Department of Public Safety and Correctional Services

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QUESTIONS AND RESPONSES #1
SOLICITATION NO. Q0016025
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
PHARMACY SERVICES
OCTOBER 13, 2017

Ladies/Gentlemen:

This list of Questions and Responses #1, questions #1 through #175, 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

1. (Section 1.7) Who is the department designating to attend the facility tours to ensure that vendors are not asking questions and are not wandering off into other areas or asking questions of onsite employees?

RESPONSE:
Site visits have already occurred. Questions concerning the solicitation will not be answered during a site visit, and should be submitted in writing to the Procurement Officer.

2. (Section 1.33.1) An overall MBE participation goal has been set at 12% of the total value of the Annual Management Fee excluding drug costs. In accordance with this, will the department prohibit inclusion of purchasing drugs through an MBE wholesaler or repackager from this goal?

RESPONSE: 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.

3. (Section 1.33.1) Will an offeror who does not meet the 12% MBE goal receive a lower technical rating?

RESPONSE: An Offeror who does not meet the 12% MBE goal and does not request a waiver with its proposal submission will be determined to be not reasonably susceptible of being selected for award. Further, if the Offeror fails to accurately complete and submit the MBE Utilization and Fair Solicitation Affidavit and MBE Participation Schedule with the proposal as required, the Procurement Officer shall determine that the proposal is not reasonably susceptible of being selected for award. See RFP Section 1.33 and Attachments D.

4. (Section 1.34) Is it the intent of the Department to verify Tier 1 Living Wage Requirements as described by DLLR and how do you propose to audit vendor compliance with these requirements?

RESPONSE: Living Wage compliance is the purview of the Maryland Department of Labor, Licensing and Regulation.

5. (Section 2.1.1) Does the department expect each offeror as outlined in Section 2.1.1 to submit proof of compliance with minimum qualifications? If so, what documentation is required?

RESPONSE: Per RFP Section 2.1, each Offeror shall clearly demonstrate and document within its Technical Proposal that as of the Proposal Due Date, the Offeror meets the Minimum Qualifications. Yes, please submit verifiable references. See Amendment 5, Item 1.

6. In response to question 184 of the Inmate Medical Care and Utilization Services RFP (Solicitation number Q0017058), the Department reported that an eMAR will be implemented during the contract. Please provide more information about how an eMAR will be provided and how this may impact the pharmacy contract.

RESPONSE: The Department anticipates issuing an RFP in FY18 for a comprehensive Electronic Health Record to include an eMAR component. The Contractor shall have the same responsibilities for any successor eMAR system implemented during the term of the Contract as for the existing eMAR. There will be a transition from the existing Electronic Health Record NextGen to the new one. That transition could take 18 to 24 months. The Contractor shall interface with the Department's new electronic health record regarding the electronic ordering of medications at some time during this contract period. See Amendment 5, Item 2.

7. (Section 3.2.12) The Department currently receives medication as requested by facility healthcare staff. Is it the intent of the Department to maintain this current policy of refill on demand as opposed to receiving automatic refills which will increase DPSCS cost, errors, waste and potential diversion?

RESPONSE: DPSCS current policy for the automatic refill process is anticipated to remain intact but is not a refill on demand process *per se*. Prescribers are expected to prescribe medications in 120-day increments which will then be filled in 30 day amounts. Inmates place a refill sticker on a sick call slip when they are about to run out of a 30-day chronic care medication supply. This allows an inmate who may miss a 90-day chronic care visit to continue receiving medications while they are rescheduling. This process is driven by the Duvall Consent Decree.

8. (Section 3.2.13) The Department currently receives pre-printed MARs that are printed on a customized schedule that meets the specific needs of each facility. Is it the intent of the Department to deviate from a customized schedule and require the pharmacy contractor to supply all pre-printed MARs on the 20th?

RESPONSE: The DPSCS pharmacy policy advises that at a minimum Other Healthcare Contractors should expect to receive their preprinted MARs by the 20th, however there are opportunities given the different missions and actions of facilities in SDA for the Other Healthcare Contractor's staff and the Pharmacy Contractor to modify that preprinted MAR due date with the permission of the DPSCS CNO or CMO.

9. (Section 3.2.14) DPSCS currently limits medication dispensing to no more than a 30 day supply at a time to limit waste, fraud and diversion. Is it the intention of the Department to continue to limit medication dispensing to no more than a 30 day supply at a time?

RESPONSE: See the response to question 7.

10. (Section 3.2.17) The Department currently requires the Contractor to submit the Monthly Facility Staffing Schedule (both formats) report to document the number of onsite hours provided by Contractor Staff. Is it the Departments intent for the successful awardee to continue providing this report?

RESPONSE: Yes. See Amendment 5, Items 3 and 4.

11. (Section 3.2.17) The Department currently requires the Contractor to submit the Monthly Facility Service Schedule report to document the services provided by facility by Contractor Staff. Is it the Departments intent for the successful awardee to continue providing this report?

RESPONSE: Yes. We will track those hours as we do other contractor staff hours. See Amendment 5, Items 3 and 4.

12. (Section 3.2.17) The Department currently requires the Contractor to submit the Monthly Final Staffing report. Is it the Department's intent for the successful awardee to continue providing this report?

RESPONSE: Yes. We will track those hours as we do other contractor staff hours. See Amendment 5, Items 3 and 4.

13. (Section 3.2.17) The Department currently requires the Contractor to submit the Monthly Vacancy Report to document the number of full-time positions, vacancies, on-site hours required, hours provided, active roster, etc. Is it the Department's intent for the successful awardee to continue providing this report?

