

**RFP #7549098: Pharmacy Supplier for the Rhode Island Department of Corrections**



**Solicitation Information  
October 23, 2014**

**RFP# 7549098**

**TITLE: Pharmacy Supplier for the Rhode Island Department of Corrections**

**Submission Deadline: Thursday, November 20, 2014 at 2:30 PM (ET)**

<b>PRE-BID/ PROPOSAL CONFERENCE: NO</b>
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Questions concerning this solicitation must be received by the Division of Purchases at <a href="mailto:gail.walsh@purchasing.ri.gov">gail.walsh@purchasing.ri.gov</a> no later than <b>Monday, November 3, 2014 at 5:00 PM (ET)</b> . Questions should be submitted in a <i>Microsoft Word attachment</i> . Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.
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<b>SURETY REQUIRED: NO</b>
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<b>BOND REQUIRED: NO</b>
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**Buyer Name: Gail Walsh**  
Title: Chief Buyer  
Division of Purchases  
RI Department of Administration

Applicants must register on line at the State Purchasing Website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

**Note to Applicants:**

Offers received without the entire completed three-page R.I.V.I.P. Generated Vendor Certification Form attached may result in disqualification.

**THIS PAGE IS NOT A VENDOR CERTIFICATION FORM**

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## **RFP #7549098: Pharmacy Supplier for the Rhode Island Department of Corrections**

### **SECTION 1 -- INTRODUCTION**

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Corrections, is soliciting proposals from qualified firms to award a contract to provide pharmacy services for the Rhode Island Department of Corrections. The award will be to provide the purchasing, processing and delivery of medication to inmates at the Rhode Island Department of Corrections. The award will be for 1 year with the potential for (4) one-year extensions, subject to annual assessment and availability of funds in accordance with the terms of this Request for Proposals (RFP) and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

No phone calls concerning specifics of this proposal will be accepted by RIDOC Rehabilitative Services, or Medical Services.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those vendors who have submitted proposals.

#### **INSTRUCTIONS AND NOTIFICATIONS TO VENDORS:**

1. Potential Vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the Vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.

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6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division of State Purchases.
7. It is intended that an award pursuant to this RFP will be made to a prime Vendor, or prime Vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the Vendor's proposal and the subcontractor(s) to be used is identified in the proposal.
8. All proposals should include the Vendor's FEIN or Social Security number as evidenced by a W-9, downloadable from the Division's website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of State employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090 or [Raymond.lambert@hr.ri.gov](mailto:Raymond.lambert@hr.ri.gov).
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). *This is a requirement only of the successful Vendor(s).*

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14. The Vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator at (401) 574-8253 or visit the website [www.mbe.ri.gov](http://www.mbe.ri.gov) or contact [Charles.newton@doa.ri.gov](mailto:Charles.newton@doa.ri.gov).
15. It is the responsibility of the Vendor to ensure that all subcontractors meet all Federal and State laws and regulations including Health Insurance Portability & Accountability Act (HIPAA) requirements and that the appropriate business agreements are in place.
16. The successful vendor may be required to certify to the Rhode Island Department of Corrections that it is in compliance with applicable civil rights laws and regulations. These laws and regulations relate to issues concerning Equal Employment Opportunity (EEO), Limited English Proficiency (LEP), and other anti-discrimination laws. The successful vendor may also be required to prepare an Equal Employment Opportunity Plan. A certification of assurances form will be provided to you upon notification of tentative award. Further information regarding these assurances may be obtained upon request from RI Department of Corrections, Office of Financial Resources (phone: 401-462-2555) or by visiting the U.S. Department of Justice, Office of Justice Programs, Civil Rights website at: <http://www.ojp.usdoj.gov/about/ocr/eeop.htm>

### **SECTION 2 -- BACKGROUND AND PURPOSE**

#### **BACKGROUND:**

The Rhode Island Department of Corrections is located on the Pasteur Complex in Cranston, R.I. There are currently 3200 sentenced and awaiting trial inmates housed on a one-mile square complex. The population fluctuates with moderate increases projected over the next decade. Approximately three percent of inmates are HIV- and 25% of entrants are Hepatitis C positive. Facilities include the State's only jail for pretrial detainees, four male facilities and two for women offenders. All facilities contain a medical services area, either an infirmary or dispensary. Medical programs at the Department of Corrections are under the administrative management of the Rehabilitative Services Division. Medical programs operate under the direction of the Medical Program Director.

The RIDOC has a comprehensive medical services program in place, which includes a pharmacy benefit. All medications and ancillary clinical pharmacy services are currently being provided by an out-of-state correctional facilities pharmacy. The contract with this Vendor expires on January 1, 2015

A formulary restricting use of medication when a less expensive alternative exists has been in place since December 1998. All currently FDA approved anti-retroviral medications are unrestricted for use by HIV specialists. Mental health treatment is provided to patients by board certified psychiatrists. The RIDOC currently provides approximately 9000 prescriptions per month to its inmate population. Total drug spend for 2013 was approximately \$2.1 million.

