



Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

BUYER: Melillo, Charlotte A
PHONE #: 401-574-8110

CREATION DATE : 01-NOV-13
BID NUMBER: 7534364
TITLE: IV THERAPY SERVICES - RI VETERANS HOME

BLANKET START : 01-JAN-14
BLANKET END : 31-DEC-16
BID CLOSING DATE AND TIME: 21-NOV-2013 10:30:00

B
I
L
L
T
O
DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

S
H
I
P
T
O
DHS VETERANS HOME
480 METACOM AVE
BRISTOL, RI 02809
US

Requisition Number: 1343826

Line	Description	Quantity	Unit	Unit Price	Total
	1/1/14 - 12/31/16 IV THERAPY SERVICES PER ATTACHED BID SPECIFICATIONS. QUESTIONS CONCERNING THIS BID SHOULD BE EMAILED TO: charlotte.melillo@purchasing.ri.gov *				
1	1/1/14 - 12/31/16 PRICE PER DAY-THERAPY TYPE: PAIN MANAGEMENT/PER DIEM (PUMP/SUPPLIES) PRICING TO INCLUDE PCA PUMP DRUG @ AWP (AVERAGE WHOLESALE PRICE)	1.00	Day		
2	1/1/14 - 12/31/16 PRICE PER DAY THERAPY TYPE: ANTIBIOTICS PER DIEM AND FLUSHES. DRUG @ AWP (AVERAGE WHOLESALE PRICE)	1.00	Day		
3	1/1/14 - 12/31/16 CATHETER SERVICES: MID-LINE INSERTION (SUPPLIES/CATHETER/NURSING) PRICE EACH MID-LINE INSERTION	1.00	Each		
4	1/1/14 - 12/31/16 ON CALL DELIVERY SERVICE 24/7	1.00	Each		
5	1/1/14 - 12/31/16 MONTHLY PORT FLUSH (SUPPLIES/NURSING) PRICE EACH FLUSH	1.00	Each		

Delivery: _____

Terms of Payment: _____

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer

Blanket Requirements: 01/01/14 – 12/31/16

*****VENDOR MUST BE A LICENSED PHARMACY IN THE STATE OF RHODE ISLAND*****

IV THERAPY SERVICES FOR PALLIATIVE PROGRAM AND FACILITY WIDE IV ANTIBIOTIC THERAPY AT THE RI VETERANS HOME

THE FOLLOWING SERVICES ARE SOUGHT:
PREPERATION AND COMPOUNDING OF PHARMACEUTICALS INCLUDING INTRAVENOUS MEDICATIONS; PROVIDING INFUSION THERAPY AND/OR PLACMENT OF MID-LINES

PROVIDE PHARMACY SERVICES ON A TWENTY-FOUR HOUR PER DAY SEVEN-DAYS-A WEEK BASIS WITH A TWO-HOUR TURN-AROUND TIME FOR ORDERS

PROVIDERS MUST HAVE A QUALITY ASSURANCE PROGRAM FOR INTRAVENOUS MIXING. ALL PRODUCT AND PRESCRIPTION LABELING PROCEDURES MUST FOLLOW APPROPRIATE STATE, FEDERAL, AND LOCAL LAWS AND REGULATIONS

PROVIDER MUST ALSO COMPLY WITH THE REQUIREMENTS OF THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATION (JCAHO)

VENDOR WILL BILL RESIDENTS PRIVATE INSURANCE COMPANY. FACILITY WILL BE BILLED FOR ANY DEDUCTIBLE OR CO-PAYS TO APPROVED AMOUNT OF RESIDENTS INSURANCE

VENDORS INVOICE SUBMITTED TO THE AGENCY MUST BE ITEMIZED SHOWING THE INSURANCE COMPANY HAS BEEN INVOICED, THE INSURANCE PORTION OF PAYMENT, EACH SERVICE PERFORMED (NUMBER AND UNITS) AND UNITS PRICING, AND THEN THE EXTENDED AMOUNT AND TOTAL BALANCE DUE TO THE RI VETERANS HOME

IV THERAPY SERVICES FOR PALLIATIVE PROGRAM AND FACILITY WIDE IV ANTIBIOTIC THERAPY, AT THE RI VETERANS HOME, FOLLOWING SERVICES SOUGHT:

PREPARATIONS AND COMPOUNDING OF PHARMACEUTICALS INCLUDING INTRAVENOUS MEDICATIONS, PROVIDING INFUSION THERAPY AND/OR PLACEMENT OF MID-LINES, AS NEEDED 24 HOURS PER DAY. PROVIDE PHARMACY SERVICES ON A 24 HOUR PER DAY/SEVEN DAYS A WEEK BASIS WITH A TWO-HOUR TURN AROUND TIME FOR ORDERS.

