	43	24	26	43	47	56	36	35	39	474
# of Shifts involving Restraints	83	99	88	77	65	73	280	188	254	66	86	60	1419
# of Medical Transport	740	556	674	755	797	748	826	840	765	904	836	762	9203

PrimeCare Medical Inc.

Juvenile Statistics

PrimeCare Medical, Inc.

Statistical Summary Report
Year 2013

Facility: PCM Master Juvenile

Rev A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Monthly ADP	255	248	241	251	250	250	296	297	285	290	284	274	268
Death	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient Hosp	3	3	2	4	0	0	3	1	10	10	0	0	36
Total Patient Days	3	13	9	4	0	0	3	1	10	12	0	0	55
Total Outside Consultations	44	36	21	28	29	18	32	65	57	43	36	27	436
Allergy	0	0	0	0	0	0	0	0	0	2	0	0	2
Cardiology	2	0	0	0	1	0	1	1	0	0	1	0	6
Chest Disease	0	0	0	0	0	0	0	1	0	0	0	0	1
Dermatology	1	0	0	0	0	0	0	0	0	1	0	1	3
Dialysis	0	0	0	0	0	0	0	0	1	0	0	0	1
Emergency Room	5	6	5	6	8	5	4	5	4	8	3	4	63
Ambulance Trips	2	1	0	3	0	1	1	2	1	1	0	0	12
Gastroenterology	0	0	0	0	0	0	1	2	0	0	0	0	3
General Medicine	0	0	0	0	0	0	0	0	1	0	2	0	3
General Surgery	1	0	0	0	0	0	1	2	0	0	0	3	7
Gynecology	0	3	0	2	1	0	1	2	2	2	2	3	18
Hematology	0	0	0	0	0	0	0	0	0	0	0	0	0
Methadone	0	0	0	0	0	0	0	0	0	1	0	0	1
Neurology	0	0	0	0	1	0	0	1	2	1	2	0	7
Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Obstetrics	0	4	1	0	0	0	2	4	2	1	1	1	16
Ophthalmology	5	5	7	4	3	2	3	8	18	10	8	3	76
Orthopedics	8	5	0	3	5	2	3	9	4	0	5	0	44
Physical Therapy	8	0	0	0	0	0	4	17	0	0	0	0	29
Plastic Surgery	0	0	0	0	0	0	0	0	0	0	1	0	1
Podiatry	0	0	0	2	1	0	1	1	1	0	5	0	11
Proctology	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatry	4	4	4	3	3	3	5	2	5	4	0	5	42
Surgery Performed	0	0	0	0	0	1	0	1	0	0	1	0	3
Thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	0	0	0	0	0	1	0	0	0	0	0	0	1
Outside X-Rays	1	1	0	2	1	0	0	3	2	0	2	1	13
Diagnostic Test (outside)	1	3	2	1	2	1	0	0	3	0	2	0	15
Other Trips / Outside Consults	6	4	2	2	3	2	5	4	11	12	1	6	58

PrimeCare Medical, Inc.

Statistical Summary Report
Year 2013

Facility: PCM Master Juvenile

Rev A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
In-House EKG's	1	2	1	4	2	3	7	10	1	3	4	2	40
In-House X-Ray's	20	18	18	15	10	12	13	26	11	16	21	22	202
MD Sick Call	62	52	42	69	55	58	113	84	59	82	92	59	827
NP/PA Sick Call	35	22	29	26	23	24	44	51	42	44	26	40	406
MD/PA/CRNP Sick Call	97	74	71	95	78	82	157	135	101	126	118	99	1233
Nurse Sick Call	701	713	811	712	788	730	821	855	880	953	869	842	9675
MD Physicals	41	31	49	36	63	35	65	54	57	46	55	29	561
NP/PA Physicals	109	92	80	105	92	80	110	105	93	122	94	70	1152
Nursing Physicals	0	0	0	0	0	0	0	0	0	0	0	0	0
Annual Physicals	3	6	1	2	13	4	7	9	4	2	4	1	56
Psychiatrist / Group Seen	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatrist / Indiv. Seen	102	94	99	99	106	93	117	127	104	117	78	98	1234
Psychologist Group	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychologist Indiv. Seen	15	7	17	17	6	20	25	19	9	18	3	15	171
M.H. Worker Groups	0	0	0	0	0	0	0	0	0	0	0	0	0
M.H. Worker Indiv. Seen	19	18	19	17	17	16	17	16	13	19	14	19	204
Involuntary M.H. Commitments	0	0	0	0	0	0	0	0	1	0	0	0	1
Total Inmates Seen by Dentist	131	95	86	116	106	105	165	150	119	152	124	126	1475
Extractions	0	0	0	0	0	0	0	0	0	0	0	0	0
Fillings	0	0	0	0	0	0	0	0	0	0	0	1	1
Exams	120	90	82	112	95	95	158	141	107	147	120	104	1371
Other	11	5	4	4	11	10	7	9	12	5	4	21	103
Inmates seen by Oral Surgeon	0	0	1	0	1	1	1	1	2	1	1	2	11
In-House Surgeries	0	0	0	0	0	0	0	0	0	0	0	0	0
# Inmates @ in-house clinics	28	36	29	30	31	21	30	34	27	32	42	29	369
# Intake Screening	149	119	130	156	163	129	193	173	149	180	138	128	1807

PrimeCare Medical, Inc.

Statistical Summary Report
Year 2013

Facility: PCM Master Juvenile

Rev A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Pharmacy													
# of patients on Medical Meds	111	107	108	109	121	115	145	135	129	146	130	120	1476
% ADP on Medical Meds	43.5%	43.2%	44.9%	43.5%	48.5%	46.1%	49.0%	45.5%	45.3%	50.3%	45.8%	43.9%	45.8%
# of patients on HIV Meds	0	0	0	0	0	0	0	0	0	0	0	0	0
% ADP on HIV Meds	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
# of patients on Psych Meds	113	115	117	103	118	100	116	108	117	128	117	111	1363
% ADP on Psych Meds	44.3%	46.4%	48.6%	41.1%	47.3%	40.1%	39.2%	36.4%	41.1%	44.1%	41.2%	40.6%	42.5%
# of Grievances	1	0	0	0	0	0	1	0	0	1	0	1	4
# of Adverse Patient Occurrences	4	5	4	25	13	5	33	16	9	9	9	8	140
HIV Test Done	24	20	23	27	39	21	9	15	12	7	16	4	217
HIV Cases	0	0	0	0	0	0	0	0	0	1	0	0	1
AIDS Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis Cases	0	0	0	0	1	0	0	1	1	1	1	1	6
Syphilis Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Gonorrhea Cases	1	0	0	0	0	0	0	0	0	2	0	0	3
# of pregnant females	5	5	4	4	2	1	3	3	4	1	1	2	35
# of patients isolated to rule out MRSA	2	0	1	1	2	1	2	3	3	2	0	0	17
# of confirmed MRSA cases	1	0	0	0	1	1	1	1	2	1	0	0	8
TB Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
PPD Test	131	112	92	100	131	114	164	133	99	111	93	60	1340
(+) PPD's	5	0	1	0	0	0	0	0	0	1	3	1	11
RPR Test	0	12	6	7	17	11	1	8	7	0	7	0	76
Inmates on Suicide Watch	29	33	32	28	30	28	42	39	34	52	52	23	422
# of Inmates on Restraints	22	36	17	15	16	8	7	10	13	5	8	12	169
# of Shifts involving Restraints	5	4	4	3	9	4	24	24	32	34	18	15	176
# of Medical Transport	10	23	16	18	23	12	21	50	34	23	22	13	265

"PROPRIETARY ADDENDA" - ORIGINAL

TECHNICAL PROPOSAL
TO PROVIDE COMPREHENSIVE
INMATE HEALTH CARE AND MENTAL HEALTH

WEST VIRGINIA DIVISION OF CORRECTIONS
RFP: COR61566
08/05/2014

PRIMECARE MEDICAL, INC.
3940 LOCUST LANE
HARRISBURG, PA 17109

PHONE: (717) 545-5787
(800) 245-7277
FAX: (717) 651-1867
EMAIL: fkomykoski@primecaremedical.com

08/05/14 12:30:05PM
West Virginia Purchasing Division

Authorized contact persons to speak on behalf of PrimeCare Medical, Inc.

Carl A Hoffman Jr DO, D Sc, CCHP

Carl A. Hoffman, Jr., D.O., D.Sc., CCHP, President

08/05/2014
Date

Francis J. Komykoski Sr., MBA, CCHP, Vice President of Operations
Todd W. Haskins, RN, BSN, CCHP, Vice President of Operations

PRIMECARE MEDICAL
OF WEST VIRGINIA, INC.
The Choice for Quality Correctional Healthcare.

August 5, 2014

WV Division of Corrections – Headquarters
1409 Greenbrier Street
Charleston, WV 25311

RE: Request for Proposal
COR61566 – Inmate Comprehensive Health Care and Mental Health

To Whom It May Concern:

The **West Virginia Division of Corrections** RFP, which solicits proposals for correctional health care services, requires vendors to demonstrate their operational and financial stability to perform the requested services. To demonstrate our operational and financial stability to perform this contract, **PrimeCare Medical of West Virginia, Inc.** includes herewith the Audited Financial Statements – Years Ended December 31, 2013 and 2012; Dun and Bradstreet Report; Litigation History; Credentialing Policy and Sample Job Descriptions; Formulary Policy/PCM Drug Formulary; Comprehensive Quality Improvement Calendar/Tools/Peer Audit; Telemedicine Policy; Monthly/Quarterly/Annual Reports (Sample); and Computerized Medical Records (CorEMR) Screen Shots. This information is made available for the sole purpose of enabling the **West Virginia Division of Corrections** to evaluate **PrimeCare Medical of West Virginia, Inc.'s** technical and pricing proposal as well as our company's qualifications and experience.

As this information constitutes "trade secrets, as defined in the Uniform Trade Secrets Act (W.VA. Code § 47-22-1 et seq.), or confidential proprietary records that are not generally available to the public through regulatory disclosure or otherwise", it is excluded from disclosure requirements of the West Virginia Freedom of Information Act pursuant to W.VA. Code § 29B-1-4(a)(1). Our Audited Financial Statements – Years Ended December 31, 2013 and 2012; Dun and Bradstreet Report; Litigation History; Credentialing Policy and Sample Job Descriptions; Formulary Policy/PCM Drug Formulary; Comprehensive Quality Improvement Calendar/Tools/Peer Audit; Telemedicine Policy; Monthly/Quarterly/Annual Reports (Sample); and Computerized Medical Records (CorEMR) Screen Shots disclose in explicit detail the manner in which **PrimeCare Medical of West Virginia, Inc.** operates and contains highly sensitive, privileged information. Disclosure of this information to an informed source would enable them to discern a great deal about how **PrimeCare Medical of West Virginia, Inc.** operates and would create a significant competitive disadvantage for our Company. As such, we invoke this exception and request that this information not be disclosed.

We hope that the sensitive nature of this material will be respected and that all reasonable and necessary precautions will be taken to safeguard its confidentiality and to prevent disclosure of this information to actual or potential competitors. If at some point the information is no longer needed by the **West Virginia Division of Corrections**, we hope that the material will be retained in a secure area, destroyed, or returned to **PrimeCare Medical of West Virginia, Inc.**

PrimeCare Medical of West Virginia, Inc. encloses the Audited Financial Statements – Years Ended December 31, 2013 and 2012; Dun and Bradstreet Report; Litigation History; Credentialing Policy and Sample Job Descriptions; Formulary Policy/PCM Drug Formulary; Comprehensive Quality Improvement Calendar/Tools/Peer Audit; Telemedicine Policy; Monthly/Quarterly/Annual Reports (Sample); and Computerized Medical Records (CorEMR) Screen Shots in a separate, sealed envelope bearing this RFP number and labeled "Proprietary Information".

Thank you for your consideration.

Respectfully,

Sandra M. Ulerick, MBA, CCHP
Director of Risk Management

SMU/lrs

cc: Carl A. Hoffman Jr., D.O., D.Sc., CCHP, President and Corporate Medical Director
Francis J. Komykoski Sr., MBA, CCHP, Vice President of Operations
Todd W. Haskins, RN, BSN, CCHP, Vice President of Operations

PROPRIETARY ADDENDA

1. Audited Financial Statements – Years Ended December 31, 2013 and 2012
2. Dun and Bradstreet Report
3. Litigation History
4. Credentialing Policy and Sample Job Descriptions
5. Formulary Policy / PCM Drug Formulary
6. Comprehensive Quality Improvement Calendar / Tools / Peer Audit
7. Telemedicine Policy
8. Monthly / Quarterly / Annual Reports (Sample)
9. Computerized Medical Records (CorEMR) Screen Shots

PRIMECARE MEDICAL, INC. AND SUBSIDIARIES

CONSOLIDATED FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2013 AND 2012

PRIMECARE MEDICAL, INC. AND SUBSIDIARIES

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INDEPENDENT AUDITORS' REPORT

To Management
PrimeCare Medical, Inc. and Subsidiaries
3940 Locust Lane
Harrisburg, Pennsylvania 17109

Report of the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of **PrimeCare Medical, Inc. and Subsidiaries** (an "S" corporation, henceforth referred to as the Corporation), which consist of the Consolidated Balance Sheets as of December 31, 2013 and 2012, and the related Consolidated Statements of Income, Comprehensive Income, Changes in Stockholders' Equity, and Cash Flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Corporation's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control. Accordingly, we express no such opinion.

Auditors' Responsibility (Continued)

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of **PrimeCare Medical, Inc. and Subsidiaries** as of December 31, 2013 and 2012, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

SF&Company

Harrisburg, Pennsylvania
May 9, 2014

	December 31, 2013	December 31, 2012
LIABILITIES AND STOCKHOLDERS' EQUITY		
CURRENT LIABILITIES		
Accounts Payable	$ 2,721,725	$ 3,609,620
Deferred Revenue	5,302,230	4,917,835
Insurance Payable	254,250	150,604
Accrued Expenses	1,849,364	1,786,635
Accrued Pension	175,714	222,807
Accrued Salaries and Wages	1,145,933	1,395,762
Accrued Leave	564,227	631,357
Accrued Payroll Withholdings	193,184	144,212
Accrued Sales Tax Payable	5,368	5,031
Dividends Payable - Stockholders	157,403	855
Current Portion of Long-Term Debt	79,718	282,046
Current Portion of Obligations under Capital Leases	35,883	29,845
TOTAL CURRENT LIABILITIES	12,484,999	13,176,609
LONG-TERM DEBT	116,912	96,281
OBLIGATIONS UNDER CAPITAL LEASES	7,773	39,575
STOCKHOLDERS' EQUITY		
Common Stock		
Class A Voting - $1 Par Value: 5,000 Shares Authorized; and 250 Shares Issued and Outstanding	250	250
Class B Non-Voting - $1 Par Value: 500,000 Shares Authorized; and 250,000 Shares Issued and Outstanding	250,000	250,000
Retained Earnings	7,453,947	5,951,550
Accumulated Other Comprehensive Income (Loss)	(107,838)	52,243
TOTAL STOCKHOLDERS' EQUITY	7,596,359	6,254,043
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	$ 20,206,043	$ 19,566,508

PRIMECARE MEDICAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF INCOME

	Year Ended December 31, 2013		Year Ended December 31, 2012	
	Amount	% of Revenue	Amount	% of Revenue
REVENUE				
Medical Services	$ 75,612,028	100.0	$ 70,918,573	100.0
OPERATING EXPENSES	59,915,266	79.3	54,074,955	76.2
GROSS MARGIN	15,696,762	20.7	16,843,618	23.8
GENERAL AND ADMINISTRATIVE EXPENSES	13,899,554	18.2	14,867,768	20.9
INCOME FROM OPERATIONS	1,797,208	2.5	1,975,850	2.9
INTEREST EXPENSE	20,030	0.0	30,797	0.0
INCOME BEFORE OTHER INCOME	1,777,178	2.5	1,945,053	2.8
OTHER INCOME	150,059	0.2	258,737	0.4
NET INCOME	$ 1,927,237	2.7	$ 2,203,790	3.2

See independent auditors' report and accompanying notes.

PRIMECARE MEDICAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF COMPREHENSIVE INCOME

	Years Ended December 31,	
	2013	2012
NET INCOME	$ 1,927,237	$ 2,203,790
OTHER COMPREHENSIVE INCOME (LOSS)		
Unrealized Holding Gain (Loss) on Investments Arising During the Year	(249,853)	124,042
Less: Reclassification Adjustment for Realized (Gain) Loss Included in Net Income	89,772	(43,904)
OTHER COMPREHENSIVE INCOME (LOSS)	(160,081)	80,138
COMPREHENSIVE INCOME	$ 1,767,156	$ 2,283,928

See independent auditors' report and accompanying notes.

PRIMECARE MEDICAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CHANGES IN STOCKHOLDERS' EQUITY
YEARS ENDED DECEMBER 31, 2013 AND 2012

	Class A Common Stock	Class B Common Stock	Retained Earnings	Accumulated Other Comprehensive Income (Loss)	Total
Balance - January 1, 2012	$ 250	$ 250,000	$ 4,578,525	$ (27,895)	$ 4,800,880
Net Income			2,203,790		2,203,790
Distributions to Stockholders			(830,765)		(830,765)
Unrealized Holding Gain on Investments Arising During the Year - Net of Reclassification Adjustment				80,138	80,138
Balance - December 31, 2012	250	250,000	5,951,550	52,243	6,254,043
Net Income			1,927,237		1,927,237
Distributions to Stockholders			(424,840)		(424,840)
Unrealized Holding Loss on Investments Arising During the Year - Net of Reclassification Adjustment				(160,081)	(160,081)
Balance - December 31, 2013	$ 250	$ 250,000	$ 7,453,947	$ (107,838)	$ 7,596,359

See independent auditors' report and accompanying notes.

PRIMECARE MEDICAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

	Years Ended December 31,	
	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES		
Net Income	$ 1,927,237	$ 2,203,790
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
Depreciation	731,061	923,204
Realized (Gain) Loss on Sale of Investments	89,772	(43,904)
Gain on Sale of Assets	(2,498)	(11,833)
Increase in Cash Surrender Value of Life Insurance Policies	(32,697)	(49,251)
Investment - Time Share	0	(13,986)
(Increase) Decrease in		
Accounts Receivable	150,349	(1,495,617)
Employee Advances	3,888	29,636
Prepaid Expenses	(100,872)	(35,025)
Increase (Decrease) in		
Accounts Payable	(887,895)	(508,976)
Deferred Revenue	384,395	(529,390)
Insurance Payable	103,646	(58,496)
Accrued Expenses	(252,014)	510,553
Dividends Payable - Stockholders	156,548	0
NET CASH PROVIDED BY OPERATING ACTIVITIES	2,270,920	920,705
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of Property and Equipment	(337,497)	(545,239)
Proceeds from Disposition of Property and Equipment	10,584	33,422
Changes in Notes Receivable	(1,003,066)	100,000
Proceeds from Sale of Investments	3,075,468	1,503,373
Purchases of Investments	(3,270,187)	(1,691,141)
NET CASH USED BY INVESTING ACTIVITIES	(1,524,698)	(599,585)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from Long-Term Debt	187,536	79,071
Repayments of Long-Term Debt	(369,233)	(559,744)
Repayments of Obligations under Capital Leases	(25,764)	(26,769)
Distributions to Stockholders	(424,840)	(829,910)
NET CASH USED BY FINANCING ACTIVITIES	(632,301)	(1,337,352)
NET INCREASE (DECREASE) IN CASH	113,921	(1,016,232)
CASH - BEGINNING	1,663,484	2,679,716
CASH - ENDING	$ 1,777,405	$ 1,663,484

See independent auditors' report and accompanying notes.

PRIMECARE MEDICAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2013 AND 2012

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Business

PrimeCare Medical, Inc. (the Corporation) was incorporated, under the laws of the Commonwealth of Pennsylvania, during 1986 for the purpose of providing cost effective, quality health care services to state, county, and locally owned correctional institutions. The majority of the Corporation's revenue is derived from services to forty-one major contracts with government agencies. The contracts are administered within three states servicing sixty-two facilities during the year ended December 31, 2013.

The qualified subchapter "S" subsidiaries, PrimeCare Medical of West Virginia, Inc., and PrimeCare Medical of New York, Inc., were formed during 1998. The financial transactions of PrimeCare Medical of West Virginia, Inc. are included in the consolidated financial statements of the Corporation. There was no business transacted in New York during each of the years ended December 31, 2013 and 2012. All state/county taxes of West Virginia are filed under PrimeCare Medical of West Virginia, Inc. These include payroll taxes, sales taxes, property taxes, and mercantile tax returns.

The qualified subchapter "S" subsidiary, PrimeCare Access, Inc. was formed on January 8, 2003. There was no activity within this corporation, until January 1, 2008.

Principles of Consolidation

The consolidated financial statements include the accounts of PrimeCare Medical, Inc. and its wholly-owned subsidiaries, PrimeCare Medical of West Virginia, Inc., PrimeCare Medical of New York, Inc., and PrimeCare Access, Inc. (henceforth referred to as the Corporation). All intercompany transactions have been eliminated. Included in the consolidated financial statements are the following balances for PrimeCare Access, Inc. at December 31, 2013:

Cash	$ 89,747
Retained Earnings	$ 89,783
Net Loss	$ 36

Basis of Accounting

The Corporation's policy is to prepare the accompanying consolidated financial statements on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosures of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Cash and Cash Equivalents

The Corporation considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents.

Accounts Receivable and Allowance for Doubtful Accounts

Accounts receivable are reported at the outstanding balances, net of allowance for doubtful accounts. The allowance for doubtful accounts was $0 at December 31, 2013 and 2012. The policy of management is to review the outstanding accounts receivable at year-end, as well as the bad debt write-offs experienced in the past, and establish an allowance for doubtful accounts determined to be uncollectible.

Investments

In accordance with Accounting Standard Codification (ASC) No. 320, *"Investments - Debt and Equity Securities,"* securities are classified into three categories: held-to maturities, which are those the Corporation has the positive intent and ability to hold-to-maturity; available-for-sale securities may be sold in response to changes in interest rates, liquidity needs, and for other purposes; trading securities are those held principally for the purpose of selling in the near future and are carried at the fair value. The Corporation's investments, consisting of common stock of publicly-traded financial institutions, a real estate investment trust, and mutual funds are classified as available-for-sale securities.

The Corporation also has an investment of less than 1.0 percent ownership in a limited liability corporation, which is valued using the equity method.

Fair Value Measurements

ASC No. 820, *"Fair Value Measurements,"* establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

The three levels of the fair value hierarchy under ASC No. 820 are described below:

* *Level 1* - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Corporation has the ability to access.

* *Level 2* - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets and inputs that are observable for the asset or liability, directly or indirectly, for substantially the full-term of the financial instrument.

* *Level 3* - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement, within the fair value hierarchy, is based on the lowest level of the input, which is significant to the fair value measurement.

The following is a description of the valuation methods and assumptions used for assets measured at fair value. There have been no changes in methodologies used as of and for the years ended December 31, 2013 and 2012:

* Shares of common stock and mutual funds are valued at the quoted net asset value of shares held by the Corporation at year-end.

* The investment in Icon Income Fund Nine, LLC (the fund) represents the Corporation's ownership interest. The fund is registered with the Securities and Exchange Commission and the fair value is based upon audited financial statements, which are publically available. The Corporation's fair value is determined based upon the units of the fund multiplied by the unit value derived from the audited financial statements. The Corporation records the fair value of the ownership interest from Federal K-1's received from the fund.

* Cash surrender value of life insurance policies is valued by the underwriting insurance company's valuation models and represents the guaranteed value upon surrender of these policies. These policies have been classified as a level two security within the fair value hierarchy.

The preceding methods may produce a fair value calculation that may not be indicative of the net realizable value or future fair value. The use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement as of the reporting date.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable - Stockholder

The Corporation has notes receivable with the majority stockholder, which are stated at the amount management expects to collect from the outstanding balances. The notes receivable are evaluated for impairment when management believes, that after considering economic conditions, business conditions, and collection efforts that the collection of principal or interest payments, in accordance with the contractual terms, is doubtful. Interest income on the notes receivable on nonaccrual status is recognized only to the extent cash payments are received.

Property and Equipment

Property and equipment are stated at cost. Depreciation is computed using the straight-line method of accounting over the estimated useful lives of the individual assets. If an expenditure results in assets having estimated useful lives, which extend substantially beyond the year of acquisition, the expenditure is capitalized and depreciated over the estimated useful lives of the assets. When assets are retired or otherwise disposed of, the cost and related depreciation are removed from the accounts and any resulting gain or loss is reflected in income for the period.

Asset Impairment

The Corporation accounts for long-lived assets, to be held and used, in accordance with the provisions of ASC No. 360, *"Property, Plant, and Equipment."* This statement requires that long-lived assets, to be held and used, be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of an asset, to be held and used, is measured by a comparison of the carrying amount of an asset to future cash flows expected to be generated by the asset. If such an asset is considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the asset exceeds the fair value of the asset. Accordingly, management has made no adjustments to the carrying value of the long-lived assets at December 31, 2013 and 2012.

Accrued Inmate Claim Expenses

As inmates incur medical claims at the various facilities, the claims are reported to the Corporation for processing and payment. At year-end, the Corporation must estimate the ultimate cost of all reported and unreported claims as of the reporting date. The amount accrued by the Corporation includes estimates based on the nature and severity of the claim based on historical cost trends, which could vary as claims are ultimately settled. Although it is not possible to measure the degree of inherent variability of these estimates, management believes the balance accrued for inmate claim expenses is adequate as of the reporting date. These estimates are continually reviewed and adjusted, as necessary, as claims develop and settle. Accordingly, actual results could differ from these estimates. The amount accrued is included in accrued expenses on the Consolidated Balance Sheets.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Accumulated Comprehensive Income (Loss)

The Corporation adopted the provisions of ASC No. 220, *"Comprehensive Income (Loss),"* which governs the consolidated financial statement presentation of changes in stockholders' equity resulting from non-owner sources. It requires non-owner changes in stockholders' equity to be presented either in a single continuous Consolidated Statement of Income and Comprehensive Income or in two separate, but continuous statements. Furthermore, any reclassification adjustments for items reclassified from "Other Comprehensive Income (Loss)" to "Net Income (Loss)" are required to be made on the face of the income statement. The Corporation has elected to present two separate, but continuous statements, Consolidated Statements of Income and Consolidated Statements of Comprehensive Income.

Income Taxes

As of August 1, 1991, the Corporation elected to be taxed as a subchapter "S" corporation. Consequently, the tax liabilities are the responsibility of the Corporation's stockholders. Therefore, no provision for income taxes has been reflected in the accompanying consolidated financial statements. The Corporation's policy is to make periodic distributions to the stockholders in amounts sufficient to reimburse the stockholders for estimated tax liabilities from the stockholders' proportionate share of the taxable income of the Corporation. In accordance with ASC No. 740, *"Income Taxes,"* as it relates to uncertain tax positions, the Corporation recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount that is greater than 50.0 percent likely of being realized. Changes in recognition or measurement are reflected in the period in which the change in judgment occurs. The Corporation records interest related to unrecognized tax benefits in interest expense and penalties in general and administrative expenses.

Advertising

The Corporation expenses advertising costs as they are incurred. Advertising costs were $130,171 and $100,332 for the years ended December 31, 2013 and 2012, respectively.

Reclassifications

Certain amounts in the 2012 financial statements have been reclassified to conform to the 2013 presentation. These reclassifications did not affect the prior year net income.

2. CONCENTRATION OF CREDIT RISK

The Corporation's cash balances in financial institutions, at times, may exceed the Federal Deposit Insurance Corporation (FDIC) insured limits. The Corporation has not experienced any losses and believes it has limited exposure to significant credit risk. Management regularly monitors the financial institutions, along with its cash balances, in an effort to keep potential risk to a minimum.

3. INVESTMENTS

The investments consist of the following at December 31:

	2013	2012
Icon Income Fund Nine, LLC - Beginning Balance	$ 84,343	$ 84,367
Partners' Share of Income (Loss)	(34,527)	3,402
Distributions	0	(3,426)
Total Icon Income Fund Nine, LLC - December 31	49,816	84,343
Investments - Common Stock and Mutual Funds	4,894,918	4,915,525
Total Investments - Ending Balance	$ 4,944,734	$ 4,999,868

Investments in common stock and mutual funds consist of the following at December 31:

	2013		2012	
	Cost	Fair Value	Cost	Fair Value
Common Stock	$ 4,564	$ 35,339	$ 4,564	$ 26,561
Mutual Funds	4,998,192	4,859,579	4,858,718	4,888,964
Total	$ 5,002,756	$ 4,894,918	$ 4,863,282	$ 4,915,525

The Corporation's investments consist of marketable equity securities as follows at December 31:

	2013			
		Unrealized		
	Cost	Gain	Loss	Fair Value
Common Stock	$ 4,564	$ 30,775	$ 0	$ 35,339
Mutual Funds	4,998,192	79,982	218,595	4,859,579
Total	$ 5,002,756	$ 110,757	$ 218,595	$ 4,894,918

	2012			
		Unrealized		
	Cost	Gain	Loss	Fair Value
Common Stock	$ 4,564	$ 21,997	$ 0	$ 26,561
Mutual Funds	4,858,718	226,132	195,886	4,888,964
Total	$ 4,863,282	$ 248,129	$ 195,886	$ 4,915,525

3. **INVESTMENTS (Continued)**

Investments that were in an unrealized loss position, length of time that such securities have been in an unrealized loss position, and the related fair values, which the individual securities have been in a continuous unrealized loss position, are as follows at December 31:

	2013					
	Less than 12 Months		12 Months or More		Total	
	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss
Mutual Funds	$1,377,422	$ 31,368	$ 177,827	$ 187,227	$1,555,249	$ 218,595

	2012					
	Less than 12 Months		12 Months or More		Total	
	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss
Mutual Funds	$ 0	$ 0	$ 886,159	$ 195,886	$ 886,159	$ 195,886

At December 31, 2013 and 2012, there were one and two investments in securities, respectively, which were in an unrealized loss position for greater than twelve months. Management does not believe any individual unrealized loss represents other-than-temporary impairment. The unrealized loss is related to current market conditions and is not considered credit related. The Corporation has the ability and intent to hold these securities and expects the value to recover or exceed cost in the near-term.

The Corporation considers severity and duration of impairment when determining other-than-temporary impairment. To determine whether an investment has been other-than-temporarily impaired, management reviews the cost of investments versus the fair value. Qualitative and quantitative factors are considered in determining whether an investment is other-than-temporarily impaired, including the duration of time the fair value is below cost, credit rating of issuers, and intent and ability to hold until recovery. If an investment is determined to be other-than-temporarily impaired, the cost of the investment is adjusted and recognized as a loss on the Consolidated Statements of Income.

The Corporation's investments are valued at the fair value determined by evaluating the inputs to determine the fair value using the valuation hierarchy outlined in Note 1.

3. INVESTMENTS (Continued)

The following table presents the fair value measurement level, by investment, at December 31:

	2013			
		Fair Value Level		
	Fair Value	Level 1	Level 2	Level 3
Icon Income Fund Nine, LLC	$ 49,816	$ 0	$ 49,816	$ 0
Common Stock	35,339	35,339	0	0
Mutual Funds	4,859,579	4,681,752	177,827	0
Total	$ 4,944,734	$ 4,717,091	$ 227,643	$ 0

	2012			
		Fair Value Level		
	Fair Value	Level 1	Level 2	Level 3
Icon Income Fund Nine, LLC	$ 84,343	$ 0	$ 84,343	$ 0
Common Stock	26,561	26,561	0	0
Mutual Funds	4,888,964	4,681,965	206,999	0
Total	$ 4,999,868	$ 4,708,526	$ 291,342	$ 0

4. CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES

The following table summarizes the activities of the cash surrender value of life insurance policies for the years ended December 31:

	2013	2012
Beginning Balance	$ 545,411	$ 496,160
Changes in Cash Surrender Values	32,697	49,251
Ending Balance	$ 578,108	$ 545,411

The cash surrender of life insurance policies are valued at the fair value determined by evaluating the inputs to determine the fair value using the valuation hierarchy, as described in Note 1 - *"Fair Value Measurements"*. The following table presents the fair value measurement level, at December 31:

		Fair Value Measurement at December 31, 2013		
	Total	Level 1	Level 2	Level 3
Cash Surrender Value of Life Insurance Policies	$ 578,108	$ 0	$ 578,108	$ 0

4. CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES (Continued)

		Fair Value Measurement at December 31, 2012		
	Total	Level 1	Level 2	Level 3
Cash Surrender Value of Life Insurance Policies	$ 545,411	$ 0	$ 545,411	$ 0

The information was provided by the insurance company. The Corporation has no information regarding the underlying investments, which make up the cash surrender value. The changes in the cash surrender value of life insurance polices are reported on the Consolidated Statements of Income as a reduction of the life insurance premium expense recorded in general and administrative costs.

5. NOTES RECEIVABLE - STOCKHOLDER

The notes receivable consist of the following at December 31:

	Interest Rate	2013	2012
a. Note Receivable - Stockholder	2.64%	$ 104,964	$ 204,964
b. Note Receivable - Stockholder	1.63%	1,103,066	0
Total		1,208,030	204,964
Less: Current Portion		(450,000)	(100,000)
Total Long-Term Notes Receivable - Stockholder		$ 758,030	$ 104,964

a. The note receivable is due from the majority stockholder and bears interest at the annual Applicable Federal Rate in effect during January 2010, which was 2.67 percent. The note receivable requires annual payments of $100,000, payable over a five-year period, beginning during 2010. The outstanding balances on the note receivable were $104,964 and $204,964 at December 31, 2013 and 2012, respectively.

b. During 2013, the Corporation advanced additional funds to the majority stockholder in the amount of $1,103,066. The note requires monthly interest payments calculated at the Applicable Federal Rate in effect at December 31, 2013, which was 1.63 percent. The note also requires a principal payment of $350,000, which is due December 31, 2014. The balance of the note is due by December 31, 2015.

The Corporation evaluates the credit risk of the borrower and classifies the notes receivable as performing when management believes it is probable the borrower can meet the contractual terms. Based on management's assessment, the notes receivable are considered performing and have not been placed on nonaccrual status. For the years ended December 31, 2013 and 2012, no impairment loss has been recognized.

6. PROPERTY AND EQUIPMENT

Property and equipment consist of the following at December 31:

	Useful Lives	2013	2012
Machinery and Equipment	3 - 7 Years	$ 3,180,996	$ 3,092,827
Furniture and Fixtures	7 - 10 Years	281,734	281,734
Transportation Equipment	5 Years	3,331,770	3,257,871
Leasehold Improvements	10 - 40 Years	970,057	925,512
Total Property and Equipment		7,764,557	7,557,944
Less: Accumulated Depreciation		(5,501,488)	(4,893,225)
Net Book Value		$ 2,263,069	$ 2,664,719

Depreciation for the years ended December 31, 2013 and 2012 was $731,061 and $923,204, respectively.

7. LINES OF CREDIT

The Corporation entered into two agreements with PNC Bank (the bank), which set in place two line of credit accommodations: a revolving, working capital line of credit, up to $12,000,000 and a convertible, equipment line of credit, up to $500,000.

The revolving, working capital line of credit will expire on September 30, 2014, unless renewed by the bank. Interest on the line of credit is billed monthly and calculated at the daily London InterBank Offered Rate (LIBOR), plus 250 basis points (2.50 percent). The interest rate at December 31, 2013 was 2.60 percent.

The convertible, equipment line of credit will convert to an amortizing term loan payable on the conversion date. The conversion date is the earliest to occur of (a) the date when the bank has made advances equal to the face amount of the note, (b) the date the bank receives written notice from the borrower informing the bank that the borrower does not intend to request further advances and acknowledging that the bank has no obligation to make further advances, or (c) September 30, 2014 or a later date as designated by the bank. Prior to the conversion date, amounts outstanding will bear interest calculated at the daily LIBOR, plus 250 basis points (2.50 percent). From and after the conversion date, amounts outstanding will bear interest calculated at the daily LIBOR rate, plus 250 basis points (2.50 percent) for the LIBOR interest period. Prior to the conversion date, interest only is billed monthly, until the conversion date, September 30, 2014 or a later date, as designated by the bank, when all accrued interest will be due and payable. Upon conversion, the principal will be repaid in equal consecutive installments over a period no greater than four years.

7. LINES OF CREDIT (Continued)

The lines of credit are secured by the assets of the Corporation and the personal guarantees of Carl A. Hoffman, Jr. and Theresa Hoffman. The lines of credit call for the following financial covenants: Minimum Debt Service Coverage of 1.25 to 1.0 and Minimum Tangible Net Worth of $3,500,000. The Corporation is in compliance with all covenants at December 31, 2013 and 2012. At December 31, 2013 and 2012, there were no outstanding balances.

8. DEFERRED REVENUE

Per the contract agreements, the Corporation invoices the majority of the contracts one month in advance. Deferred revenue consists of these monthly pre-billings. Deferred revenue was $5,302,230 and $4,917,835 at December 31, 2013 and 2012, respectively.

9. ACCRUED LEAVE

The Corporation provides all employees with a flexible time-off plan to be used for all absences, including holidays, illness, and vacations. Full-time employees earn one day for each payroll period worked. Leave time must be used in the year earned, unless the employee has been employed continuously for a two-year period. At that time, carryovers of leave time are limited, based on the number of years of service. Accordingly, accruals for compensated absences are included in the consolidated financial statements calculated by multiplying an employee's unused time-off by his/her hourly compensation rate at December 31 of each year. For the years ended December 31, 2013 and 2012, the consolidated financial statements reflect accrued leave of $564,227 and $631,357, respectively. Generally, employees may not receive cash instead of paid leave. The only exception is York County, which allows employees to receive cash for up to six days upon termination of employment.

10. LONG-TERM DEBT

Long-term debt consists of the following at December 31:

	Interest Rate	2013	2012
a. Note Payable - PNC Bank	2.71%	$ 0	$ 218,294
b. Notes Payable - Various Financial Institutions	Various	196,630	160,033
Total		196,630	378,327
Less: Current Portion		(79,718)	(282,046)
Total Long-Term Debt		$ 116,912	$ 96,281

a. The note required monthly principal and interest payments. Interest was calculated at one month LIBOR, plus 250 basis points (2.50 percent). The note was secured by the assets of the Corporation and the personal guarantees of Carl A. Hoffman, Jr. and Theresa Hoffman. The note was satisfied in full during the year ended December 31, 2013.

10. LONG-TERM DEBT

b. These notes are for various vehicle acquisitions, which require monthly payments of $9,252 and $7,235 for the years ended December 31, 2013 and 2012, respectively. All of the notes are secured by the respective vehicles. The blended rate of interest at December 31, 2013 and 2012 for these obligations was 2.60 percent and 2.48 percent, respectively.

Future maturities of long-term debt, over the next five years, are as follows at December 31:

2014	$ 79,718
2015	60,828
2016	35,373
2017	9,660
2018	10,178
Thereafter	873
Total	$ 196,630

11. OBLIGATIONS UNDER CAPITAL LEASES

The Corporation leases office equipment from IKON Financial, under various capital leases. The economic substance of the leases is that the Corporation is financing the acquisition of the assets through the leases and, accordingly, is recorded in the Corporation's assets and liabilities. The following is an analysis of the leased assets included in property and equipment at December 31:

	Useful Lives	2013	2012
Machinery and Equipment	3 - 7 Years	$ 113,030	$ 113,030
Less: Accumulated Depreciation		(62,768)	(40,162)
Net Book Value		$ 50,262	$ 72,868

Depreciation on the leased equipment for the years ended December 31, 2013 and 2012 was $22,606 and $22,608, respectively. The depreciation amount is also included in Note 5.

Obligations under capital leases consist of the following at December 31:

	Interest Rate	2013	2012
a. Capital Lease Payable - IKON - Phase 1	11.62%	$ 27,248	$ 41,332
b. Capital Lease Payable - IKON - Phase 2-5	10.22%	15,411	26,299
c. Capital Lease Payable - IKON - Blair County	6.30%	997	1,789
Total		43,656	69,420
Less: Current Portion		(35,883)	(29,845)
Total Obligations under Capital Leases		$ 7,773	$ 39,575

11. OBLIGATIONS UNDER CAPITAL LEASES (Continued)

a. The capital lease is for equipment, which requires monthly principal and interest payments of $1,747. The capital lease is secured by the various pieces of office equipment.

b. The capital lease is for equipment, which requires monthly principal and interest payments of $1,172. The capital lease is secured by the various pieces of office equipment.

c. The capital lease is for equipment, which requires monthly principal and interest payments of $80. The capital lease is secured by the office equipment.

Future lease payments, under the capital leases, over the next two years, are as follows at December 31:

2014	$ 35,883
2015	7,773
Total	$ 43,656

12. REVENUE

The Corporation provides health care services to correctional institutions, primarily under fixed rate contracts, with government agencies within three states. Standard fees, based on the institution's prisoner population, determined annually, are recognized when invoiced at the beginning of each month. The Corporation earns additional fees for population overruns, costs in excess of catastrophic limits, costs of AIDS medications exceeding a contractual cap, and reimbursement from government agencies for outside of facility medical services.

13. DISTRIBUTIONS TO STOCKHOLDERS

As described in Note 1, federal income taxes on the net taxable earnings of the Corporation are payable personally by the stockholders pursuant to an election under the subchapter "S" corporation of the Internal Revenue Code. During the years ended December 31, 2013 and 2012, distributions to the stockholders were $424,840 and $830,765, which of these amounts $424,840 and $558,171 were used to fund personal tax liabilities for the years ended December 31, 2013 and 2012, respectively.

14. OPERATING LEASE - WEST VIRGINIA

The Corporation subleases additional office space in West Virginia through West Virginia High Technology Consortium Foundation. The lease calls for monthly payments of $250 per month, through April 2014, with a six month renewal option.

15. OPERATING LEASES

The Corporation leases equipment, under operating leases, requiring monthly payments of $9,300 and $8,714 for the years ended December 31, 2013 and 2012, respectively. Lease payments were $169,193 and $176,656 for the years ended December 31, 2013 and 2012, respectively. Future minimum lease payments, over the next four years, are as follows for the years ending December 31:

2014	$ 68,503
2015	34,292
2016	19,051
2017	10,580
Total	$ 132,426

16. STATEMENTS OF CASH FLOWS SUPPLEMENTAL DISCLOSURES

Cash paid for interest and noncash transactions are as follows for the years ended December 31:

	2013	2012
Interest Paid	$ 20,030	$ 30,797
Noncash Transactions		
Current Year Trade-in of Vehicles - At Net Book Value	$ 57,013	$ 110,355
Unrealized Holding Gain (Loss) on Investments	$ (160,081)	$ 80,138

17. RELATED PARTY TRANSACTIONS

The Corporation leases office space from its majority stockholder, which is cancelable by either party with a thirty-day written notice. The operating lease required monthly payments of $37,688 and $36,086 for the years ended December 31, 2013 and 2012, respectively. Lease payments to the stockholder for the years ended December 31, 2013 and 2012 were $452,260 and $433,029, respectively.

The Corporation leases storage space from the majority stockholder's son, currently on a month-to-month basis, with monthly payments of $2,000. Lease payments to the majority stockholder's son for the each of the years ended December 31, 2013 and 2012 were $24,000.

The Corporation has two notes receivable outstanding from the majority stockholder totaling $1,208,030 at December 31, 2013 (See Note 4).

The Corporation has dividends payable to the stockholders of the Corporation in the amount of $157,403 at December 31, 2013.

17. RELATED PARTY TRANSACTIONS (Continued)

The Corporation purchases certain supplemental insurance policies from Knights of Von Duke, LTD and Duke of Von Midnight, LTD, offshore insurance companies, which are owned by the majority stockholder. These supplemental insurance policies are in excess of and, consequently, do not replace the primary insurance purchased by the Corporation, which is from National Fire and Marine Insurance Company and issued through Rockbridge Underwriting Agency (medical liability) and Cincinnati Insurance Company (general liability).

These supplemental insurance policies include a deductible reimbursement policy for medical liability, an employment practices liability policy, and an excess medical liability policy. Premiums paid to Knights of Von Duke, LTD and Duke of Von Midnight, LTD for these supplemental policies for the years ended December 31, 2013 and 2012 were $1,087,754 and $1,003,796, respectively. Premium expense was $1,191,043 and $974,547 for the years ended December 31, 2013 and 2012, respectively. The Corporation had amounts due to these insurance companies of $254,250 and $150,604 at December 31, 2013 and 2012, respectively.

The amounts are included in insurance payable on the Consolidated Balance Sheets. The Corporation had reimbursements receivable from these insurance companies in the amount of $100,000 and $0 at December 31, 2013 and 2012, respectively, and are included in accounts receivable - net of allowance for doubtful accounts on the Consolidated Balance Sheets. Reimbursements totaling $1,021,869 and $967,383 were received from Knights of Von Duke, LTD and Duke of Von Midnight, LTD during the years ended December 31, 2013 and 2012, respectively.

18. CONTRACT RENEWAL

During 2014, thirty-three contracts will expire and submission of bids will be required. These contracts account for 44.51 percent of total revenue. Two of the contracts automatically renew, unless notice of termination is received. These contracts account for 0.81 percent of total revenue. As of the report date, seven contracts have been renewed, which accounts for 28.37 percent of total revenue.

19. EMPLOYEE BENEFIT PLAN

The Corporation has established a Section 401(k) salary deferral and profit sharing plan covering all full-time employees, who have attained a minimum of one year of continuous service. Employer contributions are at the discretion of the board of directors. Employer matching contributions were $172,734 and $222,957 for the years ended December 31, 2013 and 2012, respectively.

PRIMECARE MEDICAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2013 AND 2012

20. CLAIMS AND ASSESSMENTS

The Corporation is involved in several lawsuits arising from malpractice claims that have been asserted against the Corporation by various inmates from the correctional institutions for which medical services are provided. The claims are in various stages of litigation and some may ultimately be brought to trial. Management and legal counsel believe that the outcome of these cases will not materially affect the financial position of the Corporation. Incidents occurring through December 31, 2013, may result in the assertion of additional claims. Other claims may be asserted arising from past services provided. Management believes that these claims, if asserted, would be settled within the limits of the malpractice insurance coverage, which is provided on claims made policies, subject to $250,000 per claim and $1,250,000 annual aggregate deductible.

21. STOCK RECAPITALIZATION

During 2007, the Corporation filed amended and restated Articles of Incorporation, which resulted in a separation of its Common Stock into Class A Voting and Class B Non-Voting, each at $1 par value per share. The amendment authorized the issuance of 5,000 Shares of Class A Voting Stock and 500,000 Shares of Class B Non-Voting Stock. During 2011, the Corporation carried out the recapitalization as a stock split by issuing to its sole stockholder a certificate for 250 Shares of Class A Voting Common Stock and 1,000 Shares of Class B Common Stock for each of the original 250 Shares held by him or 250,000 Shares Class B Common Stock.

22. MAJOR CUSTOMER

For the years ended December 31, 2013 and 2012, one contract accounted for $16,398,713 and $16,038,935, or 21.69 and 22.62 percent of total operating revenue, respectively.

23. INCOME TAXES

The Corporation accounts for its uncertain tax positions in accordance with ASC No. 740 and has evaluated its tax positions taken for all open years. Currently, 2010 through 2012 tax years are open and subject to examination by the Internal Revenue Service, the Pennsylvania Department of Revenue, the West Virginia Department of Revenue, and the New Hampshire Department of Revenue. However, the Corporation is not currently under audit nor has the Corporation been contacted by any of these jurisdictions. Based on the evaluation of the Corporation's tax positions, management believes all positions taken would be upheld under examination. Therefore, no asset or liability for the effects of uncertain tax positions has been recorded in the consolidated financial statements.

24. SUBSEQUENT EVENTS

Management of the Corporation has evaluated subsequent events through May 9, 2014, which is the date the consolidated financial statements were available to be issued. Management is not aware of any subsequent events that would require recognition or disclosure in the consolidated financial statements.

Decide with Confidence

PRIME CARE MEDICAL, INC.

D-U-N-S® 61-342-7236 | Headquarters 3940 Locust Ln, Harrisburg, PA 17109 | Phone 717 545-5787

Business Information Report

Purchase Date: 07/02/2014
Last Update Date: 06/13/2014
Attention: Annette

Executive Summary

Company Info

Year Started	1986	Employees	850
Control Year	1986	Employees Here	35 at this location
CEO	CARL A HOFFMA, PRES		

D&B Rating

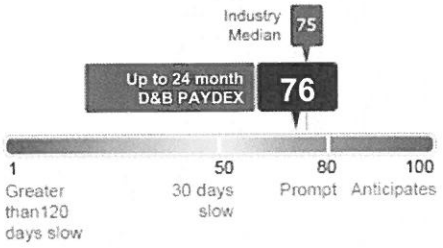
D&B Rating: **1R3**

Composite Credit Appraisal

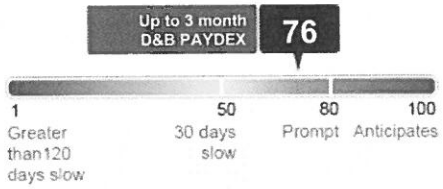


D&B PAYDEX®

Up to 24 month D&B PAYDEX



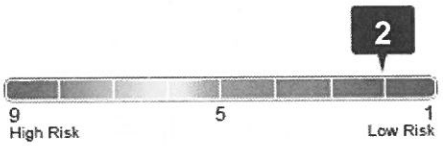
Up to 3 month D&B PAYDEX



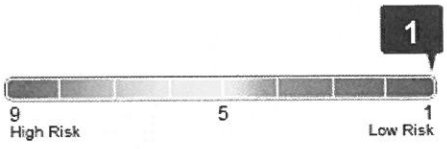
D&B Viability Rating

D&B Viability Rating: **2 1 B G**

2 Viability Score



1 Portfolio Comparison



B Data Depth Indicator



G Company Profile

Financial Data	Trade Payments	Company Size	Years in Business
Not Available	Available (3+Trade)	Large	Established

Business Information

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Decide with Confidence

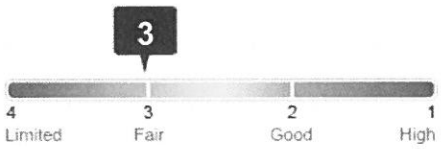
Business Summary

Branch & Division	YES
Financing	SECURED
SIC	8082 Home health care services
NAICS	621610 Home Health Care Services
History Status	CLEAR

Credit Capacity Summary

D&B Rating **1R3**

Composite Credit Appraisal



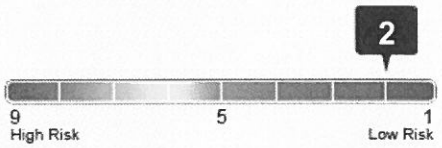
Prior D&B Rating	1R3
Rating Date	11/17/2008

Payment Activity (based on 44 experiences)	USD
Average High Credit	$8,141
Highest Credit	45,000
Total Highest Credit	318,900

D&B Viability Rating

The D&B Viability Rating uses D&B's proprietary analytics to compare the most predictive business risk indicators and deliver a highly reliable assessment of the probability that a company will no longer be in business within the next 12 months.