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Most medications are dispensed through medication lines at prescribed hours in each of the facilities. Blister packaging is required for all solid, oral medication. The Department also maintains a Keep-on-Person (KOP) medication procedure, requiring the same blister packaging. Inmates may also purchase over-the-counter non-prescription drugs through the store order process which is outside the scope of this RFP.

### **PURPOSE:**

This RFP is for the provision of pharmacy services to include the purchase of pharmaceuticals. Pharmacy services requested will include the following:

Pharmaceutical purchasing, medication order processing, labeling, packaging, including blister packs, delivery to each facility for dispensing by RIDOC medical staff.

Management data and reports quantifying medications ordered, processed, delivered and disposed will be available to the RIDOC as requested. Quarterly detail prescription claims data will be delivered in a mutually agreed upon HIPAA-compliant format to the RIDOC or its designated contractor. All pharmaceutical services will be provided according to medically accepted standards of care.

All pharmaceutical services will meet the RIDOC's expectations in delivering a high quality pharmacy benefit to its patients and all services will be rendered in accordance with both state and federal pharmacy laws and regulations.

The Vendor will provide services that meet or exceed the applicable standards of the National Commission on Correctional Health Care (NCCHC) for prisons, and comply with all Rhode Island rules and regulations pertaining to pharmacy services ([www.rules.state.ri.us/rules/](http://www.rules.state.ri.us/rules/)).

The Vendor shall provide packaged pharmaceuticals and drugs ready for distribution at the RIDOC. The existing nursing staff will distribute the medication to inmates housed in each of the correctional units. The State of Rhode Island will obtain on-site pharmacist management services outside of this RFP for RIDOC facilities.

## **SECTION 3 -- SCOPE OF WORK**

### **REQUIREMENTS:**

#### **General Scope of Work:**

The chosen Vendor will supply medication for the use in all RIDOC facilities and support the provision of pharmaceutical care in the Department. This service will include the delivery of chemotherapeutic agents, anti-infectives, and other agents that may be provided in an outpatient setting to prevent off-site travel for the administration of these medications.

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## **SPECIFIC ACTIVITIES/TASKS**

### 1. Medication Purchasing and Packaging

Medication will be delivered in quantities not exceeding 1) a thirty (30) day supply, or 2) 100 units, of restricted and non-restricted medications in "prison" facilities. The Vendor must provide, at no additional cost, an adequate number of medication storage carts for each facility as specified by the RIDOC.

Inmate/Patients in "jail" facilities are dispensed restricted and non-restricted substance medication in quantities not to exceed a fourteen (14) day supply.

Non-formulary medications are dispensed in a ten (10) day supply pending approval of the non-formulary request by the Medical Program Director. Discharge medication, regardless of medication type, are provided in accordance with a provider's (physician's) order request.

Purchasing Needs — (1) label tamper resistant blister packaging card for all inmate prescriptions including "watch-take" medications, and KOP medications. (2) Vendor should propose one or more methods for minimizing waste associated with unused and partially used blister pack cards. Ideally, credit for all unused medications would be available. (3) For discharge medications, a childproof container will be used. (4) Medication carts must be provided by the Vendor for each facility. (5) The Vendor is responsible for the repair and/or replacement of medication carts when necessary.

### 2. Generic Medications

Generic medication must be substituted for brand name unless otherwise indicated by a RIDOC physician. No generic substitution will be authorized for the following Narrow Therapeutic Index (NTI) medication Lanoxin and Synthroid for inmate prescriptions.

### 3. Medication Labeling

A computer generated Delivery Manifest will accompany the medication delivery order to RIDOC. This manifest (indexed by Inmate last name/Patient name, Inmate identification number, Drug name, Drug strength, Quantity dispensed, Date of service and Facility name) enables reconciliation of drug orders received and drug orders placed.

A proof-of-use (POU) sheet to enable documentation of administered controlled drugs and contingency medication accompanies orders. Vendor will provide to RIDOC medication with labels providing the following information in ENGLISH:

(1) Prescription number, (2) Date of dispensing, (3) Inmate/Patient identification number, (4) Current facility, (5) Inmate/Patient name, (6) Cell location (if applicable), (7) Directions for use, (8) Blister pack indication (if appropriate), (9) Drug name, (10) Dosage form, (11) Drug strength, (12) Quantity

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dispensed, (13) Drug brand name (if a generic is substituted for the brand name drug), (14) Order discontinuation date, (15) Drug package expiration date, (16) Provider (Physician) name, (16) Refill indication, (17) Pharmacist initials and (18) manufacturer lot number. The federal legend labeling should appear in both ENGLISH and SPANISH.

Each medication package is labeled with two (2) identical labels, or a piggy-back label: one to be used as a refill request label, and one to remain on the medication package. All labels will adhere to applicable Federal and State law and Department policy and procedures.

