Delaware Health
And Social Services

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: April 6, 2009

PSC#0862

PHARMACY SERVICES

FOR

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Date Due:May 08, 2009, 11:00 AM

ADDENDUM # 1

PLEASE NOTE:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE MENTIONED BID.

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1. Please specify the exact requirements for "management of the division" outside of management of the DPC Pharmacy, analysis of the division, and the efficiencies/recommendations agreed to as a result of the analysis?
   As discussed during the pre-bid conference, DSAMH currently operates two separate pharmacies as well as covering the cost of medications for clients in our contracted community programs. We are requiring the successful vendor review our current operations, conduct research and evaluation of these services and make recommendations to increase efficiency and cost-effectiveness of these services. As we are not subject matter experts, we will be relying on the vendor to determine the exact requirements necessary to complete this task.

2. Scope of services #4: Does this mean that you want a daily cart exchange for each unit Monday through Friday, and a weekend exchange to cover from Friday to Monday, i.e. 72 hours?
   Yes, a daily cart exchange for each unit Monday through Friday, and a weekend exchange to cover Friday to Monday are required.

3. Scope of services #12: Who is responsible for the replacement of medication carts and cassettes and for the repair of existing medication carts?
   The pharmacy vendor will assess and report the serviceability of carts and cassettes, and advise DPC on the need for repair and replacement. DPC will provide funding for the repair and replacement of medication carts and cassettes.

4. Scope of service #13: Is the State assuming responsibility for the annual physical inventory? If not, what will be the requirements (in-house vs. independent 3rd party)?
   DPC is not assuming responsibility for annual physical inventory. Inventory is conducted by a third party, and paid by the pharmacy vendor.

5. Scope of service #19: Are you requiring department-specific PI programs or an interdisciplinary PI program as required by current Joint Commission standards?

Yes, each discipline throughout the hospital is involved in ongoing performance improvement projects, both specific to their department and hospital-wide interdisciplinary projects.

6. Scope of service #25: Please clarify the requirement for "routine review of client eligibility." How will access to this information be provided so that pharmacy can review?
   The pharmacy vendor, through its billing system (QS/1), is responsible to an initial screening of eligibility. DPC conducts a more thorough review of eligibility and is responsible for enrolling patients.

7. Scope of service #30: Please clarify the definition of "medical contingency employee."
   The successful bidder will work with DSAMH Training Office and DPC Administrative Staff to determine which staff will be scheduled to attend in-services.

8. Scope of service #31: Regarding staff in-services, please clarify discipline(s) receiving the in-services and will the current mechanism for certification of CEUs be continued?
   The successful bidder will work with DSAMH Training Office and DPC Administrative Staff to determine which staff will be scheduled to attend in-services and the mechanism for certification of CEU's.

9. ***Scope*** of services #34: Please confirm that the state will have IT staff available at all times to address any QS1 server issues or access needs.
   Question will be addressed in Addendum#2

10. While not specifically mentioned in the scope of services, is it the intent for the pharmacy to continue to maintain the stat/prn database?
    The pharmacy vendor will provide and input data for the database.

11. While not specifically mentioned in the scope of services, will pharmacy be required to fill "pass" and discharge prescriptions for the patients?
    Yes, the pharmacy vendor will be required to fill "pass" and discharge prescriptions for the patients.

12. While not specifically mentioned in the scope of services, will pharmacy be required to supply preprinted MARs for all

units as currently provided, and will the cost of the forms be included in the supply costs provided by DPC?
Yes, the pharmacy vendor will be required to supply preprinted MARs for all units as currently provided. Yes, the cost of the forms is included in the supply costs provided by DPC.

13. While not specifically mentioned in the scope of services, will the pharmacy be required to supply preprinted Physicians' Order Sheets for all units as currently provided, and will the cost of the forms be included in the supply costs provided by DPC?
Yes, the pharmacy vendor will be required to supply preprinted Physicians' Order Sheets for all units as currently provided. Yes, the cost of the forms is included in the supply costs provided by DPC.

14. As stated during the hospital pharmacy tour, the hospital will provide supplies needed to operate the pharmacy, is there anything specifically not provided?
DPC will provide print cartridges for DPC owned printers.

15. Describe the DPC current pharmacy staffing pattern? Is it meeting the DPC service requirements?
We are requesting that each bidder propose the staffing pattern they will require to meet the service requirements.

16. Average weekly hours Pharmacy Director dedicates to DPC required meetings?
The pharmacy director spends an average of 1.5 hours in meetings and 2 hours in preparation each week.

17. Inventory Management System:
Par Level average dollar amount within the pharmacy?
The average of the last three inventories is $219,261.

