

EXHIBIT B

DDOC, BCHS RFP

Vendor Name: Correct Care Solutions, LLC
(Revised 4-29-10 Base Bid)

Medical Group Plus 4 Pharmacy Technicians – Not to Include: Pharmacy, MH, SA, and Dental Services

Based on 7,000 Average Daily Population (ADP)

| | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------|
| Fixed Costs (should not include mark-up percent) | |
| Mid-level Practitioners and above* | \$ [REDACTED] |
| Line Staff * | \$ [REDACTED] |
| Performance Bond | \$ [REDACTED] |
| Professional Liability/Malpractice Insurance | \$ [REDACTED] |
| Subtotal | \$ [REDACTED] |
| Management Costs (should not include mark-up percent) | |
| Executive/Administrative Staff | \$ [REDACTED] |
| Legal Representation | \$ [REDACTED] |
| Office Space | \$ [REDACTED] |
| Indirect Costs | \$ [REDACTED] |
| Subtotal | \$ [REDACTED] |
| Variable Costs (should not include mark-up percent) | |
| Hospitalizations, Outside Medical/Surgical Consults, Medications, Laboratory and Diagnostic Tests, Medical Supplies & Equipment | \$ [REDACTED] |
| Subtotal | \$ [REDACTED] |
| Mark-up | |
| Profit over Costs | [REDACTED] % |
| Subtotal | \$ [REDACTED] |
| Annual Base Total | \$ 29,600,244.23 |
| Year 1 Performance Incentive Potential | \$ 223,000.00 |
| Potential Year 1 Not to Exceed Total | \$ 29,823,244.23 |

| | |
|-------------------------------------------------|------------------|
| Cost Price Inflation Not To Exceed Total | |
| Year 2** | \$ 30,934,251.56 |
| Year 3** | \$ 31,848,899.10 |
| Year 4** | \$ 32,790,986.08 |

Cost per offender/day \$11.59

** Starting in Year Two, the Performance Incentive Potential becomes \$446,000.00 annually.

[EXHIBIT B CONTINUED]

Performance Incentives

Table A

| Subject | Indicator | Compliance Rate |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Mortality and Morbidity | | |
| Review | All deaths and serious suicide attempts are reviewed by a multidisciplinary team within 30 days of the event | 95% |
| Grievances | | |
| Level I - Timeliness | Level I grievances addressed within 7 days | 95% |
| Human Resources | | |
| Medical Staff Training – Orientation | Orientation: all full-time health staff complete in-depth orientation within 90 days of employment | 95% |
| Medical Staff Training – Suicide Prevention Initial | Suicide Prevention: Medical staff complete initial suicide prevention training within 30 days of start date | 95% |
| Medical Staff Training – Suicide Prevention Renewal | Suicide Prevention: Medical staff complete suicide prevention renewal training annually | 95% |
| Medical Staff Training - CPR | CPR: Medical staff maintain CPR certification | 95% |
| Medical Staff Training – First Aid | First Aid: Medical staff maintain first aid certification | 95% |
| Staffing Vacancies | Number of filled FTEs | 95% |
| Equipment and Supplies | | |
| Sharps | Weekly inventories are maintained on items subject to abuse (e.g. syringes, needles, scissors, other sharp instruments) | 95% |
| Medical | Medical - the following are maintained: hand-washing ability; exam table; light for direct illumination; scales; thermometers; blood pressure monitoring equipment; stethoscope; ophthalmoscope; otoscope; transportation equipment; biohazard trash containers; equipment and supplies for pelvic examinations if female | 95% |

| Subject | Indicator | Compliance Rate |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| | patients are housed at facility | |
| Pregnancy | Pregnancy Care – fetal heart monitor is maintained | 95% |
| Emergency Response | Emergency response equipment and supplies are adequately maintained and inspected including man-down bags, first aid kits and AEDs | 95% |
| Intake | | |
| Intake – Timeliness | Intake is completed within 2 hours of admission | 95% |
| Intake – Completeness | All requirements of the intake process were met | 95% |
| PPD plant | PPD planted at intake and read within 72 hours | 95% |
| PPD Positive Reactors | Patients with positive PPD's are evaluated within 2 weeks (CXR performed and visit with provider occurred) | 95% |
| Initial Health Assessment – timeliness | Physical examination completed within 7 days of admission | 95% |
| Pregnancy Test | Pregnancy test performed at intake | 95% |
| Transfer Screening | Qualified healthcare professional reviews each transferred inmate's health record or summary within 12 hours of arrival | 95% |
| Sick Call | | |
| Triage - Timeliness | Requests for healthcare are triaged within 24 hours of receipt | 95% |
| Face-to-face Encounter - Timeliness | Non-emergent requests for sick call are seen in a face-to-face encounter within 72 hours | 95% |
| Referral to Practitioner - Timeliness | If patient is referred to practitioner from nurse sick call, visit occurred within 5 business days of the referral | 95% |
| Sick Call Completeness | All the requirements for the sick call process were met | 95% |
| Segregation | | |
| Isolation Rounds – Medical Monitoring | Patients in isolation are monitored daily by nursing staff | 95% |
| Substance Abuse | | |
| CIWA – Vital Signs Monitoring | A nurse takes and documents the vital signs of every inmate on CIWA protocols on every shift | 95% |
| CIWA – Discharge | If CIWA protocols are stopped before 5 days, there is an order from a physician | 95% |