The Vendor will be responsible for performing Drug Utilization Reviews (DURs) as required by OBRA 90 by licensed pharmacists to analyze RIDOC's prescribing patterns and inmate use to facilitate cost-effective medication use at the facilities. Vendor must comply with RI State rules and regulations regarding prospective drug utilization review for each pharmacy order. This should include, but is not limited to, drug-drug, drug-gender, and drug-age interactions, as well as screening to prevent allergic and adverse drug reactions. In addition to the review for potential interactions and adverse drug reactions, the Vendor must review each order for possible duplicate therapy and appropriate therapeutic dose.

### 4. Coordination of Services/Training

All pharmacy services will be coordinated through the Office of the Medical Program Director. The Vendor will provide onsite training for RIDOC staff relating to work flow, ordering and policies and procedures to ensure a seamless process of ordering and receiving of medications needed for patient care.

## **VENDOR RESPONSIBILITIES:**

### 1. Medication Order Process

The Medication Order Process is currently an electronic order entry system with terminals in each of the facilities that is integrated with the RIDOC Electronic Medical Record (EMR). The Vendor will be responsible for all cost associated for a bi-lateral interface with the current system or any future systems. The Vendor's systems are required to be flexible with the ability to receive, transmit, and interface with system currently used or systems to be implemented by the RIDOC. The Vendor will be responsible for the cost of integrating their system with the RIDOC. The Department is also exploring the feasibility of deploying an electronic medical administration record (eMAR). The selected Vendor would also be responsible for costs incurred for integrating their system with the selected Vendor's eMAR.

The Vendor shall provide RIDOC with backup ordering system consisting of two (2) Toll-Free facsimile telephone numbers and at least two (2) facsimile machines that shall be operational to receive RIDOC medication orders 24 hours a day. The Vendor shall certify that these facsimile machines using these dedicated telephone numbers shall have "Hard Drive" document memory retention that is 250 minimum pages.



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### 2. Restricted Drug Formulary (Mandatory)

The Vendor shall provide medications in compliance with the RIDOC-approved "Restricted Drug Formulary." The Vendor shall acknowledge understanding of the terms of this section and pledge to meet this requirement in a narrative response. Approval for use of non-formulary medication will be at the discretion of the Medical Program Director and the Vendor will then supply the medications.

The Vendor shall provide a "Formulary Exception Report" which identifies (1) Drug name, (2) Drug strength, (3) Date of service, (4) Inmate/Patient name, (5) Provider/Physician, (6) Authorization code, and (7) Drug cost in accordance with a user defined date range. The Vendor shall attach a sample copy of their "Formulary Exception Report" (or related reports) that are currently available, and provide a description of the report format and method of generation.

### 3. Patient Drug Education Monographs

The Vendor will provide written material in ENGLISH and SPANISH describing "How to Use This Medication," and "Cautions" to each of the RIDOC facilities. Updated information will be delivered annual in a binder including the top 100 prescription medication dispensed. Additional request for information on products not included in the binder will be submitted via facsimile or pdf to the Vendor and the Vendor will deliver the written materials to the requesting facility within 2 business days. Quarterly updates will be provided for all new prescription medications as appropriate.

### 4. Medication Delivery Process (Mandatory)

The selected Vendor will provide next day delivery to each facility (6 days per week, Monday — Saturday, by 12 pm Eastern Time except holidays observed by the State of Rhode Island) of electronically or facsimile submitted medication orders received by 3:30 pm, in the Vendor's time zone, the previous day. The Vendor shall have a documented policy demonstrating the backup delivery system should the primary delivery system experience disruption.

The Vendor shall acknowledge that the above delivery schedule is designed to accommodate the hours of operation of the Health Services Unit, with approval of the RIDOC Medical Program Director or designee. The Vendor shall propose performance guarantees for the timely delivery of pharmaceutical products.

The Vendor shall provide a Delivery Manifest, which meets the RIDOC standard document requirements.

The Vendor shall have a backup pharmacy network in place to accommodate urgent request by the RIDOC within the same day the medication is requested. It is the responsibility of the Vendor to ensure that the system provides timely medication deliveries for urgent requests and explain the cost component of this service.

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### 5. Electronic Medical Record

The selected pharmacy Vendor will need to interface with the RIDOC's Electronic Medical Record (NextGen Healthcare Information Systems, Inc.) with bidirectional communication (send and receive) at the pharmacy Vendor's expense. Pharmacy orders will be entered into the EMR and electronically transmitted to the selected pharmacy Vendor for processing. The pharmacy Vendor will electronically communicate with the RIDOC with data such as fill dates, partial shipments, and other pharmacy-related alerts.

The selected pharmacy Vendor will work with the EMR Vendor in order to provide an accurate Formulary for use by the RIDOC with at least a 14 day notice of any changes made to the Formulary due to system or database upgrade. Potential Vendors are invited to contact the EMR Vendor directly to discuss interface issues.

The vendor will provide paper MARs on a monthly basis to be sent directly to each facility with all current active medications printed on the paper MAR (usually on the 25<sup>th</sup> of the month for the following month). This process will remain in place until transition to an electronic medication administration system (eMAR) occurs.

### 6. Emergency Kits

The Vendor shall acknowledge that all current and future Emergency Kit medications shall be supplied at the request of RIDOC.

