

**Milwaukee County Behavioral Health Division
Questions and Answers - RFP for Pharmacy Services**

FINAL ANSWERS 11/21/2012

1. *Paragraph IX on RFP page 31 refers to a “Transition Plan.” Given that MCBHD does not currently own or operate any inpatient pharmacy facilities, nor does it currently hold any valid State of Wisconsin pharmacy license, and the current pharmacy license is held by the current pharmacy services vendor which also owns and operates the inpatient pharmacy facilities, as pharmacy licenses are not transferable in the State of Wisconsin, how does MCBHD anticipate transition to a new vendor for these onsite services?*

Answer #1

It is BHD’s intent to secure an inpatient pharmacy license.

2. *Options 1, 2, and 3 on RFP pages 16-17, state that the successful respondent will use the MCBHD “Inpatient Pharmacy IT System.” What system does MCBHD currently use? Which MCBHD facilities use this system? How long has this system been in use by MCBHD? If there is no current “Inpatient Pharmacy IT System” in use, when does MCBHD anticipate implementing such a system and what system will be implemented? Will the successful pharmacy services vendor be required to finance and build the interface for MCBHD’s Inpatient Pharmacy IT System?*

Answer #2

MCBHD currently uses Netsmart's Avatar system for its Electronic Medical Records system. For the Pharmacy system, MCBHD is currently planning on using Netsmart's RxConnect system. This system is completely integrated to Avatar, so orders generated in Avatar are visible in RxConnect directly and changes in RxConnect will be highlighted for the practitioner in Avatar. RxConnect also integrates to Pyxis. We are anticipating procuring and implementing RxConnect by the first or second quarter of next year. This system will be implemented before the Pharmacy vendor is completely operational. It is our intent for the Pharmacy vendor to see how this system works for a period of time before they become completely operational within BHD.

3. *Options 1, 2, and 3 on RFP pages 16-17 refer to an “Inpatient Pharmacy IT System”. Does the MCBHD “Inpatient Pharmacy IT System” have a complete dispensing system compliant with all state and federal laws?*

Answer #3

RxConnect is a full INPATIENT hospital pharmacy dispensing software system that complies with all state and federal regulations for labeling of medications in real time. Pyxis provides a dispensing system; it can also be integrated with a carousel to provide medication dispensing.

- Options 1, 2, 3 and 4 on RFP pages 16-17 state that the pharmacy services vendor would have to “Also provide Inventory and Purchasing using Milwaukee County or State approved vendors and suppliers....” Who approves these vendors and suppliers? Where can the pharmacy services vendor obtain a list of these approved vendors and suppliers?*

Answer #4

Hospital Pharmacies nationwide utilize “Prime Vendor” Purchasing programs administered by major wholesalers for hospitals: These included: Cardinal Health, McKesson and Amerisource as the three top participants. The hospitals also may join “Group Purchasing Organizations” (GPO’s) that bid on pharmaceuticals and provide considerable discounts based on patient populations and total purchases per year. Also Wisconsin Government Agencies may participate in the purchase of Pharmaceuticals for State of Wisconsin Agencies by purchase from a "prime vendor". This contract has been made available by utilizing a contract bid and negotiated by the Minnesota Multi-State Contracting Alliance for Pharmacy (MMCAP) with direct input from the State of Wisconsin. MMCAP is a free, voluntary, governmental group purchasing organization operated and managed by the State of Minnesota. The State of Wisconsin is member of MMCAP along with 46 other states who represent over a billion dollars in purchasing power. Other GPO memberships are available for a fee for service some of which include: Premier, MedAssets, Amerinet, Novation, Healthtrust, VHA and Provista as examples

- Page 17 of the RFP, under Additional Requirements, states “The Inpatient pharmacy licensure and DEA License is to be held by the Milwaukee County Behavioral Health Department Hospital and managed by contractor / vendor.” We understand that MCBHD’s current pharmacy services vendor holds both the DEA and state pharmacy license for the inpatient pharmacy. The prior sentence on page 17 of the RFP states that the pharmacy services vendor is “To be licensed in accordance with the State of Wisconsin statutes, Board of Registration in Pharmacy, United State Department of Justice and the Drug Enforcement Agency. Proof of licensure must be submitted with the proposal.” These sentences appear to require simultaneous licensure for the inpatient pharmacy be held by BOTH the pharmacy services vendor AND MCBHD. This is not possible under both state and federal law. Please explain.*

Answer #5

The intent is for the Inpatient Pharmacy Licensure to be held by the hospital and that if vendor services are supplied outside of the Inpatient Pharmacy those licenses “To be licensed in accordance with the State of Wisconsin statutes, Board of Registration in Pharmacy, United State Department of Justice and the Drug Enforcement Agency. Proof of licensure must be submitted with the proposal.” shall be required for said pharmacy.

- Section A(3) on RFP page 21, states that the consultant pharmacist is responsible to the facility administrator to “Review the drug regimen of each resident in the facility*

at least monthly.” We understand that many patients are at the facility for overnight or short-term stays at the Crisis Center. How is it possible to provide consultant pharmacist services for these short-term patients?

Answer #6

The heading indicates that: “**The Consultant Pharmacist for LTC**” will provide monthly reviews this is only in reference to long-term residents. “Resident” refers to long-term residents.

- 7. In the Enhanced Services section on RFP page 24, the RFP requests “Automated medication dispenser on each unit as opposed to a medication cart” and lists 13 units. Only a Talyst or Talyst-like system could serve this purpose and each individual unit would cost several hundred thousand dollars. We understand that MCBHD currently utilizes small, older Pyxis machines which are not classified as automated medication dispensers and cannot be used to replace medication carts.*

Answer #7

Automated Dispensing Devices are in reference to Pyxis, Accudose or Omnicell medication cabinets or similar devices.

- 8. Regarding Section IV(1) on page 18 of the RFP, is it MCBHD’s belief that a Pyxis machine will meet the needs referred to in the Enhanced Services section on page 24 of the RFP or is MCBHD contemplating a more comprehensive automated dispensing system?*

Answer #8

Pyxis or as described above.

- 9. What is MCBHD’s intent in replacing medication carts with very expensive automated medication dispensing systems that will not meet the day-to-day needs of the entirety of MCBHD’s patient population?*

Answer #9

Inpatient medications needs can be provided to patients utilizing Pyxis or similar dispensing cabinets for 90-95% of all medication needs, with the remaining medications required being dispensed from the central pharmacy on a daily basis. BHD is requesting the vendors submit a system of med distribution that they believe will work best for the facility. Both in terms of cost and efficiency,

- 10. On page 29 of the RFP, it states “Contractor is expected to provide a minimum guaranteed rebate for each brand medication.” Please explain how MCBHD expects the contractor to provide a minimum guaranteed rebate for these items and the source for such rebates.*

Answer #10

Contractor is expected to maximize rebate opportunities and integrate those into the pricing proposal.

