



Solicitation Information

November 6, 2014

Addendum #2

**RFP #7549098**

**TITLE: PHARMACY SERVICES – RI DEPT. OF CORRECTIONS**

**SUBMISSION DEADLINE: NOVEMBER 20, 2014 AT 2:30 PM (ET)**

**ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES. NO FURTHER QUESTIONS WILL BE ANSWERED.**

**ALSO ATTACHED ARE APPENDICES A-C IN A .ZIP FILE.**

**Gail Walsh  
Chief Buyer**

**Questions for RFP #7549098 – Pharmacy Services - Rhode Island Department of Corrections**

**Vendor A**

- 1) Unmarked pages after page 21 – Appendices A-C, Drug Cost per Unit – Is it possible to provide this form to potential vendors in an Excel format? Previous RFPs, including similar data in appendices were available in an Excel format.

**YES. Please see attached .zip file. Your response should include completed appendices in excel and hardcopy format.**

- 2) Page 21 – Could you please confirm the requirement for the “Technical Proposal” to be no longer than six pages? Given the information needed to be included in this, just wanted to verify this requirement, as it may be difficult to contain to this number of pages, given responses to the specific requirements?

**The response can be as long as necessary to address the issue.**

**Vendor B**

- 1.) Can you please provide the current Administrative/ Inmate/ Month fee?

**NO.**

- 2.) What are the current return/ Credit fees?

**NO.**

- 3.) Is it the states expectation that discharge medication will be covered under the Administrative fee/ inmate/ month fee proposed?

**That is up to the vendor, if there is going to be a charge that should be clearly reflected in the response.**

- 4.) Does the state hold U.S. Marshals/ ICE Detainees? If so can you please provide the number of detainees?

**Not usually**

## Vendor C

1. *Section 3—Scope of Work, Vendor Responsibilities, item 1—Medication Order Process* on page 8 of the RFP states that vendors are responsible “for all cost associated for a bi-lateral interface with the current system or any future systems.” Typical practice in the correctional pharmacy industry is for the pharmacy vendor to be responsible for programming charges only on the pharmacy vendor’s side of the interface, and for the software vendor to be responsible for the programming charges on the software vendor’s side of the interface. This practice is widely accepted, as each vendor has no control over the programming costs of the other vendor and, therefore, cannot project such costs into its proposed bid rate. As such, will the RIDOC change the requirement to indicate that the vendor will only be responsible for costs on its own side of any interface?

**NO. The EMR used by the RIDOC is NextGen, the selected vendor will be responsible for upgrading the current connection to a Bi-Lateral connection.**

2. Regarding *Section 3—Scope of Work, Program Evaluation, item 10—Requirements: License, Registration, Insurance, and Indemnification* on pages 11-12 of the RFP, will a claims-made professional liability policy meet this requirement as long as the retroactive date is prior to the contract date and the winning bidder warrants that tail coverage (extended reporting period) will apply if needed?

**YES**

3. Regarding *Section 3—Scope of Work, Program Evaluation, item 4—Destruction of Medication Waste* on page 13 of the RFP, is the pharmacy vendor responsible for the cost of destruction of hazardous waste and medication waste? Or, is the pharmacy vendor to provide a plan, with the understanding that any associated costs are to be the responsibility of the RIDOC?

**A destruction plan should be submitted. If there are any associated cost they should clearly be stated in the RFP response.**

4. Are bidders expected to provide a full narrative response to all items listed in *Section 3—Scope of Work*, or are bidders expected to provide responses only to the items listed in *Section 4—Technical Proposal*?

**All sections in Section 3 should be answered.**

## Vendor D

1. How many medication carts are currently at each building? What is the make and model?

**Selected vendor would need to provide at total of 11 medication carts for the 6 facilities. There is no requirement to match the current make and model of carts as long as they are suitable and approved by DOC.**

2. Does the delivery requirement include delivery to each building on campus or is there a central delivery location?

**The selected vendor is responsible to deliver medications to each RIDOC facility that orders medications.**

3. If a Vendor was not selected as a finalist to provide an oral presentation in the previous RFP process, will they have an opportunity to be considered for oral presentations this time and ultimately awarded the contract?"

