

RFP PSC #847
 PHARMACY SERVICES
 Questions from Pre-bid meeting January 27, 2009

The following are answers to many of the questions brought up at the pre-bid meeting for the Pharmacy RFP. A subsequent addendum will address the remaining questions whose answers are still being researched.

1	Q:	When you say Proprietary information is that the cost budget?
	A:	No, that is not cost related. It is your information related to your tax related information to the company
2	Q:	As far as, the CD should the format be both PDF and Word ?
	A:	Yes, it should be in both formats
3	Q:	As far as the format can you open the 2007 version or should we put them in the 2003 version?
	A:	You should put them in the 2003 format.
4	Q:	When you say put the forms in order do you mean in electronic version?
	A:	Sure, you can save as forms electronically
5	Q:	How do you sign?
	A:	It is going to be electric, you will have to scan, you will have to print and then scan
6	Q:	You want us to scan and then Import as a PDF, & Word document?
	A:	Yes, we will be looking for it as a word document, IRM has requested the PDF format.
7	Q:	Could it delay and possible eliminate your contract if you have any concerns or comments?
	A:	It would not eliminate your contract, it may delay the contract for a long time.
8	Q:	The fact that you ask for it doesn't mean you will get it?
	A:	No, it will be considered but it will delay the contract a long time.
9	Q:	Could you discuss your current licensure and your current skilled facilities operations
	A:	Governor Bacon is an intermediate care facility. Emily Bissell and DHCI are skilled, we have no accreditation and are licensed by medicaid. DHCI has 74 skilled beds EBH is called a skilled facility we have about 25 to 30.
10	Q:	Will you please clarify your couriers?
	A:	Governor Bacon and Emily Bissell have couriers. Provided by the contract Pharmacy service.
11	Q:	One day a week?
	A:	At a minimum daily

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12	Q:	Your in-house for Bissell and Bacon is that Emergency boxes or Automation?
	A:	No it is not automation, it is emergency boxes with locks.
13	Q:	A) Is it your intent to move to blister packaging? B)30 days ?
	A:	A) Yes. It is our intent to move to blister packaging for medications. B) In regards to the number of days of medications supply in each blister pack this has not been determined. We will work with successful bidder to determine the number of days. The determination will be based on a number of desired outcomes. (i.e.: decreased medication error incidents, increased nursing medication pass compliance, cost effectiveness, and accountability.) The current bidders should include transition plan for the change.
14	Q:	What does the capacity of the med cart need to be?
	A:	Will be based on type pf blister card system chosen.
15	Q:	Currently are all orders faxed to the pharmacy?
	A:	Yes, for Governor Bacon and Emily Bissell
16	Q:	Financial responsibility for the forms?
	A:	Contractor is responsible
17	Q:	TAR & C.N.A. record's? RFP only addresses POS & MAR's?
	A:	Pharmacy is responsible for POS, TAR and MAR
18	Q:	Is the contractor responsible for the forms?
	A:	Yes
19	Q:	Your survey process: When are you due for your next annual?
	A:	DHCI had theirs in Spring, EPBH/BACON in the Fall, We don't know exactly when, surveyors can arrive anytime. They have 12 to 18 months from the last annual survey,
20	Q:	Education meetings, is pharmacy expected to be there?
	A:	Yes you mean the IDCC meetings, It can be VIA conference call, pharmacy is a key member to answer drug regimen related questions, we also try to get family involved. These meetings are weekly, we can get more information for you. DHCI has theirs on Wednesday, GBH has theirs on Wednesday and EBPH on Thursday.
21	Q:	This is an IT question, What system is in place?
	A:	We us QS1 for Medicare part D, but please give your specific questions and I will make sure we get back to you with the answers.
22	Q:	The delivery process for Public Health is that once a month for immunizations?
	A:	It is primarily for Georgetown.
23	Q:	If the contract goes to a new vendor what is your implementation program for the new vendor, especially working side by side during the transition period?

