



DELAWARE HEALTH  
AND SOCIAL SERVICES

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**Division of Management Services**  
1901 N. DuPont Highway  
New Castle, DE 19720

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**REQUEST FOR PROPOSAL NO. HSS-10-092**

**FOR**

**PREFERRED DIABETIC SUPPLIES**

**FOR**

**Division of Medicaid and Medical Assistance**  
**1901 N. DuPont Highway**  
**Lewis Bldg.**  
**New Castle, DE 19720**

Deposit	Waived
Performance Bond	Waived

**Date Due: August 30, 2010**  
**11:00 A.M. LOCAL TIME**

No mandatory pre-bid meeting will be held.

## REQUEST FOR PROPOSAL # **HHS-10-092**

**Bids** for preferred diabetic supplies for the Division of Medicaid and Medical Assistance, 1901 N. DuPont Highway, Lewis Bldg., New Castle, DE 19720 will be **received** by the Delaware Health and Social Services, Herman M. Holloway Sr. Campus, Procurement Branch, Main Administration Building, Sullivan Street, Second Floor, Room #257, 1901 North DuPont Highway, New Castle, Delaware 19720 until **11:00 a.m. local time on August 30, 2010**. At which time the proposals will be opened and read.

No mandatory pre-bid meeting will be held.

All RFP-PSCOs can be obtained online at [www.dhss.delaware.gov/dhss/rfp/dhssrfp.htm](http://www.dhss.delaware.gov/dhss/rfp/dhssrfp.htm)  
A brief "Letter of Interest" must be submitted with your proposal. Specifications and administration procedures may be obtained at the above office or phone (302) 255-9290.

NOTE TO BIDDERS: Your proposal must include the forms in Appendices A, B, C, and D signed and all information on the forms complete.

### NOTIFICATION TO BIDDERS

Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware; during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. The Evaluation/Selection Review Committee will consider these additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid.

If a bidder wishes to request a debriefing, the bidder must submit a formal letter to the Procurement Administrator, Delaware Health and Social Services, Main Administration Building, Second Floor, South Loop, 1901 North DuPont Highway, Herman M. Holloway Sr., Health and Social Services Campus, New Castle, Delaware 19720, within ten (10) days after receipt of "Notice of Award". The letter must specify reasons for the request.

**IMPORTANT: ALL PROPOSALS MUST HAVE THE STATE'S RFP NUMBER (HHS-10-092) ON THE OUTSIDE ENVELOPE. IF THIS NUMBER IS OMITTED, THE PROPOSAL WILL IMMEDIATELY BE REJECTED.**

FOR FURTHER BIDDING INFORMATION, PLEASE CONTACT THE DHSS  
PROCUREMENT ADMINISTRATOR:

BRUCE KRUG  
DELAWARE HEALTH AND SOCIAL SERVICES  
PROCUREMENT BRANCH  
MAIN ADMIN BLD, SULLIVAN STREET

2<sup>ND</sup> FLOOR –ROOM #257  
1901 NORTH DUPONT HIGHWAY  
HERMAN M. HOLLOWAY SR. HEALTH AND  
SOCIAL SERVICES CAMPUS  
NEW CASTLE, DELAWARE 19720  
PHONE: (302) 255-9290

**IMPORTANT: DELIVERY INSTRUCTIONS**

IT IS THE RESPONSIBILITY OF THE BIDDER TO ENSURE THAT THE PROPOSAL HAS BEEN RECEIVED BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES BY THE DEADLINE.

**The issuance of this Request for Proposals (RFP) neither commits the Delaware Department of Health and Social Services, Division of Medicaid and Medical Assistance, to award a contract, to pay any costs incurred in the preparation of a proposal or subsequent negotiations, nor to procure or contract for the proposed services. The Division reserves the right to reject or accept any or all proposals or portion thereof, to cancel in part or in its entirety this Request for Proposals, or to delay implementation of any contract which may result, as may be necessary to meet the Department's funding limitations and processing constraints. The Department and Division reserve the right to terminate any contractual agreement without prior notice in the event that the State determines that State or Federal funds are no longer available to continue the contract.**

**REQUEST FOR PROPOSAL (RFP) FOR PREFERRED DIABETIC SUPPLIES  
FOR  
Delaware DHSS  
Division of Medicaid and Medical Assistance**

**Availability of Funds**

Funds are available for the payment of diabetic supplies to medical care providers enrolled in the programs listed in the RFP and who submit claims for reimbursement for these products. These funds come from Federal and State sources. If funds were to become not available for these services, the contractual agreement related to this RFP can be terminated by DHSS.

**Pre-Bid Meeting**

No pre-bid meeting will be held.