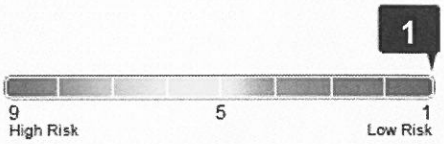
2 Viability Score



Compared to All US Businesses within D&B Database:

- Level of risk: **Low Risk**
- Businesses ranked 2 have a probability of becoming no longer viable: **2%**
- Percentage of businesses ranked 2: **4%**
- Across all US businesses, the average probability of becoming no longer viable: **14%**

1 Portfolio Comparison



Compared to all Businesses within the same MODEL SEGMENT:

Model Segment: **Established Trade Payments**

- Level of risk: **Low Risk**
- Businesses ranked 1 within this model segment have a probability of becoming no longer viable: **2%**
- Percentage of businesses ranked 1 within this model segment: **11%**
- Within this model segment, the average probability of becoming no longer viable: **5%**

B Data Depth Indicator



Data Depth Indicator Details:

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Decide with Confidence

✓ Rich Firmographics
✓ Extensive Commercial Trading Activity
✓ Basic Financial Attributes

Greater data depth can increase the precision of the D&B Viability Rating assessment.
You have the ability to influence the confidence of the viability assessment by asking the business to report more information to D&B at https://iupdate.dnb.com/iUpdate/

G

Company Profile

Financial Data	Trade Payments	Company Size	Years in Business
Not Available	**Available** (3+Trade)	**Large**	**Established**

Company Profile Details:

- Financial Data: **Not Available**
- Trade Payments: **Available** (3+Trade)
- Business Size: **Large** (Employees:50+ or Sales: $500K+)
- Years in Business: **Established** (5+)

Business History

Officers	CARL A HOFFMA, PRES; THERESA HOFFMA, V PRES
Directors	THE OFFICER(S)

As of 06/13/2014

The Pennsylvania Secretary of State's business registrations file showed that Prime Care Medical, Inc.. was registered as a Corporation on September 18, 1986.

Business started 1986. 100% of capital stock is owned by Carl Hoffman Do.

CARL A HOFFMA born 1947. 1986-present active here.

THERESA HOFFMA. Antecedents not available.

Business Registration

CORPORATE AND BUSINESS REGISTRATIONS REPORTED BY THE SECRETARY OF STATE OR OTHER OFFICIAL SOURCE AS OF Jun 27 2014:

The following data is for informational purposes only and is not an official record. Certified copies may be obtained from the Pennsylvania Department of State.

Registered Name	PRIMECARE MEDICAL, INC.	Registration ID	939989
Business Type	CORPORATION	Duration	PERPETUAL
Corporation Type	PROFESSIONAL	Status	ACTIVE
Incorporated Date	09/18/1986	Where Filed	SECRETARY OF STATE/CORPORATIONS DIVISION , HARRISBURG , PA
State of Incorporation	PENNSYLVANIA		
Filing Date	09/18/1986		

Principals

Name	Title
CARL A HOFFMA	PRESIDENT
3940 LOCUST LN, HARRISBURG, 171094023, PA	
THERESA HOFFMA	VICE PRESIDENT
3940 LOCUST LN, HARRISBURG, 171094023, PA	
THERESA HOFFMA	TREASURER
3940 LOCUST LN, HARRISBURG, 171094023, PA	

Government Activity Summary

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Activity Summary	
Borrower	No
Administrative Debt	No
Grantee	No
Party Excluded from Federal Programs	No
Public Company	N/A
Contractor	No
Importer/Exporter	N/A

Possible candidate for socioeconomic program consideration	
Labor Surplus Area	YES (2014)
Small Business	N/A
Women Owned	N/A
Minority Owned	N/A

The details provided in the Government Activity section are as reported to Dun & Bradstreet by the federal government and other sources.

Operations Data

As of 06/13/2014

Description: Provides home health care services (100%).

Terms are contractual basis and on a fee basis. Sells to government. Territory : United States.

Nonseasonal. The Company currently has contracts in Pennsylvania, Maryland, New York, New Hampshire and West Virginia.

Employees: 850 which includes officer(s). 35 employed here.

Facilities: Rents 6,000 sq. ft. in a one story building.

Location: Suburban business section on well traveled street.

Industry Data

SIC		NAICS	
Code	Description	Code	Description
80820000	Home health care services	621610	Home Health Care Services

Family Tree

Branches Domestic

PRIMECARE MEDICAL, INC. (D-U-N-S®:78-379-3003) AKA: STATE INSURANCE COMMISSION, INSURANCE COMPLAINTS IN PA 300 LIBERTY AVE STE 304, PITTSBURGH, PA 15222-1210	PRIMECARE MEDICAL, INC. (D-U-N-S®:95-981-1555) AKA: PIHS HC 8 BOX 8600, HAWLEY, PA 18428-9809	PRIME CARE MEDICAL, INC. (D-U-N-S®:95-974-9243) AKA: PIHS 501 MALL RD, HARRISBURG, PA 17111-1202	PRIME CARE MEDICAL, INC. (D-U-N-S®:95-974-9987) AKA: PIHS 911 GIBSON BLVD, HARRISBURG, PA 17113-1860	PRIMECARE MEDICAL, INC. (D-U-N-S®:95-828-6940) AKA: PRIME CARE MEDICAL 1287 COUNTY WELFARE RD, LEESPORT, PA 19533-9197
PRIMECARE MEDICAL, INC. (D-U-N-S®:83-015-0152) 3400 CONCORD RD, YORK, PA 17402-9007				

This list is limited to the first 25 branches, subsidiaries, divisions and affiliates, both domestic and international. Please use the Global Family Linkage Link above to view the full listing.

Financial Statements

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Key Business Ratios (Based on 30 establishments)

D&B has been unable to obtain sufficient financial information from this company to calculate business ratios. Our check of additional outside sources also found no information available on its financial performance.To help you in this instance, ratios for other firms in the same industry are provided below to support your analysis of this business.

	This Business	Industry Median	Industry Quartile
Profitability			
Return on Sales	UN	2.3	UN
Return on Net Worth	UN	9.1	UN
Short Term Solvency			
Current Ratio	UN	2.0	UN
Quick Ratio	UN	1.4	UN
Efficiency			
Assets Sales	UN	61.6	UN
Sales / Net Working Capital	UN	8.5	UN
Utilization			
Total Liabs / Net Worth	UN	60.7	UN

Most Recent Financial Statement

As of 06/13/2014

As of June 13, 2014, attempts to contact the management of this business have been unsuccessful. Outside sources confirmed operation and location.

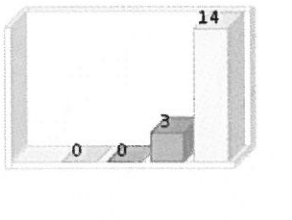
Indicators

Public Filings Summary

The following data includes both open and closed filings found in D&B's database on this company

Record Type	No. of Records	Most Recent Filing Date
Judgment	0	
Lien	0	
Suit	3	06/07/2012
UCC	14	03/26/2013

Public Filings



The following Public Filing data is for information purposes only and is not the official record. Certified copies can only be obtained from the official source.

Full Filings

Suits

Status	Pending	Latest Info Received	10/03/2012
Where Filed	BERKS COUNTY PROTHONOTARY, READING, PA	DOCKET NO.	201200015508
Plaintiff	WEAVER, DEVON ROBERT	Status Attained	06/07/2012
Defendant	PRIMECARE MEDICAL INC	Date Filed	06/07/2012

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Cause	MISC - WRITS

Status	Pending	Latest Info Received	01/16/2007
Where Filed	CHESTER COUNTY PROTHONOTARY, WEST CHESTER, PA	DOCKET NO.	07-00002
Plaintiff	VINCENT EDWARD MCCAIN	Status Attained	01/02/2007
Defendant	PRIME CARE MEDICAL INC	Date Filed	01/02/2007
Cause	COMPLAINT - CIVIL ACTION		

Status	Pending	Latest Info Received	01/16/2007
Where Filed	CHESTER COUNTY PROTHONOTARY, WEST CHESTER, PA	DOCKET NO.	06-11367
Plaintiff	VINCENT EDWARD MCCAIN	Status Attained	12/29/2006
Defendant	PRIME CARE MEDICAL INC	Date Filed	12/29/2006
Cause	COMPLAINT - CIVIL ACTION		

UCC Filings

Collateral	All Assets including proceeds and products - All Inventory including proceeds and products - All Account(s) including proceeds and products - All Fixtures including proceeds and products - and OTHERS	Latest Info Received	09/08/2008
		Type	Original
Filing No.	2008090304935	Date Filed	09/03/2008
Where Filed	SECRETARY OF STATE/UCC DIVISION, HARRISBURG, PA		
Secured Party	PNC BANK, NATIONAL ASSOCIATION, PITTSBURGH, PA		
Debtor	PRIMECARE ACCESS, INC.		

Filing No.	2013032603144	Latest Info Received	04/01/2013
Original UCC Filed Date	09/03/2008	Type	Continuation
Where Filed	SECRETARY OF STATE/UCC DIVISION, HARRISBURG, PA	Date Filed	03/26/2013
Secured Party	PNC BANK, NATIONAL ASSOCIATION, PITTSBURGH, PA	Original Filing No.	2008090304935
Debtor	PRIMECARE ACCESS, INC.		

Collateral	All Negotiable instruments including proceeds and products - All Inventory including proceeds and products - All Account(s) including proceeds and products - All Timber including proceeds and products - and OTHERS	Latest Info Received	10/05/2006
		Type	Original
Filing No.	200600929404	Date Filed	07/25/2006
Where Filed	UCC DIVISION, CHARLESTON, WV		
Secured Party	PENNSYLVANIA STATE BANK, CAMP HILL, PA		
Debtor	PRIMECARE MEDICAL OF WEST VIRGINIA, INC.		

Filing No.	200600929404_	Latest Info Received	04/15/2011
Original UCC Filed Date	07/25/2006	Type	Continuation
Where Filed	UCC DIVISION, CHARLESTON, WV	Date Filed	02/23/2011
Secured Party	PNC BANK, NATIONAL ASSOCIATION	Original Filing No.	200600929404
Debtor	PRIMECARE MEDICAL OF WEST VIRGINIA, INC.		

Filing No.	200600929404	Latest Info Received	04/01/2011
Original UCC Filed Date	07/25/2006	Type	Amendment
Where Filed	UCC DIVISION, CHARLESTON, WV	Date Filed	02/23/2011
Secured Party	PENNSYLVANIA STATE BANK, CAMP HILL, PA PNC BANK, NATIONAL ASSOCIATION, PITTSBURGH, PA	Original Filing No.	200600929404
Debtor	PRIMECARE MEDICAL OF WEST VIRGINIA, INC.		

Collateral	All Negotiable instruments including proceeds and products - All	Latest Info	10/30/2006

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	Inventory including proceeds and products - All Account(s) including proceeds and products - All Timber including proceeds and products - and OTHERS	Received	
		Type	Original
Filing No.	2006072403585	Date Filed	07/24/2006
Where Filed	SECRETARY OF STATE/UCC DIVISION, HARRISBURG, PA		
Secured Party	PENNSYLVANIA STATE BANK, CAMP HILL, PA		
Debtor	PRIMECARE MEDICAL, INC.		

Filing No.	2011022204445	Latest Info Received	03/02/2011
Original UCC Filed Date	07/24/2006	Type	Amendment
Where Filed	SECRETARY OF STATE/UCC DIVISION, HARRISBURG, PA	Date Filed	02/22/2011
Secured Party	PENNSYLVANIA STATE BANK, CAMP HILL, PA PNC BANK, NATIONAL ASSOCIATION, PITTSBURGH, PA	Original Filing No.	2006072403585
Debtor	PRIMECARE MEDICAL, INC.		

Filing No.	2011022204469	Latest Info Received	02/28/2011
Original UCC Filed Date	07/24/2006	Type	Continuation
Where Filed	SECRETARY OF STATE/UCC DIVISION, HARRISBURG, PA	Date Filed	02/22/2011
Secured Party	PENNSYLVANIA STATE BANK, CAMP HILL, PA PNC BANK, NATIONAL ASSOCIATION, PITTSBURGH, PA	Original Filing No.	2006072403585
Debtor	PRIMECARE MEDICAL, INC.		

Collateral	Leased Business machinery/equipment including proceeds and products	Latest Info Received	07/14/2011
Filing No.	110502116959	Type	Original
Where Filed	SECRETARY OF STATE/CORPORATION DIVISION, CONCORD, NH	Date Filed	04/29/2011
Secured Party	IKON FINANCIAL SVCS, MACON, GA		
Debtor	PRIMECARE MEDICAL INC		

Collateral	Leased Business machinery/equipment including proceeds and products	Latest Info Received	07/14/2011
Filing No.	110422108448	Type	Original
Where Filed	SECRETARY OF STATE/CORPORATION DIVISION, CONCORD, NH	Date Filed	04/20/2011
Secured Party	IKON FINANCIAL SVCS, MACON, GA		
Debtor	PRIMECARE MEDICAL INC		

Collateral	Leased Equipment including proceeds and products	Latest Info Received	08/15/2006
Filing No.	2006061600237	Type	Original
Where Filed	SECRETARY OF STATE/UCC DIVISION, HARRISBURG, PA	Date Filed	06/16/2006
Secured Party	IOS CAPITAL, MACON, GA		
Debtor	PRIMECARE MEDICAL INC		

Collateral	Leased Equipment including proceeds and products	Latest Info Received	06/15/2006
Filing No.	2006050103963	Type	Original
Where Filed	SECRETARY OF STATE/UCC DIVISION, HARRISBURG, PA	Date Filed	05/01/2006
Secured Party	IOS CAPITAL, MACON, GA		
Debtor	PRIMECARE MEDICAL INC		

Collateral	Leased Business machinery/equipment including proceeds and products	Latest Info Received	04/19/2006
Filing No.	2006011100629	Type	Original

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Where Filed	SECRETARY OF STATE/UCC DIVISION, HARRISBURG, PA	Date Filed	01/11/2006
Secured Party	IOS CAPITAL, MACON, GA		
Debtor	PRIMECARE MEDICAL INC		

Filing No.	2008123005385	Latest Info Received	01/06/2009
Where Filed	SECRETARY OF STATE/UCC DIVISION, HARRISBURG, PA	Type	Original
Secured Party	DELL FINANCIAL SERVICES L.L.C., AUSTIN, TX	Date Filed	12/30/2008
Debtor	PRIMECARE MEDICAL, INC.		

The public record items contained in this report may have been paid, terminated, vacated or released prior to the date this report was printed.
Additional UCC and SLJ filings for this company can be found by conducting a more detailed search in our Public Records Database.

Paydex

D&B PAYDEX®

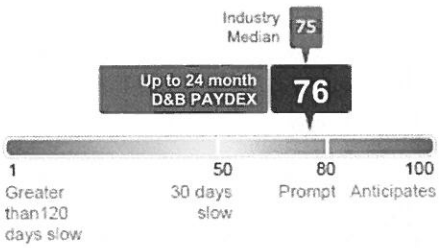
Shows the D&B PAYDEX scores as calculated up to 3 months and up to 24 months of payment experiences.

Up to 3 month D&B PAYDEX



When weighted by dollar amount, payments to suppliers average 6 Days Beyond Terms. Based on payments collected over last 3 months.

Up to 24 month D&B PAYDEX



When weighted by dollar amount, payments to suppliers average 6 days beyond terms. Based on payments collected up to 24 months.

When weighted by dollar amount, the industry average is 8 DAYS BEYOND terms.

- High risk of late payment (average 30 to 120 days beyond terms)
- Medium risk of late payment (average 30 days or less beyond terms)
- Low risk of late payment (average prompt to 30+ days sooner)

Payment Trend	unchanged *	Total Payment Experiences for the HQ	44	Highest Now Owing	$45,000
Payments Within Terms	87%	Total Placed for Collection	0	Highest Past Due	$20,000
Average High Credit	$8,141	Largest High Credit	$45,000		

* compared to payments three months ago

Payment Summary

The Payment Summary section reflects payment information in D&B's file as of the date of this report.

There are 44 payment experiences in D&B's file, with 35 experiences reported during the last three month period.
The highest Now Owes on file is $45,000. The highest Past Due on file is $20,000.

Top 10 Industries

Industries	Total Received	Total Amounts	Largest High Credit	Within Terms (%)	Days Slow (%) 0-30	31-60	61-90	90+
Short-trm busn credit	5	$115,000	$45,000	100	0	0	0	0
Whol office equipment	5	44,500	30,000	84	16	0	0	0
Telephone communictns	5	32,700	15,000	77	23	0	0	0
Data processing svcs	2	25,500	25,000	50	50	0	0	0
Mfg computers	1	35,000	35,000	50	50	0	0	0
State commercial bank	1	25,000	25,000	100	0	0	0	0

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Misc business service	1	10,000	10,000	100	0	0	0	0
Natnl commercial bank	1	10,000	10,000	100	0	0	0	0
Whol chemicals	1	5,000	5,000	100	0	0	0	0
Radiotelephone commun	1	5,000	5,000	100	0	0	0	0
OTHER INDUSTRIES	17	9,800	2,500	78	9	13	0	0

Other Payment Categories

Category	Total Received	Total Dollar Amounts	Largest High Credit
Cash Experiences	3	$1,150	$1,000
Payment record unknown	1	250	250
Unfavorable comments	0	0	0
Placed for Collection	0	0	0

Detailed Payment History

Date Reported	Paying Record	High Credit	Now Owes	Past Due	Selling Terms	Last Sale within(months)
June 2014	Ppt	$250	$100	$0	N/A	1
May 2014	Ppt	0	250	0	N/A	1
	Ppt	0	250	0	N/A	1
	Ppt	0	250	0	N/A	1
	Ppt	0	500	0	N/A	1
	Ppt	0	250	0	N/A	1
	Ppt	45,000	45,000	0	N/A	1
	Ppt	30,000	20,000	250	Lease Agreemnt	1
	Ppt	25,000	10,000	0	N/A	1
	Ppt	20,000	20,000	0	N/A	1
	Ppt	20,000	20,000	0	N/A	1
	Ppt	15,000	7,500	0	N/A	1
	Ppt	15,000	15,000	0	N/A	1
	Ppt	15,000	15,000	0	N/A	1
	Ppt	10,000	10,000	0	N/A	1
	Ppt	10,000	5,000	0	N/A	
	Ppt	5,000	5,000	0	N/A	1
	Ppt	5,000	2,500	0	N/A	1
	Ppt	2,500	250	0	N/A	6-12
	Ppt	2,500	0	0	N/A	1
	Ppt	250	0	0	N/A	6-12
	Ppt	100	0	0	N/A	6-12
	Ppt	100	0	0	N/A	6-12
	Ppt-Slow 30	35,000	20,000	20,000	N/A	1
	Ppt-Slow 30	1,000	500	0	Lease Agreemnt	1
	Ppt-Slow 30	750	250	0	N/A	1
	Ppt-Slow 30	500	250	0	N/A	1
April 2014	Ppt	500	250	0	N/A	
	Ppt-Slow 15	500	250	0	N/A	1
	Ppt-Slow 30	25,000	7,500	0	N/A	1
	Ppt-Slow 30	7,500	7,500	0	N/A	1
	Ppt-Slow 30	5,000	2,500	0	N/A	1

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	Ppt-Slow 30	1,000	500	0	N/A	1
	Ppt-Slow 30	500	250	0	N/A	1
	(035)	50	0	0	Cash account	1
February 2014	Ppt-Slow 15	15,000	7,500	0	N/A	1
	(037)	1,000	0	0	Cash account	1
November 2013	Ppt	250	250	0	N/A	1
	Ppt	250	250	0	N/A	1
	Ppt	50	50	0	N/A	1
June 2013	(041)	100	0	0	Cash account	4-5
April 2013	Disc-Ppt	0	0	0	N/A	6-12
	(043)	250	0	0	N/A	2-3
December 2012	Ppt-Slow 60	2,500	0	0	N/A	6-12

Lines shown in red are 30 or more days beyond terms

Each experience shown is from a separate supplier. Updated trade experiences replace those previously reported.

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5 YEAR LITIGATION HISTORY RESULTING IN A DECISION AGAINST PRIMECARE MEDICAL, INC./PRIMECARE MEDICAL OF WEST VIRGINIA, INC.

There is only one case that has resulted in a decision against PrimeCare Medical, Inc. and/or PrimeCare Medical of West Virginia, Inc. in the past five years:

McCain v. PrimeCare Medical, Inc., No. 07-00002 (Chester County, PA) This is a state action filed in Chester County, Pennsylvania. Plaintiff alleges Defendants were medically negligent due to the fact that Defendants' employee did not provide professional and/or appropriate medical care to the Plaintiff. The Plaintiff further claims that he was "stabbed" with an ink pen in and around his shoulder by Defendant's employee and was also incorrectly administering medication to him. Case went to trial and the jury returned a verdict for the Plaintiff and awarded Plaintiff $650.00 on February 10, 2019.

PRIMECARE MEDICAL, INC.
ALL CONTRACT FACILITIES

Policy Name: **Credentialing**

Number: C,J-C-01

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09, 01/01/12

Reference: NCCHC 2008 (J-C-01)

Approval: _____ _____

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. PURPOSE: To ensure that health care services provided by PrimeCare Medical (PCM) staff/subcontractors meet minimum standards of practice consistent with state practice acts governing licensure and adequately protect the safety of patients.

II. SCOPE: Applies to all PrimeCare Medical, Inc. (PCM) Adult contracted facilities.

III. POLICY: It is the policy of PCM to ensure that all health care professionals hired are properly credentialed to ensure quality of care.

IV. OPERATIONAL GUIDELINES: When a health care professional applies for employment with PCM, either as an employee or subcontractor, the Checklist should be completed by the PCM Health Services Administrator or Regional Coordinator. It is mandatory that all **items pertaining to professional licensure are verified at the time of employment and must be kept current throughout employment with PCM. The credentialing process shall include inquiries regarding sanctions or disciplinary actions of state boards, employers, and the National Practitioner Data Bank (NPDB).**

Once the Employee/Subcontractor Checklist is completed with all attachments and verified, the entire packet should be submitted to the Junior Vice President/Director of Human Resources. After all information is verified and initialed, an offer of employment for employees or contract for subcontractors will be extended. Originals will be kept at the Corporate Office and a copy will be sent to the appropriate facility.

V. RESPONSIBILITY: It is the responsibility of the PCM Health Services Administrator to ensure that all PrimeCare Medical health care employees/subcontractors have their current licensure and that licensure has been verified with the appropriate State Board. Copies must be maintained at the facility by the PCM Health Services Administrator and kept in an accessible location. A

system of annual review **MUST** be established by the PCM Health Services Administrator.

ANY employee or subcontractor whose license, malpractice, or DEA expires, **IS NOT** permitted to continue working in any professional health care capacity until a renewal is received. **NO** exceptions can be made to this policy. A copy of the renewal license is to be placed in the employee file and a copy forwarded to the Corporate Office. Furthermore, all licensed healthcare providers will not be permitted to perform duties outside the scope of their permitted practice.

Individuals with restricted licenses will only be considered for employment when stipulations attached to their licenses can be appropriately accommodated. License restrictions, specifically for practicing in a correctional facility, are not authorized. Individuals will not be considered for employment where proper supervision or patient care may be compromised by their license restrictions.

In the event that a currently employed subcontractor's or employee's credentials become restricted or modified, they must notify their PCM Health Services Administrator immediately. The PCM Health Services Administrator will notify the Junior Vice President/Director of Human Resources. Each situation will be reviewed to ensure the restrictions or modifications can be reasonably accommodated.

PRIMECARE MEDICAL, INC.
ALL CONTRACT FACILITIES

Policy Name: **Group Vice President**

Number: PCM C-04.60

Effective Date: 01/01/2012

Reference: PCM C-04)

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. POSITION CLASSIFICATION: Group Vice President

II. SUPERVISED BY: President of PrimeCare Medical

III. SUPERVISES: Regional Vice President, Junior Vice Presidents of Operations, Director of Human Resources (Recruitment), Director of Operations, Operations Special Projects Supervisor, Regional Coordinators, Health Services Administrators and operational management for ALL Pennsylvania medical service contracts. NCCHC & ACA Accreditation efforts and Policy and Procedure development for PrimeCare Medical, Inc. of Pennsylvania.

IV. GENERAL DUTIES: Responsible for operational management in Pennsylvania, NCCHC & ACA Accreditation, and policy and procedure development efforts within the Corporation and at all Contract Sites.

V. QUALIFICATIONS:

A. Master's Degree preferred.

B. At least five (5) years experience in medical, corrections, administration, or related field is preferred.

C. Effective communication skills.

D. Ability to organize and manage effectively.

E. Analytical ability.

F. Ability to lead and instruct staff on policies, standards and other requirements, as necessary.

G. CCHP Certification within one (1) year of assuming position.

H. Experience managing a multi-facility system preferred.

VI. RESPONSIBILITIES:

A. **Group** Vice President

1. Monitor all activities within a multi-facility system.

2. Coordinate transition of a multi-facility system.

3. Delegate the day-to-day responsibility, authority and management of the health services program to the Regional Vice Presidents.

4. Coordinate the delivery and management of contract services and serve as the chief administrative manager with overall responsibility for the contract.

5. Coordinate communications and meetings between Superintendents, Regional Vice President, Health Services Administrators, staff and others as necessary.

6. Meet with local facility administration periodically for routine matters and as needed for issues that may impact in the area of operations.

7. Attend Vice Presidents' meetings at the Corporate Office as directed.

8. Review monthly records from assigned facilities to ensure validity and to identify any problems and/or issues.

9. Have a superior understanding of Corporate Policies to ensure they are being followed. Be able to audit files to include being able to conduct Peer Audits, records, manuals, etc. of contract facilities.

10. Be a resource and provide assistance to Regional Vice Presidents and the Corporation Staff as needed and requested.

11. When lack of policies create a potential problem or issue, be able to suggest policies needed and have the ability to follow through and write them.

12. Work with contract staff to correct any problem or deficiency that may jeopardize the contract with the system.

13. Any other duties or responsibilities as assigned and delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

PRIMECARE MEDICAL, INC.
ALL CONTRACT FACILITIES

Policy Name: **Regional Vice President**

Number: PCM C-04.61

Effective Date: 01/01/12

Reference: PCM C-04)

Approval: _____ _____

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. POSITION CLASSIFICATION: Regional Vice President

II. SUPERVISED BY: Group Vice President and President of PrimeCare Medical

III. SUPERVISES: District Directors, Director of Human Resources (Recruitment), Director of Operations, Operations Special Projects Supervisor, Health Services Administrators and operational management for ALL assigned medical service contracts. NCCHC/ACA Accreditation efforts and Policy and Procedure development for PrimeCare Medical, Inc. of assigned facilities.

IV. GENERAL DUTIES: Responsible for operational management, NCCHC/ACA Accreditation, and policy and procedure development efforts within the Corporation and at all Contract Sites.

V. QUALIFICATIONS:

A. Master's Degree preferred.

B. At least five (5) years experience in medical, corrections, administration, or related field is preferred.

C. Effective communication skills.

D. Ability to organize and manage effectively.

E. Analytical ability.

F. Ability to lead and instruct staff on policies, standards and other requirements, as necessary.

G. CCHP Certification within one (1) year of assuming position.

VI. RESPONSIBILITIES:

A. **Regional** Vice President

1. Monitor all activities at facilities assigned.
2. Administratively responsible and accountable to the Group Vice President for contract management and compliance.
3. Provide supervisory oversight to District Directors.
4. Manage budgetary and fiscal responsibility oversight.
5. Actively participate in program decisions impacting the contract.
6. Collaborate with supervisory medical director to ensure compliance with protocols.
7. Prepare, analyze and mage the financial performance of the region.
8. Provide support for Statewide Medical Director.
9. Assist when needed with the development and implementation of site-specific health care programs.
10. Coordinate communications and meetings between Wardens/Administrators/Superintendents, District Directors, Health Services Administrators, staff and others as necessary.
11. Meet with facility administration periodically for routine matters and as needed for issues that may impact in the area of operations.
12. Attend Vice Presidents' meetings at the Corporate Office as directed.
13. Review monthly records from assigned facilities to ensure validity and to identify any problems and/or issues.

14. Have a superior understanding of Corporate Policies to ensure they are being followed. Be able to audit files to include being able to conduct Peer Audits, records, manuals, etc. of contract facilities.

15. Monitor Quality Assurance Programs at assigned contract sites.

16. Be a resource and provide assistance to Health Services Administrators, Staff, local administrators and the Corporation Staff as needed and requested.

17. When lack of policies create a potential problem or issue, be able to suggest policies needed and have the ability to follow through and write them.

18. Work with contract staff to correct any problem or deficiency that may jeopardize the contract.

19. Any other duties or responsibilities as assigned and delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

Policy Name: **Regional Coordinator/District Director** Number: PCM C-04.35

Effective Date: 01/01/04 Revised: 01/01/07, 01/01/09, 01/01/12

Reference: PCM C-04

Approval: _____ _____

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. POSITION CLASSIFICATION: Regional Coordinator

II. SUPERVISED BY: Junior Vice Presidents of Operations, Regional Vice President, and /or Vice Presidents of Operations

III. SUPERVISES: Health Services Administrators within Region/District

IV. GENERAL DUTIES:

A. Evaluate and coordinate regional medical facilities in accordance with PrimeCare Medical philosophy, goals, and objectives.

B. Operationally supervise by monitoring adherence to established standards (NCCHC) and/or (ACA); and following PrimeCare Medical (PCM) policies and procedures.

C. Function as liaison between PCM Corporate Office and Medical Administrators, Wardens/Superintendents/Jail Administrators.

D. Directs Health Services Administrator in monitoring and implementing all contract services.

E. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

V. QUALIFICATIONS:

A. Registered Nurse or Bachelor of Science Degree in Nursing or related area preferred, previous experience may be substituted.

B. Experience in health care delivery system.

C. Decision-making ability required.

D. Ability to communicate effectively.

E. Previous supervisory responsibility preferred.

VI. RESPONSIBILITIES:

A. Recruit, orient, supervise and evaluate performance of the Health Services Administrator at each site in the region. Orientation should be a minimum of forty (40) hours.

B. Administrative supervision of all sites within the region.

C. Regional Coordinators/District Directors/Junior Vice Presidents shall ensure that all contracts, under their supervision are operating in compliance with policies, procedures, state regulations and standards of the NCCHC/ACA. This shall be accomplished by conducting a complete and thorough audit on approved checklist format as often as directed by the Vice President of Operations/Regional Vice President, but no longer than every 120 days with deficiencies corrected in a reasonable period of time. Site visits must be conducted every thirty (30) days at a minimum.

D. Recommend counseling, discipline and suspensions of and/or termination of employees who violate established policies/procedures of PCM or the facility. **EACH** phase of the disciplinary process **MUST** be approved as referenced in the Corrective Discipline Policy Prior to implementing.

E. Meet with Health Services Administrators quarterly to review their overall management of the contract.

F. Prepare required reports as requested.

G. Maintain a professional administrative attitude at all times.

H. Maintain a professional working relationship with facility staff, unit staff, contracted providers, outside service providers and Corporate staff.

I. Is tactful and diplomatic at all times. Function as a role model for staff.

J. Make use of established Corporate and facility policies and procedures in decision-making. Must use factual data and sound independent judgment

in meeting the responsibilities and performing the duties of this position.

K. Ensure compliance with established standards of PCM. Checks with appropriate Junior Vice President of Operations, District Vice President, or Vice President of Operations on policy and contract interpretation issues.

L. Ensure valid licensure and insurance coverage on all medically licensed personnel (employees and contracted) at each of your contracts.

M. Review sub-contractor status sheets and ensure that contracts are renewed when required.

N. Ensure that all Security Screening Forms are properly submitted to the appropriate governing authority.

O. Ensure that all professional employees and all sub-contractors are covered with the appropriate amount of malpractice insurance and that all policies are kept current.

P. Ensure that NCCHC Accreditation Manuals (red and black binders) are maintained for each site.

Q. Ensure that accurate up-to-date PCM Policy Manuals are maintained at each site.

R. Ensure that required statistical, narrative summary and/or operational reports according to schedule (monthly, quarterly, annually) are prepared and properly disseminated.

S. Review status of inmates/patients with serious acute and/or chronic health problems and ensure that necessary intervention and treatment is rendered. Handle, in writing, all inmate/patient complaints/grievances. Report information to Risk Management and Junior Vice President of Operations.

T. Monitor inpatient hospitalizations for length of stay and duration of follow-up. Activate early release procedure when indicated. Report this information to the Corporate Office.

U. Regularly monitor and evaluate medical services to avoid the inappropriate use and/or duplication of services. Evaluate referrals to outside consults for applicable security restrictions and intervene when necessary.

V. Monitor any potential catastrophic illnesses/injuries and research appropriate channels to limit PCM and facility liabilities.

W. Monitor, evaluate and recommend methods to improve operational efficiency and cost containment effectiveness.

X. Monitor and ensure strict compliance to all applicable pharmacy regulations.

Y. Review all purchase requisitions submitted within the region.

Z. Monitor disaster plan and coordinate drills with the facilities at least annually.

AA. Monitor in-service programs, which are aligned with the medical program (at least monthly) within the region.

BB. Attend all quarterly medical meetings at each site.

CC. Maintain region operations at ALL times to meet accreditation standards.

DD. Attend seminars, workshops and conferences at the direction of PCM.

EE. Flexibility in work schedule is required. Unpredictable circumstances may warrant additional work hours and overnight travel to other facilities.

FF. May be required to relocate (temporarily) to meet the needs of PCM.

GG. Adhere to established PCM and facility policies and procedures.

HH. Is operationally responsible and accountable for the medical unit within a facility.

II. Possess current American Red Cross CPR Instructor Certificate and assist in CPR Certification at contract facilities when needed.

JJ. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

Policy Name: **Regional Coordinator** Number: PCM C-04.35

Effective Date: 01/01/04 Revised: 01/01/07, 01/01/09

Reference: PCM C-04

Approval: _____ _____

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. POSITION CLASSIFICATION: Regional Coordinator

II. SUPERVISED BY: Junior Vice Presidents of Operations and /or Vice Presidents of Operations

III. SUPERVISES: Health Services Administrators within Region

IV. GENERAL DUTIES:

A. Evaluate and coordinate regional medical facilities in accordance with PrimeCare Medical philosophy, goals, and objectives.

B. Operationally supervise by monitoring adherence to established standards (NCCHC) and/or (ACA); and following PrimeCare Medical (PCM) policies and procedures.

C. Function as liaison between PCM Corporate Office and Medical Administrators, Wardens/Superintendents/Jail Administrators.

D. Directs Health Services Administrator in monitoring and implementing all contract services.

E. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

V. QUALIFICATIONS:

A. Registered Nurse or Bachelor of Science Degree in Nursing or related area preferred, previous experience may be substituted.

B. Experience in health care delivery system.

C. Decision-making ability required.

D. Ability to communicate effectively.

E. Previous supervisory responsibility preferred.

VI. RESPONSIBILITIES:

A. Recruit, orient, supervise and evaluate performance of the Health Services Administrator at each site in the region. Orientation should be a minimum of forty (40) hours.

B. Administrative supervision of all sites within the region.

C. Regional Coordinators/Junior Vice Presidents shall ensure that all contracts, under their supervision are operating in compliance with policies, procedures, state regulations and standards of the NCCHC/ACA. This shall be accomplished by conducting a complete and thorough audit on approved checklist format as often as directed by the Vice President of Operations, but no longer than every 120 days with deficiencies corrected in a reasonable period of time. Site visits must be conducted every thirty (30) days at a minimum.

D. Recommend counseling, discipline and suspensions of and/or termination of employees who violate established policies/procedures of PCM or the facility. **EACH** phase of the disciplinary process **MUST** be approved as referenced in the Corrective Discipline Policy Prior to implementing.

E. Meet with Health Services Administrators quarterly to review their overall management of the contract.

F. Prepare required reports as requested.

G. Maintain a professional administrative attitude at all times.

H. Maintain a professional working relationship with facility staff, unit staff, contracted providers, outside service providers and Corporate staff.

I. Is tactful and diplomatic at all times. Function as a role model for staff.

J. Make use of established Corporate and facility policies and procedures in decision-making. Must use factual data and sound independent judgment

in meeting the responsibilities and performing the duties of this position.

K. Ensure compliance with established standards of PCM. Checks with appropriate Junior Vice President of Operations or Vice President of Operations on policy and contract interpretation issues.

L. Ensure valid licensure and insurance coverage on all medically licensed personnel (employees and contracted) at each of your contracts.

M. Review sub-contractor status sheets and ensure that contracts are renewed when required.

N. Ensure that all Security Screening Forms are properly submitted to the appropriate governing authority.

O. Ensure that all professional employees and all sub-contractors are covered with the appropriate amount of malpractice insurance and that all policies are kept current.

P. Ensure that NCCHC Accreditation Manuals (red and black binders) are maintained for each site.

Q. Ensure that accurate up-to-date PCM Policy Manuals are maintained at each site.

R. Ensure that required statistical, narrative summary and/or operational reports according to schedule (monthly, quarterly, annually) are prepared and properly disseminated.

S. Review status of inmates/patients with serious acute and/or chronic health problems and ensure that necessary intervention and treatment is rendered. Handle, in writing, all inmate/patient complaints/grievances. Report information to Risk Management and Junior Vice President of Operations.

T. Monitor inpatient hospitalizations for length of stay and duration of follow-up. Activate early release procedure when indicated. Report this information to the Corporate Office.

U. Regularly monitor and evaluate medical services to avoid the inappropriate use and/or duplication of services. Evaluate referrals to outside consults for applicable security restrictions and intervene when necessary.

V. Monitor any potential catastrophic illnesses/injuries and research appropriate channels to limit PCM and facility liabilities.

W. Monitor, evaluate and recommend methods to improve operational efficiency and cost containment effectiveness.

X. Monitor and ensure strict compliance to all applicable pharmacy regulations.

Y. Review all purchase requisitions submitted within the region.

Z. Monitor disaster plan and coordinate drills with the facilities at least annually.

AA. Monitor in-service programs, which are aligned with the medical program (at least monthly) within the region.

BB. Attend all quarterly medical meetings at each site.

CC. Maintain region operations at ALL times to meet accreditation standards.

DD. Attend seminars, workshops and conferences at the direction of PCM.

EE. Flexibility in work schedule is required. Unpredictable circumstances may warrant additional work hours and overnight travel to other facilities.

FF. May be required to relocate (temporarily) to meet the needs of PCM.

GG. Adhere to established PCM and facility policies and procedures.

HH. Is operationally responsible and accountable for the medical unit within a facility.

II. Possess current American Red Cross CPR Instructor Certificate and assist in CPR Certification at contract facilities when needed.

JJ. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

PRIMECARE MEDICAL, INC.
ALL CONTRACT FACILITIES

Policy Name: **Statewide/Regional Medical Director**

Number: PCM C-04.62

Effective Date: 01/01/12

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Statewide/Regional Medical Director

II. **SUPERVISED BY:** Corporate Medical Director and Assistant Corporate Medical Director

III. **SUPERVISES:** Medical, Dental, Psychiatry, Surgeon, Consultant Staff, Physician Assistant, Nurse Practitioner

IV. **GENERAL DUTIES:** Responsible for the clinical management of the overall medical program..

V. **QUALIFICATIONS:**

A. Graduate of an accredited school of medicine or accredited school of Osteopathic Medicine.

B. Licensed to practice medicine in the state in which the contract is located.

C. Board certified or eligible.

D. Maintains current DEA number.

E. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

F. Knowledgeable in the treatment of HIV infection, TB, Hepatitis and other communicable diseases, and will remain current in the treatment of these diseases.

VI. RESPONSIBILITIES:

A. Assume responsibility for the management of the clinical program in accordance with NCCHC/ACA Standards and PrimeCare Medical (PCM) policies and procedures.

B. Monitor clinical aspects of Transition Plan.

C. Liaison between client and Medical Directors.

D. Supervise and manage the multidisciplinary clinical personnel including peer review.

E. Actively participate in client committees and meetings.

F. Assist in the orientation of new staff physicians.

G. Consult with medical specialists to seek advice and expertise in their respective areas.

H. Oversee and supervise all clinical services provided.

I. Monitor compliance of the PCM Drug Formulary.

J. Is available for consult and/or emergency medical coverage twenty-four (24) hours per day, seven (7) days per week. Coverage may be on a rotation basis with other PCM physicians.

K. Monitor community hospital placements to ensure appropriateness of admission, length of stay and follow up care required. The result of these reviews should be that the hospitalization is to the maximum benefit of the inmate/patient.

L. Provide technical assistance and clinical input with regard to medical department operations to the facility administration/governing bodies.

M. Work collaboratively with pharmacy to evaluate and approve all medications and other medicinal preparations, which compromise the facility formulary.

N. In collaboration with, District Medical Director, facility Medical Director, medical unit and Health Services Administrator , review and has input into performance evaluations of physician and nursing staff.

O. Establish and monitor standards of care provided by physicians and nurses in accordance with NCCHC/ACA and accepted medical standards. Application of standards form the basis for Quality Assurance criteria.

P. Oversee the Quality Assurance program to effectively monitor contract performance and clinical outcomes of care. Monitor for improvements in community standard of care in appropriate areas, such as Hepatitis C, HIV, telemedicine, etc.

Q. Serve as a member of various committees within the system as necessary, to improve quality of care, and develop partnerships with client as well as community based programs

R. Annually, review/revise and approve medical/nursing protocols, clinical policies and procedures, and disaster plan. Assure health care administrative compliance with all client policies and directives on health care.

S. Develop and conduct in-service education programs according to annual in-service calendar.

Y. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

PRIMECARE MEDICAL, INC.
ALL CONTRACT FACILITIES

Policy Name: **Assistant Corporate Medical Director** Number: PCM C-04.42

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. POSITION CLASSIFICATION: Assistant Corporate Medical Director

II. SUPERVISED BY: Corporate Medical Director, Vice President of Operations (for non-clinical issues)

III. SUPERVISES: Medical, Dental, Psychiatry, Surgical, Consultant Staff, Physician Assistants, Nurse Practitioners, Health Services Administrators, Nurse Supervisors.

IV. GENERAL DUTIES: Responsible for the clinical management of the medical unit, to include professional practice as a staff physician. In addition, the Assistant Corporate Medical Director will posses direct line authority administratively over the Health Services Administrators and will work cooperatively with the Regional Coordinators on administrative matters.

V. QUALIFICATIONS:

A. Graduate of an accredited school of medicine or accredited school of Osteopathic Medicine.

B. Licensed to practice medicine in the state in which the facility is located.

C. Board certified or eligible.

D. Maintains current DEA number.

E. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence and $3 million per annual aggregate.

VI. RESPONSIBILITIES:

A. Provides primary care to inmates/patients.

B. Assume responsibility for the management of the clinical program in accordance with NCCHC Standards and PrimeCare Medical (PCM) policies and procedures.

C. Assist in the orientation of new staff physicians.

D. Provide service to the inmate/patient population utilizing current standards of medical practice.

E. Services to be provided on scheduled workdays according to standards and times mutually agreeable to physician, facility administration and PCM.

F. Visit and provide medical treatment to confined inmates/patients (restricted housing/behavioral units).

G. Consult with medical specialists to seek advice and expertise in their respective areas.

H. Provide consultation to all professionals (physicians/ physician assistants, and nurses) within the unit.

I. Oversee and supervise all clinical services provided.

J. Substitute generic drugs for brand name drugs whenever indicated on the PCM Drug Formulary.

K. Ensure complete, accurate and timely medical entries are made for each inmate/patient contact.

L. Is available for consult and/or emergency medical coverage twenty-four (24) hours per day, seven (7) days per week for all PCM contract facilities. Coverage may be on a rotation basis with other PCM physicians.

M. Provide follow up care for chronic medical conditions.

N. Perform physical examinations according to NCCHC Standards, facility and PCM requirements.

O. Contact community medical resources to arrange for the provision of hospitalization, specialty consult services, ancillary treatment, diagnostic

evaluation and other sources required which are beyond the scope of facility capabilities.

P. Monitor community hospital placements to ensure appropriateness of admission, length of stay and follow up care required. The result of these reviews should be that the hospitalization is to the maximum benefit of the inmate/patient.

Q. Provide technical assistance and clinical input with regard to medical department operations to the facility administration/governing bodies.

R. Work collaboratively with pharmacy to evaluate and approve all medications and other medicinal preparations, which compromise the facility formulary.

S. Establish and monitor standards of care provided by physicians and nurses in accordance with NCCHC and accepted medical standards. Application of standards form the basis for Quality Assurance criteria.

T. Oversee the Quality Assurance program and function as chairperson for that committee and any sub-committees. Assist in the establishment of Quality Assurance standards and audit criteria.

U. Serve as a member of various committees within the medical unit and facility as necessary.

V. Annually, review/revise and approve medical/nursing protocols, clinical policies and procedures, and disaster plan at assigned facilities.

W. Develop and conduct in-service education programs according to annual in-service calendar.

X. Member of the PCM Corporate Pharmacy Committee.

Y. Annually review all PCM Corporate Policies as revised by the Corporate Policy and Procedures Review Committee.

Z. Active member of the PCM Utilization Review Committee (URC).

AA. Perform Clinical Performance Enhancements.

BB. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

PRIMECARE MEDICAL, INC.
ALL CONTRACT FACILITIES

Policy Name: **Medical Director**

Number: PCM C-04.17

Effective Date: 01/01/04 Revised: 01/01/06, 01/01/09, 01/01/13

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. POSITION CLASSIFICATION: Medical Director

II. SUPERVISED BY: Corporate Medical Director and Assistant Corporate Medical Director

III. SUPERVISES: Medical, Dental, Psychiatry, Surgeon, Consultant Staff, Physician Assistant, Nurse Practitioner

IV. GENERAL DUTIES: Responsible for the clinical management of the medical unit, to include professional practice as a staff physician.

V. QUALIFICATIONS:

A. Graduate of an accredited school of medicine or accredited school of Osteopathic Medicine.

B. Licensed to practice medicine in the state in which the facility is located.

C. Board certified or eligible.

D. Maintains current DEA number.

E. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

VI. RESPONSIBILITIES:

A. Provides primary care to inmates/patients.

B. Assume responsibility for the management of the clinical program in accordance with NCCHC/ACA Standards and PrimeCare Medical (PCM) policies and procedures.

C. Assist in the orientation of new staff physicians.

D. Provide service to the inmate/patient population utilizing current standards of medical practice.

E. Services to be provided on scheduled workdays according to standards and times mutually agreeable to physician, facility administration and PCM.

F. Visit and provide medical treatment to confined inmates/patients (restricted housing/behavioral units).

G. Consult with medical specialists to seek advice and expertise in their respective areas.

H. Provide consultation to all professionals (physicians/ physician assistants, and nurses) within the unit.

I. Oversee and supervise all clinical services provided.

J. Follow PCM Drug Formulary as clinically appropriate.

K. Ensure complete, accurate and timely medical entries are made for each inmate/patient contact.

L. Is available for consult and/or emergency medical coverage twenty-four (24) hours per day, seven (7) days per week. Coverage may be on a rotation basis with other PCM physicians.

M. Provide follow up care for chronic medical conditions.

N. Perform physical examinations according to NCCHC/ACA Standards, facility and PCM requirements.

O. Contact community medical resources to arrange for the provision of hospitalization, specialty consult services, ancillary treatment, diagnostic evaluation and other sources required which are beyond the scope of facility capabilities.

P. Monitor community hospital placements to ensure appropriateness of admission, length of stay and follow up care required. The result of these reviews should be that the hospitalization is to the maximum benefit of the inmate/patient.

Q. Provide technical assistance and clinical input with regard to medical department operations to the facility administration/governing bodies.

R. Work collaboratively with pharmacy to evaluate and approve all medications and other medicinal preparations, which compromise the facility formulary.

S. In collaboration with medical unit Health Services Administrator and head nurse, review and has input into performance evaluations of physician and nursing staff.

T. Establish and monitor standards of care provided by physicians and nurses in accordance with NCCHC and accepted medical standards. Application of standards form the basis for Quality Assurance criteria.

U. Oversee the Quality Assurance program and function as chairperson for that committee and any sub-committees. Assist in the establishment of Quality Assurance standards and audit criteria.

V. Serve as a member of various committees within the medical unit and facility as necessary.

W. Annually, review/revise and approve medical/nursing protocols, clinical policies and procedures, and disaster plan.

X. Develop and conduct in-service education programs according to annual in-service calendar.

Y. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

Policy Name: **Health Services Administrator**

Number: PCM C-04.09

Effective Date: 01/01/04 Revised: 01/01/06, 01/01/08, 01/01/09

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Health Services Administrator

II. **SUPERVISED BY:** Regional Coordinator

III. **SUPERVISES:** Facility Staff Operations, PrimeCare Medical employees and subcontractors

IV. **GENERAL DUTIES:**

A. Designated health authority whose responsibility is **administratively** overseeing the health care delivery system at the local facility.

B. Manage and evaluate facility medical program in accordance with PrimeCare Medical (PCM) philosophy, goals, and objectives.

C. Operationally manage unit by monitoring adherence to established standards (NCCHC and/or ACA) and following PCM policies and procedures.

D. Function as liaison between PCM and facility administration.

E. Monitor and implement all contract services.

V. **QUALIFICATIONS:**

A. Licensed Registered Nurse (RN) preferred, or Licensed Practical Nurse (LPN). If LPN, they cannot directly clinically supervise RN's and LPN's.

B. Experience in health care delivery system.

C. Decision-making ability required.

D. Ability to communicate effectively.

E. Previous supervisory responsibility preferred.

VI. RESPONSIBILITIES:

A. Recruit, orient, supervise and evaluate performance of mental health, nursing and clerical personnel. Final approvals for hiring must be received from Director of Human Resources prior to employee starting.

