

## Questions for Maryland DOH Hospitals, MD

### RFP #MDH/OPASS 20-18592: Pharmaceutical Services

Questions emailed to Theresa B. Ammons, Contract Officer, at Mdh.solicitationquestions@maryland.gov on June 1, 2020.

Submitted by Matthew C. Bush

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#### Question #1

Section 2.3.1.2 indicates that no costs anticipated for integrating the Bidder's existing system with the hospital's system should be included in the response to this IFB.

- Please confirm that bidders are only responsible for costs on their side of any interface and the hospital EMR will be responsible for costs on their side of any interfaces.

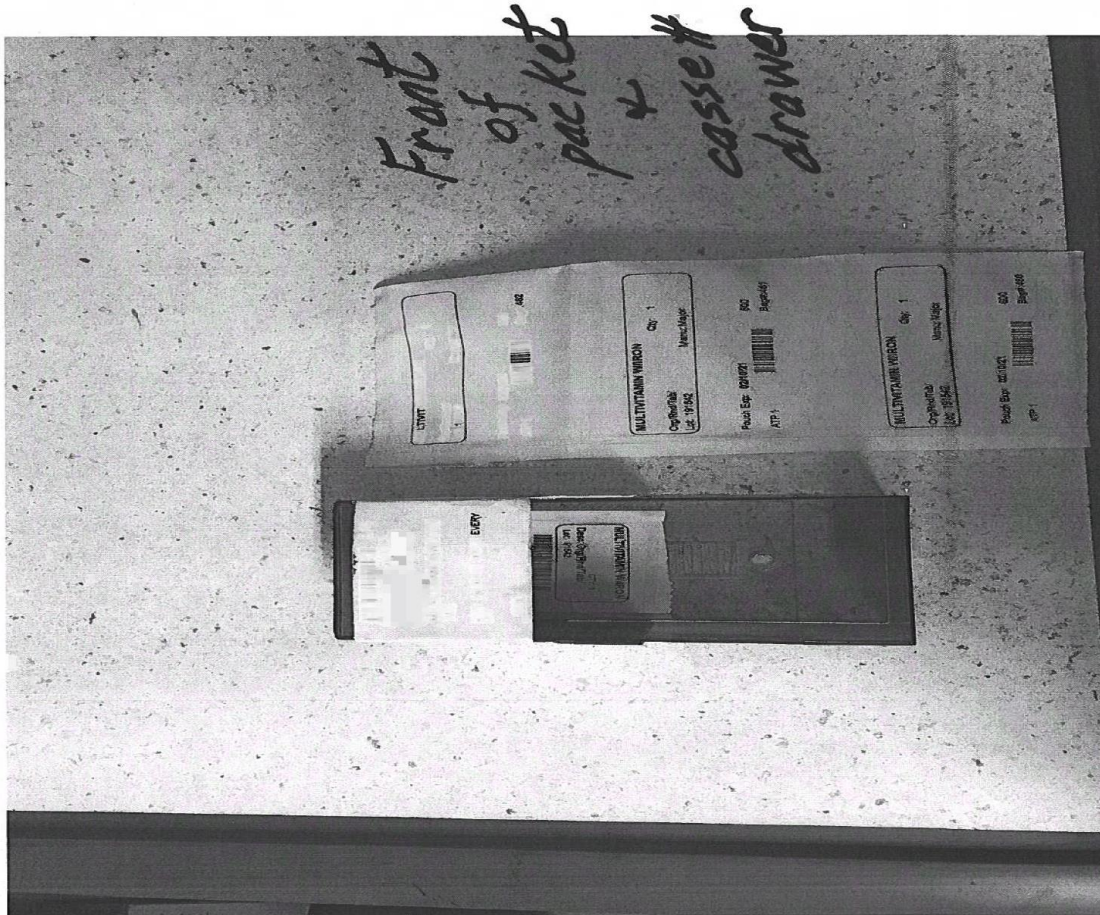
**Department Response** - RICA Baltimore: At this moment we interface by FAX, pharmacy delivery papers, and phone. The state plans to roll out an EMR

#### Question #2

Section 2.3.2.4 indicates that bidders are to provide all tablets, capsules, etc. and selected liquids in unit-dose packaging, such as blister cards that are perforated with the name of medication and dosage administration time, patient/resident/client name, expiration date, and all applicable warning labels affixed or printed on the back of each dose.

- Can you please provide a picture of the packaging (front and back) used at each of the 6 DOH facilities?





### Question #3

Section 2.3.3.5 indicates that any medication order transmitted, faxed or phoned to the Contractor by 4:00 p.m. EST on weekdays must be delivered the same day unless the item is not in stock or the faxed/phoned order states differently.

- Are bidders permitted to designate in their bid response only select hospitals they wish to bid upon if they are not able to provide same day delivery to all hospitals due to logistical and distance restraints?