Upon request, and at an additional charge, the Vendor shall agree to examine or inspect these kits quarterly to ensure that each kit has the appropriate medications, medications are within expiration dating, and integral (no evidence of package defect, damage or tampering). Deviations from proper storage and utilization procedures shall be reported directly to the Medical Program Director.

Please indicate pricing for this service in the appropriate area of the Service Pricing/ Administrative Fee Worksheet (Appendix D).

### 7. Required Forms:

The Vendor shall prepare and provide all forms necessary for the implementation and ongoing operation of the program. Forms shall include, but not be limited to:

- A. Medication and treatment administration record;
- B. Non-formulary request form to be used after development of a formulary;
- C. Physician order form or profile form if applicable;

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- D. Medication profile (patient profile record);
- E. Declining inventory form (for control of medication);
- F. Back-up supply utilization form (perpetual inventory control)
- G. Stock medication Form
- H. Insulin Order form

### **8. On-Call/Emergency Pharmacist Response (Mandatory)**

On-Call/Emergency Pharmacist Response shall be provided for serious, unanticipated and immediate needs, as defined by the Medical Program Director.

A licensed pharmacist shall be made available, through the use of a notification mechanism (pager or similar means), and shall respond within twenty (20) minutes. If no response is received, a secondary contact mechanism (answering service) shall be provided as a contingency. The Vendor shall be considered unresponsive if initial contact with RIDOC is not made within sixty (60) minutes, and shall be subject to a Two-Hundred-Fifty Dollar (\$250) performance penalty.

Once initial contact is made, the Vendor shall have four (4) hours to ensure the RIDOC secures the acquisition and delivery of the requested formulary pharmaceuticals to RIDOC.

### **9. Emergency Prescriptions**

Vendors must make arrangements with a local pharmacy for emergency medications. This pharmacy will be required to provide medication within 4 hours of an order, 24 hours a day/7 days a week. Vendor will arrange to compensate the emergency pharmacy. The cost of emergency medications obtained from the local pharmacy shall be the responsibility of the Vendor, who will then pass through that cost to the RIDOC on a monthly basis. Vendors are required to provide information, and total costs, of delivering medication from the emergency pharmacy to the RIDOC facility in the cost section of the proposal.

The Vendor shall provide the Medical Program Director with detail (in a format to be determined) of all On-call/Emergency occurrences on a quarterly basis.

The Vendor shall propose in a narrative a procedure for meeting these criteria.

### **10. Requirements: License, Registration, Insurance, and Indemnification**

In addition to the programmatic requirements described, the successful applicant will be required to adhere to the following assurances and contractual requirements:

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The Vendor must be licensed/registered with Federal and all necessary State authorities applicable to the pharmacy services described herein. (This requires that the Vendor, wherever located, obtain the appropriate licensure from the Rhode Island Board of Pharmacy to operate and distribute medications within the state.)

The Vendor will be required to indemnify and hold harmless the RIDOC from and against all loss or costs arising out of Vendor's gross negligence, criminal negligence or willful or wanton or intentional misconduct.

The Vendor will be required to warrant that the company has liability insurance coverage and that the pharmacists and technicians are covered by professional liability insurance. The minimum limits for this liability coverage shall be \$1,000,000 for each occurrence with \$3,000,000 in the aggregate.

Limits as negotiated above shall include both "per occurrence" and "annual aggregate." The "per occurrence" coverage provides coverage at the time of the encounter and ad infinitum. This means that every encounter is insured at the time of its occurrence and into the future. Therefore there will be no residual risk to the RIDOC.

At all times during the performance of this agreement the selected Vendor will require access to records relating to the Vendors performance, and shall have the right to inspect any and all such records as it shall deem necessary for the performance of its duties hereunder, and for the investigation or defense of any and all actions or incidents related to said performance.

### **PROGRAM EVALUATION:**

#### 1. Report Writing

Reports of drug utilization based on individual drug (or drug class), by inmate/patient, correctional facility, provider (physician, dentist, psychiatrist, etc.), formulary status, and disease state are informative and desirable. Use of industry standard "indicator codes" are useful in developing database "search criteria."

A report detailing Inmate/Patient Drug Cost is REQUIRED MONTHLY to be submitted, both electronically and in-hand copy, to the Medical Program Director or their designee. The submission date will be within ten (10) days of the end of the month. Data elements that may need to be identified are (1) Inmate/Patient name, (2) Inmate/Patient number, (3) Correctional facility, (4) Provider, (5) Date of service, (6) Prescription number, (7) Drug name, (8) Drug strength, (9) Quantity dispensed, (10) Days supply, and (11) Drug cost at acquisition cost. All reports will be produced, maintained and disposed of in compliance with all Federal and State laws and Department policies and procedures. Other reports will be provided upon request within three (3) business days.

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This report is to be sorted by (1) Correctional facility, (2) Inmate/Patient name, and (3) Provider (physician) name, employing a user definable date range that summarizes drug cost by (1) Inmate/Patient, (2) Correctional facility, (3) Date range total, and (4) Drug name. The Vendor is instructed to propose the manner of generation of this report, and indicate present ability to generate such a report. Vendor shall indicate the cost of this report, if any, in this section.