B. Administrative supervision of physicians, physician assistants, nurse practitioners and nursing staff.

C. Assign and direct employees. Approve the nursing schedule and aid the nursing supervisor in recruiting replacement staff.

D. Counsel, discipline, suspend and/or terminate employees who violate established policies/procedures of PCM or the facility in accordance with PCM's Corrective Discipline Policy. **EACH** phase of the disciplinary process **MUST** be approved by Human Resources **PRIOR** to implementing.

E. Complete annual Personnel Action Notice on all **DIRECTLY** supervised employees.

F. Report to and meet with Regional Coordinator on a regular basis (quarterly at a minimum).

G. Prepare required reports as requested.

H. Maintain a professional administrative attitude at all times.

I. Maintain a professional working relationship with facility staff, unit staff, contracted providers, outside service providers and Corporate staff.

J. Is tactful and diplomatic at all times. Function as a role model for staff.

K. Make use of established Corporate and facility policies and procedures in decision-making. Must use factual data and sound independent judgment in meeting the responsibilities and performing the duties of this position.

L. Ensure compliance with established standards of PCM. Checks with Vice President of Operations or appropriate Corporate Staff on policy and contract interpretation issues.

M. Ensure valid licensure, insurance coverage, CPR certification, and TB testing on all medically licensed personnel (employees and contracted).

N. Audit payroll time sheets, calculate and approve total hours, monitors and reports overtime to Regional Coordinator.

O. Monitor services provided by contracts and maintain statistical information as required.

P. Ensures that all necessary paperwork is completed on newly hired staff and forwarded to Human Resources in the Corporate Office.

Q. Maintain Accreditation manuals for each established standard-updates when needed, file appropriate documents into each manual, reviews local policies and procedures annually.

R. Maintain accurate up-to-date PCM Policy Manuals.

S. Ensure that all manuals are current.

T. Ensure that the proper flow of relevant information (policies, procedures, in-services, problems) is disseminated to supervisor and supervised personnel.

U. Prepare and submit required statistical, narrative summary and/or operational reports according to schedule (monthly, quarterly, annually).

V. Maintain security of all medical records.

W. Audit medical records per Quality Assurance audit criteria and reports deficiencies to QA committee. Suggest an outline for Quality Improvement for facility and implement plan.

X. Screen all requests for copies of records and in collaboration with Corporate staff and approve or disapprove.

Y. Review status of inmate/patients with serious acute and/or chronic health problems and ensure that necessary intervention and treatment is rendered. Handle, in writing, all inmate/patient complaints/grievances. Report information to the Corporate Risk Manager.

Z. Monitor inpatient hospitalizations for length of stay and duration of follow-up. Activate early release procedure when indicated. **Report this information to the Corporate Medical Director or designee daily.**

AA. Administratively monitor and evaluate medical services to avoid the inappropriate use and/or duplication of services. Evaluate referrals to outside consults for applicable security restrictions and intervenes when necessary.

BB. Identify financial responsibility for inmate/patient incurred expenses and report to Corporate Office.

CC. Monitor any potential catastrophic illnesses/injuries and research appropriate channels to limit PCM and facility liabilities.

DD. Monitor, evaluate and recommend methods to improve operational efficiency and cost containment effectiveness.

EE. Monitor and ensure strict compliance to all applicable pharmacy regulations.

FF. Maintain stock inventories and order supplies and equipment when indicated.

GG. Monitor and evaluate physical safety requirements for inmates/patients and staff to ensure a safe working environment.

HH. Plan, implement, and monitor disaster plan and coordinate drills with facility at least annually.

II. Coordinate and/or provide in-service programs which are aligned with the medical program (at least monthly).

JJ. Attend scheduled meetings, and provide minutes as well as follow-up to identified problems areas.

KK. Chairperson for monthly health care staff meetings, and Chairperson for quarterly meetings with administration and Corporate staff. File agenda of minutes one (1) week prior to meeting and submit meeting minutes to Vice President of Operations.

LL. Oversee with the facility Medical Director the operation of the peer review program.

MM. Maintain unit operations at ALL times to meet accreditation standards.

NN. Attend seminars, workshops, and conferences at the direction of PCM.

OO. Conduct sanitation inspections on a regularly scheduled basis.

PP. Flexibility in work schedule is required. Unpredictable circumstances may warrant additional work hours and overnight travel to other facilities.

QQ. May be required to relocate (temporarily) to meet the needs of PCM.

RR. Adhere to established PCM and facility policies and procedures.

SS. Is operationally responsible and accountable for the medical unit within a facility.

TT. Review all incoming bills to insure proper provider of care is being billed. If it is PCM's responsibility, it must be stamped, approved, and mailed to Fiscal Clerk.

UU. Conduct mortality reviews within thirty (30) days of an inmate's/patient's death.

VV. Any /all other duties and responsibilities as assigned or delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

Signature of Employee

Date

Policy Name: **Physician Assistant**
Number: PCM C-04.27

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09

Reference: PCM C-04

Approval: _____ _____

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Physician Assistant

II. **SUPERVISED BY:** Medical Director

III. **SUPERVISES:** Not applicable

IV. **GENERAL DUTIES:** Under the direction of the facility Medical Director, the duties of the Physician Assistant are to screen the medical complaints of all inmate/patients by physical examination; or to evaluate inmates/patients on sick line and to present to the attending physician those inmate/patients who require further diagnostic or therapeutic procedures. The primary focus of the physician assistant is to perform physical examinations on all newly incarcerated inmate/patients and to screen inmates/patients on sick line. Inmate/patients who demonstrate clinical complications outside the physician assistant scope of practice shall be referred to the attending physician.

The physician assistant will follow all orders both standing and direct of the attending physician and, in doing so, will provide the best health care delivery possible for the inmate/patient. The physician assistant will perform a variety of duties such as suturing, administering injections and medications, drawing blood samples and evaluation of diagnostic findings.

The physician assistant will demonstrate diplomatic, mature and professional behavior at all times.

V. **QUALIFICATIONS:**

A. Graduate of a Medical approved physician assistant program.

B. Licensed to practice as a physician assistant in the state in which the facility is located.

C. Experience in health care delivery is required.

D. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

VI. RESPONSIBILITIES:

A. Assume responsibility for clinical practice in accordance with PrimeCare Medical (PCM) policies and procedures and NCCHC/ACA Standards. This is to be performed within the scope of practice of the physician assistant.

B. Service to be provided on scheduled workdays according to standards and times mutually agreeable to physician's assistant, Medical Director, facility administration and PCM.

C. Visit and provide treatment to confined inmate/patients (restricted housing/behavioral units).

D. Consult with PCM Medical Director or attending physician to seek advice in their respective areas.

E. Ensure complete, accurate and timely medical entries are made for each inmate/patient contact.

F. Provide counseling and education on common medical problems.

G. Perform histories and physicals on all newly committed inmates/patients in accordance with NCCHC/ACA Standards, facility requirements, and PCM policies and procedures.

H. Comply with standards of care in accordance with NCCHC/ACA and accepted medical standards. Application of standards form the basis for Quality Assurance criteria.

I. Participate in the Quality Assurance program and function as a member of the committee and any sub-committees, as assigned by the PCM Medical Director.

J. Serve as a member of various committees within the medical unit and facility as necessary.

K. Maintain a professional attitude at all times.

L. Maintain confidentiality of medical unit information at all times.

M. Develop and conduct in-service education programs according to annual in-service calendar, as assigned by PCM Medical Director and/or Medical Administrator.

N. Submit copy of professional license, certificate of liability insurance coverage, and CPR certification.

O. Provide other services as required at the request of the PCM Medical Director and/or Medical Administrator.

P. Review inmate/patient records to determine health status and initiate necessary treatment.

Q. Screen inmate/patient sick call requests to determine appropriate follow up care.

R. Evaluate inmate/patients at sick call for common complaints.

S. Order appropriate laboratory tests and X-rays.

T. Order specialty consultations when indicated.

U. Provide ongoing, continuous care for inmates/patients with chronic medical problems such as asthma, hypertension, and diabetes.

V. Collect specimens for, and carry out commonly performed blood, urine, and stool analyses and cultures.

W. Evaluate and initiate treatment in emergency situations such as cardiac arrest, respiratory distress, hemorrhage, burns, and injuries.

X. Prescribe therapeutic modalities such as medications and diets in accordance with regulations.

Y. Perform clinical procedures such as:

1. Vital signs
2. Venipuncture
3. Carrying out aseptic and isolation techniques
4. Care and suturing of minor lacerations
5. Application of bandages, dressings, and splints
6. Removal of small abnormal skin lesions by shave or excisional biopsies
7. Partial toenail avulsions
8. Treatment of warts and other benign skin lesions by cryotherapy or application of topical agents (i.e. podophyllin)
9. Control of external hemorrhage
10. Electrocardiograms
11. Removal of superficial foreign bodies
12. Cardiopulmonary resuscitation
13. Vision screening

Z. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: I certify that I have read and understand the scope of my job classification.

_____ _____

Signature of Employee Date

Policy Name: **Certified Registered Nurse Practitioner**

Number: PCM C-04.21

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09

Reference: PCM C-04

Approval: _____ _____

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Certified Registered Nurse Practitioner ("CRNP")

II. **SUPERVISED BY:** Clinical Medical Director, Physician (Staff)

III. **SUPERVISES:** Not applicable

IV. **GENERAL DUTIES:** Under the direction of the Medical Director, the duty of CRNP is to screen the medical complaints of all inmates/patients by physical examination or sick line and to present to the attending physician those inmates/patients who require further diagnostic or therapeutic procedures. The primary focus of the CRNP is to perform physical examinations on newly received inmates/patients and to perform sick line on inmates/patients. Inmates/patients who demonstrate clinical complications outside the CRNP's scope of practice must be referred to the attending physician.

The CRNP will follow all orders both standing and direct of the attending physician and, in doing so, will provide the best health care delivery possible for the inmate/patient. The CRNP will perform a variety of duties such as suturing, administering injections and medications, drawing blood samples and evaluation of diagnostic findings. The CRNP will demonstrate diplomatic, mature and professional behavior at all times.

V. **QUALIFICATIONS:**

A. Graduate of an approved Certified Registered Nurse Practitioner program.

B. Licensed to practice as a Nurse Practitioner in the state in which the facility is located.

C. Experience in health care delivery required.

D. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

VI. RESPONSIBILITIES:

A. Assume responsibility for clinical practice in accordance with NCCHC Standards and within scope of practice for a nurse practitioner.

B. Service to be provided on scheduled workdays according to standards and times mutually agreeable to CRNP, Medical Director, Facility Administrator and PrimeCare Medical (PCM).

C. Perform reception physicals (Health Assessments) on newly incarcerated inmates/patients.

D. Consult with medical director or attending physician to seek advice in their respective areas.

E. Ensure complete, accurate and timely medical entries are made for each inmate/patient.

F. Perform physical examinations according to NCCHC Standards, facility requirements and PCM policies and procedures.

G. Comply with standards of care in accordance with NCCHC and accepted medical standards. Application of standards form the basis for Quality Assurance criteria.

H. Maintain a professional attitude at all times.

I. Maintain confidentiality of medical unit information at all times.

J. Develop and conduct in-services education programs according to annual in-service calendar, as assigned by medical director or medical administrator.

K. Submit copy of professional license and certificate of malpractice insurance coverage.

L. Provide other services as required at the request of the medical director or medical administrator.

M. Maintain all stipulations set forth by written and State Board approved Collaborating Physician Agreement.

N. Perform clinical procedures such as:

1. Vital signs
2. Venipuncture
3. Carrying out aseptic and isolation techniques
4. Care and suturing of minor lacerations
5. Application of bandages, dressings, and splints
6. Removal of small abnormal skin lesions by shave or excisional biopsies
7. Partial toenail avulsions
8. Treatment of warts and other benign skin lesions by cryotherapy or application of topical agents (i.e. podophyllin)
9. Control of external hemorrhage
10. Electrocardiograms
11. Removal of superficial foreign bodies
12. Cardiopulmonary resuscitation
13. Vision screening

O. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: I certify that I have read and understand the scope of my job classification.

_____ _____

Signature of Employee Date

PRIMECARE MEDICAL, INC.
ALL CONTRACT FACILITIES

Policy Name: **Nurse Supervisor**

Number: PCM C-04.22

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09

Reference: PCM C-04

Approval: _____ _____

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Nursing Supervisor

II. **SUPERVISED BY:** Health Services Administrator

III. **SUPERVISES:** Nursing Staff

IV. **GENERAL DUTIES:**

A. Manages and evaluates nursing care delivery in accordance with PrimeCare Medical (PCM) philosophy, goals, and objectives. Ensures that nursing practice complies with established nursing standards. Is accountable twenty-four (24) hours per day, seven (7) days per week.

B. Functions as Health Services Administrator as needed.

C. Acts as liaison between nursing staff, PCM Administration and facility administrator.

D. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

V. **QUALIFICATIONS:**

A. Bachelor's degree in nursing preferred, previous education and experience may be substituted. Graduate of an accredited school.

B. Licensed to practice nursing in the state in which the facility is located.

C. Experience in health care delivery system.

D. Previous supervisory experience preferred.

E. Decision making ability required.

F. Ability to communicate effectively.

G. Leadership ability required.

H. Ability to function independently.

I. Demonstrate clinical competency.

VI. RESPONSIBILITIES:

Administrative:

A. Report to and meet with Health Services Administrator and Medical Director on a regular basis.

B. Prepare reports as required.

C. Maintain a professional nursing attitude at all times.

D. Maintain a professional working relationship with facility staff, unit staff, contracted providers, outside service providers and Corporate Staff.

E. Is tactful and diplomatic at all times. Functions as a role model for nursing staff.

F. Make use of established Corporate and Facility policies and procedures in decision-making. Must use factual data and sound independent judgment in meeting the responsibilities and performing the duties of this position.

G. Interpret and ensure compliance with established standards of PCM and NCCHC/ACA.

H. Orient, supervise and evaluate performance of nursing personnel (in collaboration with Health Services Administrator). Final approvals must be received from Corporate staff.

I. Assign and direct nursing staff. Develop and monitor work schedules and provides coverage with appropriate staff to maintain adequate staffing levels.

J. Counsel and discipline employees who violate established policies/procedures of PrimeCare Medical or the facility. EACH phase of the disciplinary process MUST be approved by the Health Services Administrator PRIOR to implementing.

K. Ensure that the proper flow of relevant information (policies, procedures, in-services, problems) is disseminated to supervisor and supervised personnel.

L. Prepare and submit required reports according to need.

M. Maintain security of all medical records.

N. Audit medical records per Quality Assurance audit criteria and report deficiencies to QA Committee.

O. Regularly monitor and evaluate nursing services to avoid the inappropriate use and/or duplication of services. Advise Health Services Administrator if these situations arise.

P. Monitor, evaluate and recommend methods to improve operational efficiency and cost containment effectiveness.

Q. Monitor and ensure strict compliance to all applicable pharmacy regulations.

R. Monitor stock inventories and requests for needed supplies and equipment from Health Services Administrator.

S. Monitors and evaluates physical safety requirements for inmates/patients and staff to ensure a safe working environment.

T. Assist Health Services Administrator in coordinating and/or providing in-service programs which are aligned with the medical program (at least monthly).

U. Attend scheduled meeting and provides minutes as well as follow up to identified problem areas.

V. Assist Health Services Administrator to coordinate and/or conduct monthly health care staff meetings.

W. Maintain unit nursing operations at ALL times to meet NCCHC/ACA Accreditation Standards.

X. Attend seminars, workshops, and conferences at the direction of PCM.

Y. Flexibility in work schedule is required. Unpredictable circumstances may warrant additional work hours and overnight travel to other facilities.

Z. May be required to relocate (temporarily) to meet the needs of PCM.

AA. Adhere to established PCM and facility policies and procedures.

BB. Is operationally responsible and accountable for the nursing functions of the medical unit.

CC. Prepare Nursing schedule and recruits replacement personnel for all vacant positions.

DD. Provide other services and performs other duties as assigned by Corporate Staff and/or Health Services Administrator.

Clinical Responsibilities:

A. Maintain accurate records of all controlled substances, narcotics, and sharps in accordance with applicable state and federal laws.

B. Provide health counseling to inmates/patients.

C. Conduct sick call for inmates/patients and provide provisional diagnosis and treatment for selected minor illness and injuries defined by written protocol approved by PCM Medical Director. Refer all cases not covered by written protocol that do not respond to treatment to an appropriate PCM Physician.

D. Receive and give inter-shift report to ensure continuity of care and to disseminate pertinent information necessary to the functioning of the on-coming shift.

E. Observe, report, and document symptoms, reactions, and progress of inmates/patients and formulate a plan of nursing care.

F. Review, evaluate and coordinate planning for future admissions, participates in pre-release planning with other members of the facility staff.

G. Collect complete on-going data to determine nursing care needs.

H. Monitor nursing care which promotes, maintains, and restores the well being of inmates/patients.

I. Perform all aspects of general and specialized nursing care principles and techniques in the care and treatment of the ill inmate/patient within the facility.

J. Administer - immunizations, tuberculin testing, basic, and advanced first aid, basic cardiopulmonary resuscitation, visual acuity and telebinocular examinations, and oxygen when indicated.

K. Perform twelve (12) lead electrocardiograms and assemble results for interpretation by a PCM Physician.

L. Conduct sanitation inspections in the absence of the Health Services Administrator.

M. Participate in the Quality Assurance program and is a member of the QA committee.

N. Record, retrieve and file medical information in the inmate/patient medical record.

O. Administer treatment prescribed by verbal or written orders from a PCM Physician.

P. Administer oral and parenteral medications prescribed by a PCM Physician.

Q. Gather clinical data from medical records to be included in various reports and QA audits.

R. Conduct regularly scheduled QA audits.

S. Collect laboratory specimens by various methods, including venipuncture.

T. Assist physicians during performance of physical examinations and physician visits.

U. Perform initial inmate/patient physical assessment (intake screening) according to established written protocol.

V. Accompany and assist PCM Physician(s) during facility rounds.

W. Assist dentist and psychiatrist as needed.

X. Assign duties to PCM Medical nursing staff, provide instruction(s) on methods and techniques to provide care, review work in progress and collaborate with Health Services Administrator.

Y. Maintain confidentiality at ALL times.

Z. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

Policy Name: **Assistant Director of Nursing**

Number: PCM C-04.64

Effective Date: 01/01/14 Revised: N/A

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Assistant Director of Nursing

II. **SUPERVISED BY:** Health Services Administrator, Director of Nursing

III. **SUPERVISES:** Nursing Staff

IV. **GENERAL DUTIES:**

A. Manages and evaluates nursing care delivery in accordance with PrimeCare Medical (PCM) philosophy, goals, and objectives. Ensures that nursing practice complies with established nursing standards. Is accountable twenty-four (24) hours per day, seven (7) days per week.

B. Acts as liaison between nursing staff, PCM Administration and facility administrator.

C. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

V. **QUALIFICATIONS:**

A. Bachelor's degree in nursing preferred, previous education and experience may be substituted. Graduate of an accredited school.

B. Licensed to practice nursing in the state in which the facility is located.

C. Experience in health care delivery system.

D. Previous supervisory experience preferred.

E. Decision making ability required.

F. Ability to communicate effectively.

G. Leadership ability required.

H. Ability to function independently.

I. Demonstrate clinical competency.

VI. RESPONSIBILITIES:

Administrative:

A. Report to and meet with Health Services Administrator and Director of Nursing on a regular basis.

B. Prepare reports as required.

C. Maintain a professional nursing attitude at all times.

D. Maintain a professional working relationship with facility staff, unit staff, contracted providers, outside service providers and Corporate Staff.

E. Is tactful and diplomatic at all times. Functions as a role model for nursing staff.

F. Make use of established Corporate and Facility policies and procedures in decision-making. Must use factual data and sound independent judgment in meeting the responsibilities and performing the duties of this position.

G. Interpret and ensure compliance with established standards of PCM and NCCHC/ACA.

H. Orient, supervise and evaluate performance of nursing personnel (in collaboration with Health Services Administrator and Director of Nursing). Final approvals must be received from Corporate staff.

I. Assign and direct nursing staff. Develop and monitor work schedules and provides coverage with appropriate staff to maintain adequate staffing levels.

J. Counsel and discipline employees who violate established policies/procedures of PrimeCare Medical or the facility. **EACH** phase of the disciplinary process **MUST** be approved by the Health Services Administrator **PRIOR** to implementing.

K. Ensure that the proper flow of relevant information (policies, procedures, in-services, problems) is disseminated to supervisor and supervised personnel.

L. Prepare and submit required reports according to need.

M. Maintain security of all medical records.

N. Audit medical records per Quality Assurance audit criteria and report deficiencies to QA Committee.

O. Regularly monitor and evaluate nursing services to avoid the inappropriate use and/or duplication of services. Advise Health Services Administrator and Director of Nursing if these situations arise.

P. Monitor, evaluate and recommend methods to improve operational efficiency and cost containment effectiveness.

Q. Monitor and ensure strict compliance to all applicable pharmacy regulations.

R. Monitor stock inventories and requests for needed supplies and equipment from Health Services Administrator or Director of Nursing.

S. Monitors and evaluates physical safety requirements for inmates/patients and staff to ensure a safe working environment.

T. Assist Health Services Administrator and Director of Nursing in coordinating and/or providing in-service programs which are aligned with the medical program (at least monthly).

U. Attend scheduled meeting and provides minutes as well as follow up to identified problem areas.

V. Assist Health Services Administrator and Director of Nursing to coordinate and/or conduct monthly health care staff meetings.

W. Maintain unit nursing operations at **ALL** times to meet NCCHC/ACA Accreditation Standards.

X. Attend seminars, workshops, and conferences at the direction of PCM.

Y. Flexibility in work schedule is required. Unpredictable circumstances may warrant additional work hours and overnight travel to other facilities.

Z. May be required to relocate (temporarily) to meet the needs of PCM.

AA. Adhere to established PCM and facility policies and procedures.

BB. Is operationally responsible and accountable for the nursing functions of the medical unit.

CC. Prepare Nursing schedule and recruits replacement personnel for all vacant positions.

DD. Provide other services and performs other duties as assigned by Corporate Staff and/or Health Services Administrator and Director of Nursing.

Clinical Responsibilities:

A. Maintain accurate records of all controlled substances, narcotics, and sharps in accordance with applicable state and federal laws.

B. Provide health counseling to inmates/patients.

C. Conduct sick call for inmates/patients and provide provisional diagnosis and treatment for selected minor illness and injuries defined by written protocol approved by PCM Medical Director. Refer all cases not covered by written protocol that do not respond to treatment to an appropriate PCM Physician.

D. Receive and give inter-shift report to ensure continuity of care and to disseminate pertinent information necessary to the functioning of the on-coming shift.

E. Observe, report, and document symptoms, reactions, and progress of inmates/patients and formulate a plan of nursing care.

F. Review, evaluate and coordinate planning for future admissions, participates in pre-release planning with other members of the facility staff.

G. Collect complete on-going data to determine nursing care needs.

H. Monitor nursing care which promotes, maintains, and restores the well being of inmates/patients.

I. Perform all aspects of general and specialized nursing care principles and techniques in the care and treatment of the ill inmate/patient within the facility.

J. Administer - immunizations, tuberculin testing, basic, and advanced first aid, basic cardiopulmonary resuscitation, visual acuity and telebinocular examinations, and oxygen when indicated.

K. Perform twelve (12) lead electrocardiograms and assemble results for interpretation by a PCM Physician.

L. Conduct sanitation inspections in the absence of the Health Services Administrator and Director of Nursing.

M. Participate in the Quality Assurance program and is a member of the QA committee.

N. Record, retrieve and file medical information in the inmate/patient medical record.

O. Administer treatment prescribed by verbal or written orders from a PCM Physician.

P. Administer oral and parenteral medications prescribed by a PCM Physician.

Q. Gather clinical data from medical records to be included in various reports and QA audits.

R. Conduct regularly scheduled QA audits.

S. Collect laboratory specimens by various methods, including venipuncture.

T. Assist physicians during performance of physical examinations and physician visits.

U. Perform initial inmate/patient physical assessment (intake screening) according to established written protocol.

V. Accompany and assist PCM Physician(s) during facility rounds.

W. Assist dentist and psychiatrist as needed.

X. Assign duties to PCM Medical nursing staff, provide instruction(s) on methods and techniques to provide care, review work in progress and collaborate with Health Services Administrator and Director of Nursing.

Y. Maintain confidentiality at ALL times.

Z. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

Policy Name: **Charge Nurse**

Number: PCM C-04.08

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Charge Nurse

II. **SUPERVISED BY:** Health Services Administrator (and Nurse Supervisor where assigned to a contract)

III. **SUPERVISES:** All nurses on shift at facility

IV. **GENERAL DUTIES:**

A. Monitor and evaluate nursing care delivery in accordance with PrimeCare Medical (PCM) philosophy, goals, and objectives. Ensures that nursing practice complies with established nursing standards.

B. Assess and provide comprehensive nursing care while observing and maintaining security requirements.

V. QUALIFICATIONS:

A. Bachelor's degree in Nursing preferred, previous education and experience might be substituted. Graduate of an accredited school. Licensed to practice nursing in the state in which the facility is located.

B. Experience in health care delivery system helpful.

C. Previous supervisory experience preferred.

D. Clinical decision-making ability required.

E. Ability to communicate effectively.

F. Ability to function independently.

G. Demonstrate clinical competency.

VI. RESPONSIBILITIES:

A. Report to and meet with Health Services Administrator (Nurse Supervisor when assigned) on a regular basis.

B. Maintain a professional nursing attitude at all times.

C. Maintain a professional working relationship with facility staff, unit staff, contracted providers, outside service providers and Corporate staff.

D. Is tactful and diplomatic at all times.

E. Make use of established Corporate and facility policies and procedures in clinical practice. Must use factual data and sound independent judgment in meeting the responsibilities and performing the duties of a staff nurse.

F. Ensure compliance with established standards of PCM.

G. Ensure that the proper flow of relevant information (inmate/patient information, unit problems) is disseminated to appropriate personnel.

H. Maintain security and confidentiality of all medical records.

I. Participate in Quality Assurance Committee as assigned.

J. Monitor nursing services to avoid the inappropriate use and/or duplication of services. Advises Health Services Administrator/Nurse Supervisor when assigned.

K. Monitor and recommend methods to improve operational efficiency and cost containment effectiveness.

L. Ensure strict compliance to all applicable pharmacy regulations.

M. Monitor stock inventories of supplies and equipment and alerts Health Services Administrator (Nurse Supervisor) of needs.

N. Monitor physical safety requirements for inmates/patients and staff to ensure a safe working environment. Notifies Health Services Administrator of safety hazards.

O. Assist in coordinating and/or providing in-service programs, which are aligned with the medical program.

P. Attend scheduled meetings, as required.

Q. Assist in coordinating and/or conducting monthly health care staff meetings.

R. Maintain unit nursing operations at ALL times to meet NCCHC/ACA Accreditation standards.

S. Attend seminars, workshops, and conferences at the direction of PCM.

T. Flexibility in work schedule is required. Unpredictable circumstance may warrant additional work hours and overnight travel to other facilities.

U. May be required to relocate (temporarily) to meet the needs of PCM.

V. Adhere to established PCM facility policies and procedures.

W. Is operationally responsible and accountable for the nursing functions of the medical unit as they pertain to his/her shift.

X. Provide other services and performs other duties as assigned by Health Services Administrator or Corporate Staff and Nurse Supervisor when assigned.

Y. Maintain accurate records of all controlled substances, narcotics, and sharps in accordance with applicable state and federal laws.

Z. Provide health counseling to inmates/patients.

AA. Conduct sick call for inmate/patients and provide treatment for selected minor illnesses and injuries, defined by written protocol and approved by the PCM Medical Director. Refers all cases not covered by written protocol or that do not respond to treatment to an appropriate PCM physician.

BB. Receive and give inter-shift report to ensure continuity of care and to disseminate pertinent information necessary to the functioning of the oncoming shift.

CC. Observe, report and document symptoms, reactions and progress of inmates/ patients. Participate in the formulation of the plan of nursing care.

DD. Participate in pre-release planning with other members of the facility staff.

EE. Collect complete ongoing data to determine nursing care needs.

FF. Implement nursing care plans which promote, maintain, and restore the well being of inmates/patients.

GG. Perform all aspects of general and specialized nursing care principles and techniques in the care and treatment of the ill inmates/patients.

HH. Administer: immunizations, tuberculin testing, basic and advanced first aid, basic cardiopulmonary resuscitation, visual acuity and telebinocular examinations, and oxygen, when indicated.

II. Performs twelve lead electrocardiograms and assembles results for interpretation by a PCM physician.

JJ. Conduct sanitation inspections as assigned.

KK. Participate in the Quality Assurance program as assigned.

LL. Record, retrieve and file medical information in the inmate/patient medical record.

MM. Administer treatment prescribed by verbal or written order from a PCM physician.

NN. Administer oral and parenteral medications as prescribed by a PCM physician.

OO. Gather clinical data from medical records to be included in various reports and QA audits.

PP. Conduct regularly scheduled QA audits, as assigned.

QQ. Collect laboratory specimens by various methods, including venipuncture.

RR. Assist physicians during performance of physical examinations and visits.

SS. Perform initial inmate/patient physical assessment (intake screening) according to established written protocol.

TT. Accompany and assist PCM physicians during facility rounds.

UU. Assist dentist and psychiatrist as needed.

VV Maintain confidentiality at all times.

WW. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification:*

_____ _____

Signature of Employee Date

Policy Name: **Staff Nurse – Registered Nurse**

Number: PCM C-04.37

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Polices and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Staff Nurse - Registered Nurse

II. **SUPERVISED BY:** Health Services Administrator, Nurse Supervisor

III. **SUPERVISES:** Staff Licensed Practical Nurse (LPN) and Medical Assistant (MA)

IV. **GENERAL DUTIES:**

A. Monitor and evaluate nursing care delivery in accordance with PrimeCare Medical (PCM) philosophy, goals, and objectives. Ensure that nursing practice complies with established nursing standards.

B. Function as Charge Nurse in the absence of Health Services Administrator/Designee.

C. Assess and provide comprehensive nursing care while observing and maintaining security requirements.

D. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

E. Performs duties under supervision of a Medical Director or other mid-level practitioner (i.e. PA-C or CRNP) pursuant to protocols established by the Medical Director.

V. **QUALIFICATIONS:**

A. Bachelor's Degree in Nursing preferred, previous education and experience may be substituted. Graduate of an accredited school.

B. Licensed to practice nursing in the state in which the facility is located.

C. Experience in health care delivery system helpful.

D. Clinical decision-making ability required.

E. Ability to communicate effectively.

F. Ability to function independently.

G. Demonstrate clinical competency.

VI. RESPONSIBILITIES:

A. Report to and meet with Health Services Administrator on a regular basis.

B. Maintain a professional nursing attitude at all times.

C. Maintain a professional working relationship with facility staff, unit staff, contracted providers, outside service providers and Corporate staff.

D. Is tactful and diplomatic at all times.

E. Make use of established Corporate and facility policies and procedures in clinical practice. Must use factual data and sound independent judgment in meeting the responsibilities and performing the duties of a staff nurse.

F. Ensure compliance with established standards of PCM.

G. Ensure that the proper flow of relevant information (inmate/patient information, unit problems) is disseminated to appropriate personnel.

H. Maintain security and confidentiality of all medical records.

I. Participate in Quality Assurance Committee as assigned.

J. Monitor nursing services to avoid the inappropriate use and/or duplication of services. Advises Health Services Administrator and Nurse Supervisor if these situations arise.

K. Monitor and recommend methods to improve operational efficiency and cost containment effectiveness.

L. Ensure strict compliance to all applicable pharmacy regulations.

M. Monitor stock inventories of supplies and equipment and alert head nurse of needs.

N. Monitor physical safety requirements for inmate/patients and staff to ensure a safe working environment. Notifies Health Services Administrator of safety hazards.

O. Assist Health Services Administrator/designee or Nurse Supervisor in coordinating and/or providing in-service programs which are aligned with the medical program.

P. Attend scheduled meetings as required.

Q. Assist Health Services Administrator or Nurse Supervisor to coordinate and/or conduct monthly health care staff meetings, as assigned.

R. Maintain unit nursing operations at ALL times to meet accreditation standards.

S. Attends seminars, workshops and conferences at the direction of PCM.

T. Flexibility in work schedule is required. Unpredictable circumstances may warrant additional work hours and overnight travel to other facilities.

U. May be required to relocate (temporarily) to meet the needs of PCM.

V. Adhere to established PCM and facility policies and procedures.

W. In the absence of the Health Services Administrator / designee, is operationally responsible and accountable for the nursing functions of the medical unit.

X. Provide other services and performs other duties as assigned by Nurse Supervisor, Health Services Administrator, head nurse, or Corporate staff.

Y. Maintain accurate records of all controlled substances, narcotics, and sharps in accordance with applicable state and federal laws.

Z. Provide health counseling to inmates/patients.

AA. Conduct sick call for inmate/patients and provide provisional diagnosis and treatment for selected minor illnesses and injuries defined by written protocol and approved by PCM Director. Refer all cases not covered by written protocol or that do not respond to treatment to an appropriate PCM Physician.

BB. Receive and give inter-shift report to ensure continuity of care and to disseminate pertinent information necessary to the functioning of the oncoming shift.

CC. Observe, report, and document symptoms, reactions and progress of inmate/patients and participates in the formulation of the plan of nursing care.

DD. Collect complete ongoing data to determine nursing care needs.

EE. Implement nursing care plans which promote, maintain and restore the well-being of inmate/patients.

FF. Perform all aspects of general and specialized nursing care principles and techniques in the care and treatment of the ill inmate/patient.

GG. Administer: immunizations, tuberculin testing; basic and advanced first aid; basic cardiopulmonary resuscitation; visual acuity and telebinocular examinations, and oxygen, when indicated.

HH. Perform twelve (12) lead electrocardiograms and assemble results for interpretation by a PCM physician.

II. Record, retrieve and file medical information in the inmate/patient medical record.

JJ. Administer treatment prescribed by verbal or written orders from a PCM Physician.

KK. Administer oral and parenteral medications prescribed by a PCM Physician.

LL. Gather clinical data from medical records to be included in various reports and QA audits.

MM. At a minimum of every shift, at the beginning of the shift, take vital signs, do a complete assessment and document findings on dispensary care of all inmates/patients housed in the medical unit and/or mental health unit.

NN. Conduct regularly scheduled QA audits, as assigned.

OO. Collect laboratory specimens by various methods, including venipuncture.

PP. Assist physicians during performance of physical examinations and physician visits.

QQ. Perform initial inmate/patient physical receiving screening and health assessment according to established written protocols and standards.

RR. Accompany and assist PCM Physicians during facility rounds.

SS. Assist dentist and psychiatrist as needed.

TT. Maintain confidentiality at all times.

UU. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: I certify that I have read and understand the scope of my job classification:

_____ _____

Signature of Employee Date

Policy Name: **Staff Nurse – Licensed Practical Nurse**

Number: PCM C-04.36

Effective Date: 01/01/03 · Revised: 01/01/06, 01/01/09

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Staff Nurse - Licensed Practical Nurse (LPN)

II. **SUPERVISED BY:** Health Services Administrator, Registered Nurse, Medical Director, and Nurse Supervisor (where applicable).

III. **SUPERVISES:** Medical Assistant (where applicable)

IV. **GENERAL DUTIES:**

A. Deliver nursing care in accordance with PrimeCare Medical (PCM) philosophy, goals, and objectives. Ensures that nursing practice complies with established nursing standards.

B. Function as Charge Nurse in the absence of Head Nurse or Assistant Head Nurse.

C. Provide comprehensive nursing care while observing and maintaining security requirements.

D. Performs duties under supervision of an RN pursuant to protocols established by the Medical Director.

E. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

V. **QUALIFICATIONS:**

A. Graduate of an accredited School of Practical Nursing.

B. Licensed to practice nursing in the state in which the facility is located.

C. Experience in correctional health care delivery system helpful.

D. Ability to communicate effectively.

E. Ability to function under supervision.

F. Demonstrate clinical competency.

VI. RESPONSIBILITIES:

A. Report to and meet with charge nurse on a regular basis.

B. Maintain a professional nursing attitude at all times.

C. Maintain a professional working relationship with facility staff, unit staff, contracted providers, outside service providers, and Corporate staff.

D. Is tactful and diplomatic at all times.

E. Make use of established Corporate and facility policies and procedures in clinical practice. Must use factual data and sound independent judgment in meeting the responsibilities and performing the duties of a staff nurse.

F. Ensure compliance with established standards of PCM.

G. Ensure that the proper flow of relevant information (inmate/patient information, unit problems) is disseminated to appropriate personnel.

H. Maintain security of all medical records.

I. Monitor nursing care to avoid the inappropriate use and/or duplication of services. Advises Health Services Administrator and charge nurse if these situations arise.

J. Monitor and recommend methods to improve operational efficiency and cost containment effectiveness.

K. Ensure strict compliance to all applicable pharmacy regulations.

L. Monitor stock inventories of supplies and equipment and alerts head nurse of needs.

M. Monitor physical safety requirements for inmate/patients and staff to ensure a safe working environment. Notifies Health Services Administrator of safety hazards.

N. Assist Registered Nurse in coordinating in-service programs, which are aligned with the medical program.

O. Attend scheduled meetings as required.

P. Assist head nurse to coordinate monthly health care staff meetings, as assigned.

Q. Maintain unit nursing operations at times to meet accreditation standards.

R. Attend seminars, workshops, conferences at the direction of PCM.

S. Flexibility in work schedule is required. Unpredictable circumstances may warrant additional work hours and overnight travel to the facilities.

T. May be required to relocate (temporarily) to meet the needs of PCM.

U. Adhere to established PCM and facility policies and procedures.

V. In the absence of the charge nurse, is operationally responsible and accountable for the nursing functions of the medical unit.

W. Provides other services and performs other duties as assigned by charge nurse, Health Services Administrator, or Corporate staff.

X. Maintains accurate records of all controlled substances, narcotics, and sharps in accordance with applicable state and federal laws.

Y. Conduct sick call for inmate/patients and provide treatment for selected minor illnesses and injuries, defined by written protocol and approved by PCM Medical Director. Refer all cases not covered by written protocol or that do not respond to treatment to an appropriate PCM Physician.

Z. Receive and give inter-shift report to ensure continuity of care and to disseminate pertinent information necessary to the functioning of the oncoming shift.

AA. Observe, report, and document symptoms, reactions and progress of inmates/patients and participate in the formulation of the plan of nursing care.

BB. Collect complete ongoing data to determine nursing care needs.

CC. Implement nursing care plans which promote, maintain, and restore the well-being of inmates/patients.

DD. Perform all aspects of general nursing care principles and techniques in the care and treatment of the ill inmate/patient.

EE. Administer: immunizations, tuberculin testing; basic and advanced first aid; basic cardiopulmonary resuscitation; visual acuity and telebinocular examinations, and oxygen, when indicated.

FF. Perform twelve (12) lead electrocardiograms and assembles results for interpretation by a PCM Physician.

GG. At a minimum of every shift, at the beginning of the shift take vital signs, do a complete assessment, and document findings on dispensary card of all inmate/patients housed in the medical and/or mental health unit.

HH. Record, retrieve and file medical information in the inmate/patient medical record.

II. Administer oral and parenteral medications prescribed by a PCM physician.

JJ. Gather clinical data from medical records to be included in various reports and QA audits.

KK. Collect laboratory specimens by various methods, including venipuncture.

LL. Assist physicians during performance of physical examinations and physician visits.

MM. Perform initial inmate/patient history (intake screening) according to established written protocol.

NN. Accompanies and assists PCM physicians during facility rounds.

OO. Assists dentist and psychiatrist as needed.

PP. Maintain confidentiality at all times.

QQ. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: I certify that I have read and understand the scope of my job classification.

_____ _____

Signature of Employee Date

Policy Name: **Dentist**

Number: PCM C-04.10

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09

Reference: PCM C.04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Dentist

II. **SUPERVISED BY:** Clinical-Medical Director, Health Services Administrator

III. **SUPERVISES:** Ancillary staff/dental assistant

IV. **GENERAL DUTIES:** Provide and supervise dental care of inmates/patients. Evaluate dental health program and dental services. Function as a consultant to facility physicians. Monitor need for dental supplies and equipment. Participate in dental health planning and Quality Assurance Committee.

V. **QUALIFICATIONS:**

A. Graduate of an accredited school of dental medicine.

B. Licensed to practice dentistry in the state in which facility is located.

C. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

VI. **RESPONSIBILITIES:**

A. Perform routine drilling, filling and extraction of teeth in accordance with established standards of practice.

B. Complete, within seven (7) days for prisons days, fourteen (14) days for jails, and seven (7) days for juvenile centers an initial dental screening on all new commitments.

C. Evaluate those inmates/patients needing or applying for dental care, not included under basic dental care services and make recommendations deemed clinically appropriate.

D. Treat inmates/patients whose dental care is significantly affecting their nutritional status.

E. Take impressions for dental plates and completes follow-up care that is required.

F. Document completely all services rendered in the inmate/patient dental health record.

G. Instruct inmates/patients in dental hygiene techniques.

H. Provide in-service training for health staff in areas of dental hygiene, care, emergencies, techniques and treatment.

I. Complete dental exam on inmates/patients at anniversary date of incarceration. The period for jails is one (1) year, prisons thirty (30) days and juvenile centers sixty (60) days.

J. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: I certify that I have read and understand the scope of my job classification.

Signature of Employee Date

Policy Name: **Radiological Technologist**

Number: PCM C-04.23

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Radiological Technologist

II. **SUPERVISED BY:** Health Services Administrator

III. **SUPERVISES:** Not Applicable

IV. **GENERAL DUTIES:** Responsible for performing all duties within the scope of a Radiological Technologist.

V. **QUALIFICATIONS:**

A. High school graduate.

B. Graduate of a Certified Radiological Technologist Program.

C. One (1) year experience as a radiological technologist.

D. Ability to understand and follow oral and written instructions.

E. Working knowledge of all radiological equipment.

F. Working knowledge of medical terminology.

VI. **RESPONSIBILITIES:**

A. Taking and developing of all films.

B. Preparation of films for interpretation by radiology group.

C. Maintain pleasant working attitude.

D. Provide other services and perform other duties as assigned.

E. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

Policy Name: **Psychiatrist**

Number: PCM C-04.29

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, M.D., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Psychiatrist

II. **SUPERVISED BY:** Medical Director

III. **SUPERVISES:** Psychologist, mental health staff and nursing staff

IV. **GENERAL DUTIES:** Evaluate and develop treatment plans for inmate/patients who demonstrate symptoms of mental illness. Supervise psychologist, mental health staff and nursing staff in providing mental health services. Responsible for the overall psychiatric direction of the mental health program.

V. **QUALIFICATIONS:**

A. Graduate of an accredited school of medicine or school of Osteopathic Medicine, with specialty in psychiatry.

B. Licensed to practice psychiatry in the state in which the facility is located.

C. Board certified or eligible.

D. Maintain current DEA number.

E. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

VI. **RESPONSIBILITIES:**

A. Assume responsibility for clinical management of the mental health program in accordance with NCCHC/ACA Standards and PrimeCare Medical (PCM) policies and procedures.

B. Provide service to the inmate/patient population utilizing current standards of Psychiatric practice.

C. Services to be provided on scheduled work days according to standards and times mutually agreeable to physician, facility administration and PCM.

D. Visit and provide psychiatric treatment to confined inmate/patients (restricted housing/behavioral units).

E. Consult with medical specialists to seek advice and expertise in their respective areas.

F. Provide psychiatric consultation to all professionals (physicians/nursing) within the unit.

G. Oversee and supervise all psychiatric clinical services provided.

H. Substitute generic drugs for brand name drugs when appropriate.

I. Ensure complete, accurate and timely psychiatric entries are made for each inmate/patient contact.

J. Is available for consult and/or emergency psychiatric coverage.

K. Provide follow-up care for chronic psychiatric conditions.

L. Supervise clinical activities of psychologist and medical staff while on duty.

M. Evaluate all inmate/patients referred for presence or absence of mental illness.

N. Treat all inmate/patients requiring psychiatric intervention.

O. Refer inmate/patients as necessary to appropriate psychiatric facilities.

P. Work collaboratively with pharmacy to evaluate and approve all medications and other medicinal preparations, which compromise the facility formulary.

Q. Establish and monitor standards of care provided by physicians, psychologist and nurses in accordance with NCCHC/ACA and accepted psychiatric

standards. Application of standards for the basis for Quality Assurance criteria.

R. Is a member of the Quality Assurance Committee and sub-committees. Assists in the establishment of Quality Assurance standards and audit criteria.

S. Serve as a member of various committees within the medical unit and facility as necessary.

T. Develop and conduct in-services education programs according to annual in-service calendar.

U. Actively assist with the detection and prevention of inmate/patient suicide.

V. Supervise and work collaboratively with psychologists.

W. Any/all other duties and responsibilities as assigned and delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

Policy Name: **Psychologist**

Number: PCM C-04.30

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09, 01/01/10

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Psychologist

II. **SUPERVISED BY:** Clinical Psychiatrist, Medical Director, Health Services Administrator

III. **SUPERVISES:** Masters Level, NASW Accredited Social Worker (where applicable).

IV. **GENERAL DUTIES:** Responsible for coordinating and implementing mental health program.

V. **QUALIFICATIONS:**

A. Ph.D. or Masters Degree preferred.

B. Licensed to practice psychology in the state in which the facility is located

C. Graduate of an accredited institution of higher education with a major in psychology.

D. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per year occurrence.

VI. **RESPONSIBILITIES:**

A. Responsible for the clinical monitoring, coordinating and implementing of the mental health program in accordance with NCCHC/ACA Standards.

B. Serves as the mental health liaison between the medical unit and facility staff.

C. Provides one-to-one intervention and follow-up of inmates/patients who suffer from substance abuse.

D. Provides input to facility administration regarding treatment response and progress reports of inmates/patients on a regularly scheduled basis.

E. Facilitates admission and placement of certified inmates/patients in forensic and community Mental Health facilities. Initiates the required paper work for the inmates/patients entry.

F. Monitors all psychiatric/psychological clinical services provided.

G. Monitors and document treatment responses of inmates/patients and documents.

H. Ensures complete, accurate and timely entries are made for each inmate/patient contact.

I. Evaluates mental health status of inmates/patients who have been referred by a primary treatment provider.

J. Monitors that standards of care are in accordance with NCCHC/ACA and accepted psychiatric/psychological standards. Application of standards form the basis for Quality Assurance criteria.

K. Is a member of the Quality Assurance Committee and sub-committees. Assists in the establishment of Quality Assurance standards and audit criteria.

L. Serves as a member of various committees within the medical unit and facility as necessary.

M. Develops and conducts in-service education programs according to annual in-service calendar.

N. Prepares monthly reports, which reflect performance. Submit copy to the Health Services Administrator.

O. Actively assist with the detection and prevention of inmate/patient suicide.

P. Any/all other duties and responsibilities as assigned and delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

Policy Name: **Psychiatric Nurse**

Number: PCM C-04.28

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Psychiatric Nurse

II. **SUPERVISED BY:** Psychiatrist, Physician

III. **GENERAL DUTIES:** Responsible for coordinating and implementing mental health program.

IV. **QUALIFICATIONS:**

A. Must be a Registered Nurse (RN). Must have either basic or advanced certification as a Psychiatric Nurse.

B. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

V. **RESPONSIBILITIES:**

A. Responsible for the clinical monitoring, coordinating, and implementing of the mental health program in accordance with NCCHC/ACA Standards and PrimeCare Medical (PCM) policies and procedures.

B. Serve as the mental health liaison between the medical unit, facility staff and PCM.

C. Serve as the PCM liaison for psychiatric/psychological services outside the facility.

D. Provide input to facility administrator regarding treatment response and progress reports on inmates/patients on a regularly scheduled basis.

E. Facilitate admission and placement of inmates/patients in forensic and community Mental Health facilities.

F. Monitor all psychiatric/psychological clinical services provided.

G. Monitor and document treatment response of inmate/patients.

H. Ensure that complete, accurate, and timely entries are made for each inmate/patient contact.

I. Work in harmony with mental health agency and legal system.

J. Monitor the standards of care in accordance with NCCHC and accepted psychiatric/psychological standards. Application of standards form the basis for Quality Assurance criteria.

K. Assess mental health status of inmate/patients who have been referred by a primary treatment provider and review with the psychiatrist/psychologist.

L. All orders and re-orders of medications should be checked and verified to ensure inmate/patient does not have medication in the bin to fill the order.

M. Is a member of the Quality Assurance Committee and sub-committees. Assists in the establishment of Quality Assurance standards and audit criteria.

N. Serve as a member of various committees within the medical unit and facility as necessary.

O. Develop and conduct in-service education programs according to annual in-service calendar.

P. Prepare monthly reports, which reflect performance. Submit copy to Corporate Office.

Q. Keep facility administrator and HSA informed at all times of problem areas.

R. Actively assist with the detection and prevention of inmate/patient suicide.

S. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

PRIMECARE MEDICAL, INC.
ALL CONTRACT FACILITIES

Policy Name: **Psychotherapist**

Number: PCM C-04.32

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09, 01/01/10

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Psychotherapist

II. **SUPERVISED BY:** Psychiatrist and Health Services Administrator

III. **SUPERVISES:** Not Applicable

IV. **GENERAL DUTIES:** Responsible for coordinating and implementing mental health program.

V. **QUALIFICATIONS:**

A. Master's degree in Psychology or Counseling required.

B. Graduate of an accredited school.

C. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

D. Minimum of one (1) year clinical experience.

VI. **RESPONSIBILITIES:**

A. Responsible for helping with the clinical monitoring, coordinating and implementing of the mental health program in accordance with NCCHC/ACA Standards.

B. Serve as the mental health liaison between the medical unit and facility staff.

C. Provide one-to-one intervention and follow-up of inmates/patients who suffer from substance abuse.

D. Provide input to facility administration regarding treatment response and progress reports of inmates/patients on a regularly scheduled basis.

E. Monitor all psychiatric/psychological clinical services provided in coordination with other mental health staff.

F. Monitor and document treatment responses of inmate/patients and documents.

G Ensure complete, accurate and timely entries are made for each inmate/patient contact.

H. Evaluate mental health status of inmate/patients who have been referred by a primary treatment provider.

I. Monitor that standards of care are in accordance with NCCHC/ACA and accepted psychiatric/psychological standards. Application of standards form the basis for Quality Assurance criteria.

J. Is a member of the Quality Assurance Committee and sub-committees. Assist in the establishment of Quality Assurance standards and audit criteria.

