



JEFFERSON COUNTY
DEPARTMENT OF ADMINISTRATIVE SERVICES
 729 MAPLE ST / PO BOX 100
 HILLSBORO MO 63050
 WWW.JEFFCOMO.ORG

Request for Proposal: HEALTHCARE SERVICES 2012
JAIL FACILITY

Date Issued: 10-5-11

PROPOSALS SHALL BE ACCEPTED UNTIL: TUESDAY, NOVEMBER 15, 2011, AT 2:00 P.M. LOCAL TIME.

Specification Contact: **RONALD ARNHART**
 Department of the Sheriff
 636-797-5588

Contract Contact: **VICKIE PRATT**
 Department of Administrative Services
 636-797-5382

Mail (3) Three Complete Copies With Vendor And Proposal Information As Shown In Sample:

SAMPLE ENVELOPE

<i>VENDOR NAME</i>	
<i>VENDOR ADDRESS</i>	
<i>CONTACT NUMBER</i>	DEPARTMENT OF THE COUNTY CLERK
	JEFFERSON COUNTY MISSOURI
	729 MAPLE ST / PO BOX 100
	HILLSBORO MO 63050-0100
SEALED PROPOSAL: (PROPOSAL NAME)	

Contract Term:
1-1-12 to 12-31-12

The undersigned certifies that he/she has the authority to bind this company in an agreement/contract to supply the commodity or service in accordance with all terms, conditions, and pricing specified. Prices are firm during this agreement term, unless agreed upon in writing by the County. The County has the option to renew this agreement at the same terms and conditions as the original agreement for one additional one-year term with the written consent of the successful bidder. Price increases for renewals are not authorized unless approved in writing by the County.

Correctional Healthcare Companies, Inc. Larry Wolk, MD, MSPH

Vendor Information:

Company Name	6200 S. Syracuse Way #440	Authorized Agent (Print)	
Address	Greenwood Village, CO 80111	Signature	President
City/State/Zip Code	720-622-8025	Title	
Telephone #	11/10/11	Date	27-1813172
E-mail	larry.wolk@correctioncare.com	Tax ID #	303-706-9068
		Fax #	

COST PROPOSAL

Staffing and Services Overview

Correctional Healthcare Companies, Inc. (CHC) is pleased to provide the following cost proposal for the consideration of Jeffers County (the "County"). We are proposing three options to best meet the County's specific needs. CHC is open to discussing our proposal in order to provide the optimal healthcare program for the County.

Staffing and Services Overview Jefferson County, MO				
ADP Overview	Option 1	Option 2	Option 3	
Average Daily Population (ADP)	310	310	310	
Per Diem Reconciliation	\$0.65	\$0.65	\$0.65	
Professional Staffing (Hours per Week)	Option 1	Option 2	Option 3	
Medical Director - Physician	5.00	5.00	5.00	
Licensed Practical Nurse	70.00	80.00	80.00	
Psychologist	6.00	6.00	6.00	
Total Equivalent Full-Time Employees	2.03	2.28	2.28	
Professional Onsite Services	Option 1	Option 2	Option 3	Cap
Medical Services	✓	✓	✓	
Mental Health Services	✓	✓	✓	
On-Call 24/7	✓	✓	✓	
Policies and Procedures	✓	✓	✓	
Laboratory Services	✓	✓	✓	
X-Ray Services	✓	✓	✓	
Medical Supplies	✓	✓	✓	
Medical Waste Removal	✓	✓	✓	
Basic Medical Training - Jail Staff	✓	✓	✓	
Mental Health Training - Jail Staff	✓	✓	✓	
Comprehensive Medical Malpractice Insurance	✓	✓	✓	
Corporate Management and Oversight	✓	✓	✓	
Professional Offsite Services	Option 1	Option 2	Option 3	Cap
Ambulance Services	✓	✓	✓	1
Hospitalization	✓	✓	✓	1
Laboratory Services	✓	✓	✓	1
X-Ray Services	✓	✓	✓	1
Dental Services	✓	✓	✓	1
Specialty Services	✓	✓	✓	1
Utilization Management	✓	✓	✓	
Pharmacy Services	Option 1	Option 2	Option 3	Cap
Complete Pharmaceutical Management	✓	✓	✓	
Pharmaceuticals: Over-the-Counter	✓	✓	✓	
Pharmaceuticals: Prescriptions	✓	✓	✓	
Pharmaceuticals: Mental Health/Psychotropic	✓	✓	✓	
Pharmaceuticals: HIV, Hepatitis C, and Biologicals	✓	✓	✓	1
Caps	Option 1	Option 2	Option 3	
(1) Annual Aggregate Cap	\$75,000	\$75,000	\$75,000	
Percentage of Unused Cap Returned to County	100%	100%	100%	
Monthly Cost	\$26,400.10	\$28,708.43	\$27,557.18	
Annual Cost	\$316,801.20	\$344,501.16	\$330,686.16	

Flexible Staffing Matrix

CHC will provide the County with a comprehensive healthcare staffing program consisting of medical and mental health professionals. The following staffing matrices provide detailed staffing plans for the options previously outlined. Please note that the exact days shown in the charts below are for illustrative purposes only and are flexible to meet the County's needs. We will work with the County to create an exact schedule which best maximizes the County's utilization of CHC's resources.