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	A:	If a vendor is selected we could request/negotiate an extension of the current vendors contract to facilitate the transition.
24	Q:	As far as a tour of the current facilities?
	A:	I would say contact Deborah for DHCI and to tour the public health facilities she will coordinate a tour with Kris
25	Q:	Does this need to occur before Feb. 9th?
	A:	Preferably, but we can be flexible.
26	Q:	Is it possible to have a key of Director's ?
	A:	See attached organizational charts.
27	Q:	RFP there are three places it mentions pg. 9 & p. 12 order and req. vendor and supply p. 21 does the state have a division of purchasing?
	A:	It's name has changed it is under Office of Management and Budget. It is now called Government Support Services.
28	Q:	If the pharmacy orders pharmaceuticals who pays for them?
	A:	The bidder should include proposed payment structures for pharmaceuticals they order.
29	Q:	Basically the same questions; who owns them?
	A:	Drugs and any inventory are property of the paying party.
30	Q:	Will vendor generate the 3rd party revenue?
	A:	As an on site Pharmacy, state revenue will be generated.
31	Q:	How many Residents have and don't have insurance?
	A:	Currently 350 Long Term Care residents have insurance, 10 do not.
32	Q:	A. Currently there is a multi state consortium that the state belongs to, are vendor pharmacies allowed to participate in that ? B. State pharmacies participate now because the state is purchasing the drugs, will the state contract change if the purchasing can not be done, also will the vendor pharmacy be required to be a 340b provider and register with the office of pharmacy affairs? C. Will vendor be required to buy any other services whether on site or offsite?
	A:	A. Yes. B. No . C. Yes.
33	Q:	On page 12 list equipment that you want the pharmacy to provide, was wondering is this equipment for the pharmacy or for nursing? Is this provided at the nursing level?
	A:	The only thing at the nursing level is the medication carts & Interim/Emergency boxes
34	Q:	Do you have an idea how many do you require?
	A:	Will need to be determined based on the number of residents and their locations (possible consolidations) as well as blister pack selection.

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35	Q:	Pharmacy services, Is it different for onsite to offsite to current operation hours if the pharmacy is on site versus offsite different hours of operation.
	A:	If it is offsite we would expect the same services available for the same time period.
36	Q:	So doesn't mean pharmacy has to open just be available?
	A:	No, It must be open.
37	Q:	Are physician services available , do they do rounds on Sundays?
	A:	Yes, they are available and they do rounds on Sundays.
38	Q:	On page 12 Currently a once daily delivery and an emergency on call coverage; Do you know how many daily deliveries you are going to require? What the expectation of after hour service; how many deliveries per day?
	A:	We will negotiate with a successful bidder.
39	Q:	On B6 is staffing, Is your current funds and services available now with what your asking for in regards to.
	A:	No, Since we have not received our FY10 budget yet.
40	Q:	This is an extension to those services?
	A:	Yes, Sunday hours are an extension
41	Q:	That would require an additional delivery as well?
	A:	Possibly.
42	Q:	Emergency boxes, the contents will be provided by the facility administration or is that a medical thing?
	A:	Contract administrator
43	Q:	Will the boxes be different?
	A:	Not necessarily
44	Q:	But will be determined by the medical?
	A:	It will be through administration working with medical
45	Q:	Page 13. the Long term care formulary, Do these have to be hard copy or can they be electronic or share drive/print?
	A:	They can be electronic
46	Q:	How many nursing drug handbook are required each year? Is this something that has to be hard copy or can they also be online service or share drive?
	A:	Each med cart will have a drug handbook annually, will negotiate the type.
47	Q:	Policy/Procedure Manual is this something that goes through the medical staff or something that goes through the contract admin.?

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	A:	Will go through LTC P&T committee with involvement of contract administrator.
48	Q:	Parenteral nutrition/IV therapy, If the contract goes onsite, that equipment is that supplied by the facility and maintained by the facility?
	A:	Facility will provide pumps and tubing.
49	Q:	Will the facility staff development people submit to De. Board of nursing CE credits?
	A:	No
50	Q:	Will vendor pharmacy have to provide the MAR and TAR diets?
	A:	Yes
51	Q:	Are we faxing the 4th copy of the POS, the 4th copy doesn't show, do we have to be married to that ?
	A:	No
52	Q:	Preference on blister packs, hot or cold seal?
	A:	Both.
53	Q:	Are you talking about a 30 day supply of all medicines?
	A:	Number of days supply will be determined by the blister pack selected if each resident has their own medication it will provide accountability.
54	Q:	Preference on auto fill? Will nurses reorder?
	A:	Nurses will reorder.
55	Q:	If the state is purchasing the drugs, is there any indication does the vendor need to purchase the less expensive drug versus the drug that is currently available in a 30 day blister card; We are talking labor issues, If you've got the cheapest source of the medication a 500 bulk bottle and the staff packing into 30 day blister cards versus more expensive version already prepacked is there any limitations?
	A:	Bidder will need to provide a cost analysis for blister packs versus bulk.
56	Q:	Delaware State board of Pharmacy will not allow any open blister cards to be returned for credit. A 30 day and one pill punched out you can not return and get credit. Will nurses destroy the drugs or will we reprocess the bill to reflect not used or rebill because of waste/ labor related?
	A:	Successful bidder will work collaboratively with medical and nursing staff to develop a blister pack system plan that evaluates and ensures minimal waste.
57	Q:	Will this be different if an offsite pharmacy:
	A:	No different.
58	Q:	On page 17 customary cost, state will have a customary cost for each medication?
	A:	Yes.