K. Serve as a member of various committees within the medical unit and facility as necessary.

L. Develop and conduct in-service education programs according to annual in-service calendar.

M. Actively assist with the detection and prevention of inmate/patient suicide.

N. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

Policy Name: **Certified Addiction Counselor**

Number: PCM C-04.48

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Certified Addiction Counselor

II. **SUPERVISED BY:** Supervising Mental Health Clinician, Health Services Administrator

III. **SUPERVISES:** Not Applicable

IV. **GENERAL DUTIES:** Responsible for therapeutic care, treatment, and rehabilitation for persons afflicted with a substance addiction.

V. **QUALIFICATIONS:**

A. Bachelor's Degree in Human Services or related field preferred.

B. One (1) – two (2) years experience working as a Certified Addiction Counselor preferred.

C. Have a demonstrated knowledge of rehabilitation programs and behaviors of individuals going through recovery.

D. Have an advanced knowledge of bio-, psycho-, and social characteristics and manifestations of chemical dependency and/or mental illness.

E. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

VI. **RESPONSIBILITIES:**

A. Treatment and rehabilitation of chemically dependent persons and/or mental health problems in both a group and individual setting.

B. Keep appropriate reports and maintain record keeping.

C. Provide assessments and evaluations based upon appropriate criteria.

D. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

Policy Name: Masters Level Social Worker (MSW)

Number: PCM C-04.20

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09, 01/01/10

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Masters Level Social Worker (MSW)

II. **SUPERVISED BY:** Clinical Psychiatrist/Medical Director, Psychologist, Health Services Administrator

III. **SUPERVISES:** Not Applicable

IV. **GENERAL DUTIES:** Responsible for coordinating and implementing mental health.

V. **QUALIFICATIONS:**

A. Master's degree required in social work.

B. Graduate of an accredited school of social work.

C. Licensed to practice in the state in which the facility is located.

D. Minimum of one (1) year clinical experience preferred.

E. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

VI. **RESPONSIBILITIES:**

A. Responsible for the clinical monitoring, coordinating and implementing of the mental health program in accordance with NCCHC/ACA Standards.

B. Serve as the mental health liaison between the medical unit and facility staff.

C. Serve as the PrimeCare Medical (PCM) mental health liaison for psychiatric/psychological services, outside health care facilities and facility departments with regard to mental health requirements/meetings.

D. Provide one-to-one intervention and follow-up of inmates/patients who suffer from substance abuse.

E. Provide input to facility administration regarding treatment response and progress reports of inmates/patients on a regularly scheduled basis.

F. Facilitate admission and placement of inmates/patients in forensic and community Mental Health facilities. Initiates the required paper work for the inmate's/patient's entry.

G. Monitor all psychiatric/psychological clinical services provided.

H. Monitor and document treatment responses of inmates/patients and documents.

I. Ensure complete, accurate and timely entries are made for each inmate/patient contact.

J. Work in harmony with mental health agencies and legal systems.

K. Evaluate mental health status of inmates/patients who have been referred by a primary treatment provider.

L. Monitor that standards of care are in accordance with NCCHC/ACA and accepted psychiatric/psychological standards. Application of standards form the basis for Quality Assurance criteria.

M. Is a member of the Quality Assurance Committee and sub-committees. Assist in the establishment of Quality Assurance standards and audit criteria.

N. Serve as a member of various committees within the medical unit and facility as necessary.

O. Develop and conduct in-service education programs according to annual in-service calendar.

P. Prepare monthly reports, which reflect performance. Submit copy to Health Services Administrator.

Q. Actively assist with the detection and prevention of inmate/patient suicide.

R. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: I certify that I have read and understand the scope of my job classification.

_____ _____

Signature of Employee Date

PRIMECARE MEDICAL, INC.
ALL CONTRACT FACILITIES

Policy Name: **Medical Assistant**

Number: PCM C-04.16

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Medical Assistant

II. **SUPERVISED BY:** Health Services Administrator, Nurse Supervisor, RN, LPN

III. **SUPERVISES:** Not Applicable

IV. **GENERAL DUTIES:** Responsibilities include medical and clerical functions.

V. **QUALIFICATIONS:**

A. High school graduate.

B. Completion of an approved Medical Assistant/Secretary program.

C. Clerical experience; ability to type.

D. Effective communication skills.

E. Pleasant telephone manner.

F. Ability to understand and follow oral and written instructions.

G. Working knowledge of office equipment and medical equipment.

H. Working knowledge of medical terminology.

I. Insured for required professional liability insurance in such amounts as required by state law, but no less than $1 million per occurrence.

VI. RESPONSIBILITIES:

A. Phone verification of medications and medical information.

B. Perform initial intake screening on new receptions, take vital signs and complete all appropriate intake forms per written protocol.

C. Prepare and maintain examination and treatment areas.

D. Obtain lab specimens as ordered by the Physician (to include Venipunctures).

E. Perform various treatments ordered by a Physician.

F. Perform twelve (12) lead electrocardiograms and assemble results for interpretation by a PrimeCare Medical Physician.

G. Maintain medication records.

H. Administer tuberculin skin testing on new intakes and on annual follow-ups due on all inmates/patients.

I. Typing of various reports, letters and memoranda.

J. Answer telephone and process calls.

K. Escort visitors to and from medical unit.

L. Maintain filing system and confidentiality of information at all times.

M. Follow universal precautions at all times.

N. Maintain pleasant working attitude.

O. Any/all other duties and responsibilities as assigned or delegated.

***CERTIFICATION**: I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date.

PRIMECARE MEDICAL, INC.
ALL CONTRACT FACILITIES

Policy Name: **Office Clerk (Facility)**

Number: PCM C-04.24

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09

Reference: PCM C-04

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. **POSITION CLASSIFICATION:** Office Clerk (Facility)

II. **SUPERVISED BY:** Health Services Administrator

III. **SUPERVISES:** Not Applicable

IV. **GENERAL DUTIES:** Responsible for coordinating office functions.

V. **QUALIFICATIONS:**

A. High school graduate.

B. One (1) year clerical experience.

C. Ability to type with accuracy.

D. Effective communication skills.

E. Pleasant telephone manner.

F. Ability to understand and follow oral and written instructions.

G. Working knowledge of office equipment.

H. Working knowledge of office practices and procedures, English, spelling and math.

VI. **RESPONSIBILITIES:**

A. Typing of various reports, letters and memoranda.

B. Answers telephone and processes calls.

C. Escort visitors to and from medical unit if applicable.

D. Maintains filing system and confidentiality of information at all times.

E. Maintains pleasant working attitude.

F. Any/all other duties and responsibilities as assigned or delegated.

CERTIFICATION: *I certify that I have read and understand the scope of my job classification.*

_____ _____

Signature of Employee Date

PRIMECARE MEDICAL, INC.
ALL CONTRACT FACILITIES

Policy Name: **Formulary**

Number: PCM D-01

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09

Reference: NCCHC 2008 (J-D-01)(P-D-01), 2004 (Y-D-01)

Approval: _____ _____

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedures

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

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I. **PURPOSE:** To provide a system for standardizing the medication(s) used within the medical unit/department.

II. **SCOPE:** The PrimeCare Medical, Inc. (PCM) Formulary is a listing of medications approved for use within a medical unit of a facility in which PCM is contracted to provide pharmaceutical services. The listing includes legend and non-legend drugs.

III. **POLICY:** This formulary must be adhered to by all facilities in which PCM is contracted to provide pharmaceutical services. When available, all prescriptions are to be filled by the contract pharmacy with generic drugs unless otherwise specified by the PCM Medical Director at each contract site. It is the responsibility of the PCM Health Services Administrator to notify all sub-contractors in the facility of the policies and guidelines. If a PCM physician orders a non-formulary medication or specifies a brand name drug when a generic is available, a **Formulary Change Form must be completed**.

The following procedure is to be used when non-formulary medication is requested.

A. The PCM Health Services Administrator is to immediately call the Corporate Medical Director at 1-800-245-7277 in order to request non-formulary medications for conditions that are considered to be life threatening **(Psychotropic, Hypertensive, Cardiac, and Pulmonary medications). A Formulary Change Form must still be sent via FAX at the earliest time, even though a phone review has occurred.**

B. The Formulary Change Form is to be faxed to the Corporate Office the day the medication is requested by the PCM Physician.

C. The Corporate Office will usually respond to emergency formulary changes the same day they are received, but no later than twenty-four (24) hours after

receipt. All other non-emergency formulary changes will be responded to within seventy-two (72) hours after receipt in the Corporate Office.

D. Corporate Office will maintain a log documenting when the formulary change was received and when it was answered.

E. The facilities should also maintain a log documenting when Formulary Change Forms were sent and when a response was received from the Corporate Office.

F. Once the facility receives an approved response from the Corporate Office, the Formulary Request Form should be faxed to the pharmacy. This will be their authorization to provide the requested medication.

G. Each pharmacy has been instructed not to fill a non-formulary request, other than in emergency circumstances, unless a Formulary Change Form has been completed and approved by the PCM Utilization Review Committee.

H. Each pharmacy is to provide a separate monthly report of non-formulary drugs that were used at each facility.

I. Each PCM Health Services Administrator must establish a local procedure with which they can monitor the facility's medication requests and need for non-formulary medications. The PCM Health Services Administrator will be held accountable for this process.

PrimeCare Medical, Inc

FORMULARY

2014

CONFIDENTIAL & PROPRIETARY

Updated 3/21/2014

PrimeCare Medical Formulary
2014

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Formulary Facility Review Date:_____

This Formulary has been reviewed and approved by:_____
President and Corporate Medical Director

This Formulary has been reviewed and approved by:_____
Facility Medical Director

This Formulary has been reviewed and approved by:_____
Health Services Administrator

PRIMECARE
MEDICAL, INC.+

FROM: Todd W. Haskins, RN, BSN, CCHP
Vice President of Operations

DATE: March 11, 2014

SUBJECT: **2014-2015 PCM Formulary Additions and Deletions**

CHANGES TO 2014-2015 FORMULARY

REMOVED		ADDED
Protonix	Glyburide/Micronase	Prilosec
Asacol-managed	Prochlorperazine/Compazine	Delzicol
Nasarel/flunisolide	Hyoscyamine/Levsin	Flonase/fluticasone
Lopresser ER	Ketorolac/Toradol PO	Prazosin/Minipress
Cardizem	Aluterol PO	Cardizem ER/Calan SR
Bumetanide/Bumex	Albuterol MDI	Minocycline/Minocin
Triamterine/hctz-Maxide	Guaifenesin syrup	Diflucan 100mg
Nadolol/Carguard	Diazepam/Valium PO	Zithromax Z-pak
Enalapril/Vasotec	Hydroxyzine/Atarax IM	Stromectol/Ivermectin
Isosorbide Dinitrate/Isordil	Geodon	Valacyclovir/Valtex
Doxasosin/Cardura	Imipramine/Tofranil	Stibild
Pravastatin/Pravachol	Cymbalta	Tivicay
Vibramycin/Doxycycline	Lumigan eye drops	Pioglitizone/Actos
Probenecid	Promethazine/Phenergen PO	Excedrin
Trimethoprim	Ofloxacin/Floxin	Sumatriptan/Imitrex
Biaxin	Enoxaparin/Lovenox	Montelukast/Singulair
Trichloracetic Acid/TCA	Ciclesonide/Alvesco	Seroquel 50mg
Terbinafine/Lamisil Cream	Monetasone/Asmanex	Lexapro
Metformin ER/Glucophage ER	Fluticasone/Flovent	Priftin/Rifapentine

NAME SPECIFIC MEDICATIONS

Minocin	Rifapentine	Delzicol
Diflucan	Methotrexate	
Imitrex	Amiodarone	
Flonase	Sotalol	
All Steriod Creams	Rythmol	
Ivermectin - (1 box to start)	Singulair	
Ear Drops - (1 box to start)	Valtrex	

PrimeCare Medical, Inc.

Section I

Formulary

Chapter 1 Anesthetics				
Drug	Brand		Strength	Comments / Special Instructions
Lidocaine 1% Inj	Lidocaine 1% Inj		10mg/ml	
Lidocaine 2% Inj	Lidocaine 2% Inj		20mg/ml	
Chapter 2 Antiinfectives				
Drug	**Brand**		**Strength**	**Comments / Special Instructions**
2.1.1 CEPHALOSPORINS				
Cephalexin	Keflex	1st Choice	250mg, 500mg	**NOT TO BE USED FOR SUSPECTED MRSA INFECTIONS**
Cefuroxime	Ceftin	2nd Choice	250mg, 500mg	**NOT TO BE USED FOR SUSPECTED MRSA INFECTIONS**
Ceftriaxone	Rocephin		250mg, 500mg, 1 Gm, 2 Gm	
2.1.2 MACROLIDES				
Azithromycin	Zithromax		Zpak, 250mg, 500mg, 600mg	Consider first line for Clamydia Trachomatis (CT)
2.1.3 PENICILLINS				
Penicillin v potassium	Penicillin	1st Choice	500mg	
Amoxicillin	Amoxil	1st Choice	500mg	
Amoxicillin & Potassium Clavulanate	Augmentin	2nd Choice	500mg, 875mg	
Penicillin G potassium	Penicillin Inj		1.2, 2.4 Million Units	
2.1.4 SULFONAMIDES				
Trimethoprim/Sulfamethoxazole	Bactrim		SS, & Double Strength	
2.1.5 TETRACYCLINES				
Minocycline	Minocin	Last Line	100mg	Patient Specific Stock NOT Permitted
2.1.6 ANTIINFECTIVES OTHER				
Clindamycin	Cleocin		150mg	
2.1.7 URINARY ANTIINFECTIVES				
Nitrofurantoin (Macrobid)	Updated 3/21/2014	Last Line	100mg	
2.1.8 QUINOLONES				
Levofloxacin	Levaquin	1st Choice	250mg, 500mg	
Ciprofloxin	Cipro	2nd Choice	250mg, 500mg	
2.2 TOPICAL ANTIBACTERIAL				
Triple Antibiotic	Neosporin	1st Choice	Ointment	
Providone Iodine	Betadine			
Bacitracin	Baciguent	2nd Choice	500 units/g Ointment	
Mupirocin	Bactroban	Last Line	Ointment	
Silver Sulfadiazine	Silvadene		1% Cream	
2.3 ORAL ANTIFUNGAL				
Fluconazole	Diflucan		100mg, 150mg	Patient Specific Stock NOT Permitted
Nystatin	Mycostatin		100,000 Units/ml	
2.4.1 TOPICAL ANTIFUNGALS				
Tolnaftate	Tinactin	1st Choice	Cream, Powder	
Clotrimazole	Lotrimin	1st Choice	Cream	
Ketoconazole	Nizoral	2nd Choice	15gram only	
Miconazole Cream	Monistat		Cream	
2.4.2 TOPICAL ANTIFUNGAL-CORTICOSTEROID COMBINATIONS				
Tolnaftate/Hydrocortisone	Each	1st Choice	Creams - use separate	MUST BE DISPENSED AS 2 SEPARATE ENTITIES
Clotrimazole/Betamethasone	Each = Lotrisone	2nd Choice	Creams - use separate	MUST BE DISPENSED AS 2 SEPARATE ENTITIES
2.5.1 ANTIRETROVIRALS & PROTEASE INHIBITORS (HIV TREATMENT)				ALL HIV MEDICATIONS/TYPES ARE APPROVED
abacavir sulfate	Ziagen		300 mg	NON-FORUMARY REQUEST ARE NOT REQUIRED
abacavir sulfate/lamivudine	Epzicom		600/300mg	
abacavir sulfate/lamivudine/zidovudine	Trizivir		300/150/300mg	
atazanavir sulfate	Reyataz		100mg, 150mg, 200mg	
darunavir ethanolate	Prezista		300mg, 600mg	
delavirdine mesylate	Rescriptor		100mg, 200mg	
didanosine (ddI didcoxyinosine)	DDI/Videx		200mg, 250mg, 400mg	
dolutegravir	Tivicay		50mg	
efavirenz	Sustiva		50mg, 100mg, 200mg & 600mg	
efavirenz tenofovir emtricitabine	Atripla		600mg/200mg/300mg	
emtricitabine	Emtriva		200mg	
emtricitabine/rilpivirine/tenofovir	Complera		200mg/25mg/300mg	
emtricitabine/tenofovir	Truvada		200/300mg	
Emtriva/Viread/Elvitegravir	Stribild		150mg/150mg/200mg/300mg	
enfuvirtide	Fuzeon		90mg/ml Inj	
etravirine	Intelence		100mg	
fosamprenavir calcium	Lexiva		700mg	
indinavir sulfate	Crixivan		100mg, 200mg, 333mg, 400mg	
lamivudine 3TC	Epivir		150mg, 300mg	
lamivudine/zidovudine	Combivir		150/300 mg	
lopinavir and retonavir	Kaletra		100/25, 200/50mg	
maraviroc	Selzentry		150mg, 300mg	
nelfinavir mesylate	Viracept		250mg, 625mg	
nevirapine	Viramune		200mg	
raltegravir	Isentress		400mg	
rilpivirine	Edurant		25mg	
ritonavir	Norvir		100mg	
saquinavir mesylate	Invirase		200mg, 500mg	
stavudine	Zerit		15mg, 20mg, 30mg, 40mg	
tenofovir disoproxil fumarate	Viread		300mg	
tipranavir	Aptivus		250mg	
zidovudine	Retrovir		300mg	
2.5.2 OTHER ANTIVIRAL DRUGS				
Acyclovir	Zovirax	1st Choice	200mg, 400mg	
Valacyclovir	Valtrex	2nd Choice	1000mg	Pt Specific - Recurrence Only - maintenance Acyclovir should be utilized
2.6.1 ANTITUBERCULOSIS DRUGS				
Isonicotinic Acid Hydrazide; INH	Isoniazid		300mg	
Ethambutol	Myambutol		100mg, 400mg	
Rifapentine	Priftin		150mg	Patient Specific-Stock NOT Permitted
Rifampin	Rimactane		150mg, 300mg	
Pyrazinamide	Pyrazinamide		500mg	
2.6.2 PLASMODICIDES				
Hydroychloroquine Sulfate	Plaquenil		200mg	
2.6.3 TRICHOMONOCIDES				
Metronidazole	Flagyl		250mg, 500mg	

Chapter 3 Cardiovascular Medications				
Drug	**Brand**		**Strength**	**Comments / Special Instructions**
3.1 CARDIAC GLYCOSIDES				
Digoxin	Lanoxin		0.125mg, 0.25mg	
3.2 CALCIUM ANTAGONISTS				
Amlodipine	Norvasc	1st Choice	2.5mg, 5mg, 10mg	
Verapamil SR	Calan SR	1st Choice	180mg, 240mg	Long Acting Only
Diltiazem ER, CD, SR	Cardizem ER	2nd Choice	120mg, 180mg, 240mg	Long Acting Only
3.3.1 LOOP DIURETICS				
Furosemide	Lasix		20mg, 40mg, 80mg Tab	
Furosemide	Lasix Inj		20mg/2ml Inj	
3.3.2 THIAZIDE AND RELATED DRUGS				
Hydrochlorothiazide	Hydrodiuril		25mg, 50mg	
3.3.3 POTASSIUM SPARING DIURETICS				
Spironolactone	Aldactone		25mg, 50mg , 100MG	
3.4 BETA-ADRENERGIC ANTAGONIST DRUGS				
Atenolol	Tenormin	1st Choice	25mg, 50mg, 100mg	
Metoprolol	Lopressor	2nd Choice	25mg, 50mg, 100mg	ER NOT Approved
Propranolol (ER Approved)	Inderal		10mg, 20mg, 40mg, 60mg, 80mg	
Carvedilol	Coreg		3.125mg, 6.25mg, 12.5mg, 25mg	
Labetalol	Normodyne	Last Line	100mg, 200mg, 300mg	
3.5.1 VASODILATOR ANTIHYPERTENSIVES				
Terazosin HCL	Hytrin	1st Choice	1mg, 2mg, 5mg, 10mg	
Hydralazine	Apresoline	2nd Choice	10mg, 25mg, 50mg	
3.5.2 CENTRALLY ACTING ANTIHYPERTENSIVES				
Clonidine	Catapres		0.1mg, 0.2mg, 0.3mg	
3.5.3 ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS				
Lisinopril	Prinivil	1st Choice	2.5mg, 5mg, 10mg, 20mg	
Benazepril	Lotensin	2nd Choice	5mg,10 mg, 20mg	
3.5.4 ANGIOTENSIN II RECEPTOR ANTAGONISTS				
Losartan	Cozaar		25mg, 50mg, 100mg	
Losartan/HCTZ	Hyzaar		50mg/12.5mg, 100mg/25mg	
3.5.5 OTHER ANTIHYPERTENSIVES				
Prazosin	Minipress		1mg, 2mg, 5mg	
3.6 NITRATES				
Isosorbide mononitrate	Imdur		10mg, 20mg, 30mg, 60mg	
Nitroglycerin SL	Nitrostat SL		0.4mg, 0.6mg	
3.7 ANTIDYSRYTHMIC DRUGS				
Amiodarone	Cordarone		200mg	**This drug cannot be a started at any PrimeCare Medical setting**Pt. specific
Sotalol	Betapace		80mg	**This drug cannot be a started at any PrimeCare Medical setting**Pt. Specific
propafenone	Rythmol		150mg, 225mg, 300mg	**This drug cannot be a started at any PrimeCare Medical setting**Pt. specific
3.8.1 HYPOLIPOPROTEINEMICS				
Fish Oil	Fish Oil		1000mg	
Gemfibrozol	Lopid		600mg	
Nicotinic Acid	Niacin		100mg 250mg SA, 500mg SA	
3.8.2 HMG-COA REDUCTASE INHIBITORS				
Simvastatin	Zocor	1st Choice	10mg, 20mg, 40mg (Only)	
Lovastatin	Mevacor	2nd Choice	10mg, 20mg (Only)	
3.9 OTHER CARDIAC RELATED MEDICATIONS				
Epinephrine	Epi-Pen		1:1,000 1mg/ml	

Chapter 4 AUTONOMIC & CNS MEDICATIONS				
Drug	**Brand**		**Strength**	**Comments / Special Instructions**
4.1.1 ANAGESICS				
Aspirin E.C.	Ecotrin		81mg, 325mg	
Acetaminophen	Tylenol	1st Choice	325mg, 500mg	
Ibuprofen	Motrin	1st Choice	200mg, 400mg, 600mg	Long Term Use = GI Protector Indicated
Meloxicam	Mobic	1st Choice	7.5mg/15mg	Long Term Use = GI Protector Indicated
Naproxen	Naprosyn	2nd Choice	375mg ONLY	Long Term Use = GI Protector Indicated
Nabumetone	Relafen	Last Line	500mg	Must have failed attempts on Motrin, Mobic, & Naprosyn
Ketorolac Tromethamine	Toradol		15mg/ml IM/IV ONLY	**Short Term Use ONLY (3 days or less)**
4.1.1.1 CLASS II NARCOTICS				
Oxycodone w/Acetaminophin	Percocet	Last Line	5mg/325mg	
4.1.1.2 CLASS III NARCOTICS				
Tramadol Hydrochloride	Ultram	1st Choice	50mg	
Codeine Sulfate	Codeine		15mg, 30mg	
Acetaminophen w/Codeine #3	Tylenol #3	1st Choice	300/30mg	
Hydrocodone/APAP	Vicodin	2nd Choice	5mg/325mg	
4.1.2 DRUGS TO PREVENT AND TREAT HEADACHES				
Acetaminophen/Asprin/Caffine	Excedrin	1st Choice	250/250/65mg	
Sumatriptan succinate	Imitrex	2nd Choice	50mg Only	Patient Specific Stock NOT Permitted
4.2.1 ANXIOLYTICS (antipanic or antianxiety agent)				
Buspirone	Buspar		10mg, 15mg	
Clonazepam	Klonopin		0.5mg, 1mg, 2mg	
Diazepam Inj	Valium Inj		Inj: 5mg/ml syringes	
Lorazepam	Ativan		0.5mg, 1mg, 2mg Tab	
Lorazepam Inj	Ativan Inj		Inj: 2mg/ml syringes	
Chlordiazepoxide	Librium		25mg	
4.2.2 ANTIMANIA DRUGS				
Lithium Carbonate	Eskalith		150mg, 300mg	
4.2.3 CARBAMAZEPINES				
Carbamazepine	Tegretol		100mg, 200mg	
4.2.4 ANTICONVULSANTS				
Gabapentin	Neurontin		100mg, 300mg, 400mg	
Lamotrigine	Lamictal		25mg, 100mg, 200mg	
Levetiracetam	Keppra		250mg, 500mg, 750mg	
Oxcarbazepine	Trileptal		150mg, 300mg, 600mg	
Phenobarbital	Luminal Sodium		16.2mg, 32.4mg, 64.8mg	
Phenytoin	Dilantin		100mg	
Primidone	Mysoline		50mg, 250mg	
Topiramate	Topamax		25mg, 50mg, 100mg	
4.2.5 VALPROIC ACID & DERIVATIVES				
Divalproex Sodium (Depakote)	Depakote		250mg, 500mg	Not ER or Depakene

4.3.1 TERTIARY AMINES				
Amitriptyline	Elavil		10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
Doxepin	Sinequan		25mg, 50mg, 75mg, 100mg	
4.3.2 SECONDARY AMINES				
Nortriptyline	Pamelor		10mg, 25mg, 50mg, 75mg	
4.3.3 SELECTIVE SEROTONIN REUPTAKE INHIBITORS				
Citalopram Hydrobromide	Celexa		10mg, 20mg, 40mg	
Escitalopram	Lexapro		10mg, 20mg	
Fluoxetine	Prozac		10mg, 20mg	
Paroxetine HCL	Paxil		10mg, 20mg, 30mg, 40mg	Immediate-Release Only - CR Not Approved
Sertraline	Zoloft		25mg, 50mg, 100mg	Immediate-Release Only
4.3.4 OTHER ANTIDEPRESSANTS				
Trazadone	Desyrel		50, 100, 150mg	
Bupropion	Wellbutrin		75mg, 100mg	Immediate-Release Only
Mirtazapine	Remeron		15, 30, 45mg	
Venlafaxine HCL	Effexor		75mg, 150mg	Immediate-Release Only
4.4 ANTIVERTIGO & ANTIEMETIC DRUGS				
Meclizine	Antivert		12.5mg, 25mg	
Ondansetron	Zofran	1st Choice	4mg Tablet & IM 2mg/2ml	
Promethazine	Phenergan	2nd Choice	25mg/ml IM ONLY	
Metoclopramide Hydrochloride	Reglan		5mg, 10mg	
4.5 ANTIPARKINSON ANTICHOLINERGIC DRUGS				
Benztropine Mesylate	Cogentin		0.5mg, 1mg, 2mg	Injectable NON-FORMULARY
Carbidopa/Levodopa	Sinemet		10/100mg, 25/100mg, 25/250mg	
Trihexyphenidyl	Artane		2mg, 5mg	
4.6 ANTIPSYCHOTIC DRUGS				
Fluphenazine (Prolixin)	Prolixin		1mg, 5mg, 10mg	Tablet & Decanoate
Haloperidol	Haldol		0.5mg, 1mg, 2mg, 5mg, 10mg	**Tablet, Injection & Decanoate Approved**
Haloperidol	Haldol Inj		5mg/ml Inj	Inj. Cogentin Not Authorized Substitue IM Benadryl
Risperidone	Risperdal		0.5mg, 1mg, 2mg, 4mg,	
Perphenazine	Trilafon		2mg, 4mg, 8mg, 16mg	
Quetiapine Fumarate	Seroquel		50mg, 100mg, 200mg Tab	
Olanzapine	Zyprexa		5mg, 10 mg Tab	
4.7 DRUGS TO TREAT MULTIPLE SCLEROSIS				
Typical Approved NF Required				

Chapter 5 DERMATOLOGICAL MEDICATIONS Drug	Brand		Strength	Comments / Special Instructions
5.1 TOPICAL CORTICOSTEROID DRUGS				
Hydrocortisone	Hydrocortisone	1st Choice	0.5%, 1%, 2.5% Cream, Ointment	Patient Specific Stock NOT Permitted
Triamcinolone	Aristocort	2nd Choice	0.025%, 0.1% Cream, Oint, Lotion	Patient Specific Stock NOT Permitted
Bethamethasone Valerate	Valisone	Last Line	0.1% Cream, Oint, Lotion	Patient Specific Stock NOT Permitted
5.1.2 TOPICAL ANTIBACTERIAL				
Triple Antibiotic (Neosporin)	Neosporin	1st Choice	Ointment	
Mupirocin	Bactroban	Last Line	Ointment	
Providone Iodine	Betadine		Solution/Swabs	
Silver Sulfadiazine	Silvadene		1% Cream	
5.1.3 TOPICAL ANTIFUNGALS				
Tolnaftate	Tinactin	1st Choice	Cream, Powder	
Clotrimazole	Lotrimin	1st Choice	Cream	
Ketoconazole	Nizoral	2nd Choice	15gram only	
Miconazole Cream	Monistat		Cream	
5.1.4 TOPICAL ANTIFUNGAL-CORTICOSTEROID COMBINATIONS				
Tolnaftate/Hydrocortisone	Each	1st Choice	Creams - use separate	MUST BE DISPENSED AS 2 SEPARATE ENTITIES
Clotrimazole/Betamethasone	Lotrisone	2nd Choice	Cream- use separate	MUST BE DISPENSED AS 2 SEPARATE ENTITIES
5.2 ANTIPRURITIC DRUGS				
Hydroxyzine Pam	Vistaril		10mg, 25mg, 50mg Capsule	
5.3 ANTIACNE DRUGS				
Benzoyl Peroxide	Oxy-10		10% Gel	
5.4 KERATOLYTIC DRUGS				
podophyllin	Podocon		Solution	Order Stock only provider application only
5.5 ANTIPSORIASIS & ANTIECZEMA DRUGS				
Selenium Sulfide	Selsun		2.5% Lotion, Shampoo	
5.6 TOPICAL DERMATOLOGICAL DRUGS				
Ivermetin	Stromectol	1st Choice	3mg (200mcg/kg)	The dose for treating scabies is 200mcg/kg. Dose is repeated in two weeks.
Permethrin	Elimite	2nd Choice	5% Cream	
Permethrin 280 mg (1%)	Nix®		1% Solution	
Piperonyl butoxide	Pyrinyl		Lotion/Shampoo	

Chapter 6 EAR - NOSE - THROAT MEDICATIONS Drug	Brand		Strength	Comments / Special Instructions
6.1 DRUGS AFFECTING THE EAR				
Carbamide Peroxide Solution	Debrox		OTIC	
Ofloxacin (Floxin)	Floxin OTIC	1st Choice	0.3% OTIC	Patient Specific Stock NOT Permitted
Hydrocortisone/Neomycin/Polymyxin B	Triple Antibiotic	2nd Choice	OTIC	Patient Specific Stock NOT Permitted
6.2 DRUGS AFFECTING THE NOSE				
Sodium Chloride Solution	Deep Sea	1st Choice	NASAL	
Fluticasone	Flonase	2nd Choice	50mcg/ Spray NASAL	Patient Specific Stock NOT Permitted
6.3 DRUGS AFFECTING THE THROAT AND MOUTH				
Chlorhexidine Gluconate	Peridex		0.12% oral solution	
Orasal Gel	Oragel		OTC	

Chapter 7 ENDOCRINE MEDICATIONS Drug	Brand		Strength	Comments / Special Instructions
7.1.1 INSULIN				
Insulin-Human (Novolin N,R,L, 70/30)			U-100 Injection	
7.1.2 ORAL HYPOGLYCEMIC DRUGS				
Glimepiride	Amaryl	1st Choice	1mg, 2mg, 4mg	
Glipizide	Glucotrol	1st Choice	5, 10mg	
Metformin	Glucophage	1st Choice	500mg, 850mg, 1000mg	
Pioglitazone	Actos	Last Line	15mg, 30mg, 45mg	
7.2.1 GLUCOCORTICOID DRUGS				
Dexamethasone	Decadron		4mg/ml Inj	
Methylprednisolone	Medrol		Dosepack/21, 125mg Inj	
Prednisolone	Prednisone		5mg, 10mg, 20mg, 50mg Tablet	
7.2.2 MINERALOCORTICOID DRUGS				
Fludrocortisone	Florinef		0.1mg	
7.3.1 THYROID SUPPLEMENTS				
Levothyroxine	Synthroid		25mcg - 300mcg Approved	
7.3.2 ANTITHYROID SUPPLEMENTS				
Methimazole	Tapazole	1st Choice	5mg, 10mg	
Propylthiouracil	PTU	2nd Choice	50mg	
7.3.3 OTHER ENDOCRINE DRUGS				
Glucagon Emergency Kit	Glucagon		KIT	
Alendronate	Fosamax		10mg, 70mg	

Chapter 8 GASTROINTESTINAL MEDICATIONS Drug	Brand		Strength	Comments / Special Instructions
8.1 ANTIDIARRHEAL DRUGS				
Kaolin/Pectin Liquid	Kaopectate		OTC	
Loperamide	Imodium		2mg Capsule	
8.2 ANTISPASMODICS/DRUGS AFFECT GI MOTILITY				
Bismuth Liquid	Pepto-Bismol		OTC	
Dicyclomine	Bentyl		10mg, 20mg	
Metoclopramide Hydrochloride	Reglan		5mg, 10mg	
8.3.1 ANTIULCER DRUGS				
Aluminum Hydroxide/Magnesium Hydroxide	Maalox/Mylanta		Susp or Tablets	
Famotidine	Pepcid	1st Choice	20mg	
Ranitidine	Zantac	2nd Choice	150mg	
Sucralfate	Carafate		1 gram	
8.3.2 PROTON PUMP INHIBITORS				
Omeprazole	Prilosec		20mg	PPI's are subject to change availability
8.3.3 HELIOBACTER PYLORI DRUGS				
(Use Individual Doses of Medications)				Use: Omeprazole & Amoxicillin & Clarithromycin
8.4 LAXATIVES AND CATHARTICS				
Magnesium hydroxide	Milk of Magnesia		OTC	
Bisacodyl	Dulcolax		5mg Tab, 10mg Supps	
Sodium Phosphate Enemas	Fleets			
Docusate Sodium	Colace		100mg Capsule	
Polyethylene Glycol	Miralax			
8.5 OTHER GI DRUGS				

Sulfasalazine	Azulfidine	1st Choice	500mg Tablet	
Mesalamine	Delzicol	2nd Choice	400mg Capsules	Must have failed Attempt of Sulfasalazine Patient specific, Stock Not Permitted
Hemorrhoidal	Preparation H		Ointment, Suppositories	
Psyllium Powder	Metamucil		Powder	
Activated Charcoal Syrup	Charcoal		E-Box	

Chapter 9 IMMUNOLOGICALS & VACCINES Drug	Brand		Strength	Comments / Special Instructions
9.1 VACCINES				
Influenza Virus Vaccine	Fluzone		Vaccine	SEASONAL
Tetanus Toxoid Adsorbed Injection			Vaccine	
Tetanus and diphtheria toxoids with acellular pertussis vaccine	Tdap		Vaccine	
Tuberculin Skin Testing (TST)	Tubersol		Interdermal	

Chapter 10 MUSCULOSKELETAL MEDICATIONS Drug	Brand		Strength	Comments / Special Instructions
10.1.1 NON-STEROIDAL ANTIINFLAMMATORY AGENTS				
Ibuprofen	Motrin	1st Choice	200mg, 400mg, 600mg	Long Term Use = GI Protector Indicated
Meloxicam	Mobic	2nd Choice	7.5mg/15mg	Long Term Use = GI Protector Indicated
Naproxen	Naprosyn	3rd Choice	375mg ONLY	Long Term Use = GI Protector Indicated
Nabumetone	Relafen	Last Line	500mg	Long Term Use = GI Protector Indicated
Ketorolac Tromethamine	Toradol		15mg/ml IM/IV	Short Term Use ONLY (3 days or less)
10.2 DRUGS TO PREVENT AND TREAT GOUT				
Allopurinol	Zyloprim		100mg, 300mg	
10.3.1 DIRECT MUSCLE RELAXANTS				
Baclofen	Baclofen		10mg	
10.3.2 CNS MUSCLE RELAXANTS				
Methocarbamol	Robaxin	1st Choice	500mg, 750mg	
Cyclobenzaprine	Flexeril	2nd Choice	10mg	Short Term Use ONLY (7 days or less)
10.4 MUSCULOSKELETAL OTHER				
Azathioprine	Imuran		25mg, 50mg, 75mg, 100mg	
Methotrexate			2.5mg	Patient Specific-Stock NOT Permitted

Chapter 11 NUTRITION, BLOOD MODIFIERS, AND ELECTROLYES Drug	Brand		Strength	Comments / Special Instructions
11.1 THERAPEUTIC VITAMINS & MINERALS				
Calcium Acetate	Phoslo		667mg	
Calcium Carbonate	Calcium			
Folic Acid	Folate Vit B-9		1mg	
Thiamine	Vit B-1		50mg, 100mg Tablet	
Cyanocobalamin	Vit B-12		IM, PO	
Pyridoxine	Vit B-6		50mg, 100mg Tablet	
Vitamin D	Vit D		1000IU, 2000 IU Tablet	
Magnesium Oxide	Mag Ox		400mg Tablet	
Ferrous Gluconate	Fergon		324mg Tablet	
Ferrous Sulfate	Feosol		325mg Tablet	
Multivitamin Tablet	MVI		OTC	
Multivitamin/Calcium/Iron	PRENATAL			Prenatal Must Have Folic Acid 1mg
Multivitamin/Minerals	THERA-M		OTC	
Nephrocap	Surbex		Multidose Vitamin (Renal)	
11.1.1 NUTRITIONAL SUPPLEMENTS				
Lactase Enzyme	Lactaid		OTC	
Fish Oil	Fish Oil		1000mg	
Instant Breakfast Nutritional Supplement	Carnation		OTC	
11.2 POTASSIUM SUPPLEMENTS				
Potassium Chloride	K-Dur		8, 10, 20mEq Tablets	
11.3.1 ORAL ANTICOAGULANTS, VITAMIN K				
Warfarin	Coumadin		All Strengths	
Aqua-Mephyton	Vit K		10mg/ml Injection	
11.3.2 HEPARIN & HEPARIN ANTAGONISTS				
11.4 ANTIPLATELET DRUG				
Clopidogrel Bisulfate	Plavix		75mg	
11.5 BLOOD DETOXANTS				
Lactulose	Enulose		Bottle	
Sevelamer	Renagel		400mg, 800mg	
11.6 OTHER				
Bacteriostatic H_2O for Inj			50ML Vial	
Sodium Chloride 0.9%			50ml Vial	
Lactated Ringer IV Solution			1000cc Bag	
Sodium Chloride 0.9%			1000cc Bag	
Dextrose 50%			25gm Inj	
Dextrose 5% and Water			500cc Bag	
Dextrose 5% and 0.45 Sodium Chloride			1000cc Bag	

Chapter 12 OBSTETRICAL & GYNECOLOGICAL MEDICATIONS Drug	Brand		Strength	Comments / Special Instructions
12.1 PRENATAL VITAMIN				
Prenatal Rx	Prenatal Rx			
12.2 ESTROGEN DRUGS				
Conjugated Estrogens	Premarin		0.3mg, 0.625mg, 0.9mg, 1.25mg, 2.5mg	
Medroxyprogesterone	Provera		2.5mg, 5mg, 10mg Tablet	
12.3 CONTRACEPTIVES				
Tri-Sprintec 28 day	Tri-Sprintec 28 day	1st Choice		
Sprintec-28	Sprintec-28	2nd Choice		
Estrogen/Progestin	Estrogen/Progestin	Last Line	1/35, 1/50, 7/7/7 Tablet	

Chapter 13 OPHTHALMIC MEDICATIONS Drug	Brand		Strength	Comments / Special Instructions
13.1 OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS				
Tobramycin Sulfate	Tobramycin	1st Choice	5ml bottle	
Ciprofloxacin Ophth Solution	Cipro	2nd Choice	5ml bottle	
Polymyxin B Sulfate Trimethoprim Sulfate Ophth Solution	Polytrim	3rd Choice	Ophthalmic solution	
Erythromycin Ophth Solution	Erythromycin		5ml bottle	
Gentamicin Sulfate Ophth Solution	Gentamicin		5ml bottle	
Sulfacetamide sodium	Bleph 10		5ml bottle	

Erythromycin Ophth Ointment	Erythromycin		0.5% ointment	
13.2 OPHTHALMIC CORTICOSTEROID DRUGS				
Prednisolone Acetate	Pred Forte		1.0% Ophth	
13.3 OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS				
Neomycin/Polymyxin B Sulfates/Dexamethasone	Maxitrol	1st Choice	Ophthalmic Suspension	
Tobramycin and Dexamethasone	Tobradex	Last Line	Ophthalmic Suspension	
13.4 ANTIGLAUCOMA DRUGS				
Brimonidine	Alphagan		Ophthalmic Suspension	Therapeutic substituted to Brimonidine 0.2%
dorzolamide	Trusopt		Ophthalmic Suspension	
Timolol Opthalmic Solution	Istalol		Ophthalmic Suspension	0.25% & 0.5%
Latanaprost	Xalatan		Ophthalmic Suspension	

Chapter 14 RESPIRATORY MEDICATIONS Drug	Brand		Strength	Comments / Special Instructions
14.1.1 BETA-2 ADRENERGIC DRUGS				
Albuterol Solution for Inhalation	Proventil		0.083% Neb Solution	
14.1.2 METHYLXANTHINE DRUGS				
Theophylline	Theo-Dur		100mg, 200mg, 300mg Tablet	
14.1.3 OTHER DRUGS FOR ASTHMA				
Montelukast	Singulair		10mg	Patient Specific-Stock NOT Permitted
14.2.1 ANTIHISTAMINES				
Loratadine	Claritin	1st Choice	10mg	
Cetirizine	Zyrtec	2nd Choice	10mg	
Diphenhydramine	Benadryl		50mg Inj	(IM/IV)
Diphenhydramine	Benadryl		25mg, 50mg	
14.2.2 ANTIHISTAMINES/DECONGESTANT COMBINATIONS				
Chlorpheniramine	Chlor-Trimeton		4mg Tablet	
Phenylephrine	Nasal Decongestant		30mg Tablet	
14.3 ANTITUSSIVE & EXPECTORANT DRUGS				
Guaifenesin	Guiatuss		200mg, 600mg	

Chapter 15 UROLOGICAL MEDICATIONS Drug	Brand		Strength	Comments / Special Instructions
15.1 ANTICHOLINERGIC ANTISPASMODICS				
Oxybutinin Chloride	Ditropan		5mg	
15.2 OTHER GENITOURINARY PRODUCTS				
Tamsulosin Hydrochloride	Flomax	1st Choice	0.4mg	
Finasteride	Proscar	2nd Choice	5mg	
Bethanechol Chloride	Urecholine		5mg, 25mg	
Phenazopyridine HCL	Pyridium		100mg	

PrimeCare Medical, Inc.

Section II

Brand Alphabetical Index

PrimeCare Medical, Inc. Brand Listing			
Brand Name	**Generic Name**	**Choice**	**Pg**
Pioglitazone	Actos	Last Line	4
Spironolactone	Aldactone		2
Brimonidine	Alphagan		6
Glimepiride	Amaryl	1st Choice	4
Amoxicillin	Amoxil	1st Choice	1
Meclizine	Antivert		3
Hydralazine	Apresoline	2nd Choice	2
tipranavir	Aptivus		2
Triamcinolone	Aristocort	2nd Choice	4
Trihexyphenidyl	Artane		3
Lorazepam	Ativan		3
Lorazepam Inj	Ativan Inj		3
efavirenz tenofovir emtricitabine	Atripla		1
Amoxicillin & Potassium Clavulanate	Augmentin	2nd Choice	1
Sulfasalazine	Azulfidine	1st Choice	5
Bacitracin	Baciguent	2nd Choice	1
Bacitracin	Baciguent	2nd Choice	4
Baclofen	Baclofen		5
Bacteriostatic H_2O for Inj	Bacteriostatic H_2O for Inj		6
Trimethoprim/Sulfamethoxazole	Bactrim		1
Mupirocin	Bactroban	Last Line	1
Mupirocin	Bactroban	Last Line	4
Diphenhydramine	Benadryl		6
Dicyclomine	Updated 3/21/2014		5
Providone Iodine	Betadine		1
Providone Iodine	Betadine		4
Sotalol	Betapace		2
Sulfacetamide sodium	Bleph 10		6
Buspirone	Buspar		3
Verapamil SR	Calan SR	1st Choice	2
Calcium Carbonate	Calcium		5
Sucralfate	Carafate		5
Diltiazem ER, CD, SR	Cardizem ER	2nd Choice	2
Instant Breakfast Nutritional Supplement	Carnation		5
Clonidine	Catapres		2
Cefuroxime	Ceftin	2nd Choice	1
Citalopram Hydrobromide	Celexa		3
Activated Charcoal Syrup	Charcoal		5
Chlorpheniramine	Chlor-Trimeton		6
Ciprofloxacin Ophth Solution	Cipro	2nd Choice	6
Ciprofloxin	Cipro	2nd Choice	1
Loratadine	Claritin	1st Choice	6
Clindamycin	Cleocin		1
Codeine Sulfate	Codeine		3
Benztropine Mesylate	Cogentin		3

Docusate Sodium	Colace		5
lamivudine/zidovudine	Combivir		1
emtricitabine/rilpivirine/tenofovir	Complera		1
Amiodarone	Cordarone		2
Carvedilol	Coreg		2
Warfarin	Coumadin		6
Losartan	Cozaar		2
indinavir sulfate	Crixivan		1
didanosine (ddl dideoxyinosine)	DDI/Videx		1
Carbamide Peroxide Solution	Debrox		4
Dexamethasone	Decadron		4
Sodium Chloride Solution	Deep Sea	1st Choice	4
Mesalamine	Delzicol	2nd Choice	5
Divalproex Sodium (Depakote)	Depakote		3
Trazadone	Desyrel		3
Dextrose 5% and 0.45 Sodium Chloride	Dextrose 5% and 0.45 Sodium Chloride		6
Dextrose 5% and Water	Dextrose 5% and Water		6
Dextrose 50%	Dextrose 50%		6
Fluconazole	Diflucan		1
Phenytoin	Dilantin		3
Oxybutinin Chloride	Ditropan		6
Bisacodyl	Dulcolax		5
Tolnaftate/Hydrocortisone	Each	1st Choice	1
Tolnaftate/Hydrocortisone	Each	1st Choice	4
Clotrimazole/Betamethasone	Each = Lotrisone	2nd Choice	1
Aspirin E.C.	Ecotrin		2
rilpivirine	Edurant		1
Venlafaxine HCL	Effexor		3
Amitriptyline	Elavil		3
Permethrin	Elimite	2nd Choice	4
emtricitabine	Emtriva		1
Lactulose	Enulose		6
Epinephrine	Epi-Pen		2
lamivudine 3TC	Epivir		1
abacavir sulfate/lamivudine	Epzicom		1
Erythromycin Ophth Ointment	Erythromycin		6
Erythromycin Ophth Solution	Erythromycin		6
Lithium Carbonate	Eskalith		3
Estrogen/Progestin	Estrogen/Progestin	Last Line	6
Acetaminophen/Asprin/Caffine	Excedrin	1st Choice	3
Ferrous Sulfate	Feosol		5
Ferrous Gluconate	Fergon		5
Fish Oil	Fish Oil		2
Fish Oil	Fish Oil		5
Metronidazole	Flagyl		2
Sodium Phosphate Enemas	Fleets		5
Cyclobenzaprine	Flexeril	2nd Choice	5

Tamsulosin Hydrochloride	Flomax	1st Choice	6
Fluticasone	Flonase	2nd Choice	4
Fludrocortisone	Florinef		4
Ofloxacin (Floxin)	Floxin OTIC	1st Choice	4
Influenza Virus Vaccine	Fluzone		5
Folic Acid	Folate Vit B-9		5
Alendronate	Fosamax		4
enfuvirtide	Fuzeon		1
Gentamicin Sulfate Ophth Solution	Gentamicin		6
Glucagon Emergency Kit	Glucagon		4
Metformin	Glucophage	1st Choice	4
Glipizide	Glucotrol	1st Choice	4
Guaifenesin	Guiatuss		6
Haloperidol	Haldol		3
Haloperidol	Haldol Inj		3
Hydrocortisone	Hydrocortisone	1st Choice	4
Hydrochlorothiazide	Hydrodiuril		2
Terazosin HCL	Hytrin	1st Choice	2
Losartan/HCTZ	Hyzaar		2
Isosorbide mononitrate	Imdur		2
Sumatriptan succinate	Imitrex	2nd Choice	3
Loperamide	Imodium		4
Azathioprine	Imuran		5
Propranolol (ER Approved)	Inderal		2
Insulin-Human (Novolin N,R,L, 70/30)	Insulin-Human (Novolin N,R,L, 70/30)		4
etravirine	Intelence		1
saquinavir mesylate	Invirase		2
raltegravir	Isentress		1
Isonicotinic Acid Hydrazide; INH	Isoniazid		2
Timolol Opthalmic Solution	Istalol		6
lopinavir and retonavir	Kaletra		1
Kaolin/Pectin Liquid	Kaopectate		4
Potassium Chloride	K-Dur		5
Cephalexin	Keflex	1st Choice	1
Levetiracetam	Keppra		3
Clonazepam	Klonopin		3
Lactase Enzyme	Lactaid		5
Lactated Ringer IV Solution	Lactated Ringer IV Solution		6
Lamotrigine	Lamictal		3
Digoxin	Lanoxin		2
Furosemide	Lasix		2
Furosemide	Lasix Inj		2
Levofloxacin	Levaquin	1st Choice	1
Escitalopram	Lexapro		3
fosamprenavir calcium	Lexiva		1
Chlordiazepoxide	Librium		3
Lidocaine 1% Inj	Lidocaine 1% Inj		1

Lidocaine 2% Inj	Lidocaine 2% Inj		1
Gemfibrozol	Lopid		2
Metoprolol	Lopressor	2nd Choice	2
Benazepril	Lotensin	2nd Choice	2
Clotrimazole	Lotrimin	1st Choice	1
Clotrimazole	Lotrimin	1st Choice	4
Clotrimazole/Betamethasone	Lotrisone	2nd Choice	1
Clotrimazole/Betamethasone	Lotrisone	2nd Choice	4
Phenobarbital	Luminal Sodium		3
Aluminum Hydroxide/Magnesium Hydroxide	Maalox/Mylanta		5
Nitrofurantoin (Macrobid)	Macrobid	Last Line	1
Magnesium Oxide	Mag Ox		5
Neomycin/Polymyxin B Sulfates/Dexamethasone	Maxitrol	1st Choice	6
Methylprednisolone	Medrol		4
Psyllium Powder	Metamucil		5
Methotrexate	Methotrexate		5
Lovastatin	Mevacor	2nd Choice	2
Magnesium hydroxide	Milk of Magnesia		5
Prazosin	Minipress		2
Minocycline	Minocin	Last Line	1
Polyethylene Glycol	Miralax		5
Meloxicam	Mobic	1st Choice	3
Meloxicam	Mobic		5
Miconazole Cream	Monistat		1
Miconazole Cream	Monistat		4
Ibuprofen	Motrin	1st Choice	2
Ibuprofen	Motrin	1st Choice	5
Multivitamin Tablet	MVI		5
Ethambutol	Myambutol		2
Nystatin	Mycostatin		1
Primidone	Mysoline		3
Naproxen	Naprosyn	2nd Choice	3
Naproxen	Naprosyn		5
Phenylephrine	Nasal Decongestant		6
Triple Antibiotic	Neosporin	1st Choice	1
Triple Antibiotic (Neosporin)	Neosporin	1st Choice	4
Gabapentin	Neurontin		3
Nicotinic Acid	Niacin		2
Nitroglycerin SL	Nitrostat SL		2
Permethrin 280 mg (1%)	Nix®		4
Ketoconazole	Nizoral	2nd Choice	1
Ketoconazole	Nizoral	2nd Choice	4
Labetalol	Normodyne	Last Line	2
Amlodipine	Norvasc	1st Choice	2
ritonavir	Norvir		1
Orasal Gel	Oragel		4
Benzoyl Peroxide	Oxy-10		4

Nortriptyline	Pamelor		3
Paroxetine HCL	Paxil		3
Penicillin v potassium	Penicillin	1st Choice	1
Penicillin G potassium	Penicillin Inj		1
Famotidine	Pepcid	1st Choice	5
Bismuth Liquid	Pepto-Bismol		4
Oxycodone w/Acetaminophin	Percocet	Last Line	3
Chlorhexidine Gluconate	Peridex		4
Promethazine	Phenergan IM	2nd Choice	3
Calcium Acetate	Phoslo		5
Hydroychloroquine Sulfate	Plaquenil		2
Clopidogrel Bisulfate	Plavix		6
podophyllin	Podocon		4
Polymyxin B Sulfate Trimethoprim Sulfate Ophth Solution	Polytrim	3rd Choice	6
Prednisolone Acetate	Pred Forte		6
Prednisolone	Prednisone		4
Conjugated Estrogens	Premarin		6
Multivitamin/Calcium/Iron	PRENATAL		5
Prenatal Rx	Prenatal Rx		6
Hemorrhoidal	Preparation H		5
darunavir ethanolate	Prezista		1
Omeprazole	Prilosec		5
Rifapentine	Priftin		2
Lisinopril	Prinivil	1st Choice	2
Fluphenazine (Prolixin)	Prolixin		3
Finasteride	Proscar	2nd Choice	6
Albuterol Solution for Inhalation	Proventil		6
Medroxyprogesterone	Provera		6
Fluoxetine	Prozac		3
Propylthiouracil	PTU	2nd Choice	4
Pyrazinamide	Pyrazinamide		2
Phenazopyridine HCL	Pyridium		6
Piperonyl butoxide	Pyrinyl		4
Metoclopramide Hydrochloride	Reglan		3
Metoclopramide Hydrochloride	Reglan		5
Nabumetone	Relafen	Last Line	3
Nabumetone	Relafen	Last Line	5
Mirtazapine	Remeron		3
Sevelamer	Renagel		6
delavirdine mesylate	Rescriptor		1
zidovudine	Retrovir		2
atazanavir sulfate	Reyataz		1
Rifampin	Rimactane		2
Risperidone	Risperdal		3
Methocarbamol	Robaxin	1st Choice	5
Ceftriaxone	Rocephin		1
propafenone	Rythmol		2

Selenium Sulfide	Selsun		4
maraviroc	Selzentry		1
Quetiapine Fumarate	Seroquel		3
Silver Sulfadiazine	Silvadene		1
Silver Sulfadiazine	Silvadene		4
Carbidopa/Levodopa	Sinemet		3
Doxepin	Sinequan		3
Montelukast	Singulair		6
Sodium Chloride 0.9%	Sodium Chloride 0.9%		6
Sprintec-28	Sprintec-28	2nd Choice	6
Emtriva/Viread/Elvitegravir	Stribild		1
Ivermetin	Stromectol	1st Choice	4
Nephrocap	Surbex		5
efavirenz	Sustiva		1
Levothyroxine	Synthroid		4
Methimazole	Tapazole	1st Choice	4
Tetanus and diphtheria toxoids with acellular pertussis vaccine	Tdap		5
Carbamazepine	Tegretol		3
Atenolol	Tenormin	1st Choice	2
Tetanus Toxoid Adsorbed Injection	Tetanus Toxoid Adsorbed Injection		5
Theophylline	Theo-Dur		6
Multivitamin/Minerals	THERA-M		5
Tolnaftate	Tinactin	1st Choice	1
Tolnaftate	Tinactin	1st Choice	4
dolutegravir	Tivicay		1
Tobramycin and Dexamethasone	Tobradex	Last Line	6
Tobramycin Sulfate	Tobramycin	1st Choice	6
Topiramate	Topamax		3
Ketorolac Tromethamine	Toradol		3
Ketorolac Tromethamine	Toradol		5
Perphenazine	Trilafon		3
Oxcarbazepine	Trileptal		3
Hydrocortisone/Neomycin/Polymyxin B	Triple Antibiotic Otic	2nd Choice	4
Tri-Sprintec 28 day	Tri-Sprintec 28 day	1st Choice	6
abacavir sulfate/lamivudine/zidovudine	Trizivir		1
dorzolamide	Trusopt		6
emtricitabine/tenofovir	Truvada		1
Tuberculin Skin Testing (TST)	Tubersol		5
Acetaminophen	Tylenol	1st Choice	2
Acetaminophen w/Codeine #3	Tylenol #3	1st Choice	3
Tramadol Hydrochloride	Ultram	1st Choice	3
Bethanechol Chloride	Urecholine		6
Bethamethasone Valerate	Valisone	Last Line	4
Diazepam Inj	Valium Inj		3
Valacyclovir	Valtrex	2nd Choice	2
Hydrocodone/APAP	Vicodin	2nd Choice	3
nelfinavir mesylate	Viracept		1

nevirapine	Viramune		1
tenofovir disoproxil fumarate	Viread		2
Hydroxyzine Pam	Vistaril		4
Thiamine	Vit B-1		5
Cyanocobalamin	Vit B-12		5
Pyridoxine	Vit B-6		5
Vitamin D	Vit D		5
Aqua-Mephyton	Vit K		6
Bupropion	Wellbutrin		3
Latanaprost	Xalatan		6
Ranitidine	Zantac	2nd Choice	5
stavudine	Zerit		2
abacavir sulfate	Ziagen		1
Azithromycin	Zithromax		1
Simvastatin	Zocor	1st Choice	2
Ondansetron	Zofran	1st Choice	3
Sertraline	Zoloft		3
Acyclovir	Zovirax	1st Choice	2
Allopurinol	Zyloprim		5
Olanzapine	Zyprexa		3
Cetirizine	Zyrtec	2nd Choice	6

PrimeCare Medical, Inc.