| Subject | Indicator | Compliance Rate |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| CIWA Scales | CIWA scales are completed on each shift | 95% |
| CIWA - Referral to Provider | Any flow sheet score higher than 10, is communicated to a physician promptly and addressed appropriately | 95% |
| Chronic Disease Services | | |
| Chronic Care – routine appointments | Chronic care patients are seen every 3 months or more frequently as determined by the provider' plan- includes appropriate diagnostic and therapeutic intervention | 95% |
| Infirmiry Care | | |
| Infirmiry Care – Admission and Discharge | Admission to and discharge from infirmiry care occur only on the order of a physician (or other clinician where permitted by virtue of his or her credentials or scope of practice) | 95% |
| Vital Sign Monitoring | A nurse will check and document vital signs on each shift of patients who are in the infirmiry for acute care and observation. | 95% |
| Physician Assessment | A physician or mid-level provider will assess and document the assessment at minimum 4xs/week for all patients who are in the infirmiry for acute care | 95% |
| Specialty Care | | |
| Specialty Care Visit - Timeliness | Timeframe from provider order to patient off-site visit is no more than 60 days or as clinically indicated | 95% |
| Specialty Care Visit - Documentation | When patient is returned from off-site visit there is documentation from specialty provider or notation form site provider noting treatment recommendations | 95% |
| Specialty Care Visit – Nurse Follow up | Upon return from outside specialty appointment, the patient is seen by nurse at the facility | 95% |
| Specialty Care Visit – Practitioner follow up | Patient is seen onsite by provider within 7 days of being seen for off-site specialty care, and treatment plan noted | 95% |
| Medication and Labs | | |
| MAR – Documentation | Medication orders on MAR reflect dose, route, frequency, start date and nurse's signature | 95% |
| Medication Reorder | No lapse in medication reorder | 95% |
| Medication – Timeliness | Inmate received formulary medications within 48 hours of provider order or per provider's instructions | 95% |
| Laboratory | Laboratory tests are implemented timely, and as | 95% |

| Subject | Indicator | Compliance Rate |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Tests – Timeliness | ordered | |
| Laboratory Tests – Review by Physician | Physician reviewed laboratory test results in a timely manner: critical results are reviewed immediately; urgent lab results are reviewed within 24 hours; routine lab results are reviewed within 7 days | 95% |
| MAR – Missed Doses | Prescribing Practitioner is notified if a patient misses a medication dose on 3 consecutive days and documents that notice and discussion with patient regarding medication compliance | 95% |
| Medication - Bridge Order | Arriving patients who report prescriptions will receive the same or comparable medication within 24 hours of verification (or as needed) unless a medical professional determines such medication is inconsistent with generally accepted professional standards | 95% |
| Medication – Order Change | If patients reported medication is discontinued or changed by a medical professional, a medical professional will conduct a face-to-face evaluation of the inmate | 95% |

[EXHIBIT B CONTINUED]

Table B

| Subject | Indicator | Compliance Rate |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Women's Health | | |
| Response to Abnormal Mammogram | Female patients 52-69 years of age who received follow-up evaluation for an abnormal mammogram finding | 95% |
| Care of Pregnant Inmate | For pregnant patients, the clinical plan includes management by specialty OB/GYN provider | 95% |
| Prenatal Care | Prenatal care was begun within the first 4 months of pregnancy: there were 5 visits or more if delivered before 37 weeks or 8 visits or more if delivered after or at 37 weeks of gestation | 95% |
| Checkups After Delivery | Pregnant patients had a postpartum visit on or between 21 to 56 days after delivery | 95% |
| Heart Disease | | |
| Monitoring Hypertension | Patients enrolled in the HTN chronic care clinic had at least 1 encounter for hypertension with the provider (nurse or physician) every 3 months | 95% |
| HTN Treatment | Patients enrolled in the HTN chronic care clinic without DM had blood pressure appropriately controlled (under 140/90 and not hypotensive); those in HTN clinic with DM had blood pressure under 130/80, and not hypotensive | 95% |
| HTN Treatment | Patients enrolled in the HTN chronic care clinic had a baseline EKG | 95% |
| Response to Abnormal Blood Pressure Test | Patients having 3 or more diastolic blood pressure readings equal to or greater than 140 mm Hg systolic or 90 mm Hg | 95% |

