Department of Public Safety and Correctional Services

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QUESTIONS AND RESPONSES # 2
Project No. DPSCS Q0010022
INMATE PHARMACY SERVICES
February 8, 2011

Ladies/Gentlemen**:**

This list of Questions and Responses #2, questions #7 through #128, is being issued to clarify certain information contained in the above named RFP. The statements and interpretations of contract requirements, which are stated in the following questions from potential Offerors, are not binding on the State, unless the State expressly amends the RFP. Nothing in the State's responses to these questions is to be construed as agreement to or acceptance by the State of any statement or interpretation on the part of the vendor asking the question as to what the contract does or does not require.

7. *Regarding RFP Section 3.30.1, Patient Health Records: Can you please clarify the requirement for pharmacists to enter all patient specific medication into the patient health record, as appropriate? How does this process work currently? Given the fact pharmacists will not be located at each facility, how do you anticipate this requirement being fulfilled?*

RESPONSE: Pharmacists clinically provide consultations for providers on inmate medication options upon request and during medication audit reviews. The recommendations are expected to be documented by the pharmacist in the electronic health record. Currently any referral to a clinical pharmacist by a medical provider generates a consultation and recommendations for management which are part of the health record documentation electronically. We anticipate that the clinical pharmacists can do an electronic record review, use video conferencing/telemedicine, and interview the inmate with the provider, or that they will make arrangements to visit the facility if necessary to complete the consultation.

8. *RFP Section 3.15.1 states "the Contractor shall supply and maintain any office equipment or other equipment other than computers required for the clinical pharmacists employed under this contract." The following questions apply:*

a. *Will the agency supply computers required for an electronic Medication Administration Record (EMAR)?*

RESPONSE: DPSCS has existing hardware related to the electronic health records that will be part of the equipment inventory available, but DPSCS will not be purchasing computers specifically required for EMAR. Additional computer equipment must

be purchased by the Contractor after receiving approval by DPSCS Information Technology and Communications Division (ITCD).

b. *Will the computers currently used for the NextGen EMR system be used for accessing the EMAR system?*

RESPONSE: The computers currently used for the NextGen EMR system can also be used for accessing the EMAR system if the equipment is compatible, and no hardware modifications are required.

c. *Will additional EMAR specific computers be required?*

RESPONSE: Additional EMAR specific computers may be required depending upon how the offeror executes the implementation of EMAR (i.e. electronic interface versus stand alone).

9. *In RFP Section 3.18.3, what electronic format(s) is the preference of the agency (e.g., MS-Word, MS-Excel, MS-Access, ASCII text file, etc.)?*

RESPONSE: A full spectrum of the electronic format potential is expected. However, MS-Access is not an accepted format and cannot be used.

10. *Regarding RFP Section 3.30.4, will medication orders and refills be placed in the NextGen EMR system or is it the expectation of the agency that these orders will be submitted to the pharmacy via the EMAR application and transmitted back to the NextGen EMR via an interface?*

RESPONSE: The Department expects orders and refills to be done using the NextGen EMR system directly or via an interface.

11. *Regarding RFP Section 3.31.2, are there specific requirements related to the Peer Review database format of functionality? Will a MS-Excel or MS-Access based database be sufficient to meet this requirement?*

RESPONSE: MS-Excel is the preferred format for meeting this requirement. MS-Access is not an acceptable format for meeting this requirement.

12. *Regarding RFP Section 3.31.3, are there specific requirements related to the Equipment database format of functionality? Will a MS-Excel or MS-Access based database be sufficient to meet this requirement?*

RESPONSE: MS-Excel is the preferred format for meeting this requirement. MS-Access is not an acceptable format for meeting this requirement.

13. *Given the exclusion in the summary statement (RFP Section 1.1), does this solicitation include the provision of pharmacy services within the confines of the Patuxent Institution as defined in Section 1.2.23 of this RFP?*

RESPONSE: Yes, the Patuxent Institution is included. Scope of Work Section 3.4.1 states "The pharmacy services requested under this RFP are to be delivered for all persons incarcerated or otherwise held in any institution of the DPSCS. As set forth more fully below, DPSCS operates the institutions comprising the Maryland Division of Correction (DOC), the Patuxent Institution (Patx), and the Maryland Division of Pre-Trial Detention and Services (DPDS)." See also Amendment #1, which clarifies RFP Section 1.1.

14. *In Section 1.2.1 of the RFP it states, "if the Contractor does not purchase a legend or non-legend drug or medical supply item during the same month that such drug or item is provided to the Department under this Contract, the acquisition cost shall be construed to be the amount invoiced to the Contractor for its most recent purchase of that drug or item." This is a very infrequent occurrence. The computer systems of most pharmacy companies update the drug file via a direct computer-to-computer download from our primary supplier's computer system on a monthly basis. There are times when the price has gone up or gone down in the interim period. The difference is immaterial in dollars but would create a tremendous burden for our administrative staff to find the few medications that were not purchased during the current month. If a medication is not purchased during the month in which it is ordered by the Department, will the department allow the contractor to bill the department at the acquisition cost for the month in which it was ordered?*

RESPONSE: The reason for this provision is to ensure that the Department is billing for actual acquisition cost. If the Contractor makes a purchase of drugs or items that are not provided to the Department until a later month, the Contractor is to bill the Department the amount invoiced to the Contractor for the Contractor's most recent prior purchase of those drugs or items provided to the Department.

15. *In RFP Section 1.3 Contract Type, there is a reference to Section 4.6.1 of this RFP. Since Section 4.6.1 does not exist please advise.*

RESPONSE: RFP Section 1.3 has been amended. Please refer to Amendment #1.

16. *As described in RFP Section 1.9 of this RFP, please provide further explanation of the type of question that is only specific to the requestor and therefore unavailable to the other offerors?*

RESPONSE: A type of question that would be only specific to the requestor and therefore unavailable to the other potential offerors would include questions related to only that potential offeror. An example might be a potential offeror questioning whether their particular qualifications would meet the minimum qualifications stated in the RFP.

17. *Are out-of-state vendors required to comply with the Living Wage Requirement outlined in Section 1.29 of this RFP?*

RESPONSE: Yes, out-of-state vendors are required to comply with the Living Wage Requirements outlined in Section 1.29 of the RFP and detailed further in Attachment M.

18. *How will the Maryland Department of Labor, Licensing, and Regulation ensure that out of state vendors comply with the Living Wage Requirement outlined in Section 1.29 of this RFP?*

RESPONSE: For specific information related to the Maryland Living Wage law, please refer to the Department of Labor, Licensing, and Regulation's website, and the Frequently Asked Questions (FAQ) provided at the following webpage link: http://www.dllr.state.md.us/labor/prev/livingwagefaqs.shtml

19. *Please provide clarification of the "Contractor's proposed Discount percentage per brand or generic pharmaceutical" as referenced in RFP Section 3.2.3. Is the "discount percentage for generics" and the "discount percentage for brands" stated as a percent of the total estimated 12 months acquisition cost for generic and brand drugs? What types of discounts are you referring to, and how would such a discount be entered into Attachment F?*

RESPONSE: Please refer to RFP Section 3.33.1.3, Attachment F – Instructions for Completing Price Form, and Attachment F – Price Form (Excel attachment). Offerors are instructed to propose one percentage discount for generic pharmaceuticals and one percentage discount for brand pharmaceuticals for each contract year and each option year, in the fields indicated in the Price Form. The actual competitive percentages proposed are entirely up to each offeror. As stated in the Instructions for Completing the Price Form, the generic percentage discount will be applied to the Total Estimated 12 Month Generic Drug Acquisition Cost for each year, and the brand percentage discount will be applied to the Total Estimated 12 Month Brand Drug Acquisition Cost for each year as part of the Total Evaluated Proposal Price calculations. The percentage discounts proposed by the offeror for each year on the Price Form will be the actual percentage discounts the Contractor will apply as a reduction to all invoices submitted to DPSCS for acquisition costs of generic and brand pharmaceuticals under the Contract.

20. *In section 3.3.2 there is reference to "no less than quarterly, regional meetings with other DPSCS health care providers to identify trends and promote cost effective practices for the medical services providers." Are these meetings separate from the monthly regional Pharmacy and Therapeutics meeting per SDA. Given that the monthly regional and statewide Infectious Disease Meetings are not mentioned in section 3.3.2, are they considered mandatory for the pharmacy contractor to attend?*

RESPONSE: The quarterly regional meetings with other DPSCS health care providers are separate from the monthly regional Pharmacy and Therapeutics meetings. The Pharmacy Contractor is required to attend the statewide Infectious Disease meetings (see RFP Section 3.1.4).

21. *In clarification of Section 3.5.3, is the pharmacy vendor responsible to pay all licensure fees associated with state licenses and certificates that are not in the vendor's name rather in the State's, Agency's or specific MD DPSCS facility's name? Please clarify the specific licenses and fees that the pharmacy contractor is responsible for paying.*

RESPONSE: The contractor is responsible for any license or certification fees, including DEA, regional, and facility licenses or certificates that are necessary for the facility or contractor to legally provide the pharmacy services detailed in the RFP and be in compliance with state, federal, or national auditing agencies. As an example, if a facility that does methadone detox or maintenance requires DEA licensing in that facility's name, the contractor will apply for the licensing, complete the paper work, and pay any necessary fees associated with the facility sited to be in compliance with the regulations. If the requirement is that the certificate be in the contractor's name to be in compliance, because the facility can not be the sited entity secondary to regulatory reasons, the contractor will be the agent. There have not been any specific licenses/fees beyond those generally required to be in compliance with the federal and state regulators.

22. *As described in Section 3.10.1 of the RFP, are out-of-state vendors required to utilize only registered pharmacy technicians in the preparation of prescriptions for this contract? Will the successful offeror be required to provide verifiable evidence that an adequate number of registered pharmacy technicians are employed to fulfill the number of prescriptions dispensed for this contract?*

RESPONSE: The selected offer, whether in-state or out-of-state, is to use only registered pharmacy technicians in the preparations of prescriptions. RFP Section 3.10.1 places the responsibility to maintain proper training, licenses, certifications, cooperative agreements, and registrations necessary to provide these services in Maryland. The Contractor must be knowledgeable and compliant with all Maryland and Federal laws and requirements at all times while providing the services required under the RFP.

