



**PRICING PREPARED ESPECIALLY FOR:**

**THE WEST VIRGINIA  
REGIONAL JAIL  
AUTHORITY**

## COST PROPOSAL

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### COMPENSATION AND ADJUSTMENTS

This price proposal is in response to West Virginia Regional Jail and Correctional Facility Authority's RFP for the provision of comprehensive medical, dental and mental healthcare services for the inmates housed in the ten (10) Regional Jails and two (2) Correctional Centers as described in the RFP. CMS has proposed pricing for the initial 12-month period of the contract term, estimating an average daily population of 4,160 inmates.

### FIXED MONTHLY PRICE AND PER DIEM FEE

It is the understanding of CMS that the Agency desires a contract structure that reflects a fixed monthly price based on costs of the system as a whole, not individual facilities. (Addendum 4, Page 4.) CMS has provided a breakdown of costs and staffing per facility with the understanding that the monthly payment will be based on the price of the system as a whole.

In addition to the fixed monthly fee, CMS has provided a daily per diem fee to be billed when the average daily population exceeds the number described on the attached pricing sheets. For purposes of CMS' understanding, the average daily population is defined by adding the inmate counts each day for every day in the month and dividing by the number of calendar days in the month. The combined inmate count will include all inmates for which CMS is financially responsible for providing medical services under the contract, regardless of the physical location of the inmates.

The daily per diem mentioned above covers variable costs only and does not include any fixed costs, i.e. staffing cost. The proposed staffing plans are designed to cover the current population, existing housing design, and scope of service at the facilities. Additional staffing may be necessary both with an increase in the overall population beyond the existing facility capacity, with significant changes in service delivery, or with new facilities, housing units/ buildings as they come on line. To the extent there is an increase in ADP for these reasons, CMS requests the ability to review staffing levels with the County and if necessary, modify contract compensation to cover additional costs.

In developing the fixed pricing, we have assumed financial responsibility for the components listed below:

- Comprehensive services to include all medical, dental and mental health services for the entire inmate population housed within the West Virginia Regional Jails and Correctional Facilities
- Costs associated with maintaining a full complement of personnel based on the requirements of the RFP and further described in the technical proposal
- Costs associated with the provision of all hospitalization, outpatient, specialty and ancillary services, subject to the limits defined later in this document
- Costs associated with the provision of pharmacy services, subject to the limits defined later in this document
- Professional Liability insurance in the amount of \$1 million per occurrence, \$3 million in the aggregate

- Forms, office supplies, books
- Leasing of copying and fax equipment needed to support the contract
- Telemedicine line costs and equipment for two facilities to be determined during start-up, and an additional two facilities each year of the contract
- Any medical or computer equipment necessary to support our personnel
- Time clocks within the medical unit necessary for CMS payroll and reporting requirements purchased by CMS will remain the property of CMS upon contract termination
- Repairs and maintenance of equipment
- All required licensure, permits, and fees
- Long distance telephone services

**INPATIENT, OUTPATIENT AND CONTRACTED SERVICES**

In conjunction with the RFP requirements, CMS will provide and be financially responsible for the cost of inpatient, outpatient and contracted services for inmates housed in the Regional Jails and Correctional Facilities. Hospitalizations and outside consultations charges for federal inmates are the financial responsibility of the United States Marshal’s Service. The following items are included in the scope of services provided:

- Inpatient hospitalization and associated physician fees
- Outpatient surgeries/procedures
- Emergency room services
- Laboratory services (offsite and reference services)
- Radiology over-read services and offsite radiology services
- Other onsite specialty clinics (services not specifically delineated in proposal staffing plan)
- Contracted dialysis services (hospital, clinic or correctional facility based, including required medications)
- Physical therapy services
- Ambulance and other transportation services
- Offsite long-term facility and hospice care
- Offsite physician, dental, and other specialist services
- Inmate specific prosthetics and orthotics ordered by contracted specialists

CMS’s price proposal is based on the catastrophic limits described in the RFP. When inpatient or outpatient catastrophic care is medically required for the care and treatment of an inmate, CMS will be responsible for arrangements and payments as may be required, subject to the following limitations:



1. \$5,000.00 annual aggregate limit per inmate per occurrence of illness or injury; and
2. \$10,000.00 annual aggregate limit for illness or injury affecting more than one inmate

CMS accepts full responsibility for payment to outside providers (hospitals, physicians, etc.) for all inpatient, outpatient and contracted service, regardless of whether they are above or below the annual per inmate cap. CMS's pricing for outside services is based on West Virginia Medicaid rates which are pre-established by the Department of Health and Human Services.

