

2014 BHD Pharmacy RFP Questions and Answers:

- Section 2.4, page 17, What is the payment term for payment of vendor?
Answer #1: It is 30 days from accurately billed Invoice.
- Attachment O, Historical Pharmaceutical Activity, Pharmacy prescription Volume 2013, Institutional Based Prescriptions, Are these numbers actual prescriptions dispensed or dosed dispensed for inpatients? Do these numbers reflect total prescriptions and not doses dispensed? If prescriptions then were they prescriptions for the duration of patients stay or can you give number of doses per prescription?
Answer#2: The numbers reflect total number of prescriptions invoiced to BHD. The prescriptions were during patients stay in case of Inpatients or any visit to Outpatient facilities.
- Are all outpatient prescriptions dispensed to patients for behavioral health issues or for other medical issues as well?

Answer#3: Outpatient prescriptions are almost all for behavioral health issues.

see spreadsheet below for Usage by Therapy Class for all operations.

Major Class Code	Therapeutic Class Description	Amount Billed	% of Total Amount Billed	Transactions
40000	ANTIHISTAMINE DRUGS	\$6,919.94	0	3368
80000	ANTI-INFECTIVE AGENTS	\$47,814.50	1	1055
100000	ANTINEOPLASTIC AGENTS	\$53.41	0	6
120000	AUTONOMIC DRUGS	\$72,930.69	2	2127
200000	BLOOD FORMATION, COAGULATION & THROMBOSIS	\$9,049.61	0	489
240000	CARDIOVASCULAR DRUGS	\$31,389.65	1	4980
280000	CENTRAL NERVOUS SYSTEM AGENTS	\$4,242,532.07	89	75713
320000	CONTRACEPTIVES (E.G. FOAMS, DEVICES)	\$56.21	0	42
340000	DENTAL AGENTS	\$44.99	0	12
360000	DIAGNOSTIC AGENTS	\$47,414.89	1	141
400000	ELECTROLYTIC, CALORIC, AND WATER BALANCE	\$5,960.11	0	1358
480000	RESPIRATORY TRACT AGENTS	\$57,416.09	1	484
520000	EYE, EAR, NOSE AND THROAT (EENT) PREPS.	\$13,055.61	0	902
560000	GASTROINTESTINAL DRUGS	\$54,256.12	1	8301
680000	HORMONES AND SYNTHETIC SUBSTITUTES	\$96,063.34	2	2171
720000	LOCAL ANESTHETICS (PARENTERAL)	\$36.01	0	18
800000	SERUMS, TOXOIDS, AND VACCINES	\$1,241.36	0	20
840000	SKIN AND MUCOUS MEMBRANE AGENTS	\$15,909.45	0	1068
860000	SMOOTH MUSCLE RELAXANTS	\$2,979.21	0	81
880000	VITAMINS	\$13,034.53	0	3357

920000	MISCELLANEOUS THERAPEUTIC AGENTS	\$9,688.96	0	844
940000	DEVICES	\$15,348.29	0	322
960000	PHARMACEUTICAL AIDS	\$8,808.84	0	1038
Total		\$4,752,003.88	100.00	107897

4. Can BHD provide lists of the top 25 drugs dispensed for outpatient and inpatient prescriptions?

Answer#4:

Top 25 Drugs by Number of Transactions (Aug 2013 through Nov 2014)

Medication	Amount	Transactions
MAPAP 325 MG TABLET	\$ 3,285	2554
OLANZAPINE ODT 10 MG TABLET	\$ 64,336	2374
DIVALPROEX SOD ER 500 MG TAB	\$ 36,632	2308
MI ACID SUSPENSION	\$ 3,067	2268
BANOPHEN 50 MG CAPSULE	\$ 3,055	2190
HALOPERIDOL 5 MG TABLET	\$ 4,240	2157
IBUPROFEN 600 MG TABLET	\$ 2,849	1858
TRAZODONE 100 MG TABLET	\$ 3,327	1791
HALOPERIDOL 10 MG TABLET	\$ 16,172	1382
RISPERIDONE 2 MG TABLET	\$ 4,208	1232
MIRTAZAPINE 15 MG TABLET	\$ 5,304	1218
DIVALPROEX SOD DR 500 MG TAB	\$ 35,816	1195
FLUOXETINE HCL 20 MG CAPSULE	\$ 2,710	1171
TRAZODONE 50 MG TABLET	\$ 2,530	1159
BENZTROPINE MES 2 MG TABLET	\$ 2,478	1085
SERTRALINE HCL 100 MG TABLET	\$ 3,689	1083
OLANZAPINE 10 MG TABLET	\$ 6,079	1055
WATER FOR INJECTION VIAL	\$ 8,424	1016
BENZTROPINE MES 1 MG TABLET	\$ 3,152	1010
RISPERIDONE 1 MG TABLET	\$ 4,989	898
QUETIAPINE FUMARATE 100 MG TAB	\$ 4,837	839
CLONAZEPAM 0.5 MG TABLET	\$ 1,154	795
OLANZAPINE ODT 5 MG TABLET	\$ 47,566	775
QUETIAPINE FUMARATE 50 MG TAB	\$ 4,783	770
ABILIFY 5 MG TABLET	\$ 422,478	770
BENZTROPINE MES 2 MG TABLET	\$ 348	136
SERTRALINE HCL 100 MG TABLET	\$ 58	11

5. What is the average length of stay for the following units;

Answer #5: A. Adult Psychiatric by unit

Listed below are 2014 YTD (1/1/14-10/31/14) average length of stay (days) by unit:

- 43A - 17.12
- 43B - 13.67
- 43C - 16.52
- Observation - 2.32

B. Child and Adolescent 3.42

6. How are pharmacy services delivered to the various outpatient locations? Please clarify the 350 medication evaluations done per month. Please clarify the services provided to 650 patients served by a contracted outpatient provider? Where do these services occur? Will they be rolled into the new pharmacy providers services?

Answer #6: 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. Per attachment O of the RFP there were 14,086 prescriptions from this program in 2013.

Commensurate with the initiation of the Affordable Care Act in April of 2014, Patient volume in Access Clinic has decreased by over 40%.

BHD also provides medication for an off-site contracted outpatient Clinic (MCW- Medical College of Wisconsin). There were 13,836 outpatient prescriptions for this clinic in 2013, most if not all were processed through the mail.

These services will all be rolled into the contract.

7. Please clarify who owns and/or provides the dispensing and storage equipment?

Answer #7: Currently ADS equipment is leased by BHD. Storage equipment for the most part is owned by the current vendor. The exception is the Baker Cells; they are owned by the County and will stay.

*Answer #7 continued: (PER CURRENT VENDOR) **“The itemized list provided in the 2009 lease agreement should be used to identify those items within the on-site pharmacy which belong to Milwaukee County.”***

Itemized list identified in the lease include:

- Standard Shelving
- File Cabinets
- Standard Office Desks and Chairs
- Refrigerator for Medication Storage
- Pyxis Med Station
- 1 Heat Sealer
- 4 IBM Computers
- 1 HP Printer
- 1 Automatic Pill Counter

8. What languages are required for the Patient Education Materials?

Answer #8: English and Spanish.

9. What contracts are in place for home health, hospital and home infusion services? Who bills for these services?

Answer #9: There are no specific contracts in place for those services. When needed they are engaged for a specific Patient/Resident.

10. Please describe the relationship between Milwaukee BHD and the Medical College of Wisconsin.

Answer #10: The Medical College of Wisconsin is a contracted provider for outpatient services. They have a Clinic that is approximately 5 minutes away from BHD.

11. Milwaukee County Behavioral Health Division indicates on the cover of its Pharmacy Services RFP (RFP # 6314-0007) that the RFP is a Pharmacy Services RFP. On Page 6, in the first paragraph, the RFP indicates that it is for pharmaceutical services, in the second paragraph in that same section the RFP indicates it is for pharmacy management services. Please elaborate on which of these descriptions is accurate in the RFP as all of the references are for could require a different set of services.

Answer #11: The RFP is for pharmacy management services.

12. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) in Section 2.2, found on the ninth page in the third paragraph (Also, Request 30) that it intends to convert a separately owned and operated on-site private pharmacy which currently services the needs of the residents and staff of Milwaukee County BHD, inclusive of all equipment and necessary supplies for operation of the private pharmacy, to a Milwaukee County owned and operated pharmacy servicing those same needs. What is the budgeted amount for 2015 that has been allotted for the new pharmacy including, but not limited to:

- Staffing
- purchase of drug inventory
- accounts receivable
- all pharmacy and pharmacy related licenses
- malpractice insurance
- computer software, licenses and hardware
- Medication carts
- shelving
- billing staff
- packaging equipment
- machines and ancillary supplies

- Will Milwaukee County BHD provide an accurate list of equipment currently owned by the vendor versus items owned by the county?

Answer #12: The 2015 budget for pharmacy has not yet been approved by the Mental Health Board. This budget amount once approved will cover the cost of pharmacy services for this contract.