### 2. Continuous Quality Improvement

The Vendor is required to have its own Continuous Quality Improvement System (CQIS) to ensure the adequacy and appropriateness of care provided, and for reporting on this monthly to the RIDOC according to the RIDOC's quality improvement program. The Vendor will submit a sample of its quality reports.

The Vendor's CQIS shall include such DURs, audits, narrative reports and executive summaries necessary to identify and remedy any quality issues identified in the Vendor's operations and consistent with, and/or required by the RIDOC;

The Vendor must submit a communication plan that addresses the transmission of patient data and reports without violating HIPAA and HITECH security regulations.

The Vendor agrees to participate in a quarterly Pharmacy and Therapeutics Committee meeting on location at the RIDOC at the Vendor's expense. The Vendor will provide quarterly reports summarizing the drug utilization of the previous quarter and previous 12 months. The information will be provided by the Vendor in a format that is acceptable to the RIDOC Medical Program Director.

### 3. Discharge Medications

The RIDOC has a program that provides medication to released inmates. This allows for continuity of care until the inmate is able to connect to a community healthcare provider. In addition, some inmates are released to community programs with a 30 day supply of medications. The RIDOC is interested in the Vendor's experience with release programs and distribution mechanism to ensure that inmates receives their medication. Please indicate pricing for this service in the appropriate area of the Service Pricing/ Administrative Fee Worksheet (Appendix D).

### 4. Destruction of Medication Waste:

The Vendor will provide all appropriate disposal systems for the Controlled Substances destruction process and for developing a hazardous waste plan, describing the collection, storage, and removal by an approved transporter. The Pharmacy Vendor shall coordinate this process with the Medical Waste Vendor as appropriate.

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### 5. Submission of Bills

All invoices will be submitted monthly to the Associate Director, Health Services. The Vendor will allow the State of Rhode Island to verify that acquisition costs are accurately reported. The RIDOC will have the right to audit Vendor acquisition invoices to validate the cost of product submitted on the RIDOC's monthly invoices. The management fee will be based on the average daily census for the month billed x the agreed upon monthly per inmate charge.

### 6. Security Requirement:

Employees of Vendors who must gain entrance into correctional facilities are subject to police record checks; the Department of Corrections retains the right to refuse entrance to Vendor employees with felony convictions. Access to correctional facilities also requires adherence to rigid security rules as far as property search, contact with inmates, etc.

### **TRANSITION PLAN BETWEEN EXISTING AND NEW VENDOR:**

- a. The Vendor must develop a transition plan from the current service delivery system. The transition plan must be presented to the Medical Director within 30 days of the contract approval and will address an orderly and efficient start-up.
- b. A detailed plan must be submitted with the proposal that addresses, at a minimum, how the following issues will be handled during the transition:
  - Identification and assumption of current prescriptions
  - Medical record management connectivity
  - Orientation of RIDOC staff to new system
- c. The Vendor must outline timetables and personnel that will be assigned to and monitor the transition, and detailed plans, including offender medical file transfer, for the transition from the DDOC's system to the Vendor's system of claims history for prescriptions,
- d. The Vendor's plan must also summarize problems anticipated during the course of transition.
- e. The Vendor will provide a similar transition plan at the end of the contract.

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### **SECTION 4 -- TECHNICAL PROPOSAL**

**Narrative & format:** *The separate technical proposal should address specifically each of the required elements:*

**Staff Qualifications** — This section shall include identification of all staff and/or subcontractors proposed as members of the project team, and the duties, responsibilities, and concentration of effort which apply to each (as well as resumes, curricula vitae, or statements of prior experience and qualification) and the vendor's experience in providing pharmacy services to institutions.

**Capability, Capacity, and Qualifications of the Vendor** — Vendor should include a comprehensive listing of similar projects undertaken especially in the area of criminal justice programs and/or similar clients served, including a brief description of the projects.

Vendor should provide the company name, address, contact person, and telephone number of at least three (3) facilities where Vendor is currently providing pharmacy services, one facility would preferably be a correctional institution.

A description of the business background of the vendor (and all subcontractors proposed), including a description of their financial position.

#### **Work Plan —**

This section shall contain a thorough explanation of all programmatic aspects and services required to complete the "Scope of Work" section. This will include a demonstration of the knowledge and ability to coordinate services with appropriate agencies and businesses. (Letters of agreement, affiliation or support describing relationship and extent of coordination should be appended.)

This section shall describe the vendor's understanding of the State's requirements, including the result(s) intended and desired, the approach and/or methodology to be employed, and a work plan for accomplishing the results proposed. The description of approach shall discuss and justify the approach proposed to be taken for each task, and the technical issues that will be employed to administer the project, the assignment of staff members and concentration of effort for each, and the attributable deliverables for each.

