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QUESTIONS AND RESPONSES #6 SOLICITATION NO. Q0016025

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES PHARMACY SERVICES JANUARY 16, 2018

Ladies/Gentlemen:

This list of Questions and Responses #6, questions #259, through #270, is being issued to clarify certain information contained in the above RFP.

In most instances the Department's response to the submitted questions merely serves to clarify the existing requirements of the RFP. Sometimes, however, in submitting questions potential Offerors may make statements or express interpretations of contract requirements that may be inconsistent with the Department's intent. To the extent that the Department recognizes such an incorrect interpretation, the provided answer will note that the interpretation is erroneous and either state that the question is moot once the correct interpretation is explained or provide the answer based upon the correct interpretation.

No provided answer to a question may in and of itself change any requirement of the RFP. If it is determined that any portion of the RFP should be changed based upon a submitted question, the actual change may only be implemented via a formal amendment to the RFP. In this situation the answer provided will reference the amendment containing the RFP change.

Questions and Answers

259. Program Manager's Education & Experience - In Q&A 1, the response to question 16 indicates that the Program Manager is required to have, at a minimum, a master's degree in health administration or other health field, or an MBA, and that the DPSCS prefers a Program Manager with correctional pharmacy management experience with multiple sites. The response provides a distinct and favorable advantage to your incumbent pharmacy vendor, as they would be the only vendor currently to have existing personnel with the required credentials. To our knowledge, these specific credentials are unique to the MD DPSCS solicitation and are not typically seen elsewhere in the correctional pharmacy industry. Other bidders would need to hire a program manager after they are awarded a contract, as the position would need to be advertised with the required job description. Thus, their proposal would be compromised, as a person interested in the position would not make a commitment (and therefore not have a resume to submit) based on the

premise of being potentially awarded a contract.

- To prevent this requirement from affording your incumbent provider a clear and unfair competitive advantage over all other bidders, would you consider amending the RFP to allow the assessment of the proposed program manager's qualifications based that person's merits and actual correctional pharmacy experience, which is more valuable than a MBA or master's degree that is not even required to be in health administration?

RESPONSE: The Program Manager shall have, at a minimum, a bachelor's degree in any health-related field or in healthcare management. However, a master's degree in any health-related field or in healthcare management is preferred. Disregard the response to Q&A #1, response to Q 16. See Amendment #12, Items 1 and 2.

260. Medication Delivery to Each Med Room - In Q&A 1, the response to question 29 indicates that the DPSCS currently requires a best practice standard for continuity of care by requiring the direct delivery of medications to the medication room inside each institution.

- So all potential bidders can review, become familiar with, and address in their proposals this best practice standard (as most of the industry uses a next-business-day delivery model), will the DPSCS provide an addendum with a copy of this best practice standard and its source?

RESPONSE: The best practice standard for this service was developed by DPSCS. DPSCS has already experienced the barriers and complications regarding next Business Day deliveries for our system, and developed as a best practice its current model of delivery to the facilities' medication rooms. The next-Business Day mail delivery model resulted in medication not being on-site and available for various reasons, including but not limited to the jail population turnover, and the time restrictions for dosing required by the Duval consent decree.

261. Interpretation of Law / Reports - In Q&A 1, the response to question 109 indicates that intentional misstatements of law or fact made by an Offeror may lead to that Offeror being determined by the Procurement Officer not to be responsible and thus not reasonably susceptible of being selected for award. For a bidder not to misstate their reporting capabilities as expected by DPSCS and possibility face being considered as non-responsible in their proposal, all bidders will need to have a copy of the reports indicated in questions 9-13, 18, 36, 46-62, 66, 67, and 73-92 to determine if they are capable of providing these reports. As these reports were created to the specifications of DPSCS, they would not be considered proprietary or confidential to the incumbent pharmacy.

- To ensure that bidders do not misstate their capabilities and possibly face elimination, would the DPSCS please provide an addendum that contains all of these reports for bidders to review before they submit their proposals?

RESPONSE: The response to Q&A #1, Q 109 was directed at intentional misstatements of law or fact made by an Offeror, and goes to the procurement officer's responsibility

determination of the Offeror. Offerors must be capable of providing the aforementioned reports to comply with the contractual requirements.