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59	Q:	Your programs do they have to use DHCI pharmacy or can they use any state pharmacy? Do DPH Clinics need the pharmacy to be located at DHCI in Smyrna or could a pharmacy be located outside of DHCI?
	A:	Per RFP, A bidder could include a plan to use the DHCI pharmacy location or propose an offsite pharmacy.
60	Q:	Special Deliveries: three times a week is that routine? Once a month for stock?.
	A:	Per 2A2 of the RFP, "personnel to provide courier service to each clinic site once a month and special deliveries for medications three times a week" to sites delineated in the RFP. Currently, special deliveries occur 2 to 3 days a week at a location in each county.
61	Q:	Page 21 H3 Custom packaging- Can you describe custom packaging?
	A:	Per the RFP, "the contractor shall dispense anti-TB medications for Directly Observed Therapy (DOT) in customized client medication packages." Customized medication packages are individual unit dose packages "per drug". Where multiple medications are involved, in addition, an external package is labeled with all medications included in the package.
62	Q:	Could the dosage for five different days be package in one bubble? (excluding Long Term Care)
	A:	See response to question 61
63	Q:	What does compliance mean?
	A:	Per RFP C.4 "Public Health Clinics shall be supplied with medications (prepacks) specified in DPH standing orders. All medications shall be secured, stored, and labeled (generic and brand name) in compliance with applicable state and federal statutes and regulations at each facility and Public Health Clinics."
64	Q:	Provide clarification regarding Directly Observed Therapy?
	A:	Directly Observed Therapy (DOT) is defined as "observation of the client by a health care provider or other responsible person as the client ingests TB medications. DOT is typically provided by non-licensed staff.
65	Q:	Which locations are 340b sites?
	A:	All family planning sites (Northern Health Services, Southern Health Services & Delaware State University) are 340b enrolled sites, This is also true for the STD and HIV program service sites.
66	Q:	Statewide, for Delaware, what is the total number of deliveries per month for the 28 school based Wellness centers, Delaware State University, 12 Public Health clinics including special deliveries up to 3 times a week?
	A:	Number of deliveries would typically be 30 to 50 per month
67	Q:	Page 27: The expiration date does this apply to all your medication or just your birth control?
	A:	Per RFP, " No medication shall be supplied with an expiration date of less than 90 days." However, where medication may be obtained at reduced cost within a time frame that allows for appropriate use, flexibility may be permitted.

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68	Q:	Page 18: If vendor pharmacy is onsite, Is large 2 door safe sufficient to store drugs?
	A:	We will leave this determination to the bidders.
69	Q:	What is a Spot Mount Cooler ?
	A:	It is a self contained unit that mounts easily with standard off the shelf hardware. They are used to keep equipment cooled.
70	Q:	Will state provide equipment?
	A:	No
71	Q:	If needed equipment will there be a "fire" sale?
	A:	We will negotiate with a successful bidder.
72	Q:	Offsite pharmacist, would they have an alternate way to respond?
	A:	Yes
73	Q:	Budget and restoration, how many times , annual inventory and requirement
	A:	Physical Inventory and Budget will be done annually.
74	Q:	Would vendor have to stay in the budget and what would the budget be ?
	A:	We start off each Fiscal year will an estimated budget based on previous usage. Budget fluctuates based on residents needs. It is the responsibility of the pharmacy in cooperation with Physicians to find the most cost-effective and patient effective drugs for LTC residents.
75	Q:	What percent of the in-services will be requested outside of the regular hours?
	A:	25-35%
76	Q:	What is your current method for administration for dosage? Is it a seven day dosage?
	A:	Unit dose on a seven day turn around.
77	Q:	Currently is it an outside pharmacy?
	A:	No
78	Q:	Are they state workers?
	A:	No
79	Q:	What is the pharmacy staffing? Pharmacists? Certified Pharmacy Technicians?
	A:	A. LTC .94 FTE Director of Pharmacy 3.39 FTE Staff Pharmacist 1.0 FTE Purchasing Agent 3.45 FTE Pharmacy Technicians .50 FTE Driver B. Off-site they would follow current state regulations in filling any resident prescriptions for LTC or any other Agency.
80	Q:	If an off-site pharmacy is selected , how will the cost of the inventory be determined and at what rate will the inventory be purchased?