23. *In reference to Section 3.17.1.1 of this RFP, it states that "stock medication shall be prescribed for 3 to 7 days." Does the Agency want medications ordered from stock or do you wish to utilize the stock medication supply on an interim basis as starter doses to be administered per dose at a pill call line prior to the arrival of the patient specific medication via same day delivery?*

RESPONSE: The stock medication supply shall be utilized on an interim basis as starter doses to be administered per dose at a pill call line prior to the arrival of the patient specific medication, unless the medication is a Keep-On-Person (KOP) medication

24. *The Contractor's statewide Medical Director is referenced in section 3.17.1.1 and elsewhere in this RFP. Does the Agency require the Pharmacy Vendor to have a Statewide Director of Pharmacy (Medical Director) that is 100% dedicated to the MD DPSCS contract in addition to 4.0 FTE onsite clinical pharmacists?*

RESPONSE: Yes, a statewide Director of Pharmacy is required in addition to the 4.0 FTE clinical pharmacists.

25. *It states in Section 3.17.3.2 of this RFP that, "Emergency medication services shall be provided on a seven (7) day a week, twenty-four (24) hour per day basis." Would the agency consider this requirement satisfied if a Contractor proposes to use back-up pharmacies that may close during inclement weather or on holidays to provide these emergency medication services?*

RESPONSE: Backup pharmacies may be used to meet the RFP requirements, but emergency medications must still be provided on holidays. Refer to RFP Section 3.22 for requirements related to severe weather and emergency preparedness ("The Contractor shall ensure that appropriate personnel are available to provide pharmacy services as required by this Contract during severe weather, natural disasters, pandemics, and other emergencies").

26. *As referenced in Section 3.18.4 of this RFP, "Any prescription for a non-formulary medication shall be reviewed by a clinical pharmacist assigned by the Contractor who shall determine whether sufficient documentation has been provided to support the non-formulary request, and whether formulary alternatives were sufficiently exhausted." Further, there is a liquidated damage associated with this requirement.*

a. *Is there an equally reinforcing liquidated damage associated with the medical provider's requirement to provide a thorough rationale as to why the non-formulary is being requested?*

RESPONSE: If a provider consistently fails to provide good data related to the reason for the non-formulary request, and the pharmacy contractor can document a provider's repeated failures at submitting good information to make the decision in a timely manner, the Department can assess liquidated damages. The goal is that the Medical Provider and Pharmacy Provider will work collaboratively.

b. *How does the Department intend to hold the providers responsible for following the Non-formulary Protocol?*

RESPONSE: Pharmacy audits are performed related to non-formulary process compliance and are reviewed as part of the quarterly P&T agenda. Trending data analysis of providers who are responsible for non-formulary requests per region/facility will be reviewed for compliance and will alert the Department of who is in non-compliance.

c. *What type of consequences will the Department enforce upon providers who make repeated requests for Non-formulary medications without demonstrating compliance with the Department's approved clinical pathway?*

RESPONSE: The State has several methods of enforcing contract compliance to include but not limited to Corrective Action Plans, Multi-Vendor meetings, and/or Liquidated Damages.

27. *As outlined in section 3.18.4.1 the pharmacist shall return non-approved prescriptions with a replacement alternative. How long does the provider have to act upon these recommendations? How will the pharmacist be informed that a recommendation has been accepted and acted upon or that a recommendation is being appealed?*

RESPONSE: Per RFP Section 3.18.4.1, the pharmacy contractor has 24 hours to act on "non-emergent" requests, and 8 hours to respond to emergent/urgent requests (refer to RFP Amendment #5). The EMR system has a non-formulary report for review. Currently the only way a pharmacist knows a recommendation has been accepted is by record review. There is nothing that prohibits the pharmacy contractor from creating a system to acknowledge the providers acceptance of the recommendation. All pharmacy appeals go to the statewide pharmacy and medical Directors for resolution, which includes notification of the disposition of the appeal to the provider and the Statewide Medical Director.

28. *Section 3.30.1 of the RFP states "the Contractor, through its pharmacists, shall enter all patient specific medication information into the inmate's Electronic Medical Record (EMR) as appropriate." In what circumstances would the Contractor's pharmacists be entering orders into the EMR instead of the healthcare vendors (e.g., medical, mental health, dental)?*

RESPONSE: Pharmacy consultative services/opinions shall be documented in the EMR.

29. *In section 3.30.1.1 of the RFP there is a requirement to import the Department's Formulary. Is the EMR system equipped to receive the Contractor's drug file to be used in the selection of medication to ensure there is no confusion with drug identification? Would the department allow updates more frequently than twice a year?*

RESPONSE: The Electronic Medical Record (EMR) is required to receive drug files. Updates more frequently than twice a year are possible should the need arise.

30. *In section 3.30.4 of this RFP, there is a requirement to provide a fully operational EMAR that shall be available to all medical staff that prescribe medication? For planning purposes, how many specific user accounts will be required? How many concurrent users will there be?*

RESPONSE: The response to this RFP requires a proposal and description of how the offeror will develop and deploy an EMAR. The number of user accounts eventually required is not determinable at this time, but offerors should take into account the number and frequency of distribution points as provided within the RFP and its attachments.

31. *In section 3.30.4 of this RFP, there is a requirement to provide a fully operational EMAR. Is there an established secure tunnel from each MD DPSCS facility?*

RESPONSE: The DPSCS network is a secured network.

32. *In section 3.30.4 of this RFP, there is a requirement to provide a fully operational EMAR that must interface with the NextGen medical record system. Given that the NextGen system has an EMAR component that is designed to be used with the NextGen EMR system, why is the Department not using the NextGen product?*

RESPONSE: The Department has not purchased and has no licenses to the NextGen EMAR.

33. *Should the price for the EMAR as outlined in section 3.30.4 of this RFP be included as overhead and profit?*

RESPONSE: Yes, the proposed cost of an offeror's EMAR should be included in that offeror's financial proposal as part of overhead and profit.

34. *Would the Department be willing to use the NextGen EMAR as outlined in section 3.30.4? Would the Department require the pharmacy contractor to use NextGen as a subcontractor or would the Department wish to contract directly with NextGen?*

RESPONSE: Yes, the NextGen EMAR would appear to meet the requirements of this RFP. An offeror should describe how they intend to use any sub-contractors (such as NextGen, if part of the offeror's proposal) in the body of their proposal response. Also, refer to Question and Response #32.

35. *Given that the Agency has a contractual relationship with NextGen, what is the price for activating and using the NextGen EMAR to satisfy section 3.30.4 of this RFP?*

RESPONSE: Please refer to Question and Response #32. The State does not have a current contract with NextGen to provide an EMAR or pricing information. If an offeror wishes to utilize the NextGen EMAR as part of its proposal, the offeror will need to negotiate a price with NextGen.

36. *Has the Department secured NextGen's permission and ability to interface with a third party software system? Has NextGen set guidelines and requirements for interfacing with third party systems?*

RESPONSE: Please refer to Question and Response #32: The Department has not purchased and has no licenses to the NextGen EMAR.

37. *Is the Department absorbing NextGen's cost for interfacing with a third party software system? Has NextGen provided the Department a quote of those costs?*

RESPONSE: The Department currently has a maintenance agreement with NextGen to provide an EMR only. Any additional interfaces will need to be accomplished through a contract between the contractor and NextGen. The Contractor is responsible for the cost of this interface contract. DPSCS has not requested a cost quote from NextGen to cover this work.

38. *Who is responsible for the costs associated with training medical staff on use utilization of a third party EMAR system during start-up and during the life of the contract? If the medical vendor changes during the pendency of the pharmacy contract, who is responsible for the costs associated with training the new medical staff?*

RESPONSE: EMAR implementation, including training of the pharmacy contractor's staff, is to be provided by the pharmacy contractor during start up at the contractor's cost. Each other provider is to train their staff at their own expense.

39. *Who is responsible for absorbing the costs of computer hardware associated with the use and implementation of an EMAR system?*

RESPONSE: The State expects a total proposal solution to the eMAR implementation to include hardware and software. The Contractor is responsible for absorbing all the costs.

40. *How do the Department's two separate software systems (EMAR and NextGen) function simultaneously?*

RESPONSE: As the Department does not have an EMAR, an offeror's proposal should describe how its proposed EMAR system will function.

41. *Please provide established guidelines for EMAR use that comply with Maryland Nursing and Board of Pharmacy Regulations.*

RESPONSE: Each offeror should check with each licensing agency regarding guidelines to ensure that the Offeror meets all applicable laws and standards.

42. *Please provide established guidelines for documentation, storage and transfer of information contained within an EMAR.*

RESPONSE: The Contractor will be responsible for providing technical documentation for the data transfer within an EMAR. This will include the workflow diagrams, detailed data field specifications and security requirements. While there is some flexibility in the process used for this transfer, the Contractor must design this process to be HL7 compliant, and should not require the medical staff or DPSCS staff to initiate the data transfer process.

43. *Please provide the Department's guidelines should it not retain the pharmacy provider at the end of the contract and no longer have access or use of the EMAR that was provided during the pendency of the contract.*

RESPONSE: The EMAR hardware and software became the property of the State at the end of the contract. See RFP Section 3.15.2.

44. *Has the Department considered directly contracting with an EMAR provider as it did with NextGen to eliminate the possibility of losing its access and use of the EMAR at the termination of the contract?*

RESPONSE: The Department is not in a position to contract with an EMAR provider as this time.

45. *If the Department is dissatisfied with NextGen or their EMAR offering has the Department considered issuing a separate RFP for and electronic patient health record that includes an EMAR and medication order entry?*

RESPONSE: The Department is not in a position to issue a separate RFP for an electronic patient health record system that contains an EMAR and medication order entry. This is an opportunity for offerors to propose EMAR solutions.

46. *Given the requirement to provide monthly information and utilization reports by the fifth of the month following the month the report reflects as described in section 3.31.4.1 of the RFP, when should the pharmacy contractor expect to receive the monthly ADP report from the Department?*

RESPONSE: The ADP is published on the 10th of each month.

47. *As stated in section 3.32 of this RFP and outlined in Attachment V, there is a 100% compliance threshold required for participation in Agency Programs and Meetings. Given the limited number of pharmacy staff compared to the other vendors and the required meeting participation (e.g. MAC, Infectious Disease, regional healthcare, P&T), how will the Department ensure that meetings are not scheduled at the same time and in a manner that permits participation from all vendors?*

RESPONSE: Pre-approved schedules of all meeting times and locations will be provided to the pharmacy contractor and the other inmate healthcare providers.