**Further Information**

Questions regarding this RFP should be addressed to: [beth.laucius@state.de.us](mailto:beth.laucius@state.de.us)  
Questions must be submitted no later than **August 6, 2010**.

**Restrictions on Communications with State Staff**

From the issue date of this RFP and until a contractor is selected and the selection is announced, bidders are NOT allowed to contact any DHSS staff, except those specified in this RFP, regarding this procurement. Regarding this RFP, contact between bidders and the DHSS staff or their contractors is restricted to emailed questions concerning this proposal. Questions must be submitted in writing and will be answered in writing. The complete list of questions and their answers will be posted at <http://www.dhss.delaware.gov/dhss/rfp/dhssrfp.htm>. The list will be considered an addendum to this RFP.

**REQUEST FOR PROPOSAL (RFP) FOR PREFERRED DIABETIC SUPPLIES  
FOR  
DIVISION OF MEDICAID AND MEDICAL ASSISTANCE**

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## I. INTRODUCTION

### A. Background

The Delaware Department of Health and Social Services (DHSS) provides oversight and policy management for State and Federally funded health care programs: the Delaware Medicaid (Title XIX) Program, the Delaware Healthy Children Program (DHCP) (that is, Delaware's SCHIP), the Delaware Legal Non-citizen Program (LNCP), the Delaware Chronic Renal Disease Program (CRDP), the Delaware Prescription Assistance Program (DPAP), and the Delaware Cancer Treatment Program (DCTP). These programs reimburse providers of medical services, including pharmaceutical related products. The DHSS contracts with Hewlett Packard (HP) Enterprises to assist in the administration of these programs. Most notably for this RFP, HP is involved in the area of pharmaceutical products, particularly the Preferred Drug List (PDL).

The DHSS currently pays providers for diabetic supplies for these programs. The current reimbursement methodology used to reimburse its pharmacy providers for the products in these programs is:

For monitors: the lower of: AWP-% (14.5% for traditional and 18% for non-traditional pharmacies) + \$3.65 dispensing fee per prescription or the provider's Usual and customary charge.

For test strips: the lower of: AWP-% (14.5% for traditional and 18% for non-traditional pharmacies) + \$3.65 dispensing fee per prescription or the provider's Usual and customary charge.

For lancets: the lower of: FUL, DMAC or AWP-% (14.5% for traditional and 18% for non-traditional pharmacies) + \$3.65 dispensing fee per prescription or the provider's Usual and customary charge.

For these programs for dates of service April 1, 2009 through March 31, 2010, there were approximately 4,200 individuals for whom a payment has been made for test strips or lancets. For these individuals, approximately 1,500,000 test strips; 600,000 lancets; and 1,700 meters/monitors were paid through the identified programs.

Currently, a preferred list/exclusive formulary exists in Delaware for the diabetic supplies which are included in this RFP: Diabetes-related



monitors/meters and test strips since July 1, 2006 and lancets since October 1, 2009.

## **B. Goal**

DHSS/DMMA's goal is to provide high-quality healthcare by emphasizing preventive care through fiscal practices designed to prevent overpayment for that care.

This request is seeking companies that are willing and able to offer rebates for diabetic testing meters, test strips and lancets in exchange for being listed as a preferred product on the Delaware Medical Assistance Program (DMAP) Preferred Drug List (PDL).

The rebates would reimburse the State for claims paid to providers enrolled in the programs for 12 consecutive months beginning January 1, 2011. This may be extended for three (3) – twelve months optional periods as an amendment to the agreement and signed by both parties.

Status as a preferred product in Delaware Medicaid means that all clients will start or be transitioned to that product unless they have a concurrent condition that prohibits them from utilizing the preferred product.

## **II. SCOPE OF SERVICES**

All components listed in this section are mandatory. All requested elements must be addressed.

DHSS is requesting proposals from various labelers or manufacturers of diabetic supplies to be placed on the Preferred Drug List for the programs affected by this RFP. These supplies include testing monitors, test strips, and lancets. The labeler/manufacturer should be able to provide a line of products for the needs of DHSS' clients who are enrolled in the DHSS programs listed in this RFP.

As the result of a fully executed contract with a specific labeler/manufacturer for a preferred product, the product would be the only product in that category available for reimbursement and products from other labelers/manufacturers would be paid only when an exception to coverage is approved to assure the best health of the recipient.

The agreement for the diabetic supplies PDL will cover 12 consecutive months and may be amended for three (3) 12-months optional periods.

**A. Technical Proposal:**

Proposals must clearly address in the technical portion narrative how each of the requirements is met. Pamphlets and other documentation may be considered as supporting information but the proposal must specifically address each required element individually.