CMS will not be responsible for and will not pay any claim, liability or cost, which arises or is incurred at any time, in connection with treatment of any inmate's injury, if such injury commenced or occurred (i) during any period prior to incarceration of the inmate; (ii) during the inmate's escape (including while on escape status, and during apprehension); or (iii) during any period while the inmate was not physically present at the Facility, including to but not limited to furlough or permitted leave. CMS will be responsible for healthcare and treatment for inmates on community service duty. Except as noted above, CMS will provide care and treatment of all inmates once they are in the physical custody of the Agency.

CMS does not assume financial responsibility for transplants or treatments that are deemed experimental in nature. To the extent the Agency authorizes or requires such services, CMS will provide payment to offsite providers and bill the Agency such costs.

## **PHARMACEUTICALS**

In accordance with the RFP specifications, CMS will assume financial responsibility for the cost of all medications, with the exception of medications for the treatment of Hepatitis C and blood disorders, including the associated charges to package and deliver medication to the facilities. Because CMS has taken financial risk on the cost of medications (with the exception of medications for the treatment of blood disorders and Hep C), we have factored into our base pricing all applicable discounts, rebates, and refunds received from our pharmacy provider PharmaCorr. This ensures the Agency receives the lowest cost program in the annual base price. Additional credits for rebates or discounts are not passed along to the Agency since the annual fee has already factored in the price reduction.

Within the jail environment, the incident of treatment for Hepatitis C and blood disorders using Factors VIII and IX is also very rare. Rather than estimating an arbitrary amount to include in the base price, CMS has carved out the potential costs associated with medications related to Hepatitis C and Factors VIII/IX costs. In the unusual event these medications are required to treat inmates, CMS will provide these medications and bill the Agency our actual acquisition cost, plus a \$3 50 per prescription processing fee. The treatments for blood disorders include, but are not limited to, the following types of pharmaceuticals:

- Antihemophilic agents Coagulation Factor VIIa
- Antihemophilic Factor VIII
- Anti-Inhibitor Coagulant Complex
- Factor IX Concentrates
- von Willebrand Factor Complex



CMS/PharmaCorr defines Actual Acquisition Cost as the wholesaler invoice price based upon the last invoice received for pharmaceuticals shipped to PharmaCorr's facilities. The AAC is net of price adjustments and discounts and are thus passed along as savings to the County as part of the initial invoice for drug utilization on factor medications. Credits will be given to the Agency if actual rebates are received by CMS/PharmaCorr on the factor medications, and will be allocated based upon the facilities net drug utilization as a percentage of all PharmaCorr utilization generating the drug rebate. CMS will send a separate monthly invoice detailing all medications shipped by PharmaCorr to the facilities for medications treating blood disorders.

PharmaCorr will take returns for all pharmaceuticals from the facilities based upon Federal, State and Local laws and regulations. Credit for returned medications will be given to the Agency on Factor products and Hep C in accordance with these guidelines, as well as PharmaCorr's standards for return and reuse of medications. CMS will issue credit for the quantities returned at the base price originally charged to the Agency.

### **PAYMENT IN ARREARS**

CMS is proposing payment terms to provide one invoice per month, on or about the 10th day of the month after service. The invoice amount will reflect the fixed monthly payment plus a separate line item for the variable per inmate per day costs multiplied by the excess of the actual ADP over the stated population levels on the attached pricing sheets, multiplied by the number of calendar days in the month, when applicable. CMS anticipates receiving payment of the full invoice amounts as available bank funds within 30 days of the invoice receipt.

Separate invoices and/or credit memos will be provided for contract exclusions and other adjustments as information is compiled on a monthly basis. These services will be billed within 15 days of receipt of the required information, with payment due within 30 days of invoice receipt.

### **CONTRACT RENEWALS**

CMS has provided fixed pricing for the initial contract term. CMS would be pleased to renew this contract annually based on mutually agreed upon terms and pricing reflecting the then current market conditions and costs.

Following the initial term of the Contract, the Contract may be renewed for up to four (4) additional one (1) year periods upon written mutual agreement of the parties. If the parties are unable to agree upon the terms for such renewal period, then either of the Parties may terminate the Contract by issuing written notice of such election sixty (60) days in advance of the renewal date.