48. *As stated in Section 3.32 of this RFP and outlined in Attachment V, there is 96% compliance threshold required for monthly staffing hours. Given the 4.0 on-site clinical pharmacist requirement, does the department allow for exceptions for PTO and vacation or is it required that additional qualified on-site pharmacists be available to fill these hours. If so, does each pharmacist providing on-site hours require prior authorization, orientation, credentialing and screening as detailed in Sections 3.8 through 3.12.*

RESPONSE: The 96% fill rate is the service expectation (not allowing for exceptions for PTO and vacations). The Contractor will ensure that there are enough on-site pharmacists available, as required in the RFP (see RFP Section 3.6.2). Each pharmacist requires prior authorization, orientation, credentialing, and screening, as required in the RFP.

49. *As stated in Section 3.32 of this RFP and outlined in Attachment V, there is 100% compliance threshold required for the delivery of Medications to a Facility. The performance standard states "An occurrence is when the Pharmacy Provider does not deliver as referenced in RFP section 3.16" with a minimum threshold of 100%. 3.16 of the RFP details the delivery of pharmacy services to include 3.16.1.1 which states "the contractor shall supply prescription and nonprescription medications and supplies, as applicable, to each facility within each Service Delivery Area, using Pharmacy Provider supplied transportation, in unit dose blister and/or cellophane packs, or in the most effective size and package for dispensing." The RFP indicates that the Department intended for liquidated damages to assess for each failure to deliver within each Service Delivery Area. However, based upon the structure of the Liquidated Damages Table there could be an interpretation that the provision is effective for any single medication that is not delivered. The minimum threshold of 100% does not*

account for the rare, but realistic possibility that in any given contract year there could be a delivery that is not made within a Service Delivery Area for reasons beyond the control of the vendor (for example this past winter's snow storms that closed the interstate). By reducing the threshold to 96% (the next highest minimum amount) the Department could ensure compliance to the Performance Standard without having to devote unnecessary resources in the event of occurrences beyond a vendor's control. Please clarify the delivery intent and respond to the request for a reduce threshold.

RESPONSE: Please refer to Question and Response #25 and RFP Section 3.22 regarding severe weather. Attachment V has been amended to further clarify the liquidated damage performance standard. Refer to RFP Amendment #5 and the accompanying revised Attachment V.

50. *As stated in section 3.32 of this RFP and outlined in Attachment V, there is 100% compliance threshold for addressing ARPs and ARP appeals. Currently all ARPs are addressed by the medical, mental health, and dental staff. The pharmacy vendor is often required to provide supportive data such as medication fill histories and delivery reports to support the investigation. Does the Department envision the pharmacy contractor addressing ARPs independently?*

RESPONSE: For most of the time, there will not be a requirement for an independent direct ARP response by the pharmacy contractor. There may be a rare occasion where the concerns are purely related to the pharmacy contractor's component of the process which may have to be addressed independently.

a. *If so, how would the Department identify an ARP for the pharmacy vendor independent of the other vendors?*

RESPONSE: An individual inmate may write an ARP and directly identify the Pharmacy provider as the reasons for his specific issues and it may have to be corrected or addressed by the vendor.

b. *Also, given the potential allocation of staffing hours to complete the investigation, inmate interviews, and required written response, how many ARPs per month should the pharmacy contractor prepare to address?*

RESPONSE: Occasionally, a pharmacy provider may be required to respond to an ARP or cooperate with another provider in preparation of the response. On average, less than ten per month require pharmacy data or supportive documentation.

51. *Will the agency revise the requirement that copies of all vendor invoices be submitted every month as described in section 3.33.1.3? This requirement would create a tremendous burden on the contractor and would create thousands and thousands of pages of hard-copy documents that would need to be handled and stored by both the*

contractor and the Department. We understand that the agency wants to have the ability to audit the prices being charged for each medication and any invoice at any time could be requested on a random or deliberate schedule that would also serve the integrity of this process. The agency is currently supplied over 2,500 different medications on a monthly basis. To make photocopies of all vendor invoices for every medication provided would take many hours of labor, not to mention the significant cost for the paper, the toner, and wear and tear on a copier. Once these paper documents are generated and sent to the agency, the State would then bear the cost of organizing the documents, filing them, and storing them for whatever time period required by policy. In this environmentally conscientious era, it would seem counter-productive to consume such a high level of resources, especially since the governor, businesses, and state agencies are working to go "green" and reduce the negative impact on the environment from their operations. We respectfully request that the agency determine a more cost-effective manner to achieve the audit of monthly medication costs without this undue burden.

RESPONSE: RFP Sections 3.33.1.3 and 4.4 have been amended to clarify that electronic copies are to be submitted, and not hard copies. Please refer to Amendment #5. Each offeror should describe their electronic formatting capabilities in their proposal response.

52. *RFP 3.16 asks for same day delivery by Pharmacy provided transportation into specific areas of each facility in each SDA. Does same day delivery include seven days a week?*

RESPONSE: RFP Section 3.16.3 has been amended. Please refer to Amendment #5. Deliveries are to be made to specific areas in each facility within 24 hours of an order (seven days a week if orders are placed or deliveries scheduled for each day), and within 12 hours of an order for DPDS.

53. *Re: RFP Section* 1.19 Minority Business Enterprises:

a. *What is the basis the Department will use to judge whether a contractor has attempted to subcontract with certified MBEs?*

RESPONSE: An offeror's Outreach Efforts Compliance Statement (Attachment D-2) along with supporting documentation will be reviewed to determine whether an offeror has made a good faith effort to attempt to subcontract with certified MBEs.

b. *Please define attempted in this context.*

RESPONSE: Offerors are to make a good faith effort in attempting to contact certified MBEs and discuss and formalize subcontracting opportunities in order to meet the MBE subcontracting goal.

c. *Given the level of participation goal is 20% of the value of the contract below what level will the Department deem that the contractor's participation is insufficient?*

RESPONSE: The RFP does not state a level at which an offeror's proposed participation will definitively be determined to be insufficient. The emphasis is on an offeror making and documenting a good faith effort to attempt to subcontract with certified MBEs.

d. *Should the Department determine that a contractor's proposed MBE participation is insufficient will that submission be rejected?*

RESPONSE: If it is determined that an offeror failed to make a good faith effort in attempting to subcontract with certified MBEs, that offeror's proposal will be rejected.

e. *Will the Department exclude profit as part of total value of the contract for which 20% participation must be met?*

RESPONSE: As stated in RFP Section 1.19, only the cost of pharmaceutical drugs (legend or non-legend) and medical supplies are excluded from the total contract value for purposes of MBE subcontractor participation.

f. *If a contractor is a Maryland Certified MBE will their provision of services meet the participation goals of this RFP since the Department has the benefit of the value of their participation to meet its MBE requirements?*

RESPONSE: A prime offeror, even if a Maryland Certified MBE, may not count themselves towards the MBE participation goal. Only proposed certified MBE subcontractors may be counted for MBE participation.

g. *What will be the basis of audit to determine if a contractor is fulfilling the value of MBE participation it represented that it would provide through their submission of their response?*

RESPONSE: The contractor and its MBE subcontractors will provide monthly reporting that will be audited to ensure compliance with the contractor's MBE participation commitment. Please refer to RFP Attachment D-4 and D-5.

h. *What is the penalty for a contractor who during the life of the contract fails to meet the MBE participation it represented it would provide during the life of the contract?*

RESPONSE: A contractor who fails to meet the contractor's MBE participation commitment will be given an opportunity to provide a plan to the Department that will include proposed corrective measures to ensure that the contractor's MBE participation commitment is met.

i. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: Please see Questions and Responses #53a. and #53g.

j. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: Financial proposal evaluations are not adjusted in any way for differing MBE participation commitments.

54. *Re: RFP Section 1.22 Mandatory Contractual Terms:*

a. *Which exceptions to this RFP or the Contract that can be identified in the Executive Summary of the Technical Proposal will cause a rejection of a submission?*

RESPONSE: A proposal that includes exceptions to the RFP or Contract will be reviewed, and if there are any exceptions that the State will not agree to, the Offeror will be given an opportunity to remove those exceptions from their proposal. COMAR 21.05.08 details Mandatory Written Solicitation Requirements and COMAR 21.07.01 detailed Mandatory Contract Provisions.

b. *Which exceptions to this RFP or the Contract that can be identified in the Executive Summary of the Technical Proposal will be allowed and not cause for rejection of submission?*

RESPONSE: See Question and Response #54a.

c. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54a. Offerors will be given opportunities to "cure" any proposal deficiencies and clarify any ambiguities identified by the procurement officer or Evaluation Committee during the evaluation process. If an offeror's financial proposal is reliant upon a proposed exception that is not agreed upon by the State, the offeror will be given an opportunity to amend their financial proposal at the Best and Final Offer (BAFO) stage of the procurement, if the offeror is determined to be reasonably susceptible of being selected for award upon completion of the technical evaluation.

55. *Re: RFP Section 1.29 Living Wage Requirements*

a. *How does DLLR intend to audit compliance with the State's Living Wage requirement if that is the basis for audit to determine if a contractor is complying with the State's Living Wage Requirements?*

RESPONSE: See Question and Response #18.

b. *What is the penalty for a contractor who fails to comply with the State's Living Wage Requirements?*

RESPONSE: See Question and Response #18.

c. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Questions and Responses #18 and #54c.