11. *On page 32 of the RFP, under References, the RFP states:*

Each submission must include a list of five (5) client references from jail or correctional facilities where Vendor provides Pharmacy service, identified by the company with the information listed immediately above. Indicate the size of the facility in terms of number of beds, inmates, and average yearly census. A form is included within this RFP for this specific purpose and must be submitted with the proposal. This information must be provided or the submission may be disqualified.

Please explain why MCBHD is requesting references from jails and correctional facilities, when MCBHD is licensed and operates as an acute psychiatric hospital?

Answer #11

This will not be required.

12. *In Section I(1) on page 4 of the RFP, there is a reference to services being provided at several locations, including “Community Based Clinics in Milwaukee County”. Will these Community Based Clinics really be included in the awarded contract?*

Answer #12

Outpatient Clinic, and 2 operated CSP’s for Patients with no payor source. Patients with a payor source are eligible to receive pharmacy services from the vendor of their choosing.

13. *In Section II(5) on page 12 of the RFP, what is included in the term “Financials” within the Evaluation Criteria which has been assigned a value of 40 possible points? Does this term refer to a firm’s financial strength as that term is used in Section XI on RFP page 31 or a firm’s proposed pricing as that term is used in Section XII on RFP page 28 or both?*

Answer #13

Both areas will be considered when assessing points for this item. The following are examples of factors to be considered. This is not necessarily a comprehensive list but should serve as a meaningful guideline.

- **Applicant Financial Standing**
 - o Applicant has established sound financial condition and sufficient backing for depth of support to a contract of this size and complexity with possible multiple locations.
- **Cost**
 - o Total cost proposed
 - o Are cost controls outlined and in place

- Are outlined costs consistent with proposal (including the number of onsite FTE's per shift by classification.
- The applicant's proposed cost to deliver the service is comparable to that of other applicants.

14. *Section IV(1) on page 18 and Section VII on page 28 of the RFP indicates that payments received from third party payors will be considered to be payment in full. Medicare Part D currently requires non-waivable co-payments. How does this provision address the required, non-waivable co-payments? Is the pharmacy services vendor expected to collect the co-payments from Milwaukee County or the individual patients?*

Answer #14

Vendor will be responsible for collection of any required co-pay in the long-term care setting from individual residents whenever appropriate. BHD will be responsible for inpatient billings.

15. *In Section IV(1) on page 18 of the RFP, it states "Vendor may submit alternative ADS options for MCBHD. Alternative methods must be specific with all cost articulated, including all set up and maintenance fees associated with system." Are these costs to be listed in the technical proposal or the pricing proposal?*

Answer #15

Options should be submitted as part of the cost proposal but clearly separated so that a determination can be made if the alternative method is acceptable from both the technical aspects and the costs associated with it. It should also be present in the technical section.

16. *In Section IV(2) on page 19 of the RFP, it states "Vendor must provide pharmacy services from the existing on-site pharmacy...." Does MCBHD intend to refer to the physical location of the current vendor's pharmacy at MCBHD? Additionally, this requirement does not reconcile with Options 3 and 4 on RFP page 16. Please explain. Finally, we understand the current vendor leases the on-site pharmacy space and pays monthly rent to MCBHD to alleviate any concern of the use of the space possibly implicating the Federal Anti-Kickback Statute. Is it MCBHD's intent to provide this physical space for free to the new vendor or to continue requiring a lease and related rental payments?*

Answer #16

On site pharmacy refers to the space currently dedicated to pharmacy usage at BHD. Lease agreements if applicable will be negotiated with the vendor upon awarding of the contract.

17. *In Section 8 on page 24 of the RFP, the final bullet point states, "Indicate whether the addition of some or all of these enhanced service[s] to the base contract would affect*

*the quoted cost of pharmaceuticals in the base contract and if so, by how much.”
Should these costs be included within the technical proposal or cost proposal?*

Answer #17

The cost needs to be clear, keep items separate enough so that BHD can choose not to purchase an enhancement. To assure clarity enhancements should be described in both areas.

Drugs will be purchased by BHD. Vendor will assist in the identification of required inventory.

18. Section VI on RFP page 28 indicates that the initial contract term will be 3 years with an option for 3 one-year renewal terms. Will the contracted dollar amount remain the same for up to 6 years? How is the dollar amount in the contract set? Is there any relationship between the pricing proposals and the dollar amount in the contract? Is the contracted dollar amount to be inserted in the contract negotiable? Has the contracted amount for 2013 already been determined in Milwaukee County’s new budget? If yes, what is the amount for 2013?

Answer #18

Funding allocations for pharmacy services will be determined annually through the county budget process. The final 2013 contract amount for the pharmacy has not been finalized or approved yet.

19. Section XI(4) on RFP page 32 asks for resumes “for all senior management staff within the corporation.” If a potential pharmacy services vendor is the subsidiary of a larger corporation, does MCBHD intend to ask for resumes of only those individuals that work for the pharmacy services vendor and not the parent corporation?

Answer #19

Resumes for Individuals that work for the pharmacy services will be required additional resumes will be accepted.

20. Section XII(4) on RFP page 38 contains restrictions against non-compete provisions. What is Milwaukee County’s legal authority for this request? Is this a condition of any future contract?

Answer #20

Restrictions against non-compete provisions are part of the current pharmacy contract between the Milwaukee County Behavioral Health Division (BHD) and the current vendor, and are a condition of the current RFP and any future contracts with BHD. Legal authority to negotiate contract services for care and treatment are found under Sections 46.09 and 56.30 of the Milwaukee County Code of General Ordinances, and pursuant to s. 46.215(2), of the Wisconsin State Statutes. Because of the risk of early termination, or the potential inability of Contractor to provide the required quality or

quantity of services, or provide key personnel as provided in the application, Contractor may not be able to provide covered services. Therefore, it is necessary for the County to require this provision to ensure continuity of services and to protect the health and safety of BHD patients and clients.

21. *Section XII(14) on RFP page 41 asks for invoice charges above and beyond the inmate population per diem. Presumably, the county is referring to individuals held at Children’s Court, however, the pricing section does not request a per diem for these individuals. How will the county provide the average daily population of inmates to the pharmacy services vendor?*

Answer #21

Disregard.

22. *Section XII(15) on RFP page 42 contains Catastrophic Cap / Risk-Sharing Provisions. This section applies for pricing to a vendor who is providing comprehensive medical services to inmates. Neither the pricing nor the minimum requirements section of the RFP requested these types of services. Is the pharmacy services vendor required to provide such pricing and ability to perform tasks, or must we retain a subcontractor to perform these tasks?*

Answer #22

DELETE.

