

# Story County Jail Medical Services Proposal Comparisons

## I. Cost of Medical Services:

### **1) Advanced Correctional Healthcare, Inc. (ACH)**

- Total annual cost with below fees: \$365,866.60
- \$345,658.85 annual cost
- Additional Costs:
  - Renewal annual increase 5% or rolling 12-month Consumer Price Index for hospital and related services whichever is higher.
  - Quarterly adjustments of Average Daily Population (ADP (80)/Per Diem rate (.43). (example: If the ADP for a quarter is 10 above the contracted ADP, additional compensation would be incurred).
  - On call Qualified Mental Health Professional additional rate of \$150 per hour (minimum 1 hour) in person or via telehealth.
  - Electronic Payments—if the county does not agree to pay contract payments electronically, the county would be responsible to pay additional 2% charge per month (\$576.10 a month or \$6,913.18 per year).
  - Additional Holiday and/or quick startup fee (facility startup less than 120 days between signed contract and startup date) require an additional fee of two weeks contract price to mobilize extra startup team members (cost \$13,294.57).

### **2) Integrated Nursing Solutions, LLC**

- \$296,000.00 annual cost
- Additional costs:
  - Renewal annual increase 2.2%.

## II. Medical Staffing Coverage:

### 1) **Advanced Correctional Healthcare, Inc. (ACH):**

- Provide State of Iowa Licensed Medical Physician for weekly in person sick call and available on-call by phone 24/7/365. For on-site visits that fall on holidays, paid time off, or sick time, ACH endeavors to provide replacement onsite coverage, and if it is unable to do so, ACH and the county will negotiate a mutually agreeable remedy (such as crediting back 75% of the wages of the particular worker) (the other 25% pays for telephone on-call).
- Provide on-site Registered Nurse (RN) coverage 56 hours per week on a schedule approved by the county. For hours of absence due to holidays, paid time off, or sick time, the hours will not be replaced or credited (because the worker is still being paid for the time off).
- Provide minimum masters level Qualified Mental Health Professional (QMHP) 8 hours a week. For hours of absence due to holidays, paid time off, or sick time, the hours will not be replaced or credited (because the worker is still being paid for the time off).

### 2) **Integrated Nursing Solutions, LLC:**

- Provide State of Iowa Licensed Medical Physician (Medical Director) or Nurse Practitioner (NP) for weekly in person sick call and available on-call by phone 24/7/365. The medical NP will cover the Medical Director on vacations or days off.
- Provide on-site Registered Nurse (RN) coverage 56 hours a week (8 hours a day 7 days a week).
- Provide a Mental Health Provider to provide clinic once per week, using tele-psych method for duration of up to two hours.
- Provide a Social Worker to provide mental health assessments 8 hours per week.

### III. Electronic Medical Records:

#### **1) Advance Correctional Healthcare, Inc. (ACH):**

- Startup costs \$19,999.00 onetime fee.
- Annual software price per year \$23,999.00
- Quarterly adjustments of Average Daily Population (ADP (65)/Per Diem rate (.10). (example: If the ADP for a quarter is 10 above the contracted ADP, additional compensation would be incurred).
- These additional fees are not included in total cost cited in (I.).

#### **2) Integrated Nursing Solutions, LLC:**

- Provided by Integrated Nursing Solutions, LLC at no additional fee.

### IV. Insurance Coverage:

#### **1) Advance Correctional Healthcare, Inc. (ACH):**

- Terms of Comprehensive General Liability Insurance is attached.
- Terms of Professional Liability insurance is attached.

#### **2) Integrated Nursing Solutions LLC:**

- Maintain Comprehensive General Liability insurance with limits coverage in the amount of \$3,000,000 per occurrence and \$6,000,000 aggregate, to include bodily injury, property damage, personal injury, and contractual damages.
- Maintain Professional Liability Insurance with limits of no less than \$2,000,000 per occurrence, \$3,000,000 aggregate, including but not limited to: coverage for violations of civil rights alleged to have resulted in whole or part, from malpractice or the Provider's physician or employee(s).



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/29/2022

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).**

<b>PRODUCER</b> DENISE D. BARNES USI HEALTHCARE – A DIVISION OF USI SOUTHWEST, INC. 9811 KATY FREEWAY, SUITE 500 HOUSTON, TX 77024	<b>CONTACT NAME:</b> DEBBIE HOLSTINE	
	<b>PHONE (A/C, No, Ext):</b> 713-490-4679	<b>FAX (A/C, No):</b> 713-343-5025
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> IRONSHORE SPECIALTY INSURANCE COMPANY		
<b>INSURER B:</b> EVEREST DENALI INSURANCE COMPANY		
<b>INSURER C:</b> SELECTIVE INS CO OF SOUTH CAROLINA		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED**  
ADVANCED CORRECTIONAL HEALTHCARE, INC  
720 COOL SPRINGS BLVD, SUITE 100  
FRANKLIN, TN 37067

**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		
C	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			S2540354	08/01/2022	08/01/2023	EACH OCCURRENCE                      \$ 1,000,000		
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							DAMAGE TO RENTED PREMISES (Ea occurrence)              \$ 500,000	
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			S2540354	08/01/2022	08/01/2023	MED EXP (Any one person)              \$ 15,000		
							PERSONAL & ADV INJURY                      \$ 1,000,000		
							GENERAL AGGREGATE                        \$ 2,000,000		
							PRODUCTS – COMP/OP AGG                \$ 2,000,000		
C	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS MADE DED    RETENTION SNIL			S2540354	08/01/2022	08/01/2023	EMPLOYEE BENEFITS                        \$ N/A		
							COMBINED SINGLE LIMIT (Ea accident)              \$ 1,000,000		
							BODILY INJURY (Per person)                \$ N/A		
							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)              \$ N/A		
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under Y/N DESCRIPTION OF OPERATIONS below	N/A		8600001093221	08/01/2022	08/01/2023	EACH OCCURRENCE                      \$ 10,000,000		
									AGGREGATE                                    \$ 10,000,000
A	<b>MEDICAL PROFESSIONAL LIABILITY INCLUDING CIVIL RIGHTS – CLAIMS MADE</b>			HC7AACBQEK002	08/01/2022	08/01/2023	\$1,000,000 EACH MEDICAL INCIDENT \$5,000,000 AGGREGATE \$10,000,000 TOTAL POLICY AGGREGATE		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
LIMITS INCLUDE ALL SELF-INSURED RETENTION AMOUNTS  
ILLINOIS, IOWA, ARKANSAS, SOUTH CAROLINA, ALABAMA, GEORGIA, KANSAS, TENNESSEE

<b>CERTIFICATE HOLDER</b>  TO WHOM IT MAY CONCERN	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  