BHD owns the Baker Cell, the shelving and the computers and printers that are used to connect to the EHR. All other pharmacy equipment is owned by the vendor.

Anything required for a prescription (i.e. pill bottles, labels, postage/packaging for mailed prescriptions etc.), vendor will purchase on BHD's behalf from BHD approved vendor(s) and paid for and provided by BHD. Any additional operational supplies (i.e. pens, pencils etc.) are to be provided by the vendor.

13. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) in Section 2.2 on the ninth page first paragraph that Milwaukee County intends for the selected pharmacy staffing vendor to not only operate the RX Connect Pharmacy Dispensing System, its interface with Avatar (Netsmart's EHR) CareFusion/ Pyxis Medical Systems and have working experience with them. When did Milwaukee County purchase and implement these software systems and solutions?

Answer #13: BHD began working with Netsmart, approximately 2 years ago. We have been working with CareFusion for approximately 5 years.

14. Is the infrastructure currently housed in the pharmacy?

Answer #14: No

15. Have any of the above-listed resources been installed on any hardware that is now in use?

Answer #15: BHD currently uses AVATAR and CareFusion/ Pyxis Medical Systems

16. Has Milwaukee County been able to confirm connectivity and integration works between these systems? If so, when was this done and verified?

Answer #16: Yes

17. Most importantly, has the RX Connect Pharmacy Dispensing System been installed and does it have a verifiable billing component with all expected payers including, but not limited to Medicare, Medicaid and all private insurance?

Answer #17: It has not yet been installed, but it has a billing component that interfaces with AVATAR. RxConnect has 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.

18. If Milwaukee County does not own a CareFusion/ Pyxis Medical System why is Milwaukee County singling out one vendor of the several that provide similar service?

Answer #18: This question does not seek information that is needed in order for a vendor to draft a response to the RFP. Nevertheless, Netsmart, our EHR Vendor, currently has a strategic partnership with CareFusion and has completed full integration of CareFusion Pyxis units with RX Connect pharmacy software and the Avatar EHR.

19. What service does Milwaukee County expect from the CareFusion/ Pyxis Medical System?

Answer #19: Build, install and maintain new ADS units.

20. Does Milwaukee County intend for the vendor to purchase or lease the CareFusion/ Pyxis Medical System?

Answer #20: BHD intends to lease the equipment.

21. Will the CareFusion/ Pyxis Medical System be used for first dose service, as a contingency service or to eliminate the use of carts in the nursing med passes?

Answer #21: Closed loop bar code scanning from ADS Units will be used for all pass, PRN and contingency medications other than non-formulary items. Medication Carts will NOT be used.

22. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) in Section 2.2, found on the ninth page in the third paragraph (Also, Request 30) that the license will be in Milwaukee County's name. Does Milwaukee County currently hold a valid pharmacy license for its desired government-owned pharmacy?

Answer #22: No

23. Where is it located?

Answer #23: N/A

24. Has Milwaukee County obtained a DEA number for its government-owned pharmacy?

Answer #24: Yes

25. If these required documents are not actually obtained by the specified contract start date of 3/23/15, will the new contract be executed with the requirement that the new pharmacy management vendor provide all services or will the current vendor remain in place?

Answer #25: 3/23/15- Is identified as the contract start date, there will be a transition

period from the existing system to the new system that will begin as of this date.

26. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) in Section 2.2, found on the ninth page in the third paragraph (Also, Request 30) that the license will be in Milwaukee County's name. Does Milwaukee County BHD have signed pharmacy contracts with any of the dozens of Medicare Part D Prescription Drug Plans in Wisconsin, Wisconsin Title 19 and/or private insurance companies which will need to be billed by the county-owned pharmacy? If not, who will be responsible for negotiating these pharmacy contracts? What is the timeframe anticipated to obtain these required contracts? What reimbursement criteria will be implemented?

Answer #26: Contracting with various Drug Plans and enrollment and management thereof, will be overseen by the vendor in collaboration with BHD.

27. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) in Section 2.2, found on the ninth page in the second paragraph and in the fourth paragraph of the Medication and Dispensing Requirements section that Milwaukee County expects the vendor to perform billing operations. How does Milwaukee County intend to accomplish the required pharmacy billing for each separate payer category? Is BHD under a defined set of guidelines for capitated rates inclusive for all inpatient Wisconsin Title 19 Patients, Medicare Part D patients and/or Private insurance payers? How will cash payments for required co-pays on walkup patients at the outpatient pharmacy window be handled?

Answer #27: BHD will work with vendors to establish billing protocols based on level of care and payor mix. All billing procedures must be in compliance with local, state and federal requirements. This is inclusive of pharmacy costs that are assumed under per diem payments for the inpatient setting. It is anticipated there will be minimum co-payment required for outpatient prescriptions as the vast majority of those Patients do not have a payor source. Inpatient co-payment billing will be consistent with requirements as stated in DHS 124. T19 copay for generic is \$1.00 and for brand names it is \$3.00. Medicaid does not require that co-pays be collected. BHD cannot deny T19 service to clients who refuse to pay copays. To the extent possible Copays are to be collected by pharmacy.

28. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) in the second paragraph on page 6 of Section 1.2 and in Request 14b that the county intends to be Joint Commission accredited. If it is the intention of Milwaukee County BHD to be Joint Commission accredited, what exact requirements does Milwaukee County expect a pharmacy staffing company to be responsible for when the pharmacy itself is owned and operated by Milwaukee County and the license is held in Milwaukee County's name? Also what accreditation is the county referring to for pharmacy providers?

Answer #28: See Page 9 through page 12 in RFP for requirements, it is anticipated and expected that a viable pharmacy vendor will be able to participate in all Joint Commission required activities. Request 14b; "Provide a history of demonstrable experience of your ability to provide services that meet or exceed applicable

accreditation and certification standards. “ *The pharmacy inventory will be owned by BHD, the pharmacy will be operated by the vendor.*”

Page 9 of the RFP indicates, “Required to provide necessary and adequate staffing approved by the hospital, with pharmacy staff licensed in accordance with the State of Wisconsin statutes, Board of Registration in Pharmacy, United States Department of Justice and the Drug Enforcement Agency. Proof of licensure for appropriate staff must be submitted with the proposal.”

29. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) in the first paragraph (sections c. and d.) Page 9 of Section 2.2 that the vendor will provide service to the county utilizing BHD’s IT System. What is Milwaukee County’s definition of ADS (Automated Dispensing System)?

Answer #29: CareFusion/Pyxis Medical Automated Dispensing Systems (ADS)

30. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) in Section 2.2, found on the ninth page in the second paragraph and in the fourth paragraph of the Medication and Dispensing Requirements section that Milwaukee County expects the vendor to perform billing operations. How will pharmacy related accounts-receivable be handled, i.e., who will submit, rework and resubmit pharmacy claims?

Answer #30: All billing operations will be facilitated through RX Connect. The vendor will be expected to assist in the development and implementation of sound billing practices.

31. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) in Section 5.13 in the first paragraph on page 37 that vendors will be required to make a 10% DBE commitment. What analysis was done to determine that the market will only bear a 10% DBE contractual amount? How does Milwaukee County justify the 10% amount as what the market will bear when the current pharmacy vendor has been allocating 17% to the DBE program since the contract inception more than a dozen years ago? Has Milwaukee County obtained a legal opinion justifying a 10% allocation in one pharmacy services contract when another county department requires a 17% DBE allocation for a pharmacy services subcontract?

Answer #31: Pursuant to 2013 Wis Act 203, the Mental Health Board and the Behavioral Health Division are not governed by Milwaukee County ordinances for their procurements, including, but not limited to, ordinances related to Disadvantaged Business Enterprise participation. BHD chose to establish an overall goal of 10% DBE participation for its procurements.

32. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) that the vendor is to dispense medications to in-patients and out-patients in the first paragraph on page 6 of Section 1.2. Will Milwaukee County cover the patient co-pay

amounts or will the pharmacy staffing company be required to collect the patient payments at the pharmacy window?

Answer #32: It is anticipated there will be minimum co-payment required for outpatient prescriptions as the vast majority of those Patients do not have a payor source. Inpatient co-payment billing will be consistent with requirements as stated in DHS 124. T19 copay for generic is \$1.00 and for brand names it is \$3.00. Medicaid does not require that co-pays be collected. BHD cannot deny T19 service to clients who refuse to pay copays. To the extent possible Copays are to be collected by pharmacy.

33. Will Milwaukee County provide assistance in the event that patients become belligerent, violent and/or unwilling to pay the required co-pay?

Answer #33: If there is any Behavioral Incident that occurs within BHD, pharmacy staff can call for assistance either from in-house Security or by using a Code 1 response (all available staff). Medicaid does not require that co-pays be collected. BHD cannot deny T19 service to clients who refuse to pay copays.

34. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) on the last paragraph on page 14 in the audit section of Section 2.2 that the County Auditor may review matters of the intended contract. Will Milwaukee County consider adding a reasonableness clause to both the scope and length of time for the audit?