23. *Section XII(24) on RFP page 44 refers to consent decrees. What consent decrees are currently in effect at MCBHD? How will the court-appointed monitor interact with the pharmacy services vendor?*

Answer #23

DELETE paragraph 1 #24

24. *Section XII(25) on RFP page 44 references possible \$5,000 penalties for violations of the Christensen case requirements. Has such a penalty ever been imposed to the pharmacy services vendor?*

Answer #24

DELETE

25. *RFP page 55 contains the form for Vendor References. The form references “Agency Name” and “Agency Address.” Is it MCBHD’s intent to require references from only government agencies or can vendors also provide references from private businesses? The Vendor References form on page 55 contains a space for the*

“Number of Patients” while the reference forms on pages 56-59 contain a space for the “Number of Inmates.” Please explain.

Answer #25

Agency is synonymous with facility and not referencing government specifically. The proposing contractor needs to suggest references that are applicable to this setting. Government references certainly would be welcome.

26. RFP pages 32 and 64 contain requirements for litigation disclosure. Is the additional request on page 64 for all litigation or just for the inmate health matters listed in Section XI(6) on RFP page 32?

Answer #26

Any references to inmate health requests are to be deleted.

27. RFP pages 34 and 68 contain requirements for insurance. Are the phrasing differences between the requirements contained on pages 34-36 in comparison to pages 68-70 meant to be substantive?

Answer #27

The difference in the insurance requirements is substantive. The requirements on pages 68 - 70 are the current insurance requirements. The annual aggregate for Professional Liability/Errors and Omissions for Other Licensed Professionals on page 69 of the RFP has been reduced to \$1 million. A Waiver of Subrogation for Worker's Compensation by endorsement in favor of Milwaukee County is required and shall be provided.

28. Section XII(14) on RFP page 44 contains the Billing and Payment Process. We understand the current vendor receives a weekly list of payor mix status from MCBHD. The format of this list requires the current vendor to expend a minimum of 32 hours per week to verify the information contained in this list on a line by line basis. Does MCBHD intend to continue using this process during the future contract?

Answer #28

BHD will be utilizing a new billing software package utilizing NETSMART product line, within the next four to six months.

29. Regarding Section IV(1) on RFP page 18, it is stated that “Inpatient pharmacy management must maintain the hospitals Pharmacy IT system....” Will the pharmacy services vendor be given full access to MCBHD’s Pharmacy IT system? If the pharmacy services vendor must use MCBHD’s Pharmacy IT system, what is the expectation for the vendor’s billing practice? Won’t this require that the pharmacy services vendor bill all services directly to MCBHD instead of the vendor using its

own system which will allow the vendor to bill all third-party payors first and then only bill MCBHD as payor of last resort.

Answer #29

Pharmacy services vendor be given full access to MCBHD's Pharmacy IT system, BHD will do all billing for non- nursing home levels of care. The Pharmacy vendor will be trained and will have complete access (role-based) to perform their functions. As indicated earlier, the Pharmacy IT system, RxConnect is integrated to Avatar (EMR system). Hence any medications that are ordered within Avatar will be integrated into the client's claim.

30. Section XII(9) on RFP page 39 describes Termination by Vendor. This section states that the vendor can terminate its contract with MCBHD if payment is not made to the vendor within 45 days "following submission of appropriate billing and supporting documentation." How many times in the last 4 years has MCBHD paid the invoice of the pharmacy services vendor within 45 days following submission?

Answer #30

There has been no termination action in the last 4 years by the vender. The timeliness of payments for the last 4 years is not available at this time. A 45-day time frame will likely be changed and expanded to 90 days.

31. The current RFP appears to be mostly silent on the requirements of the pharmacy services vendor to provide equipment for MCBHD. We understand that the previous RFP for the requested services required the vendor to provide certain equipment. When queried about that requirement at the time (see attached), Milwaukee County indicated the equipment necessary for the now-current contract would be "Computers, fax machines if necessary, van if needed, and med carts for LTC and Hilltop." We understand the current vendor provided such equipment, but 3.5 years into the now-current contract, MCBHD requested the current vendor to provide medication carts for areas throughout the facility other than LTC and Hilltop. Given the vast expense of such items, what are MCBHD's specific equipment needs for the life of contract?

Answer #31

As stated in the RFP page 19, "Vendor must also provide system for storage of medications brought into hospital by patients and for disposal of such medications upon prescribing practitioner order. Vendor will supply all equipment required for medication preparation, storage and dispensing and maintain and update when obsolete, unrepairable or inadequate at no additional cost." Currently monthly fees payable for all Pyxis machines are paid for by BHD. Computers necessary to enter information into the EMR will be provided by BHD. Any additional computer needs not relating to the EMR will be provided by vendor. Any computer equipment that becomes damaged prior to the replacement cycle of Milwaukee County will be the responsibility of the vendor; replacements must meet specifications of Milwaukee County.

32. *We need to understand whether the MCBHD expects us to provide the software/computers for Pharmacy. It says that “vendors computer system must interface with Automated Dispensing Systems (Pyxis)”. Does this pertain to inpatient, outpatient or long term care services (or all of the above)?*

Answer #32

MCBHD currently uses Netsmart's Avatar system for its Electronic Medical Records system. For the Pharmacy system, MCBHD is currently planning on using Netsmart's RxConnect system. This system is completely integrated to Avatar, so orders generated in Avatar are visible in RxConnect directly and changes in RxConnect will be highlighted for the practitioner in Avatar. RxConnect also integrates to Pyxis. We are anticipating procuring and implementing RxConnect by the first or second quarter of next year. This system will be implemented before the Pharmacy vendor is completely operational. It is our intent for the Pharmacy vendor to see how this system works for a period of time before they become completely operational within BHD.

All vendors will have access to a pharmacy system at MCBHD. This system will interface with the Automated Dispensing System (Pyxis currently) and will be available for inpatient, outpatient and long-term care.

33. *Does the inpatient Pharmacy have the software necessary to provide outpatient retail Pharmacy Services?*

Answer #33

The EMR system has the capability to generate pharmacy orders which can be processed through the Pharmacy system as well the capability to generate ePrescriptions to outpatient retail Pharmacy Services (any service that supports surescripts).

34. *III, pp. 16-17: Can a respondent apply to provide only one of the 4 options listed?*

Answer #34

Vendors can respond to any number of proposals.

35. *I, p. 5: What is the number of indigent patients served by Long Term Care Pharmacy Services per year, how many prescriptions are written for this group, and what has been the average cost of their prescriptions on a per-person basis?*

Answer #35

There are currently 2 Resident without a payor source on the Long-term care units. Per page 28 of the RFP, “The MCBHD will require the following fee structure for any pharmaceuticals for those patients who do not have insurance, for those with exhausted medication coverage from third party payors, and those patients receiving medications included in the daily rate.

“Contractor is expected to provide a guaranteed Average Wholesale Price (AWP) discount for Brand and Generic Medications.