262. Wholesaler Requirement - In Q&A 1, question 118 indicates that the DPSCS does not currently purchase medications from a wholesaler and does not currently purchase medications for resale or redistribution. However, the DPSCS is currently serviced by a vendor who was possibly afforded MBE preference in the awarding of their previous but currently expired contract to service the DPSCS based on their classification as a wholesaler under NAICS code 424210 – *Drugs and Druggists' Sundries Merchant Wholesalers*, according to information available on the <https://mbe.mdot.maryland.gov/directory/> website.

- To eliminate any confusion on this matter, and for the procurement record, please confirm through an addendum that no wholesale activity is provided for prescription stock distribution at any DPSCS correctional facility.
- Please confirm in an addendum to this solicitation that a bidder with a NAICS code of 424210 would not be providing services related to this procurement.

RESPONSE: The Department declines to issue the requested addenda. The overall MBE subcontractor participation goal of 12% is of the total value of the Annual Management Fee only, and excludes the costs of purchasing pharmaceuticals. The Department has not identified any categories of work within the services comprising the Annual Management Fee for which the performance of an MBE certified with NAICS code 424210 would count towards the MBE participation goal. Offerors are responsible for verifying that each MBE, including any MBE Prime, selected to meet the goal is appropriately certified and has the correct NAICS code(s). See RFP Section 1.33.4. The work performed by a certified MBE firm, including an MBE Prime, can only be counted towards the MBE participation goal(s) if the MBE firm is performing a commercially useful function on the Contract. See COMAR 21.11.03.12-1.

263. Post Orders - In Q&A 2, the response to question 177 indicates that post orders may impact delivery of pharmaceuticals and supplies. Additionally, PharmDs working in the facilities must be familiar with post orders that impact their performance of services under this contract. These may vary across facilities.

- Please clarify what a post order is, as we are unfamiliar with this terminology.

RESPONSE: A Post Order is a document that contains specific duties that a correctional officer is required to perform when assigned to a post. Relevant Post Orders will be made available to the Contractor prior to the Go-Live Date. An example of a Post Order related to the Pharmacy Services Contract would be one containing specific directions on how and when to access a given facility to deliver Pharmaceuticals & Supplies. Post Orders may be updated frequently by DPSCS.

264. MBE Registration - In Q&A 2, the response to question 182 refers bidders to question

2 in Q&A 1 that states the MBE goal is 12% of the total value of the Annual Management Fee, not including the drugs. Drugs purchased from an MBE wholesaler or repackager cannot count towards the MBE goal. However, the question posed is whether an MBE Prime Contractor registered with the Maryland Office of Minority Business Enterprise under NAICS code 424210 – Drugs and Druggists’ Sundries Merchant Wholesalers, would be ineligible to apply any pharmacy-related work toward fulfilling up to fifty-percent (50%) of the MBE participation goal (overall), as the proper NAICS code for a pharmacy vendor capable of fulfilling the requirements of this RFP would be 446110 – Pharmacies and Drug Stores.

- Please clarify if a vendor with a NAICS code 424210 would be ineligible for MBE participation points specific to this procurement.

RESPONSE: See Response to item #262.

265. Hazardous Waste Disposal - In Q&A 2, the response to question 195 indicates that pharmaceutical waste is not destroyed using a sharps container, and disposing of pharmaceuticals in a sharps container does not comply with DPSCS policies and guidelines. No subcontractor is used for this service, as there is an onsite medication disposal process. Use of a hazardous waste company is not required.

So that all bidders are aware of and to maintain continuity of operational processes and so bidders can address the current process in their proposals, what is the current medication disposal process used onsite to dispose of non-hazardous pharmaceutical waste?

Because a medication such as warfarin is classified as a hazardous substance, it cannot be disposed of with other pharmaceutical waste. Please detail how a medication such as warfarin is disposed of in accordance with EPA and DOT requirements if a hazardous waste company is not required.

For clarification purposes and so bidders can address any concerns if an ongoing practice is to be continued, please indicate the reason the facility had a sharps container completely filled with individual doses of medications.

RESPONSE: Disregard the response to Q&A #5, Q 252B. The current process is as follows:

1. The medical contractor packages and returns non-hazardous partially used or unused pharmaceuticals to the pharmacy contractor through the pharmacy contractor’s medication courier. The pharmacy contractor disposes of the pharmaceuticals in their facility as indicated by regulatory standards and credits the State where indicated.
2. The medical contractor packages the hazardous pharmaceuticals as directed by the manufacturers and sends the packages to the pharmacy contractor through the medication courier for appropriate disposal as in #1 above.
3. The clinical Pharm.D.s assist the nurses with the disposal of the controlled medications on-site.