This portion of the technical proposal should include concise information regarding the Vendor's ability to address all portions of the scope of work. Care should be taken to provide information pertaining, but not limited to, the following components:

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- Procedure for documenting the client specification requirements for each facility and the change control process in place to ensure accuracy of RIDOC policies and procedures
- Procedures for addressing customer service issues
- A clear description of the process to order, fill and deliver prescription and OTC medications
- Medication storage requirements, including dimensions of facility medication storage carts
- Type of blister packing utilized, including examples
- Listing of available reports, including examples
- Implementation plan for converting pharmaceutical product distribution from current Vendor to your organization's processes
- Procedures for handling:
  - emergency fills of prescriptions
  - out of stock items
  - partial prescription fills
  - medication errors
  - credit for Vendor medication errors
  - customer service issues
  - emergency delivery of medication in the event that normal transportation is disrupted
  - non-formulary prescription orders
  - Disaster recovery contingencies
  - Ability to interface with the EMR system

Customer service and telephone statistics (eg. Average wait times, average time on hold, dropped call rate, etc.)

Procedures and costs for providing RIDOC with credit for unused medication

A copy of any standard policies and procedures

A listing of any additional services (with associated costs) that you could provide to RIDOC

Vendor's quality assurance program includes a description of any additional services to be provided beyond the scope of work within the Request, resources to be used for these services and any associated costs to RIDOC.

**Approach/Methodology** — As part of the Work Plan define the methodology and procedures to be used.



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### **SECTION 5 -- COST PROPOSAL**

Detailed Budget and Budget Narrative: Provide a proposal for fees charged reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project. Explain the basis and rationale of your fee structure.. Alternative fee schedule proposals will be considered; however, Vendor must provide an understandable fee structure and explain the benefits of the alternative approach.

Please provide cost information for:

1. Brand and Single source products (including completion of Appendix A)
2. Generic and OTC products (including completion of Appendix B and C)
3. Service pricing and administrative fees (include completion of Appendix D)

For purposes of this RFP "Acquisition Cost" is presumed to be the cost of drug product to Vendor including but not limited to all Wholesaler Discounts, Rebates, Wholesaler Buy-Ups, Bulk Container Discounts, Free Goods, Manufacturer or Distributor Volume Discounts along with any other discounts or product reimbursements received by Vendor that effectively lower the price of the product.

If Vendor definition of acquisition cost is not identical, please include Vendor definition.

#### **APPENDIX A: BRAND/SINGLE SOURCE PRODUCTS-ORAL/INJECTABLE/BIOLOGICALS PRICING**

Provide your company's actual acquisition cost for each of the products listed below. The cost should be at the unit level (1 capsule, 1 tablet, 1 gram etc.) The following list is only a representation of the most frequently ordered products within a quarter for DOC inmates. Prices should reflect your purchasing cost as of September 2014. The DOC recognizes that product prices fluctuate but the prices submitted should be reflective of your purchasing ability.

#### **APPENDIX B: GENERIC PRODUCT PRICING**

Provide your company's actual acquisition cost for each of the products listed below. The cost should be at the unit level (1 capsule, 1 tablet, 1 gram etc.) The following list is only a representation of the most frequently ordered generic products within a quarter for DOC inmates. Prices should reflect your acquisition cost as of September 2014. The DOC recognizes that product prices fluctuate but the prices submitted should be reflective of your purchasing ability.

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**APPENDIX C: OTC PRODUCT PRICING**

Provide your company’s actual acquisition cost for each of the products listed below. The cost should be at the unit level (1 capsule, 1 tablet, 1 gram etc.) The following list is only a representation of the most frequently ordered generic products within a quarter for DOC inmates. Prices should reflect your acquisition cost as of September 2014. The DOC recognizes that product prices fluctuate but the prices submitted should be reflective of your purchasing ability.

**APPENDIX D. SERVICE PRICING/ADMINISTRATIVE FEE**

Provide pricing for or all required services as described in the RFP as a fee/inmate/month.

	Administrative Fee/Inmate/ Month* FY2015	Administrative Fee/Inmate/ Month* FY2016	Administrative Fee/Inmate/ Month* FY2017	Administrative Fee/Inmate/ Month* FY2018
Less than 2.00** Rx's/Inmate/Month				
2.00 - 3.00** Rx's/Inmate/Month				
Greater than 3.00** Rx's/Inmate/Month				

\* Based on average monthly inmate population.

\* Calculated by dividing total number of prescriptions dispensed each month by average inmate population for that month.

Fiscal year is July 1 through June 30.

Please list any additional costs for services not included in the Basic Administrative Fee.

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Please indicate the following rates for emergency prescription services:

- Network rate at which prescriptions will be adjudicated for RIDOC inmates. Please indicate the brand and the generic reimbursement rate and dispensing fee.
- Cost of specialty products through network if the algorithm differs from that of branded reimbursement rate.
- Compounded prescription network reimbursement rate

ADD Alternatives::

- Destruction of prescription medical waste
- Discharge medication program

**SECTION 6 -- EVALUATION AND SELECTION**

Proposals will be reviewed and scored by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 50 (83.3%) out of a maximum of 60 technical points. Any technical proposals scoring less than 50 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 50 technical points or more will be evaluated for cost and assigned up to a maximum of 40 points in that category, bringing the potential maximum score to 100 points.