Contractor is expected to provide a minimum guaranteed dispensing fee per prescription.

Contractor is expected to provide a minimum guaranteed rebate for each brand medication.

Vendors may also include alternate pricing schemes. If alternate schemes are proposed, the vendor must stipulate in detail including AWP discounts for brands and generics, how the pricing will be done and how MCBHD management staff will be able to verify charges. As many alternative proposals may be submitted as the vendor desires. MCBHD may, or may not, at its own election select an alternative pricing scheme”

36. What is the performance requirement in terms of the amount of time that can elapse between issuance of a prescription by a prescriber and delivery of medications for Long Term Care Pharmacy Services?

Answer #36

Page 20 #2 of the RFP states, “Emergency medications will be delivered within 4 hours of the request or made available via remote order entry with access to Automated Dispensing System.”

37. # 9,p. 39; “...for a period of forty (45) days ...” – please clarify the actual amount of time.

Answer #37

There has been no termination action in the last 4 years by the vender. The timeliness of payments for the last 4 years is not available at this time. A 45-day time frame will likely be changed and expanded to 90 days.

38. What is the % of Long Term Care Pharmacy Services unreimbursed prescription cost. Please clarify the difference, if any, between billing Rx charges for Acute care inpatients and the outpatient clinic prescriptions. We understand that Milwaukee Cty is the payer for all inpatient Rx's and for these you need a period billing file from the pharmacy. Is this the same case for Rx's filled by the same pharmacy for outpatient clinic Rx's? If not, is it your desire that we bill 3rd party payers first for outpatients? When the Cty is billed is this where you desire we bill using 340B pricing?

Answer #38

BHD will bill all pharmacy services for inpatient and outpatient levels of care. Per page 28 of the RFP, “The MCBHD will require the following fee structure for any pharmaceuticals for those patients who do not have insurance, for those with exhausted

medication coverage from third party payors, and those patients receiving medications included in the daily rate.

“Contractor is expected to provide a guaranteed Average Wholesale Price (AWP) discount for Brand and Generic Medications.

Contractor is expected to provide a minimum guaranteed dispensing fee per prescription.

Contractor is expected to provide a minimum guaranteed rebate for each brand medication.

Vendors may also include alternate pricing schemes. If alternate schemes are proposed, the vendor must stipulate in detail including AWP discounts for brands and generics, how the pricing will be done and how MCBHD management staff will be able to verify charges. As many alternative proposals may be submitted as the vendor desires. MCBHD may, or may not, at its own election select an alternative pricing scheme”

39. #4, p. 7: Relative to RFP hardcopy submission requirements, do the 7 hard copies include an original document, or are they in addition to an original document?

Answer #39

Please submit one original and seven copies.

40. III, Option 4, pp. 17: What are the hours of operation/availability under this RFP for Long Term Care Pharmacy Services for an external, Closed Door Pharmacy?

Answer #40

Vendor is to specify proposed hours in RFP proposal. Hours are subject to vendor discretion; identify what after hour capacity exists.

41. III, pp. 16-17: Please clarify the role of the Consulting Pharmacist relative to the 4 Options listed;

Answer #41

The heading indicates that: “**The Consultant Pharmacist for LTC**” will provide monthly reviews this is only in reference to long-term residents. “Resident” refers to long-term residents. Page 21 #6 of RFP describes in detail Consultant Pharmacist responsibilities.

42. #4, p. 19; 5th & 6th bullets; duplicate entry of this piece;

Answer #42

Patient Medical Record Number

43. *What has been the Long Term Care Pharmacy Services medication administration error rate for the previous 12 months;*

Answer #43

This information cannot be reported, it is considered confidential QI data. Generally speaking the medication error rate is quite low however.

44. *What percentage of Long Term Care Pharmacy Services patients are uninsured?*

Answer #44

Residents	Payor
126	Medicaid
2	ICARE Commercial HMO
1	UBH Commercial HMO
1	ICARE T19 HMO
4	Community Care Organization T19 HMO
15	Family Care
70	Medicare
2	Uninsured

45. *What percentage of Long Term Care Pharmacy Services patients has representative payees?*

Answer #45

All LTC Residents have Guardians, possibly 1-2 have payees but all money goes to BHD with the exception of their monthly stipend.

46. *What percentage of Long Term Care Pharmacy Services patients are self-payees?*

Answer #46

None

47. *What percentage of Long Term Care Pharmacy Services patients have lapsed insurance(s)?*

Answer #47

There are 2 without insurance currently.

48. *Can respondents be provided with a copy of the Long Term Care Pharmacy Services financials for the previous 2 years*

Answer #48

BHD does not require financial statements, audited or otherwise, from the current vendor. Billing invoices for the LTC Pharmacy may be obtained by making a written request under the Open Records Law, Chapter 19 of the state statutes.

They can either make an appointment (414-289-5980) to come into Contract Administration office to view the proposal, or pay us in advance for the photocopies (\$.15 per page). Either way, their request should be in writing. It can be to the attention of Dennis Buesing. An email is fine. dennis.buesing@milwcnty.com

49. What is the number of Long Term Care Pharmacy Services' prescriptions that were dispensed in the prior 12 months?

Answer #49

Full information regarding number of prescriptions dispensed is not available at this time. Additional information is being sought by the current vendor, when information is made available it will be posted.

- What percent were brand name medications
Information not available at this time.
- What percent were generic medications
Information not available at this time.

50. Please provide the % of returned and/or unused prescriptions for the previous 12 months for Long Term Care Pharmacy Services;

Answer #50

Full information regarding number of % of returned and/or unused prescriptions for the previous 12 months are not available at this time. Additional information is being sought by the current vendor, when information is made available it will be posted

51. What are the top 5 classes of medications being dispensed for Long Term Care Pharmacy Services?

Answer #51

The following is a list of top 25 medications for Rehab. Central

<u>DOK 100 MG CAPSULE</u>	281
<u>CO Q-10 150MG SOFTGEL CAP [90]</u>	232
<u>POLYETHYLENE GLYCOL 3350 POWD</u>	218
<u>SENNA PLUS TABLET</u>	191
<u>ASPIRIN 81 MG CHEWABLE TABLET</u>	174
<u>LACTULOSE 20 GM/30 ML SOLUTION</u>	136
<u>SENNA LAXATIVE 8.6 MG TABLET</u>	125
<u>RESOURCE ARGINAID PACKET</u>	122
<u>FERROUS SULFATE 325 MG TABLET</u>	102
<u>MELATONIN 3 MG TABLET</u>	99
<u>FIBER-LAX CAPTABS</u>	88
<u>MAPAP ARTHRITIS ER 650 MG CPLT</u>	86
<u>PRO-STAT 101 LIQUID</u>	81
<u>BANOPHEN 50 MG CAPSULE</u>	68
<u>VITAMIN E 400 UNIT CAPSULE</u>	68
<u>VITAMIN D 400 UNIT TABLET</u>	66
<u>BACID CAPLET</u>	65
<u>VITAMIN B-6 50 MG TABLET</u>	64
<u>VITAMIN B-1 100 MG TABLET</u>	58
<u>OYSTER SHELL CALCIUM-VIT D TAB</u>	56
<u>DIVALPROEX SOD DR 500 MG TAB</u>	55
<u>CERTAVITE-ANTIOXIDANT TABLET</u>	45
<u>GLUCOSAMINE-CHONDROIT-MSM TAB</u>	44
<u>OXYCODONE-ACETAMINOPHEN 5-325</u>	43
<u>MAPAP 325 MG TABLET</u>	41