56. *Re: Section 2 Minimum Qualifications:*

a. *Does an Offeror need to clearly demonstrate and document within the Executive Summary of their technical proposal that, as of the proposal due date, the Offeror has three (3) years experience (as a business; not just individual employees) providing as described in section 4.4:*

i. *the provision of on-site clinical pharmacists;*

RESPONSE: An offeror is to describe and document how it meets the Minimum Qualifications, as stated in Section 2 of the RFP ("The Offeror's Executive Summary shall include reference to the page number(s) in the proposal where such evidence can be found").

ii. *a disease management program*

RESPONSE: See Question and Response #56a.i.

b. *Will failure to provide a prior history of experience in providing on-site clinical pharmacists and a disease management program result in the rejection of a submission for failure to meet minimum requirements?*

RESPONSE: Offerors will be given opportunities to "cure" any proposal deficiencies and clarify any ambiguities identified by the procurement officer or Evaluation Committee during the evaluation process. As stated in Section 2 of the RFP, Minimum Qualifications must be met by an offeror as of the proposal due date.

c. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: The Minimum Qualifications standards are identified in Section 2 of the RFP. Section 5 of the RFP details the Evaluation Criteria and Selection Procedure.

d. *Will an Offeror be required to document relative programs for which it has generated cost savings to a client for inpatient and offsite care?*

RESPONSE: Offerors are to respond to the RFP requirements as detailed in Section 4 Proposal Format.

e. *Will an Offeror's failure to document these cost savings result in the rejection of a submission?*

RESPONSE: Offerors will be given opportunities to "cure" any proposal deficiencies and clarify any ambiguities identified by the procurement officer or Evaluation Committee during the evaluation process.

57. *Re: RFP Section 3.1.5:*

a. *Will a contractor be required to provide pharmacists who are licensed in the State of Maryland for four (4) clinical staffing positions as required by Maryland Statute?*

RESPONSE: The contractor is to meet the staffing requirements as detailed in the RFP. The contractor is expected to remain in compliance with all applicable Maryland statutes.

b. *Will a contractor be required to provide pharmacists who are licensed in that State of Maryland for the completion of medication room inspections as required by Maryland Statute?*

RESPONSE: See Question and Response #57a.

c. *Will a contractor be required to provide pharmacy technicians for the filling of medications as required by this contract and Maryland Statue?*

RESPONSE: See Question and Response #57a.

d. *Will a contractor be required to submit documentation that its proposed pharmacists are licensed in that State of Maryland with the submission of their response?*

RESPONSE: Documentation for proposed staff will be required during the credentialing process prior to hiring review which is not part of the submission paper work for the RFP.

e. *Will a contractor be required to submit documentation that its proposed pharmacy technicians are licensed in the State of Maryland with the submission of their response?*

RESPONSE: See Question and Response #57d.

f. *Will failure to provide documentation result in the rejection of their submission?*

RESPONSE: See Question and Response #57d.

g. *How does the Department intend to audit a contractor that the personnel it is supplying are licensed with the Maryland Board of Pharmacy?*

RESPONSE: See Question and Response #57d. The Contract Manager will be responsible for making sure the Contractor continues to adhere to the contract requirements.

h. *What will the penalty be to a contractor who is providing staffing that is not licensed with the Board of Pharmacy and thus violating Maryland Statutes?*

RESPONSE: There are several remedies available to the State. Specific circumstances will dictate what remedy is utilized.

i. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: Offeror proposal submissions will be evaluated as described in Section 5 of the RFP.

j. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

58. *Re: RFP Section 3.1.6 Services Required on Contract Start Date:*

a. *Since a contractor is required to assume full responsibility for the complete provision of pharmacy services effective upon the Contract start date, must a contractor demonstrate that their pharmacy software system is interfaced with NextGen on the Contract start date since medication orders are transmitted electronically?*

RESPONSE: Documentation that the soft ware relationship is established and only requires initiation may be sufficient prior to the contract award. There will be a transitional startup period within the first 30 day related to implementation of a number of interfaces including lab and pharmacy. During this time, connectivity will be established and the interface will be tested.

b. *Which services are a contractor required to provide at the start date for their submission to be considered responsive and not be rejected?*

RESPONSE: It is the expectation that all services related to the contract become fully operational to some degree necessary to deliver the required services, including intake, reception, sick call, emergency services, dialysis, optometry, etc. Alternatives to providing the services while implementation of systems is being achieved will be reviewed during the transition period.

c. *Which services are a contractor allowed to fail to provide at the start date?*

RESPONSE: All services should be provided at the start date in some manner, as detailed in the offeror's proposal.

d. *What are the penalties to a contractor for failure to provide required services at the Contract start date?*

RESPONSE: See Question and Response #57h.

e. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: See Question and Response #57i.

f. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

59. *Re: RFP Section 3.2.3 Remuneration to Contractor:*

a. *Will the Department require each Offeror to provide a specific price for the provision of each service that encompasses the fixed annual administration fee (i.e. Amending Form F to include a line item for drug delivery, staffing and overall administration)?*

RESPONSE: Attachment F – Price Form already includes line items for Delivery, Staffing, and Overhead and Profit for each year.

b. *Will the Department require each Offeror to provide the basis of their fixed annual administration fee for the Department to judge the sufficiency or insufficiency of their response for fair evaluation among Offerors?*

RESPONSE: See Question and Response #59a.

c. *How will the selection committee assess reasonableness for the fixed annual services costs submitted on Attachment F so that the Department receives full transparency for services and associated costs?*

RESPONSE: Financial Proposals are evaluated as described in Section 5 of the RFP.

d. *Will the department require disclosure if a pharmacy provider shares ownership, owns, is a subsidiary of, or part of a parent company which owns or has an ownership interest in a wholesaler.*

RESPONSE: The Corporate Fact Sheet, to be submitted by each offeror and described in RFP Section 4.4 Tab F, should disclose any such information about an offeror.

e. *Will the Department reject a submission that does not provide sufficient resources for drug delivery?*

RESPONSE: See Question and Response #54c.

f. *Will the Department reject a submission that does not provide sufficient resources for staffing?*

RESPONSE: See Question and Response #54c.

g. *Will the Department reject a submission that does not provide sufficient resources for overall administration?*

RESPONSE: See Question and Response #54c.

h. *What will the basis of evaluation be for the sufficiency of an Offeror's response for delivery, staffing and overall administration?*

RESPONSE: See Question and Response #57i.

i. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

60. *Re: RFP Section 3.3.2 Meetings:*

a. *Will the Department require that an Offeror provide a plan and staffing for the participation of quarterly regional meetings with other DPSCS health care providers and to participate in monthly regional pharmacy and therapeutic meetings and agency Medical Advisory Council and Continuous Quality Improvement meetings, as well as other meeting outlined in the RFP (e.g., Infectious Disease Meetings)?*

RESPONSE: Though not a requirement, an offeror may submit such a plan for meetings as part of its proposal.

b. *What are the minimum qualifications of the Offeror's proposed personnel who must participate quarterly regional meetings with other DPSCS health care providers and to participate in monthly regional pharmacy and therapeutic meetings and agency Medical Advisory Council and Continuous Quality Improvement meetings, as well as other meeting outlined in the RFP (e.g., Infectious Disease Meetings)?*

RESPONSE: The contractor's regional clinical pharm D and Pharmacy administrator should attend monthly meetings. The Statewide pharmacy director and administrator should attend multivendor quarterly P&T meetings and quarterly Continuous

Quality Improvement (CQI) meetings. The Department will indicate after contract award any other required attendees at meetings.

c. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: See Question and Response #57i.

d. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

61. *Re: RFP Section 3.10.3:*

a. *Will the Department require each Offeror to disclose to the Department with their submission the criminal history, including but not limited to any arrests, convictions that resulted in incarceration or probation, or pleas that did not result in conviction in either State or Federal court as well as any pending charges or investigations of any and all of their employees or independent contractors whom they plan to utilize in this contract or have already utilized (i.e., assisted in preparation of response, attended pre-bid meetings, etc.)?*

RESPONSE: Please refer to RFP Section 3.11 and Attachment B – Bid/Proposal Affidavit.

b. *Will the Department disqualify any Offeror that utilizes, employs or contracts with personnel who are convicted of a felony?*

RESPONSE: See Question and Response #54c.

63. *Re: RFP Section 3.16.1:*

a. *Is the daily delivery of medications a mandatory requirement for which failure to meet will result in rejection of submission?*

RESPONSE: RFP Section 3.16.1 has been amended. Delivery of medications is to be made within 24 hours of an order (12 hours for DPDS). Please refer to Amendment #5. Also, see Question and Response #54c.

b. *Will the Department require each Offeror to demonstrate how it will deliver medications on Sundays?*

RESPONSE: RFP Section 4.4 Tab D has been amended. Offerors are to specifically detail their proposed plans for meeting the delivery requirements of the RFP. Please refer to Amendment #5.

c. *Will failure of an Offeror to deliver medications on Sunday result in the rejection of their submission?*

RESPONSE: Per RFP Section 5.2, offerors will be evaluated on their proposed work plan which includes delivery. Delivery encompasses an offeror's ability to deliver medications on all days of the week if necessary (within 24 hours of order; refer to Amendment #5). See also Question and Response #54c.

d. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: See Question and Response #57i.

e. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

64. *Re: RFP Section 3.16.1.2:*

a. *Will the Department provide the minimum capabilities for a Contractor-supplied automated bar-coded medication delivery receipt and inventory scanning system?*

RESPONSE: The Department has an existing automated bar-coded medication delivery receipt and inventory scanning system in place. However, this system is proprietary to the current pharmacy contractor and it is unknown if this system is transferable to a new pharmacy contractor.

b. *Will the Department require documentation and references of Contractor's utilization of their automated bar-coded medication delivery receipt and inventory scanning system?*

RESPONSE: The Department may inquire about an offerer's automated bar-coded medication delivery receipt and inventory scanning system capabilities from any or all of an offerer's provided references.

c. *Will failure of the Contractor to meet the minimum capabilities for a Contractor-supplied automated bar-coded medication delivery receipt and inventory scanning system or provide documentation and references of Contractor's utilization of their*

automated bar-coded medication delivery receipt and inventory scanning system result in the rejection of their submission?