The Department of Corrections reserves the exclusive right to select the individual(s) or firm (Vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Staff Qualifications	15 Points
Capability, Capacity, and Qualifications of the Vendor	15 Points
Quality of the Work plan	15 Points
Suitability of Approach/Methodology	15 Points
Total Possible Technical Points	60 Points
Cost [calculated as (lowest responsive cost proposal) divided by (this cost proposal) times 30 points]	40 Points
Total Possible Points	100 Points

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Points will be assigned based on the vendor's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the Technical Review Committee to clarify statements made in their proposal.

### **SECTION 7 -- PROPOSAL SUBMISSION**

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [gail.walsh@purchasing.ri.gov](mailto:gail.walsh@purchasing.ri.gov) no later than the date and time indicated on page one of this solicitation. Please reference **RFP #7549098** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 222-3766 or [lynda.moore@purchasing.ri.gov](mailto:lynda.moore@purchasing.ri.gov).

Vendors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested vendors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses {**an original (1) plus four (4) copies**} should be mailed or hand-delivered in a sealed envelope marked "**RFP#7549098 – Pharmacy Services for RI Dept. of Corrections**" to:

**RI Dept. of Administration**  
Division of Purchases, 2nd floor One  
Capitol Hill  
Providence, RI 02908-5855

**NOTE:** Proposals received after the previously referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed or emailed to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

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### **RESPONSE CONTENTS**

Responses should include the following:

1. A completed and signed four-page R.I.V.I.P generated *Vendor certification* cover sheet -- downloaded from the RI Division of Purchases Internet home page at: [www.purchasing.ri.gov](http://www.purchasing.ri.gov)
2. A completed and signed *W-9* downloaded from the RI Division of Purchases Internet home page at: [www.purchasing.ri.gov](http://www.purchasing.ri.gov) **Please include with original proposal only.**
3. A *letter of transmittal* signed by the owner, officer, or authorized agent of the firm or organization, acknowledging and accepting the terms and conditions of this Request, and tendering an offer to the State.
4. **A separate *Technical Proposal*** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to six (6) pages (this excludes any appendices). As appropriate, resumes of key staff who will provide services covered by this request.
5. **A separate, signed and sealed *Cost Proposal*** reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project.
6. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in *electronic format (CDRom, diskette, or flash drive)*. Microsoft Word / Excel or PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

### **CONCLUDING STATEMENTS**

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further. The State may, at its sole option, elect to require presentation(s) by vendors clearly in consideration for the award.

**APPENDIX A- RIDOC Top Drugs - Brand**

	<b><u>DRUG</u></b>	<b><u>Cost/Unit</u></b>
1	ABILIFY 10MG TAB	
2	ABILIFY 20MG TAB	
3	ADVAIR DISKUS (60GM) 500/50 INH	
4	APRISO 0.375GM CAP	
5	ASACOL HD 800MG TAB	
6	ATRIPLA 600/200/300 TAB	
7	ATROVENT HFA (12.9GM) INH.	
8	CANASA RECTAL 1000MG SUP.	
9	CELEBREX 200MG CAP	
10	COPAXONE PRE-FILLED (30X1ML) 20MG SYRG	
11	CREON-24 24-76-120 CAP	
12	CRESTOR 20MG TAB	
13	CYMBALTA 30MG CAP	
14	DELZICOL 400MG CAP	
15	EFFEXOR XR 75MG CAP	
16	ENBREL (4) 50MG/ML	
17	ENBREL SURECLICK KIT 50MG/ML SYRG	
18	EPZICOM TAB	
19	FERAHEME (17ML) 510/17ML VIAL	
20	FLOVENT HFA (12GM) 110MCG INH	
21	FLOVENT HFA (12GM) 220MCG INH	
22	GLUCAGON EMERGENCY KIT 1MG KIT	
23	HUMALOG INSULIN 100U/ML VIAL	
24	HUMIRA INJ (2X0.8ML) 40MG INJ	
25	INTELENCE 100MG TAB	
26	ISENTRESS 400MG TAB	
27	JANUMET 50/1000MG TAB	
28	KALETRA 200MG/50MG TAB	
29	Kogenate FS Assay size (IU) 500	
30	LANTUS INSULIN U-100 INJ	
31	LEXIVA 700MG TAB	
32	LYRICA 50MG CAP	
33	LYRICA 75MG CAP	
34	NAFTIN (40GM) 1% GEL	
35	NEXAVAR 200MG TAB	
36	NEXIUM 40MG CAP	
37	NORVIR 100MG TAB	
38	NOVOLIN R (10ML) 100U/ML VIAL	
39	OLYSIO 150mg	
40	PENTASA 500MG CAP	
41	PREZISTA 800MG TAB	
42	QVAR (8.7GM) 40MCG INHL	
43	QVAR (8.7GM) 80MCG INH	
44	REMICADE 100MG VIAL	
45	REYATAZ 300MG CAP	
46	RISPERDAL CONSTA (2ML) 37.5MG/2ML SYRG	
47	SENSIPAR 30MG TAB	
48	SEREVENT DISKUS (60) 50MCG INH.	
49	SOVALDI 400MG TABLET	
50	SPIRIVA HANDIHALER 18MCQ CAP	
51	TRUVADA 200MG/300MG TAB	
52	VENTOLIN HFA (18GM) 90MCG INH	