**YES if oral presentations are found to be necessary. The vendor who will be selected will be the one who presents the best technical and cost proposal as decided by a technical review panel.**

4. Does the RIDOC plan on using an electronic medication administration record from NextGen or an electronic medication administration record system proposed by the pharmacy supplier?

**The RIDOC would like to implement an EMAR, but that is not to be considered as a major component/aspect of this RFP. A decision has not been made as to the product that will be selected and RFP process will be used.**

5. Does RIDOC intend to purchase medications from a pharmacy or is RIDOC seeking to purchase medications from a wholesaler or re-packager? If RIDOC is seeking to purchase medications from a drug wholesaler or re-packager as opposed to a pharmacy, please specify the individual licensure of each facility that allows for these purchases. If RIDOC is seeking to purchase medications from a drug wholesaler or re-packager as opposed to a pharmacy, please specify the purpose.

**The selected vendor should be capable of providing all medication to RIDOC facilities and needs to be licensed as a pharmacy in the State of Rhode Island.**

6. Does RIDOC intend to administer purchased medications to its patients or does RIDOC intend to re-sell medications or to distribute medications to another entity? If RIDOC intends to re-sell or distribute medications, please provide the wholesale or drug distributor licensure of each facility that would allow for drug sales. If RIDOC intends to re-sell or distribute medications, please provide additional information of whom RIDOC intends to make sales.

**As described in the RFP, all medication provided to RIDOC will be used by inmates in the state correctional system. Reselling is not part of that program.**

7. Will the RIDOC require disclosure if a pharmacy provider shares ownership, owns, is a subsidiary of, or part of a parent company which owns or has an ownership interest in a wholesaler and/or a repackager.

**YES**

8. Will the RIDOC require arm's length transactions for all medication purchases? Respondents to this RFP who have ownership interests in their own wholesalers/repackagers are legally able to sell to their subordinate pharmacy (themselves) prior to selling to RIDOC. The production of purchase invoices to support monthly billing may be manipulated when the same interested entities are conducting the transactions and producing their own supportive documentation. This creates a lack of transparency. If a pharmacy owns its own wholesaler, then the RIDOC would want to know how much the wholesaler and/or repackager is paying for the medication and that is the price that should be passed through to RIDOC. Otherwise, it creates an opportunity for the pharmacy to generate profit on the cost of medication at RIDOC's expense. The importance of this point is that the RIDOC should require arm's length transparent transactions from its vendors and potential vendors that document the actual cost of goods being sold.

**YES**

9. SECTION 5 -COST PROPOSAL APPENDIX A

Each of these appendices asks respondents to provide cost/per unit for each medication.

**Item #3 – ADVAIR DISKUS (60GM) 500/50 INH**

This item is not 60 grams. A single inhaler includes 60 doses. Should all respondents price this medication by package or by puff?

**60GM Inhaler**

**Item #19 – FERAHEME (17ML) 510/17ML VIAL**

Should all respondents price this medication by one vial or per ml?

**17 ml VIAL**

**Item #24 – HUMIRA INJ (2X0.8ML) 40MG INJ**

Should all respondents price this medication by one 0.8ml syringe or per ml?

**One .8 ml syringe**

**Item #46 – RISPERDAL CONSTA (2ML) 37.5MG/2ML SYRG**

Should all respondents price this medication by one 2ml syringe or per ml?

**One 2ml syringe**

**Item #50 – SPIRIVA HANDIHALER 18 MCQ CAP**

This item comes in three sizes: 5 capsules, 30 capsules or 90 capsules. Please identify which item you want all respondents to provide pricing on.

**Per capsule**

**Item #52 – FACTOR 8**

Please confirm item number as Ventolin HFA (18 GM) 90MCG INH is also numbered as 52. In addition, provide specific Factor 8 medication you want all respondents to provide pricing on along with number of IUs, and whether it should be priced by IU or by some other measure.