Answer #34: Pursuant to §56.30(6)(d) of the Milwaukee County Code of ordinances, the Contractor shall allow Milwaukee County, the Milwaukee County Department of Audit, or any other party that Milwaukee County may name, when and as they demand, to audit, examine and make copies of records in any form and format, meaning any medium on which written, drawn, printed, spoken, visual or electromagnetic information is recorded or preserved, regardless of physical form or characteristics, which has been created or is being kept by Contractor, including not limited to, handwritten, typed or printed pages, maps, charts, photographs, films, recordings, tapes (including computer tapes), computer files, computer printouts and optical disks, and excerpts or transcripts from any such records or other information directly relating to matters under this Agreement, all at no cost to Milwaukee County. Any subcontracting by the Contractor in performing the duties described under this contract shall subject the subcontractor and/or associates to the same audit terms and conditions as the Contractor. Contractor (or any subcontractor) shall maintain and make available to Milwaukee County the aforementioned audit information for no less than five years after the conclusion of each contract term.

It is not the County's practice to employ vague, undefined, or ambiguous terminology such as "reasonable" or "reasonableness"

in contracts or service agreements.

35. Will Milwaukee County cease payments to the contracted vendor during an audit?

Answer #35: The County will verify all billings submitted. After any and all discrepancies are resolved, the County will compensate the Contractor on a monthly basis. Contractor shall, within the requested time period, furnish to County, at no cost to County, any and all information requested by County relating to the quality, quantity, and cost of services covered by this Contract and shall allow authorized representatives of BHD, the Milwaukee County DAS, and County's funding sources to have access to all records necessary to confirm Contractor's compliance with law and the specifications of this Contract and any current relevant BHD Policies and Procedures. County may require submission of requested documentation prior to payment for Covered Services. This provision shall survive the termination of this Contract regardless of the reason. County reserves the right to withhold, or recover payment in whole or in part, adjust Contractor's invoice, or otherwise pursue repayment when Contractor fails to deliver the Covered Services in accordance with the terms of this Contract, or any other relevant BHD Policies and Procedures. Contractor agrees that the BHD is entitled to repayment of amounts identified as a result of the audits under this section and acknowledges that failure to repay such amounts may result in legal action as determined by Milwaukee County Corporation Counsel. Interest and any legal expenses incurred by DHHS in collection of these amounts shall be charged the Contractor on outstanding repayments as set forth in s46.09 (4) (h) Milwaukee County General Ordinances. This provision shall survive the termination of this Agreement regardless of the reason. Contractor may, at its option, terminate this Contract upon the failure of the County to pay any amount which may become due hereunder for a period of ninety (90) days following submission of appropriate billing and supporting documentation. Upon said termination, Contractor shall be paid the compensation due for all services rendered through the date of termination including any retainage.

36. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) in section 3.4 on page 21 that January 7th, 2015 is the proposal submission deadline. Will Milwaukee County allow vendors to make alterations to any components of their proposal including but not limited to the proposed pricing and DBE after the submission deadline.

Answer #36:

- A Proposal is irrevocable until the Contract is awarded, unless the Proposal is withdrawn.*
- After the proposal deadline, proposals may not be modified or withdrawn without the consent of BHD.*
- BHD has determined that it is in its best interest to define its own needs, operating objectives, and operating environment, and it will not tailor these needs to fit particular solutions proposers may have available; rather, the proposers shall propose to meet BHD's needs as defined in this RFP.*

- *Conditional proposals restricting or placing requirements for proposal acceptance upon BHD may be deemed non-responsive.*
- *Each proposal is submitted with the understanding that it is subject to negotiation at the option of BHD.*
- *BHD may request and require clarification at any time during the procurement process.*
- *BHD may elect to negotiate with one or more proposers by requesting revised responses, negotiating costs, or contract terms and conditions.*
- *BHD reserves the right to conduct multiple negotiation rounds, or no negotiations at all.*
- *An Evaluation Committee will evaluate all responsive proposals by applying the published evaluation criteria and the associated weighting as published in the RFP to assess each vendor's proposal.*
- *BHD may use information obtained through management interviews and any other information submitted in response to the county's request for clarifying information in the course of evaluation and/or selection under the RFP.*
- *BHD reserves the right to negotiate terms, costs and conditions with the successful proposer deemed to be in the best interests of BHD.*
- *This RFP does not have a specific DBE participation goal, and DBE participation in this contract is not a published evaluation criterion.*
- *Milwaukee County Behavioral Health Division may enter into clarification and/or negotiations and request Best and Final Offer from any or all respondents. Best the proposer's Technical Proposal and Price Proposal without further discussion, and Final Offers are a supplement to the original offer.*
- *Milwaukee County Behavioral Health Division reserves the right to make an offer based on the original submitted proposal.*
- *Proposers are cautioned to propose the best possible offer at the outset of the process, as there is no guarantee that any proposer will be allowed an opportunity to submit a Best and Final Offer.*
- *Milwaukee County Behavioral Health Division reserves the right to select a proposer for contract award based upon*

37. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) in section 3.2 on page 20 in the fourth paragraph that the Cont[r]act Administrator is the only point of contact. Does this prohibition extend to the DBE office for assistance with the proposal and Mr. Buesing for delivery of the proposals?
- a. New RFP Submission location as discussed during meeting?

Answer #37: This RFP does not have a specific DBE participation goal, and DBE participation in this contract is not a published evaluation criterion Public vendor contact with CDBP office is encouraged for the possible

use of DBE's in their business. This contract does not require providing of "Certificate of Good Faith Efforts or "Commitment to Contract with DBE."

*Correction: RFP Submission Location:
Milwaukee County Courthouse
County Clerk's Office
Room 105
901 N. 9th Street
Milwaukee, WI 53233*

38. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) in Request 48 on page 27 that the vendor is to describe how it will provide for expansion of service hours on a cost basis. This request appears to require cost information in the technical proposal. Shouldn't this be moved to the cost section? How is a vendor to provide such information proposal cost proposal which requires vendors to provide a single, all-inclusive term cost? Are we to build in for overtime in our proposal in the all-inclusive term cost or will it be on a separate line item in Attachment N? As part of the potential overtime, is it anticipated that the vendor will be required to be on-site for order entry?

Answer #38: Vendors should include if they able to expand hours and how they would do so in the technical section. The request is not for cost, but how the vendor would provide for expanding hours and the methodology that they propose to be used to arrive at charges (i.e. straight hourly rate, use of overtime, cost plus 10%etc.).

39. Milwaukee County Behavioral Health Division indicates in its Pharmacy Services RFP (RFP # 6314-0007) in Attachment E that references will be scored. How will this be accomplished given the evaluation criteria?

Answer #39: This item will be scored under the General Qualifications and experience section. Scoring will be focused not only on reference content but service relevance.

40. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 1.2 Background Information, Page 6, all Paragraphs: Please provide a detailed description of the CURRENT pharmacy services and how prescriptions are delivered to patients.

Answer #40: Currently the inpatient unit uses medication carts and some Pyxis ADS machines as for some on unit medication. In the emergency room, there is a larger Pyxis which meets most of the emergency room needs. Outpatient services that are facility based use a walk up window; outpatient services that are contracted use mostly mail order medication. However upon execution of the new contract, medication carts will no longer be used for dispensing.

41. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 1.2 Background Information; Page 6, Paragraphs 2-6 and 7: Please indicate how prescriptions are delivered to the clinics and other BHD facilities

that are not on the main campus. Will the vendor be responsible for delivery costs to those sites? Please share the current delivery routine to those sites.

Answer #41: There is one Outpatient Clinic that is approximately 3 miles from BHD. No medication is delivered to that Clinic. There are no required medication deliveries to offsite locations at this time, with the exception of the Juvenile Detention facility which is about 1.5 miles away. This RFP includes 'mailed' prescriptions, to be provided by vendor, but are distributed direct to user.

42. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 1.3 Service Statistics and Attachment O; Page 7, Paragraph 1: Please provide a list of the top dollar by volume prescriptions that are currently being prescribed.

Answer #42:

Top 25 Meds by Amount Spent (Aug'13 -Nov'14)

Medication	Amount Spent
ABILIFY 5 MG TABLET	\$409,156.75
INVEGA SUSTENNA 234 MG PREF SY	\$366,637.08
ABILIFY 10 MG TABLET	\$303,058.39
ABILIFY 15 MG TABLET	\$180,651.84
ABILIFY 2 MG TABLET	\$170,222.04
ABILIFY 20 MG TABLET	\$132,347.50
LATUDA 80 MG TABLET	\$121,041.59
INVEGA SUSTENNA 156 MG PREF SY	\$105,112.49
SEROQUEL XR 300 MG TABLET	\$104,170.74
LATUDA 40 MG TABLET	\$104,129.80
SEROQUEL XR 400 MG TABLET	\$93,793.27
INVEGA ER 6 MG TABLET	\$86,616.65
ABILIFY 30 MG TABLET	\$69,566.33
OLANZAPINE 10 MG VIAL	\$69,000.85
OLANZAPINE ODT 10 MG TABLET	\$58,746.70
INVEGA ER 3 MG TABLET	\$49,383.05
SEROQUEL XR 200 MG TABLET	\$47,523.82
RISPERDAL CONSTA 50 MG SYR	\$43,267.25
PRECISION XTRA STRIP	\$42,217.44
CYMBALTA 60 MG CAPSULE	\$41,946.15
OLANZAPINE ODT 5 MG TABLET	\$40,741.54
SEROQUEL XR 150 MG TABLET	\$35,309.77
DIVALPROEX SOD DR 500 MG TAB	\$34,902.68

CYMBALTA 30 MG CAPSULE	\$34,390.21
PROAIR HFA 90 MCG INHALER	\$33,772.08

43. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 1.2 Background Information; Page 6, all Paragraphs: Please indicate if the current inventory is owned by BHD or a current vendor.