The following is a list of top 25 medications for Hilltop:

<u>CO Q-10 150MG SOFTGEL CAP [90]</u>	337	
<u>DOK 100 MG CAPSULE</u>	277	
<u>SENNAPLUS TABLET</u>	268	
<u>LACTULOSE 20 GM/30 ML SOLUTION</u>	262	
<u>OYSTER SHELL CALCIUM-VIT D TAB</u>	222	
<u>ASPIRIN 81 MG CHEWABLE TABLET</u>	161	
<u>FIBER-LAX CAPTABS</u>	144	
<u>VITAMIN D 1,000 UNIT TABLET</u>	130	
<u>VITAMIN B-6 50 MG TABLET</u>	112	
<u>MAPAP ARTHRITIS ER 650 MG CPLT</u>	92	
<u>MILK OF MAGNESIA SUSPENSION</u>	89	
<u>PRO-STAT 101 LIQUID</u>	87	
<u>CERTAVITE-ANTIOXIDANT TABLET</u>	70	
<u>LACTAID FAST ACT 9,000 UNITS</u>	69	
<u>GLUCOSAMINE-CHONDROIT-MSM TAB</u>	68	
<u>THICK-IT POWDER</u>	65	
<u>MYTAB GAS 80 MG TABLET CHEW</u>	62	
<u>FERROUS SULFATE 325 MG TABLET</u>	52	
<u>BACID CAPLET</u>	50	
<u>REFRESH P.M. OINTMENT</u>	48	
<u>MELATONIN 3 MG TABLET</u>	45	
<u>MAGNESIUM OXIDE 400 MG TABLET</u>	43	
<u>FLORAJEN3 CAPSULE</u>	42	
<u>VITAMIN E 400 UNIT CAPSULE</u>	41	
<u>PHENAZOPYRIDINE 100 MG TAB</u>	39	651620517

52. *What is the cost for Long Term Care Pharmacy Services brands, formulary brands and generics?*

Answer #52

No answer available.

53. *What are the total number of Long Term Care Pharmacy Services prescriptions dispensed for brands and generics?*

Answer #53

Full information regarding number of prescriptions dispensed is not available at this time. Additional information is being sought by the current vendor, when information is made available it will be posted

54. *What is the utilization of compounding services for Long Term Care Pharmacy Services?*

Answer #54

Additional information is being sought by the current vendor, when information is made available it will be posted. However there are minimal requests for compounded agents.

55. *What are the top 10 Long Term Care Pharmacy Services O.T.C. medications by cost?*

Answer #55

The following is a list of top 25 OTC medication; cost cannot be included.
O.T.C. Hilltop:

<u>CO Q-10 150MG SOFTGEL CAP [90]</u>	337
<u>DOK 100 MG CAPSULE</u>	277
<u>SENNA PLUS TABLET</u>	268
<u>OYSTER SHELL CALCIUM-VIT D TAB</u>	222
<u>ASPIRIN 81 MG CHEWABLE TABLET</u>	161
<u>FIBER-LAX CAPTABS</u>	144
<u>VITAMIN D 1,000 UNIT TABLET</u>	130
<u>VITAMIN B-6 50 MG TABLET</u>	112
<u>MAPAP ARTHRITIS ER 650 MG CPLT</u>	92
<u>MILK OF MAGNESIA SUSPENSION</u>	89
<u>PRO-STAT 101 LIQUID</u>	87
<u>CERTAVITE-ANTIOXIDANT TABLET</u>	70
<u>LACTAID FAST ACT 9,000 UNITS</u>	69
<u>GLUCOSAMINE-CHONDROIT-MSM TAB</u>	68
<u>THICK-IT POWDER</u>	65
<u>MYTAB GAS 80 MG TABLET CHEW</u>	62
<u>FERROUS SULFATE 325 MG TABLET</u>	52
<u>BACID CAPLET</u>	50
<u>REFRESH P.M. OINTMENT</u>	48
<u>MELATONIN 3 MG TABLET</u>	45
<u>MAGNESIUM OXIDE 400 MG TABLET</u>	43
<u>FLORAJEN3 CAPSULE</u>	42
<u>VITAMIN E 400 UNIT CAPSULE</u>	41
<u>AYR SALINE NASAL GEL</u>	36
<u>ASPIRIN 325 MG TABLET</u>	32

Rehab. Central O.T.C:

<u>DOK 100 MG CAPSULE</u>	281
<u>CO Q-10 150MG SOFTGEL CAP [90]</u>	232
<u>SENNAPLUS TABLET</u>	191
<u>ASPIRIN 81 MG CHEWABLE TABLET</u>	174
<u>SENNAPLUS LAXATIVE 8.6 MG TABLET</u>	125
<u>RESOURCE ARGINAID PACKET</u>	122
<u>FERROUS SULFATE 325 MG TABLET</u>	102
<u>MELATONIN 3 MG TABLET</u>	99
<u>FIBER-LAX CAPTABS</u>	88
<u>MAPAP ARTHRITIS ER 650 MG CPLT</u>	86
<u>PRO-STAT 101 LIQUID</u>	81
<u>BANOPHEN 50 MG CAPSULE</u>	68
<u>VITAMIN E 400 UNIT CAPSULE</u>	68
<u>VITAMIN D 400 UNIT TABLET</u>	66
<u>BACID CAPLET</u>	65
<u>VITAMIN B-6 50 MG TABLET</u>	64
<u>VITAMIN B-1 100 MG TABLET</u>	58
<u>OYSTER SHELL CALCIUM-VIT D TAB</u>	56
<u>CERTAVITE-ANTIOXIDANT TABLET</u>	45
<u>GLUCOSAMINE-CHONDROIT-MSM TAB</u>	44
<u>MAPAP 325 MG TABLET</u>	41
<u>FIBER THERAPY POWDER</u>	38
<u>TAB-A-VITE TABLET</u>	38
<u>ANTACID-ANTIGAS LIQUID</u>	36
<u>METAMUCIL POWDER</u>	36

56. *What % of Long Term Care Pharmacy Services medications dispensed are psychotropic, and what % are for medical purposes*

Answer #56

Additional information is being sought by the current vendor, when information is made available it will be posted. See question #51 for top 25 list of medications for each Long Term Service.