Section III

Generic Alphabetical Index

PrimeCare Medical, Inc. Generic Listing			
Generic	**Brand**	**Choice**	**Pg**
abacavir sulfate	Ziagen		1
abacavir sulfate/lamivudine	Epzicom		1
abacavir sulfate/lamivudine/zidovudine	Trizivir		1
Acetaminophen	Tylenol	1st Choice	2
Acetaminophen w/Codeine #3	Tylenol #3	1st Choice	3
Acetaminophen/Asprin/Caffine	Excedrin	1st Choice	3
Activated Charcoal Syrup	Charcoal		5
Acyclovir	Zovirax	1st Choice	2
Albuterol Solution for Inhalation	Proventil		6
Alendronate	Fosamax		4
Allopurinol	Zyloprim		5
Aluminum Hydroxide/Magnesium Hydroxide	Maalox/Mylanta		5
Amiodarone	Cordarone		2
Amitriptyline	Elavil		3
Amlodipine	Norvasc	1st Choice	2
Amoxicillin	Amoxil	1st Choice	1
Amoxicillin & Potassium Clavulanate	Augmentin	2nd Choice	1
Aqua-Mephyton	Vit K		6
Aspirin E.C.	Ecotrin		2
atazanavir sulfate	Reyataz		1
Atenolol	Tenormin	1st Choice	2
Azathioprine	Imuran		5
Azithromycin	Zithromax		1
Bacitracin	Updated 3/21/2014	2nd Choice	1
Bacitracin	Baciguent	2nd Choice	4
Baclofen	Baclofen		5
Bacteriostatic H_2O for Inj	Bacteriostatic H_2O for Inj		6
Benazepril	Lotensin	2nd Choice	2
Benzoyl Peroxide	Oxy-10		4
Benztropine Mesylate	Cogentin		3
Bethamethasone Valerate	Valisone	Last Line	4
Bethanechol Chloride	Urecholine		6
Bisacodyl	Dulcolax		5
Bismuth Liquid	Pepto-Bismol		4
Brimonidine	Alphagan		6
Bupropion	Wellbutrin		3
Buspirone	Buspar		3
Calcium Acetate	Phoslo		5
Calcium Carbonate	Calcium		5
Carbamazepine	Tegretol		3
Carbamide Peroxide Solution	Debrox		4
Carbidopa/Levodopa	Sinemet		3
Carvedilol	Coreg		2
Ceftriaxone	Rocephin		1
Cefuroxime	Ceftin	2nd Choice	1
Cephalexin	Keflex	1st Choice	1

Cetirizine	Zyrtec	2nd Choice	6
Chlordiazepoxide	Librium		3
Chlorhexidine Gluconate	Peridex		4
Chlorpheniramine	Chlor-Trimeton		6
Ciprofloxacin Ophth Solution	Cipro	2nd Choice	6
Ciprofloxin	Cipro	2nd Choice	1
Citalopram Hydrobromide	Celexa		3
Clindamycin	Cleocin		1
Clonazepam	Klonopin		3
Clonidine	Catapres		2
Clopidogrel Bisulfate	Plavix		6
Clotrimazole	Lotrimin	1st Choice	1
Clotrimazole	Lotrimin	1st Choice	4
Clotrimazole/Betamethasone	Lotrisone	2nd Choice	1
Clotrimazole/Betamethasone	Each = Lotrisone	2nd Choice	4
Codeine Sulfate	Codeine		3
Conjugated Estrogens	Premarin		6
Cyanocobalamin	Vit B-12		5
Cyclobenzaprine	Flexeril	2nd Choice	5
darunavir ethanolate	Prezista		1
delavirdine mesylate	Rescriptor		1
Dexamethasone	Decadron		4
Dextrose 5% and 0.45 Sodium Chloride	Dextrose 5% and 0.45 Sodium Chloride		6
Dextrose 5% and Water	Dextrose 5% and Water		6
Dextrose 50%	Dextrose 50%		6
Diazepam Inj	Valium Inj		3
Dicyclomine	Bentyl		5
didanosine (ddl dideoxyinosine)	DDI/Videx		1
Digoxin	Lanoxin		2
Diltiazem ER, CD, SR	Cardizem ER	2nd Choice	2
Diphenhydramine	Benadryl		6
Divalproex Sodium (Depakote)	Depakote		3
Docusate Sodium	Colace		5
dolutegravir	Tivicay		1
dorzolamide	Trusopt		6
Doxepin	Sinequan		3
efavirenz	Sustiva		1
efavirenz tenofovir emtricitabine	Atripla		1
emtricitabine	Emtriva		1
emtricitabine/rilpivirine/tenofovir	Complera		1
emtricitabine/tenofovir	Truvada		1
Emtriva/Viread/Elvitegravir	Stribild		1
enfuvirtide	Fuzeon		1
Epinephrine	Epi-Pen		2
Erythromycin Ophth Ointment	Erythromycin		6
Erythromycin Ophth Solution	Erythromycin		6
Escitalopram	Lexapro		3
Estrogen/Progestin	Estrogen/Progestin	Last Line	6

Ethambutol	Myambutol		2
etravirine	Intelence		1
Famotidine	Pepcid	1st Choice	5
Ferrous Gluconate	Fergon		5
Ferrous Sulfate	Feosol		5
Finasteride	Proscar	2nd Choice	6
Fish Oil	Fish Oil		2
Fish Oil	Fish Oil		5
Fluconazole	Diflucan		1
Fludrocortisone	Florinef		4
Fluoxetine	Prozac		3
Fluphenazine (Prolixin)	Prolixin		3
Fluticasone	Flonase	2nd Choice	4
Folic Acid	Folate Vit B-9		5
fosamprenavir calcium	Lexiva		1
Furosemide	Lasix		2
Furosemide	Lasix Inj		2
Gabapentin	Neurontin		3
Gemfibrozol	Lopid		2
Gentamicin Sulfate Ophth Solution	Gentamicin		6
Glimepiride	Amaryl	1st Choice	4
Glipizide	Glucotrol	1st Choice	4
Glucagon Emergency Kit	Glucagon		4
Guaifenesin	Guiatuss		6
Haloperidol	Haldol		3
Haloperidol	Haldol Inj		3
Hemorrhoidal	Preparation H		5
Hydralazine	Apresoline	2nd Choice	2
Hydrochlorothiazide	Hydrodiuril		2
Hydrocodone/APAP	Vicodin	2nd Choice	3
Hydrocortisone	Hydrocortisone	1st Choice	4
Hydrocortisone/Neomycin/Polymyxin B	Triple Antibiotic Otic	2nd Choice	4
Hydroxyzine Pam	Vistaril		4
Hydroychloroquine Sulfate	Plaquenil		2
Ibuprofen	Motrin	1st Choice	2
Ibuprofen	Motrin	1st Choice	5
indinavir sulfate	Crixivan		1
Influenza Virus Vaccine	Fluzone		5
Instant Breakfast Nutritional Supplement	Carnation		5
Insulin-Human (Novolin N,R,L, 70/30)	Insulin-Human (Novolin N,R,L, 70/30)		4
Isonicotinic Acid Hydrazide; INH	Isoniazid		2
Isosorbide mononitrate	Imdur		2
Ivermetin	Stromectol	1st Choice	4
Kaolin/Pectin Liquid	Kaopectate		4
Ketoconazole	Nizoral	2nd Choice	1
Ketoconazole	Nizoral	2nd Choice	4
Ketorolac Tromethamine	Toradol		3
Ketorolac Tromethamine	Toradol		5

Labetalol	Normodyne	Last Line	2
Lactase Enzyme	Lactaid		5
Lactated Ringer IV Solution	Lactated Ringer IV Solution		6
Lactulose	Enulose		6
lamivudine 3TC	Epivir		1
lamivudine/zidovudine	Combivir		1
Lamotrigine	Lamictal		3
Latanaprost	Xalatan		6
Levetiracetam	Keppra		3
Levofloxacin	Levaquin	1st Choice	1
Levothyroxine	Synthroid		4
Lidocaine 1% Inj	Lidocaine 1% Inj		1
Lidocaine 2% Inj	Lidocaine 2% Inj		1
Lisinopril	Prinivil	1st Choice	2
Lithium Carbonate	Eskalith		3
Loperamide	Imodium		4
lopinavir and retonavir	Kaletra		1
Loratadine	Claritin	1st Choice	6
Lorazepam	Ativan		3
Lorazepam Inj	Ativan Inj		3
Losartan	Cozaar		2
Losartan/HCTZ	Hyzaar		2
Lovastatin	Mevacor	2nd Choice	2
Magnesium hydroxide	Milk of Magnesia		5
Magnesium Oxide	Mag Ox		5
maraviroc	Selzentry		1
Meclizine	Antivert		3
Medroxyprogesterone	Provera		6
Meloxicam	Mobic	1st Choice	3
Meloxicam	Mobic		5
Mesalamine	Delzicol	2nd Choice	5
Metformin	Glucophage	1st Choice	4
Methimazole	Tapazole	1st Choice	4
Methocarbamol	Robaxin	1st Choice	5
Methotrexate			5
Methylprednisolone	Medrol		4
Metoclopramide Hydrochloride	Reglan		3
Metoclopramide Hydrochloride	Reglan		5
Metoprolol	Lopressor	2nd Choice	2
Metronidazole	Flagyl		2
Miconazole Cream	Monistat		1
Miconazole Cream	Monistat		4
Minocycline	Minocin	Last Line	1
Mirtazapine	Remeron		3
Montelukast	Singulair		6
Multivitamin Tablet	MVI		5
Multivitamin/Calcium/Iron	PRENATAL		5
Multivitamin/Minerals	THERA-M		5

Mupirocin	Bactroban	Last Line	1
Mupirocin	Bactroban	Last Line	4
Nabumetone	Relafen	Last Line	3
Nabumetone	Relafen	Last Line	5
Naproxen	Naprosyn	2nd Choice	3
Naproxen	Naprosyn		5
nelfinavir mesylate	Viracept		1
Neomycin/Polymyxin B Sulfates/Dexamethasone	Maxitrol	1st Choice	6
Nephrocap	Surbex		5
nevirapine	Viramune		1
Nicotinic Acid	Niacin		2
Nitrofurantoin (Macrobid)	Macrobid	Last Line	1
Nitroglycerin SL	Nitrostat SL		2
Nortriptyline	Pamelor		3
Nystatin	Mycostatin		1
Ofloxacin (Floxin)	Floxin OTIC	1st Choice	4
Olanzapine	Zyprexa		3
Omeprazole	Prilosec		5
Ondansetron	Zofran	1st Choice	3
Orasal Gel	Oragel		4
Oxcarbazepine	Trileptal		3
Oxybutinin Chloride	Ditropan		6
Oxycodone w/Acetaminophin	Percocet	Last Line	3
Paroxetine HCL	Paxil		3
Penicillin G potassium	Penicillin Inj		1
Penicillin v potassium	Penicillin	1st Choice	1
Permethrin	Elimite	2nd Choice	4
Permethrin 280 mg (1%)	Nix®		4
Perphenazine	Trilafon		3
Phenazopyridine HCL	Pyridium		6
Phenobarbital	Luminal Sodium		3
Phenylephrine	Nasal Decongestant		6
Phenytoin	Dilantin		3
Pioglitazone	Actos	Last Line	4
Piperonyl butoxide	Pyrinyl		4
podophyllin	Podocon		4
Polyethylene Glycol	Miralax		5
Polymyxin B Sulfate Trimethoprim Sulfate Ophth Solution	Polytrim	3rd Choice	6
Potassium Chloride	K-Dur		5
Prazosin	Minipress		2
Prednisolone	Prednisone		4
Prednisolone Acetate	Pred Forte		6
Prenatal Rx	Prenatal Rx		6
Primidone	Mysoline		3
Promethazine	Phenergan IM	2nd Choice	3
propafenone	Rythmol		2
Propranolol (ER Approved)	Inderal		2
Propylthiouracil	PTU	2nd Choice	4

Providone Iodine	Betadine		1
Providone Iodine	Betadine		4
Psyllium Powder	Metamucil		5
Pyrazinamide	Pyrazinamide		2
Pyridoxine	Vit B-6		5
Quetiapine Fumarate	Seroquel		3
raltegravir	Isentress		1
Ranitidine	Zantac	2nd Choice	5
Rifampin	Rimactane		2
Rifapentine	Priftin		2
rilpivirine	Edurant		1
Risperidone	Risperdal		3
ritonavir	Norvir		1
saquinavir mesylate	Invirase		2
Selenium Sulfide	Selsun		4
Sertraline	Zoloft		3
Sevelamer	Renagel		6
Silver Sulfadiazine	Silvadene		1
Silver Sulfadiazine	Silvadene		4
Simvastatin	Zocor	1st Choice	2
Sodium Chloride 0.9%	Sodium Chloride 0.9%		6
Sodium Chloride Solution	Deep Sea	1st Choice	4
Sodium Phosphate Enemas	Fleets		5
Sotalol	Betapace		2
Spironolactone	Aldactone		2
Sprintec-28	Sprintec-28	2nd Choice	6
stavudine	Zerit		2
Sucralfate	Carafate		5
Sulfacetamide sodium	Bleph 10		6
Sulfasalazine	Azulfidine	1st Choice	5
Sumatriptan succinate	Imitrex	2nd Choice	3
Tamsulosin Hydrochloride	Flomax	1st Choice	6
tenofovir disoproxil fumarate	Viread		2
Terazosin HCL	Hytrin	1st Choice	2
Tetanus and diphtheria toxoids with acellular pertussis vaccine	Tdap		5
Tetanus Toxoid Adsorbed Injection	Tetanus Toxoid Adsorbed Injection		5
Theophylline	Theo-Dur		6
Thiamine	Vit B-1		5
Timolol Opthalmic Solution	Istalol		6
tipranavir	Aptivus		2
Tobramycin and Dexamethasone	Tobradex	Last Line	6
Tobramycin Sulfate	Tobramycin	1st Choice	6
Tolnaftate	Tinactin	1st Choice	1
Tolnaftate	Tinactin	1st Choice	4
Tolnaftate/Hydrocortisone	Each	1st Choice	1
Tolnaftate/Hydrocortisone	Each	1st Choice	4
Topiramate	Topamax		3
Tramadol Hydrochloride	Ultram	1st Choice	3

Trazadone	Desyrel		3
Triamcinolone	Aristocort	2nd Choice	4
Trihexyphenidyl	Artane		3
Trimethoprim/Sulfamethoxazole	Bactrim		1
Triple Antibiotic	Neosporin	1st Choice	1
Triple Antibiotic (Neosporin)	Neosporin	1st Choice	4
Tri-Sprintec 28 day	Tri-Sprintec 28 day	1st Choice	6
Tuberculin Skin Testing (TST)	Tubersol		5
Valacyclovir	Valtrex	2nd Choice	2
Venlafaxine HCL	Effexor		3
Verapamil SR	Calan SR	1st Choice	2
Vitamin D	Vit D		5
Warfarin	Coumadin		6
zidovudine	Retrovir		2

PrimeCare Medical, Inc.

Section IV

DO NOT CRUSH LISTING

**NOTE: The attached listing is a complete listing from one reference manual. If in doubt, contact your pharmacy to confirm.

Oral Dosage Forms That Should Not Be Crushed

John F. Mitchell, PharmD, FASHP[1]

Last updated: January 2014

Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
AcipHex	**RABE**prazole	Tablet	Extended-release
Actiq	fenta**NYL**	Lozenge	Slow-release Note: this lollipop delivery system requires the patient to slowly dissolve in mouth
Actonel	risedronate	Tablet	Irritant Note: chewed, crushed, or sucked tablets may cause oropharyngeal irritation
Adalat CC	**NIFE**dipine	Tablet	Extended-release
Adderall XR	amphetamine salts	Capsule	Extended-release (a)
AeroHist Plus	combination	Tablet	Slow-release (h)
Afeditab CR	**NIFE**dipine	Tablet	Extended-release
Afinitor	everolimus	Tablet	Mucous membrane irritant
Aggrenox	combination	Capsule	Extended-release
Alavert Allergy (Sinus 12 Hour)	combination	Tablet	Extended-release
Allegra D	combination	Tablet	Extended-release
ALPRAZolam ER	**ALPRAZ**olam	Tablet	Extended-release
Altoprev	lovastatin	Tablet	Extended-release
Ambien CR	zolpidem	Tablet	Extended-release
Amibid DM	combination	Tablet	Extended-release
Ampyra	dalfampridine	Tablet	Extended-release Note: formerly fampridine-SR
Amrix	cyclobenzaprine	Capsule	Extended-release

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Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
Aplenzin	buPROPion	Tablet	Extended-release
Apriso	mesalamine	Capsule	Extended-release (a) Note: maintain pH at less than or equal to 6.0
Aptivus	tipranavir	Capsule	Note: oil emulsion within spheres; taste
Aquatab C	combination	Tablet	Slow-release (h)
Aquatab D	combination	Tablet	Slow-release (b)
Aricept 23 mg	donepezil	Tablet	Note: crushing the 25 mg tablet may significantly increase the rate of absorption; the 5 and 10 mg tablet are not affected
Arthrotec	diclofenac	Tablet	Delayed-release; Enteric-coated
Asacol	mesalamine	Tablet	Slow-release
Aspirin enteric coated	aspirin	Tablet, Caplet	Delayed-release; Enteric-coated
Atelvia	risedronate	Tablet	Extended-release; Note: tablet coating is an important part of the delayed release
Azulfidine EN	sulfaSALAzine	Tablet	Delayed-release
Augmentin XR	combination	Tablet	Extended-release (b,h)
AVINza	morphine	Capsule	Enteric-coated (a; not pudding)
Avodart	dutasteride	Capsule	Note: drug may cause fetal abnormalities; women who are, or may become, pregnant, should not handle capsules; all women should use caution in handling capsules, especially leaking capsules
Bayer Regular	aspirin	Caplet	Enteric-coated
Biaxin XL	clarithromycin	Tablet	Extended-release
Bidex A	combination	Tablet	Extended-release
Bidhist D	combination	Tablet	Extended-release
Biltricide	praziquantel	Tablet	Taste (h)
Biohist LA	combination	Tablet	Extended-release (h)
Bisa-Lax	combination	Tablet	Enteric-coated (c)
Bisac-Evac	bisacodyl	Tablet	Enteric-coated (c)

Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
Bisacodyl	combination	Tablet	Enteric-coated (c)
Boniva	ibandronate	Tablet	Note: chewed, crushed, or sucked tablets may cause oropharyngeal irritation
Bromfed PD	combination	Capsule	Extended-release (b)
Budeprion SR	combination	Tablet	Extended-release
Calan SR	verapamil	Tablet	Extended-release (h)
Carbatrol	carBAMazepine	Capsule	Extended-release (a)
Cardene SR	niCARdipine	Capsule	Extended-release
Cardizem	diltiazem	Tablet	Note: although not in the PI, the drug has a coating that is intended to release the drug over approximately 3 hours
Cardizem CD	diltiazem	Capsule	Extended-release
Cardizem LA	diltiazem	Tablet	Extended-release
Cardura XL	doxazosin	Tablet	Extended-release
Cartia XT	diltiazem	Capsule	Extended-release
Cefaclor ER	combination	Tablet	Extended-release
Ceftin	cefuroxime	Tablet	Taste (b) Note: use suspension for children
Cefuroxime	combination	Tablet	Taste (b) Note: use suspension for children
CellCept	mycophenolate	Capsule, Tablet	Teratogenic potential (i)
Charcoal Plus	charcoal, activated	Tablet	Enteric-coated
Chlor-Trimeton	combination	Tablet	Extended-release (b)
Cipro XR	ciprofloxacin	Tablet	Extended-release (b)
Claritin-D	combination	Tablet	Extended-release (b)
Claritin D 24 Hour	combination	Tablet	Extended-release
Colace	docusate	Capsule	Taste (e)
Colestid	colestipol	Tablet	Slow-release
Concerta	methylphenidate	Tablet	Extended-release

Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
Commit	Nicotine	Lozenge	Note: integrity compromised by chewing or crushing
Coreg CR	carvedilol	Capsule	Extended-release (a) Note: may add contents of capsule to chilled, **not warm**, applesauce and consume immediately
Cotazym S	pancrelipase	Capsule	Enteric-coated (a)
Creon	pancrelipase	Capsule	Extended-release (a)
Crixivan	indinavir	Capsule	Taste Note: capsule may be opened and mixed with fruit puree (e.g., banana)
Cymbalta	**DUL**oxetine	Capsule	Extended-release (a) Note: may add contents of capsule to apple juice or applesauce but **NOT** chocolate
Cytoxan	cyclophosphamide	Tablet	Note: drug may be crushed but company recommends using injection
Cytovene	ganciclovir	Capsule	Skin irritant
Depakene	divalproex	Capsule	Slow-release; mucous membrane irritant (b)
Depakote	divalproex	Tablet	Delayed-release
Depakote ER	divalproex	Tablet	Extended-release
Depakote Sprinkles	divalproex	Capsule	Extended-release (a)
Detrol LA	tolterodine	Capsule	Extended-release
Dexilant	dexlansoprazole	Capsule	Delayed-release (a)
Diclegis	doxylamine / pyridoxine	Tablet	Delayed-release
Dilacor XR	diltiazem	Capsule	Extended-release
Dilatrate SR	isosorbide	Capsule	Extended-release
Dilt-CD	diltiazem	Capsule	Extended-release
Diltia XT	diltiazem	Capsule	Extended-release
Ditropan XL	oxybutynin	Tablet	Extended-release
Divalproex ER	combination	Tablet	Extended-release
Doxidan	bisacodyl	Tablet	Enteric-coated (c)

Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
Drisdol	ergocalciferol	Capsule	Liquid filled (d)
Droxia	hydroxyurea	Capsule	Note: exposure to the powder may cause serious skin toxicities; healthcare workers should wear gloves to administer
Dulcolax	bisacodyl	Tablet; Capsule	Enteric-coated (c); Liquid-filled
DynaCirc CR	isradipine	Tablet	Extended-release
EC-Naprosyn	combination	Tablet	Delayed-release; enteric-coated
Ecotrin (all)	aspirin	Tablet	Enteric-coated
E.E.S. 400	erythromycin	Tablet	Enteric-coated (b)
Effer-K	potassium bicarbonate	Tablet	Effervescent tablet (f)
Effervescent Potassium	------	Tablet	Effervescent tablet (f)
Effexor XR	venlafaxine	Capsule	Extended-release
Embeda	morphine sulfate	Capsule	Extended-release (a); do **not** give via N/G tube
E-Mycin	erythromycin	Tablet	Enteric-coated
Enablex	darifenacin	Tablet	Slow-release
Entocort EC	budesonide	Capsule	Extended-release; Enteric-coated (a)
Equetro	car**BAM**azepine	Capsule	Extended-release (a)
Ergomar	ergotamine	Tablet	Sublingual form (g)
Erivedge	vismodegib	Capsule	Note: PI indicates potential teratogenic; MSDS warns against skin contact; healthcare workers should take appropriate cautions
Ery-Tab	erythromycin	Tablet	Delayed-release; Enteric-coated
Erythromycin Stearate	------	Tablet	Enteric-coated
Erythromycin Base	------	Tablet	Enteric-coated
Erythromycin Delayed-Release	------	Capsule	Enteric-coated Pellets (a)
Evista	raloxifene	Tablet	Taste; teratogenic potential (i)
Exalgo	**HYDRO**morphone	Tablet	Extended-release Note: breaking, chewing, crushing, dissolving before swallowing or injecting could result in overdose

Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
Exjade	deferasirox	Tablet	Note: do not give as tablet; tablets are meant to be given as a liquid; see company insert.
Extendryl (all)	combination	Capsule	Extended-release (b)
Feen-a-mint	bisacodyl	Tablet	Enteric-coated (c)
Feldene	piroxicam	Capsule	Mucous membrane irritant
FentaNYL	------	Lozenge	Slow-release Note: this lollipop delivery system requires the patient to slowly dissolve in mouth
Fentora	fentaNYL	Tablet	Note: buccal tablet; swallowing the tablet whole or crushing may reduce effectiveness
Feosol	ferrous sulfate	Tablet	Enteric-coated (b)
Feratab	ferrous sulfate	Tablet	Enteric-coated (b)
Fergon	ferrous gluconate	Tablet	Enteric-coated
Fero-Grad 500 mg	combination	Tablet	Slow-release
Ferro-Sequels	combination	Tablet	Slow-release
Flagyl ER	metroNIDAZOLE	Tablet	Extended-release.
Fleet Laxative	bisacodyl	Tablet	Enteric-coated (c)
Flomax	tamsulosin	Capsule	Slow-release
Focalin XR	dexmethylphenidate	Capsule	Extended-release (a)
Fortamet	metFORMIN	Tablet	Extended-release
Fosamax	alendronate	Tablet	Mucous membrane irritant
Gleevec	imatinib	Tablet	Taste (h) Note: may be dissolved in water or apple juice
Glucophage XR	metFORMIN	Tablet	Extended-release
Glucotrol XL	glipiZIDE	Tablet	Extended-release
Glumetza	metFORMIN	Tablet	Extended-release
Gralise	gabapentin	Tablet	Extended-release
Guaifed	combination	Capsule	Extended-release
Guaifed PD	combination	Capsule	Extended-release
GuaiFENesin/Pseudoephedrine	------	Tablet	Extended-release

Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
Guaifenex DM	combination	Tablet	Extended-release (h)
Guaifenex GP	combination	Tablet	Extended-release
Guaifenex PSE	combination	Tablet	Extended-release (h)
Guaimax D	combination	Tablet	Extended-release
Halfprin 81	aspirin	Tablet	Enteric-coated
Horizant	gabapentin	Tablet	Extended-release
Hista-Vent DA	combination	Tablet	Extended-release (h)
Hydrea	hydroxyurea	Capsule	Note: exposure to the powder may cause serious skin toxicities; healthcare workers should wear gloves to administer
Imdur	isosorbide	Tablet	Extended-release (h)
Inderal LA	propranolol	Capsule	Extended-release
Indomethacin SR	indomethacin	Capsule	Extended-release (a,b)
InnoPran XL	propranolol	Capsule	Extended-release
Intelence	etravirine	Tablet	Note: tablet should be swallowed whole and not crushed; tablet may be dispersed in water
Intermezzo	zolpidem	Tablet (sublingual)	(g)
Intuniv	guanFACINE	Tablet	Extended-release
Invega	paliperidone	Tablet	Extended-release
Isoptin SR	verapamil	Tablet	Extended-release (h)
Isordil Sublingual	isosorbide	Tablet (sublingual)	(g)
Isosorbide Dinitrate Sublingual	isosorbide	Tablet (sublingual)	(g)
Isosorbide SR	isosorbide	Tablet	Extended-release
ISOtretinoin	ISOtretinoin	Capsule	Mucous membrane irritant
Jakafi	ruxolitinib	Tablet	Note: see PI for making a suspension
Jalyn	dutasteride / tamsulosin	Capsule	Note: women who are, or may become, pregnant, should not handle crushed or broken tablets (l)
Janumet XR	sitaGLIPtin / metFORMIN	Tablet	Extended-release

Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
Kadian	morphine	Capsule	Extended-release (a) Note: may add contents of capsule to applesauce without crushing)
Kaletra	lopinavir/ritoavir	Tablet	Film-coated (b) Note: active ingredients are surrounded by a wax matrix to prevent healthcare exposure; women who are, or may become, pregnant, should not handle crushed or broken tablets
Kapidex	dexlansoprazole	Capsule	Delayed-release (a)
Kapvay	cloNIDine	Tablet	Extended-release
Kazano	alogliptin / metFORMIN	Tablet	Note: not scored; no studies available from company
Keppra XR	levETIRAcetam	Tablet	Extended-release (b)
Ketek	telithromycin	Tablet	Slow-release (b)
Khedezla	desvenlafaxine	Tablet	Extended-release
Klor-Con	potassium	Tablet	Extended-release (b)
Klor-Con M	potassium	Tablet	Extended-release (b,h) Note: to make a liquid, place tablet in 120 mL of water; disperse for 2 minutes; stir
Kombiglyze XR	combination	Tablet	Extended-release Note: tablet matrix may remain in stool
K-Dur	potassium	Tablet	Extended-release Note: to make a liquid, break tablet in half and disperse in 120 mL of water for 2 minutes; stir
K-Lyte	potassium	Tablet	Effervescent tablet (f)
K-Lyte CL	potassium	Tablet	Effervescent tablet (f)
K-Lyte DS	potassium	Tablet	Effervescent tablet (f)
K-Tab	potassium	Tablet	Extended-release (b)
LaMICtal XR	lamoTRIgine	Tablet	Extended-release
Lescol XL	fluvastatin	Tablet	Extended-release
Letairis	ambrisentan	Tablet	Slow-release

Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
Levbid	hyoscyamine	Tablet	Extended-release (h)
Levsinex	hyoscyamine	Capsule	Extended-release
Lialda	mesalamine	Tablet	Delayed-release
Liquibid	combination	Tablet	Extended-release (h)
Lithobid	lithium	Tablet	Extended-release
Lodrane 24	brompheniramine	Capsule	Extended-release
Lodrane 24D	combination	Capsule	Extended-release
LoHist 12 Hour	brompheniramine	Tablet	Extended-release
Lovaza	combination	Capsule	Note: contents of capsule may erode walls of styrofoam or plastic materials
Luvox CR	fluvoxaMINE	Capsule	Extended-release
Maxifed DM	combination	Tablet	Slow-release (h)
Maxifed DMX	combination	Tablet	Slow-release (h)
Maxiphen DM	combination	Tablet	Slow-release (h)
Mestinon ER	pyridostigmine	Tablet	Extended-release (b)
Metadate ER	methylphenidate	Tablet	Extended-release
Metadate CD	methylphenidate	Capsule	Extended-release (a)
Methylin ER	methylphenidate	Tablet	Extended-release
Metoprolol ER	------	Tablet	Extended-release
Micro K Extencaps	potassium chloride	Capsule	Extended-release (a,b)
Mirapex ER	pramipexole	Tablet	Extended-release
Moxatag	amoxicillin	Tablet	Extended-release
Morphine sulfate extended-release	------	Tablet	Extended-release
Motrin	ibuprofen	Tablet	Taste (e)
MS Contin	morphine	Tablet	Extended-release (b)
Mucinex	guiaFENesin	Tablet	Slow-release
Mucinex DM	combination	Tablet	Slow-release
Myfortic	mycophenolate	Tablet	Delayed-release
Myrbetriq	mirabegron	Tablet	Extended-release
Namenda XR	memantine	Capsule	Extended-release (a)

Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
Naprelan	naproxen	Tablet	Extended-release
Nexium	esomeprazole	Capsule	Delayed-release (a)
Niaspan	nicotinic acid	Tablet	Extended-release
Nicotinic Acid	------	Capsule; Tablet	Slow-release (h)
Nifediac CC	NIFEDipine	Tablet	Extended-release
Nifedical XL	NIFEDipine	Tablet	Extended-release
Nitrostat	nitroglycerin	Tablet	Sublingual route (g)
Norflex ER	orphenadrine	Tablet	Extended-release
Norpace CR	disopyramide	Capsule	Extended-release form within a special capsule
Norvir	ritonavir	Tablet	Note: crushing tablets has resulted in decreased bioavailability of drug (b)
Noxafil	posaconazole	Tablet	Delayed-release Note: company literature not available to show implications
Nucynta ER	tapentadone	Tablet	Extended-release Note: toxic dose may occur if tablet is split or crushed, causing rapid release and absorption of a potentially fatal dose
Oleptro	traZODone	Tablet	Extended-release
Oracea	doxycycline	Capsule	Delayed-release
Oramorph SR	morphine	Tablet	Extended-release (b)
Orphenadrine citrate ER	------	Tablet	Extended-release
OxyCONTIN	oxyCODONE	Tablet	Extended-release Note: tablet disruption may cause a potentially fatal overdose of oxyCODONE
Oxymorphone ER	------	Tablet	Extended-release
Pancrease Delayed Release	pancrealipase	Capsule	Extended-release (a)
Pancrease MT	pancrealipase	Capsule	Enteric-coated (a)
Pancrecarb	pancrealipase	Capsule	Enteric-coated (a)
Pancrelipase	------	Capsule	Enteric-coated (a)

Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
Paxil CR	**PAR**oxetine	Tablet	Extended-release
Pentasa	mesalamine	Capsule	Slow-release (a)
Pradaxa	dabigatran	Capsule	**Note:** bioavailability increases by 75% when the pellets are taken without the capsule shell
Pre-Hist D	combination	Tablet	Extended-release (h)
Plendil	felodipide	Tablet	Extended-release
Prevacid	lansoprazole	Capsule	Delayed-release
Prevacid SoluTab	lansoprazole	Tablet	**Note:** orally disintegrating do not swallow; dissolve in water only and dispense via dosing syringe or NG tube
Prevacid Suspension	lansoprazole	Suspension	Slow-release **Note:** contains enteric-coated granules; mix with water only; not for NG use
Pri**LOSEC**	omeprazole	Capsule	Delayed-release (a)
Pri**LOSEC** OTC	omeprazole	Tablet	Delayed-release
Pristiq	desvenlafaxine	Tablet	Extended-release
Procardia XL	**NIFED**ipine	Tablet	Extended-release
Propecia	finasteride	Tablet	**Note:** women who are, or may become, pregnant, should not handle crushed or broken tablets
Proquin XR	ciprofloxicin	Tablet	Extended-release
Proscar	finasteride	Tablet	**Note:** women who are, or may become, pregnant, should not handle crushed or broken tablets
Protonix	pantoprazole	Tablet	Slow-release
PROzac Weekly	**FLU**oxetine	Tablet	Enteric-coated
Qdall	combination	Capsule	Extended-release
Qdall AR	combination	Capsule	Extended-release
Ranexa	ranolazine	Tablet	Slow-release

Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
Rapamune	sirolimus	Tablet	Note: pharmacokinetic NanoCrystal technology may be affected (b)
Rayos	predniSONE	Tablet	Delayed-release Note: release is dependent upon intact coating
Razadyne ER	galantamine	Capsule	Extended-release
Renagel	sevelamer	Tablet	Note: tablets expand in liquid if broken or crushed
Renvela	sevelamer carbonate	Tablet	Note: tablets expand in liquid if broken or crushed (b)
Requip XL	rOPINIRole	Tablet	Extended-release
Rescon	combination	Tablet	Slow-release (h)
Rescon JR	combination	Tablet	Slow-release (h)
Rescon MX	combination	Tablet	Slow-release (h)
Respahist	combination	Capsule	Extended-release (a)
Respaire SR	combination	Capsule	Extended-release
Revlimid	lenalidomide	Capsule	Note: teratogenic potential; healthcare workers should avoid contact with capsule contents/body fluids
Ritalin La	methylphenidate	Capsule	Extended-release (a)
Ritalin SR	methylphenidate	Tablet	Extended-release
R-Tanna	combination	Tablet	Slow-release
Rythmol SR	propafenone	Capsule	Extended-release
Ryzolt	traMADol	Tablet	Extended-release Note: crushing may cause overdose
Sensipar	cinacalcet	Tablet	Note: tablets are not scored and cutting may cause variable dosage accuracy
SEROquel XR	QUEtiapine	Tablet	Extended-release
Sinemet CR	levo/carbidopa	Tablet	Extended-release (h)
Sinuvent PE	combination	Tablet	Extended-release (h)
Slo-Niacin	nicotinic acid	Tablet	Slow-release (h)
Solodyn	minocycline	Tablet	Extended-release

Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
Somnote	chloral hydrate	Capsule	Liquid filled
Sprycel	dasatinib	Tablet	Film-coated Note: active ingredients are surrounded by a wax matrix to prevent healthcare exposure; women who are, or may become, pregnant, should not handle crushed or broken tablets
Strattera	atomoxetine	Capsule	Note: capsule contents can cause ocular irritation
Sudafed 12 hour	combination	Capsule	Extended-release (b)
Sudafed 24 hour	combination	Capsule	Extended-release (b)
Sular	nisoldipine	Tablet	Extended-release
Symax Duotab	hyoscyamine	Tablet	Controlled-release
Symax SR	hyoscyamine	Tablet	Extended-release
Tasigna	nilotinib	Capsule	Note: disruption of capsule may yield high blood levels causing enhanced toxicity
Taztia XT	diltiazem	Capsule	Extended-release (a)
Tecfidera	dimethyl fumarate	Capsule	Delayed-release
TEGretol-XR	carBAMazepine	Tablet	Extended-release (b)
Temodar	temozolomide	Capsule	Note: accidentally opened or damaged capsules require rigorous precautions to avoid inhalation or contact with the skin or mucous membranes (i)
Tessalon Perles	benzonatate	Capsule	Note: swallow whole; local anesthesia of the oral mucosa; choking could occur
Theo-24	theophylline	Capsule	Extended-release Note: contains beads that dissolve throughout the GI tract
Theochron	theophylline	Tablet	Extended-release
Tiazac	diltiazem	Capsule	Extended-release (a)
Topamax	topiramate	Tablet; Capsule	Taste; Taste (a)

Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
Toprol XL	metoprolol	Tablet	Extended-release (h)
Touro CC-LD	combination	Tablet	Extended-release (h)
Touro LA-LD	combination	Tablet	Extended-release (h)
Toviaz	fesoterodine	Tablet	Extended-release
Tracleer	bosentan	Tablet	Note: women who are, or may become, pregnant, should not handle crushed or broken tablets
TRENtal	pentoxifylline	Tablet	Extended-release
Treximet	combination	Tablet	Note: unique drug matrix enhances rapid drug absorption
Trilpix	fenofibric	Capsule	Extended-release
Tylenol Arthritis	acetaminophen	Tablet	Controlled-release
Uceris	budesonide	Tablet	Note: coating on tablet is designed to break down at pH of 7.0 or above
Ultram ER	traMADol	Tablet	Extended-release Note: tablet disruption may cause a potentially fatal overdose of drug
Ultrase	pancrealipase	Capsule	Enteric-coated
Uniphyl	theophylline	Tablet	Slow-release
Urocit-K	potassium citrate	Tablet	Wax-coated; prevents upper GI release
Uroxatral	alfuzosin	Tablet	Extended-release
Valcyte	valGANCiclovir	Tablet	Teratogenic and irritant potential (i,b)
Verapamil SR	------	Tablet	Extended-release (h)
Verelan	verapamil	Capsule	Sustained-release (a)
Verelan PM	verapamil	Capsule	Extended-release (a)
Videx EC	didanosine	Capsule	Delayed-release
Vimovo	naproxen / esomeprazole	Tablet	Delayed-release
Viramune XR	nevirapine	Tablet	Extended-release (b)
Voltaren XR	diclofenac	Tablet	Extended-release
VoSpire ER	albuterol	Tablet	Extended-release

Drug Product	Active Ingredient(s)[2]	Dosage Form(s)	Reasons/Comments[3]
Votrient	pazopanib	Tablet	Note: crushing significantly increases the AUC and Tmax; crushed or broken tablets may cause dangerous skin problems
Wellbutrin SR, XL	buPROPion	Tablet	Extended-release
Xanax XR	ALPRAZolam	Tablet	Extended-release
Xarelto	rivaroxaban	Tablet	Crushed tablet must be given within 4 hours
Zegerid OTC	omeprazole/ NaHCO3	Capsule	Delayed-release (b)
Zenpep	pancrealipase	Capsule	Delayed-release (a)
Zohydro ER	HYDROcodone	Capsule	Extended-release
Zolinza	vorinostat	Capsule	Note: irritant; avoid contact with skin or mucous membranes; avoid contact with crushed or broken tablets
Zortress	everolimus	Tablet	Note: crushed powder may cause dangerous effects to mucus membranes
Zyban	buPROPion	Tablet	Slow-release
Zyflo CR	zileuton	Tablet	Extended-release

(a) Capsule may be opened and the contents taken without crushing or chewing; soft food such as applesauce or pudding may facilitate administration; contents may generally be administered via nasogastric tube using an appropriate fluid provided entire contents are washed down the tube.

(b) Liquid dosage forms of the product are available; however, dose, frequency of administration and manufacturers may differ from that of the solid dosage form.

(c) Antacids and/or milk may prematurely dissolve the coating of the tablet.

(d) Capsule may be opened and the liquid contents removed for administration.

(e) The taste of this product form would likely be unacceptable to the patient; administration via nasogastric tube should be acceptable.

(f) Effervescent tablets must be dissolved in the amount of diluent recommended by the manufacturer.

(g) Tablets are made to disintegrate under the tongue.

(h) Tablet is scored and may be broken in half without affecting release characteristics.

(i) Skin contact may enhance tumor production; avoid direct contact.

Disclaimer: This listing is not meant to represent all products, either by generic or trade name. The author encourages manufacturers, pharmacists, nurses, and other health professionals to notify him of any changes or updates.

1. Correspondence regarding this list may be addressed to:
John F. Mitchell, PharmD, FASHP
Email: rxmitchell@att.net

2. The generic name is provided merely as a reference point and is only listed for single ingredient medications; it should not be assumed that drugs with the same generic are equivalent to the specific brand name listed relative to crushing or chewing. If questions arise, please check with your pharmacist.

3. Two official USP terms are used to designate special-release medication forms: "extended release" and "delayed release". Others such as "sustained release", "controlled release", etc. are commonly used on package labeling. The term "Slow-release" is being used here to signify all such drugs with a special-release mechanism.

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Policy Name: **Continuous Quality Improvement Program (CQI)** Number: C,J-A-06

Effective Date: 01/01/03 Revised: 01/01/06, 01/01/09, 01/01/10, 01/01/12

Reference: NCCHC 2008 (J-A-06)

Approval: _____ _____
Francis J. Komykoski, M.B.A., CCHP — *Vice President of Operations, Director of Policies and Procedures*
Carl A. Hoffman, Jr., D.O., CCHP — *President, Corp Medical Director*

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I. **PURPOSE:** PrimeCare Medical (PCM), its physicians, psychiatrists and dentists are involved in the Continuous Quality Improvement (CQI) Program and must ensure that all patients under the care of PCM are receiving appropriate treatment.

II. **SCOPE:** Applies to all PrimeCare Medical, Inc. (PCM) Adult contracted facilities.

A. Adequacy of treatment plan initiated by health care providers (physicians, psychiatrists, psychologists, dentists, physician assistants, nurse practitioners).

B. The extent to which physicians', psychiatrists', dentists', and mid-level practitioners' orders have been carried out.

C. Types of medication ordered, and notations regarding their administration.

D. Signing of verbal orders by physician, psychiatrist and dentist.

E. Signing of orders by physician or mid-level practitioners (physician assistant and nurse practitioner).

F. The implementation and countersigning of treatment protocols when used.

III. **DEFINITIONS:**

Physician Clinical Chart Review: an evaluation by a physician of the timeliness and appropriateness of the clinical care provided to patients.

Basic CQI Program: includes monitoring the fundamental aspects of the facility's health care system (access to care, intake process, continuity of care, emergency care and hospitalizations), and adverse patient occurrences (including all deaths) at least annually.

Comprehensive CQI Program: includes a multidisciplinary quality improvement committee which monitors those areas identified at NCCHC Standard J-A-06 and includes both process quality improvement studies and outcome quality improvement studies.

Multidisciplinary Quality Improvement Committee: Group of health staff from various disciplines that designs quality improvement monitoring activities, discuss the results, and implements corrective action.