Answer #43: Current inventory is owned by the vendor

44. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 1.3 Service Statistics and Attachment O; Page 7, Paragraph 1: Please provide the dollar amount of the current pharmacy inventory.

Answer #44: This information is not available.

45. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 2.2 Core Service Requirements: Medication and dispensing Requirements Page 9, Paragraph 5: Please indicate if the future pharmacy will be expected to fill IV medications, and, the average number of IVs expected for a given period of time.

Answer #45: There are no IVs and no compounded medications used at BHD.

46. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 2.2 Core Service Requirements; Page 9, Paragraph 5: Please indicate if the current pharmacy space has a clean room or IV Barrier Isolator. Is the selected vendor responsible for the cost of a build out for a clean room (or IV Barrier Isolator) in the event there is not one and BHD clients are in need of IV medications to be prepared in the onsite pharmacy?

Answer #46: There are no IVs and no compounded medications used at BHD.

47. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 2.2 Core Service Requirements; Page 9, Paragraph 1 a-d: Please provide a detailed description of the ADS, the current number of automated dispensing units, type, model, and capacity. Please provide where each unit is located and the condition of each unit, Service History etc.)

Answer #47: The type of ADS that we have been using at BHD is the Pyxis Medstation 3000. This is an outdated system and would not be one BHD wishes to replicate. .

The ADS machines are located in the medication rooms on the unit in which they are utilized:

CAIS/53B

43A

43B

43C and
 43D (Not currently being used but still located on the vacant unit)
 PCS
 PCS also has an attached refrigerator that is connected to the Pyxis unit

48. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 2.2 Core Service Requirements; Page 9 and 10 Medication and Dispensing Paragraph 1,3,5-7: Please provide a specific description of the onsite pharmacy space, including square footage, equipment, shelving and layout.

Answer #48: Pharmacy square footage is approximately 2800 square feet. See attachment 1 for layout.

49. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 2.2 Core Service Requirements; Page 9 and 10, Paragraph 8: Please provide a specific description of the available pharmacy equipment that is located in the onsite pharmacy space, including labeling machines and unit dose packing machines. Please provide the age of each piece and its condition.

Answer #49: All pharmacy equipment is owned by the vendor with the exception of Baker cell and some shelving.

50. Section 2.2 Location or Hours of Operation Requirements; Page 11 Paragraphs 1-3: Please provide a description of the layout of the facility/facilities:

Answer #50:

Labeled floor plans have been included as attachment 2.

<u>Nurses Station Location in the Hospital (i.e. Floor 1, West Wing)</u>	<u>Number of Beds per station</u>
Unit 43A- Intensive Treatment Unit (Adult)	18
Unit 43B- Teaching Unit (Adult)	24
Unit 43c- Women’s Unit (Adult)	24
Children’s Unit	24
Observation (Adult)	18
Emergency Room	Cap varies- typically no more than 18

51. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division

numbered as RFP #6314 – 0007, Section 2.2 Core Service Requirements; Page 9, Paragraph 1: Please explain how MARs are handled currently and what pharmacy computer system the pharmacy utilizes currently (is it the Rx Connect system)

Answer #51: MARs are currently generated by our EHR; Avatar by NetSmart, the pharmacy system is not integrated in to the EHR. All MARs are electronic. The current vendor utilizes their own proprietary pharmacy system that is separate from the BHD system.

52. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 13; Pharmacy Management and Staffing: Please confirm if the current pharmacy employees are BHD employees or contracted.

Answer #52 Current pharmacy employees are employed by the vendor.

53. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 13; Pharmacy Management and Staffing: Please indicate if the Administration and medical staff relationship with current pharmacy employees is beneficial or lacking in some way.

Answer #53: This question is not related to the RFP.

54. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 13; Pharmacy Management and Staffing : Please indicate if the current pharmacy employees would be permitted by BHD to work for the newly selected vendor of pharmacy services.

Answer #54: BHD has no current pharmacy employees.

55. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 11, all Paragraphs: Please indicate the number and positions in the current pharmacy, and please include their salary expense. (FTEs for DOP, Clinical Pharmacists, Staff Pharmacists, Certified Technicians, Billing clerks (if applicable) and administrative personnel)

- Question also stated as:
Section 2.1 and 2.2, pages 8, 13, What is the current level of staffing provided by current vendor?
 - A. Number of pharmacist?
 1. Director of Pharmacy
 2. Clinical Pharmacist
 3. Staff Pharmacist
 - B. Number of technicians?
 - C. Number of Clerks?

Answer #55: The staffing level question included a request for salary information. Omnicare employee salaries will not be released.

The current number of employees at the on-site pharmacy breaks down as follows:

- 1 Dispensing Pharmacist Manager***
- 4 Dispensing Pharmacists***
- 4 Picking Technicians***
- 3 Order Entry Technicians***

56. Can current vendor provide capital equipment listing that they own relevant to pharmacy operations on site?

Answer #56: (PER CURRENT VENDOR) “The itemized list provided in the 2009 lease agreement should be used to identify those items within the on-site pharmacy which belong to Milwaukee County.”

Itemized list identified in the lease include:

- *Standard Shelving*
- *File Cabinets*
- *Standard Office Desks and Chairs*
- *Refrigerator for Medication Storage*
- *Pyxis Med Station*
- *1 Heat Sealer*
- *4 IBM Computers*
- *1 HP Printer*
- *1 Automatic Pill Counter*

57. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 9, Paragraph 3 Please indicate what type of pharmacy licensure is in place currently (Retail, institutional etc.) & (DEA, Pharmacy permit etc.). Please indicate who holds the current pharmacy licensure (BHD or a contracted vendor?).

Answer #57: The vendor currently holds the pharmacy license (institutional). BHD has a DEA license.

58. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 9, Paragraph 1d Required Interface between ADS with RX Connect to ERR in 90 days: Please explain if any attempts to interface the ADS with RX Connect to the EHR system have occurred and the outcome of such attempts.

Answer #58: Netsmart, BHD’s EHR vendor, designed their system so that RX Connect (pharmacy management system) would integrate with their Avatar EHR. The integration with CareFusion Pyxis units has already been complete and recently Netsmart entered a strategic partnership with CareFusion to market this already developed and fielded technology.

59. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 9, Paragraph 1d Required Interface between ADS with RX Connect to ERR in 90 days: Please indicate if the interface will be paid for by the vendor or BHD and if BHD has received an estimate of cost and time from RX Connect and EHR to complete it. Please indicate if the interface will be paid for by the vendor or BHD and if BHD has received an estimate of cost and time from RX Connect and EHR to complete it.

Answer #59: Cost for interface should not be included in proposal; this will be paid for by BHD.

60. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 9, Paragraph 1d: Required Interface between ADS with RX Connect to ERR in 90 days, Because BHD indicated in the RFP its desire for the vendor to utilize the BHD IT systems (owned by BHD), please explain how BHD can expect the selected

pharmacy vendor to meet a specific deadline of an interface between the ADS with RX Connect to the EHR system within 90 days. Is it the intension of BHD to convert the ownership of these systems to the Vendor?

Answer #60: It is the expectation that the winning vendor will have experience in IT integration and will be able to help facilitate/manage this 90 day transition period. Care Fusion/ Pyxis is a subcontracted provider for Netsmart, the provider of the AVATAR- EHR system, so the systems are highly interactive.

61. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 9, Paragraph 1d: BHD IT Systems, Please provide a detailed description of the RX Connect pharmacy computer system, including the age of the system and the condition.

Answer #61: RX Connect is a pharmacy management software system. It is not Hardware, as such age and condition are not relevant.

62. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 9, Paragraph 1d: BHD IT Systems, Please confirm that all clinical updates have been performed on a regular basis on the existing RX Connect Pharmacy Computer system that BHD expects the vendor to utilize, including clinical, licensing and updated drug information updates, (usually on a quarterly basis.)

- Please confirm the fees for this service to the computer are current and up to date.
- Please confirm if the vendor will be responsible for these fees if selected as the pharmacy vendor, or if BHD will continue to pay this expense.
- Please provide the amount of these maintenance fees if vendor's responsibility

Answer #62: All fees associated with EHR/ RX Connect will be paid by BHD.

63. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 2.2; Page 9; Paragraph 2, Also Page 10, Paragraph 3: Please explain in detail the expectations of BHD of the role of billing 3rd parties by the selected pharmacy vendor. Please describe the status of each 3rd party billing relationship, and if BHD has authorization by each 3rd party to bill for services/medications (include Medicaid, Medicare, all of the insurance providers BHD accepts).

Answer #63: BHD will work with vendors to establish billing protocols based on level of care and payor mix. All billing procedures must be in compliance with local, state and federal requirements. This is inclusive of pharmacy costs that are assumed under per diem payments for the inpatient setting. It is anticipated there will be minimum co-payment required for outpatient prescriptions as the vast majority of those Patients do not have a payor source. Inpatient co-payment billing will be consistent with requirements as stated in DHS 124. Contracting with various Drug Plans and enrollment and management thereof, will be overseen by the vendor in collaboration with BHD, but the responsibility of BHD.

64. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 10, Paragraph 3: Please provide detail on BHD computer system's ability to bill third parties, type of system and the current process of billing.

Answer #64: All billing operations are conducted through the AVATAR system.

65. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 13, Pharmacy Management and Staffing 2 Paragraphs: Please indicate if it is BHD’s expectation that the selected pharmacy vendor provide personnel to oversee and facilitate the billing process. (to all types of patients, included Medicaid, Medicare, 3rd party insurance, Medicare Part D, Medicare Part B)

Answer #65: It is the expectation that the winning vendor will have experience in establishing pharmacy billing practices and will assist BHD in that development. Once developed, BHD will manage the billing though the AVATAR system.

66. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 1.3 whole section of Service Statistics and Attachment O; Page 7: Please provide a breakdown of patients in the following categories:

Answer #66: This is a breakdown of inpatient admissions (adults and children)

PATIENT INFORMATION

Patient Type	Percentage	Number of Patients
Medicare	16%	364
Medicaid	(Under 21/over 64)- 9.7%	220
	(21-64)- 10.6%	240
Private Pay (indigent)	13.7%	311
Managed Care Patients	Medicaid HMO- 33.9%	769
	T-18 HMO- 5.1%	116
	Family Care- 1.2%	27
Commercial	9.0%	206
Other	.7%	15
<i>Total</i>		2269

67. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 2.2, Page 9, Paragraph 2: Please indicate if BHD has a dedicated formulary in place currently.

Answer #67: Currently we have an open formulary. It is the desire, intent and plan of the Medical Staff, Administration and our P&T committee to convert to closed formulary utilizing the Wisconsin T19 Formulary with some additional narrowing of medical prescriptions given the limited scope of services at a free-standing psychiatric specialty hospital.

68. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 2.2, Page 9, Paragraph 2: Please indicate if the current pharmacy tracks formulary compliance, and if so, what is the formulary compliance rate?

Answer #68: N/A

69. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 1.2, Page 6, Paragraph 1: Please provide the number of physicians affiliated with the facility/facilities.

Answer #69: Current BHD privileged prescribers are as follows:

*MD/DO: 51
DDS: 1
APNP: 12*

In addition, there are another approximately 24 MD/DO residents/fellows not included in the above MD/DO count who do not moonlight but would prescribe, while on BHD rotation(s).

There are also 9 other affiliated physicians that provide telemedicine interpretive services, but they do not prescribe here.

70. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 1.2, Page 6, Paragraph 1: Please provide explanation of the likelihood of expanding the beds for the facility and when that is expected to occur and to what capacity.

Answer #70: At this time expansion or contraction of the facility is unknown.

71. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 11, Paragraphs 1-3: Hours of Operation requirements; Please indicate what the current hours of pharmacy are.

Answer #71: Current pharmacy hours are as listed in the RFP. "Monday – Friday 6:30 AM - 8:00 PM and Weekends and Holidays 6:30 AM – 4:00 PM."

72. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 11, Paragraphs 1-3:Hours of Operation requirements: Please confirm how after hours prescriptions are handled and if after hours order entry into the pharmacy computer system is occurring presently.

Answer #72: Prescriptions from the ambulatory sites and for discharge medications can only filled during normal Hours of Operations. Orders from the crisis service and acute units will be batch confirmed first thing the next morning. For STAT, contingency or now doses, during afterhours, confirmation by the prescribing physician in the EHR is used.

73. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Page 11, Paragraphs 1-3: Hours of Operation requirements: Please confirm the average number of after-hours pharmacist consultations are occurring onsite each month. Please confirm the average number of telephone pharmacist consultations occurring each month.

Answer #73: On the acute units, the expectation is to attend a weekly treatment team staffing on each unit (43A, 43B, 43C, 53B) of less than 2 hours length and as needed telephone consultation with the attending psychiatrists as needed. After hour pharmacy consultations are rare, almost nonexistent, as medication reconciliation on patients admitted overnight, often is not completed until the next day.

74. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 1.3 Service Statistics and Attachment O; Page 7, whole Paragraph: Please confirm the average number of after-hours prescription orders (i.e. new admissions) occurring each month.

Answer #74: Prescriptions from the ambulatory sites and for discharge medications can only filled during normal Hours of Operations. Orders from the crisis service and acute units will be batch confirmed first thing the next morning. For STAT, contingency or now doses, during afterhours, confirmation by the prescribing physician in the EHR is used.

75. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 1.3 Service Statistics and Attachment O; Page 7, whole Paragraph: Please provide the following patient data:

<i>Answer #75: Acute Adult Inpatient Service</i>	Last Fiscal Year	Current Fiscal Year to Date; # months? __11__
Discharges	1447- Adult 820- Child	962- Adult 784- Child

Patient Days (Acute)	21,363- Adult 2930- Child	17,031- Adult 2628- Child
Patient Days (LTC, not SNF)	Not included in RFP	
Total Patient Days	24,293- 2014	

76. In reference to Milwaukee County RFP for Pharmacy Services for Behavioral Health Division numbered as RFP #6314 – 0007, Section 1.3 Service Statistics and Attachment O; Page 7, whole Paragraph: Please provide the following revenue and expense information:

Answer #76: This information is not available.

REVENUE AND EXPENSE INFORMATION

(Please provide information for pharmacy only)

<u>Revenues</u>	<u>Last Fiscal Year</u>	<u>Current Fiscal Year-to-Date; # months? _____</u>
<u>Inpatient Drug Revenue</u>		
<u>Inpatient IV Drug Revenue</u>		
<u>Outpatient Drug Revenue</u>		
<u>Outpatient IV Drug Revenue</u>		

<u>Other Revenues (Describe)</u>		
<u>Total Revenues</u>		

<u>Expenses</u>	<u>Last Fiscal year</u>	<u>Current Fiscal Year-to-Date; # months? _____</u>
<u>Payroll Expense</u>		
<u>Fringe Benefits Expense (_____ %)</u>		
<u>Drug Expense</u>		
<u>IV Expense</u>		

<u>Nutritionals</u>		
<u>Employee Prescriptions</u>		
<u>Med/Surg Supplies</u>		

<u>Other Supply Expense</u>		
<u>Maintenance and Repairs</u>		
<u>Equipment Rental</u>		
<u>Other Expense (Describe)</u>		
<u>Total Expenses</u>		

<u>Category</u>	<u>Dept. responsible for distribution?</u>	<u>Department that books the cost?</u>	<u>Department that b</u>
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77. What is the timeline on RX Connect and EHR Integration?

Answer #77: Upon the execution of a new pharmacy contract the RX Connect and EHR Integration will begin. There will be a 90 day transition period from the beginning of the new contract.

78. Are the automated dispensing systems currently in place?

Answer #78: Yes, there are currently 6 ADS's in the facility. The type of ADS currently in use at BHD is the Pyxis Medstation 3000. BHD will be replacing, to units having greater size and capacity.

The ADS machines are located in the medication rooms on the unit in which they are utilized:

CAIS/53B

43A

43B

43C and

43D (Not currently being used but still located on the vacant unit)

PCS

PCS also has an attached refrigerator that is connected to the Pyxis unit

79. Is the RX Connect Pharmacy System fully functional?

Answer #79: The RX Connect system is fully functional and integrated, however the technology is not currently being used at BHD.

80. Why is the RX Connect interface to EHR not complete currently?

Answer #80: BHD is still operating under the requirements of the existing pharmacy contract which does not require/include RX Connect interface.

81. Can we get a list of the current equipment with the Age and Condition that we would need to maintain and update when obsolete or repairable at no additional charge? Can we get a list of equipment that is the property of the current vendor?

Answer #81: BHD owns the Baker Cell, the shelving and the computers and printers that are used to connect to the EHR. All other required pharmacy equipment is owned, maintained or updated by the vendor. Vendor is only required to maintain equipment they own.

82. What is the current staffing (e.g., how many Pharmacists including the Director? How Many Pharmacy Technicians?).

*Answer #82: **The current number of employees at the on-site pharmacy breaks down as follows:***

1 Dispensing Pharmacist Manager

4 Dispensing Pharmacists

4 Picking Technicians

3 Order Entry Technicians

83. Page 9; Section 2.2 b – Is the ADS currently integrated/interfaced with RX Connect and the EHR? If not, why?

Answer #83: BHD is still operating under the requirements of the existing pharmacy contract which does not include/require RX Connect interface.

