

Questions for Solicitation STA180305-PHARM_SERV- Pharmacy Services

1. Who is your current pharmacy vendor? Could you provide a copy of your current contract?

Correct Rx Pharmacy Services. No. The original contract is from 2012.

2. How many medication carts do you use at each facility? Are the carts the property of your current vendor? If so, can the new vendor purchase these carts or do you need new carts?

We currently use 10 medication carts; 3 for our 45 bed units and 2 for our 30 bed units. The carts are the property of the current vendor. We would prefer new carts.

3. What are your current contract bid rates/dispensing fees? What is the current hourly rate paid to the consultant pharmacist (s)? Could you please provide a list of your current direct and indirect costs for supplies and equipment? Could you provide a medication utilization report for the most recent 3 months (invoices with patient names redacted) so that potential vendors can formulate a responsible cost proposal?

The current contract is \$400,000.00 per fiscal year (July 1 - June 30). The contract total includes: the hourly rate for the consultant pharmacist at \$50.00 per hour, prescription, over-the-counter, and IV medications, as well as IV supplies, injectables, immunizations and our emergency kit. The facility purchases topicals for skin integrity issues and other medical supplies. The invoices do not break out the direct and indirect costs for supplies and equipment as this was not requested in the previous RFP.

4. Could you provide a copy of your current formulary?

We currently do not have a formulary. It was not part of the original 2012 contract.

5. What is your current delivery schedule? How many times per week or day are your orders delivered? Are your orders delivered the same day or the next business day? What is your current cutoff time by which orders must be placed to be received in your next delivery?

Our current delivery schedule is one time daily at 2:00 a.m. Deliveries are made 7 days per week. Our orders are the next business day. Our cutoff time is 6:00 p.m. for the 2:00 a.m. delivery.

6. Which automated dispensing system (ADS) are you interested in?

The DVH has no preference.

7. Please clarify the proposal due date.

Due to the State Closings the proposals are due Wednesday, April 11, 2018 by 1:00 pm.

8. Please provide your current patient census? Are there plans in the future to increase or decrease the census?

Are census as of 3/20/18 is 76. We have had one 30-bed unit closed for renovations, so we will be increasing the census in the near future, not to exceed 120.

9. Is the intended use of this automated system to provide complete fills for patients or just first doses until the off-site pharmacy can provide the medication for the patient? Please describe the intended purpose of the automated pharmacy system. Please describe what problem needs to be solved for which an automated pharmacy systems is the determined solution.

The intended use of the automated system is to provide complete fills for residents. The intended purpose is to improve time efficiency, to streamline our medication administration process, and to minimize medication errors.

10. Does DVH intend to open a State of Delaware licensed pharmacy?

No. That is not our intent.

11. What automated system would you want the pharmacy to utilize?

The DVH has no preference.

12. Does DVH still anticipate the use of medication carts with an automated pharmacy system installed at the site? If not, how does DVH plan to manage the storage of topical medications, liquids, injectables, inhalers or oral medications not housed in the automated machine?

We anticipate the need for a medication cart to use along with the facility treatment cart. If another solution is proposed, we are open to review that solution.

13. Is the contractor providing the pricing formula we will utilize for medications and OTCs that are not covered by insurance plans?

Yes.

14. Do you plan to provide the total number of expected fills on which to calculate a total dispensing fee? How do you plan to evaluate one vendor against another if one proposal includes a dispensing fee and one does not?

The expected fills, based on history is ????. The evaluation process and the selection criteria will be used to evaluate all proposals.

15. Would you consider including in Appendix D the proposed drug pricing so that it could be evaluated in conjunction with the pricing of the other services?

Yes. Please note, Appendix D is a sample only and can be adapted to meet the needs of the vendor.

16. The information on page 44 asks for the hourly rate paid to the consultant pharmacist in the budget section. The information in Appendix D asks for a total cost of the consultant pharmacist. It would be helpful to know both the number of hours proposed and the hourly rate. Would you consider changing the structure of Appendix D to include this important information?

Yes. Please note, Appendix D is a sample only and can be adapted to meet the needs of the vendor.

17. If an APS is installed in the facility, some medications will be dispensed from the machine and others will be provided directly from the contractor's pharmacy or the emergency back-up pharmacy. Should the process maps include a process flow with timeframes for each of these situations? Also should it include the following scenarios: first dose vs. routine medication dispensing; PRN medications; process when the machine is out of medication?

Yes. The process maps should include a process flow with timeframes for each of these situations. We are not interested in first dose, so a process map should not be included for that scenario. Yes. The process maps should include PRN medications and when the machine is out of medication.

18. Given the way Appendix D – Budget is structured, we are not sure that the state would be able to properly evaluate the alternative of having all

medications delivered by the offsite pharmacy vs having an APS. Would the state consider amending Appendix D to allow for a comparison between the costs of Option A vs Option B to clarify the evaluation process?

Yes. Please note, Appendix D is a sample only and can be adapted to meet the needs of the vendor.

19. Appendix B – Scope of Work states that “if bidding on Option B, please describe when, if applicable, the Contractor shall convert to an APS. Different vendors may suggest conversion at a different point in the contract based on the type of machine they are proposing which could significantly impact the total of the first year costs. How are these differences to be accounted for in Appendix D?

Please note, Appendix D is a sample only and can be adapted to meet the needs of the vendor.

20. Given the complexities of the RFP, would the State consider extending the RFP deadline until April 30, 2018?

Due to the State closings, the State will extend the RFP deadline to Wednesday, April 11, 2018.

21. Are you expecting automation similar to a Talyst machine would dispense virtually all patient medications (both STAT and routine orders) or are you only referring to a solution like an Omnicell which would only be used for STAT and first dose medications with all other items coming from the off-site pharmacy?

Are intent and expectation is to have an APS to dispense all patient medications and not just used for STAT and first dose medications.

22. Will you consider awarding the contract to a pharmacy which has no intention of ever converting to an on-site, automated pharmacy system, to the extent that “automated pharmacy system” is in reference to a Talyst-like system that would dispense virtually all STAT and routine orders on-site at the home?

Are intent and expectation is to have an APS to dispense all patient medications and not just used for STAT and first dose medications. If the vendor has no intention of ever converting to an on-site, automated pharmacy system, that exception should be noted in Attachment 3 – Exceptions.

23. Will you consider awarding the contract to a pharmacy which does not currently and cannot in the future interface with American Data – ECS or Prescriber’s Connection?

No. The pharmacy services must be able to interface with our current EMR – American Data – ECS. If the vendor has no intention of interfacing with American Data, that exception should be noted in Attachment 3 – Exceptions.