Option 1

Staffing Matrix Option 1 Jefferson County, MO													
Position	On Call	Back Fill	Shift	Scheduled Hours							Total Hours	FTE	
				MON	TUE	WED	THU	FRI	SAT	SUN			
Medical Director - Physician	✓	✓	Day	5.00								5.00	0.13
Licensed Practical Nurse		✓	8-4	8.00	8.00	8.00	8.00	8.00				40.00	1.00
Licensed Practical Nurse		✓	9-2							5.00	5.00	10.00	0.25
Licensed Practical Nurse		✓	4-9	5.00	5.00	5.00	5.00					20.00	0.50
Psychologist		✓	Day			6.00						6.00	0.15
Totals				18.00	13.00	19.00	13.00	8.00	5.00	5.00		81.00	2.03

Option 2

Staffing Matrix Option 2 Jefferson County, MO													
Position	On Call	Back Fill	Shift	Scheduled Hours							Total Hours	FTE	
				MON	TUE	WED	THU	FRI	SAT	SUN			
Medical Director - Physician	✓	✓	Day	5.00								5.00	0.13
Licensed Practical Nurse		✓	8-4	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	56.00	1.40
Licensed Practical Nurse		✓	3-11	8.00	8.00	8.00						24.00	0.60
Psychologist		✓	Day			6.00						6.00	0.15
Totals				21.00	16.00	22.00	8.00	8.00	8.00	8.00	8.00	91.00	2.28

Option 3

Staffing Matrix Option 3 Jefferson County, MO													
Position	On Call	Back Fill	Shift	Scheduled Hours							Total Hours	FTE	
				MON	TUE	WED	THU	FRI	SAT	SUN			
Medical Director - Physician	✓	✓	Day	5.00								5.00	0.13
Licensed Practical Nurse		✓	8-4	8.00	8.00	8.00	8.00	8.00				40.00	1.00
Licensed Practical Nurse		✓	3-11			8.00	8.00	8.00	8.00	8.00	8.00	40.00	1.00
Psychologist		✓	Day			6.00						6.00	0.15
Totals				13.00	8.00	22.00	16.00	16.00	8.00	8.00		91.00	2.28


Comprehensive Medical and Mental Health Care

CHC will provide the County with an inmate healthcare program consisting of either 2.03 or 2.28 equivalent full-time employees as well as comprehensive onsite medical, mental health, and pharmaceutical services. In addition, we will provide a full suite of offsite offerings, including ambulance, hospitalization, and other offsite and specialty services.

CHC will also provide the County with healthcare policies and procedures, 24 hours a day on-call services, medical supplies, medical waste disposal, comprehensive medical malpractice insurance, as well as corporate management and oversight.

Aggregate Cap with County Rebate

CHC will incur the first \$75,000 in costs associated with healthcare services defined under its Aggregate Cap (Cap 1). Such services under the annual Aggregate Cap include ambulance;

 CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/27/2011
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.		
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).		
PRODUCER ALLIANT INSURANCE SERVICES HOUSTON LLC 8300 S. SYRACUSE WAY, SUITE 205 CENTENNIAL, CO 80111 303.824.1403	CONTACT NAME Renee McLaughlin PHONE (A/C, No., Ext): 303-824-1403 FAX (A/C, No.): 303-824-1437 EMAIL ADDRESS: rmcLaughlin@alliantinsurance.com PRODUCER CUSTOMER ID #:	
INSURED CHC COMPANIES, INC. CORRECTIONAL HEALTHCARE COMPANIES, INC. CHC PHARMACY SERVICES, INC. HEALTH PROFESSIONALS, LTD. P.O. BOX 5078 GREENWOOD VILLAGE, CO 80158-5078	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A:	NAUTILUS INSURANCE COMPANY
	INSURER B:	HARTFORD CASUALTY INSURANCE COMPANY
	INSURER C:	COMMERCE AND INDUSTRY INSURANCE COMPANY
	INSURER D:	NAUTILUS INSURANCE COMPANY
	INSURER E:	