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	A:	Pharmacy would be responsible for filling prescriptions as needed and they maintain their own inventory and only bill us for our usage.
81	Q:	Will an on-site pharmacy be permitted to provide service to other private non-state owned facilities?
		No
82	Q:	If an off-site pharmacy is selected and allowed to purchase from the state contracts, how will this inventory be identified, maintained and separated from other existing stock used for other clients?
	A:	Vendor will be responsible for identifying, maintaining and separating inventory from other existing stock used for other clients.
83	Q:	What is the current delivery schedule for DHCI? Will an off-site pharmacy need to match the current delivery schedule?
	A:	The current delivery schedule for DHCI is a weekly complete cart exchange and daily deliveries as needed. Yes, if the current schedule remains.
84	Q:	What billing related functions does the pharmacy perform?
		: Pharmacy provides following LTC (Long-term Care) billing related functions: .Maintains medication inventory and orders all LTC medications, including floor stock. Submits copies of all medication orders to LTC fiscal office (located at DHCI) . Returns outdated medications and submits credits to LTC fiscal office . Maintains QS1 software which includes resident information, including insurance information . Submits claims to insurance providers through QS1 . Submits reimbursement checks to LTC fiscal office . Assists LTC staff with changing resident insurance plans in order to provide optimal coverage . Attends monthly billing meetings with LTC staff to review claim submission efforts and errors
85	Q:	Due to possible restrictions on purchasing, will the state consider multiple vendors for different portions of the RFP?
	A:	It is more cost effective to consider one vendor to address all portions of the RFP, however, Public Health certainly can consider multiple vendors for specific portions of the RFP
86	Q:	Due to the possible restriction on purchasing, will the state consider allowing the selected vendor to purchase products through their current purchasing agreements for the Public Health Centers, School Based Health Center and Delaware State Family Planning Services?
	A:	Proposal should reflect an approach that is most cost effective and complies with state and Federal regulations.
87	Q:	Are the items dispensed for the Public Health Centers, School Based Health Center and Delaware State Family Planning Services dispensed patient specific with a label? All as house stock items? Or a combination of both?
	A:	For school based wellness centers, medications are dispensed according to dose and client specific. Public Health Clinics and Delaware State University shall be supplied with medical dosages (perpacks) specified in DPH standing orders. Clinic medications are stocked in unit of use packaging. STD clients' medications are stock (for some individual prescriptions there are client specific labels)

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88	Q:	How are the medications for the Public Health Centers, School Based Health Center and Delaware State Family Planning Services packaged? In manufactures container? Or unit of use packaged?
	A:	See above
89	Q:	Are there any emergency dispenses (STATs) required for the Public Health Centers, School Based Health Center and Delaware State Family Planning Services?
	A:	Yes, However where stock is maintained and PAR levels are current , STAT situations should occur rarely (unless an outbreak).
90	Q:	Can you provide the average daily payor mix at the Long Term Care facilities? (i.e. how many Medicare Part A, Medicare Part D, Medicaid, Private Pay, etc.)
	A:	DHCI is: 78% Medicaid clients, .01% Medicare Part A clients, 27% Private Pay clients, 18% Hospice clients & 76 % have PDPs. EPBH is: 81% Medicaid clients, .02% Medicare Part A clients, 10% Private Pay clients, .09% Hospice clients & 75% have PDPs. GBHC is: 83% Medicaid clients, 13% Private pay clients, .05% Hospice clients & 89% have PDPs.
91	Q:	If the vendor pharmacy is off site and/or owns the inventory, will they be required to retro re-bill for meds when residents become eligible for Medicaid and/or part D coverage and how far back will they have to pay back the cash prices for drugs that they billed to the facility? e.g. if a resident is admitted with no insurance and medications are sent at the cash usual and customary price and then the resident becomes Medicaid eligible retro 2 months. The pharmacy has already sent the drugs and the facility has already paid for them. Will the vendor pharmacy need to reverse the cash transaction and submit to Medicaid and refund the facility?
	A:	This will be dependant on the Medicaid rules and regulations.