**Please provide the cost for Kogenate FS 500 IU. Please price by IU.**

**Vendor E**

RFP page 5 Background Information

1. Please provide the average number intakes per month for the last twelve month period.

**1354 intakes per month for FY2014.**

2. Please clarify the \$2.1 million in drug spend for 2013 – does this include all administrative fees or is this number solely the acquisition cost of medications?

**YES, includes administrative fees.**

3. Is the reference of 2013 reflective of calendar year 2013, or the state’s fiscal year?

**Calendar Year**

4. Can the Department provide net actual acquisition cost of all medications provided for the nine calendar months of 2014?

**NO**

RFP page 7 Medication Purchasing & Packaging

5. Please provide the number of medication carts currently in use for all facilities. Will any of the existing carts remain at the facilities when the contract transitions?

**Selected vendor would need to provide at total of 11 medication carts for the 6 facilities. These carts will not remain if a new vendor is selected.**

RFP page 8 Medication Order Process

6. Should pharmacy service bidders propose an eMAR solution within our technical response, and include the cost as an optional cost with our bids?

**If they would like to, but an EMAR is not a requirement of this RFP.**

RFP page 19 Service Pricing / Administrative Fee

7. Please clarify by providing a listing of drugs that are considered “specialty products” so that all bidders can provide a consistent approach to this pricing category.

**The traditional definition of specialty should be used in answering this question. “Specialty products are drugs and biologics that are complex to manufacture, maybe difficult to administer and may require special patient monitoring. From a distribution perspective, specialty pharmaceuticals may require specialized shipping and temperature-controlled storing and handling.”**

8. Please clarify how the “lowest responsive cost proposal” will be calculated. Does the computation include both the administrative fee and unit costs? What time period(s) for the administrative fee will be used in the calculation? Will quantities be applied to the unit costs, or will just the sum of unit costs be utilized?

**Computation includes unit costs and administrative fee. Quantities will be applied to the unit cost calculation.**

9. Please clarify if the possible cost points will be calculated using 30 or 40 points as a maximum value.

**40 points as stated in the RFP; however please note the calculation of cost points is changed as follows:**

**Cost [calculated as (lowest responsive cost proposal) divided by (this cost proposal) times 40 points]**

Other

10. What version of NextGen is currently in use?

**NextGen EMR 5.5.28, but upgrade to 5.8.x is expected within the next 90 days.**

11. What format(s) would be available for interfacing with the NextGen system (e.g., HL7)?

**NextGen uses HL7. Our interfaces are Rosetta and Mirth.**

12. Does the DOC have wireless network connectivity within the facilities? If not, would the DOC allow Proposer to install a wireless network in its facilities where patient care is delivered and documented.

**No. No.**

13. Please provide a facility layout with existing network connectivity to each location. Please indicate network bandwidth for all existing wide area network (WAN) and local area network (LAN) connections that will be available to Proposer.

**NO**

14. Will there be any charges or expectation of chargebacks to the Proposer for use of the DOC's network should the Proposer be allowed to use the DOC's network?

**NO**

15. Would the DOC support the installation of a private MPLS network (WAN) and internal LAN for use by the Proposer in each of the facilities if network services are not provided?

**NO**

16. How many computers are currently used for medication administration at the DOC facilities?

**None at this time. We are using a paper MAR system.**

17. How many of the computers currently used for medication administration at the facilities will be available to the Proposer upon contract commencement?

**There are approximately 250 computers available to the healthcare services staff throughout the campus. The Proposer would only have access to a computer when on the campus or with permission from DoIT (Department of Information Technology) through VPN access (virtual private network).**

18. Does the DOC have any restrictions on where the medication ordering solution is hosted (on-premises at DOC vs. Hosting Service Provider)?

**The NextGen EMR system is housed by the State of Rhode Island and pharmacy orders are transmitted to the pharmacy vendor via an interface to your location. Your hosting services must be compliant with HIPAA Rules and the Pharmacy Vendor MUST sign a Business Associates Agreement to that effect.**