**APPENDIX B- RIDOC Top Drugs - Generics**

	<u>Drug</u>	<u>Cost/unit</u>
1	ACYCLOVIR (15GM) 5% OINT	
2	BENZTROPINE 1MG TAB	
3	BUPROPION HCL 100MG TAB	
4	BUPROPION HCL 75MG TAB	
5	BUSPIRONE HCL 10MG TAB	
6	BUSPIRONE HCL 15MG TAB	
7	CALCIPOTRIENE (60GM) 0.005% CRM	
8	CARBAMAZEPINE EXT-REL 200MG TAB	
9	CHLORPROMAZINE 100MG TAB	
10	CHLORPROMAZINE 200MG TAB	
11	CHLORPROMAZINE 25MG TAB	
12	CHLORPROMAZINE 50MG TAB	
13	CLINDAMYCIN PALM HCL (100ML) 75MG/5ML SOLN	
14	CLINDAMYCIN/BENZOYL PEROXIDE 1% / 5% GEL	
15	CLOTRIM-BETA (45GM) CRM	
16	DIVALPROEX SOD 500MG TAB	
17	DIVALPROEX SOD ER 500MG TAB	
18	DOXYCYCLINE 100MG CAP	
19	ENALAPRIL 20MG TAB	
20	FENOFIBRATE 145MG TAB	
21	FLUOXETINE 20MG CAP	
22	FLUPHENAZINE DEC (5ML) 25MG/ML INJ	
23	FLUTICASONE NASAL (16GM) 50MCG SPRY	
24	GABAPENTIN 300MG CAP	
25	GABAPENTIN 600MG TAB	
26	GABAPENTIN 800MG TAB	
27	HALOPERIDOL 5MG TAB	
28	HALOPERIDOL DEC (1ML) 100MG/ML VIAL	
29	IBUPROFEN 600MG TAB	
30	IBUPROFEN 800MG TAB	
31	METOPROLOL ER 50MG TAB	
32	MIRTAZAPINE 30MG TAB	
33	MUPIROCIN (15GM) 2% CRM	
34	NAPROXEN 500MG TAB	
35	NYSTAT/TRIAM (30GM) CRM	
36	OMEPRAZOLE 20MG CAP	
37	PERMETHRIN (60GM) 5% CRM	
38	PERPHENAZINE 4MG TAB	
39	PERPHENAZINE 8MG TAB	
40	PHENYTOIN SOD EXT 100MG CAP	
41	POTASSIUM CHLORIDE (750MG) 10MEQ CAP	
42	RANITIDINE 150MG TAB	
43	RISPERIDONE 3MG TAB	
44	SERTRALINE 100MG TAB	
45	TACROLIMUS 1MG CAP	
46	TAMSULOSIN 0.4MG CAP	
47	TRAZODONE 100MG TAB	
48	ZIPRASIDONE HCL 20MG CAP	
49	ZIPRASIDONE HCL 40MG CAP	
50	ZIPRASIDONE HCL 60MG CAP	



**APPENDIX C- RIDOC Top Drugs -Over-the-Counter**

	<u>Drug</u>	<u>cost /unit</u>
5	ACETAMINOPHEN 325MG TAB	
4	ACETAMINOPHEN ES 500MG CAPL	
17	AMMONIUM LACTATE (140GM) 12% CRM	
13	AMMONIUM LACTATE (226GM) 12% LOTN	
20	APAP/ASA/CAFFEINE 250/250/65MG TAB	
14	ASPIRIN LO-DOSE EC 81MG TAB	
19	BENZOYL PEROXIDE (150ML) 5% WASH	
9	BENZOYL PEROXIDE (237GM) 10% WASH	
18	CHLORPHENIRAMINE 4MG TAB	
11	DIPHENHYDRAMINE 25MG CAP	
8	DIPHENHYDRAMINE 50MG CAP	
21	DSS 100MG CAP	
22	GLUTOSE 15 (112.5GM) 40% GEL	
3	HYDROCERIN (454GM) CRM	
25	HYDROCORTISONE (454GM) 1% CRM	
6	HYDROPHOR (454GM) OINT	
15	IBUPROFEN 200MG TAB	
16	KAO-TIN (473ML) 262MG/15ML LIQ	
12	LORATADINE 10MG TAB	
1	LUBRISKIN (562ML) LOT	
2	NATURAL VEG (369GM) 13OZ PWDR	
23	NEUTROGENA 3.5OZ BAR	
10	PC-TAR SHAMPOO (180ML)	
7	POLYETHYLENE GLYCOL (255GM) PWDR	
24	WITCH HAZEL (12X473ML) LIQ	