RESPONSE: See Questions and Responses 54c (cures for proposal deficiencies) and 57i (evaluation standards).

d. *What are the penalties for a contractor who fails to provide an automated bar-coded medication delivery receipt and inventory scanning system that meets the defined minimum requirements?*

RESPONSE: See Question and Response #57h.

e. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: See Question and Response #57i.

f. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

65. *Re: RFP Section 3.16.3:*

a. *Will the Department require an Offeror to provide documentation as to compliance with the dispensing of CII controlled substances in accordance with DEA 21 CFR 1306 et al, which requires that prior to the dispensing of a CII controlled substance a pharmacy must first receive a valid written prescription and thus for the dispensing of CII controlled substances receiving orders via electronic interface, facsimile or orally are insufficient and in violation of federal law?*

RESPONSE: It is the expectation of the Department that an offeror submit a process that will support the goal of the Department as it relates to pain management utilizing schedule CII controlled substances without violation of any federal law.

b. *Will the Department require an Offeror to provide documentation as to compliance with the provision of CII controlled substances in accordance with DEA 21 CFR 1306 et al, which requires that prior to the dispensing of a CII controlled substance a pharmacy must first receive a valid written prescription specifically as it relates to the on-site methadone clinics that were established by the Department and licensed by the DEA?*

RESPONSE: It is the expectation of the Department that an offeror submit a process that will support the goal of the Department as it relates to pain management utilizing schedule CII controlled substances without violation of any federal law

i. *Specifically, will the Department require documentation to provide methadone (a CII Controlled Substance) on demand by the Department since failure to provide methadone as needed within the same day will result in the patient decompensating and require their hospitalization or forced detoxification?*

RESPONSE: Methadone's half life does not necessitate same day service and stock methadone is available to use until the order is processed, but documentation that a pharmacy is licensed to provide this level of controlled substance is part of the documentation advising the department that an offeror has the ability to provide the medications as prescribed.

ii. *Will the Department demand documentation as to the provision of methadone to the Department since methadone cannot be dispensed for maintenance but only for pain management by a community pharmacy.(i.e., Walgreen's, CVS, RiteAid, etc.)?*

RESPONSE: It is the expectation that the offeror will provide documentation of how it will meet the terms of the contract specifically related to methadone including site storage, stock, etc.

iii. *Will the Department demand documentation of prior experience of an Offeror to dispensing methadone to a licensed methadone maintenance clinic?*

RESPONSE: The Department will not demand documentation of prior offeror experience dispensing methadone to a licensed methadone maintenance clinic.

iv. *Will the Department deem failure to provide prior experience of an Offeror dispensing methadone as an insufficient response and reject their submission?*

RESPONSE: See Question and Response #54c.

v. *Will the Department assess liquidated damages for an Offeror's failure to deliver methadone as ordered?*

RESPONSE: It is the expectation that medications be delivered per contract and if the outcome of failing to deliver methadone creates significant morbidity, or an off-site ER trip, etc., the department on a case-by-case basis will review the circumstances and may issue a request for an action plan to correct the problem or may decide to pursue damages for an off site trip or inpatient stay if the review demonstrates no specific reasons why the methadone could not have been delivered versus administered.

vi. *Will the Department require an Offeror to provide for the compensation of custody for the costs associated with the hospitalization of a patient due to Offeror's failure to provide methadone as needed?*

RESPONSE: See Question and Response #65b.v.

c. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: See Question and Response #57i.

d. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

66. *Re: RFP Section 3.17 Medication Immediate Start and Emergency Supplies:*

a. *Will the Department require each Offeror to define the statutory basis within their own State as well as the State of Maryland to provide non-patient specific medications and the quantities allowed?*

RESPONSE: Both states statues must be met and should be defined as part of the documentation of the offeror's ability to meet the contractual obligations referenced in the RFP. The State expects the contractor to be in compliance with all of the regulations required to deliver and provide medications under the Contract.

b. *Will the Department distinguish stock quantities for starter doses versus emergency medication kits?*

RESPONSE: There is an approved MD DPSCS stock list that is different than the approved emergency box /crash cart list. Both lists are reviewed and revised as warranted through the P&T committee with the Department's ultimate approval.

c. *Will the Department reject any Offeror's submission which includes provisions of non-patient specific medications that are not in compliance with Maryland Board of Pharmacy Regulations?*

RESPONSE: See Question and Response #54c.

d. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: See Question and Response #57i.

e. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

67. *Re: RFP Section 3.17.3:*

a. *Will the Department reject any submissions that do not provide sufficient documentation as to the provision of Emergency or Stat medications within four (4) hours of receipt of order seven (7) days a week, twenty-four (24) hours per day basis?*

RESPONSE: See Question and Response #54c.

b. *If the basis of the provision of emergency or stat medications by an Offeror are the costs associated with the use of the back-up pharmacy the Offeror's or Department's responsibility (i.e., any costs to the medical department or custody)?*

RESPONSE: The use of emergency or stat medications will be reviewed and a determination regarding the indications should be submitted for review conducted by the department and the contractor to decide who is responsible.

i. *If they are the responsibility of the Offeror how will they be invoiced, documented and audited by the State?*

RESPONSE: The department has not determined if the vendor will have a separate report for ER/Stat medications with monthly reviews or weekly TBD.

ii. *If they are the responsibility of the Offeror, which costs are the specific responsibility to the Offeror (i.e., increased costs of medication, delivery costs, cost associated for patient hospitalization due to decompensation when a back-up pharmacy is unable to provide a medically necessary medication)?*

RESPONSE: The increased costs for stat and emergency orders are the responsibility of the contractor, and should be included as part of the offeror's proposed pricing. The agency will not have a different or increased compensation rate when a local pharmacy is used to fill a stat or emergency order. If a medication was not received, and as a result the patient decompensates and is hospitalized , this situation would first be subject to an impartial investigation by the agency. If it were determined that the patient did decompensate and subsequent hospitalization was caused by a

failure of the contractor to deliver the drug on time as specified by the contract, then the agency may assess liquated damages or direct damages.

c. *If there are delivery costs in excess of those for standard delivery for emergency or stat deliveries are those the responsibility of the Offeror's or the Department's?*

RESPONSE: All delivery costs, including standard delivery, emergency, and stat deliveries are the responsibility of the contractor.

i. *If they are the responsibility of the Offeror how will they be invoiced, documented and audited by the State?*

RESPONSE: These costs are the responsibility of the contractor and shall be billed on the monthly services invoice.

d. *If the cost of medications utilized from a back-up pharmacy are higher than those of the pharmacy provider is the increase cost the responsibility of the Offeror or the Department?*

RESPONSE: The increased cost would be the responsibility of the contractor.

i. *If they are the responsibility of the Offeror how will they be invoiced, documented and audited by the State?*

RESPONSE: These costs will be invoiced as part of the monthly services invoice, since this is an all inclusive competitively proposed price. Documentation concerning stat and emergency deliveries does not need to accompany the invoice. The agency reserves the right to request this data as part of the contractor's monthly report.

e. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: See Question and Response #57i.

f. *If an Offeror's submission includes utilization of back-up pharmacies which pose additional and higher costs including, but not limited to, actual cost of medication, transportation and delivery, costs to medical and custody, and hospitalization due to patient decompensation due to medication unavailability will the Department take those costs into account when evaluating an Offeror's Financial Proposal?*

RESPONSE: See Question and Response #54c.

i. *Will an Offeror whose submission does not rely on the use of back-up pharmacy utilization be given consideration against an Offeror whose submission requires the use of back-up pharmacies when evaluating and comparing Offerors' Financial Proposals?*

RESPONSE: Financial Proposal evaluations are separate from the Technical Proposal evaluations (where any proposal information related to potential back-up pharmacies would be evaluated).

ii. *How will the Department evaluate and compare Financial Proposals between an Offeror who relies on the use of back-up pharmacies against an Offeror who does not rely on back-up pharmacies since there are additional costs which the State will have to absorb due to reliance on back-up pharmacies?*

RESPONSE: See Question and Response #67f.i.

g. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

68. *Re: RFP Section 3.18.4:*

a. *Will the Department require an Offeror to provide clinical pharmacists who are licensed in the State of Maryland for prescription non-formulary medication review?*

RESPONSE: See Question and Response #57a.

b. *Will an Offeror be required to submit documentation that its proposed clinical pharmacists are licensed in that State of Maryland with the submission of their response?*

RESPONSE: See Question and Response #57d.

c. *Will an Offeror be required to provide documentation of clinical expertise, capabilities, education and experience of their assigned clinical pharmacist for non-formulary review?*

RESPONSE: As part of the credentialing, the Department will look at the candidate and if the support documentation does not support the person for the position, the Department may not accept the candidate

d. *Will failure to provide documentation result in the rejection of their submission?*

RESPONSE: See Question and Response #54c.

e. *How does the Department intend to audit a contractor that the personnel it is supplying are licensed with the Maryland Board of Pharmacy?*

RESPONSE: The Department has a credentialing review process.

f. *What will the penalty be to a contractor who is providing staffing that is not licensed with the Board of Pharmacy and thus violating Maryland Statutes?*

RESPONSE: See Question and Response #57h.

g. *How does the Department intend to audit a contractor's compliance with non-formulary review being provided by a clinical pharmacist?*

RESPONSE: An electronic non-formulary process identifies the reviewer and if there is a substitute and the reviewer is a non-pharmacist, the Department will ask the contractor to provide information identifying the hours, time, etc. assigned to that task.

h. *Will the Department require Offeror's need to clearly demonstrate and document within the Executive Summary of their technical proposal that, as of the proposal due date, the Offeror has three (3) years experience (as a business; not just individual employees) providing non-formulary medication review?*

RESPONSE: Offeror Minimum Qualifications are detailed in RFP Section 2.

i. *Will an Offeror's submission be rejected if they do not have prior experience providing non-formulary review?*

RESPONSE: See Question and Response #54c.

j. *Will the Department require an Offeror to provide the basis upon which it will determine the sufficiency of a non-formulary acceptance or rejection?*

RESPONSE: See Question and Response #54c.

k. *Will the Department require an Offeror to provide the quantity of clinical pharmacists assigned to review non-formulary medications and the quantity of orders each clinical pharmacist is available to review?*

RESPONSE: Although not required, the Department expects the offeror to be able to meet the needs of the non-formulary process. The offeror is not required to quantify how many assigned pharmacist will perform the task.

l. *Will the Department reject a submission if the quantity of proposed clinical pharmacists is to review non-formulary medications is insufficient?*

RESPONSE: See Question and Response #54c.

m. *Will the Department require a staffing plan to account for non-formulary review?*

RESPONSE: A staffing plan for non-formulary review is not required, but an offeror may submit such a plan with it proposal if the offeror chooses to do so.

n. *What are the penalties for an Offeror's failure to meet the response requirements for a non-formulary request?*

RESPONSE: See Question and Response #57h.

o. *What is the basis of evaluation the Department will use to determine the sufficiency of an Offeror's response to this requirement?*

RESPONSE: See Question and Response #57i.

p. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: See Question and Response #57i.

q. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

69. *Re: RFP Section 3.19 requiring the attendance of Patient Care conferences:*

a. *Is attendance by a clinical pharmacist required?*

RESPONSE: Attendance by a clinical pharmacist at such conference is not required, but if they are requested to participate, it is an expectation that their input is submitted if unable to attend.

b. *Is attendance by a pharmacist licensed in Maryland required?*

RESPONSE: If recommendations for care are part of the participation, only a Maryland licensed pharmacist can take the action recommended.

c. *Is the failure of an Offeror's submission to sufficiently account for the staffing required to meet this requirement considered insufficient?*

RESPONSE: See Question and Response #54c.

i. *What is the basis of evaluation the Department will use to determine the sufficiency of an Offerors' response to this requirement?*

RESPONSE: See Question and Response #57i.

ii. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

70. *Re: RFP Section 3.20.2 requiring the participation in monthly infection control meetings in each service delivery area:*

a. *Will the Department require that an Offeror provide a plan and staffing for the participation of monthly infection control meetings?*

RESPONSE: Such a staffing plan is not required, but an offeror may submit such a plan with it proposal if the offeror chooses to do so.

b. *What are the minimum qualifications of the Offeror's proposed personnel who must participate in monthly infection control meetings?*

RESPONSE: At least a pharmacy tech for the contractor must participate in the monthly infection control meetings.

c. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

71. *Re: RFP Section 3.22 Emergency Preparedness:*

a. *Will the Department require Offeror's to submit specific staffing plans to ensure appropriate personnel are available to provide pharmacy services as required?*

RESPONSE: The Department expects that each offeror will address in their proposal how services will be provided to meet the RFP requirements, and identify and associate the appropriate personnel for each process. An offeror may provide a staffing plan as part of its proposal response.

b. *Will the Department enforce the current emergency management plans for the Department and the specific facilities and their respective COOP's as opposed to requiring the development of a new plans?*

RESPONSE: COOP plan reviews are performed annually and any new contract is an opportunity to develop and submit new plans. Until that occurs, any emergency/disaster that occurs prior to the new plan submission would be expected to comply with the current plan.

c. *Will the Department enunciate their expectation for the delivery of services and medications during an emergency?*

RESPONSE: The offeror should make assurances that essential services are expected to be managed during an emergency. Any alternatives to those routine services are to be approved by the contract monitor prior to being conducted.

d. *Will the Department require an Offeror to provide documentation and references to performance of prior emergency responses?*

RESPONSE: Such documentation or references are not required, but if the Offeror believes that articulation of past responses to emergencies in the offeror's proposal will demonstrate competencies, the State will review the offeror's submissions.

e. *If the Department evaluates an Offeror's submission as insufficient will it reject their submission?*

RESPONSE: See Question and Response #54c.

f. *Will the Department require that an Offeror provide a plan and staffing for the participation of monthly infection control meetings?*

RESPONSE: See Question and Response #70a.

g. *What are the minimum qualifications of the Offeror's proposed personnel who must participate in monthly infection control meetings?*

RESPONSE: See Question and Response #70b.

h. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: See Question and Response #57i.

i. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to*

an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?

RESPONSE: See Question and Response #54c.

72. *Re: RFP Section 3.23 Hazardous Waste: Will the Department require the Offeror to provide documentation as to their costs associated with medical waste?*

RESPONSE: Removal of hazardous waste from DPSCS facilities is the responsibility of the Medical service contractor. Any costs associated with the handling of hazardous waste by the Pharmacy service contractor, prior to removal from the facilities by the Medical contractor, should be included under the offeror's "overhead and profit."

73. *Re: RFP Section 3.26.1:*

a. *Will the Department define the minimum requirements of a Contractor administrated continuous quality improvement program?*

RESPONSE: The offeror may request a copy of the Department's CQI manual for reference and review.

b. *How will the Department audit this requirement?*

RESPONSE: The Department will review the monthly CQI minutes submission and attendance at sites by contract monitors.

c. *If the Offeror's submission does not sufficiently address this requirement will their submission be rejected?*

RESPONSE: See Question and Response #54c.

d. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: See Question and Response #57i.

e. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

74. *Re: RFP Section 3.26.2:*

a. *Will the Department provide the minimum requirements for these monthly CQI meetings?*

RESPONSE: See Question and Response #73a.

b. *What documentation will the Department require to ensure compliance with this requirement?*

RESPONSE: See Question and Response #73b.

c. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: See Question and Response #57i.

d. *How will the Department audit compliance with this requirement?*

RESPONSE: See Question and Response #73b.

e. *If an Offeror's response is insufficient in regards to meeting this requirement will their submission be rejected?*

RESPONSE: See Question and Response #54c.

f. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

75. *Re: RFP Section 3.26.3:*

a. *Will the Department require that an Offeror provide a plan and staffing for the participation of quarterly CCQI meetings?*

RESPONSE: See Question and Response #70a.

b. *What are the minimum qualifications of the Offeror's proposed personnel who must participate quarterly CQI meetings*

RESPONSE: The regional and statewide pharmacist and manager should participate in these quarterly meetings.

c. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

76. *Re: RFP Section 3.27.1:*

a. *Will the Department provide the minimum requirements for peer review?*

RESPONSE: The department expects each offeror to articulate what they feel represents a competent peer review process.

b. *Is the Department requiring peer review for all pharmacists performing services on this Contract or only those performing clinical on-site services?*

RESPONSE: Peer review is for all pharmacists performing services on this Contract.

c. *Since the Maryland Board of Pharmacy requires professional registration of pharmacy technicians will the Department extend this requirement to them as well?*

RESPONSE: Peer review is to be a contractor's internal review of its staff's competency to perform the tasks and compliance with the RFP requirements.

d. *What documentation will the Department require to ensure compliance with this requirement?*

RESPONSE: Offerors are to propose their own peer review standards and any associated documentation that they propose to go along with peer review.

e. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: See Question and Response #57i.

f. *How will the Department audit compliance with this requirement?*

RESPONSE: Offerors are to propose their own plans for peer review (length, intervals, associated documents, etc.) including how the Department will be notified of peer review results and any remedial measures to be taken by the contractor as a result of the peer review results.

g. *If an Offeror's response is insufficient in regards to meeting this requirement will their submission be rejected?*

RESPONSE: See Question and Response #54c.

h. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

77. *Re: RFP Section 3.28.2: Will the Department require that each Offeror provide information and documentation as to their corporate history of events including but not limited to:*

a. *Unexpected or unexplained deaths*

RESPONSE: This information is not required, but offerors may choose to provide such information as part of their response to RFP Section 4.4 Tab F.

b. *Injuries occurring as part of work accidents*

RESPONSE: See Question and Response #77a.

c. *Security breaches.*

RESPONSE: See Question and Response #77a.

78. *Will the Department require that each Offeror provide information and documentation as to their corporate history of litigation including all cases in which they either were successfully sued and had judgment entered against them; any and all cases that they settled prior to entry of judgment; any and all cases that they submitted to their insurance carrier(s)?*

RESPONSE: See Question and Response #77a.

a. *Will the Department require this same information to be provided by their corporate parent if they are a subsidiary or share common ownership?*

RESPONSE: See Question and Response #77a.

b. *Will the Department require this same information if they were previously named or owned by a different group or were part of a company for which they are no longer?*

RESPONSE: See Question and Response #77a.

79. *Re: RFP Section 3.29 Pharmacy and Therapeutics:*

a. *Will the Department require that an Offeror provide a plan and staffing for the participation of quarterly Statewide P&T meetings as monthly P&T meetings in each SDA?*

RESPONSE: See Question and Response #70a.

b. *What are the minimum qualifications of the Offeror's proposed personnel who must participate in quarterly and monthly P&T meetings?*

RESPONSE: Statewide and regional personnel must participate in quarterly meetings. Pharm tech assigned to facility should attend monthly meetings (regional pharmacist should attend if requested).

c. *Will the Department require that pharmacists participate in quarterly and monthly P&T meetings?*

RESPONSE: Pharmacists must participate in quarterly P&T meetings. Monthly meetings upon request only.

i. *Will the Department require that those pharmacists be licensed by the Maryland Board of Pharmacy?*

RESPONSE: Yes, those pharmacists are to be licensed by the Maryland Board of Pharmacy.

d. *Will the Department require the offeror to provide documentation and references as to their prior experience:*

RESPONSE: Such documentation and references are not required, but an offeror may provide such information in its proposal if it chooses to do so.

i. *Chairing P&T committees*

RESPONSE: See Question and Response #79d.

ii. *Identifying prescription trends*

RESPONSE: See Question and Response #79d.

iii. *Medication administration or effectiveness issues*

RESPONSE: See Question and Response #79d.

iv. *Interactions and any pertinent information as it relates to DPSCS Formulary*

RESPONSE: See Question and Response #79d.

e. *Will the Department require an Offeror to have prior history and provide documentation and references of their use of P&T committee to review cases of patients receiving multiple medications?*

RESPONSE: No, such prior history is not required.

i. *Will failure to establish a prior history of this requirement result in the rejection of an Offeror's proposal*

RESPONSE: See Question and Response #54c.

ii. *Will the Department require an Offeror to submit with their response the basis of their recommendations of patients medication review for patients receiving multiple medications?*

RESPONSE: This information is not required, but an offeror may submit such information with their proposal if they choose to do so.

iii. *Will the Department require that an Offeror provide the resumes of the pharmacists it intends to staff who have the obligation of reviewing cases of patients receiving multiple medications?*

RESPONSE: This information is not required, but an offeror may submit such information with their proposal if they choose to do so.

f. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: See Question and Response #57i.

g. *If an Offeror does not meet this requirement will their submission be rejected?*

RESPONSE: See Question and Response #54c.

h. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

80. *Re: RFP Section 3.31:*

a. *Will the Department require Offeror to provide staffing plan to provide the data and reports required by this section?*

RESPONSE: A staffing plan in order to meet the Data and Reports RFP requirement is not necessary, but an offeror may submit such a plan with their proposal if they choose to do so.

b. *What standards will the Department use to evaluate compliance with this requirement and the sufficiency of the Offeror's submission?*

RESPONSE: See Question and Response #57i.

c. *If an Offeror does not meet this requirement will their submission be rejected?*

RESPONSE: See Question and Response #54c.

d. *If an Offeror's response does not meet this requirement or if the Offeror takes exception to this requirement which is accepted by the department and their submission is accepted as technically sufficient; but because of their failure to meet this requirement their financial proposal is at a decreased amount than compared to an Offeror's submission who meets this requirement how will the Department account for this disparity when evaluating and comparing proposals?*

RESPONSE: See Question and Response #54c.