Proposals must describe and meet each of the following clinical requirements:

- a. Manufacturer/labeler (the bidder) must offer a minimum of 1 blood glucose monitor that is capable of testing for blood ketones on the same monitor.
- b. Manufacturer/labeler (the bidder) must offer a minimum of 1 monitor that offers alternate site testing and have at least 1 alternate site with FDA-approved testing equivalency to the finger.
- c. Manufacturer/labeler (the bidder) must offer a minimum of 1 monitor that requires a test strip sample size that is equal to or less than 0.3 micro liters of blood and provides test results in less than 5 seconds.
- d. Manufacturer/labeler (the bidder) must offer a minimum of 1 monitor with a backlit screen for clients that have difficulty with their eyesight.
- e. Manufacturer/labeler (the bidder) must describe the size, weight, and portability of the monitor.
- f. Manufacturer/labeler (the bidder) must offer a minimum of 1 monitor with computer downloading capability with a minimum of 250 readings stored.
- g. Manufacturer/labeler (the bidder) must offer a minimum of 1 monitor that has automatic coding or check strip.
- h. Manufacturer/labeler (the bidder) must provide monitors that are capable of detecting interfering substances in the blood sample to ensure accurate blood glucose readings.

The proposal must include complete details regarding products being offered in the proposal such as the quality and use of the product in meeting the medical service needs of the population identified in this RFP. Samples of products are not expected to be included with any proposal submitted.

The bidder must propose a plan to provide client and/or provider education to best assure the effective use of and any transition between meters and maximization of recipient compliance.

The bidder must clearly document in the proposal its plan and timeline for provision of services required by this RFP.

Proposal must describe the qualifications of the bidder demonstrating experience providing the services defined in this RFP. This includes but is not limited to a detailed description of available resources and product inventory. The bidder must demonstrate sufficient and qualified staffing to meet the expectations of the Division as related to this RFP.

#### **B. Pricing Proposal:**

The rebate amount due will be determined based on the date of payment of each claim submitted from the provider of the service.

The rebated amount is based on the WAC for the paid claim submitted by a provider minus the GNP per the agreement with the labeler/manufacturer.

Therefore, the rebate amount would increase if the base amount for calculating the rebate per the agreement (WAC) is increased at any time during the contract period.

The labeler/manufacturer is guaranteeing that the State will incur no greater cost per unit than the labeler/manufacturer has agreed through the awarding of this "preferred product" status.

The proposal must include:

- The completed pricing form(s) (see Price Proposal section of this RFP) must be included in the proposal. Labelers/manufacturers must indicate the rebate amount being offered. Labelers/manufacturers will be submitting an offer to be the exclusive product for certain diabetic supplies: testing meters and

test strips and lancets. It must be clearly identified which test strips match any particular meter. While meters and test strips will be awarded as a package, it is possible that a separate award may be made for the lancets.

The bidder may offer more than one product in each category.

- The manufacturer's profit and loss statements for the quarters ending 12/31/09 and 03/31/10.

### **III. SPECIAL TERMS AND CONDITIONS**

#### **A. Length of Contract**

The contractual agreement covers 12 consecutive months with the possibility of renewal for up to three additional 12 month periods unless otherwise provided.

#### **B. Subcontractors**

The use of subcontractors will be permitted for this project.

If a subcontractor is going to be used, this needs to be specified in the proposal, with an identification of the proposed subcontractor, the service(s) to be provided, and its qualifications to provide such service(s). Subcontractors will be held to the same requirements as the primary contractor. The contract with the primary contractor will bind sub or co-contractors to the primary contractor by the terms, specifications, and standards of the RFP. All such terms, specifications, and standards shall preserve and protect the rights of the agency under the RFP and any subsequent proposals and contracts with respect to the services performed by the sub or co-contractor, so that the sub or co-contractor will not prejudice such rights. Nothing in the RFP shall create any contractual relation between any sub or co-contractor and the agency.

The proposed subcontractors must be approved by the Department of Health and Social Services, Division of Medicaid and Medical Assistance.

#### **C. Funding Disclaimer Clause**

Delaware Health and Social Services reserves the right to reject or accept any bid or portion thereof, as may be necessary to meet the Department's funding limitations and processing constraints. The

Department reserves the right to terminate any contractual agreement upon written notice of fifteen (15) calendar days in the event the State determines that State or Federal funds are no longer available to continue said contractual agreement.