84. Do Carefusion and Netsmart have clauses in their agreements to support the integration/interface within a 90 day time frame? (page 27 request 38 infers that the systems are already integrated but page 24 request 18 is asking how vendor would integrate the system within 90 days of contract execution).

Answer #84: Netsmart, BHD's EHR vendor, designed their system so that RX Connect (pharmacy management system) would integrate with their Avatar EHR. The integration with CareFusion Pyxis units has already been complete and recently Netsmart entered a strategic partnership with CareFusion to market this already developed and fielded technology.

85. Page 9; Section 2.2, paragraph 7 – “Proof of licensure for appropriate staff must be submitted with the proposal.” Is this all staff?

Answer #85: All staff must be appropriately licensed upon contract execution. Provide licensure for staff referenced in the proposal.

86. Only ‘executive’ and ‘supervisory’ staff as referenced on page 29 (Request 66)?

Answer #86: Appropriate licensure must be provided for all staff referenced in the RFP submission.

87. How many of these positions are in your current structure and are they currently vacant?

Answer #87: Current pharmacy staff are all employed by the vendor.

88. Page 10; Section 2.2, paragraph 8 - “Required to supply all equipment for medication preparation, storage and dispensing....” Is the intent of this that vendor would be required to pay for Pyxis/ADC storage units?

Answer #88: BHD will pay for Pyxis/ADC storage units. Vendor may, at BHD's request, provide input in the selection making process as to the appropriate equipment that will fit the needs of BHD.

89. Page 10; Section 2.2, paragraph 8 – “Required to supply current and up to date patient education materials.” What company/method do you use today? ?? Are you under contract and does vendor assume that contract? If so, when does that contract expire and what are the current costs of that contract that vendor would be assuming?

Answer #89: RxConnect can print patient education leaflets (currently Spanish and English are supported only. Other languages are possible but would require some

development.) Please note that Avatar can also print these sheets. Vendor will need to assure a process is developed that ensure Patients receive the materials.

90. Page 15; Section 2.2, paragraph 4 – Is the bulleted information required for only Milwaukee County staff or all staff (including vendor staff). Please provide clarity on number of FTE staff that are Milwaukee County employees and proposed vendor employees.

Answer #90: All bulleted information is required for all vendor staff and vendor subcontracted staff. All pharmacy staff are employed by the vendor.

91. Page 17 – Contract Duration – The language states that the contract will be for 3 years, but the time period indicated is approximately 3 years and 9 months (March 23, 2015 – December 31, 2018). Can you confirm the contract duration?

Answer #91: The initial contract will be from March 23, 2015 – December 31, 2018.

92. Page 21 – Proposal Submission – Should each of the 7 copies be submitted in a separate sealed envelope?

Answer #92: They do not need to be submitted in separate envelopes.

93. Please confirm Contract start date will be 3/23/2015 with a 90 day transition period with chosen vendor to take over and start services in June 2015?

Answer # 93: This information is confirmed.

94. Based upon the information presented at the mandatory pre-proposal conference, will all contingency medications be in a separate contingency Pyxis machine or will the contingency and med pass medications be comingled? If the machines are to be separate, how many contingency machines will be needed?

Answer # 94: Review of current and future operational needs to support design and implementation of newly leased Pyxis units is currently being undergone by BHD Medical Leadership and CareFusion staff.

95. Based upon the information presented at the mandatory pre-proposal conference that Wisconsin Title – 19 approved medications will be used as Milwaukee County's formulary, how will the thousands of separate medications listed in that formulary be winnowed down to fill the limit of 350 medications in a Pyxis machine? Will each machine be filled with different medications to allow for more formulary medications? How many medications will BHD have on hand? How many medications are currently stored on site at BHD? How many medications listed in the Wisconsin Title – 19 are currently available at the current vendor's off-site pharmacy and available for delivery to the BHD pharmacy at no additional charge to Milwaukee County? Will Milwaukee County be able to obtain these additional medications for the same cost as the on-site medications within two hours?

Answer # 95: As noted above, review of current and future operational needs to support design and implementation of newly leased Pyxis units is currently undergoing by BHD Medical Leadership, the Pharmacy and Therapeutics Committee and the Medical Executive Committee. This includes review and development of closed formulary and administration needs to support current acute care hospital needs consistent with other area hospital standards of care. As Milwaukee County BHD is responsible for medication sourcing, cost and delivery under this RFP, Milwaukee County BHD chooses not to respond to comparative relationship to any current agreements.

96. A. Based upon the information presented at the mandatory pre-proposal conference, even though BHD intends to buy all medications through its wholesaler, is Milwaukee County aware that many medications may be more expensive as the medications will now be required to be purchased as manufacturer-made unit dose rather than the bulk rates available to the current vendor? B. Has the Mental Health Board this expense?

Answer #96: A. BHD will be responsible for acquisition cost, source and delivery for medications. B. Milwaukee County BHD chooses not to respond, as this question does not seek information that is needed in order for a vendor to draft a response to the RFP.

97. Based upon the information presented at the mandatory pre-proposal conference, what is Milwaukee County's plan to dispense liquid medications that are not unit-dose available in the required strengths? Does Milwaukee County know how much labor and supplies will be required to fill these medications on-site on an ad-hoc basis in the correct doses and to provide the supplies required to do this dispensing? How will large bulk bottles that do not fit in the Pyxis machine be prepared?

Answer #97 :There are multiple operational solutions to the stated question, as there are a number of "Request"s where proposers may demonstrate ability to operationalize novel solutions as functional plans within their proposal in the most efficacious and cost effective manner.

98. Based upon the information presented at the mandatory pre-proposal conference, Milwaukee County intends to eliminate the use of pharmacy pre-loaded medication carts which are pushed into each inpatient's room? Has BHD calculated how much more time it will take a nurse to do a single med pass for an individual patient, including the time it will take the nurse to go to the Pyxis machine and then travel to the individual new patient's room?

Answer # 98: BHD is responsible for daily operations, as this question does not seek information that is needed in order for a vendor to draft a response to the RFP therefore Milwaukee County BHD chooses not to answer.

99. Based upon the information presented at the mandatory pre-proposal conference, why does Milwaukee County wish to sign Medicare PDP agreements if all charges for inpatients should be billed to BHD as they are included in BHD's capitated rate?

Answer # 99: BHD is responsible for these contractual relations, as this question does not seek information that is needed in order for a vendor to draft a response to the RFP; therefore Milwaukee County BHD chooses not to answer.

100. Has the Mental Health Board approved the plan for the selected vendor negotiating PDP agreements with no financial incentives and simply presenting the documents to the Mental Health Board for execution?

Answer # 100: This question does not seek information that is needed in order for a vendor to draft a response to the RFP; therefore Milwaukee County BHD chooses not to answer.

101. Based upon the information presented at the mandatory pre-proposal conference, regarding Page 9, Section 2.2 (D) and request 18, will Milwaukee County confirm that the 90-day requirement of implementing an interface between ADS and RX Connect to ERR is no longer a requirement of the Vendor?

Answer # 101: It is the requirement of the vendor to help ensure that the interface takes place within the proposed time frame.

102. Based upon the information presented at the mandatory pre-proposal conference, depending on the State of Wisconsin audit results, will Milwaukee County allow an increase to the all-inclusive proposed fee in the event of expansion of bed capacity?

Answer #102: It is not known at this time how the audit results will shape the requirements of the RFP. Vendors are to submit proposals based on the current requirements.

103. Based upon the information presented at the mandatory pre-proposal conference, will Milwaukee County indicate if it will approve the use of a vendor's local off-site pharmacy for the supply of any emergency medication needed when the medication is not in the on-site Pyxis supply?

Answer #103: Milwaukee County will not approve use of vendor's off-site pharmacy as this delivery method is out of scope of the current RFP.

104. Based upon the information presented at the mandatory pre-proposal conference, will Milwaukee County approve the dispensing of outpatient and discharge medications in a system other than the pill-card format? Does Milwaukee County understand that the pill-card format requires, by law, a Child Safety Container waiver for each patient? If these patients suffer from mental health issues, who will sign these waivers? Does Milwaukee County believe such waivers will be valid?

Answer #104: Standard ambulatory medication packaging is the expected norm, with rare, specific cases where a physician has ordered pill-card format. In the State of Wisconsin, patients who are mentally ill have the same decisionality to sign as their own agents any type of waiver as any other patient.

105. Based upon the information presented at the mandatory pre-proposal conference, did the Mental Health Board specifically consider and approve the reduction of the 17% DBE requirement to 10% without any basis that the market will only bear 10% or that the City of Milwaukee has recently increased its DBE requirement to 25%?

Answer # 105: This question does not seek information that is needed in order for a vendor to draft a response to the RFP. Nevertheless, the Mental Health Board was not involved in the drafting of this RFP, including the establishment of DBE requirements in the RFP. BHD set the DBE requirement for the RFP, along with all other requirements for proposals that are contained in the RFP, as BHD determined was appropriate.