81. *Re: RFP Section 3.32 Failure of Performance: Given the repeated announcement during the pre-bid conference that the financial proposal would be weighed more heavily than the technical proposal how will the Department measure the necessity of the technical requirements which are included?*

RESPONSE: Even though financial factors are given greater weight than technical factors in this procurement, the technical proposals will still be evaluated and will play a part in the final award recommendation. Offerors must still meet the technical requirements of the RFP.

i. *Since, 3.32 states "It is critical to the success of the State's inmate health care services contract that services be maintained in a timely manner and that the Contractor operate in an extremely reliable manner. It would be impracticable and extremely difficult to fix the actual damage sustained by the State . . ."; how will the Department ensure adequate provision of services that include the timely delivery of medication?*

RESPONSE: See Question and Response #57h.

ii. *How will the Department weigh Offeror's proposed financial savings in their financial proposal through the diminishing of services or technical requirements against the possibility of increased cost as a result of reduction in those services which may cause increased DOJ scrutiny, patient decompensation, increased hospitalization, increased litigation and increased costs to custody?*

RESPONSE: Offerors proposals will be evaluated entirely, including the technical and financial portions.

82. *Re: RFP Section 3.33.1.3 (Contractor to provide copies of its suppliers' invoices as verification monthly):*

a. *Is this requirement mandatory?*

RESPONSE: This requirement is mandatory. RFP Section 3.33.1.3 has been amended to clarify that electronic copies are to be provided. Please refer to Amendment #5.

b. *How does the Department want to receive these documents since they will encompass thousands of pages?*

RESPONSE: See Question and Response #82a.

c. *Will the Department include a separate line item in Attachment Form F for the costs associated with the production of these copies (i.e., copying costs, toner costs, paper costs, staffing costs) due to the voluminous nature of this request?*

RESPONSE: Offerors are to include any expenses such as this within the line item for "Overhead and Profit."

d. *Will the Department consider a pass-through charge, similar to staffing, for the costs of generating copies of these invoices?*

RESPONSE: See Question and Response #82c.

83. *Re: Section 4.4 TAB C Executive Summary: Will the Department identify which terms and conditions for which an Offeror's exception would result in a proposal being deemed unacceptable or classified as not reasonably susceptible of being selected for award.*

RESPONSE: See Question and Response #54a.

84. *Re: RFP Section 4.4 TAB D Offeror Technical Response to RFP Requirements: Will the Department require an Offeror to demonstrate prior company history of proof of previously completing any work that it is proposing it will do through documentation and references?*

RESPONSE: Regarding an offeror's company history, offerors are to provide information within their proposal as requested in RFP Section 4.4. Tab F.

85. *Re: RFP Section 4.4 TAB E Personnel/Resumes: Will the Department define key personnel?*

RESPONSE: Key personnel would include the business owner or operator, president and vice president(s), lead clinicians (which could include a medical director if the

offeror's corporate structure includes a medical director), a Pharmacy Director, etc. Offerors should identify the clinically-licensed clinical lead position in their corporate structure, and any other proposed personnel that would perform "lead" roles as part of their proposal.

86. *Re: RFP Section 4.4 TAB F Offeror Experience, Capabilities, and References:*

a. *Will the Department reject a response if the Offeror does not have experience with past projects with similar requirements?*

RESPONSE: See Question and Response #54c.

b. *Will the Department define which requirements the Offeror must have had prior experience with past projects?*

RESPONSE: Offeror Minimum Requirements are stated in RFP Section 2.

87. *Re: RFP Section 4.4 TAB H Economic Benefit Factors:*

a. *How will the evaluation committee accurately calculate the loss or gains in Maryland jobs and the resulting tax revenues when evaluating the true cost savings of the medications?*

RESPONSE: The Evaluation Committee will review the information supplied by each offeror for Tab H, Economic Benefit Factors.

b. *Since there is no line on Attachment F to add in the gain or subtract out the loss of tax revenue and economic impact, how will the committee include this in their evaluations of the actual cost savings as to the State of Maryland?*

RESPONSE: The evaluation of an offeror's proposed Economic Benefit Factors and the evaluation of the Financial Proposals are separate evaluations. The Economic Benefit Factors portion of the evaluation is part of the Technical Evaluation, while the Price Form is for the Financial Evaluation.

c. *How will the Department measure the Economic Benefit Factors on the financial proposal?*

RESPONSE: See Question and Response #87b.

d. *Will the Department also consider the actual payroll to Maryland residents in addition to payroll taxes?*

RESPONSE: Offerors are to respond to the RFP requirements for Economic Benefit Factors, as detailed in RFP Section 4.4 Tab H.

88. *Re: RFP Section 5.1: Will the Department define the phrase "most advantageous to the State"?*

RESPONSE: As stated in RFP Section 5.1, the Evaluation Committee will review all proposals received, including technical and financial proposals. This is a subjective process, but the goal is to determine which proposal provides the State with the best overall value, considering technical and financial merits. For this procurement, price/financial factors will receive greater weight in the final evaluation and recommendation of the Evaluation Committee.

89. *Re: RFP Section 5.2: Should an Offeror's work plan not include an explanation of how work will be done for technical requirements will the Department deem the response as insufficient and reject the submission?*

RESPONSE: See Question and Response #54c.

90. *Currently, the MD DPSCS requires monthly medication room audits of all medication rooms. Is it the expectation of the Department that the monthly medication room inspections and summary of the findings continue as a requirement in this RFP?*

RESPONSE: DPSCS medication room inspections, and a summary of the findings will continue.

91. *Will the department be informing potential bidders of the accurate monthly total number of medication orders placed with the pharmacy vendor? When the original RFP was issued in January 2010, the monthly average number of orders processed by the pharmacy was 68,400 per month (based on November 2009 through January 2010 data); for the most recent three months (August through October 2010) that average has been 74,100 per month.*

RESPONSE: The current average number of medication orders places is 71,500 per month.

92. *Re: RFP Section 3.16.3: In order to accommodate out-of state vendors, would the State accept the following requirement that is consistent with most statewide Pharmaceutical Services RFP's across the country?*

All patient specific medications ordered from and communicated to the Contractor by 4:00 PM, shall be dispensed and delivered to the appropriate location within the institution, as identified in Attachment X, either on the SAME DAY or by 12:00 Noon local time the NEXT DAY; unless an emergency "stat" need has been designated.

RESPONSE: See Question and Response #52.

93. *Re: RFP Section 3.16.*

a. Is the intent of the RFP to require the pharmacy provider to be housed within the State of Maryland?

RESPONSE: The RFP does not require an offeror to be housed in the State of Maryland in order to provide the required services. Out-of-State offerors are encouraged to propose and offer different service delivery solutions, including the possible use of subcontractors, in order to comply with the RFP requirements.

b. If not, will you consider modifying this requirement to the next day?

RESPONSE: See Question and Response #52.

c. Interpreted literally, this provision requires prescriptions that are written at 3:30 p.m. to be delivered by 4:00 p.m. Is that the intent?

RESPONSE: See Question and Response #52.

d. Is there a specific cut off time for prescriptions that are written to be delivered before 4:00 p.m. the same day?

RESPONSE: See Question and Response #52.

e. What about prescriptions that are written after 4:00 p.m. that cannot possibly be delivered by 4:00 p.m. the same day?

RESPONSE: See Question and Response #52.

f. Would you consider modifying this requirement to ensure medication is available within 24 hours of being ordered?

RESPONSE: See Question and Response #52.

94. *Re: RFP Section 3.30.1, Patient Health Records: Can you please clarify the requirement for pharmacists to enter all patient specific medication into the patient health record, as appropriate? How does this process work currently? Given the fact pharmacists will not be located at each facility, how do you anticipate this requirement being fulfilled?*

RESPONSE: This requirement pertains to the other requirements necessitating that a pharmacist review medication and make recommendations to the clinicians. The operative phrase is "as appropriate" routine orders for prescribed medication are generated by physicians. When required and called upon for consultative services, a pharmacist shall on occasion make a documentation in the patient health record.

95. *Re: RFP Section 5.3, Financial Criteria: Will the evaluation of pricing be based upon on year, three years, five years, or some other increment of total costs?*

RESPONSE: The financial evaluation is based upon the Price Form which incorporates evaluated pricing for all five contract years into one total evaluated price.

96. *Re: Attachment F, Proposal Price Form: Section 4.5.7, Financial Proposal, requests pricing based on the actual acquisition cost as of October 31, 2010. The pricing form requests pricing as of August 31, 2010. Can you please clarify?*

RESPONSE: Attachment F – Price Form has been amended. Offerors are now to propose pricing as of January 31, 2011. Please refer to Amendment #5 and accompanying revised Attachment F.

97. *There are two medications listed on Attachment "F" that are no longer manufactured. They are line item 111, Prezista 300mg and line item 145, Chlorpheniramine SA 8mg Capsule. Should we leave them blank when completing the pricing sheet?*

RESPONSE: Attachment F – Price Form has been amended, and these two items have been removed. Please refer to Amendment #5 and accompanying revised Attachment F.

98. *In attachment "F," when entering a price in the acquisition cost section, it only allows for two decimal places. Can you reset the field to accommodate three decimal places for items less than .01?*

RESPONSE: Attachment F – Price Form has been amended to allow the acquisition cost fields to accept three decimal places. Please refer to Amendment #5 and accompanying revised Attachment F.

99. *In Attachment"F," the RFP asks for invoices dated October 31 (Sunday). We do not receive an order on Sunday, will invoices dated November 1st be acceptable?*

RESPONSE: Attachment F – Price Form has been amended. Offerors are now to propose pricing as of January 31, 2011 (a Monday). Please refer to Amendment #5 and accompanying revised Attachment F.

100. *In Section 3.34.1 of the RFP, the State is requiring that all bidders have a general aggregate limit of $10,000,000 in Commercial General Liability Insurance.*

Would the State consider reducing this standard aggregate limit to the industry standard aggregate amount for Commercial General Liability Insurance of $7 million? Since all primary insurance carriers can only provide umbrella excess liability insurance up to $5 million per year with a $2 million general liability aggregate limit, all offerors would have to purchase additional insurance from re-insurance carriers. This requirement works against the State getting the most

advantageous offer because each offeror would have to account for a higher insurance cost based upon the $10 million dollar requirement.