Inventory turns per year?
The DPC pharmacy has ranged between 8 and 11 inventory turns over the last three fiscal years. This number has been pushed down somewhat by reductions in purchases per patient over the last two years.

Average days supply maintained within the pharmacy and on the nursing units?
The average supply maintained in the pharmacy is roughly 30 days.

Outdate and return management, are these items tracked to insure proper credit?
Yes.

18. What is the current system for obtaining medications when the pharmacy is closed?
A night closet is stocked with the most frequently needed medications.
ER boxes are maintained in each treatment unit for dispensing "as needed" meds.
A backup pharmacy is used when the pharmacy is closed and needed meds are not available in the night closet or ER boxes.

19. What is the current policy and procedure to ensure new medications are evaluated and approved by a pharmacist prior to administration during hours that the pharmacy is closed, per JCAHO standards?
DPC staff contact the on-call pharmacist by phone for review and approval.

20. What is the current system to procure medications unavailable due to a Drug Wholesaler shortage or unavailability?
Pharmacy vendor procures from local sources or trades with other State facilities.

21. Describe the policy, if any, in place for automatic drug substations per the DPC formulary?
Assuming "substations" is a typo for "substitutions," the pharmacist is responsible.

22. Can a copy of the current drug formulary be made available?
Yes (see attached).

23. Describe the "Pharmacy Night Closets" and "ER Boxes" referred to in RFP PSC0862?
The Pharmacy Night Closet is used to provide medications after hours on an as needed basis. It is located by the pharmacy store room, and can be accessed from the hallway using a coded lock and alarm system.
The ER Boxes contain emergency medications, and are located in the medication rooms adjacent to the nursing stations on each of the treatment units.

24. Describe the HL7 Interface requirements? What version of HL7- 2.3.1 or 2.4? Contractor responsibility should the Net Smart/AVATAR systems differ from QS1?
This will be addressed in Addendum#2

25. Goal date for interface to be completed?
This will be addressed in Addendum#2

26. Does the current QS1 Software system fully meet the needs of the DPC and DHSS DSAMH division?
This wil be addressed in Addendum#2

27. Clarify responsibility for the data line connections, are they provided by DHSS?
This will be addressed in Addendum#2

28. Clarify responsibility for IT management/network connectivity between QS1 and DHSS? Are there required licenses for DHSS DSAMH employees to access QS1 reports/billing information
(Contractor will be responsible for IS management).
This will be addressed in Addendum#2

29. Clarify responsibility for patient third party eligibility coverage?
The pharmacy vendor, through its billing system (QS/1), is responsible for the initial screening of eligibility. DPC conducts a more thorough review of eligibility.

30. Clarify responsibility for third party management and billing?
The pharmacy vendor is responsible for submitting reimbursement claims to Medicare Part D providers and any other providers, and ensuring that the claims have been properly processed.

31. Average census and payment mix?
The average daily census for FY 2009 is 205.
On average, 45 percent of patients are enrolled in Medicare Part D plans.

32. Average frequency of pass or leave of absence medications per week?
Frequency is variable by season and patient mix. An average of 9 to 10 patients are given pass meds each week.

33. Are medications provided to the patients upon discharge? If so days supplied?
Yes. DPC typically provides discharged patients with 14 days of medications.

34. Is there a policy in place to allow for patients to administer their own medications? If so pharmacy level of education and monitoring required?
Medications are administered by the nursing staff, unless patients are determined to be capable of self-administration according to DPC policy.

35. Average time expected and dedicated per week to patient and staff education by a pharmacist?
Pharmacy vendor is expected to provide 1 hour per month of in-service training to medical staff, and 2 hours per month to nursing staff.

36. Clarify the medical records process for Physician Orders, MAR and TAR records? Are they renewed on a calendar month or throughout different dates each month?
Medical records are reviewed monthly. MARs are renewed on one day a month, or as needed for new admissions or other reasons.
Physician Orders are printed once a week, or as needed.

37. Describe the expected elements of a medication Regime Review, if any that differ from CMS LTC requirements?
All units require regime review.

38. Clarify responsibility for office supplies?
DPC is responsible for office supplies (such as labels) related to Rx dispensing.

39. Describe in detail the contracted programs that would require pharmacy management and services under the direction of the DSAMH division other than DPC and CMHC pharmacies?
As discussed at the pre-bid conference, DSAMH currently reimburses contracted providers for purchasing medications for clients. The programs range from group homes serving 5 to 10 clients each to large community outpatient programs. The review would basically determine the most cost effective method to meet this need up to and including the option of having the scripts filled from our pharmacy.