#### **D. Reserved Rights**

Notwithstanding anything to the contrary, the Department reserves the right to:

- Reject any and all proposals received in response to this RFP;
- Select a proposal other than the one with the best price;
- Waive or modify any information, irregularities, or inconsistencies in proposals received;
- Negotiate as to any aspect of the proposal with the bidder and negotiate with more than one bidder at a time;
- If negotiations fail to result in an agreement within two (2) weeks, the Department may terminate negotiations and select the most responsive bidder, prepare and release a new RFP, or take such other action as the Department may deem appropriate.

#### **E. Termination Conditions**

The Department may terminate the contract resulting from this RFP at any time that the contractor fails to carry out its provisions or to make substantial progress under the terms specified in this RFP and the resulting proposal.

Prior to taking the appropriate action as described in the contract, the Department will provide the contractor with thirty (30) days notice of conditions endangering performance. If after such notice, the contractor fails to remedy the conditions contained in the notice, the Department shall issue the contractor an order to stop work immediately and deliver all work and work in progress to the State. The Department shall be obligated only for those services rendered and accepted prior to the date of notice of termination.

Unless otherwise specified in the executed agreement, the Contract may be terminated in whole or part:

- a) by the Department upon five (5) calendar days written notice for cause or documented unsatisfactory performance,
- b) by the Department upon written notice of fifteen (15) calendar days of the loss of funding or reduction of funding for the stated Contractor services,
- c) by either party without cause upon one hundred and eighty (180) calendar days written notice to the other party.

#### **F. Contractor Monitoring/Evaluation**

The contractor and the services provided related to this RFP will be monitored on a regular basis and may include on-site review. Failure of the contractor to cooperate with the monitoring process of the State or to resolve any problem(s) identified in the monitoring/evaluation may be cause for termination of the contract.

#### **G. Payment**

Invoices will be prepared quarterly (that is, a three month period) and provided in accordance with the State's scheduled invoicing for the Centers for Medicare and Medicaid Services' Federal Medicaid drug rebate program via its fiscal agent, Hewlett Packard (HP) Enterprise Services. Rebates must be paid within 38 days and interest is applied for late payment as is applied for the Federal Medicaid drug rebate program.

Manufacturer disputes follow the procedures established for Federal Medicaid rebate program operated by DHSS.

### **IV. FORMAT AND CONTENT OF RESPONSE**

Proposals shall contain the following information in compliance with the order as shown:

#### **A. Bidder's Signature Form**

This form, found in the Appendix A, must be completed and signed by the bidder's authorized representative.

## **B. Title Page**

The Title page shall include: 1) the RFP subject; 2) the name of the applicant; 3) the applicant's full address; 4) the applicant's telephone number; 5) the name and title of the designated contact person; and 6) bid opening date **August 30, 2010 at 11:00 a.m. local time.**

## **C. Table of Contents**

The Table of Contents shall include a clear and complete identification of information presented by section and page number.

## **D. Confidential Information**

The following items, if provided in response to this RFP, are to be included in a separate CD of your proposal and clearly marked as **confidential**. These items are: 1) any financial information relating to the company or organization (other than any budget/prices offered in the proposal); 2) Resumes; 3) Organization Charts. (Refer to Section V. in this RFP). Information marked as "confidential" will be assessed for its relevance by the DHSS Procurement Office and provided to the Evaluation Committee as deemed appropriate.

Bidders are advised that their proposal is best evaluated if any resume is provided with personal information redacted.

## **E. Qualifications and Experience**

This section shall contain sufficient information to demonstrate experience and staff expertise to meet the requirement of the RFP.

The specific individuals who will be involved in meeting the work being procured must be identified, along with the nature and extent of their involvement. The qualifications of these individuals shall be presented (in resumes or other formats). If conducting this project will require hiring of one or more individuals who are not currently employed by the bidding organization, applications shall provide detailed job descriptions, including required qualifications and experience.

If subcontractors are to be used, the proposal shall also contain similar information regarding each subcontractor.

#### **F. Bidder References**

The names and phone numbers of at least three (3) organizations/agencies for whom the bidder carried out a similar project must be included. If no similar project has been conducted, other projects requiring comparable skills can be used.

Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware during the last three years. The information must include name of State, Department, Division, Contact Person (with address/phone number), period of performance, and amount. The Evaluation/Selection Review Committee will consider these additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid.

#### **G. Proposed Methodology and Work Plan**

This section must describe in detail the approach that will be taken to carry out the activities described in the Scope of Services section of this RFP. Specific completion dates for the various tasks must be shown. The work plan shall outline specific objectives, activities, strategies, and resources.

#### **H. Statements of Compliance**

The bidder must include statements that the applicant agency complies with all Federal and Delaware laws and regulations pertaining to equal opportunity and affirmative action. In addition, compliance must be assured in regard to Federal and Delaware laws and regulations relating to confidentiality and individual and family privacy in health care delivery and in the collection and reporting of data (See Appendix C).