266. Deliveries - In Q&A 2, the response to question 196 indicates that deliveries take place

based on the requirements of security for each facility and the delivery times required under the contract. This response did not address the items requested in the question that all bidders would need to submit an accurate and intelligent financial response when projecting delivery costs. To ensure a fair and transparent procurement process and to prevent an unfair advantage to your incumbent who already has this information, could you please answer the following questions:

A.) Please list the number of routine deliveries, Monday through Saturday, received per facility per day in Attachment AA along with the average delivery time per day to each facility.

B.) Please detail per facility in Attachment AA the number of routine deliveries received each Sunday for the past 180 days, along with the average delivery time per Sunday.

C.) If this information known only to the incumbent is not provided, what is the basis for the denial of release of this important information?

RESPONSE: All deliveries require the service of DPSCS credentialed medication couriers who deliver medications inside each facility to the designated medication room or infirmary. Routine same day medication deliveries are made twice a day for all DPDS facilities. One delivery is made in the morning and one delivery is made in the evening. Routine same day medication deliveries are made once a day for all other non DPDS facilities (Jessup, Eastern and Western Regions). These deliveries are typically made in the late afternoon or evening.

267. STAT Delivery Costs - In Q&A 2, the response to question 199 uses the words “we” and “our,” which gives the appearance that the questions were answered by the incumbent pharmacy provider, as the response states that, “The specific number of STAT orders is not tracked in the current contract as **we are not reimbursed per STAT delivery**; it is a portion of our monthly service fee.”

It seems unreasonable to believe that sending drivers on STAT emergency runs would not be tracked, as this expense would be a large expense to a vendor.

- To ensure a fair and competitive bid process, can DPSCS once again try to obtain the information requested in question 199 so that all bidders, not just the incumbent, would have this important information needed to project STAT delivery costs since the RFP atypically requires STAT delivery costs to be absorbed in full by the pharmacy vendor?

RESPONSE: The chart below demonstrates the estimated number of STAT orders per facility for FY17 (July 2016-June 2017). The Department declines to provide additional information.

Facility	FY17
BCBIC	81
BCCC	11
JI	17

BPC-W #143	26
BCF	28
BPRU	0
CDF	18
CHDU	5
CMCF	21
DRCF	36
ECI	147
ECI-A	23
EPRU	6
JCI	85
JRI	8
MCIH	94
MCI-J	48
MCIW	64
MCTC	111
MRDCC	32
MTC	32
NBCI	84
PATX	48
PHPRU	7
RCI	101
SMPRU	5
WCI	119
Total	1,256

268. PharmD Residency Training - In Q&A 3, the response to question 238 indicates that all of the Clinical PharmD positions shall hold a PhD in pharmacy with residency training completion. For DPSCS to require residency training, there must be a specific discipline (cardiology, diabetes, asthma, psychiatry, etc.) that you are seeking for the clinical PharmD positions. Simply stating that all PharmDs must have a residency would not meet the needs of the DPSCS if not consistent.

A.) Could you please clarify the benefit DPSCS is seeking by requiring residency training?

B.) If any residency training is required, how will that be assessed in the scoring metric in terms of value to the DPSCS?

RESPONSE: The Department values Clinical Pharm.D.s with residency training to assist with preparing testimony for litigation and responses to legislators' requests regarding inmate medication issues. The Department has also found that Clinical Pharm.D.s who have completed a residency contribute to a number of multivendor initiatives. Pharm.D.s having completed residency training in areas related to correctional health management may be

given higher technical weight than those who have not.

269. Update RFP Scope-of Work Document - With so many questions submitted and numerous changes made to the scope-of-work document through amendments and addenda, would the DPSCS consider providing a fresh RFP document and supplemental attachments with all changes and amendments included to ensure that all bidders have a revised document to work from when submitting their responses?

RESPONSE: See attached revised DPSCS Pharmacy Services RFP No. Q0016025.

270. There are an average of 13,000 profile orders/requests each month these are in addition to the FY 16 estimated annual fills on Attachment F column E. These are orders that are transmitted to the pharmacy vendor but no quantity is dispensed. These orders require the pharmacy contractor to enter the order into the patient's pharmacy record for safety reasons and to ensure that the patient's medication record is complete and accurate.

Is it the intent of the Department that the pharmacy vendor shall continue to profile these orders?

RESPONSE: Yes. See Amendment #13, Item 6.