57. *What % of medications are outside the insurance company's formulary?*

Answer #57

BHD maintains an open formulary presently, however, every attempt is made to use medications that are reimbursable under the patient's insurance coverage. BHD will allow for overrides in behavioral and medical emergencies and will submit all necessary documentation to achieve reimbursement when a prescription is ordered for routine administration which falls outside of the patient's coverage plan.

58. What is the availability/willingness for electronic prescribing

Answer #58

MCBHD currently uses Netsmart's Avatar system for its Electronic Medical Records system. For the Pharmacy system, MCBHD is currently planning on using Netsmart's RxConnect system. This system is completely integrated to Avatar, so orders generated in Avatar are visible in RxConnect directly and changes in RxConnect will be highlighted for the practitioner in Avatar. RxConnect also integrates to Pyxis. We are anticipating procuring and implementing RxConnect by the first or second quarter of next year. This system will be implemented before the Pharmacy vendor is completely operational. It is our intent for the Pharmacy vendor to see how this system works for a period of time before they become completely operational within BHD.

59. Does the MCBHD reimburse Long Term Care Pharmacy Services for uninsured/lapsed patients prescription costs?

Answer #59

Yes, per page 28 of the RFP “The MCBHD will require the following fee structure for any pharmaceuticals for those patients who do not have insurance, for those with exhausted medication coverage from third party payors, and those patients receiving medications included in the daily rate.

“Contractor is expected to provide a guaranteed Average Wholesale Price (AWP) discount for Brand and Generic Medications.

Contractor is expected to provide a minimum guaranteed dispensing fee per prescription.

Contractor is expected to provide a minimum guaranteed rebate for each brand medication.

Vendors may also include alternate pricing schemes. If alternate schemes are proposed, the vendor must stipulate in detail including AWP discounts for brands and generics, how the pricing will be done and how MCBHD management staff will be able to verify charges. As many alternative proposals may be submitted as the vendor desires. MCBHD may, or may not, at its own election select an alternative pricing scheme.”

60. *Can we get a copy of the successful bidders proposal from last time? Is it on line? If so how can we access?*

Answer #60

The applicant can make a written request under the Open Records Law, Chapter 19 of the state statutes, to receive a copy.

They can either make an appointment (414-289-5980) to come into Contract Administration office to view the proposal, or pay us in advance for the photocopies (\$.15 per page). Either way, their request should be in writing. It can be to the attention of Dennis Buesing. An email is fine. dennis.buesing@milwcnty.com

61. *Can we find out who is currently providing the service and how their services are structured? For example, are long-term care services being handled remotely or out of the main acute care Pharmacy?*

Answer #61

The current vendor is Roeschen's Omnicare. They provide on site acute pharmacy services and long-term care is off site.

62. *What is the current complement of staff at each facility, by position and by FTE that is provided by current vendor in option 2?*

Answer #62

The current roster has 6 pharmacists, 6 pharmacy technicians, 1 delivery technician, 1 respiratory therapist (off site), 1 pharmacy manager, 1 consultant pharmacist (off site) and 1 customer service nurse.

63. *Do we have the ability to hire existing staff at the acute care facility?*

Answer #63

BHD has no direct employment relationship with existing pharmacy staff.

64. *Attachment A appears to lists "Retail Volumes". Can we get the inpatient volumes (doses dispensed) for each of the facilities where Pharmacy Services are provided?*

Answer #64

BHD does not have total volume dispensed, we only see billing dollars and counts for co pays and meds not covered by a 3rd party payor. Additional information is being sought by the current vendor.

65. *Can we get the physical address for each location where Pharmacy Services in option 2 are provided. In other words, are all of these on one campus, or are they physically separate facilities in different locations. Will we need courier services, vehicle, etc.?*

Answer #65

The long-term care pharmacy is operated by the current vendor off site, on the south side of the city. If an off site vendor is selected, vendor is to determine method of medication transport. All other pharmacy services are currently provided on site.

66. *Are we at a disadvantage relative to other vendors if we only choose to provide services listed in OPTION 2?*

Answer #66

Not at all.

67. *One option says provides Inventory and purchasing. Do they expect us to own the inventory?*

Answer #67

BHD will own the inventory.

68. *Proof of licensure must be submitted with proposal. What are you looking for specifically?*

Answer #68

This would only apply for those who would submit to do LTC off-site not at MCBHD. Off-site Pharmacy would need to show proof of Wisconsin and Federal Licensure. All employees employed by the vendor will require the appropriate State of Wisconsin licensure. However it is understood that it may not be feasible to provide this documentation at the point of submission.

69. *We need to understand whether the MCBHD expects us to provide the software/computers for Pharmacy. It says that "vendors computer system must interface with Automated Dispensing Systems (Pyxis)". Does this pertain to inpatient, outpatient or long term care services (or all of the above)?*

Answer #69

MCBHD currently uses Netsmart's Avatar system for its Electronic Medical Records system. For the Pharmacy system, MCBHD is currently planning on using Netsmart's RxConnect system. This system is completely integrated to Avatar, so orders generated in Avatar are visible in RxConnect directly and changes in RxConnect will be highlighted for the practitioner in Avatar. RxConnect also integrates to Pyxis. We are anticipating procuring and implementing RxConnect by the first or second quarter of next year. This

system will be implemented before the Pharmacy vendor is completely operational. It is our intent for the Pharmacy vendor to see how this system works for a period of time before they become completely operational within BHD.

ADS will not be used in the Community settings.

70. Are the 68 bed Hilltop beds being serviced by the LTC Pharmacy?

Answer #70

Yes, however the plan for 2013 is to reduce by an additional 24 beds.

71. Does the inpatient Pharmacy have the software necessary to provide outpatient retail Pharmacy Services?

Answer #71

Theoretically speaking, we have Order Entry and will have Order Connect in Avatar, so there is nothing stopping an inpatient practitioner from using Order Connect to do ePrescribing. In terms of utilizing the inpatient pharmacy as a retail site that has not been considered as yet but BHD would be open to this possibility.

72. Are the counts listed in Attachment A page 73 directly related to the retail Pharmacy volume being services by the inpatient Hospital Pharmacy?

Answer #72

We do not have total volume dispensed; Additional information is being sought by the vendor.

73. Is this a correct representation of the beds and service type as outlined on page 4 and page 5 along with Attachment A? We are trying to understand how many beds are serviced via Acute Care License and how many beds are serviced via Long Term Care/Skilled Care License. There appears to be a conflict in information from page 4 and 5 and Scope of work Page 16 scope of work. Please clarify.