#### **I. Contract**

The bidder will be permitted to propose an agreement document during the negotiation phase associated with this RFP.



## **J. Scope of Service Requirements**

The bidder will submit a proposal which includes all required elements as found in the Scope of Services section of this RFP.

## **V. GENERAL INSTRUCTIONS AND INFORMATION**

### **A. Number of Copies Required**

Two (2) original **CDs** (Each Labeled as "Original") and three (3) **CD** copies (Each labeled as "Copy") of the technical proposal and the same number for the price proposal. The Technical and the Pricing proposals must be submitted on separate disks and clearly labeled as to the contents. In addition, any required confidential information relating to the company may be copied separately to three (3) additional CDs (Each labeled "Corporate Confidential Information"). All CD files shall be in PDF and Microsoft Word formats. Additional file formats (i.e. .xls, .mpp) may be required as requested.

**It is the responsibility of the bidder to ensure all submitted CDs are machine readable, virus free and are otherwise error-free. CDs (or their component files) not in this condition may be cause for the vendor to be disqualified from bidding.**

Bidders will no longer be required to make hard copies of proposals **with the exception that** one copy of a Cover Letter along with one copy each of Appendices A, B, C, and D must be submitted in hardcopy with original signatures.

The responses to this RFP shall be submitted to:

BRUCE KRUG  
Division of Management Services  
Delaware Health and Social Services  
Main Administration Building, Sullivan Street  
Second Floor, Room 257  
1901 North DuPont Highway  
New Castle, DE 19720

### **B. Closing Date**

All responses must be received no later than **August 30, 2010 at 11:00 a.m. local time**. Later submission will be cause for disqualification.

### **C. Notification of Acceptance**

Notification of the Department's intent to enter into contract negotiations will be made in writing to all bidders.

### **D. Questions**

All questions concerning this Request for Proposal must reference the pertinent RFP section(s) and page number(s). Questions must be in writing via email to [beth.laucius@state.de.us](mailto:beth.laucius@state.de.us).

Deadline for submission of all questions is **August 6, 2010**. Written responses are anticipated to be posted on the DHSS RFP website: [www.dhss.delaware.gov/dhss/rfp/dhssrfp.htm](http://www.dhss.delaware.gov/dhss/rfp/dhssrfp.htm) by August 16, 2010. The questions and answers will be considered an addendum to this RFP.

### **E. Amendment to Proposal**

No amendment to a proposal will be accepted after the deadline for proposal submission has passed. The State reserves the right at any time to request clarification and/or further technical information from any or all bidders submitting a proposal.

### **F. Proposals Become State Property**

All proposals become the property of the State of Delaware and will not be returned to the bidders. The State will not divulge any information identified as confidential at the time of proposal submission provided the information resides solely on the CD (s) marked confidential and is not deemed as required by or integral to this RFP.

### **G. Non-Interference Clause**

The awarding of this contract and all aspects of the awarded bidders contractual obligations, projects, literature, books, manuals, and any

other relevant materials and work will automatically become property of the State of Delaware. The awarded bidder will not in any manner interfere or retain any information in relationship to the contractual obligations of said contract, at the time of the award or in the future tense.

#### **H. Investigation of Bidder's Qualifications**

Delaware Health and Social Services may make such investigation as it deems necessary to determine the ability of the bidder to furnish the required services, and the bidder shall furnish such data as the Department may request for this purpose.

#### **I. RFP and Final Contract**

The contents of the RFP will be incorporated into the final contract and will become binding upon the successful bidder. If the bidder is unwilling to comply with any of the requirements, terms, and conditions of the RFP, objections must be clearly stated in the proposal. Objections will be considered and may be subject to negotiation at the discretion of the State.

#### **J. Proposal and Final Contract**

The contents of each proposal will be considered binding on the bidder and subject to subsequent contract confirmation if selected. The contents of the successful proposal will be included by reference in the resulting contract.

All prices, terms, and conditions contained in the proposal will remain fixed and valid for 1 year after proposal due date or as otherwise specified in an executed contract.

#### **K. Cost of Proposal Preparation**

All costs for proposal preparation will be borne by the bidder.