### **EQUIPMENT**

CMS anticipates purchasing computers, printers and limited telehealth equipment necessary for daily healthcare operations. CMS will evaluate all other medical equipment during the transition period and

will ensure that equipment necessary to provide medical services is available. CMS understands that these purchases will be our financial responsibility throughout the term of the contract.

## **TRANSITION COSTS**

In the event equipment, medical supplies and pharmaceuticals are on hand the day the contract commences, CMS assumes that ownership of these inventories belongs to the Agency and such items are available for CMS' use. CMS does not propose to purchase any pharmaceuticals, supplies, or equipment from the current medical provider and any agreement to do so would only occur with the written authority of a CMS corporate representative.

CMS acknowledges that the pricing offered under its cost proposal will be held firm for ninety days (90 days) following the closing date of proposals, thus CMS anticipates that the contract start date would be no later than January 1, 2010 under the proposed price and any delay beyond that date may require a price adjustment.

As always, CMS is prepared to discuss and negotiate any component of our proposed pricing.

## **CONTRACT NEGOTIATIONS**

In addition, CMS proposes to address the following issue or include in the final contract document the following language.

### **Indemnification**

Agency agrees to notify CMS' Legal Department in writing within thirty (30) days after Agency has received written notice of a claim. CMS' indemnification and defense obligations hereunder will not apply for expenses incurred or settlements offered or effected, prior to notice to CMS. CMS shall have the right to control the defense and/or settlement of the claim."

### **Changes in Scope**

Notwithstanding anything herein to the contrary, if

- i. any applicable law, statute, rule, regulation, standard, court order or decree, or any policy, practice, or procedure of any applicable governmental unit, agency or office (including but not limited to the federal, state or local courts, legislative bodies, and agencies, including the Agency or its respective officers or agents) is adopted, implemented, amended or changed; or if
- ii. any standard of care or treatment protocol changes or evolves in any material respect, or if any new medication or therapy is introduced to treat any illness, disease or condition; or if
- iii. any of the cost or historical information upon which CMS based its Proposal, including but not limited to the information provided by the Agency and answers to questions (if applicable), proves to be inaccurate or incomplete in any respect,

and if any such change in scope as described in (i), (ii), or (iii) materially affects the cost to CMS of providing healthcare services or impacts the scope of services or staffing hereunder, CMS and the Agency agree to meet to negotiate compensation or service requirement changes. The parties agree to meet and negotiate in good faith within thirty (30) days following the giving of notice by one party to the other party of a change (whether such change is anticipated or implemented). If the parties fail to reach agreement regarding compensation or service requirement changes within the foregoing thirty (30) day period, then either the Agency or CMS may terminate this Agreement upon sixty (60) days prior written notice.

### **Employee Free Choice Act**

Agency and CMS acknowledge that: (a) CMS provides unique services; (b) Agency is CMS' exclusive funding source under this Agreement; (c) Agency is responsible to the public for operating the healthcare units; and, therefore, (d) notwithstanding any other provision in this Agreement, (1) CMS shall not change staffing levels at Agency facilities with respect to the number of hours worked, shifts worked, or classifications, nor as to the number of employees in each classification, without Agency's prior approval; (2) CMS shall not increase the wage rate of any employee working under the Agreement, beyond an individual maximum of a 3% annual adjustment, nor make any change in employee benefits that would impact CMS' operational costs, unless Agency approves such changes in advance, and the right to approve, disapprove or adjust any such changes is at Agency's sole discretion; and (3) In the interest of security and rule compliance, Agency, at its sole discretion, reserves the non-reviewable right to require CMS to discipline or terminate the employment of any CMS employee at Agency's sites.

### **Force Majeure**

Force Majeure. CMS shall not be deemed in violation of this Agreement if it is prevented from performing any of its obligations hereunder for any reason beyond its control, including, without limitation, strikes or labor disputes, labor shortages, inmate disturbances, lack of the Agency's financial or physical resources, failure of the Agency to provide proper security services, acts of God, civil or military authority, acts of public enemy, war, accidents, fires, explosions, earthquakes, floods, failure of transportation, or any similar cause beyond the reasonable control of one or both of the parties.