Note: other reductions are listed but did not explain what facilities will be making the reductions in beds

Answer #73

Adult Inpatient: 81 (total number of beds will be reduced by 15 to 66 in 2013), Child Inpatient: 22 Ave daily census-11, Observation: 18, Respite: 12 currently soon to be 18, Hilltop: 70 (total number to be reduced by 24, to 46 in 2013), Central: 70
Access Clinic: average 35 Patients per day.

74. *Who is your current pharmacy provider for acute inpatient services and long-term care/skilled care?*

Answer #74

Roeschen's Omnicare

75. *III. Scope of Work (page 16) there is mention of outpatient services at the Behavioral Health Division's (MCBHD) Access Clinic. What are these outpatient services? Do they include outpatient mail order prescriptions or just medications used at the clinics*

Answer #75

Access Clinic is a site-based program that does not require any mail order scripts. Clinic Patients walk to the pharmacy window located in BHD. Access Clinic Patients also currently utilize a sample pharmacy that is staff by a BHD employed pharmacy technician. Supervision or monitoring of this sample pharmacy may be submitted as an enhancement.

BHD also provides medication for an off site contracted outpatient Clinic. There were 9702 outpatient prescriptions for this clinic, most if not all were processed through the mail.

76. *Additional Requirements (page 17) - Why are the requirements to provide hospital pharmacy services in line with American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC)?*

Answer #76

This is an error.

77. *IV Scope of Services (page 18) "Inpatient pharmacy management must maintain the hospitals Pharmacy IT system including implementation and billing for inpatient medications....." we assume this means the pharmacy management provides the necessary information for MCBHD to do the billing for the inpatients and not to be doing the billing directly to the patients and 3rd party providers. Is this a correct assumption?*

Answer #77

BHD will bill for all non long-term care patients. Vendor will bill for long-term care patients.

78. *IV Scope of Services (page 19) “Vendor will supply as necessary packaging and shipping supplies including outpatient mail order supplies and shipping charges.” There is no other mention of having to provide mail order prescription service elsewhere in the RFP and they are no volumes of mail order prescriptions to determine the associated volume and cost. Please explain.*

Answer #78

There were 9702 outpatient prescriptions, most if not all were processed through the mail.

79. *VI Contract Term of Duration - If the determination of the winning Vendor is not provided until 12/28/2012 it will be impossible to start the contract January 1, 2013. This is in conflict with the Estimated Timetable for RFP which states contract start date of March 1, 2013. What are the realistic timelines to start services?*

Answer #79

March 1, 2013, is the proposed start date at this time per the current RFP. This date is subject to adjustment. A January 1 start date will only be required in the event a viable transition plan cannot be established. If this proves to be the case notification will be made to the vendor as soon as possible, in addition other key dates on the timeline will need to be adjusted.

The year one contract will be from the date of contract origination in 2013 to 12-31-2013.

80. *VII Pricing Terms – We assume this section is for Long Term Care Services only. Is that correct?*

Answer #80

The first paragraph stating third party payor payment is to be considered payment in full relates to long term Care. Separate pricing proposals for the remaining options are to be included in the submission.

81. *XI. Bidder Participation Requirements (References) – Why does the bidder have to supply references from jails or correctional facilities?*

Answer #81

This is an error.

82. *Elimination, delay or reduction in funding (Page 41) – It references the Christensen settlement. What is this settlement and how does it impact this RFP?*

Answer #

Answer #82

This is an error.

83. *Billing and Payment Processes (Page 41) - This paragraph references “inmates” please explain inmates in the context of this RFP for inpatients and outpatients. There is no mention of servicing jails or prisons in the RFP.*

Answer #83

This is an error.

84. *15. Catastrophic CAP/Risk-Sharing Provisions (page42) – Is this in error? This paragraph references inmates and risk sharing in association with inmate medication costs.*

Answer #84

This is an error.

85. *Consent Agreement Non-Compliance (page 44) – Is this in error? It discusses requirements of the Christensen case.*

Answer #85

This is an error.

86. *What is the Acute Care Drug Spend annualized for 2012*

Answer #86

Acute inpatient meds are estimated to be \$1.3 M, 2011 was \$1.8 M (this is Acute, CAIS and house.) These numbers are primarily representative of medication costs for indigent Patients.

87. *What are the Acute Care Labor Costs (payroll and benefits) annualized for 2012*

Answer #87

Unknown.

88. *What is the Acute Care Supply and Other Costs (including costs for mail order) annualized for 2012.*

Answer #88

No answer available for supply and other costs. There would be no mail order for acute care they are within the facility.

89. *RFP Section XI, entitled “Bidder Participant Requirements,” at Section 11 on RFP page 37, contains the Disadvantaged Business Enterprises requirements for the RFP.*

This section states that “Milwaukee County has set a goal of 17% participation of Disadvantaged Business Enterprises (DBEs) in all Profession[al] Service contracts.” RFP Section II(5) on page 12 contains the Evaluation Criteria and indicates that out of 100 possible points, 5 points are awarded based upon DBE compliance. Because the DBE component is part of the “Bidder Participant Requirements” [emphasis added], when one of the potential vendors complies with the DBE requirements, are other potential vendors who fail to meet Milwaukee County’s DBE requirement disqualified or are those non-compliant vendors simply awarded 5 less points in their evaluation than the vendor who has complied?

Answer #89

DBE participation target is a goal, not a quota. If a proposer is able to identify subcontractors by which they meet or exceed the goal, they would receive the maximum points for that criterion. If the proposer fails to address this point at all, they would receive zero point for that criterion. However, even without the 5 points, they could potentially be the highest scoring proposer. That said, DBE participation is an important consideration and the proposer would need to work with our CBDP office to attempt to locate subcontractors or other vendors to achieve a level of participation that is acceptable to the CBDP office. Mark Phillips, is Contract Compliance Manager for DBE, if a proposer needs assistance identifying potential DBEs or has other questions. Mark's phone number is :414-278-5104
Email: mark.phillips@milwcnty.com

90. Recently, you were advised to seek a legal opinion from the Milwaukee County Corporation Counsel regarding your intention to continue requesting rebates from the pharmacy services vendor for brand medications.

Answer #90

Contractor is expected to maximize rebate opportunities and integrate those into the pricing proposal.

· *Have you asked for this legal opinion? If no, why haven't you asked for it?*

· *If you have asked for this legal opinion, have you received it? If yes, please provide a copy.*

91. Based on our experience, for a pharmacy the size of MCBHD's intended pharmacy, inventory costs will easily exceed \$1M for inventory to be held on hand at all times. How much has MCBHD budgeted for inventory at its intended pharmacy operation at the Behavioral Health Division?

Answer #91

This information is an internal BHD budget matter not related to the RFP.