#### **L. Proposed Timetable**

The Department's proposed schedule for reviewing proposals is outlined as follows:

<b><u>Activity</u></b>	<b><u>Date</u></b>
RFP Advertisement	July 23, 2010
Questions Due	August 6, 2010
Answers to Questions	August 16, 2010
Bid Opening	August 30, 2010 at 11:00 a.m. (local)
Selection Process Begins	September 1, 2010
Selection Determination	September 10, 2010
Contract Executed	October 1, 2010
Preferred Status Effective Date	January 1, 2011

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#### **M. Confidentiality and Debriefing**

The Procurement Administrator shall examine the proposal to determine the validity of any written requests for nondisclosure of trade secrets and other proprietary data identified in conjunction with the Attorney General's Office. After award of the contract, all responses, documents, and materials submitted by the bidder pertaining to this RFP will be considered public information and will be made available for inspection, unless otherwise determined by the Director of Purchasing, under the laws of the State of Delaware. All data, documentation, and innovations developed as a result of these contractual services shall become the property of the State of Delaware. Based upon the public nature of Professional Services

proposals, a bidder must inform the State in writing, of the exact materials in the offer which CANNOT be made a part of the public record in accordance with Delaware's Freedom of Information Act, Title 29, Chapter 100 of the Delaware Code.

If a bidder wishes to request a debriefing, the bidder must submit a formal letter to the Procurement Administrator, Herman M. Holloway Campus, Delaware Health and Social Services Main Building, 2nd Floor, Room 257, 1901 N. DuPont Highway, New Castle, Delaware 19720 within 10 days after receipt of Notice of Award. The letter must specify reasons for the request.

## **VI. SELECTION PROCESS**

All proposals submitted in response to this RFP will be reviewed by an evaluation team composed of representatives of the Division of Medicaid and Medical Assistance, Delaware Health and Social Services, and others as may be deemed appropriate by the Department. Each proposal will be independently reviewed and rated against review criteria and a recommendation will be made. Selection will be based upon a determination made to the Director of the Division of Medicaid and Medical Assistance (DMMA) within DHSS.

### **A. Proposal Evaluation Criteria**

The proposals will be reviewed and compared by all requirements of the RFP. At the end of the evaluation, one manufacturer/labeler will be deemed the preferred provider (s) for the listed products (diabetes-related monitors and test strips, and lancets).

The State of Delaware reserves the right to reject any bid that does not meet the minimum requirements.

The contractor will be selected through open competition and based on the review of proposals submitted in response to this request for proposal. A committee will be designated by DHSS to review the proposal(s) and assign scores to each proposal. A subcommittee will be assigned the cost proposal review while another subcommittee will be responsible for the remainder.

A maximum total of 100 points is available (70 for the technical proposal and 30 for the cost proposal).

<u>Category</u>	<u>Weight</u>
<u>Form Requirements</u>	Pass/Fail
<ul style="list-style-type: none"> <li>• Bidder's signature</li> <li>• Statement of Compliance</li> <li>• Certification Sheet</li> <li>• Office of Minority and Women Business Enterprise Self-Certification Tracking</li> </ul>	
 <u>Technical proposal (total available = 70 points)</u>	
1. Qualifications of the vendor.....20 (Experience and references)	
2. Service Delivery.....30 (Resources; transition and ongoing plans)	
3. Product line.....20	
<u>Pricing proposal</u> .....30	

Note: Upon selection of a vendor, the Division of Medicaid and Medical Assistance representative(s) will enter into negotiations with the bidder to establish a contract. The bidder will be offered the opportunity to propose contractual language at that time for the State to consider.

**B. Project Costs and Proposed Scope of Service**

The Department reserves the right to award this project to a bidder other than based on best price or to decide not to fund this project at all. Price will be balanced against the score received by each bidder in the rating process. The State of Delaware reserves the right to reject, as technically unqualified, any proposal that is deemed unrealistic if, in the judgment of the evaluation team, a lack of sufficient budgeted

resources would jeopardize a contractor's success in providing these services.

# **REBATE PRICING PROPOSAL**

## General Notes and instructions

1. Bid assumes rebate if SINGLE SUPPLIER/exclusive.
2. Forms for three product categories are offered in this section: (a) monitors and (b) test strips, and (c) lancets.
3. Bidders may propose more than one item in each category. Please add lines as necessary.
4. Financial reports as required in the “Scope of Services” section of this RFP are to be submitted separately.