**The following Cost Proposal should be submitted to the WV Division of Purchasing in a separate envelope at the time of Proposal Submission.**

**4.5 Cost Proposal**

Facility Name	* Unit Cost	Extended Cost
Central Regional Jail - Monthly Cost	\$ 85,490 X 12	\$ 1,025,882
Daily Cost per inmate over 250 Avg.	\$ 2.88 X 7	\$ 20.14
Eastern Regional Jail - Monthly Cost	\$ 110,484 X 12	\$ 1,325,812
Daily Cost per inmate over 375 Avg.	\$ 2.97 X 7	\$ 20.80
Northern Regional Jail - Monthly Cost	\$ 107,528 X 12	\$ 1,290,335
Daily Cost per inmate over 300 Avg.	\$ 2.94 X 7	\$ 20.55
North Central Regional Jail - Monthly Cost	\$ 145,027 X 12	\$ 1,740,329
Daily Cost per inmate over 525 Avg.	\$ 2.96 X 7	\$ 20.72
Potomac Highlands Regional Jail - Monthly Cost	\$ 83,533 X 12	\$ 1,002,399
Daily Cost per inmate over 250 Avg.	\$ 2.94 X 7	\$ 20.55
South Central Regional Jail - Monthly Cost	\$ 129,762 X 12	\$ 1,557,145
Daily Cost per inmate over 450 Avg.	\$ 3.06 X 7	\$ 21.41
Southern Regional Jail - Monthly Cost	\$ 120,246 X 12	\$ 1,442,955
Daily Cost per inmate over 475 Avg.	\$ 2.83 X 7	\$ 19.79
Southwestern Regional Jail - Monthly Cost	\$ 100,917 X 12	\$ 1,211,000
Daily Cost per inmate over 375 Avg.	\$ 2.98 X 7	\$ 20.84
Western Regional Jail - Monthly Cost	\$ 127,297 X 12	\$ 1,527,560
Daily Cost per inmate over 500 Avg.	\$ 2.87 X 7	\$ 20.12
Tygert Valley Regional Jail - Monthly Cost	\$ 92,971 X 12	\$ 1,115,650
Daily Cost per inmate over 350 Avg.	\$ 2.80 X 7	\$ 19.63
Daily Cost per inmate over 250 Avg.	\$ 2.99 X 7	\$ 20.94
Ohio County Correctional Center - Monthly Cost	\$ 31,158 X 12	\$ 373,893
Daily Cost per inmate over 60 Avg.	\$ 2.78 X 7	\$ 19.44
SC Forensic Regional Jail - Monthly Cost	\$ 28,761 X 12	\$ 345,127
Daily Cost per inmate over 0 Avg.	\$0.00 X 7	\$ -
Regional Office - Monthly Cost	\$ 23,302 X 12	\$ 279,622
Daily Cost per inmate over 0 Avg.	\$0.00 X 7	\$ -
	<b>GRAND TOTAL</b>	<b>\$ 14,531,382</b>

\* Unit Cost box: 12 = months/year; 7 = days (an arbitrary # for bidding purposes only)

\* Multiply the monthly fee (\$) by 12 and insert the Extended Cost

\* Multiply the daily fee (\$) by 7 and insert the Extended Cost

**\* The daily cost per inmate of 7, over the facilities' inmate population is being utilized for evaluation purposes only. Actual inmate overages may be more or less.**



<b>WEST VIRGINIA REGIONAL JAIL AUTHORITY</b>	<b>RJCFA</b>
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 1,210,949
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 14,531,382
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ 6,765,879
Associated Benefits	\$ 1,255,537
Pharmaceuticals	\$ 1,621,834
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ 21,889
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ 269,484
Contract Mental Health	\$ 653,960
Subcontract Name PSIMED Corrections LLC. P.O. Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ 991,707
Specialty Consult, referrals, etc.	\$ 610,365
Malpractice	\$ 526,654
Administrative Overhead / Management Fee	\$ 1,538,873
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 275,201

**\*This is a breakdown of the monthly cost for the listed positions and is not for evaluation purposes.**

<b>CENTRAL REGIONAL JAIL 300 Days Drive Flatwoods, (Braxton County) WV 26601</b>	<b>RJCFA</b>
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 85,490
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 1,025,882
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ 528,649
Associated Benefits	\$ 96,209
Pharmaceuticals	\$ 97,909
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ 1,315
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ 17,348
Contract Mental Health	\$ 35,360
Subcontract Name PSIMED Corrections LLC. P.O. Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ 55,427
Specialty Consult, referrals, etc.	\$ 36,681
Malpractice	\$ 31,393
Administrative Overhead / Management Fee	\$ 108,641
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 16,948