PROVIDER MUST HAVE A QUALITY ASSURANCE PROGRAM FOR INTRAVENOUS MIXING. ALL PRODUCTS AND PRESCRIPTION LABELING PROCEDURES MUST FOLLOW APPROPRIATE STATE, FEDERAL, AND LOCAL LAWS AND REGULATIONS. PROVIDER MUST ALSO COMPLY WITH THE REQUIREMENTS OF THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATION. VENDOR WILL BILL RESIDENTS PRIVATE INSURANCE COMPANY. FACILITY WILL BE BILLED FOR ANY DEDUCTIBLE OR CO-PAYS UP TO APPROVED AMOUNT OF RESIDENT'S INSURANCE. INVOICE SUBMITTED TO THE AGENCY MUST BE ITEMIZED SHOWING THE INSURANCE COMPANY HAS BEEN INVOICED; THE INSURANCE PORTION OF PAYMENT; EACH SERVICE PERFORMED (NUMBER AND UNITS); UNIT PRICING AND THEN THE EXTENDED AMOUNTS AND TOTAL BALANCE DUE TO THE RI VETERANS HOME.

- ❖ PRICE PER DAY-THERAPY TYPE:
 - PAIN MANAGEMENT/PER DIEM (PUMP/SUPPLIES). PRICING INCLUDES PCA PUMP AND RELATED SUPPLIES.
DRUG@AWP.PRICEPERDAY-THERAPYTYPE :
 - ANTIBIOTICS PER DIEM: FLUSHES, DRUG@AWP.CATHETER SERVICES.
 - PO, SC, INHALER, TOPICAL AS NEEDED
- ❖ MID-LINE INSERTION (SUPPLIES/CATHETER/NURSING) \$/EACH. ON-CALL DELIVERY FEE: 24/7 \$/EACH
- ❖ LINE MAINTENANCE: \$/PER DAY. MONTHLY PORT FLUSH (SUPPLIES) \$/EACH

Additional Services for delivery services re: facility needs for shortages and New Physician Orders re: Delivery of Medications required. In addition to IV- Ie. IM, SC, or TPN

REQUEST FOR QUOTE # 7534364

BIDDING (a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordered during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request. **ORDERING** (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.

MULTI YEAR

THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

INSURANCE

AN INSURANCE CERTIFICATE IN COMPLIANCE WITH PROVISIONS OF ITEM 31 (INSURANCE) OF THE GENERAL CONDITIONS OF PURCHASE IS REQUIRED FOR COMPREHENSIVE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS' COMPENSATION AND MUST BE SUBMITTED BY THE SUCCESSFUL BIDDER(S) TO THE DIVISION OF PURCHASES PRIOR TO AWARD. THE INSURANCE CERTIFICATE MUST NAME THE STATE OF RHODE ISLAND AS CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED. FAILURE TO COMPLY WITH THESE PROVISIONS MAY RESULT IN REJECTION OF THE OFFEROR'S BID. ANNUAL RENEWAL CERTIFICATES MUST BE SUBMITTED TO THE AGENCY IDENTIFIED ON THE PURCHASE ORDER. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION OF CONTRACT.

LICENSE

VENDOR (OWNER OF COMPANY) IS RESPONSIBLE TO COMPLY WITH ALL LICENSING OR STATE PERMITS REQUIRED FOR THIS TYPE OF SERVICE. A COPY OF LICENSE/PERMIT SHOULD BE SUBMITTED WITH THIS BID. IN ADDITION TO THESE LICENSE REQUIREMENTS, BIDDER, BY SUBMISSION OF THIS BID, CERTIFIES THAT ANY/ALL WORK RELATED TO THIS BID, AND ANY SUBSEQUENT AWARD WHICH REQUIRES A RHODE ISLAND LICENSE(S), SHALL BE PERFORMED BY AN INDIVIDUAL(S) HOLDING A VALID RHODE ISLAND LICENSE.

RIVIP

IT IS THE VENDOR'S RESPONSIBILITY TO CHECK AND DOWNLOAD ANY AND ALL ADDENDA FROM RIVIP. THIS OFFER MAY NOT BE CONSIDERED UNLESS A SIGNED RIVIP GENERATED BIDDER CERTIFICATION COVER FORM IS ATTACHED AND THE UNIT PRICE COLUMN IS COMPLETE. THE SIGNED CERTIFICATION COVER FORM MUST BE ATTACHED TO THE FRONT OF THE OFFER. WHEN DELIVERING OFFERS IN PERSON TO ONE CAPITOL HILL, VENDORS ARE ADVISED TO ALLOW AT LEAST ONE HOUR ADDITIONAL TIME FOR CLEARANCE THROUGH SECURITY CHECKPOINTS.

THIS OFFER MAY NOT BE CONSIDERED UNLESS BIDDER CERTIFICATION COVER FORM IS ATTACHED AND THE UNIT PRICE COLUMN IS COMPLETED. THE SIGNED CERTIFICATION COVER FORM MUST BE ATTACHED TO THE FRONT OF THE OFFER. WHEN DELIVERED OFFERS ON PERSON TO ONE CAPITOL HILL, VENDORS ARE ADVISED TO ALLOW AT LEAST ONE HOUR ADDITIONAL TIME FOR CLEARANCE THROUGH SECURITY CHECKPOINTS.

DELIVERY

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.

NO CHARGES FOR TRAVEL, NO MILEAGE, NO MISCELLANEOUS CHARGES, NO PORTAL TO PORTAL.