**(a) Monitor/Meter Pricing:**

Monitor/Meter Product	NDC Number	WAC per unit as of August 1, 2010 *	% Discount off WAC per unit	Guaranteed Net Price (GNP)	Rebate

**\*WAC = Wholesale Acquisition Cost  
 Unit = a monitor  
 Rebate calculation:  $WAC - GNP = Rebate$**

**(b) Test Strip Pricing**

**(List all applicable NDCs that are included in bid per each meter/monitor):**

<b>Monitor/Meter</b>	<b>Test Strip Product</b>	<b>NDC Number</b>	<b>WAC per unit as of August 1, 2010 *</b>	<b>% Discount off WAC per unit</b>	<b>Guaranteed Net Price (GNP)</b>	<b>Rebate</b>

**\*WAC = Wholesale Acquisition Cost  
Unit = a test strip  
Rebate calculation:  $WAC - GNP = Rebate$**

**(c) Lancet Pricing:**

Lancet	NDC Number	WAC per unit as of August 1, 2010 *	% Discount off WAC per unit	Guaranteed Net Price (GNP)	Rebate

**\*WAC = Wholesale Acquisition Cost  
Unit = a lancet**

Rebate calculation:  $WAC - GNP = \text{Rebate}$



## **APPENDIX Section**

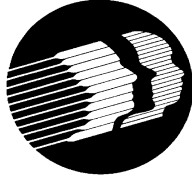
**APPENDIX A: BIDDER'S SIGNATURE FORM**

**APPENDIX B: CERTIFICATION SHEET**

**APPENDIX C: STATEMENTS OF COMPLIANCE FORM**

**APPENDIX D: OFFICE OF MINORITY AND WOMEN BUSINESS ENTERPRISE SELF-CERTIFICATION TRACKING FORM**

**APPENDIX A: BIDDER'S SIGNATURE FORM**



**DELAWARE HEALTH AND SOCIAL SERVICES  
REQUEST FOR PROPOSAL**

**BIDDER'S SIGNATURE FORM**

NAME OF BIDDER: \_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_  
TYPE IN NAME OF AUTHORIZED PERSON: \_\_\_\_\_  
TITLE OF AUTHORIZED PERSON: \_\_\_\_\_  
STREET NAME AND NUMBER: \_\_\_\_\_  
CITY, STATE, & ZIP CODE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_  
DATE: \_\_\_\_\_  
BIDDER'S FEDERAL EMPLOYERS IDENTIFICATION NUMBER: \_\_\_\_\_  
DELIVERY DAYS/COMPLETION TIME: \_\_\_\_\_  
F.O.B.: \_\_\_\_\_  
TERMS: \_\_\_\_\_

**THE FOLLOWING MUST BE COMPLETED BY THE VENDOR:**

AS CONSIDERATION FOR THE AWARD AND EXECUTION BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES OF THIS CONTRACT, THE (COMPANY NAME) \_\_\_\_\_  
HEREBY GRANTS, CONVEYS, SELLS, ASSIGNS, AND TRANSFERS TO THE STATE OF DELAWARE ALL OF ITS RIGHTS, TITLE AND INTEREST IN AND TO ALL KNOWN OR UNKNOWN CAUSES OF ACTION IT PRESENTLY HAS OR MAY NOW HEREAFTER ACQUIRE UNDER THE ANTITRUST LAWS OF THE UNITED STATES AND THE STATE OF DELAWARE, RELATING THE PARTICULAR GOODS OR SERVICES PURCHASED OR ACQUIRED BY THE DELAWARE HEALTH AND SOCIAL SERVICES DEPARTMENT, PURSUANT TO THIS CONTRACT.

## **APPENDIX B: CERTIFICATION SHEET**



### **DELAWARE HEALTH AND SOCIAL SERVICES REQUEST FOR PROPOSAL**

#### **CERTIFICATION SHEET**

As the official representative for the bidder, I certify on behalf of the agency that:

- a. The bidder is a regular dealer in the services being procured.
  - b. The bidder has the ability to fulfill all requirements specified for development within this RFP.
  - c. The bidder has independently determined their prices.
  - d. The bidder is accurately representing their type of business and affiliations.
  - e. The bidder has acknowledged that no contingency fees have been paid to obtain award of this contract.
  - f. The Prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other contractor or with any competitor.
  - g. Unless otherwise required by Law, the prices which have been quoted in this offer have not been knowingly disclosed by the contractor and prior to the award in the case of a negotiated procurement, directly or indirectly to any other contractor or to any competitor.
  - h. No attempt has been made or will be made by the contractor in part to other persons or firm to submit or not to submit an offer for the purpose of restricting competition.
-



- i. The bidder has not employed or retained any company or person (other than a full-time bona fide employee working solely for the contractor) to solicit or secure this contract, and they have not paid or agreed to pay any company or person (other than a full-time bona fide employee working solely for the contractor) any fee, commission percentage or brokerage fee contingent upon or resulting from the award of this contract.
- j. The bidder (check one) operates \_\_\_an individual; \_\_\_a Partnership \_\_\_a non-profit (501 C-3) organization; \_\_\_a not-for-profit organization; or \_\_\_for profit corporation, incorporated under the laws of the State of \_\_\_\_\_.
- k. The referenced bidder has neither directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this bid submitted this date to Delaware Health and Social Services.
- l. The referenced bidder agrees that the signed delivery of this bid represents the bidder's acceptance of the terms and conditions of this invitation to bid including all Specifications and special provisions.
- m. The bidder (check one): \_\_\_\_\_is; \_\_\_\_\_is not owned or controlled by a parent company. If owned or controlled by a parent company, enter name and address of parent company:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Violations and Penalties:**