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<b>EASTERN REGIONAL JAIL</b> <b>94 Grapevine Road</b> <b>Martinsburg, (Berkeley County) WV 25401</b>	RJCFA
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 110,484
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 1,325,812
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ 650,342
Associated Benefits	\$ 112,486
Pharmaceuticals	\$ 146,069
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ 1,973
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ 23,348
Contract Mental Health	\$ 35,360
Subcontract Name PSIMED Corrections LLC. P.O. Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ 95,388
Specialty Consult, referrals, etc.	\$ 55,021
Malpractice	\$ 47,274
Administrative Overhead / Management Fee	\$ 140,404
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 18,147

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<b>NORTH CENTRAL REGIONAL JAIL #1 Lois Lane Greenwood, (Doddridge County WV 26415</b>	<b>RJCFA</b>
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 145,027
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 1,740,329
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ 807,508
Associated Benefits	\$ 145,199
Pharmaceuticals	\$ 203,861
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ 2,762
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ 30,548
Contract Mental Health	\$ 70,720
Subcontract Name PSIMED Corrections LLC. P.O. Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ 131,081
Specialty Consult, referrals, etc.	\$ 77,029
Malpractice	\$ 67,320
Administrative Overhead / Management Fee	\$ 184,301
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 20,001

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<b>NORTHERN REGIONAL JAIL</b> <b>RD2, Box 1</b> <b>Moundsville, (Marshall County) WV 26041</b>	RJCFA
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 107,528
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 1,290,335
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ 648,998
Associated Benefits	\$ 122,089
Pharmaceuticals	\$ 117,173
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ 1,579
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ 19,748
Contract Mental Health	\$ 71,560
Subcontract Name PSIMED Corrections LLC. P.O. Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ 74,997
Specialty Consult, referrals, etc.	\$ 44,017
Malpractice	\$ 35,202
Administrative Overhead / Management Fee	\$ 136,647
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 18,326

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<b>POTOMAC HIGHLANDS REGIONAL JAIL 13 Dolan Drive Augusta, (Hampshire County) WV 26704</b>	RJCFA
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 83,533
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 1,002,399
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ 496,410
Associated Benefits	\$ 82,136
Pharmaceuticals	\$ 97,909
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ 1,315
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ 17,348
Contract Mental Health	\$ 56,160
Subcontract Name PSIMED Corrections LLC. P.O. Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ 60,265
Specialty Consult, referrals, etc.	\$ 36,681
Malpractice	\$ 31,393
Administrative Overhead / Management Fee	\$ 106,154
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 16,627

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<b>SOUTH CENTRAL REGIONAL JAIL</b> <b>1002 Centre Way</b> <b>Charleston, (Kanawha County) WV 25309</b>	RJCFA
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 129,762
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 1,557,145
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ 720,717
Associated Benefits	\$ 134,179
Pharmaceuticals	\$ 174,965
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ 2,368
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ 26,948
Contract Mental Health	\$ 63,440
Subcontract Name PSIMED Corrections LLC P.O. Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ 126,727
Specialty Consult, referrals, etc.	\$ 66,025
Malpractice	\$ 57,559
Administrative Overhead / Management Fee	\$ 164,902
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 19,315

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<b>SOUTHERN REGIONAL JAIL</b> <b>1200 Airport Road</b> <b>Beaver, (Raleigh County) WV 25813</b>	RJCFA
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 120,246
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 1,442,955
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ 639,456
Associated Benefits	\$ 124,884
Pharmaceuticals	\$ 184,597
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ 2,499
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ 28,148
Contract Mental Health	\$ 63,440
Subcontract Name PSIMED Corrections LLC. P.O. Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ 97,950
Specialty Consult, referrals, etc.	\$ 69,693
Malpractice	\$ 60,619
Administrative Overhead / Management Fee	\$ 152,809
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 18,859

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<b>SOUTHWESTERN REGIONAL JAIL Earl Ray Tomblin Industrial Park #13 Gaston Caperton Drive Holden, (Logan County) WV 25625</b>	<b>RJCFA</b>
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 100,917
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 1,211,000
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ 542,513
Associated Benefits	\$ 96,698
Pharmaceuticals	\$ 146,069
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ 1,973
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ 23,348
Contract Mental Health	\$ 56,160
Subcontract Name PSIMED Corrections LLC. P.O. Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ 96,060
Specialty Consult, referrals, etc.	\$ 55,021
Malpractice	\$ 47,274
Administrative Overhead / Management Fee	\$ 128,245
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 17,638