RESPONSE: RFP Section 3.34.1 has been amended, and the General Aggregate Limit for Commercial General Liability insurance has been reduced to $7,000,000. Please refer to Amendment #6.

101. *What is the percentage of patient specific verses stock medications dispensed on an average month?*

RESPONSE: The percentage of patient specific verses stock medications dispensed on an average month is less than 5%.

102. *What is the current process for Non-Formulary medication use?*

RESPONSE: There is a non-formulary approval process that requires the authorization by the respective Service Delivery Area (SDA) Medical Director.

103. *What percentage of medications dispensed is KOP?*

RESPONSE: This data is not maintained by the Department.

104. *Pg. 35, 3.16.3 If medication is expected to be delivered the same day by 4:00 PM, what is the cut-off time for placing an order?*

RESPONSE: See Question and Response #52.

105. *Pg. 37-38, 3.18 Does the price form contain all the drugs on your current formulary? If not, can you provide a copy of the current formulary?*

RESPONSE: No, the price form does not contain all drugs used in the current formulary. Please refer to Amendment #5, which adds the current formulary to the RFP as "Attachment Z – DPSCS Formulary Revised 2010."

106. *Re: Pg 40, 3.25.1: Requires the pharmacy provider to cooperate with approved research studies. Please provide a list of any current or expected research studies during the proposed contract period. How much involvement is expected with each study?*

RESPONSE: There have not been any research studies in the last 5 years. However the expectation is that the pharmacy contractor will work with the Department on any research studies or presentations requested.

107. *Re: Pg. 42-43, 3.30: There are no computers or barcode scanners listed in the Pharmacy equipment inventory. Does this mean that an eMar is not currently in use as describe in Section 3.30.4? Or does this mean that there are computers and*

scanners available that are not listed in Pharmacy Inventory? If not available are there a certain number requested to fulfill this requirement?

RESPONSE: All computers and bar code scanners are part of the Department's equipment inventory, not the Pharmacy contract's equipment inventory. There is no eMAR system currently in use. The Department has computers and an existing automated bar-coded medication delivery receipt and inventory scanning system in place at all pharmacy delivery locations. Barcode equipment is required at all pharmacy delivery locations to fulfill this requirement.

108. *Re: Pg. 48-49, 3.34: Can the general liability aggregate requirement of $10,000,000 be met through a combination of base general liability and umbrella (excess) liability coverage?*

RESPONSE: Please refer to Question and Response #100. The General Aggregate Limit for Commercial General Liability insurance has been reduced to $7,000,000. Offerors should be able to meet this new requirement through a combination of base general liability and umbrella liability coverage.

109. *Re: Section 1.2.1: For a clarification of Acquisition Cost, is it invoice price less a percentage discount bidders wish to propose overall as a fixed percent discount for brand name medications and a separate fixed discount for generic medications as outlined in Section 1.2.7 and the department will not allow for separate rebate discounts on individual items? Are compounded IV medications to be priced at the same rate?*

RESPONSE: Separate rebate discounts on individual items are not allowed. Offerors are to incorporate any such individual rebates into their proposed "brand" or "generic" percentage discounts. Likewise, any discounts resulting from compounded medications are to be incorporate into the proposed "brand" or "generic" percentage discounts.

110. *Re: Section 1.2.1: Would the department consider the Acquisition Cost based on the pricing listed from the manufacturer or wholesaler on the actual date of dispensing? Most software companies are not able to change a billed price based on the price at the end of the month, or if not dispensed that month the computer processing system would not know the price and date the items were last purchased. Brand name medications tend to increase and generics go up and down especially as new generics are released. If billed at the price the day it is purchased the net result to the DOC should balance out and it would be easy to audit.*

RESPONSE: The language in RFP Section 1.2.1 controls the definition of Acquisition Cost. The Contractor may bill the price of a medication at "the day it is purchased" as long the billing still meets the requirements of the RFP's definition of Acquisition Cost.

111. *Re: Section 1.3: Will all medical supplies be the responsibility of the Pharmacy Vendor or would they just serve as a back up to the Medical Vendor. Are supplies to be priced using the same formula as the medications or could those items have different discount percentages?*

RESPONSE: The pharmacy contractor is required to provide all equipment associated with the delivery of the pharmacy products. The medical provider is responsible for all equipment and supplies necessary to provide primary and secondary care to the inmate population. Supplies are to be invoiced at actual acquisition price (at cost) to the Contractor, and reimbursement is to be made to the Contractor as detailed in RFP Sections 3.15 and 3.33.

112. *Re: Section 1.18: It states that Multiple or Alternate proposals will not be accepted, is that for technical specifications or for additional pricing formats or for both?*

RESPONSE: Both. No Multiple or Alternate technical or financial proposals will be accepted.

113. *Re: Section 1.19 Minority Business Enterprises: To be clear, bidders should obtain 20% minority participation over the mark up/management fee and not the price of the drugs. Bidders are permitted to purchase medications and medical supplies from minority suppliers to qualify for the minority participation correct? Is the 20% portion the maximum or would bidders score more points for values over 20% and compared to other bidders? If so how are the points structured?*

RESPONSE: See Question and Response #53e; for MBE purposes, offerors are to exclude the cost of pharmaceutical drugs and medical supplies. Only an offeror's delivery cost, staffing cost, and overhead and profit are applicable for meeting the MBE goal. An offeror may propose a MBE commitment higher than 20%. No "points" or "scores" are utilized in the evaluation of proposals, and offerors do not receive extra "credit" in the evaluation for exceeding the MBE goal.

114. *Re: Section 3.3.2: Is it an option to conduct and/or participate in any of these meetings via video or teleconference?*

RESPONSE: Yes, it may be possible to conduct and/or participate in meetings via video or teleconference.

115. *Re: Section 3.4.2: Will federal inmate count numbers be included in the monthly ADP counts?*

RESPONSE: Yes, Federal inmate count numbers will be included in the monthly ADP counts.

116. *Re: Section 3.15.1: Would each site only need one bar code scanner?*

RESPONSE: Yes, each site will only need one bar code scanner.

117. *Re: Section 3.16.1.1: Would Contractor supplied transportation include couriers or common carriers?*

RESPONSE: The expectation of the procurement is for on site delivery as described in the RFP; couriers or common couriers are an option that offerors may propose, as long as the RFP requirements are met. Offerors should describe their proposed delivery service in enough detail so as to convince the State that the offeror can and will meet the requirements contained in the RFP.

118. *Re: Section 3.29.2: Are these regional meetings i.e. 1 meeting for each service delivery area? Can they be conducted via video or teleconference?*

RESPONSE: Yes, the regional meetings are one meeting for each service delivery area. Yes, video or teleconference is an option.

119. *Re: Section 3.30.1: Please explain this requirement; wouldn't the physicians and nurses enter the orders into the pharmacy ordering system or NextGen's EMR?*

RESPONSE: See Questions and Responses #7 and #94.

120. *Re: Section 3.30.1.2: Would training be specifically to the pharmacy staff the awarded vendor employs?*

RESPONSE: Security clearance and training is required for any individual that will need to enter any secured facility. As stated in the RFP, EMR training is required for any of the contractor's potential users of the EMR system.

121. *What is the necessary number of Pharm D.s? Is it four as stated in the RFP or five as noted in Attachment R-Pharmacy Staffing Matrix? For further clarification, are these pharmacists to work 40 hours per week on site at DOC facilities?*

RESPONSE: The requirement is for five (5) Pharm. D's, to work 40 hours per week on site at DPSCS facilities. Please refer to Amendment #6 for clarifications to the RFP.

122. Section 1.3 refers to Section 4.6.1 which doesn't appear to be part of the RFP. Where can this information be located?

RESPONSE: The reference to RFP Section 4.6.1 in Section 1.3 was amended in Amendment #1 (11/30/2010). Please refer to that Amendment.

123. Re: RFP Section 3.5.3: What specific licenses might the Department require the contractor to purchase on behalf of the Agency/Department? What licenses does each clinic currently have in place?

RESPONSE: See Question and Response #21.

124. Re: RFP Section 3.5.4: What is meant by the term "substantive enforcement?"

RESPONSE: The State has several methods of enforcing contract compliance to include but not limited to Corrective Action Plans, Multi-Vendor meetings, and/or Liquidated Damages.

125. Re: RFP Section 3.16.2: What would be an example of a "facility requested prescription supply?"

RESPONSE: A facility requested prescription supply may include syringes, swipes, or supplies needed to issue liquid medications.

126. Re: RFP Section 3.30.1: Can the Department provide examples of information that is currently being entered by a pharmacist into NextGen?

RESPONSE: See Questions and Responses #7 and #94.

127. Re: RFP Section 3.31.1: What is expected or currently in place for electronic data tracking?

RESPONSE: Examples of electronic data tracking include required information for State stats, specific disease correlation of data, vacation data, disease prevention data, chronic care medication related data, and release medication data. The Contractor must possess the ability to respond to various other data requests as they arise. As an example, the Contract Manager may be required to appear before various legislative committee hearings (ex. the state Budget committee), Health and Safety and or Law Enforcement committee, with accompanying data requests which must be responded to. The Offeror should demonstrate in its proposal an ability to gather, mine, and customize data as requested by the Contract Manager.

128. Re: RFP Section 3.33.1: What circumstances might result in an extension of the first year contract to exceed a 12 month calendar year? In such a case, would the annual fee for services be held at the established annual rate? For example, the contract is extended through 15 months.

RESPONSE: See Amendment #5, item #3 (amending RFP Section 1.4). In the example given, the first contract year may be longer than 12 months in order for the contract to end on the fiscal year cycle. In such a scenario, the annual fees will be held at the year one pricing, until the new fiscal year begins.

Please remember that proposals are now due on Friday, February 25, 2011, no later than 2:00 PM (per Amendment # 5). If there are additional questions concerning this solicitation, please contact me via e-mail at ggnall@dbm.state.md.us or by phone at (410) 260-7338 as soon as possible.

Date Issued: 02/08/2011

By: Gabriel Gnall
Procurement Officer