**Department Response** – Yes.

### Question #4

Section 2.3.7.10 indicates that the Contractor shall perform monthly inspections and inventory of the medication carts, medication rooms at each nursing station, emergency and interim boxes, stock supply cabinet(s), and additional areas where pharmaceuticals may be stored or handled as specified by the Facility Contract Monitor.

- Are inspections required to be conducted by a pharmacist or may other Contractor personnel such as a RN or LPN or MA be permitted to conduct required inspections?
- Section 2.3.9.3.C then goes on to mention quarterly pharmacist inspections. Can it be clarified

what the differences would be in the monthly and quarterly inspection requirements?

**Department Response** - Per COMAR Nursing home regulations, the inspections and medication reviews must be done by a licensed pharmacist. There are no differences in the monthly vs. quarterly inspection requirements. Holly Center - Currently, every month, every medication cart, storage area and interim boxes, are inspected. Monthly, a snapshot of the campus gets a medical chart review with all medical charts being reviewed at least quarterly. If there are questions, then the contracted pharmacist receives the questions and completes a chart review at the time of her visit.

#### Question #5

- Regarding Section 2.3 of the IFB, are bidders to provide a narrative response to each item?

**Department Response:** Bidders should not provide a narrative. Section 2.3 is a listing of the contractor's responsibility in providing Pharmaceutical Services for the contract (s) resulting from the IFB.

- Are these mandatory requirements and only exceptions or deviations are to be noted, if any?

**Department Response:** Please refer to Section 4.17 Acceptance of Terms & Conditions. *"Any exceptions to this IFB or the Contract must be raised prior to Bid submission. Changes to the solicitation, including the Bid Form or Contract, made by the Bidder may result in Bid rejection".*

#### Question #6

Section 3.6.1.1 indicates that the Contractor shall possess and maintain throughout the term of the awarded Contract and for three (3) years thereafter, Cyber Risk/ Data Breach insurance (either separately or as part of a broad Professional Liability or Errors and Omissions Insurance) with limits of at least US \$10 million (\$10,000,000) per claim.

- In order for bidders to provide a more competitive bid rate, industry standards typically request a \$5 million cyber insurance requirement. A requirement of \$10 million will essentially double the cost of annual premiums and increase the overall program cost to the DOH. Would the DOH consider a \$5 million limit for Cyber insurance?

**Department Response** – Refer to Addendum #2. Cyber Insurance Requirement reduced to \$5,000,000.

#### Question #7

Regarding medication utilization at each of the hospital locations:

- What is the average number of prescriptions per facility billed to MD Medicaid each month?

**Department Response** - Holly Center- We are unable to provide the monthly MA prescription reimbursement at this time

- What is the average number of prescriptions per facility billed to private insurance each month?

**Department Response** - Holly Center- We do not have any residents with private insurance at this time.

- What is the average number of prescriptions billed by your current pharmacy vendors to the DOH each month not covered by other insurances or Medicaid or Medicare?

**Department Response** - Holly Center- At this time, we approximately have \$ 2500.00 - \$ 3000.00 per month billed to our facility

### Question #8 - Current Vendor

What company is your current pharmacy services provider at each of the 6 locations?

**Department Response:** Allied Pharmaceutical (Deer's Head Center, Holly Center, RICA-Baltimore, RICA-Rockville, Western MD Center) Pharmicare (Potomac Center).

### Question #9 - Current Rate

In most, if not all public procurements, cost is not typically considered proprietary and would be readily available without submitting a public records request.

- If your current pricing model is based on acquisition cost plus an annual management fee, what is the current management fee per hospital location?

**Department Response** – The incumbents' administrative fees are considered proprietary information

**Department Response:** The Contractor will be reimbursed at the Actual Acquisition Cost rate for drugs not covered through insurance or for residents that have no insurance. Refer to IFB – Attachment B Bid Form and Instructions, items I, M & N. regarding coverage of additional costs including monthly fee

### Question #10 - Utilization Data

Medication utilization data is extremely important for bidders in determining a final and accurate bid rate in their response to your solicitation, especially with requesting an annual management fee model. Not providing actual medication utilization data to all bidders would result in an unfair competitive advantage to your incumbent pharmacy vendor(s) who already has/have this information.

Because public money is used to pay for pharmacy services and medications under the current contract, our understanding is that medication utilization information is never considered proprietary. Therefore available without the need for a public records or FOIA request. This information is readily available from recent invoices or via a report that can quickly be generated by your current pharmacy vendor if requested by the DOH.

- To ensure a transparent and competitive procurement process, can you please provide copies of your two most recent monthly pharmacy invoices or a two-month report with actual pharmacy utilization data (with patient names redacted) for each hospital location?

**Department Response** – The incumbents' invoices are considered proprietary information.

### Question #11 - Current Services

What are the main challenges or issues for the Maryland DOH regarding your current medication dispensing and pharmacy management program?

- If there are no challenges or issues, what are some areas in which you believe improvements can be made or value added?

**Department Response** – Operational requirements and knowledge from the current services were taken into consideration in procuring for the new services