Process Quality Improvement Study: examine the effectiveness of the health delivery system where:

A. A facility problem is identified,
B. A study is completed,
C. A plan is developed and implemented,
D. Results are monitored and tracked, and
E. Improvement is demonstrated or the problem restudied.

Outcome Quality Improvement Study: examine whether expected outcomes of patient care are achieved where:

A. A facility problem is identified,
B. A study is completed,
C. A plan is developed and implemented,
D. Results are monitored and tracked, and
E. Improvement is demonstrated or the problem restudied.

IV. **POLICY:** The Continuous Quality Improvement (CQI) program at each facility will review at least five (5) percent of the **Health Records** monthly (up to 25 in Facilities with populations of less than 500), as set forth in detail below. The selection of charts will be a random sample (i.e. every tenth chart or every twenty-fifth chart, just so there is no less than five (5) percent of the charts monthly). The selection of charts can be on the basis of disease entity (i.e., all diabetics, TB, infection control surveillance, etc.) or by a special criterion (i.e., all deaths). Documents (PCM's Monthly Review Forms-See Forms Manual) are to be signed and kept to verify that chart reviews did occur. Copies should be forwarded to Risk Management, as well as to Operations Department. Follow-up reviews on recommendations to evaluate if change occurred should be completed before the next quarterly CQI meeting. Data compiled from the physicians review (PCM's Monthly Review Forms) along with identified problems shall be submitted to the Quality Assurance Committee, which will meet at least quarterly, for facilities with ADP greater than 500, to discuss the results of chart reviews. Results of chart reviews will be discussed at the next monthly staff meeting to inform staff of problem areas and plans to resolve the problems that have been identified.

NOTE: All acute care hospital placements, medical emergencies and conditions requiring outside medical services ***must*** be reviewed each month but only during the months they occurred (or until discharged from the hospital, if applicable), and may be added to the total number of chart reviews for that particular month.

A. **Nature of Chart Review**

1. Those facilities with less than 500 population will engage in a basic CQI program which includes the following:

   a. monthly **physician clinical chart review** of at least 5% (up to 25) of all patients' health records;

   b. review, at least annually, access to care; receiving screening; health assessment; continuity of care; emergency care and hospitalizations; and adverse patient occurrences including all deaths;

   c. conduct annual review of the effectiveness of the CQI program by reviewing CQI studies, minutes of administrative and/or staff meetings, or other pertinent written materials.

   d. perform at least one (1) process quality improvement study and one (1) outcome quality improvement study per year.

2. Those facilities with more than 500 population will engage in a comprehensive CQI program which includes the following:

   a. establishment of multidisciplinary quality improvement committee that meets at least quarterly and designs quality improvement monitoring activities, discusses the results, and implements corrective action;

   b. reviews, at least annually, access to care; receiving screening; health assessment; continuity of care (sick call, chronic disease management, discharge planning); infirmary care (if applicable); nursing care; pharmacy services; diagnostic services; mental health care (including substance abuse, as appropriate); dental care; emergency care and hospitalizations; adverse patient occurrences including all deaths; critiques of disaster drills;

environmental inspection reports; patient grievances; and infection control;

c. conduct annual review of the effectiveness of the CQI program by reviewing minutes of its committee meetings;

d. performs at least two (2) process quality improvement study per year; and

e. performs at least two (2) outcome quality improvement study per year.

B. Multidisciplinary Quality Improvement Committee:

The committee will meet at least quarterly to discuss monthly chart reviews and to select areas to be reviewed and/or monitored. The committee will monitor all major aspects of health care including but not limited to:

1. Admission screening and evaluation;
2. Sick call services and diagnostic services;
3. Chronic disease services;
4. Infirmary care;
5. Nursing services;
6. Timeliness of treatment, medication;
7. Adverse patient occurrences, including all deaths;
8. The committee also reviews the results of disaster drills, environmental inspections, infection control practices and findings;
9. Any area or topic that the Quality Assurance committee feels it needs to monitor/review in order to improve the quality of care.

The particular topics will be the sole responsibility of the Quality Assurance Committee. The Medical Director will be the chairperson. Members of the committee under the direction of the Committee Chairperson will compile and

collect data (reports, statistics, etc.) and submit it at the next quarterly meeting for review and follow up action. All reports, statistics, etc., along with the minutes of each Quality Assurance Committee meeting will be typed on Corporate letterhead for the facility's records and two (2) copies should be sent to the Corporate Office, one for Operations and the other for Risk Management.

Members of the Quality Assurance Committee are to be composed of a group of health care providers working at the facility, as well as a representative of the administrative staff. Such members may be from pharmacy, medical records, dentistry, psychiatry, as well as nursing.

The primary purpose of QA/I activities is to ensure that patients receive quality health care services. QA/I committee will monitor problems, make recommendations and perform follow-up reviews on recommendations after they are implemented to evaluate any changes that may have occurred. In addition, QA/I activities, when implemented, will help maintain a more cost efficient, productive facility and, in return, should help reduce potential litigation.

C. **Serious Medical Conditions**

The following indicators have been identified by PCM as serious medical occurrences which require an in depth case review:

1. Death;
2. Attempted Suicide;
3. Hospital Admission;
4. Infectious Disease;
5. Evidence of uncontrolled diabetes mellitus (including, but not limited to, ketoacidosis, blood sugar in excess of 400 mg/dl on one occasion or in excess of 300 mg/dl on two or more occasions); and
6. Severe electrolyte imbalance while under care.

When an indicator is identified, the Health Service Administrator or Regional Coordinator shall notify the Corporate Medical Director.

Documentation relating to the event will be provided as deemed necessary by the Corporate Medical Director, Risk Management, and Vice President of Operations.

If it appears that a quality-of-care issue may exist, the PCM Corporate Medical Director or Risk Management will convene a Quality of Care Review meeting, to include the Corporate Medical Director, Operations, and other personnel necessary for informed discussion on all aspects of the problem and consideration of appropriate educational and/or corrective action.

D. Instructions for CQI Procedure

1. CQI will be an ongoing process.

2. A review will be conducted by the medical staff and selected designee.

3. A review will be done monthly on:

   a. No less than five (5) percent of the charts per month (up to 25 in facilities under 500 patients). Additional charts can be requested by either the Corporate office or the QA committee.

   b. **All** outside consults, hospitalization, ER visits are mandatory.

4. All review forms will be filled out completely.

5. While conducting a review, if it is determined there is a problem area that needs addressed or if a suggestion is made, it should be recorded on the appropriate form under discussions and recommendations for the QA Committee.

6. After all pertinent information is gathered and recorded; the form is to be submitted to the Physician by the QA chairperson for review and signature.

7. After the physician signs the review form, all forms are to be compiled for review at the next QA committee meeting.

8. At the end of each month, the HSA shall submit minutes of their CQI meetings to Risk Management at the Corporate Office.

9. Multidisciplinary Quality Improvement Committee:

   a. The Committee is to be made up of appropriate personnel selected by the Medical Director and Health Service Administrator.

   b. The Medical Director and Health Service Administrator will be responsible to oversee all phases of the QA policy, which include, but are not limited to:

      * Conducting and chairing all QA Committee meetings.

      * Overseeing all phases of the reviews.

      * Selecting a person to keep the minutes.

      * Guaranteeing the delivery of all forms to the appropriate departments and personnel.

      * Keeping track of attendance at QA meetings.

      * Keeping in contact with Risk Management and the Corporate Medical Director concerning QA issues.

      * Utilizing the information gathered to improve health care services.

PrimeCare Medical, Inc.

Quality Improvement Activity Calendar - 2014

Audit	Performance Indicators	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	x's/year
1	Monitoring the Chronic Asthma Patient		1			1			1			1		4
2	Monitoring the Hypertensive Patient		1			1			1			1		4
3	Monitoring the Diabetic Patient		1			1			1			1		4
4	Monitoring the HIV Patient		1			1			1			1		4
5	Monitoring the Dialysis Patient		1			1			1			1		4
6	Monitoring the Neurological Patient		1			1			1			1		4
7	Monitoring Other Chronic Care Diagnosis'		1			1			1			1		4
8	Clinician Encounters		1			1			1			1		4
9	Dental Care		1			1			1			1		4
10	Medical Housing		1			1			1			1		4
11	Intake Mental Health Screening Assessment	1			1			1			1			4
12	Patients with Suicidal Ideation or Attempts	1			1			1			1			4
13	Therapeutic Restraints	1			1			1			1			4
14	Psychiatric Evaluations	1			1			1			1			4
15	Healthcare while in Segregation	1			1			1			1			4
16	Monitoring Patients with Psychosis	1			1			1			1			4
17	Prenatal/Pregnant Care	1			1			1			1			4
18	ER Transfers	1			1			1			1			4
19	Outside Consult Services	1			1			1			1			4
20	NCCHC and Peer Review Prep	1			1			1			1			4
21	Inspection of the Medical Unit and Treatment Areas			1			1			1			1	4
22	Intake Screening Monitoring			1			1			1			1	4
23	Detoxification/Withdrawal			1			1			1			1	4
24	MRSA Compliance			1			1			1			1	4
25	Identification and Treatment of Tuberculosis			1			1			1			1	4
26	Health Assessments			1			1			1			1	4
27	Nursing Encounters			1			1			1			1	4
28	Continuity of Care			1			1			1			1	4
29	Pharmaceutical Services			1			1			1			1	4
30	Therapeutic Diets			1			1			1			1	4
31	Medical Records (Choose COREMR or PAPER)			1			1			1			1	4
32	Orientation (done on all new hires two weeks after hire date)	1	1	1	1	1	1	1	1	1	1	1	1	12
	Process Study	1	1	1	1	1	1							6
	Outcome Study	1	1	1	1	1	1							6
	Process Study							1	1	1	1	1	1	6
	Outcome Study							1	1	1	1	1	1	6
		13	13	14	13	13	14	13	13	14	13	13	14	

PRIMECARE MEDICAL, INC.

Monitoring the Chronic Asthma Patient

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. The age of onset is listed on the initial clinic flow sheet. (Check previous commitments)
2. The type of asthma is listed on the flow sheet: Mild-intermittent, Mild-persistent, Moderate-persistent, Severe-persistent.
3. The history indicated the past use of bronchial dilators and/or other medications to treat asthma.
4. The diagnosis of asthma and its type are listed on the Master or Chronic Problem List.
5. Exam by the PA/CRNP/MD/DO includes assessment of the lung fields and objective findings at the time of diagnosis or follow-up.
6. Peak flow and SaO2 are obtained and documented at the time of the chronic care clinic.
7. Treatment is changed by the provider based on assessment findings, if indicated.
8. There are drug levels documented that support medication adjustments. (Theophylline)
9. There is documentation of patient education on the proper usage of inhalers, effects of other medications, smoking cessation and the disease process.
10. There is a clear plan for follow-up care in the clinic (minimum of every 90 days).
11. National Standards/PCM protocols were followed by the provider. If no, there is documented reasoning that is appropriate as to why standards were not followed.
12. The patient received/took their Asthma medications as ordered.
13. There is a signed refusal after 3 doses of missed Asthma medications (if not ordered PRN).
14. There is documented evidence of education to patients that are non-compliant with Asthma medications (if not ordered PRN).
15. The patient's medication has an active order and did not expire.
16. The patient was able to remain free of ER and inpatient care.
17. If the patient received an increased number of nebulizer treatments he/she was referred to and seen by a provider.
18. The patient received annual Influenza Vaccine (if deemed appropriate).

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	16	16	17	18	19	Comments

Medical Director Review: _____ Date:_____

Findings reviewed with all providers on (date): _____.

PRIMECARE MEDICAL, INC.
Monitoring the Hypertensive Patient

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. Risk factors are indicated on initial evaluation based on family and/or social history.
2. HTN is documented on the master problem list.
3. A complete physical examination is performed by a provider, which includes the presence or absence of carotid bruits, gallops and murmurs.
4. Clinician indicates BP control (Improved, Unchanged, Worsened).
5. There is a baseline EKG on the chart.
6. Initial baseline labs include CMP, CBC, Lipid Profile, and UA.
7. If baseline labs are normal future labs are then done, at minimum, every 12 months.
8. If baseline labs were abnormal they were addressed by the provider and repeated at appropriate intervals.
9. A fundoscopic exam by a provider is performed at least annually.
10. Education and counseling were provided regarding life style modifications, diet, commissary, medication compliance, exercise/weight reduction, smoking cessation, and avoiding medications that increase blood pressure.
11. Follow-up care is clearly documented on chronic care flow sheet.
12. The patient is seen for clinic, at minimum, every 90 days.
13. Documentation indicating status of blood pressure (Normal, Pre-HTN, Stage I, Stage II).
14. Immunizations if clinically indicated are documented on the chronic care flow record (i.e. Pneumonia vac., Influenza, etc.).
15. Vital signs and weight are recorded on the chronic care record at each visit.
16. Vital Signs are documented by nursing as ordered.
17. Vital signs that were obtained by nursing and were outside the set perimeters were acted upon appropriately.
18. Patient received/took all ordered doses of medications. Provide explanation if no.
19. If patient had hypertensive crisis in between clinics they were referred to and seen by a provider.
20. There is a signed refusal after 3 missed doses of medication.
21. There is documented evidence of education to patients that are non-compliant with medications.
22. The patient's medication has an active order and did not expire.
23. The patient was able to remain free of ER and inpatient care.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Comments

Medical Director Review: _____ Date:_____

Findings reviewed with all providers on (date): _____.

PRIMECARE MEDICAL, INC.

Monitoring the Diabetic Patient

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. Patient history to include age of onset, use of medications and types are documented.
2. The Master / Chronic Problem List indicates Diabetes.
3. Control of the disease (Good, Fair, Bad) is indicated.
4. CMP, CBC, HgbA1C, Lipid Profile and UA are documented for initial clinic.
5. CMP, CBC, HgbA1C documented every 3 months following initial clinic.
6. Lipid Profile is complete annually if not on therapy to control.
7. Lipid Profile is complete every 3-6 months if on therapy to control.
8. The patient maintained an LDL level of <100.
9. There is a baseline EKG in the medical record.
10. A Microalbumin is complete annually (unless already on ACE or ARB, then N/A).
11. A foot exam is documented for each chronic care visit.
12. ASA therapy is considered for the patient. If no, reasoning for not giving therapy is documented.
13. Dilated eye exam has been performed annually by the optometrist or ophthalmologist.
14. Immunizations, if clinically indicated, are documented on the chronic care flow record (i.e. Pneumonia vac., Annual Influenza, etc.).
15. The clinic encounter includes documentation of an evaluation of cardiovascular and neurological status.
16. Adjustments of medications are made for abnormal serum glucose levels, and the reasons for the adjustments are documented.
17. Education has been provided regarding life style modifications, diet, commissary, medication compliance, exercise/weight reduction, avoidance of medications that increase blood pressure, skin and foot care, and smoking cessation.
18. The patient was seen every 90 days (or sooner if indicated) by a clinician.
19. The patient received/took their Diabetic medications as ordered.
20. There is a signed refusal after ONE missed dose of Diabetic medication.
21. There is documented evidence of education to patients that are non-compliant with Diabetic medication.
22. The patient's medication has an active order and did not expire.
23. National Standards/PCM protocols were followed by the provider. If no, there is documented reasoning that is appropriate as to why standards were not followed.
24. If the patient had evidence of uncontrolled diabetes mellitus (including, but not limited to, ketoacidosis, blood sugar in excess of 400 mg/dl on one occasion or in excess of 300 mg/dl on two or more occasions) a referral to a clinician was made.
25. If the patient had evidence of uncontrolled diabetes mellitus as described in #24, an adverse patient occurrence form was filled out.
26. Accu-checks are done as ordered by the clinician and documented appropriately.
27. The patient was able to remain free of ER and inpatient care for the last year.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	Comments

Medical Director Review:_____ Date:_____

Findings reviewed with all providers on (date): _____.

PRIMECARE MEDICAL, INC.
Monitoring of the HIV Patient

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. A ROI is signed and sent for HIV care received in the community.
2. The information received from the community is signed, dated and on the record in a timely fashion.
3. The physician on initial evaluation included a complete history of disease and physical examination.
4. The treatment plan includes evaluation of antiretroviral therapy.
5. The treatment plan includes evaluation for prophylaxis for opportunistic infection.
6. Appropriate immunizations have been given including Annual Influenza Vaccine, pneumoax, Hepatitis B (if appropriate) and are documented on the flow sheet.
7. Patient is seen in chronic care clinic by physician 1st visit.
8. The patient has been referred to mental health specialist for psychosocial evaluation and treatment, if indicated.
9. Dental clinic has screened and treated the patient.
10. A CXR is complete on admission.
11. HIV is documented on Master /Chronic Problem List.
12. Dilated eye exam has been completed by an optometrist or ophthalmologist at minimum yearly intervals.
13. Disease control (Good, Fair, Bad) is indicated on the chart.
14. Initial labs (if not on chart from community providers in last 3 months) include: CBC, RPR, CMP, CD4, and Viral Load.
15. There is a Lipid Profile, RPR and Hepatitis profile on the chart.
16. A CBC, CMP, CD4 and Viral Load is drawn and in the chart every 3 months.
17. Education is documented at each chronic care visit.
18. Female positive patients have documented PAP's (6 months).
19. A CXR is complete annually.
20. The patient is assessed at clinic, at minimum, every 3 months.
21. Patients on HAART Therapy are seen monthly, if not stable.
22. PPD / TB positive received proper follow up in TB clinic.
23. Patient received/took all ordered doses of HIV medication. Provide explanation if no.
24. There is a signed refusal after EACH missed dose of HIV medication.
25. There is documented evidence of education to patients that are non-compliant with HIV medications.
26. The patient's medication has an active order and did not expire.
27. National Standards/PCM protocols were followed by the provider. If no, there is documented reasoning that is appropriate as to why standards were not followed.
28. The patient was able to remain free of ER and inpatient care while incarcerated.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28

Medical Director Review:_____ Date:_____

Findings reviewed with all providers on (date): _____.

PRIMECARE MEDICAL, INC.

Monitoring the Dialysis Patient

Facility:_____ **Population:**_____

N=_____ **All dialysis patients since last audit.**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. Pre- and Post dialysis T.P.R., BP and weight have been recorded.
2. Vascular access route has been assessed before and after dialysis treatment (bruit and thrill).
3. Documentation indicated post treatment if any sign or symptoms of complications.
4. Patient is seen by physician for initial clinic.
5. The patient is seen monthly by a provider for clinic.
6. Education is provided regarding compliance with medication, fluid and diet control.
7. Hemodialysis is listed on the Master/Chronic Problem List.
8. The patient is ordered and receiving an appropriate diet. (Renal)
9. Patient received/took all ordered doses of medication. Provide explanation if no.
10. There is a signed refusal after 3 missed doses of medication.
11. There is documented evidence of education to patients that are non-compliant with medications.
12. If the patient refuses dialysis a signed refusal is on the chart for EACH refused dialysis encounter.
13. If the patient refuses dialysis they are assessed, educated and documented by a provider for each refused visit.
14. The Vice-President of Operations is notified if a patient is refusing dialysis.
15. The patient was able to remain free of ER and inpatient care.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Comments

Medical Director Review:_____ Date:_____

Findings reviewed with all providers on (date): _____.

PRIMECARE MEDICAL, INC.

Monitoring the Neurological Patient

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. History indicates the use or non-use of anti-convulsant medications.
2. If ordered, anti-convulsant medication is listed on the MAR and without lapses in therapy unless medically ordered.
3. Documentation of history reflects the age of onset and possible cause.
4. The frequency and date of last seizure is documented.
5. If patient has an initial onset of seizure activity while incarcerated they are assessed by the clinician for potential causes.
6. The diagnosis of a seizure disorder is documented on the Master/Chronic Problem List.
7. At the initial clinic a baseline neurological exam is complete that includes presence and/or absence of reflexes and motor functions.
8. The patient is seen for chronic care clinic every 3 months and assessment includes a neurological examination including the presence and/or absence of reflexes and motor functions.
9. Laboratory documentation indicates that CBC and anti-convulsant drug levels were obtained every 3 months (Dilantin, Depakote, Tegretol and Phenabarbital).
10. Patient remained seizure free even with low lab values.
11. Education is documented at each chronic care clinic visit.
12. Medication dose was adjusted and lab values were rechecked within 3 weeks if lab values were above normal limits.
13. Patient received/took all ordered does of medications. Provide explanation if no.
14. If the patient had a seizure in between clinic visits they were referred to and seen by a provider.
15. There is a signed refusal after 3 missed doses of medication.
16. There is documented evidence of education to patients that are non-compliant with medications.
17. The patient's medication has an active order and did not expire.
18. The patient was placed on permanent lower bunk status.
19. The patient was able to remain seizure free while incarcerated.
20. The patient was able to remain free of ER and inpatient care.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Comments

Medical Director Review: _____ Date:_____

Findings reviewed with all providers on (date): _____.

PRIMECARE MEDICAL, INC.

Monitoring Other Chronic Care Diagnosis'

Facility:_____ **Population:**_____ **N=**_____

Reviewer's Signature:_____ **Date:**_____

Criteria:

Thyroid

1. Patient was seen initially and every 90 days thereafter.
2. Hyper/Hypothroidism is on the Master Problem List.
3. Initial diagnostics include CBC, CMP, TSH, Free T4, UA and EKG.
4. Repeat TSH, Free T4 complete every 12 months if patient is stable.
5. If patient is unstable Repeat TSH, Free T4 is complete at clinically appropriate intervals.
6. Education is documented on diet, vitamins, minerals, and supplements that affect the absorption of medications.
7. The patient is seen for chronic care clinic every 3 months.
8. Patient received/took all ordered doses of medications. Provide explanation if no.
9. There is a signed refusal after 3 missed doses of medication.
10. There is documented evidence of education to patients that are non-compliant with medications.
11. The patient's medication has an active order and did not expire.
12. The patient was able to remain free of ER and inpatient care.

Hepatitis C (HCV)

13. Patient identified with HCV receive CMP and CBC initially (lab testing and clinic should be scheduled 4-6 weeks after admission if detoxing).
14. If CMP and CBC are elevated (1.5-2 times normal) labs are redrawn every 3 months.
15. If ALT/AST are elevated (1.5-2 times normal) the PCM policy on Hepatitis C is followed.
16. Co-infection (HIV/HCV) patient are followed for HAART liver toxicities.
17. Length of incarceration is documented if known (for purposes of treatment protocols).
18. If lab values were within normal range the patient is discharged from HCV clinic and is educated on reporting of signs & symptoms.
19. Education is documented on the chart regarding disease process.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Comments

Medical Director Review:_____ Date:_____

Findings reviewed with all providers on (date): _____.

PRIMECARE MEDICAL, INC.

Monitoring Clinician Encounters

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. The encounter is legible and indicates date, time, vital signs (TPR, BP, Wt), signature, and name stamp (NA for EMR).
2. The note is written in SOAP note format or is documented in the appropriate section of the health record. (NA for EMR)
3. The patient was seen on the date scheduled (if no, provide detailed explanation).
4. The reason for the encounter is clearly documented under subjective portion of notes.
5. The chief complaint also includes the history of the onset and scope of the complaint.
6. The documentation includes complaint directed physical exam of the body systems with objective findings noted.
7. Evaluation includes the need for pertinent lab and/or other diagnostic studies.
8. The treatment plan is appropriate to the findings of the examination.
9. An informed consent form is signed and on chart for any extraordinary/invasive procedures (non-routine).
10. Education and/or instructions are provided.
11. The plan includes a follow-up date if needed.
12. Medications are ordered appropriately (if no, give detailed explanation).
13. PA encounters are tasked to third shift for review by a physician.
14. PA encounters are signed off by the physician within 11 days of the encounter.
15. If the patient refused a signed refusal form is filed/scanned into the record.
16. If the patient could not come to the scheduled visit (i.e. was in court), this is documented in the record and the patient is scheduled for the next provider line).
17. If the patient was referred to the physician or referred back to the nurses' the referral was appropriate.
18. The patient remained free of sentinel events (APO) for 2 weeks following the visit (if no, give detailed explanation).

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Comments

Medical Director Review:_____ Date:_____

Findings reviewed with all providers on (date): _____.

PRIMECARE MEDICAL, INC.

Monitoring Dental Care

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. The chief complaint is clearly indicated in the subjective statement.
2. The progress note is documented in the appropriate section of COREMR or filed in the appropriate section of chart.
3. The progress note is legibly written in SOAP note format.
4. The progress note indicates the findings of x-ray examination if completed.
5. The progress note indicates the diagnosis, proposed procedure, and any treatment provided.
6. An informed consent form is signed and on chart for any extraordinary/invasive procedures.
7. There is evidence that the treatment has been completed.
8. The patient is free of complications (Sentinel Event) post treatment for 72 hours once the procedure was performed.
9. Dental requests are triaged within 24 hours of request (this is evidenced date, signature, disposition statement of nurse).
10. Patient was seen immediately by nurse or dentist if urgent.
11. Patient was seen by the nurse or dentist within 24 hours of the sick call slip being triaged (non-emergent).
12. Patient was seen by the dentist at the next dental line.
13. Documentation of education was provided regarding follow-up care and special instructions.
14. The encounter indicates the date, time and signature of the provider.
15. A signed dental hygiene pamphlet is scanned on the patient's medical record.
16. Annual dental exam is complete within 12 months of incarceration date. (choose 2 charts that would have annual exam).
17. If dental appointments are refused (routine or annual) a signed refusal was completed.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Comments

Medical Director Review:_____ Date:_____

Findings reviewed with all dental providers on (date): _____

PRIMECARE MEDICAL, INC.

Monitoring Medical Housing

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. The reason for medical housing is clearly documented in the patient's chart.
2. The patient was seen daily (Monday-Friday) by a provider (or, on each provider visit).
3. The daily encounter is documented in the patient's chart in SOAP note format.
4. A documented nursing assessment with vital signs is on the chart no less than daily.
5. Medications and treatments were provided as ordered in a timely fashion.
6. The patient was afebrile and other vital signs stable for 24 hours prior to discharge (Temp. should be monitored without antipyretic treatment).
7. A discharge order is appropriately documented in the medical record by a clinician.
8. The discharge note reflects a plan for follow-up.
9. The patient's condition was improved upon discharge.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	Comments

Medical Director Review:_____ Date:_____

Findings reviewed with all providers on (date): _____.

PRIMECARE MEDICAL, INC.

Intake Mental Health Screening Assessment

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. The mental health assessment is complete within 4 hours of the patient arriving at the facility.
2. The suicide assessment tool is complete within 4 hours of the patient arriving at the facility.
3. Appropriate precautions are taken based on #1 and #2.
4. Evaluation of the patients' appearance and if appearance is appropriate.
5. The patients' behavior during the interview includes appropriateness of mood and affect.
6. Documentation includes statement that patient is alert and oriented to time, place and person.
7. Documentation includes patients' perception and thought process and if they're appropriate.
8. The documentation indicates if the patient has signs of injury to self or to others.
9. Documentation includes if patient has previous treatment for mental health illness.
10. A release of information was signed.
11. Outside records were received in a timely fashion.
12. Outside records received were reviewed (signed off , appropriate action taken based on information &Scanned).
13. Documentation includes usage of medications, dosage, frequency as well as last dose taken.
14. Psychiatrist was called for medication orders.
15. Medication was continued (if no, provide detailed explanation).
16. If there was evidence of drug or alcohol abuse the physician/on-call provider was notified.
17. Proper referral was made if the patient was a threat to self or others.
18. If patient requested, they were seen by a Mental Health Clinician in a timely fashion.
19. If placed on precautions the patient was added to the daily log.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Comments

Medical Director Review:_____ Date:_____

PRIMECARE MEDICAL, INC.

Monitoring the Patient with Suicidal Ideation or Attempt

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. Documentation includes history and severity of previous attempts and/or gestures.
2. A current presence or absence of suicidal verbalization, attempt and or ideation, are documented.
3. The documentation indicates if the patient has previous psychiatric hospitalizations for mental health treatment.
4. Outside records have been obtained in a timely fashion.
5. Outside records obtained were dated and signed and appropriate action taken based on information.
6. Old records of previous incarceration(s) are on record within the chart.
7. An immediate referral for mental health treatment is made once the patient exhibited behaviors / gestures.
8. Patients identified with possible suicidal thoughts or gestures, are placed on watch.
9. The appropriate notification forms are filled out by the nurse or security personnel.
10. The psychiatrist saw the patient as per policy.
11. Orders received by the psychiatrist are carried out appropriately and in a timely fashion.
12. Rounds by mental health team were complete and documented while on watch.
13. Corrections Officer check sheets are complete within the ordered timeframes (15, 30 minutes).
14. Correction Officer check sheet times are staggered appropriately.
15. The patient is appropriately stepped down per PCM policy.
16. Once the watch has been discontinued there are notes on the chart explaining why the monitoring has stopped.
17. Documentation of appropriate follow-up by mental health team once removed from watch status (24 hours to one week)
18. The patient remained off of precautions for the next 14 days.
19. Precautions are noted on the Master Problem List.
20. If placed on precautions the patient was added to the daily log.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Comments

Medical Director Review:_____ Date:_____

PRIMECARE MEDICAL, INC.

Monitoring Therapeutic Restraints

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. The nurse has documented the need for restraints and other less restrictive methods that were used.
2. A physician order is obtained immediately when the application of the restraints occurs.
3. This order includes time, degree and type of restraint.
4. Documentation is present that a psychiatrist, psychologist or a nurse performs an assessment.
5. Continued use is reviewed and ordered by the psychiatrist.
6. Documentation of all time limitations and proper notifications are included in the documentation.
7. Documentation includes monitoring for respiratory distress, circulation and skin integrity every fifteen (15) minutes by medical personnel.
8. Removal of the restraints at least every two hours until restraints are discontinued is documented.
9. Documentation includes the patients affect and behavior, vital signs, food and fluid intakes, and the frequency patient was offered and used the bedpan/urinal.
10. The physical restraint flow sheet is completed correctly and all necessary information is included.
11. Documentation is present in the patient's medical record of an assessment once the patient is removed from the restraints.
12. There is documentation of a referral being made to mental health or a provider if clinically indicated.
13. Patient was seen by mental health within 24-72 hours of being placed in restraints.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	Comments

Medical Director Review:_____ Date:_____

PRIMECARE MEDICAL, INC.

Psychiatry Evaluation

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. The Master Problem List records the chronic mental disorder / illness.
2. Medications are verified with the pharmacy or private physician at the time of intake.
3. The psychiatrist is contacted and orders are received within 8-12 hours of intake.
4. The psychiatrist is contacted for orders within 8 hours if patient is currently or may withdraw from Benzodiazepines.
5. The patient receives psychotropic medications as ordered at the time of intake (meds were not stopped).
6. Referral is made to the next psychiatry line for evaluation, if receiving psychotropic medication, at the time of intake.
7. The Psychiatrist has evaluated the patient at least every 90 days.
8. The treatment plan is documented in the medical record.
9. Mental Health providers are utilizing correct PCM forms.
10. Follow-up time frame is indicated in the progress note for the next psychiatry evaluation.
11. Psychotropic medications are administered by direct observation.
12. Administration/refusal of medication is documented on the MAR.
13. There is a signed refusal after 3 missed doses of medication.
14. There is documented education by a mental health professional regarding non-compliance after 3 missed doses.
15. The patient remained stable/has not been admitted to a psychiatric unit in the past six months.
16. For patients taking Lithium: Baseline studies are on the record for Drug level, CMP, CBC, TSH, UA, EKG (if over 40).
17. For patients taking Lithium: Drug level, CMP, TSH, UA studies are on the record for q 6 month intervals.
18. For patients taking Tegretal: A drug level and CBC, CMP, UA are documented at baseline, then at q 6 month intervals.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record /ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Comments

Medical Director Review:_____ Date:_____

Findings reviewed with all mental health staff on (date):_____.

PRIMECARE MEDICAL, INC.

Monitoring Health Care in Segregation

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. Medical personnel document evaluation of patient upon placement in segregation.
2. Segregation is noted on the Master Problem List.
3. If contraindicated (seriously mentally or medically ill), the patient was removed from segregation (if no, give detailed explanation).
4. An individual segregation log (or task) is generated for each patient.
5. The date of entrance to and exit from segregation is documented in the chart.
6. Segregation rounds are documented on the chart at minimum Monday, Wednesday and Friday (or every day based on facility).
7. Once the segregated patient places a sick call request they are seen per the non-emergency health care request policy.
8. Mental Health segregation rounds are documented weekly.
9. Patient is seen by mental health **and** a medical clinician at the first sign of decompensation of the patient.
10. Once complete, the segregation log is placed/scanned into the patients chart (if tasker system not used).
11. The patient was free of any sentinel patient events while in segregation (suicide attempts, ER trip, etc.).
12. Ask 2 patients in segregation unit if medical personnel have completed segregation rounds. Document findings in comments section below.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	Comments

Ask two staff members, who complete segregation rounds, to verbalize the segregation round procedure (Must wake up, visualize, and ask patient if they have any medical concerns. Patients that show signs of deterioration are referred immediately to a nurse).

Staff Initials_____ Staff Response - Verbalized Correct Protocol or Training Complete

Staff Initials_____ Staff Response - Verbalized Correct Protocol or Training Complete

Medical Director Review:_____ Date:_____

PRIMECARE MEDICAL, INC.

Monitoring of Patients with Psychosis-Medical/Mental Health Patient Welfare Intervention

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. If patient has missed 3 meals for 3 consecutive days (total of 9 meals) the PCM I-05 Hunger Strike Protocol is initiated.
2. Initial assessment is complete by a nurse or clinician and includes orthostatic vital signs, level of consciousness, weight, symptoms of dehydration, visual observations, patient complaints/comments, and abdominal bowel sounds.
3. The patient is moved to appropriate housing (if applicable).
4. A daily assessment is complete by the highest ranking medical professional at the facility.
5. Weights are completed daily.
6. Orthostatic vital signs are completed daily.
7. Meals are presented to the patient 3 times daily and adequate drinking water is available.
8. There is a record of the patient's intake and output.
9. EKG, CBC w/diff, urinalysis and blood chemistries are complete if clinically indicated.
10. The complete assessment is documented on the hunger strike flow sheet.
11. Abnormal assessment findings are relayed and acted upon immediately by a provider.
12. If a patient is placed on the hunger strike protocol they are assessed by mental health within 24 hours.
13. Mental health documents a clinical assessment of the patient.
14. Mental health documents that he/she has tried to determine and resolve the reasons for the hunger strike.
15. The medical record indicates a clear collaboration between medical, mental health and facility administration/security.
16. Notification of the hunger strike is done immediately to the Vice-President, Site Medical Director, and Legal Dept. and is noted on the daily log.
17. The Vice-President is called daily with a status update.
18. The Facility Administration is made aware of the hunger strike in writing.
19. If a patient refuses medical services r/t a hunger strike protocol a signed refusal to consent to treatment is in chart. If patient refused to sign, two witnesses have signed the form.
20. The patient was evaluated for an involuntary mental health commitment.
21. A mental health involuntary commitment was obtained in a timely fashion.
22. If outside beds are not immediately available, a court order was obtained to force treatment in a timely fashion.
23. The court order was carried out (orders obtained, labs drawn, hydration, I/M medication, etc.).
24. The patient's health improved over the next 5 days.
25. Once patient resumed eating/drinking, weight, vital signs and physical assessment was monitored daily for 1 week.
26. Once patient resumed eating/drinking, weight, vital signs and physical assessment was monitored weekly for 1 month (after first week).

Key: **Y = Yes** **N = No/Absent** **NA = Not Applicable**

Record #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	Comments

Medical Director Review:_____ Date:_____

PRIMECARE MEDICAL, INC.

Pregnant Patients / Prenatal Care

Facility:_____ **Population:**_____ **N=**_____**All pregnant patients since last audit.**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. History indicates if the patient has had any prenatal care.
2. History indicates if the patient has high risk factors (medical problems, vaginal bleeding, substance abuse, mental health problems).
3. Pregnancy is confirmed through urine or blood testing.
4. If heroin positive, patient was referred to a methadone clinic.
5. If heroin positive, patient placed on appropriate medication while waiting for a methadone appointment.
6. If pregnancy is confirmed the patient is provided with bottom bunk, education, HS snack, milk with meals, prenatal vitamins and folic acid (if not in prenatal vitamin).
7. Referral to OB/GYN clinic is made within 72 hours of confirmation.
8. Mental health staff is consulted regarding the potential side effects of prescribed psychotropics.
9. Referral to next provider line is made with general physical examination at time of intake.
10. Outside prenatal clinic visits are complete on the date scheduled.
11. A completed prenatal profile work-up is ordered with Hepatitis profile and HIV testing (if not complete prior to incarceration).
12. HIV positive patient is offered HIV Medication therapy.
13. All prenatal clinic orders are complete in a timely fashion.
14. Pregnancy is listed on Master Problem list.
15. Chart reflects monitoring of fetal heart tones and fetal movement in last trimester. Physician is notified if FHR <110 or >160.
16. Timely transfer to hospital with onset of cramping, contractions, hemorrhage, or rupture of membrane.
17. Pregnant patients are transported to hospital via ambulance.
18. Timely transfer to hospital for all pregnancy related complications is done immediately.
19. Pregnancy trimester is communicated to correctional staff so that appropriate restraints are used.
20. Abortion services were provided to the patient in a timely fashion.
21. Post-Partum follow-up with OB/GYN clinic occurred in a timely fashion.
22. Pregnancy counseling sheet is signed and filed/scanned in patient's record.

Key: Y = Yes N = No/Absent NA = Not Applicable

Med Record ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	Comments

A yearly pregnancy log is kept with all pregnant patient names, numbers and dispositions of pregnancy. Pregnancy log is discussed at monthly CQI and staff meetings. Yes No

Medical Director Review:_____ Date:_____

Findings reviewed with all providers on (date): _____.

PRIMECARE MEDICAL, INC.

Appropriateness of ER Referrals

Facility:_____ **Population:**_____ **N=**_____ **All ER Referrals**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. There is documentation on the chart addressing the chief complaint.
2. Complete vital signs (TPR & BP) have been obtained and are documented.
3. An assessment of the appropriate body systems was complete and documented with date, time and signature.
4. The note indicates that the on-call provider was notified and the time of such notification.
5. The note includes orders received from the provider.
6. The note includes the patient's status through the time of his/her transfer to the ER or admission.
7. The physical findings documented (sign & symptoms) support the need for referral to the ER.
8. The time and mode of transportation is documented.
9. If the patient was treated in the past 7 days for this problem, the care delivered was appropriate for the complaint.
10. Documentation of the intervention, treatment provided, and recommendations for follow-up were provided.
11. Review of the documentation from the treating facility indicated that the intervention was appropriate to the referral reason.
12. Documentation from the treating facility is dated and signed by a clinician and is filed/scanned in a timely fashion.
13. A documented assessment occurred by the highest ranking medical staff member on-site when the patient returned from the ER.
14. A referral was made to the next provider line if assessment in #13 was complete by a nurse.
15. An sentinel patient event form was filled out.
16. ER visit was documented on the daily log.
17. Proper notification was made to PCM personnel as per policy.
18. ER referral form complete and faxed to corporate office (or sent via COR).

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Comments

All ER referrals are reviewed by the H S A and Medical Director and are discussed at CQI meetings. Yes No

Medical Director Review:_____ Date:_____

Findings reviewed with all providers on (date): _____.

PRIMECARE MEDICAL, INC.

On-Site Emergency Care

Facility:_____

Reviewer's Signature:_____ **Date:**_____

Criteria: No answers require further explanation and corrective action.

1. An on-call schedule is posted for medical and psychiatric physicians. (posted confidentially in treatment areas)
2. All emergency resource numbers are posted as required. A copy is with the Administration/Shift Commander.
3. The emergency box/cart has all seals in place and are checked every shift/day and documented.
4. The supplies contained in these boxes / carts are all present and not expired.
5. All first aid kits are checked monthly and documented appropriately.
6. Staff receives annual training on the Mass Disaster Plan. This training is documented per policy C-03 Professional Development.
7. On-site staff drills are held on each shift and documented annually.
   Over the course of 3 years a mass disaster drill is held on each shift (cannot overlap and encompass 2 shifts in one year).

   Day Shift Mass Disaster: Date _____ Year _____

   Evening Shift Mass Disaster: Date _____ Year _____

   Night Shift Mass Disaster: Date _____ Year _____

   Over the course of one year a man down event occurs on each shift (use actual events if possible, utilize events where corrective actions are necessary, do not use the same type of event for all 3).

   Day Shift Man Down: Date_____

   Evening Shift Man Down: Date_____

   Night Shift Man Down: Date_____
8. A written critique is complete for all mass disasters and all man downs utilizing the forms found in the PCM Forms Manual. If no, the Jr. VP and/or Regional Manager are to be notified.
9. Critiques are discussed and documented under the appropriate headings in the **next** staff, CQI and Quarterly Meetings.

Medical Director Review:_____ Date:_____

PRIMECARE MEDICAL, INC.

On-Site Emergency Care

Reviewer's Signature:_____ **Date:**_____

Criteria: No answers require further explanation and corrective action.

10. A copy of all documentation is placed in binder A-07 Emergency Response Plan, including critiques, Staff, CQI and Quarterly meeting minutes that document discussion of Mass Disaster and Man Down Events.

11. Corrective actions are implemented and monitored by the CQI Committee based on findings.

12. Within 4 minutes of receiving a distress call, a response occurs to facility emergencies. Validate timeframe by critiquing 2 emergencies that occurred in the past or current month.

Emergency #1	**Emergency #2**
_____time incident occurred	_____time incident occurred
_____time code was called	_____time code was called
_____time medical arrived to emergency	_____time medical arrived to emergency

13. Appropriate follow-up care occurs in a timely fashion (i.e., transfer to hospital, SNU, or next MD line).

14. There is an AED policy that reflects the current years date (must be updated annually).

15. Emergency room visits and deaths are added to the daily log and the appropriate people are contacted within PCM according to policy.

16. In the event of a death the PCM Death/Near Death Report was complete within 24 hours, the chart was sealed and placed in a protected/locked area, a mortality review occurred within 30 days and corrective actions were carried out and monitored by the CQI committee.

17. There is a sign in sheet for each mortality review that includes relevant personnel.

18. A death summary was completed by the appropriate person.

19. An autopsy report was obtained.

20. The death was added to the annual mortality log which is kept in binder A-10 Procedure in the Event of a Patient Death. The log has the patient's name, number, date of birth, date of death and whether the event was expected or unexpected (these items only).

21. Deaths are discussed and documented under the appropriate heading in the staff, CQI and Quarterly Meetings.

Medical Director Review:_____ Date:_____

PRIMECARE MEDICAL, INC.

Appropriateness & Timeliness of Specialty Consultation Service

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. The consult request form was completed with all lines filled in and includes the reason for referral.
2. History of illness or injury was noted on the consult request and documented in patient record.
3. Current treatment and test results was noted on the consult request and documented in patient record..
4. Consultation request was sent to Corporate Medical Director within 24 hours of the written request.
5. Type of patient is indicated on the consultation request, i.e. US Marshall, State, County, ICE, Etc.
6. Approval or deferral of service was received from Corporate Medical Director within 72 hours of the written request.
7. Deferral for services is reviewed by the facility medical director.
8. Approved consultations are scheduled within 24 hours once the approval has been received.
9. Recommendations of specialty consultations are reviewed, signed, and dated by a clinician in a timely fashion upon a patients return from consultation.
10. Patient is seen at the next provider line to discuss outside consultation findings.
11. Recommendations/alternative plans are carried out in a timely fashion.
12. Appointment for off-site referral was kept/not cancelled or rescheduled. (If no, indicated reasons why).
13. Patient was seen for recommended follow up appointments as ordered.
14. Outside appointment was documented on the daily log.
15. Outside appointment was documented on weekly log.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Comments

*An effective tracking mechanism exists for outside consultation requests, appointments, follow up and billing. Yes
If no provide explanation below and contact the Jr. V.P. and/or Regional Manager.

Medical Director Review:_____ Date:_____

Findings reviewed with all providers on (date): _____.

PRIMECARE MEDICAL, INC.

NCCHC Survey and Peer Review Preparation

Facility: _____ **Reviewer's Signature:** _____ **Date:** _____

A-01 Access to Care
Criteria:

1. Patients have unimpeded access to medical care and are not punished for seeking healthcare.

2. A description of services is given to the patient at the time of intake via the Notification of Health Services Form. A review of current intakes reflects that signed forms are on the patient records.

3. An accurate description of services is in the patient handbook. A handbook is given to all patients at the time of intake. English and Spanish versions are available.

4. Appropriate Access to Care signs are posted in Medical Department, all patient housing units, and the Intake Unit (English and Spanish). Has a pattern been noted of signs missing in any particular area?

5. Sick call slips are readily available to patients in all housing areas and there is a system in place to pick up and replenish sick call slips daily.

6. Patients have direct access to sick call slips and do not have to request sick call slips from prison staff (administration, corrections officers, treatment).

7. Patient's place sick call slips in a locked box that medical has the key to.

8. Patients receive medical care regardless of their ability to pay. The fee for service program is being utilized appropriately.

9. There are no unreasonable delays in patient care (sick call lines/outside services).

10. Sick call lines are held at appropriate times.

11. An effective communication mechanism is in place to notify prison staff of a patient's special need (DOJ, Medical Status Form, Relocation Pass). Needs are implemented immediately upon request of the Medical Department.

12. Access to care is discussed at staff and CQI meetings. This discussion is documented in the minutes of both meetings under the appropriate heading.

Medical Director Review: _____ **Date:** _____

Date: _____ **Reviewer's Signature:** _____

A-11 Grievances Monitoring
Criteria:

1. The grievance procedure and appeals process is accurately outlined in the patient handbook.
2. All patients receive a copy of the patient handbook at the time of receiving screening.
3. The local PCM policy reflects the jail specific grievance procedure.
4. Grievances are logged on the monthly grievance log.
5. Grievances are responded to in the specified timeframe.
6. Grievances are categorized on tally sheet to determine if trends exist.
7. Grievances are discussed and documented under the appropriate heading in staff, CQI and Quarterly meetings.
8. Grievances are analyzed for trends by the CQI Committee monthly.
9. Corrective actions are implemented by the CQI Committee for identified trends. These corrective actions are monitored and re-evaluated for changes monthly until desired outcome is achieved.
10. Grievances and responses are faxed to the Corporate Office every Friday.

A-05 Policies and Procedures
Criteria:

1. A current PCM policy and procedure book is available to all staff on the Medical Unit.
2. An annual corporate review has occurred on the PCM policies and procedures (done annually).
3. A copy of the annual review is in the A-05 binder (done annually).
4. All staff has signed the acknowledgement sheet for the annual review of policies and procedures (done annually).
5. All acknowledgement sheets have been sent to the Corporate Office (done annually).
6. A copy of all local policies and procedures has been sent to the Corporate Office (done annually).

Medical Director Review: _____ **Date:** _____

Date: _____ **Reviewer's Signature:** _____

7. Local policies and procedures have been updated to reflect annual corporate changes (done annually).

8. The Medical Director, H S A, and DON have completed an annual review of the policies and procedures. This annual review is documented along with changes that have been made. A copy is in the A-05 binder.

9. Local policies and procedures have been updated to reflect system changes at the facility.

10. When a local policy is changed a copy of the old local policy is in the front of the appropriate binder. It indicates the date the policy was removed and the new policy was implemented.

11. Policy changes are discussed and documented at staff and CQI meetings.

12. A binder with current **LOCAL** policies is available to staff 24 hours per day, 7 days per week.

13. Staff is aware where policy and procedure manuals are located.

14. Nurse protocols and NCCHC Chronic Care Guidelines are in all treatment areas and have the current years date with signatures. Staff understand what they are and where they are located.

A-06 Continuous Quality Improvement Program
Criteria:

1. CQI meetings are held monthly.
2. Meetings have a sign in sheet.
3. Audits from CQI calendar are complete for the month and findings discussed and documented in the meeting minutes.
4. At minimum, 5% of the record has been audited as outlined in A-06.
5. Sentinel Patient Event Forms have been filled out on all events as outlined in A-06, and are logged on the Adverse Patient Occurrence Log.

Medical Director Review: _____ **Date:** _____

Date: _____ **Reviewer's Signature:** _____

6. Sentinel Patient Events are reviewed monthly for patterns. Patterns are discussed at CQI and staff meetings and corrective actions are implemented and followed.

7. The Medical Director has signed off on all CQI audits and adverse patient occurrences.

8. An annual review has occurred on the CQI program (PCM Annual Report).

9. 2 process and 2 outcome studies will be complete for 6 months by the end of the year with population >500.

   1 process and 1 outcome study will be complete for 6 months by the end of the year with population <500.

   Process Study Topic_____ Start _____ End _____
   Outcome Study Topic_____ Start _____ End _____
   Process Study Topic_____ Start _____ End _____
   Outcome Study Topic_____ Start _____ End _____

10. Process and Outcome findings were within the established threshold for 2 months prior to the end of the study (continue study beyond 6 months if the answer is no).

11. A report is generated monthly on the findings of the Process and Outcome studies.

12. All topics as outlined in policy A-06 are discussed under the appropriate headings in meeting minutes.

13. CQI is discussed at monthly staff meetings. Discussion is documented in minutes.

14. Corrective actions are developed, followed through and documented in CQI meeting minutes.

15. Findings below the established threshold for any audit are re-audited until the compliance threshold has been met.

16. All month end documents are sent to the Corporate Office by the 10th of the month as outlined in A-04 and A-06.

17. In the event of a patient death or near death the Death or Near Death Report is complete within 24 hours and is faxed to the Corporate Office with a copy of the patient medical record.

18. A mortality review occurs within 30 days of a patient death.

    Date of Patient Death _____ Date of Mortality Review _____
    Date of Patient Death _____ Date of Mortality Review _____
    Date of Patient Death _____ Date of Mortality Review _____

19. Corrective actions agreed upon in the mortality review are carried out and monitored for continued compliance (a process study is developed).

Medical Director Review: _____ **Date:** _____

Reviewer's Signature:_____ **Date:**_____

20. There is a sign in sheet for the mortality review.

21. A current mortality log is kept in binder A-10.

22. Staff safety in-services have been complete according to the PCM in-service schedule. Tests for all employees are on file in B-03.

23. Staff injuries are logged on the Staff Safety log located in B-03. The log is discussed at staff, CQI and Quarterly meetings. If patterns are established, corrective action is taken.

Legal Issues
Criteria:

1. Forensic testing is done by the Medical Department. If yes, notify the Jr. Vice-President or Regional Manager.

2. Medical research is conducted on patients. If yes, notify the Jr. Vice-President or Regional Manager.

3. Patients that are part of research study/clinical trials upon entry to the facility are reviewed for continuation in the study by the Medical Director and Legal Department. If no, notify the Jr. Vice-President or Regional Manager.