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. I.D.	TYPE OF INSURANCE	ACQUISITION DATE (MM/DD)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Each occurrence) \$ 300,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CFP1000050-P3	03/31/11	03/31/12	MEDEXP (Per one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 5,000,000
						PRODUCTS/COMPOSP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000
	ANY AUTO <input checked="" type="checkbox"/>		61UUNJ1189	03/31/11	03/31/12	BODILY INJURY (Per person) \$
	ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
						\$
B	UMBRELLA					EACH OCCURRENCE \$ 10,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		61HHUNF5940	03/31/11	03/31/12	AGGREGATE \$ 10,000,000
	DEDUCTIBLE \$					\$
	RETENTION \$					\$
C	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY					X MC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>		015683762 - CA 015683763 - FL 015683764 - TX 015683765 - WI 069862620 - All Other	03/31/11	03/31/12	EL EACH ACCIDENT \$ 1,000,000
	(Mandatory In NH) <input type="checkbox"/>					EL DISEASE - EA EMPLOYEE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					EL DISEASE - POLICY LIMIT \$ 1,000,000
D	PROFESSIONAL LIABILITY (CLAIMS MADE)		FPF1000068-P3	03/31/11	03/31/12	*INCIDENT \$ 1,000,000
	PRIMARY EXCESS / UMBRELLA		CFX1000033-P3	03/31/11	03/31/12	*AGGREGATE \$ 6,000,000
						*TOTAL POLICY AGGREGATE \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach a GORD 101, Additional Remarks Schedule, if a one page is required)
 EXCESS / UMBRELLA - EACH CLAIM LIMIT (Professional Liability) - \$5,000,000; EACH OCCURRENCE LIMIT (General Liability) - \$5,000,000;
 POLICY AGGREGATE LIMIT - \$5,000,000
 TOTAL LIMIT FOR PROFESSIONAL & GENERAL LIABILITY WHEN COMBINED WITH EXCESS/UMBRELLA - \$6,000,000 / \$10,000,000
 PROFESSIONAL LIABILITY COVERAGE INCLUDES CIVIL RIGHTS VIOLATIONS ALLEGED PURSUANT TO 42 USC §1983, THAT ARI SE OUT OF A MEDICAL INCIDENT.
 CERTIFICATE HOLDER, ITS OFFICERS & EMPLOYEES, WITH EXCEPTION TO WORKERS' COMPENSATION, ARE INCLUDED AS ADDITIONAL INSURED WHEN REQUIRED BY CONTRACT.

CERTIFICATE HOLDER	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
--------------------	---



JEFFERSON COUNTY
DEPARTMENT OF ADMINISTRATIVE SERVICES
 729 MAPLE ST / PO BOX 100
 HILLSBORO MO 63050
 WWW.JEFFCOMO.ORG

Request for Proposal: HEALTHCARE SERVICES 2012
JAIL FACILITY

Date Issued: 10-5-11

PROPOSALS SHALL BE ACCEPTED UNTIL: TUESDAY, NOVEMBER 15, 2011, AT 2:00 P.M. LOCAL TIME.

Specification Contact: **RONALD ARNHART**
 Department of the Sheriff
 636-797-5588

Contract Contact: **VICKIE PRATT**
 Department of Administrative Services
 636-797-5382

Mail (3) Three Complete Copies With Vendor And Proposal Information As Shown In Sample:

SAMPLE ENVELOPE

<i>VENDOR NAME</i>	
<i>VENDOR ADDRESS</i>	
<i>CONTACT NUMBER</i>	DEPARTMENT OF THE COUNTY CLERK
	JEFFERSON COUNTY MISSOURI
	729 MAPLE ST / PO BOX 100
	HILLSBORO MO 63050-0100
SEALED PROPOSAL: (PROPOSAL NAME)	

Contract Term:
1-1-12 to 12-31-12

The undersigned certifies that he/she has the authority to bind this company in an agreement/contract to supply the commodity or service in accordance with all terms, conditions, and pricing specified. Prices are firm during this agreement term, unless agreed upon in writing by the County. The County has the option to renew this agreement at the same terms and conditions as the original agreement for one additional one-year term with the written consent of the successful bidder. Price increases for renewals are not authorized unless approved in writing by the County.

Vendor Information:

<u>Advanced Correctional Healthcare - Neil Leuthold</u>	<u>Authorized Agent (Print)</u>	
<u>3922 W Baring Trace</u>	<u><i>Neil Leuthold</i></u>	
<u>Peoria, IL 61615</u>	<u>President</u>	<u>Signature</u>
<u>309.692.8100</u>	<u>11/9/2011</u>	<u>36-4495255</u>
<u>ach@advancedch.com</u>	<u>309.692.8106</u>	<u>Telephone #</u>
<u>E-mail</u>	<u>Date</u>	<u>Tax ID #</u>
		<u>Fax #</u>