106. Based upon the information presented at the mandatory pre-proposal conference, who is the custodian of records for purpose of public records requests, the BHD Administrator, the Mental Health Board or both?

Answer #106: This question does not seek information that is needed in order for a vendor to draft a response to the RFP. Nevertheless, whether the Mental Health Board or BHD or both are the custodian of records for the purpose of public records requests will depend on the nature of the records requested. In general, BHD is the custodian of the records related to this RFP process.

107. Based upon the information presented at the mandatory pre-proposal conference, given that the Mental Health Board is responsible only to its own by-laws will there be time to get public records after award and still appeal or will a non-awarded vendor need to go to court to get a stay? Will Milwaukee County and or the Board fight a vendor obtaining a stay as it did last time or will the county agree to the stay as it did in the bus transportation case?

Answer #107: This question does not seek information that is needed in order for a vendor to draft a response to the RFP. Nevertheless, BHD will respond to record requests and to any appeals of the award as provided in statutes and in BHD's adopted appeal policies, respectively. BHD will not commit to any particular legal response for hypothetical future litigation.

108. Based upon the information presented at the mandatory pre-proposal conference, is it Milwaukee County's and BHD's position that the Mental Health Board is not beholden to any Wisconsin State Statute or Milwaukee County Ordinance, but rather only to its own by-laws adopted without any public input or administrative procedure pursuant to Ch. 227 Wis. Stats.?

Answer #108: This question does not seek information that is needed in order for a vendor to draft a response to the RFP. Nevertheless, the Mental Health Board was created by state statute and is governed by applicable statutes. It is not governed by Milwaukee County ordinances.

109. Attachment O, Historical Pharmaceutical Activity, Pharmacy prescription Volume 2013, Institutional Based Prescriptions, Are these numbers actual prescriptions dispensed or dosed dispensed for inpatients? Do these numbers reflect total prescriptions and not doses dispensed? If prescriptions then were they prescriptions for the duration of patients stay or can you give number of doses per prescription?

Answer #109: The numbers reflect total number of prescriptions invoiced to BHD. The prescriptions were during patients stay in case of Inpatients, or any visit to Outpatient facilities.

110. Section 2.2, Page 9, 10, Is the Netsmart's RX Connect pharmacy system capable of providing patient education information as outlined in page 10, Vendor is required to supply current and up-to-date patient education material with new medication orders and at discharge for all medications prescribed in all languages relevant to the population serviced) or will vendor need to provide alternate system for supplying patient educational information?

Answer #110: RxConnect can print patient education leaflets (currently Spanish and English are supported only. Other languages are possible but would require some development.) Please note that Avatar can also print these sheets. Vendor will need to assure a process is developed that ensure Patients receive the materials.

111. Is the Netsmart's RX Connect pharmacy system capable of processing and managing both outpatient prescriptions with the capability to provide prescription labels as outline by the Wisconsin Board of Pharmacy, adjudicate prescriptions with third parties and will it also provide the necessary labeling requirements for inpatient drug distribution?

Answer # 111: RxConnect can print outpatient style labels for leave and pass medications as well as discharge medications. However, RxConnect is an inpatient system and does not handle outpatient functions like refills; on line adjudication and some other strictly outpatient functions are not handled by RxConnect. RxConnect will provide inpatient labeling to meet all state and Federal requirements for labels.

112. Assume that the previous agreement/proposal is subject to Wisconsin's open records laws and would request a copy of all relevant documents associated with Previous RFP's for Pharmacy Service.

Answer # 112: As provided under Chapter 19 of the Wisconsin Statutes, access to the requested records should be forwarded to:

Dennis B. Buesing, CPA
Contract Administrator
Milwaukee County Department of Health and Human Services
Dennis.Buesing@milwaukeecountywi.gov
1220 W Vliet Street, Suite 301
Milwaukee, WI 53205
Ph.: 414-289-5853

113. Will Vendor be responsible for building all drug/inventory files for the RX Connect System or will that be developed by the IT team that is currently working on project?

Answer # 113: BHD provides drug file information (formulary) and Netsmart will take that data and setup the file. BHD can further modify the data after that to meet specific pharmacy dispensing requirements.

The drug master file should have the current NDC numbers supplied. The vendor assists in that process. Netsmart will then import and create the templates using the charge codes supplied, BHD and the vendor will then go through the drug master file and make final changes so that it reflects what the pharmacy is actually dispensing.

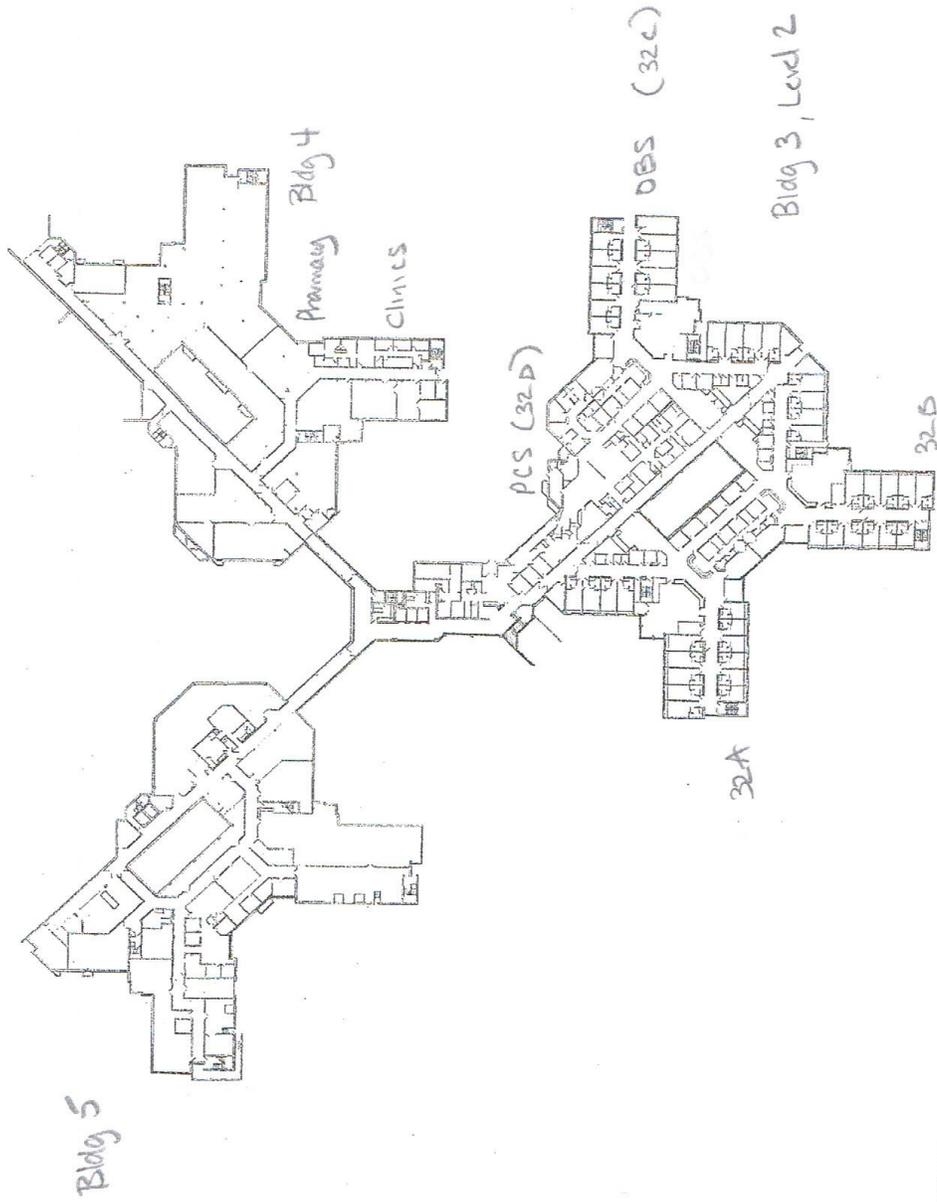
114. Since RxConnect is the software application to be used in the Acute Care Hospital, and RxConnect does not contain an outpatient software application, are we to bid outpatient software to fill, profile, and monitor the outpatient clinic prescriptions serviced by the Acute Care Hospital Pharmacy?

Answer #114: RxConnect does not have the ability to handle outpatient prescriptions at this time. Vendors should submit an outpatient software application that would do the above options and would be Surescript certified.

115. Section 2.2, page 11, Required that Chief Pharmacist be a participating member of the monthly Pharmacy and Therapeutics Committee and give a report of adverse drug interactions, drug error report, controlled substance security/audits and provide UR data at each meeting of the Committee. Can you provide copies of earlier P & T meetings?

Answer# 115: See attachment 3 for August 2014 minutes.