4. An advanced directive is in place for patients that meet the criteria as outlined in I-04.

5. Medical and security personnel are aware of all patients with DNR status. If no, notify the Jr. Vice-President or Regional Manager.

6. The Corporate Office has received a copy of all new lawsuits. If no, notify the Jr. Vice-President or Regional Manager.

G-01 Chronic Disease Services
Criteria:

1. Chronic disease patients are identified at the time of intake and are seen at the next provider line.

2. Chronic disease patients are seen within 30 days of the initial intake visit, or sooner if indicated.

3. Chronic disease patients are seen every 90 days after the 30 day visit or sooner if indicated.

4. There is an Excel spreadsheet that categorizes chronic disease patient's by name, number, type of chronic disease and date they were last seen in clinic.

5. Clinics are held for the following chronic diseases: Respiratory, Cardiovascular, Endocrine, TB, HIV, Hemodialysis, Neurology, Juveniles, Pregnant Patients, Medication (any medication written for 29 days or more).

6. Clinics are being documented on the appropriate clinic forms in COREMR.

Medical Director Review: _____ **Date:** _____

Reviewer's Signature:_____ **Date:**_____

C-03 Professional Development

Criteria:

1. An annual in-service roster has been developed and is posted for staff. The mandatory in-services, as outlined in policy C-03, are on the roster.
2. All mandatory in-services to date have been complete (from January of current year).
3. In-services have been presented by appropriate staff as outlined in policy C-03.
4. Each staff member (including MD, PA, NP, Mental Health Clinicians) has an individual continuing education sheet.
5. All staff have completed the mandatory in-services to date. This is evidenced by completion of tests and/or signature on sign in sheet.
6. All in-services have been properly documented on the individual continuing education sheet.
7. In-service tests are obtained and on file from employees as outlined in policy C-03.
8. Employees that have received outside training hours have provided a copy of documented proof of training/hours by the end of the month which they attended the in-service.
9. All staff is on track of meeting 12 continuing education hours for the year.
10. The credential log is up to date (attach for review).
11. Licensure for all relevant staff is current and on file.
12. All staff is current in CPR/First Aid and copies of cards are on file.
13. Physician, Psychiatrist, Dentist, PA, NP, and Mental Health Clinician Clinical Performance Enhancements are current. Documentation is on file as outlined in policy C-02.
14. All staff TB testing is current.
15. 75% of corrections officers on each shift, and 100% of corrections officers that work in the intake unit, are current in CPR and First Aid. This is evidenced by a training roster or letter from the training officer.
16. 100% of corrections officers that work in the intake unit have been trained by medical staff on medical questions that are a part of their intake. This is evidenced by their signature.
17. Inmates that work in the medical unit have received appropriate training which is evidenced by their signature on the training form.
18. Continuing education is discussed at all staff, CQI and quarterly meetings under the appropriate heading.
19. All applicable staff received 2 year re-orientation and signed the appropriate form.

Medical Director Review: _____ **Date:** _____

PRIMECARE MEDICAL, INC.

Inspection of the Medical Unit and Treatment Areas

Facility: _____ **Reviewer's Signature:** _____ **Date:** _____

D-03 Clinic Space, Equipment and Supplies

Criteria:

1. There is a current CLIA certificate posted in all areas where blood is drawn/processed and in binder D-03.
2. A current x-ray license is posted where the x-ray machine is located. A copy is in binder D-03.
3. Multi-test UA dipsticks, glucometer, peak flow meter, hemocult, pregnancy tests and ECG are available and utilized as ordered.
4. There is a diagnostic manual available for staff that includes instructions on utilizing testing materials.
5. Glucometer controls are completed at least once daily and documented.
6. Dosimetry monitoring is complete and documented. (If applicable)
7. A current contract is in binder D-03 for oxygen, lab and x-ray services.
8. A blood pressure cuff and oxygen supply is in the Dental area.
9. There is sufficient equipment for personnel to perform their duties as outlined in D-03.
10. A sharps count is done according to facility protocol (tweezers, scissors, dental instruments, etc.).
11. The sharps count is documented with initials of personnel on the appropriate count sheet.
12. The syringe count is done q shift and is documented with the initials of off-going and on-coming shift personnel.
13. The bulk count is done, at minimum, q week and is documented with the initials of personnel on the appropriate count sheet.
14. A count of all counted items by the auditor (H S A or other management designee) is accurate.
15. All sharps and syringes are stored in a secure place where patients do not have access.
16. There is a mechanism for key control for keys assigned to medical personnel.
17. When a count is off the manager and security is notified of missing items.
18. When a count is off staff do not leave the building until instructed by a manager to do so.
19. Inmates have access to water and toilet facilities while waiting for medical services.

Medical Director Review: _____ Date: _____

Reviewer's Signature:_____ **Date:**_____

20. All treatment, open and office areas are neat and organized.

21. Stock rooms are neatly arranged with **no outdated supplies**.

22. Stock is appropriate to facility size (no overabundance of supplies).

23. Supplies are not stored directly on the floor.

24. Items are stored 18 inches from the ceiling.

25. There is an adequate supply of oxygen in the facility.

26. Supplies are ordered and received in a timely fashion.

B-01 Infection Control Practices

Criteria:

1. Staff is following universal precautions. Briefly explain monitoring technique utilized to determine compliance.

2. Staff is engaging safety devices on needles/sharps. Briefly explain monitoring technique utilized to determine compliance.

3. Gloves (S,M,L,ExL) are available in examination rooms, laboratory and any other patient care areas.

4. Soap and hand towels are available at sinks located in all patient care areas.

5. Where a sink is not available alternative hand washing products are available.

6. Approved cleaning supplies are available for cleaning up blood and body fluid spills.

7. The clinic areas are free of visible blood and/or body fluid spills that have not been cleaned up.

8. Masks, gowns and protective eyewear are available for procedures where contact with blood and body fluids or splashing may occur.

9. Puncture resistant containers are available for disposing needles and syringes in all clinical areas.

10. Needle disposal containers are exchanged out and are not filled past safety line.

11. Bio-hazardous bags are available in clinical areas for the disposal of contaminated waste, linens, etc. They are appropriately replaced and are not full.

12. Only medical waste is being disposed of in Bio-hazardous bags. Inappropriate items are not disposed of in Bio-hazardous bags (regular trash).

13. A current contract for medical waste disposal is filed in binder B-01 Infection Control.

Medical Director Review :_____ Date:_____

Reviewer's Signature:_____ **Date:**_____

14. There is documented evidence that annual in-service training and **testing** on universal precautions/Blood Borne Pathogens has been provided to all staff as outlined in C-03.

15. Staff has received documented annual training in MRSA Recognition and Treatment, and PPD/TB Prevention and Treatment as outlined in C-03.

16. All patients with a diagnosis requiring isolation have been placed in isolation rooms.

17. The type of isolation and required precautions has been visibly posted outside of the patient's room. (Contact, Respiratory or Enteric)

18. Equipment necessary to carry out the appropriate isolation is available and appropriately located to the patient's room.

19. The medial unit and treatment areas are clean and free of debris.

20. A monthly environmental inspection is conducted of all treatment areas and facility kitchen. PCM environmental forms are utilized. A work order is placed when deficiencies are noted. Corrected deficiencies are documented. (Documentation is on file in the medical unit).

21. All catheter tubing's are appropriately secure so as not to allow contact with the floor.

22. IV tubing's and bags are dated and initialed as to when they were last changed and due to be changed next.

23. Mini-nebulizer tubing/equipment is stored individually by patient last name and number or DOB. The individual package has the date of implementation on it (not to exceed 30 days).

24. Dressings are clean, dry and intact. Dressings indicate initials and date last changed. Briefly explain monitoring technique utilized to determine compliance.

25. Labs, food and medications are stored separately.

26. Monthly autoclave testing (spore counts) is on file. Corrective action is taken immediately if a fail result is obtained.

27. Autoclaved items have date of last sterilization written on package. If Package is torn, wet, or dropped on floor resterilization is required.

28. Hand washing signs are located in all public restrooms.

29. There is a written exposure control plan with this year's date (must be updated annually).

Medical Director Review:_____ Date:_____

PRIMECARE MEDICAL, INC.

Intake Screening Monitoring

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. Intake is complete within 4 hours of the patient's arrival.
2. Vital signs (TPR and BP) and height and weight are recorded.
3. All receiving screening forms are **completely filled out and accurate** (receiving screening, suicide assessment, etc.)
4. Documentation indicates the presence or absence of allergies to medication, food, etc.
5. Female patients receive a pregnancy test.
6. There is documentation on the Medication Verification Form that medications were verified in a timely fashion.
7. Orders are obtained for medications in a timely fashion.
8. The patient received their medications within 24 hours of intake (or sooner if clinically indicated).
9. Appropriate referrals are made in a timely fashion.
10. DOJ's are distributed appropriately and in a timely fashion.
11. Identified health problems are on the Master Problem List.
12. Timely notification was made by intake security personnel of patients with medical concerns.
13. Diabetic, seizure, pregnant and patients with serious medical concerns are placed on bottom bunk status.
14. RPR's are obtained, dated and signed by a provider and scanned in the medical record in a timely fashion (if applicable).
15. If patient refused RPR testing there is a signed refusal on the chart.
16. PPD planted/CXR ordered (if applicable) and results are noted on correct form in medical record within 48-72 hours.
17. Notification of Health Service form, Education Acknowledgment Form, Sexual Assault Form, Pregnancy Counseling Form (if applicable) and consent for treatment are signed and filed/scanned in a timely fashion.
18. Patients on Methadone are handled according to facility specific protocol.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Comments

Medical Director Review:_____ Date:_____

PRIMECARE MEDICAL, INC.

Detoxification/Withdrawal

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. On intake the patient was screened for alcohol/drug withdrawal or the potential for withdrawal (opiates, benzodiazepines, etc.)
2. A provider was contacted for orders in a timely fashion.
3. The physician has co-signed verbal orders for withdrawal/detoxification protocol.
4. The patient on withdrawal/detoxification was assessed no less than daily.
5. Vital signs were taken as ordered and were recorded correctly on the detoxification flow sheet.
6. Vital signs were assessed no less than daily which include **orthostatic** blood pressure measurement and pulse rate, with weight.
7. The patient remained stable throughout the detoxification process and did not require IV fluid therapy.
8. Notification was made to a nurse/provider if vital signs were unstable (i.e. changes in orthostatic b.p., pulse rate, etc.).
9. Unstable patients were seen immediately by a nurse.
10. Unstable patients were assessed immediately by a provider or a provider was immediately contacted for orders.
11. All detoxification medications were given as ordered.
12. If the patient refuses assessment or detoxification medications they are still visualized by medical personnel and a refusal is signed.
13. If the patient experienced severe, life-threatening withdrawal symptoms, they were sent to the hospital ASAP.
14. If the patient experienced severe, life-threatening withdrawal symptoms, an adverse patient occurrence was complete and discussed at staff and CQI meetings.
15. A clinician completed a documented assessment of the patient prior to removal from detoxification protocol.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Comments

Medical Director Review:_____ Date:_____

PRIMECARE MEDICAL, INC.

MRSA Compliance

Facility:_____ **Population:**_____ **N=**_____ All suspected cases.

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. MRSA questions asked and documented on intake.
2. Education documented on intake – regarding Prevention Guidelines. Signed education sheet is filed/scanned in chart.
3. MRSA listed on Master Problem List.
4. MRSA Questionnaire complete if MRSA is suspected.
5. MRSA log complete and all information documented.
6. Isolation implemented immediately upon suspicion of MRSA infection.
7. Contact precautions implemented immediately upon suspicion of MRSA.
8. Isolation discontinued only by order of Provider.
9. Cultures obtained only after physician or mid-level orders.
10. Antibiotic usage follows CDC and PCM MRSA guidelines.
11. Special needs or physicians orders written to include all areas per policy (i.e., isolation, Soap, showers, etc.).
12. Follow-up visits with providers occur weekly until site is healed and closed.
13. If suspected or confirmed MRSA infection, re-education is given to the patient, documented and plaed in chart.
14. Release from isolation date documented on Master Problem List.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Comments

1. Have trends been identified regarding high numbers of MRSA cases on certain blocks? If yes, explain what additional steps have been taken.

2. Have trends been identified regarding MRSA questionnaires? If yes, explain what additional steps have been taken.

3. All blocks have had surveillance complete in the last quarter. Yes No

Medical Director Review:_____ Date:_____

Findings reviewed will all providers on (date):_____.

PRIMECARE MEDICAL, INC.

Treatment and Identification of Tuberculosis

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. There is documented evidence that testing occurred at the time of intake screening.
2. PPD is read within 48-72 hours and did not have to be replanted.
3. Date of testing and test results are recorded in millimeters of induration and are noted on all necessary forms.
4. Patient is cleared from intake unit/medical isolation appropriately and timely.
5. Baseline PA chest x-ray was obtained if PPD result/history is positive (10mm or greater) or HIV+ status.
6. X-ray complete, results are dated and signed by a provider and are on the medical record in a timely fashion.
7. Documentation of patient notification of X-ray results.
8. Patient is referred to a provider for evaluation of need for INH therapy if testing/history is positive.
9. Patient is educated regarding signs and symptoms of active TB.
10. Baseline liver function studies were obtained prior to initiating medication therapy.
11. Initial INH treatment was ordered by a physician.
12. Patient is educated regarding INH therapy.
13. CMP and CBC was drawn prior to treatment.
14. CMP and CBC was drawn monthly while on treatment.
15. Prophylactic treatment is documented on the medical record (Treatment Plan followed as originally ordered).
16. There is documented follow-up at minimum every 90 days for symptoms of hepatoxicity (anorexia, nausea, vomiting, jaundice and fatigue).
17. MAR indicates that all doses of INH therapy were administered. (Indicate in comment section the total number of missed doses if no.)
18. If symptoms of active TB were present, diagnostic evaluation was conducted.
19. Respiratory isolation was instituted if pulmonary TB was suspected or confirmed.
20. If confirmed active, the appropriate Board of Health was notified.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Comments

Medical Director Review:_____ Date:_____

PRIMECARE MEDICAL, INC.

Health Assessments

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

14 day:

1. Health assessment is complete within 14 days of admission to facility.
2. Appropriate health assessment form is used.
3. Health assessment is co-signed by physician within 11 days after completion.
4. Initial accucheck is complete.
5. HIV screening is complete and results documented (if applicable or requested).
6. Patient Notification of Diagnostic Testing Form was sent to patient and a copy was filed/scanned into the medical record.
7. Follow up care is ordered appropriately based on exam findings.
8. The provider documents a treatment plan for all abnormal physical findings or lab results.

Annual:

9. Health Assessment is completed within 12 months of incarceration date. (select at minimum 6 charts that should have annual exam.)
10. The annual health assessment form is used.
11. Annual PPD or CXR is documented. (PPD is documented in appropriate section using millimeters).
12. Annual accucheck is complete.
13. Annual Dental Exam is complete.
14. PAP smear is performed if medically indicated.
15. Mammogram is performed if medically indicated.
16. The provider documents a treatment plan for all abnormal health assessment findings or lab results.
17. Annual Health assessment form is co-signed by the physician within 11 days after completion.

Key: Y = Yes N = No/Absent NA = Not Applicable

Med Rec ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Comments

Medical Director Review:_____ Date:_____

PRIMECARE MEDICAL, INC.

Monitoring of Nursing Encounters

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. The date, time, and signature are included on the documentation of the encounter.
2. Complete vital signs, Temperature, Pulse, Respirations, Blood Pressure and Weight are recorded.
3. Unstable vital signs or assessments are referred immediately to an appropriate provider.
4. If patient is immediately referred to a provider appropriate orders are given by the provider.
5. If patient is immediately referred to a provider appropriate actions are taken by the nurse (verbal orders, send to ER, etc.).
6. The complaint is documented in the subjective statement.
7. An assessment of the appropriate body system is completed and documented in the objective findings.
8. The nursing assessment is pertinent to the objective findings.
9. The appropriate nurse protocol form is used.
10. Approved medications/treatments are initiated according to protocol. If yes were they placed on MAR?
11. Appropriate education and instructions are given regarding medications/treatments.
12. There is evidence of documented follow-up care if needed.
13. The entry is legibly written in SOAP note format (if protocol could not be used).
14. The sick call slip was triaged within 24 hours of the sick call slip being submitted. This is evidenced by the nurse's signature, date, and disposition (scheduled, seen immediately, referred) on the sick call slip.
15. The patient was seen immediately for emergent complaints (e.g. chest pain).
16. The patient was seen within 24 hours of the slip being triaged (if non-emergent).
17. The sick call is scanned into COREMR on the date of triage and scheduled appropriately.
18. If a non emergent referral to a provider is made, the referral is appropriate based on findings.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Comments

Medical Director Review:_____ Date:_____

PRIMECARE MEDICAL, INC.

Continuity of Care

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. Clinician orders are transcribed in a timely fashion (within 12 hours).
2. Clinician stat orders are transcribed and carried out immediately.
3. HIV testing, consent and counseling is complete in a timely fashion.
4. X-rays are complete on the date ordered.
5. X-rays are reviewed, dated, signed and are available on the medical record in a timely fashion.
6. EKG's are complete on the date ordered.
7. EKG's are reviewed, dated, signed and are available on the medical record in a timely fashion.
8. Treatments (dressing changes, vital signs, etc.) are complete on the date and times ordered.
9. Ordered treatments are documented on the appropriate flow sheet.
10. Patients are provided a discharge summary and 3 day supply of medication upon discharge from the facility.
11. Labs are drawn on the date ordered.
12. Labs are reviewed, dated, signed and are available on the medical record in a timely fashion.
13. The current results are within the same range or improved from previous months.
14. Documentation reflects that the provider is aware of abnormal lab results.
15. The notes reflect that the clinician addressed abnormal lab results.
16. There is evidence of an intervention by an appropriate clinician. (i.e. written orders or scheduled follow- up) if indicated.
17. There is a treatment plan documented with the need for follow up care.
18. The patient is notified via the Patient Notification Form of normal diagnostic findings.
19. A copy of the Patient Notification Form is scanned in the medical record.

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Comments

Medical Director Review:_____ Date:_____

Findings reviewed with all providers on (date): _____.

PRIMECARE MEDICAL, INC.

Pharmaceutical Services Monitoring

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. Medication was transcribed correctly.
2. Medication was filled by pharmacy correctly. (Right drug, dose, route, patient, and labeled appropriately. If an error is found note Rx number).
3. Medication was received from the pharmacy within the established delivery timeframe.
4. Medication was given to the patient within 24 hours of initial order. (If no, indicate reason in comment section).
5. Non-Formulary requests are processed within 24 hours.
6. The physician is notified immediately if there is a need for a substitution, or when a medication is not available.
7. Drug allergies are noted on the patient record.
8. The patient has no known allergies to the medication ordered/administered.
9. There is a current written order for the medication (start and stop date within current timeframe). If no, question nurse why he/she did not obtain a verbal order when medication expired.
10. Ordered medications are administered to the patient regardless of prescription status.
11. Orders for life sustaining medications are continued regardless of patient's non-compliance.
12. MAR documents each acceptance/refusal of medications (there are no "holes" on the MAR).
13. If the medication was not given, given incorrectly or refused, documentation as to the reason, etc., is noted.
14. The medication was available to give to the patient (not marked "not available").
15. If the patient has refused/not taken the medication for 3 days a signed refusal is on the chart.
16. If patient has refused/not taken medication for 3 days a referral to the appropriate provider is generated.
17. If patient has refused/not taken medication there is documented evidence that the patient was educated regarding non-compliance.
18. Previous months MAR's are filed in the patient's medical record in a timely fashion (paper charts).

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Comments

An effective tracking mechanism is in place for non-formulary requests. Yes No If no, notify the Jr. Vice-President and/or Regional Manager.

Findings of a review of the expired medications report in COR (COR sites only)._____

# of times since last audit that backup pharmacy was utilized._____

Medical Director Review: _____ Date:_____

Pharmacy Inspection

Facility:_____ **Reviewer's Signature:**_____ **Date:**_____

Criteria: No answers require description and corrective actions taken.

1. Medications that are transferred to stock from patient specific are re-labeled, signed, and dated by a physician.
2. Narcotics are signed in by a manager with a nurse co-signature on the narcotic control log.
3. Narcotics are signed into nursing use appropriately.
4. Empty narcotic blister packs are returned to management and are hi-lighted off of the narcotic control log.
5. Upon inspection of the narcotic control log all medications are accounted for (either hi-lighted or are in use).
6. The narcotic control log is locked in a manager's office at all times and is not accessible by staff.
7. Access to the pharmacy is limited to medical personnel. Drugs are secured and pharmacy is locked when unattended.
8. There is a system of accountability for staff and key control/access to individual medication carts.
9. Narcotics are destroyed per policy. Schedule I and II must be signed by Pharmacist or Physician and RN. Destruction is noted on a PCM destruction log.
10. Narcotics are counted q shift. This is validated with count sheets that have all required signatures in place.
11. Narcotic count sheets and control logs are kept for seven years
12. A complete count of narcotics by the auditor (H S A or other management designee) is accurate.
13. Staff is aware that they are not permitted to leave the facility until the count is secured or told to do so by a member of management.
14. Internal, external, eye, ear and nasal medications are stored on different shelves.
15. If medication errors have occurred an Sentinel Patient Event form is filled out.
16. A pharmacy inspection has been done quarterly by the contracted pharmacy (at minimum 4 per year).
    Date #1_____ Date #3_____
    Date #2_____ Date #4_____
17. Deficiencies from pharmacy inspections have been corrected and corrective actions documented.
18. A copy of each pharmacy inspection is in D-01 binder. A copy of the current pharmacy contract is in binder D-02. There is a current pharmacy license posted in the pharmacy area.
19. Pharmacy inspections and issues are discussed at Staff, CQI, and Quarterly meetings.
20. Medications are in the appropriate container and the expiration date has not been reached.

Medical Director Review: _____ Date: _____

Reviewer's Signature:_____ **Date:**_____

21. Open medication bottles are dated and initialed (OTC, insulin, etc).
22. Medications, labs and food are stored separately.
23. Documentation of refrigerator temperatures is being done daily for all refrigerators.
24. Glucometer calibration is done daily and documented on all glucometers that require calibration.
25. An inventory sheet of personal medications brought into the facility is done at the time of intake and 2 nurses sign the narcotics into the regular count. These medications are being counted q shift.
26. An inventory sheet is complete and in the medical record when releasing medications to patient or family members. Narcotics are not released to family members.
27. Staff is aware that there is a back up pharmacy and that medications should not be "unavailable" to administer.
28. Staff is aware that they must call and get a verbal approval (not wait for non-formulary process) for critical medications (Anti-rejection, HIV, eye drops, etc).
29. Medication carts and room are neat and organized.
30. The amount of medication on site is appropriate to facility size (not an overabundance of medications).
31. All medications are administered at the time of the encounter with the patient. Pre-pouring only occurs on units that have been previously authorized by PCM Senior Management.
32. All psychotropic and narcotic medications are crushed per policy. Please describe what method you used to validate this.
33. Discuss any count issues that you have had since the last audit and what systems were put into place to ensure that it would not happen again.

Medical Director Review: _____ Date: _____

PRIMECARE MEDICAL, INC.

Therapeutic Diet Monitoring

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. There is a provider note and order that clearly indicates the reason for a therapeutic diet.
2. The prescribed diets and or supplements are appropriate for the patient's medical condition.
3. The prescribed diet is recognized and approved for nutritional intervention.
4. There is documented evidence that patient education/counseling has been provided regarding the need for a therapeutic diet.
5. The therapeutic diet is listed on the Master Problem List.
6. There is documented evidence of patient non-compliance and counseling before a therapeutic diet was discontinued.
7. A refusal form is signed prior to discontinuing a therapeutic diet and refusal form is filed/scanned in medical record.
8. The patient's therapeutic diet is reviewed during chronic care clinic visits.

Key: **Y = Yes** **N = No/Absent** **NA = Not Applicable**

Medical Record / ID#	1	2	3	4	5	6	7	8	Comments

A diet review is complete and documented by a Registered Dietician every 6 months (2 times per year).

Date of Review #1 _____

Date of Review #2 _____

The Medical Director has reviewed the Diet Review and has signed and dated it. Yes No

A copy of the diet reviews are in the F-02 binder. Yes No

Medical Director Review:_____ Date:_____

Findings reviewed with all providers on (date): _____.

PRIMECARE MEDICAL, INC.

Monitoring the Electronic Medical Record***ONLY FOR COREMR SITES***

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. Allergies are noted on the patient's record.
2. The Master Problem list reflects the patient's health problems.
3. All intake forms have been saved and locked in COREMR.
4. A Notification of Medical Services Form is signed and scanned into COREMR.
5. The Education Acknowledgment form is signed and scanned into COREMR.
6. Transfer summaries received from other facilities are scanned into COREMR.
7. Verbal orders are signed off by appropriate clinician in a timely fashion.
8. Staff is documenting in the appropriate sections of COREMR (i.e. mental health, nurse, clinicians).
9. Medical record requests are processed and received in a timely fashion.
10. Medical records received from outside sources are reviewed, dated and signed by a provider.
11. Once signed and dated by provider outside medical records are scanned into COREMR.
12. Medical record requests from outside sources are sent in a timely fashion.
13. If patient was previously incarcerated prior to COREMR, the paper chart(s) is scanned into the record and then shredded.
14. All programmed triggers are working in COREMR.
15. Physician Assistant encounters are being tasked to third shift for review by physician.
16. Physician is signing off on Physician Assistant encounters within 11 days.
17. If a patient refuses medical services a signed refusal form is on the chart.
18. A signed informed consent is on the chart for extraordinary procedures (non-routine).

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Comments

Describe any significant issues that you have noted with COREMR since the last audit. On-going issues should be brought to the attention of the Jr. Vice-President, Regional Manager and IT Department:

List needed computer equipment:

An effective tracking mechanism for records requests is in place. Yes No

There is a mechanism in place to purge previous year's charts according to PCM policy. Yes No

Medical Director Review:_____ Date:_____

Findings reviewed with all clerical staff on (date): _____

PRIMECARE MEDICAL, INC.

Monitoring the Medical Record ****ONLY FOR SITES *W/O* COREMR***

Facility:_____ **Population:**_____ **N=**_____ **(5-20%)**

Reviewer's Signature:_____ **Date:**_____

Criteria:

1. The medical record is in an approved order.
2. The patient's name and ID number is clearly written on the medical record.
3. Allergies are noted on each form as indicated.
4. The Master Problem list reflects the patient's health problems.
5. All intake forms have been complete and are filed in the appropriate section of the medical record.
6. A Notification of Health Services Form is signed and filed in chart.
7. The Education Acknowledgment Form is signed and filed in the chart.
8. Transfer summaries received from other facilities are filed in chart.
9. Verbal orders are signed off by appropriate clinician in a timely fashion.
10. All orders are noted by a nurse who signs, indicates their title, dates, and times each entry.
11. Staff is documenting in the appropriate sections of the medical record (i.e. mental health, nurse, clinicians).
12. All handwriting is legible.
13. Medical record requests are processed and received in a timely fashion.
14. Medical records received from outside sources are reviewed, dated and signed by a provider.
15. Once signed and dated by provider outside medical records are filed in the patient's chart.
16. Medical record requests from outside sources are sent in a timely fashion.
17. Physician is signing off on Physician Assistant encounters within 10days.
18. If a patient refuses medical services a signed refusal form is on the chart.
19. A signed informed consent is on the chart for extraordinary procedures (non-routine).

Key: Y = Yes N = No/Absent NA = Not Applicable

Medical Record / ID#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Comments

An effective tracking mechanism for records requests is in place. Yes No

Medical Director Review: _____ Date:_____

Findings reviewed with all clerical staff on (date): _____.

PRIMECARE MEDICAL, INC.

Orientation for New Staff

Facility:_____ N=ALL NEW HIRES

Reviewer's Signature:_____ **Date:**_____

Criteria: No answers require further explanation.

1. All starred items on the orientation sheet are complete on the first day of employment (this is mandatory and requires immediate correction with future new hires if the answer is no).
2. All new hire paperwork is complete and faxed to the Corporate Office on the first day of employment
3. All credentials (license, DEA, CPR/First Aid card, PPD verification) have been received and are on file.*
4. All RN's have received training from the Medical Director on how to complete health assessments. This is documented on the orientation sheet with the employee's initials and the RN's initials.*
5. Suicide watch, restraint chair, and mental health screening training have been done by a mental health professional. This is documented on the orientation sheet with the employee's initials and the mental health professional's initials.*
6. Dental screening orientation has been done by a dentist. This is documented on the orientation sheet with the employee's initials and the dentist's initials.*
7. All new employees have been added to the emergency roster, credential log and signed the nurse protocol roster.
8. A continuing education sheet has been started for the new employee with 80 hours given for orientation in the appropriate month.
9. Orientation completion date is at minimum 2 weeks from hire date on the orientation checklist.
10. There is a date, staff orienting initials, and the orientee initials on each line of the orientation checklist, if applicable to that employee (lines straight down form are unacceptable).
11. The employee and administrator have signed the orientation checklist at completion.
12. Orientation hours have been added to the daily log.

Key: Y = Yes **N = No/Absent** **NA = Not Applicable**

Last Name & Date of Hire	1	2	3	4	5	6	7	8	9	10	11	12	Comments

*Employees are unable to perform these duties until this has been complete.

Medical Director Review: _____ Date: _____

PRIMECARE MEDICAL, INC.

SENTINEL PATIENT EVENT

Patient:_____ ID# _____ D.O.B.:___/___/___

Intake Date: ___/___/___ Date Event Occurred:___/___/___ Date Event Noted:___/___/___

Type of Event:

_____Sudden Loss of Consciousness
_____IV Fluid Therapy
_____ER Transport
_____Significant Weight Loss
_____Severe Withdrawal Symptoms
_____Attempted Suicide
_____Hospital Admission
_____Medication Error
_____IV Antibiotic Therapy
_____Sudden Change in Mental Status
_____Seizure
_____Death/Near Death
_____Need to Obtain Court Order
_____Stat Labs Ordered
_____MRSA +
_____Blood Glucose >400 mg/dl or <70 mg/dl
_____Sutures
_____Other_____

Explain the circumstances. Be specific as to date and time:_____

What treatment or care was provided?_____

How could the above have been prevented?_____

Was policy and procedure followed? If not why?_____

What steps will you take to prevent this from happening again?_____

Recommendations for Improvement: _____

Signature of Person Completing This Form:_____Date:_____
Health Service Administrator:_____Date:_____
Medical Director:_____Date:_____
Date CQI Committee Reviewed: ___/___/___

Peer Audit

Section	Policy Number	E or I	STANDARD	YES	NO	COMMENTS / CORRECTIVE ACTION
A	A-01	E	**Access to Care**			
			In Book:			
			Access to Care Sign			
			Sick Call Slip			
			Charge Slip			
			Grievance Procedure			
			Copy of page in Inmate/Patient Handbook explaining medical services (highlighted)			
			Copy of Consent Form from intake packet			
			In Building:			
			Locked Sick Call Boxes with freely obtainable Sick Call Slips on every inmate/patient housing unit (to include intake)			
			Access to Care Signs in all inmate/patient units, intake and medical department.			
			Sick Call not held at unreasonable times, such as 2:00 a.m.			
A	A-02	E	**Responsible Health Authority**			
			In Book:			
			Copy of Job Description for HSA and all providers			
			Copy of Scope of Service copied from facility's signed contract.			
			Curriculum Vitas'			
			Copy of Organizational Chart			
A	A-03	E	**Medical Autonomy**			
			In Book:			
			Copy of Exercise of Medical Autonomy from the facility's contract.			
			In Building:			
			Check if provider orders are being carried out by the facility			
			Check if appointments are being met, and if there is any issues with inmates/patients receiving this care.			
A	A-04	E	**Administrative Meetings and Reports**			
			In Book: (All of the below or a letter informing you to see a separate folder)			
			Monthly Staff Meeting Minutes and Sign-In Sheets (include health and safety, adverse patient occurrences, and infection control). Staff missing meetings sign a sheet after reading the minutes.			
			Administrative Quarterly Meeting Minutes and Sign-In sheets			
			Statistical Summary Reports			
			Environmental Checklist			
			Food Service Inspection			
			Daily Population Head Count			
			Monthly In-Service Meeting with sign-in sheets			
			CQI minutes completed by the 10th of each month (signed by Physician)			
			Mental Health Treatment Meeting minutes			
			Pharmacy Inspection Reports			
			Annual Reports			
A	A-05	E	**Policies and Procedures**			
			In Book:			
			Annual Policy Acknowledgement Forms for all staff			
			Are revised PrimeCare Medical Corporate Policies in place?			
			Do employees know where they are?			
			Established local polices that are reviewed annually and approved by health authority and physician			
			Annual Policy Review letter			
A	A-06	E	**Comprehensive Quality Improvement Program**			
			Compliance Checklist:			
			Monthly Chart Review of 5% of population signed by Physician			
			Physician completes Adverse Patient Occurrences when needed			
			CQI Committee and meeting minutes signed by physician (Physician should attend)			
			Review of all medical records for consults, hospitalizations and ER visits			
			Review Error Reporting Log and Adverse Patient Occurrences at CQI meetings			
			Review Grievances at CQI meetings			
			Documented Corrective Action of any deficient QI items.			
			Annual review of Access to Care			
			Receiving Screening			
			Health Assessment			
			Continuity of Care			
			Nursing Care			
			Pharmacy Services			
			Diagnostic Services			
			Mental Health Care			
			Dental Care			
			Emergency Care and Hospitalizations			
			CQI tools are utilized			
			Annual Reviews			
			Process/Outcome Studies (if applicable)			
			Verbal Orders are signed			
			Treatment Protocols are countersigned			
			In Book:			
			CQI calendar for last 3 years.			
			Copies of completed CQI or letter directing you to see CQI folder.			
			Identify number of charts being revised			
			Ensure physician is signing all CQI forms.			
			Copies of process and outcome studies for 3 years for jails.			
			Proof that Minutes were discussed in monthly staff meetings			
			Copy of Adverse Patient Occurrence Form			
			Copy of Staff Meeting Minutes and Quarterly Meeting Minutes with QI and Infection Control areas highlighted.			
A	A-07	E	**Emergency Response Plan**			
			Compliance Checklist:			
			At least one Mass Disaster Drill is conducted annually in the facility so that over a three year period each shift has participated.			
			A critique is completed and all staff not present read and initial that they have reviewed.			
			Trauma Bag/Equipment Inventory			
			Copy of Emergency Response Plan			
			In Book:			
			Copy of last 3 disaster drill review sheets			
			Proof of their discussion at next CQI meeting and staff meeting			
			Copies of 3 man-down drills (as least one on each shift) done each year for the last 3 years.			
			Copy of Emergency Roster and AED policy			
			Copy of County/Prison Emergency Plan			
			Copy of Meetings			
A	A-08	E	**Communication on Special Needs Patients**			
			There is an effective means of communication between medical and corrections (to include when inmates/patients are placed in segregation – documentation orders in the medical record).			
			Are there ever any difficulties with inmates/patients receiving care for any special needs?			
			In Book:			
			A copy of a Medical Restriction/DOJ Form			
A	A-09	I	**Privacy of Care**			
			Compliance Checklist:			
			Where are sick call and medical intakes completed?			
			Does the inmate/patient have privacy?			
			Are there privacy curtains or single rooms for exams?			
			Privacy of care when submitting sick call slips.			
			Documentation for permission of rectal and pelvic exams.			
			In Book:			
			HIPAA In-Service			
			Sign-In Sheet for meeting and non-attendees read and sign sheet.			
			Proof of officer training in-patient confidentiality exists.			

Section	Policy Number	E or I	STANDARD	YES	NO	COMMENTS / CORRECTIVE ACTION
A	A-10	I	**Procedure in the Event of an Inmate Death**			
			Compliance Checklist:			
			A clinical mortality review is completed within 30 days. (Includes any death of an inmate/patient while in custody of the facility)			
			Immediately after a death, make a copy of the medical record and send to the Corporate Office, and seal the original chart.			
			If errors or mistakes are found in an event, a policy should be written and implemented to show proof of improvement.			
			Mortality list reflecting past "3" years.			
			In Book:			
			Copy of minutes from next staff meeting showing proof of discussion.			
			Copy of mortality reviews for any deaths for the last 3 years.			
			Psychological autopsy completed on all suicides within the facility.			
			PCM Incident/Inmate/patient Death/Near Death form complete.			
A	A-11	I	**Grievance Mechanism for Health Complaints**			
			Compliance Checklist:			
			Grievances are answered in a timely manner.			
			Inmates/patients should receive a copy of their grievance response.			
			Grievances are tracked for the purposes of identifying patterns.			
			Corrective actions need to be put into place.			
			Grievance Log provided to Corporate weekly.			
			In Book:			
			Copy of Grievance Log for each month with responses			
			Grievance Form			
			Copy of Inmate/Patient Handbook that talks about grievances			
B	B-01	E	**Infection Control**			
			Compliance Checklist:			
			There is an established Infection Control Program.			
			There is a written Exposure Control Plan (Reviewed annually by Medical Director).			
			Has the facility adopted the PCM MRSA Program?			
			Is the facility following the established guidelines for the detection, management, and surveillance of MRSA?			
			Is HIV testing offered?			
			Spore counts should be done monthly on all sterilization machines.			
			Negative air flow check list.			
			Communicable Disease Surveillance Record			
			If Department of Health is notified, must be documented in Medical Record			
			Temp Log being kept by laundry.			
			There is a monthly Environmental Inspection			
			Copy given to facility administration			
			There is a Monthly Food Service Area Inspection of the kitchen.			
			All kitchen workers are checked daily to ensure they are free from diarrhea, open sores or skin infections			
			Inmate/patient workers are to be cleared by the medical department prior to starting kitchen work and recorded in their medical record.			
			Kitchen Temperature Log			
			Documentation from facility that corrective action has occurred when necessary.			
			Inmate/patient education for working in kitchen			
			Facility delouses as needed.			
			Nurses check everyone.			
			Pregnant females or inmates/patients with open sores are not deloused.			
			In Book:			
			MRSA Tracking Log			
			MRSA Training and Sign - In Sheet			
			Copy of spore counts for last 3 years			
			Copy of a Hand Washing Instruction Sheet			
			Copy of inmate/patient health information provided at intake			
			Sample Monthly Staff Meeting Minutes with Infection Control topics highlighted.			
			Documentation for Negative Pressure Cell Checks			
			Copy of Monthly Environmental Inspections for last 3 years.			
			Proof of discussion of inspections at all staff meetings (can be a letter stating to see monthly staff meeting folder).			
			Documentation from facility that corrective action has occurred when necessary.			
			Monthly Food Service Area Inspection sheets for the last 3 years or a letter stating where they can be found.			
			Copy of inmate/patient workers daily check.			
			Copy of Intake with the skin questions highlighted.			
			In Building:			
			Proper Hand-Washing Sign is posted in all restrooms in the facility.			
			Proof of daily checks on inmate/patient workers which is done prior to work every day.			
			In Medical:			
			Sharps Containers in all treatment areas			
			All needles have their safety devices activated.			
B	B-02	I	**Patient Safety**			
			Compliance Checklist:			
			Medical has Error Reporting System (utilizes Incident Reporting forms)			
			Medical has Error Reporting Log			
			Discussed at Quarterly Meetings, Staff Meetings, and CQI Meetings			
			Local Policy addresses Patient Safety System (Policies, Protocols, In-Services, Trainings, Nursing Drug Handbooks)			
			In Book:			
			Copy of Incident Reporting Form			
			Copy of Adverse Patient Occurrence Form			
B	B-03	I	**Staff Safety**			
			Compliance Checklist:			
			Medical has Corporate Reporting System for staff illness/injuries			
			Medical has established Safety Committee (DON, HSA, RC, Jr. VP, VP, Workers Comp Coordinator)			
			Discussed at Staff Meetings and Quarterly Meetings			
			Completes monthly in-service and staff completes exams.			
			In Book:			
			Blank copies of exams			
			List of available staff safety equipment			
B	B-04	I	**Federal Sexual Assault Reporting Regulations**			
			In Book:			
			Copy of Federal Prison Rape Elimination Act			
B	B-05	I	**Procedure in the Event of Sexual Assault**			
			Compliance Checklist:			
			Ensure Facility Administrations is aware and has a copy of the Federal Prison Rape Elimination Act.			
			In Book:			
			Copy of the Inmate/Patient Handbook with appropriate section highlighted			
			Copy of sexual assault training and sign in sheet for last 3 years.			
C	C-01	E	**Credentialing**			
			Compliance Checklist:			
			All staff are appropriately credentialed to include license, DEA, malpractice, CPR			
			Signatures (Licenses/CPR cards)			
			In Book:			
			Copy of a completed and current Credentialing Log			
C	C-02	I	**Clinical Performance Enhancement**			
			Compliance Checklist:			
			Performance is reviewed annually for all mid-level providers and above.			

Section	Policy Number	E or I	STANDARD	YES	NO	COMMENTS / CORRECTIVE ACTION
			In Book:			
			Copy of CPE Log listing when done and when due.			
			Copy of CPE letter for each provider.			
C	C-03	E	**Professional Development**			
			Compliance Checklist:			
			All staff have a minimum of 12 hours of continuing education.			
			There is a sign-in record of all training.			
			Training must include:			
			Blood Borne Pathogens			
			HIPAA			
			Sexual Harassment			
			Medication Administration			
			Nursing Protocols			
			Disaster Training			
			Mental Health Emergencies			
			Suicide Prevention/Recognition			
			TB Education			
			MRSA			
			Medical Assessments			
			Dental Screening			
			CME's for all Providers			
			Reference Books are available for PCM Staff			
			In Book:			
			Copy of continuing education calendar for the last 3 years			
			Copy of each employee's training sheet			
			Sign-In sheets from each training sessions, with read and sign sheets, from those not in attendance			
			Copy of actual training handouts, if any accompanying test.			
			Copy of Out-Service Training Request Form.			
C	C-04	E	**Health Training for Correctional Officers**			
			Compliance Checklist:			
			75% of all Correctional Officers on each shift, must be trained in CPR, First Aid, and Suicide Prevention. (100% for juvenile facilities)			
			Copy of First-Aid Training for Officers.			
			In Book:			
			Letter from the facility stating that this training is complete.			
C	C-05	E	**Medication Administration Training**			
			Compliance Checklist:			
			All staff have completed annual training.			
			In Book:			
			Copy of the training with accompanying test			
			Copy of the Sign-In Sheet for the last 3 years of training and a read and sign-in sheet for those who did not attend.			
C	C-06	E	**Inmate/Patient Workers**			
			Compliance Checklist:			
			Inmates/patients that clean the medical department receive training and there is documentation of training			
			In Book:			
			Blank copy of the educational sheet that the inmate/patient runners/workers sign, teaching them of their responsibilities and about HIPAA and confidentiality.			
C	C-07	I	**Staffing**			
			Compliance Checklist:			
			The facility is staffed according to the table of organization.			
			Mandation List			
			Employee Roster including names and titles			
			In Book:			
			A copy of the Table of Organization.			
C	C-08	I	**Health Care Liaison**			
			Compliance Checklist:			
			Must be completed for all facilities that do not have 24 hour nursing care coverage.			
			Training given to the designated correctional staff members responsible for being the liaison.			
			In Book:			
			Copy of the Health Care Liaison training and the dates completed for the last 3 years.			
C	C-09	I	**Orientation Training for Health Staff**			
			Compliance Checklist:			
			There is a documented orientation for each employee (completed within 90 days).			
			The training is reviewed every 2 years.			
			In Book:			
			Copy of New Hire Orientation Checklist.			
			In Employee Folders:			
			Ensure that all entries on orientation check list with a * next to them were completed on the first day of employment.			
			Proof that re-orientation was completed every 2 years for staff members employed longer than 2 years must be in their personnel folder.			
			Ensure dental orientation was completed by the dentist and signed			
			Psych training was completed by the psychiatrist and signed.			
D	D-01	E	**Pharmaceuticals Operations**			
			Compliance Checklist:			
			Pharmacy Inspections are completed quarterly			
			Pharmacy Inspections discussed at staff meetings			
			Formulary Change Forms are being utilized			
			Narcotics and syringes are counted at the beginning and end of each shift.			
			Secured emergency drug box that is inventoried with a list of expiration dates			
			Narcotic Control Log being kept			
			Medication has stop dates			
			There are no blanks on MAR's.			
			Bulk medication is dated and initialed when opened			
			PCM Policy is being followed for crushing medication.			
			CLIA Certificate			
			Pharmacy License			
			Pharmacy Agreement			
			No expired medications kept in medical.			
			If meds are referred, must state reason on MAR			
			Copy of PCM Drug Formulary in each exam room			
			Documentation of disposed medications.			
			Juvenile: Medication Administration:			
			Medication Error Log is maintained			
			Exact time medication is given is documented			
			In Book:			
			A blank MAR			
			Narcotic Count sheet			
			Refusal form, control log, and count signature sheet			
			Copy of Quarterly Pharmacy Inspections completed in the last 3 years with proof of discussions at monthly staff meetings.			
D	D-02	E	**Medication Services**			
			Compliance Checklist:			
			Name of pharmacy providing service			
			Drugs that should not be crushed.			

Section	Policy Number	E or I	STANDARD	YES	NO	COMMENTS / CORRECTIVE ACTION
			In Book:			
			Pharmacy contract			
			Current pharmacy license			
			Current DEA#.			
D	D-03	I	**Clinic Space, Equipment and Supplies**			
			Compliance Checklist:			
			Oxygen tanks checked weekly and documented			
			Stock needles and syringes are inventoried weekly and documented			
			Dental instruments are inventoried.			
			Counts are completed			
			Needles			
			Instruments			
			Nail Clippers			
			Scissors			
			Keys			
			Scalpels			
			Suture Sets			
			Any other supplies considered sharp.			
			Temperature Logs kept daily in all refrigerators utilized in Medical.			
			In Book:			
			Copy of a Sharps Count sheet			
			Signature sheet for sharps count			
D	D-04	I	**Diagnostic Services**			
			Compliance Checklist:			
			If dental x-ray equipment is on-site, x-rays being performed by the dentist			
			X-Ray Certificate must be posted beside x-ray machine			
			CLIA Waiver must be posted in lab area			
			Inmates are receiving diagnostic services when ordered by a provider (Results scanned into CorEMR)			
			Instruction sheets available for tests completed on-site			
			In Book:			
			Copy of Radiology Certificate			
			Equipment Certification (Dental)			
			CLIA Certificate from the lab			
			Copy of Providers' contracts (Lab, X-ray, Eye doctor, Stericycle, etc)			
			Copy of Providers' current license			
D	D-05	I	**Hospital and Specialty Care**			
			In Book:			
			Copy of contracts with hospitals and local ambulance services			
			Copy of ER Referral Form			
			Copy of Consult Form			
			Copy of Financial Status Form			
			Copy of Adverse Patient Occurrence Form			
			Copy of Emergency Release Form			
E	E-01	E	**Information on Health Services**			
			Compliance Checklist:			
			Sign posted in medical department on how to access medical services.			
			In Book:			
			Copy of Access to Care sign			
			Copy of Consent Form from intake packet			
			Copy of Inmate/Patient Handbook with medical services and fee for services highlighted.			
E	E-02	E	**Receiving Screening**			
			Compliance Checklist:			
			Completed on all new intakes within 24 hours for adults and one (1) hour for juveniles			
			Commitment officers are asking medical questions immediately upon entrance to the facility that include but not limited too: Suicidal ideations, drug and alcohol use, current medications, allergies, medical history, current pain or injuries			
			Inmate returning from hospital must have Medical Clearance documentation signed by treating hospital physician			
			In Book:			
			Copy of officer intake questions			
			Copy of PCM complete intake packet.			
E	E-03	E	**Transfer Screening**			
			Compliance Checklist:			
			Transfer paperwork is signed and dated by the intake nurse within 12 hours of admission			
			In Book:			
			Copy of Discharge Summary Sheet			
			Copy of Transfer Sheet (State/Federal)			
			Copy of Release of Information Sheet, both regular and INS if applicable.			
E	E-04	E	**Initial Health Assessment**			
			Compliance Checklist:			
			Completed within 14 days of admission for adults and 96 hours for juveniles.			
			Documentation from the Dept. of Health stating low incidence of syphilis in the County.			
			An accurate method for tracking all intake physicals and yearly physicals.			
			Old records are being pulled for any returning inmate/patient when available.			
			In Book:			
			Copy of Tracking Log for intake physicals and yearly physicals			
			Copy of an intake and yearly physical form.			
			Proof of yearly training completed by a physician for all RN's.			
E	E-05	I	**Mental Health Screening and Evaluation**			
			Compliance Checklist:			
			Medical is completing suicide screening immediately upon intake.			
			Intake MH problems identified, MH Staff must see inmate within 14 days			
			In Book:			
			Copy of Medical screening questions			
			PCM Intake Form with psych questions highlighted			
			Copy of the New York Model Suicide Screen			
			Copy of Mental Health Log			
			H&P Form			
			Telemedicine Policy			
			Telemedicine Consent Form			
			Psych Referral Sheet			
			Consent Form/Notification of Medical Services Form			
E	E-06	E	**Oral Care**			
			Compliance Checklist:			
			Oral examination performed by dentist within 12 months of admission for adults.			
			Yearly dental exams are performed on all inmate/patients.			
			Juvenile: Dental Services			
			Dental exam completed within 30 days.			
			Cleanings are completed every 6 months.			
			In Book:			
			A blank copy of a dental record			
			Copy of a medical intake with the dental questions highlighted			
			Copy of dental education given to inmates/patients upon commitment			
			Copy of dental instrument count sheet			
			Proof of annual dental training completed with all staff for the last 3 years by dentist.			