| Subject | Indicator | Compliance Rate |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| | diastolic who received a referral to a hypertension chronic care clinic | |
| AMI – Aspirin on Being Sent Out | Patients having a principle diagnosis of AMI and not identified as having contraindications to aspirin who received aspirin within 24 hours of arrival or within 24 hours before referral to the hospital in the reporting year | 95% |
| AMI – Aspirin at Return to Facility | Patients having a principle diagnosis of AMI and not identified as having contraindications to aspirin who were prescribed aspirin at arrival (return) to the facility in the reporting year | 95% |
| Beta-Blocker Treatment After a Heart Attack | Patients age 35 or older hospitalized and discharged alive with a principal diagnosis of AMI and not identified as having contraindications to beta-blockers who received a prescription for beta-blockers within 7 days after discharge from the hospital with a diagnosis of AMI or within 30 days before the hospitalization for AMI | 95% |
| Cholesterol Management After Acute Cardiovascular Events – LDL-C Screening | Patients age 18-75 discharged alive in the year before the reporting year for AMI, CABG or PTCA who received an LDL-C screening on or between 60 to 365 days after discharge for an acute cardiovascular event | 95% |
| Cholesterol Management After Acute Cardiovascular Events – LDL-C Level | Patients age 18-75 discharged alive in the year before the reporting year for AMI, CABG or PTCA having LDL-C level of <130 mg/dL and <100 mg/dL (1 st year measure) on or between 60 to 365 days after discharge for an | 95% |

| Subject | Indicator | Compliance Rate |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| | acute cardiovascular event | |
| Infectious Diseases | | |
| Tuberculosis | Patients with newly positive TB skin test in the year before the reporting year who accepted the treatment offered by the DOC and therefore completed curative therapy within 12 months of the positive diagnosis | 95% |
| Pneumovax | Chronic care population and patients older than 55 have had pneumvax vaccination within the past five years | 95% |
| HIV – Viral Load Counts Undetectable | HIV+ patients with viral load counts that are undetectable, and CD4 count > 500 | 95% |
| HIV – Laboratory Testing | HIV+ patients receiving quarterly CD4 and viral load tests | 95% |
| HIV – Treatment Outcomes | HIV+ patients with CD4 counts under 200 or viral load greater than undetectable after at least three months of ARV treatment who have had a viral genotype and ID referral | 95% |
| HIV – Medication | HIV+ patients with CD4 count under 200 who receive prophylaxis | 95% |
| Hepatitis | Patients enrolled in hepatitis clinic getting quarterly Liver Function Tests (LFTs), including AST and ALT | 95% |
| Hepatitis A & B for Hepatitis Patients | Patients with chronic hepatitis who have had Twinrix vaccination | 95% |
| Pulmonary Disease | | |
| Asthma | Patients have peak flow measure every 90 days | 95% |
| COPD | Patients newly or previously diagnosed with COPD receiving appropriate care (smoking cessation compliance documentation, if smoker; pulse measurement; respiratory | 95% |

| Subject | Indicator | Compliance Rate |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Tegretol | above receiving tegretol or valporate who had drug level(s) measured as clinically indicated and in the therapeutic range (4.0-12.0) | |
| Coumadin | Patients in Coumadin clinic have INR maintained in the appropriate range, have Coumadin levels checked as clinically indicated, and a Coumadin clinic and lab log are maintained for each patient on Coumadin | 95% |
| Screening | | |
| Physical Appraisal Examination | Patients 18 years and older receiving a physical appraisal examination within the 1 st week of incarceration | 95% |

Proposal Program Adjustments

CCS

Facility failure to have NCCHC accreditation due to medical failure on NCCHC standards.

\$ [redacted] per facility per year.

\$ [redacted] per item per facility per quarter adjustment. Only Level 5 facilities will be included.

\$ [redacted] annual performance incentive for DOC satisfaction survey score above 85%. This amount is to be directly distributed to site employees in recognition of performance.

DOC has the discretion to measure any and all items within the attached tables (Table A and Table B) or outside the scope of the attached tables. CCS will provide access to all records and data, including, but not limited to, medical records and laboratory databases.