Attachment 1:



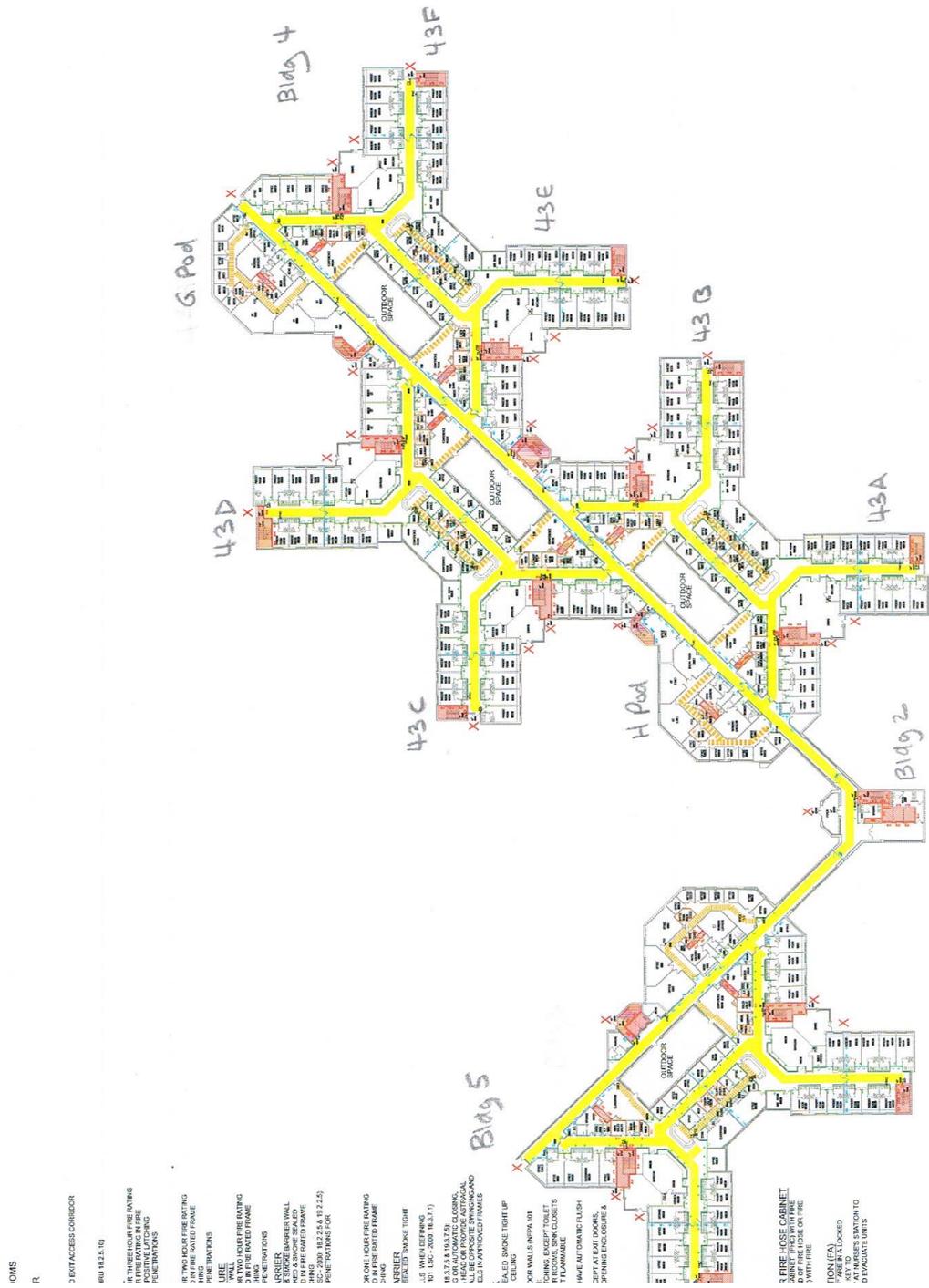
 NORTH
 Existing Buildings Two, Three, Four & Five
 Level Two
© 2011 LAWRENCE BERKELEY LABORATORY

EXISTING SPACE UTILIZATION PLAN
 MILWAUKEE COUNTY BHD



Attachment 2:

Attachment 3:



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2. FIRE RATED IN FIRE RATED FRAME
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MILWAUKEE COUNTY BEHAVIORAL HEALTH HOSPITAL
LIFE SAFETY PLAN

Two, Four & Five

9455 WATERTOWN PLANK ROAD | WAUWATOSA, WI 53226



Milwaukee County Behavioral Health Division Pharmacy and Therapeutics Committee

Meeting Minutes

DATE: August 8, 2014

TIME: 10:30-Noon

LOCATION: 1070

<input checked="" type="checkbox"/> *****	<input checked="" type="checkbox"/> *****	<input checked="" type="checkbox"/> *****	<input type="checkbox"/> *****
TOPIC	WHO	DISCUSSION	ACTIONS/ DECISIONS
<input type="checkbox"/> *****	<input checked="" type="checkbox"/> *****	<input checked="" type="checkbox"/> *****	<input checked="" type="checkbox"/> *****
<input type="checkbox"/> *****	<input type="checkbox"/> *****	<input checked="" type="checkbox"/> *****	<input checked="" type="checkbox"/> *****

Minutes	*****	Review and Approve	Approved.
Reports			
Report: ADR/Variance	***** and *****	The July Pixus report was distributed and discussed. ***** explained if there is just an ADR, nurses only need to be calling the adverse drug information line. If there is an ADR and a variance, nursing needs to be calling the adverse drug information line and fill out the form.	***** will forward by email the phone number to ***** and ***** so that it can be added to the medication variance form. ***** will complete all the variance forms for each Pyxis removal by Monday for all the managers.
Report: Cost	*****	***** discussed the importance of billing for quick screen drug tests. High cost drugs were reviewed and the significant expenditure for Invega Sustena was discussed.	***** will follow up with quality about the drug tests. ***** will get literature and look into doing an education exercise with the doctors for use of Depot Invega vs. Halodol.
Report: Discrepancy	*****	***** spoke about the need to remind people to see what	***** will come up with an

		medications are being prescribed versus being taken when continuing on medications in PCS.	adequate annual monitoring plan by the end of the year. ***** and ***** will run a monthly report to see how many calls are coming in to pharmacy after hours.
Report: Non-Formulary Use	***** and *****	Report still in development.	Awaiting planning for formulary policy.
Report: Multiple Anti-Psychotic Use	*****	***** suggested the doctors need to look at how many patients are admitted on multiple antipsychotics verses how many are being discharged.	To be determined in the future.
Report: Avatar	***** and *****	***** would like all computer ordering issues to be emailed to him before the next meeting.	***** will follow up with ***** regarding any issues.
Audits			
Audit: Controlled Substance	*****	Process was reviewed	***** will continue to audit reports.
Audit: Medication Room	*****	The medication room audit handout was distributed and discussed.	*****, *****, and ***** will schedule another walk through and bring the quarterly report to the next meeting.
Audit: Refrigerators	*****	The refrigerator audit was reviewed and discussed.	No action at this time. Follow up will continue at the next meeting of this Committee.
Audit: Hilltop	*****	The hilltop audit was reviewed and discussed.	No action at this time. Follow up will continue at the next

			meeting of this Committee.
Policy Reviews			
Policy: New Medications and Education	*****	The issue of verbal orders not being placed in the computer was discussed. ***** stressed the importance of the nurses not giving medications until there is an order in the computer in S&R	The MD's will be educated they need to put the order in the computer by September 8, 2014.
Policy: Similar Sounding Name	*****	***** informed we do not have a complete list of all FDA approved medications with similar sounding names.	***** will find out how we get a report on the FDA approved meds and send it to *****. He will bring the list to P&T once it is completed.
Policy: TJC Prep	*****	The Joint Commission consultation will run August 19-21.	Informational.
Sub-Groups			
Sub-Group: Acute	*****	***** shared there continues to be problems with S&R and emergent medications being put into the computer.	***** will draft a memo in regards to staff education.
Crisis	*****	There were no issues to report.	None.
Hilltop and Long Term Care	*****	There were no issues to report.	None.
Medical Staff	*****	***** stated there will be a new CAIS doctor starting within the next couple of weeks.	Informational.
Infection Control	*****	***** informed the flu shot is coming up and inquired if we want to offer it to all patients or just those who ask for it. ***** would like to look into Medicare/ Medicaid reimbursement.	***** will find out the cost of offering the vaccine to all patients and have totals by the next meeting.
New Business			
1) Detox Protocols		***** stated he took the order sheets to ***** who stated the	***** will follow up with net smart about having the

		system cannot make the orders auto-checked.	orders auto-checked.
2) Medication Variance Policy and Forms		*****informed the policies are ready for the final sit down.	***** will meet with *****, *****, and ***** to go over the policies before bringing them to the P&T meeting.
3) Open to the floor		There was no new business.	None.

Next Meeting: 9/12/2014 1030-1200 in 1070:
Policy: High Risk Medications, Monitoring Protocols
Sub-Groups: Quality and Community Services

Submitted By: Jim Kubicek

Deputy Administrator- BHD