Section	Policy Number	E or I	STANDARD	YES	NO	COMMENTS / CORRECTIVE ACTION
E	E-07	E	**Non Emergency Health Care Requests and Services**			
			Compliance Checklist:			
			Sick call is held 5 days per week (7 days a week sick call optional)			
			Sick call must be triaged with in 24 hours and seen within 48 hours.			
			Inmates/Patients with the same complaint twice are referred to the physician.			
			Nursing protocol sheets are used to document completed sick calls.			
			In Book:			
			Copies of:			
			Sick Call Slip			
			Charge Slip			
			Access to Care Sign			
			Handbook for accepting medical services			
			All nursing protocol sheets			
E	E-08	E	**Emergency Services**			
			Compliance Checklist:			
			Emergency drugs, supplies, and medical equipment are regularly maintained.			
			Emergency drug box is locked and lock is checked and documented every shift.			
			List of drugs with the expiration dates need to be outside the box (make sure all dates are current)			
			If there is an AED on-site, a policy in place and batteries/lights are routinely checked.			
			In Book:			
			Copy of Emergency Roster/Contact Numbers			
			Emergency Referral Form and Consult Form			
			Copy of ambulance contract if one exists.			
E	E-09	I	**Segregated Inmates/Patients**			
			Compliance Checklist:			
			Inmates/Patients are seen 3 times per week by medical.			
			Segregation Clearance is documented on the Master Problem List.			
			In Book			
			A blank copy of a Segregation Check Sheet			
			In Medical:			
			Check charts for notes on master problem list			
			Documentation in the medical record that medical reviewed health history prior to being placed in segregation.			
E	E-10	I	**Patient Escort**			
			Compliance Checklist:			
			Inmates/Patients should be escorted to outside appointments by custody.			
			Log must be kept of all missed outside appointments			
			In Book			
			A copy of Custody Notification Sheet for outside appointments.			
E	E-11	I	**Nursing Assessment Protocols**			
			Compliance Checklist:			
			Protocols are reviewed annually by medical administrator and physician.			
			In Book:			
			Proof of training for all nurses by a physician for the last 3 years (signature sheet from the training)			
			Copy of the Authorization pages for the last 3 years			
			One copy of all nursing assessment protocols.			
			Copy of blank Sick Call Slip.			
			In Medical:			
			Check Patient Care Records to confirm use of these protocols.			
			Copy of blank Sick Call Slip.			
E	E-12	E	**Continuity of Care During Incarceration**			
			Compliance Checklist:			
			Ordered tests and consultations are completed in a timely manner and placed in the medical record.			
			Clinic appointments are met			
			In Book:			
			Copies of:			
			Consult Form			
			Release of Information Sheet			
			Lab Log			
			EKG Log			
			X-ray Log			
			Discharge Paperwork			
			Transfer Paperwork.			
			In Medical:			
			Up to Date Records Checks:			
			Lab Logs			
			EKG Logs			
			X-ray Logs			
			Patient Care Records for matching results for orders of labs, EKG's and x-ray's.			
E	E-13	I	**Discharge Planning**			
			In Book:			
			A copy of a transfer sheet and a discharge summary form.			
			In Medical:			
			Check if inmates/patients are given at least 3 day supply of their medications (if permitted) upon discharge?			
F	F-01	I	**Healthy Lifestyle**			
			In Book:			
			Copies of Personal Hygiene Sheets provided at intake:			
			MRSA Facts Sheet for inmates/patients			
			Dental Sheet			
			Tobacco Sheet			
			Smoking Cessation			
			Samples of pamphlets available to the inmates/patients. (In plastic sleeves in book)			
			Highlighted section of Inmate/Patient Handbook that addresses exercise.			
			Highlighted section of Inmate/patient Handbook that addresses personal hygiene.			
			In Medical:			
			Check intake packs to ensure use of these sheets.			
			Health education provided by medical must be documented in Medical Record			
			Check Patient Care Records for signed Personal Hygiene Sheets with their intake.			
F	F-02	I	**Medical Diets**			
			In Book:			
			Copy of the signed diet reviews done every 6 months for the last 3 years.			
			Dietician Contract Agreement			
			Copy of Menu signed by Medical Director			
F	F-03	I	**Use of Tobacco**			
			In Book:			
			Copy of the "Use of Tobacco" sheet			
G	G-01	E	**Chronic Disease Services**			
			Compliance Checklist:			
			Chronic Care Clinics are conducted every 90 days.			
			There is a system in place to ensure compliance.			
			Copy of NCCHC Clinical Guidelines in book and in each exam room.			
			Chronic Care conditions listed on Master Problem List			
			List of all Chronic Care Patients			

Section	Policy Number	E or I	STANDARD	YES	NO	COMMENTS / CORRECTIVE ACTION
			In Book:			
			Copy of Chronic Care Clinic Tracking Log.			
			Annual Review letter signed by Corp. Medical Director, Asst. Corp. Medical Director, Facility Medical Director, HSA			
G	G-02	E	**Patients with Special Health Needs**			
			In Book:			
			Copy of a DOJ/Restriction Form.			
			In Medical:			
			Check Patient Care records of special needs patients to ensure they were seen by the physician and a plan was initiated.			
G	G-03	E	**Infirmary Care**			
			In Book:			
			Letter stating the facility does not have an infirmary.			
G	G-04	E	**Basic Mental Health Services**			
			Compliance Checklist:			
			Inmates with MH conditions seen at least every 90 days			
			In Book:			
			Copy of a Psych Referral Sheet			
			Tracking Log and 304 application papers			
			Copy of all mental health / psych job descriptions / Curriculum Vitas'.			
G	G-05	E	**Suicide Prevention Program**			
			Compliance Checklist:			
			Mental Health referrals are used.			
			Documented evaluations of inmates on suicide watch completed once per shift			
			In Book:			
			Copy of signature sheet from yearly training (must be done by a trained mental health professional) on suicide prevention for the last 3 years (include read and sign-ins from those not in attendance).			
			Copy of any training/education sheets given to staff.			
			Copy of a Psych Referral Sheet			
			Custody Referral Sheet			
			Intake Sheet with psych questions highlighted			
			Copy of a Psych Log			
			Copy of the New York Model Suicide Screen			
			Intake officers screen with suicide questions highlighted			
			Copy of the Facility Suicide Prevention Program.			
			In Medical:			
			Check Patient Care Records for a completed suicide screen done on intake.			
			Suicide watch times are being staggered			
G	G-06	E	**Intoxication and Withdrawal**			
			Compliance Checklist:			
			Local policy signed by the physician.			
			Off-site Detox services are available.			
			In Book:			
			Copy of Alcohol and Opiate Detox Protocol sheets			
			Copy of a Withdrawal Flow Sheet			
			Copy of a nursing receiving screening			
			Suicide Screening with intoxication and withdrawal questions highlighted.			
			Intake officer medical screening with intoxication and withdrawal questions highlighted.			
			In Medical:			
			Check Patient Care Records for use of protocols and completion of withdraw flow sheets			
			Check Treatment Book for use of protocols and completion of withdraw flow sheets			
G	G-07	E	**Care of Pregnant Inmate**			
			Compliance Checklist:			
			Prenatal care is provided.			
			Pregnancy test is performed on any female when indicated.			
			In Book:			
			Letter stating who provides care to the pregnant inmates/patients if they are sent to any outside agencies.			
			Copy of a pregnancy log to include due dates and outcomes			
			Intake Screen with the pregnancy questions highlighted.			
			In Medical			
			OB kit available			
G	G-08	I	**Inmates with Alcohol and Other Drug Problems**			
			Compliance Checklist:			
			Inmates/Patients with alcohol or other drug problems are assessed.			
			Pregnant females are started or maintained on methadone with history of heroin abuse			
			Facility should offer Alcohol and Drug Addiction programs.			
			In Book:			
			Copy of a Receiving Screening and Suicide Screening with drug and etoh questions highlighted			
			Sample detox MAR			
G	G-09	I	**Pregnancy Counseling**			
			In Book:			
			Copy of the Pregnancy Counseling Sheet given to all pregnant females upon our discovery of their pregnancy, sheet must include information on all 3 options.			
			In Medical:			
			Check Patient Care Records of pregnant females for a copy of counseling sheet signed by the inmate/patient.			
G	G-10	I	**Aids to Impairment**			
			In Book:			
			Copy of a Consult Review Form and a DOJ/Restriction Form.			
G	G-11	I	**Care for Terminally Ill**			
			In Book:			
			Copy of an Advanced Directive form.			
H	H-01	E	**Health Record Format and Contents**			
			Compliance Checklist:			
			Each inmate/patient has a medical record and it is assembled correctly.			
			Laboratory and radiology reports are dated and signed by the physician.			
			Charting entries are dated, timed, and signed.			
			Master Problem List is completed.			
			S.O.A.P. Charting is utilized.			
			Copies of grievances and grievance responses kept in Medical Record			
			Stamp or note put in medical record once inmate is released/transferred			
			In Book:			
			Copy of a blank chart and a sheet detailing appropriate chart order.			
H	H-02	E	**Confidentially of Health Records**			
			In Book:			
			Copy of HIPAA training and signature sheets for training of all staff for the last 3 years			
			Copy of a Release of Information sheet			
			Disclosure Accounting form			
			Standing Request for the Release of Health Information.			
H	H-03	I	**Access to Custody Information**			

Section	Policy Number	E or I	STANDARD	YES	NO	COMMENTS / CORRECTIVE ACTION
			In Book:			
			Copy of a blank Jail House Management Screen, or a letter stating how the medical department accesses custody information if they do not have direct connection themselves.			
H	H-04	I	**Management of Health Records**			
			Old records are activated upon readmission and kept for 7 years.			
			In Book:			
			Copy of a Transfer Sheet			
			Release of Records/Info sheet			
			INS Transfer Sheet (if applicable).			
			In Medical:			
			Check to see if health records are available when inmates/patients are being seen.			
I	I-01	E	**Restraint and Seclusion**			
			Compliance Checklist:			
			Inmates/Patients seen every 15-minutes when in restraints and documented in medical record.			
			In Book:			
			Copy of a DOJ/Restriction Form			
			General Reporting Form (if used by the facility)			
			Restraint Flow Sheet			
			Vital Signs Flow Sheet.			
			Vitals checked every 2 hrs and when inmate is released from restraint – all vitals are documented in Medical Record			
I	I-02	E	**Emergency Psychotropic Medications**			
			Compliance Checklist:			
			Policy in place if needed			
			Emergency psychotropic medications may only be given 1 time by a PCM provider. After that a court order must be obtained via the Vice President and Corporate Counsel.			
I	I-03	I	**Forensic Information**			
			In Book:			
			Copy of a Consent for DNA Testing Form.			
I	I-04	I	**End of Life Decision Making**			
			In Book:			
			Copy of declaration papers (DNR papers).			
I	I-05	I	**Informed Consent and Right to Refuse**			
			Compliance Checklist:			
			Consent for treatment is signed on admission and for dental extractions - molar removal, etc., Influenza virus vaccine, HIV antibody text and any other invasive procedure.			
			If inmate refusal occurs, nurse signs and 2 witnesses sign			
			In Book:			
			Consent for Operation / Treatment Form			
			Intake Consent Form for Treatment.			
			Refusal to Consent to Treatment Form			
			In Medical:			
			Check Patient Medical Records to ensure that refusal forms are being used whenever patients refuse treatment, including the taking of prescribed medications.			
I	I-06	I	**Medical and Other Research**			
			In Book:			
			Letter stating that medical and other research is not performed in the facility.			
			Miscellaneous			
			Does Admin have copy Proposal & Contract			
			Are original HR files in Corporate Office			
			Is a copy of the Personnel File on site and secure?			
			Is the formulary present where Dr. line is run?			
			Are inventory / accountability systems in place for all Medical Department Keys?			
			Is ALL billing up to date?			
			Routine In-Patient / Out-Patient			
			Catastrophic / Infectious Disease			
			Are weekly off-site logs up-to-date and forwarded to Corporate office?			
			Are provider timesheets being validated against T.O.?			
			ACT 22 - PA Facilities ONLY			
			Is the COMPASS log Up-To-Date?			
			Have all hospital stays over 24 hours been entered into COMPASS?			
			Are providers filling out eligibility forms and are they being faxed to Corporate?			
			Mandated Postings (Forms provided by HR)			
			Federal Employment Posters			
			Workers Compesation Posters (Physicians Panels, Notification of Carrier)			

PRIMECARE MEDICAL, INC.
ALL CONTRACT FACILITIES

Policy Name: **Telemedicine / Mental Health Operating Procedure**

Number: PCM E-04

Effective Date: 01/01/04 Revised: 01/01/06, 01/01/07, 01/01/09, 01/01/12

Reference: NCCHC 2008 (J-E-05)

Approval:

Francis J. Komykoski, M.B.A., CCHP
Vice President of Operations
Director of Policies and Procedure

Carl A. Hoffman, Jr., D.O., CCHP
President, Corp Medical Director

I. PURPOSE: To establish a formal operating procedure for Mental Health evaluations using Telemedicine Technology.

II. SCOPE: In addition to basic healthcare services, mental health services are also available to all facilities under contract with PrimeCare Medical (PCM). When a facility is in a rural and/or under serviced area, or the distance between inmate/patient and Health Care Specialist is too great, Telemedicine Technology will be used.

III. POLICY: To furnish mental health services in full compliance with contractual obligations and applicable laws and regulations in order to ensure that an accurate and effective operating procedure is in place to provide Mental Health Clinics via telemedicine.

IV. OPERATING PROCEDURE:

A. Twenty-Four (24) Hours Prior to the Clinic

1. The on-site Health Services Administrator will establish who will be seen on the following day's Telemedicine/Mental Health Clinic.

2. Transfer of information sheets will be completed. The Consent to Treatment section (Attachment I) must be signed by each inmate/patient.

3. Forms will be alphabetized and faxed to (717) 651-6637 at the PCM Corporate Office.

B. The Day of the Clinic

1. All telemedicine equipment at the Corporate telemedicine area and the remote site will be powered on ten (10) minutes before the

scheduled start of the Telemedicine Clinic. This includes the videoconferencing equipment and the television monitor.

2. Post appropriate signs that announce the beginning of a private Telemedicine Clinic at both locations.

3. The remote site will call the Corporate Clinic Coordinator via ISDN lines, secure internet connection, or dedicated frame relay network to establish the connection.

   a. If there is an extended loss of power prior to the clinic the Telemedicine Clinic will not continue.

   b. If the minimum connection speed of 128 kbps is not met, then the Telemedicine Clinic will not continue.

   c. If there is a stop in the Telemedicine clinic or it is canceled, the Technology Department and/or Operations Department will be contacted immediately to establish an Alternative Plan.

4. The remote site will have a PCM healthcare professional positioned in the telemedicine area for the duration of the clinic. This individual will announce each new patient to be viewed.

5. At no time will anyone capture images, video, or audio of the Telemedicine Clinic.

6. At the conclusion of the clinic, a PCM healthcare professional will inform the treating physician that all of the patients have been seen.

7. The remote site will disconnect at the conclusion of the Telemedicine Clinic.

8. At the conclusion of the clinic, all Dispensary Cards containing the treating physician's orders and progress notes will be faxed to the Medical Department at the remote site facility. Copies of all transfer of information sheets and Dispensary Cards will be

maintained in a file at the Corporate Telemedicine area for future reference.

V. **ON SITE OPERATIONS:** Depending on the demographics and history, the psychiatrist/certified psychiatric nurse practitioner may choose to provide one (1) clinic on-site for every twelve (12) telemedicine sessions at the remote clinic location. This may be necessary if a patient is refusing to utilize telepsychiatry or if a patient is unable to be brought to the telepsychiatry viewing area.

PRIMECARE MEDICAL, INC.

Consent to Mental Health Evaluation and Treatment
Via Telemedicine

CODE OF ETHICS

As a licensed Psychiatrist or Psychotherapist, I am governed by the Code of Ethics of the American Psychiatric Association (APA) or American Psychological Association. A copy of the Code is available upon request.

Contacts which you have with the mental health staff of this correctional facility are usually considered confidential or privileged communication. PrimeCare Medical, Inc. will use its best efforts to maintain this confidentiality, including, complying with Federal and State privacy and security laws, including, but not limited to HIPAA. This means that generally, whatever you say and your testing results are held in confidence. It is very much like the confidentiality that exists between lawyers and their clients.

MAINTAINING PROFESSIONAL BOUNDARIES

Psychiatrists and Psychotherapists are obligated to maintain appropriate professional boundaries (relationships) with present and past clients. These boundaries may differ depending on the circumstances, but certain boundaries clearly must never be crossed. For example, a therapist should not become sexually involved with a client. Reports of such misconduct should be directed to the appropriate State Agency. Please do not hesitate to raise any questions you may have regarding professional boundaries.

However there are limits to confidentiality, which you need to be aware of. Other mental health and health services staff at this facility have access to notes which are kept regarding all mental health contacts. If you decide to receive counseling or other mental health treatment, Mental Health will be reviewing your records and discussing your situation with counseling staff who may not be seeing you. In addition to other forms of conventional counseling and treatment, it is possible that a determination may be made that your treatment will include Telemedicine. Telemedicine is where clinical information is transferred through the phone or Internet. Where treatment is provided in this fashion, we use a secure telephone line provided by the facility.

Furthermore, if you tell mental health staff that you intend to harm yourself or someone else, or threaten the security of the facility, mental health staff will advise other staff of such danger, in order to protect your well being and that of others. If you identify any minor child, elderly, or disabled person who has been the victim of physical or sexual abuse, mental health staff will notify the Department of Health and Human Services. Also, officials of the court, law enforcement officials, Department of Health and Human Services staff or anyone else stipulated by the law may review or receive copies of your mental health records without your prior authorization. Your mental Health records may also be released by your written consent.

Your signature below indicates that you have read this statement or that it was read to you, that you understand the limits of confidentiality with contracted facility and that you agree to receive the following mental health services:

"Mental Health evaluation and/or treatment as needed until I withdraw my consent"

Resident/Patient Name	D.O.B.
Signature of Resident/Patient	Date
Signature of Witness	Date
Signature of Parent or Legal Guardian (if applicable)	Date

(Sample)

Monthly Report

PRIMECARE MEDICAL, INC.

_____Monthly Report

Facility:_____

Submitted By:_____ **Date:_____**

Monthly Report Checklist	√
Statistical Summary Report **(E-Mail)**	
Staff Meeting Minutes & Sign-In Sheet	
Food Service Area Inspection	
Environmental Checklist Inspection	
In-Service & Sign-In Sheet	
Daily Head Counts	
Quality Assurance Minutes and Forms * **Forms must be signed by Medical Director**	
Infection Control Criteria **(WV Facilities Only)**	
Quarterly Meeting Minutes	
Quarterly Pharmacy Inspections	

Note: The completed Monthly Report is to be mailed / faxed to John Bowers at the Corporate Office no later than the 10th of the following month.

Please refer to NCCHC Policy C,J,P,Y A-04 and include this checklist as page 1 of your report.

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PRIMECARE MEDICAL of WEST VIRGINIA, INC.

Statistical Summary Report
Year 2013

Facility:

Rev A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Monthly ADP													0
Death													0
Inpatient Hosp													0
Total Patient Days													0
Total Outside Consultations	0	0	0	0	0	0	0	0	0	0	0	0	0
Allergy													0
Cardiology													0
Chest Disease													0
Dermatology													0
Dialysis													0
Emergency Room													0
Ambulance Trips													0
Gastroenterology													0
General Medicine													0
General Surgery													0
Gynecology													0
Hematology													0
Methadone													0
Neurology													0
Neurosurgery													0
Obstetrics													0
Ophthalmology													0
Orthopedics													0
Physical Therapy													0
Plastic Surgery													0
Podiatry													0
Proctology													0
Psychiatry													0
Surgery Performed													0
Thoracic Surgery													0
Urology													0
Outside X-Rays													0
Diagnostic Test (outside)													0
Other Trips / Outside Consults													0

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
In-House EKG's													0
In-House X-Ray's													0
MD Sick Call													0
NP/PA Sick Call													0
MD/PA/CRNP Sick Call	0	0	0	0	0	0	0	0	0	0	0	0	0
Nurse Sick Call													0
MD Physicals													0
NP/PA Physicals													0
Nursing Physicals													0
Annual Physicals													0
Psychiatrist / Group Seen													0
Psychiatrist / Indiv. Seen													0
Psychologist Group													0
Psychologist Indiv. Seen													0
M.H. Worker Groups													0
M.H. Worker Indiv. Seen													0
Involuntary M.H. Commitments													0
Total Inmates Seen by Dentist	0	0	0	0	0	0	0	0	0	0	0	0	0
Extractions													0
Fillings													0
Exams													0
Other													0
Inmates seen by Oral Surgeon													0
In-House Surgeries													0
# Inmates @ in-house clinics													0
# Intake Screening													0

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Pharmacy													
# of patients on Medical Meds													0
% ADP on Medical Meds	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0%
# of patients on HIV Meds													0
% ADP on HIV Meds	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0%
# of patients on Psych Meds													0
% ADP on Psych Meds	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0%
# of Grievances													0
# of Adverse Patient Occurrences													0
HIV Test Done													0
HIV Cases													0
AIDS Cases													0
Hepatitis Cases													0
Syphilis Cases													0
Gonorrhea Cases													0
# of pregnant females													0
# of patients isolated to rule out MRSA													0
# of confirmed MRSA cases													0
TB Cases													0
PPD Test													0
(+) PPD's													0
RPR Test													0
Inmates on Suicide Watch													0
# of Inmates on Restraints													0
# of Shifts involving Restraints													0
# of Medical Transport													0

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Prime Care Responsible													
Monthly Environmental Checks													
Staff Meeting Date													
QI Meeting Date													
Number Chart Audits													
Quarterly Administrative Meetings													
Quarterly Infection Control Meetings													
Staff In-services Topics													
Jan													
Feb													
Mar													
Apr													
May													
Jun													
Jul													
Aug													
Sep													
Oct													
Nov													
Dec													

PRIMECARE MEDICAL, INC.

STAFF MEETING

ATTENDANCE

FACILITY:_____ DATE:_____

NAME	TITLE	SIGNATURE
1.		
2.		
3.		
4.		
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PRIMECARE MEDICAL, INC.

Monthly Food Service Area Inspection

Facility: _____ Inspector: _____

Date: _____ Food Service Manager: _____

Complete each section. Indicate a pass (+) or fail (-) inspection. For each failed rating please summarize your response in the inspectors comment area. If the facility lacks a specific indication place a NA (Non-Applicable) in the appropriate box. Space has been allocated for your use to individualize your Food Service Area.

	Food Handler	Food Prep Area	Refrig & Storage Rooms	Dry Storage Area	Dining Area	Servicing Area Steamers	Trash Garbage Area	Dishwash Area
General Cleanliness								
Adequate Lighting								
Ample Ventilation								
Ample Working Room								
Evacuation Route Clear								
Exit Signs Illuminated								
Functioning Fire Extinguishers								
Electrical Service Maintained								
First Aid Kit Available								
Proper Food Handling Techniques Hairnets/Gloves								
Supplies Stored Neatly 6" off floor								
Pesticide/rodent Maintenance								
Water Pressure Adequate								

CONTINUED ON BACK

PrimeCare Medical, Inc.

	Food Handler	Food Prep Area	Refrig & Storage Rooms	Dry Storage Area	Dining Area	Servicing Area Steamers	Trash Garbage Area	Dishwash Area
Proper Water Temp. 140-160 Wash/Rinse 180								
Utensils & Equipment in Good Repair								
Exhaust ducts/filters/ drains clean								
Minimum Grease Accumulation Noted								
Ample Supply of Cleaning Equipment Mops and Brooms								
Opened Containers Covered/Transportation Tray Covered								
No Evidence of "Swells" Spoilage or Damaged Cans								
Refrigerator Temp. Monitored Daily Freezer/ -0 F Dairy 32-38 F								
Sample Meal Tray Kept 24 hours								
Stock is Dated								
Convenient Toilet Facilities Soap/Towels								
Trash removed after each meal								
Inspector's Initial's & Date								
Contract Administrator's Initials								

Inspectors Comments and Recommendations:

PRIMECARE MEDICAL, INC.

Monthly Environmental Checklist

Facility: _____ **Inspector:** _____

Date: _____ **Facility Safety Supervisor:** _____

	Barber/Beauty Shop	Comm. Area	Health Service Area	Laundry Area	Patient Housing Gen. Pop	Special Housing BHU/RHU	Intake Area
General Cleanliness							
Adequate Lighting							
Ample Ventilation							
Noise Control Appropriate							
Evacuation Route Clear							
Exit Signs Illuminated							
Inspected Fire Extinguishers							
Electrical Safety Maintained							
First Aid Kits Available							
Body Mechanics Practiced							
Use of Protective Gear							
Satisfactory Storage of Trash							
Supplies Stored Neatly 6" off floor							
Pesticide & Rodent Maintenance							
Ample Supply of Cleaning Equipment & Sinks							
Water Pressure Adequate							
Water Temp. Housing Units 100-120							
Water Temp. Washing Machine 160x20 min							
Sufficient Surplus of Linen & Clothing							
Dryer Vents - Clean Hairdryers & Air Vents							
Proper Disinfectant Technique of Equipment							
Usage of Water Soluble Bag for Infections?							

HEALTH DEPT. ONLY							
Universal Precautions Practiced							
Sufficient Level of First Aid Supplies							
Sharp/Needle Disposal Maintained							
Covered Trash Receptacles							
Med Room Secure							
Narcotics Secure							
Emergency Equipment Accessible							
Key Control							
Wheelchairs/Stretchers Available							
LIST OTHERS	Barber/Beauty Shop	Comm. Area	Health Service Area	Laundry Area	Inmate Housing Gen. Pop	Special Housing BHU/RHU	Intake Area

INSPECTORS COMMENTS & RECOMMENDATIONS:

PRIMECARE MEDICAL, INC.

IN-SERVICE

ATTENDANCE

FACILITY:_____ **DATE:**_____

EMPLOYEE NAME	TITLE	SIGNATURE
1.		
2.		
3.		
4.		
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15.		

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PRIMECARE MEDICAL, INC.

Accounting and Finance Department
Average Daily Population Report

Facility Name:	
Facility #:	
Date:	
	mm/dd/yyyy

Date	Population
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
Total:	0

Total Population	**0**
# of Days	**31**
ADP	**0.00**

*Kindly e-mail completely form to psass@primecaremedical.com no later than the 3rd of each month.
For those facilities without e-mail, the form should be faxed to **(717) 364-1236 Attn: Patti**

PrimeCare Medical, Inc.

Quality Improvement Activity Calendar - 2014

Audit	Performance Indicators	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	x's/year
1	Monitoring the Chronic Asthma Patient		1			1			1			1		4
2	Monitoring the Hypertensive Patient		1			1			1			1		4
3	Monitoring the Diabetic Patient		1			1			1			1		4
4	Monitoring the HIV Patient		1			1			1			1		4
5	Monitoring the Dialysis Patient		1			1			1			1		4
6	Monitoring the Neurological Patient		1			1			1			1		4
7	Monitoring Other Chronic Care Diagnosis'		1			1			1			1		4
8	Clinician Encounters		1			1			1			1		4
9	Dental Care		1			1			1			1		4
10	Medical Housing		1			1			1			1		4
11	Intake Mental Health Screening Assessment	1			1			1			1			4
12	Patients with Suicidal Ideation or Attempts	1			1			1			1			4
13	Therapeutic Restraints	1			1			1			1			4
14	Psychiatric Evaluations	1			1			1			1			4
15	Healthcare while in Segregation	1			1			1			1			4
16	Monitoring Patients with Psychosis	1			1			1			1			4
17	Prenatal/Pregnant Care	1			1			1			1			4
18	ER Transfers	1			1			1			1			4
19	Outside Consult Services	1			1			1			1			4
20	NCCHC and Peer Review Prep	1			1			1			1			4
21	Inspection of the Medical Unit and Treatment Areas			1			1			1			1	4
22	Intake Screening Monitoring			1			1			1			1	4
23	Detoxification/Withdrawal			1			1			1			1	4
24	MRSA Compliance			1			1			1			1	4
25	Identification and Treatment of Tuberculosis			1			1			1			1	4
26	Health Assessments			1			1			1			1	4
27	Nursing Encounters			1			1			1			1	4
28	Continuity of Care			1			1			1			1	4
29	Pharmaceutical Services			1			1			1			1	4
30	Therapeutic Diets			1			1			1			1	4
31	Medical Records (Choose COREMR or PAPER)			1			1			1			1	4
32	Orientation (done on all new hires two weeks after hire date)	1	1	1	1	1	1	1	1	1	1	1	1	12
	Process Study	1	1	1	1	1	1							6
	Outcome Study	1	1	1	1	1	1							6
	Process Study							1	1	1	1	1	1	6
	Outcome Study							1	1	1	1	1	1	6
		13	13	14	13	13	14	13	13	14	13	13	14	

PRIMECARE MEDICAL, INC.

QI SUMMARY

Facility:_____ **Date:**_____

Indicator/Study:

Findings:

Recommendations:

Follow-up Actions:

Indicator/Study:

Findings:

Recommendations:

Follow-up Actions:

Indicator/Study:

Findings:

Recommendations:

Follow-up Actions:

Indicator/Study:

Findings:

Recommendations:

Follow-up Actions:

_____ **QI Chairman Signature > 500 ADP**

_____ **Medical Director Signature < 500 ADP**

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PRIMECARE MEDICAL, INC.

Infection Control Criteria

FACILITY:_____ **DATE:**_____

1. **Tuberculosis**

PPDs Administered		Positive Results	
PPDs Read		Positive History	

2. **Sexually Transmitted Diseases**

GC DNA Probe		Results	
Chlamydia DNA Probe		Results	
RPRs Administered			
1. Trustee		Results	
2. Officer		Results	
Early symptoms of Syphilis need to be reported within 24 hours (lesions, rash). CALL: WVDHHR at 1-800-642-8244			

3. **Hepatitis**

Newly Diagnosed Cases		Chronic Cases		Jurisdiction	
# Hep A		# Hep A		RJA	
# Hep B		# Hep B		DOC	
# Hep C		# Hep C		FED	

4. **Ectoparasite**

Head Lice		Body Lice	
Pubic Lice		Scabies	
Other:			

5. **HIV**

Newly Diagnosed Cases		RJA	
Chronic HIV Cases		DOC	
		FED	

6. **AIDS**

Patient #	Date of Diagnosis	Jurisdiction	
		RJA	
		DOC	
		FED	

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7. **Trustee Clearance**

Daily checks before reporting for kitchen duty?	**Yes**	**No**
# Patients cleared medically for trustee clearance	**Passed**	**Failed**

8. **Multiple spread infections (i.e., flu, cold, STDs, chicken pox, etc.)**

Infection	# Patients affected	Treatment
MRSA		

9. **Infection Precautions (check if completed)**

	Yes	No
Spore testing completed monthly with passing results		
Monthly Environmental inspection by medical staff		
Monthly Kitchen inspections by medical staff		
Cleaning of medical cells when patients released		
Flu Vaccine given		
Hepatitis B vaccine reviewed and offered to all staff		

Comments

(Sample)

Quarterly Report

PRIMECARE MEDICAL, INC.

QUARTERLY ADMINISTRATIVE MEETING

FACILITY:_____ **DATE:**____/____/____

Agenda:

I. General Overview

A. Average Census = _____; this has increased/decreased a bit from last quarter's ADP of _____.

B. Number of completed Intakes = _____

C. Sick Call = _____
1. MD sick call = _____
2. PA sick call = _____
3. Nurse sick call = _____

D. Percentage of Medication Use:
1. Prescription = Month _____%, Month _____%, Month _____%
2. Psychotropic = Month _____%, Month _____%, Month _____%

E. Medical Transports = _____
1. Month = _____ ER transport, _____ via ambulance
2. Month = _____ ER transport, _____ via ambulance
3. Month = _____ ER transport, _____ via ambulance

II. Mental Health

A. There is/are currently ___ inmate(s) at (State Hospital).

B. Suicide Concerns = _____ on watch for the quarter.

III. Medical Personnel

A. Nursing Staff

B. Professional Staff

C. Staff Safety / Work-Related Injuries

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IV. Quality Assurance / Quality Inspections

A. Infection Control

1. MRSA (must review housing locations / issues identified):
   a. ___ Males isolated with ___ Positive
   b. ___ Females isolated with ___ Positive
   c. ___ Total isolated with ___ Positive

   MRSA Surveillance –

2. HIV:
   a. Month = ___
   b. Month = ___
   c. Month = ___
   d. Average per month = ___

3. Other infectious disease concerns (i.e., ILI, ectoparasites infestations, etc.) -

B. QI Monitoring

Process & Outcome Studies -

C. Staff Meetings / In-Services / Staff Safety

1. Month = (Name of In-service)
2. Month =
3. Month =

D. Grievances / Lawsuits

1. Month =
2. Month =
3. Month =

V. New Business

VI. General Discussion

VII. Date of Next Quarterly Meeting

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PRIMECARE MEDICAL, INC.

QUARTERLY ADMINISTRATIVE MEETING

ATTENDANCE

FACILITY:_____ **DATE:**_____

NAME	TITLE	SIGNATURE
1.		
2.		
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15.		

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(Sample)

Annual Report

PRIMECARE MEDICAL, INC.

Annual Report

Facility:_____ **Year:**_____

Submitted By:_____ **Date:**_____

ADMINISTRATIVE MEETINGS: Briefly describe the meetings held (i.e., Quarterly Meetings, Administrative Staff Meetings, Nursing Meetings, Major Issues, and Issues which need to be resolved).

COMPREHENSIVE QUALITY IMPROVEMENT: Briefly describe problem issues encountered in the past year and what actions were taken to resolve them.

Facilities < 500 ADP

Access to Care :_____

Receiving Screening:_____

Health Assessment:_____

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Continuity of Care:

Emergency Care and Hospitalizations:

Adverse Patient Occurrences/Deaths:

Effectiveness of the CQI Program:

Facilities > 500 ADP

Access to Care :

Receiving Screening:

Health Assessment:

Continuity of Care:

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Emergency Care and Hospitalizations:

Adverse Patient Occurrences/Deaths:

Chronic Disease Management:

Discharge Planning:

Nursing Care:

Pharmacy Services:

Diagnostic Services:

Mental Health Care (including substance abuse):

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Dental Care:

Environmental Inspection Reports:

Inmate Grievances:

Process Study:

Outcome Study:

Next Year Topic for Process Study:

Next Year Topic for Outcome Study:

Effectiveness of the CQI Program:

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EMERGENCY PLAN: When were the Emergency Drills held for the past year, and when are the Emergency Drills scheduled for the next year. NCCHC Standards calls for each facility to hold drills on all three (3) shifts. It is actually permissible to conduct two (2) drills annually (i.e., hold one drill on 1st shift, and the 2nd drill at the end of 2nd shift and beginning of 3rd shift). What has been learned from the drills. Please attach a copy of each Disaster Drill Evaluation.

INFECTION CONTROL PROGRAM: Briefly describe the highlights of the facility's Infection Control Program.

STAFFING PROBLEMS: Briefly describe any staffing problems or issues that have been frequently occurring at the facility.

CONTINUING EDUCATION: It is required that all full-time nurses receive at least twelve (12) hours of continuing education per year. Part-time staff are required to participate in training on a pro-rated basis. Attach a copy of each employee's completed In-Service Record.

GOALS AND OBJECTIVES: Briefly describe your goals and objectives for the coming year. Please be specific in your response and describe how you plan to accomplish these goals and objectives. Also include by what date you would like to have these accomplished.

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Health Services Administrator Signature:_____ **Date:** _____

Medical Director Signature:_____ **Date:** _____

* If additional space is needed to complete, please use the back of the page.

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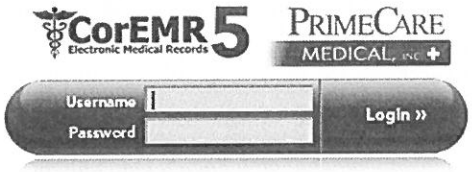
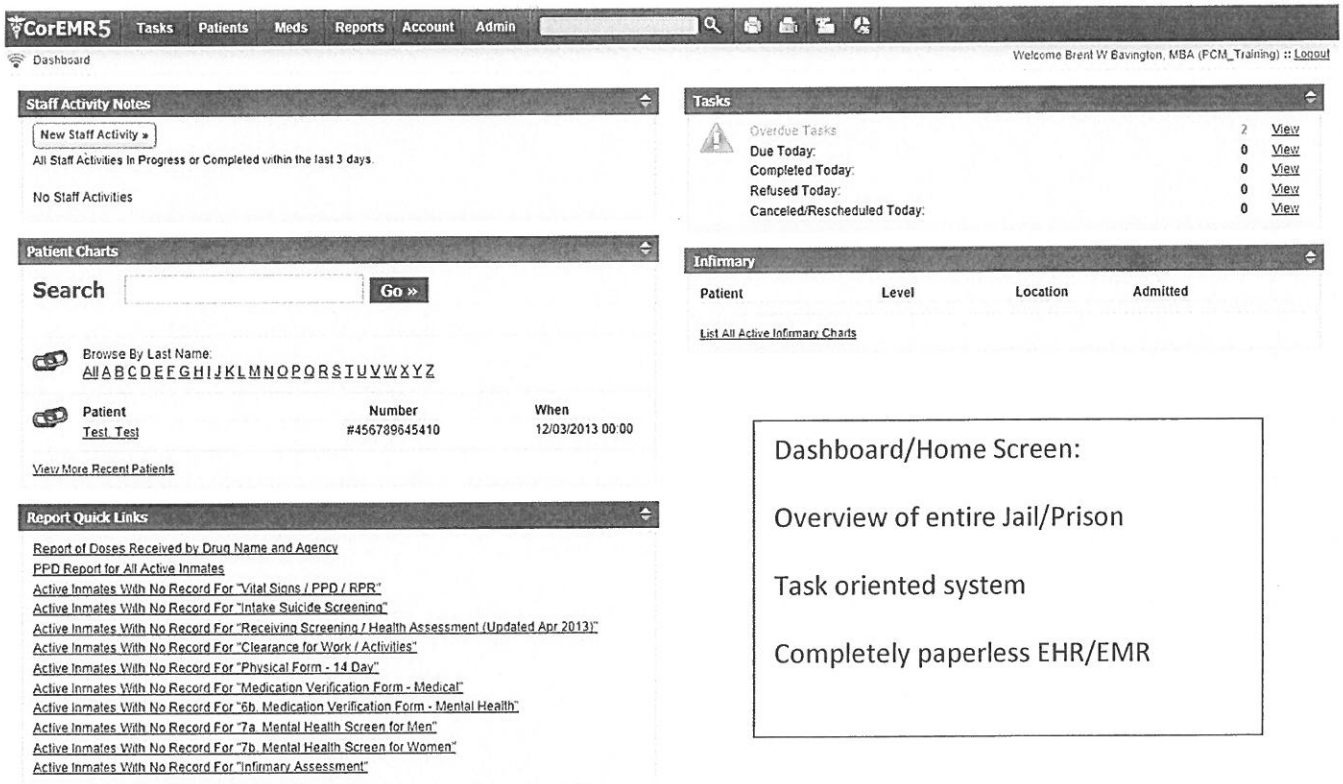


Login Screen:

Case Sensitive, Complex Password

System is customized for PrimeCare Medical, Inc.'s Policy and Procedures

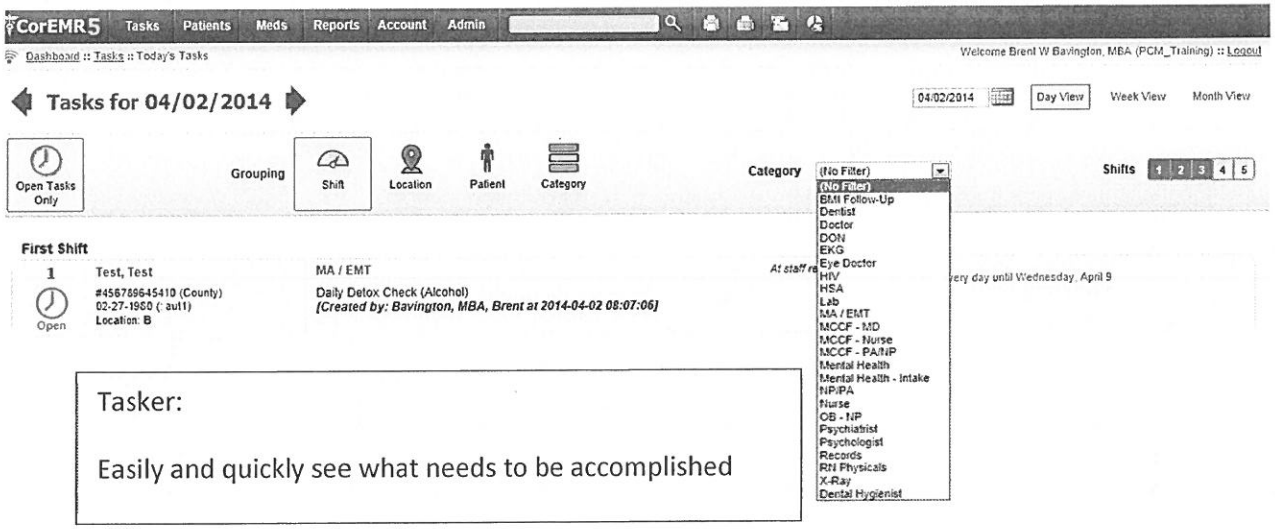


Dashboard/Home Screen:

Overview of entire Jail/Prison

Task oriented system

Completely paperless EHR/EMR



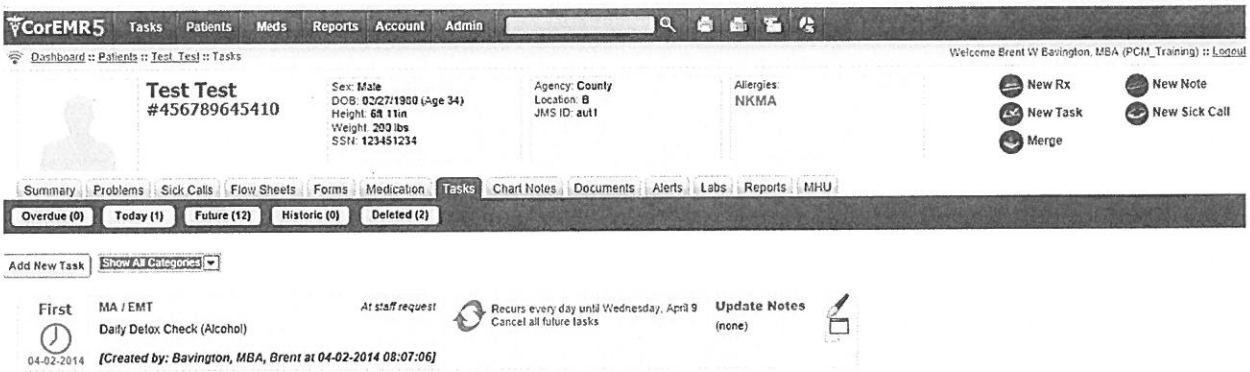
Tasker:

Easily and quickly see what needs to be accomplished

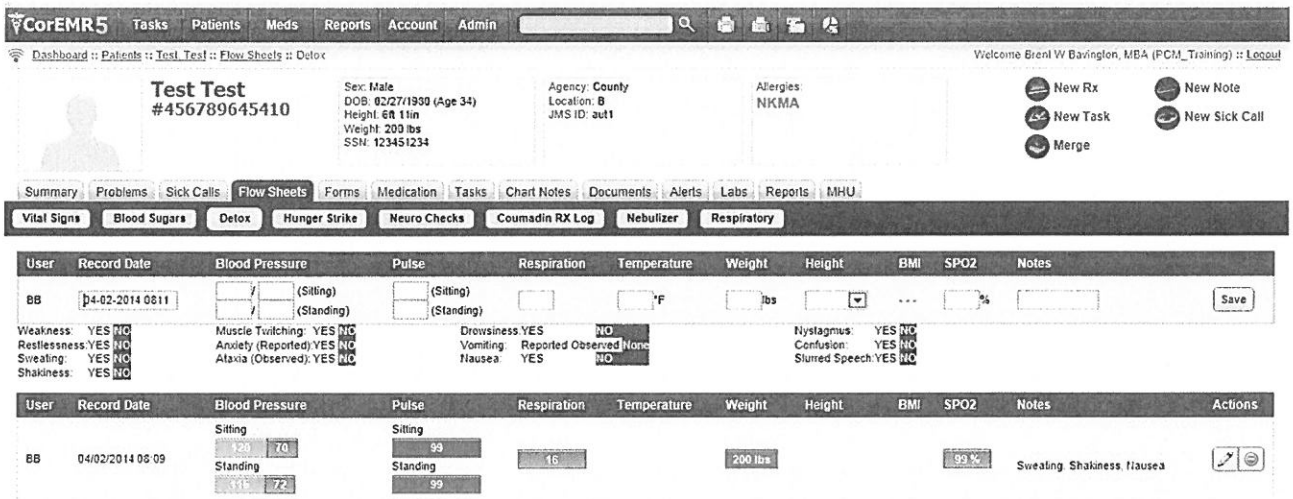


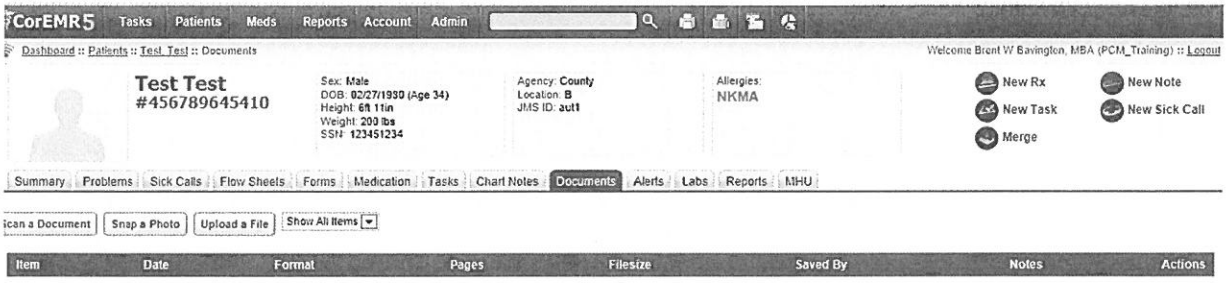
Patient Chart:

Complete Health Record

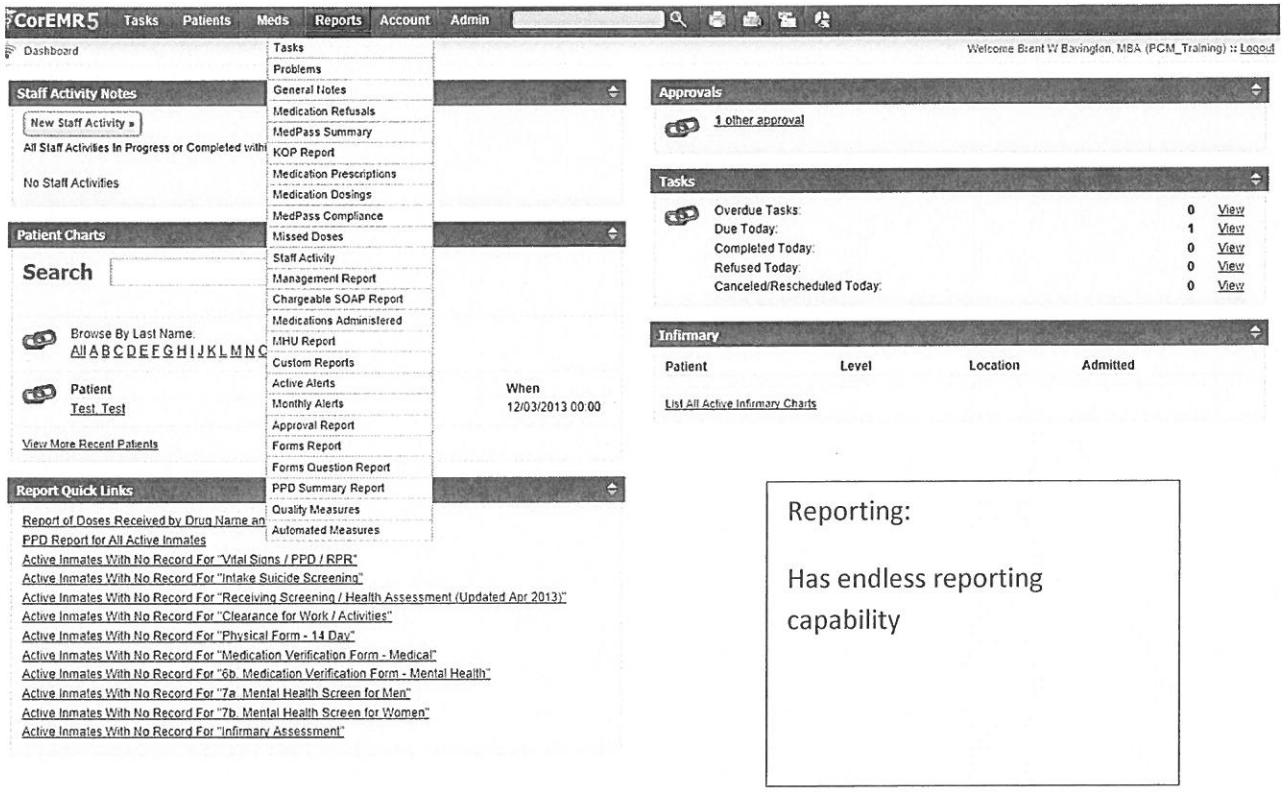






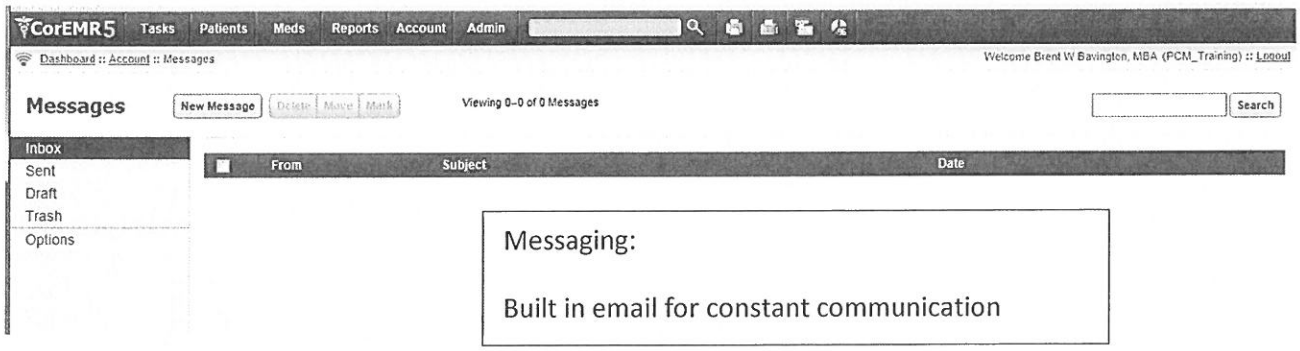


Ability to scan outside records and historic records – one chart



Reporting:

Has endless reporting capability



Messaging:

Built in email for constant communication