Each contract entered into by an agency for professional services shall contain a prohibition against contingency fees as follows:

- 1. The firm offering professional services swears that it has not employed or retained any company or person working primarily for the firm offering professional services, to solicit or secure this agreement by improperly influencing the agency or any of its employees in the professional service procurement process.
  - 2. The firm offering the professional services has not paid or agreed to pay any person, company, corporation, individual or firm other than a bona fide employee working primarily for the firm offering professional services, any
-

fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of this agreement; and

3. For the violation of this provision, the agency shall have the right to terminate the agreement without liability and at its discretion, to deduct from the contract price, or otherwise recover the full amount of such fee, commission, percentage, gift or consideration.

The following conditions are understood and agreed to:

- a. No charges, other than those specified in the price proposal, are to be levied upon the State as a result of a contract.
- b. The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

\_\_\_\_\_  
Date

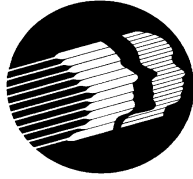
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title of Official Representative

\_\_\_\_\_  
Type Name of Official Representative

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**APPENDIX C: STATEMENTS OF COMPLIANCE FORM**



**DELAWARE HEALTH AND SOCIAL SERVICES  
REQUEST FOR PROPOSAL**

**STATEMENTS OF COMPLIANCE FORM**

As the official representative for the contractor, I certify on behalf of the agency that \_\_\_\_\_ (Company Name) will comply with all Federal and Delaware laws and regulations pertaining to equal employment opportunity and affirmative action. In addition, compliance will be assured in regard to Federal and Delaware laws and regulations relating to confidentiality and individual and family privacy in the collection and reporting of data.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX D: OFFICE OF MINORITY AND WOMEN BUSINESS ENTERPRISE SELF-CERTIFICATION TRACKING FORM**



**OFFICE OF MINORITY AND WOMEN BUSINESS ENTERPRISE SELF-CERTIFICATION TRACKING FORM**

IF YOUR FIRM WISHES TO BE CONSIDERED FOR ONE OF THE CLASSIFICATIONS LISTED BELOW, THIS PAGE MUST BE SIGNED, NOTARIZED AND RETURNED WITH YOUR PROPOSAL.

COMPANY NAME \_\_\_\_\_

NAME OF AUTHORIZED REPRESENTATIVE (Please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FEDERAL EI# \_\_\_\_\_

STATE OF DE BUSINESS LIC# \_\_\_\_\_

Note: Signature of the authorized representative must be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Delaware Health and Social Services.

Organization Classifications (Please circle)

Women Business Enterprise (WBE) Yes/No

Minority Business Enterprise (MBE) Yes/No

Please check one---Corporation \_\_\_\_\_

Partnership \_\_\_\_\_ Individual \_\_\_\_\_

For appropriate certification (WBE), (MBE), please apply to Office of Minority and Women Business Enterprise Phone # (302) 739-4206 L. Jay Burks, Executive Director Fax# (302) 739-1965 Certification # \_\_\_\_\_ Certifying Agency \_\_\_\_\_  
<http://www.state.de.us/omwbe>

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_

CITY OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_

## Definitions

**The following definitions are from the State Office of Minority and Women Business Enterprise.**

**Women Owned Business Enterprise (WBE):**

At least 51% is owned by women, or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by women; or any business enterprise that is approved or certified as such for purposes of participation in contracts subject to women-owned business enterprise requirements involving federal programs and federal funds.

**Minority Business Enterprise (MBE):**

At least 51% is owned by minority group members; or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by minority group members; or any business enterprise that is approved or certified as such for purposes of participation in contracts subjects to minority business enterprises requirements involving federal programs and federal funds.

**Corporation:**

An artificial legal entity treated as an individual, having rights and liabilities distinct from those of the persons of its members, and vested with the capacity to transact business, within the limits of the powers granted by law to the entity.

**Partnership:**

An agreement under which two or more persons agree to carry on a business, sharing in the profit or losses, but each liable for losses to the extent of his or her personal assets.

**Individual:**

Self-explanatory

For certification in one of above, the bidder must contract:

L. Jay Burks

Office of Minority and Women Business Enterprise

(302) 739-4206

Fax (302) 739-5561

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