92. *Is RxConnect a full pharmacy dispensing software system complying with all state and federal regulations for labeling of medications in real time?*

Answer #92

RxConnect is a full INPATIENT hospital pharmacy dispensing software system that complies with all state and federal regulations for labeling of medications in real time. Vendors can submit an outpatient software application that would do the above, as an enhancement, however this may be a function that will be provided through the Avatar line. This negotiation is not yet complete, so options that would interface with the product would be welcome

93. *Has MCBHD begun signing contracts with the more than three dozen Medicare Part D Prescription Drug Plans (“PDPs”) in the region? Will RxConnect be able to manage the individual formularies for each of these PDPs in real time?*

Answer #93

RxConnect has (or will have shortly) a full Medicare Part D Prescription Drug billing system. The pharmacist can do a predetermination of benefits to determine if the drug will be paid for and it will allow the pharmacist to make adjustments for formulary if the item is not on formulary. Avatar does a post consumption rollup billing of everything dispensed to a Medicare Part D Patient.

94. *It is our understanding that MCBHD intends to take over the billing functions for the acute care and outpatient pharmacy services. How much has MCBHD budgeted to staff and operate these billing functions?*

Answer #94

This information is an internal BHD budget matter not related to the RFP.

95. *With regard to billing, is MCBHD prepared to absorb the hundreds of thousands of dollars in accounts receivable that will be created as a result of taking over the billing function from the private vendor?*

Answer #95

This information is an internal BHD budget matter not related to the RFP.

96. *Currently, MCBHD has numerous non-paid claims per month, of which the current pharmacy services vendor adjudicates favorably to MCBHD. Because MCBHD intends to takeover all billing functions, what has MCBHD budgeted for unpaid claim re-adjudication?*

Answer #96

This information is an internal BHD budget matter not related to the RFP.

97. *What is the scoring mechanism that will be used by MCBHD to decide which of the four service options, not including any alternate proposals, will be chosen for contract award?*

Answer #97

The strength of a proposer's response for each of the criterion in the RFP will be evaluated based on the Service Option(s) being proposed. When evaluating the applicant's proposed cost to deliver a Service Option, it will be in comparison to other applicants proposing the same Service Option(s). Oral presentations may be used to supplement the written proposal if it will assist in the evaluation procedure. If firms are invited to make an oral presentation, they will be determined after the initial review and ranking of the proposals based on the criteria outlined in the RFP. After ranking is combined for scope of services and price, notification will be given to the proposer(s) for the selected Option or Options to proceed to contract negotiations. Selected Options will be on the basis of the Option(s) demonstrating the best value in total for the professional services requested and that best achieves the goals of this RFP.

98. *Will MCBHD memorialize all new information provided at the November 14, 2012 RFP meeting?*

Answer #98

All information relayed in the meetings is included in this document.

99. *Page 5 of the RFP, in Section 2, indicates that questions submitted in writing prior to the November 14, 2012 meeting would be discussed at the meeting. Given that that there was not enough time to address the vast amount of questions submitted, the first answers are not anticipated to be received until November 16, 2012. Because the questions couldn't be answered at the meeting and therefore no follow-up questions could be asked at that time, will MCBHD consider a second round of questions based upon the answers it provides to the first set of questions?*

Answer #99

The deadline for accepting questions is closed. However, as far as accepting any additional questions going forward, the County may provide future clarification on our web site to all intended proposers if it is deemed to be in our best interest to do so.

100. *Is the requirement for a Non-Collusion Affidavit satisfied by using only the Cover Sheet for Proposal?*

Answer #100

The requirement for a Non-Collusion certification is satisfied by an officer or duly authorized designee signing the Cover Sheet for the Main Proposal. All other forms, including certifications and sworn statements, in the RFP package must be submitted as well.

101. *Given the nature of the basis and detail in Rx services of this RFP, and nature of business operations, can we identify 2 persons to be contact persons (our RPh and another)?*

Answer #101

Each company should designate one central contact person for the duration of the proposal process. During the term of the contract, contractor may identify 2 persons to be contact persons one for pharmacy services and another regarding business operations.

102. *Since RxConnect is the software application to be used in the Acute Care Hospital, and RxConnect does not contain an outpatient software application, are we to bid outpatient software to fill, profile, and monitor the outpatient clinic prescriptions serviced by the Acute Care Hospital Pharmacy?*

Answer #102

Vendors can submit an outpatient software application that would do the above. As an enhancement, however this may be a function that will be provided through the Avatar line. This negotiation is not yet complete, so options that would interface with the product would be welcome.

103. *What are the number of FTE RPH and FTE Technicians that are now part of the agreement (including the Sample Clinic technician).*

Answer #103

The current roster has 6 pharmacists, 6 pharmacy technicians, 1 delivery technician, 1 respiratory therapist (off site), 1 pharmacy manager, 1 consultant pharmacist (off site) and 1 customer service nurse.

104. *The Baker Cells in the pharmacy – are those owned by the County and do they stay.*

Answer #104

The Baker Cells are owned by the County and will stay.

105. *If there is any additional information (besides Attachment A) to understand the outpatient prescription volume coming out of the acute care pharmacy that might be helpful.*

Answer #105

This is a list of top 25 prescriptions dispensed by the inpatient pharmacy. Outpatient prescriptions are included in these numbers. Additional information is being sought from the current vendor.

<u>DIVALPROEX SOD ER 500 MG TAB</u>	2,973
<u>MAPAP 325 MG TABLET</u>	2,691
<u>MI ACID SUSPENSION</u>	2,473
<u>HALOPERIDOL 5 MG TABLET</u>	2,386
<u>OLANZAPINE ODT 10 MG TABLET</u>	1,884
<u>DIPHENHYDRAMINE 50 MG CAPSULE</u>	1,790
<u>WATER FOR INJECTION VIAL</u>	1,279
<u>BENZTROPINE MES 1 MG TABLET</u>	1,114
<u>RISPERIDONE 1 MG TABLET</u>	1,070
<u>RISPERIDONE 2 MG TABLET</u>	959
<u>TRAZODONE 100 MG TABLET</u>	914
<u>TRAZODONE 50 MG TABLET</u>	905
<u>FLUOXETINE HCL 20 MG CAPSULE</u>	888
<u>OLANZAPINE 10 MG TABLET</u>	875
<u>OLANZAPINE ODT 20 MG TABLET</u>	867
<u>HALOPERIDOL 10 MG TABLET</u>	852
<u>ZOLPIDEM TARTRATE 10 MG TABLET</u>	818
<u>MULTIVIAMIN(TAB-A-VIT) TABLET</u>	769
<u>CITALOPRAM HBR 20 MG TABLET</u>	657
<u>OLANZAPINE ODT 5 MG TABLET</u>	635
<u>SERTRALINE HCL 100 MG TABLET</u>	613
<u>OLANZAPINE ODT 15 MG TABLET</u>	612
<u>SERTRALINE HCL 50 MG TABLET</u>	611
<u>MIRTAZAPINE 15 MG TABLET</u>	608
<u>OLANZAPINE 10 MG VIAL</u>	607