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<b>TYGART VALLEY REGIONAL JAIL</b> <b>400 Abbey Road</b> <b>Bellington, (Randolph County) WV 26520</b>	RJCFA
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 92,971
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 1,115,650
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ 500,375
Associated Benefits	\$ 97,868
Pharmaceuticals	\$ 136,437
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ 1,842
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ 22,148
Contract Mental Health	\$ 56,160
Subcontract Name PSIMED Corrections LLC. P.O Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ 70,062
Specialty Consult, referrals, etc.	\$ 51,353
Malpractice	\$ 43,845
Administrative Overhead / Management Fee	\$ 118,147
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 17,413

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<b>WESTERN REGIONAL JAIL</b> <b>One O'Hanlon Place</b> <b>Barboursville, (Cabell County) WV 25504</b>	RJCFA
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 127,297
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 1,527,560
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ 675,634
Associated Benefits	\$ 125,956
Pharmaceuticals	\$ 194,229
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ 2,631
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ 29,348
Contract Mental Health	\$ 70,720
Subcontract Name PSIMED Corrections LLC. P.O. Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ 111,758
Specialty Consult, referrals, etc.	\$ 73,361
Malpractice	\$ 62,998
Administrative Overhead / Management Fee	\$ 161,769
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 19,157

**\*This is a breakdown of the monthly cost for the listed positions and is not for evaluation purposes.**

<b>NORTHERN CORRECTIONAL CENTER RD2, Box 1 Moundsville, (Marshall County) WV 26041</b>	<b>RJCFA</b>
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 24,473
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 293,673
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ -
Associated Benefits	\$ -
Pharmaceuticals	\$ 97,909
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ 1,315
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ 17,348
Contract Mental Health	\$ -
Subcontract Name PSIMED Corrections LLC. P.O. Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ 61,813
Specialty Consult, referrals, etc.	\$ 36,681
Malpractice	\$ 34,285
Administrative Overhead / Management Fee	\$ 31,100
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 13,223

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<b>OHIO COUNTY CORRECTIONAL CENTER</b> <b>1501 Eoff Street</b> <b>Wheeling, (Ohio County) WV 26003</b>	RJCFA
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 31,158
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 373,893
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ 198,904
Associated Benefits	\$ 43,820
Pharmaceuticals	\$ 24,707
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ 316
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ 8,228
Contract Mental Health	\$ 17,680
Subcontract Name PSIMED Corrections LLC. P.O. Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ 10,180
Specialty Consult, referrals, etc.	\$ 8,803
Malpractice	\$ 7,492
Administrative Overhead / Management Fee	\$ 39,595
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 14,167

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<b>SOUTH CENTRAL REGIONAL JAIL (FORENSIC) 1002 Centre Way Charleston, (Kanawha County) WV 25309</b>	RJCFA
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 28,761
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 345,127
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ 203,617
Associated Benefits	\$ 45,885
Pharmaceuticals	\$ -
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ -
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ -
Contract Mental Health	\$ 57,200
Subcontract Name PSIMED Corrections LLC P.O Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ -
Specialty Consult, referrals, etc.	\$ -
Malpractice	\$ -
Administrative Overhead / Management Fee	\$ 36,549
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 1,876

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<b>REGIONAL OFFICE</b>	<b>RJCFA</b>
Total monthly all inclusive fee for Medical/Mental Health Services	\$ 23,302
Total annualized all inclusive fee for Medical/Mental Health Services	\$ 279,622
<b>Vendor must also provide an annualized itemized proposal cost to include:</b>	
Salaries / Fees (Exclude MH)	\$ 152,755
Associated Benefits	\$ 28,127
Pharmaceuticals	\$ -
<i>Provide Vendor Name &amp; Location:</i> PharmaCorr Inc.. 6705 Camille St Oklahoma City, OK 73149	
Optical	\$ -
<i>Provide Vendor Name &amp; Location:</i>	
Other Miscellaneous Supplies	\$ 5,624
Contract Mental Health	\$ -
Subcontract Name PSIMED Corrections LLC. P.O Box 9569 South Charleston, WV 25309-0569	
Hospital	\$ -
Specialty Consult, referrals, etc.	\$ -
Malpractice	\$ -
Administrative Overhead / Management Fee	\$ 29,612
Any other cost -- Please List Telephone, Medical Waste Disposal, Postage, Gross Receipts Taxes, Telehealth, Employee Training, & Other Empl Related Expenses	\$ 63,504

**\*This is a breakdown of the monthly cost for the listed positions and is not for evaluation purposes.**