PROGRAM SERVICES Annual Cost	Option 1 \$328,250.88	Option 2 \$352,271.28	Option 3 \$343,524.48
Physician Services and 24 hour on-call availability	Weekly Visits Up to 4 hours	Weekly Visits Up to 4 hours	Weekly Visits Up to 4 hours
Nursing Staffing - Benefits - Recruiting/Training - Med Malpractice Insurance	LPN on-site 70 hours per week (1-FT 1-PT)	LPN on-site 80 hours per week (2-FT)	LPN on-site 80 hours per week (1-FT 2-PT)
Dental Screenings	Yes	Yes	Yes
Dental – offsite referral*	Yes	Yes	Yes
Mental Health	Psychologist – on-site 6 hours per week	Psychologist – on-site 6 hours per week	Psychologist – on-site 6 hours per week
Pharmaceuticals and Prescribed Over the Counter Medications	Yes	Yes	Yes
Specified medications for HIV/AIDS, Hepatitis, MS, CF, Cancer, Biologicals, Court-Ordered & Anti-Rejection*	Yes	Yes	Yes
Radiology*	Yes	Yes	Yes
Laboratory on-site	Yes	Yes	Yes
Laboratory mobile or off-site*	Yes	Yes	Yes
Hospitalization*	Yes	Yes	Yes
Specialty Services*	Yes	Yes	Yes
Ambulance Services*	Yes	Yes	Yes
Disposable Medical Supplies	Yes	Yes	Yes
Medical Waste Disposal	Yes	Yes	Yes
Re-pricing of Invoices	Yes	Yes	Yes
Continuous Quality Improvement Program	Yes	Yes	Yes
Risk Management Program	Yes	Yes	Yes
Pre-employment physicals for jail correctional officers	Yes	Yes	Yes
Medical & Mental health training for jail staff	Yes	Yes	Yes
Financial Limit**	\$65,000	\$65,000	\$65,000
Percentage of rebate on financial limit	100%	100%	100%
Per Diem Reconciliation on contracted County ADP of 310	.76	.76	.76
Per Diem Reconciliation on contracted Non-County ADP of 0	.30	.30	.30

*Services that apply to the annual \$65,000 financial limit

** The financial limit has been determined by internal statistical data compiled by ACH using the ACH program. Should the county prefer a different financial limit, the program cost would change accordingly. (Example: Changing the financial limit to \$75,000 would add \$10,000 to the above program cost. Changing the financial limit to \$50,000 would decrease the program cost by \$15,000)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/24/2011

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

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

PRODUCER CALLENDER & CO. 1615 CANDLETREE DR PEORIA, IL 61614	CONTACT NAME:	FAX (A/C, Nbr): (309) 693-7969	
	PHONE (A/C, No, Ext): (309) 693-1313		
INSURED Advanced Correctional Healthcare 3922 W Baring Trace Peoria, IL 61615-2500	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: SELECTIVE INSURANCE CO of SC		
	INSURER B: COMMERCE & INDUSTRY INS CO.		
	INSURER C: ESSEX INSURANCE CO		
	INSURER D:		
	INSURER E:		
INSURER F:			

REVISION NUMBER:

COVERAGES

CERTIFICATE 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	WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			S1997699	08/01/2011	08/01/2012	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:							\$
		<input type="checkbox"/> POLICY	<input type="checkbox"/> PROJ	<input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			S1997699	08/01/2011	08/01/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			S1997699	08/01/2011	08/01/2012	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
	DED		RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC1648222	08/01/2011	08/01/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
C	MEDICAL PROFESSIONAL			MM-820821	08/01/2011	08/01/2012	\$1,000,000 ea occ	\$3,000,000 agg

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

Coverage applies to ACH operations in correctional facilities.

CERTIFICATE HOLDER

CANCELLATION

TO WHOM IT MAY CONCERN	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

© 1988-2010 ACORD CORPORATION. All rights reserved.



November 15, 2011

Vickie Pratt
Department of Administrative Services
Jefferson County Missouri
729 Maple Street/PO Box 100
Hillsboro, MO 63050-0100

RE: Request for Proposal – for Jail HealthCare Services for Jefferson County

Dear Ms. Pratt,

Thank you for considering Corizon Health, Inc., (Corizon), formerly known as PHS Correctional Healthcare (PHS), as a potential provider for Health Care Services at the Jefferson County Jail. Our goal is to develop a partnership with each of our potential clients and build a health care program that is both responsive to your goals and most effectively uses increasingly scarce taxpayer resources.

We appreciate the opportunity to participate in your proposal process. At this time, however, we are constrained by other projects to which our resources have been dedicated and have regretfully made the decision not to submit a response.

Corizon respectfully requests that we remain on your vendor list. Perhaps in the future we can meet with you to discuss our medical management model and present our technological advantages. Until then, we wish you and the County the best as you proceed with the current RFP process.

Sincerely,

A handwritten signature in black ink that reads "Frank T. Fletcher".

Frank Fletcher
Senior Director, Business Development
314-919-9108 (office)
314-308-9490 (mobile)
frank.fletcher@corizonhealth.com