RESPONSE: Yes. See Amendment 5, Items 3 and 4.

14. (Section 3.2.17) The Department currently requires the Contractor to submit the Weekly Staffing Adjustment report to document specific staffing assignments and changes for each shift each week. Is it the Department's intent for the successful awardee to continue providing this report?

RESPONSE: No.

15. (Section 3.2.17.3) The current clinical liaison is a clinical pharmacist, who in addition to earning a PharmD degree and maintaining National Board Certification as a Pharmacotherapy specialist, also has a Masters in Pharmacoeconomics. Is it the Department's intent to require a similar level of credentials, e.g. MBA, MPH, or residency trained to ensure that the oversight of the clinical programs continues to provide quality health outcomes?

RESPONSE: The minimum requirement is a Clinical Pharm.D. licensed by the Maryland Board of Pharmacy. The Department always welcomes additional skill sets and training in similar fields to support our programs.

16. (Section 3.2.17.5) The current Program Manager has a Master's degree and over 12 years of experience as a Program Manager working in corrections. Is it the Department's intent to require a similar level of credentials to ensure that each Offeror is submitting comparable qualifications to fulfill this key management role?

RESPONSE: The Program Manager shall have, at a minimum, a master's degree in health administration or other health fields, or an MBA. It is preferred that this individual have correctional pharmacy management experience with multiple sites. See Amendment 5, Item 5.

17. (Section 3.2.17.5) Is it the Department's intent that the Contractor's Program Manager provide services full time 40 hour a week to the Department?

RESPONSE: Yes. See Amendment 5, Item 6.

18. (Section 3.2.17.6) The Department currently receives monthly and quarterly data analysis of onsite PharmDs clinical initiatives and outcomes. Is it the intent of the Department that the successful awardee is to continue providing this information?

RESPONSE: Yes. See Amendment 5, Item 3.

19. (Section 3.2.17.6) Should the additional personnel resources needed to provide the monthly and quarterly data analysis of onsite PharmDs clinical initiatives and outcomes be included in this section?

RESPONSE: The Contractor shall retain any other staff and management as required to fulfill the obligations of the Contract and will retain such staffing as necessary to meet all obligations under this Contract and the Agency's Manual of Policies and Procedures throughout the term of the Contract. Any additional staff that the Offeror proposes to the Department as resources regarding data management, reports, etc. can be proposed as part of the staffing requirement as described in RFP Section 4.4.2.7 Experience and Qualifications of Proposed Staff (Submit under TAB F).

20. (Section 3.2.17.6) Should the costs of the personnel referenced in question 16 be included in the administrative fee?

RESPONSE: Any costs associated with meeting the requirements of this RFP and resulting contract, for which the Offeror chooses to bill the State, with the exception of the pass-through drug pricing, shall be included in the Offeror's proposed Monthly Management Fee.

21. (Section 3.2.18.3) The nonformulary review process described in section 3.2.18.3 refers to the Medical Contractor's Statewide Medical Director. Is it the Department's intention to also have mental health and dental nonformulary requests reviewed by the Contracted pharmacy vendor and to work with their respective Statewide Medical Directors?

RESPONSE: Yes. See Amendment 5, Item 8.

22. (Section 3.2.18.3.i) The Department currently receives a sophisticated nonformulary review program by Clinical PharmDs that serves to provide evidence-based medication selection guidelines as well as significant cost savings. Is it the Department's intent to require Offerors to provide evidence of previous experience in successful, cost-effective formulary and nonformulary management in a statewide correctional system to include volume reviewed and outcomes produced?

RESPONSE: No, evidence of previous experience in successful, cost-effective formulary and nonformulary management in a statewide correctional system to include volume reviewed and outcomes produced is not a requirement under the RFP. For clarification,

there was a limited pilot program that was recently terminated where the Clinical Pharm.D. had final authority over the use of nonformulary pharmaceuticals.

23. (Section 3.2.19.4) The Department currently requires the Clinical Director to participate in the monthly Infection Control meeting and provide presentations as requested. Is it the intent of the Department to require the Clinical Liaison to participate in these meetings and to provide presentations?

One would presume from the multivendor model and customer service that the visibility of the Clinical Liaison at this multivendor meeting would be helpful to establish an [esprit de corps] among all vendors in regards to accessibility and content expertise.

RESPONSE: Under RFP Section 3.2.19.4, the Clinical Liaison must attend all meetings.

24. (Section 3.2.19.4) The Department currently requires the Clinical Director to participate in the weekly Hepatitis C meeting. Is it the intent of the Department to require the Clinical Liaison to participate in this meeting?

RESPONSE: Under RFP Section 3.2.19.4, the Clinical Liaison must attend all meetings.

25. (Section 3.2.19.4) The Department currently requires the Clinical Director to participate in the Monthly Contractor Meeting with the Department. Is it the intent of the Department to require the Clinical Liaison to participate in this meeting?

RESPONSE: Under RFP Section 3.2.19.4, the Clinical Liaison must attend all meetings.

26. (Section 3.2.19.4) The Department currently requires the Clinical Director to participate in the Quarterly Multivendor Meeting with the CMO. Is it the intent of the Department to require the Clinical Liaison to participate in this meeting?

RESPONSE: Under RFP Section 3.2.19.4, the Clinical Liaison must attend all meetings.

27. (Section 3.2.26) The Department currently receives same day medication delivery for all facilities and twice daily medication delivery for Baltimore facilities. Is it the Department's intent that the successful awardee will continue to provide this same level of service and access to care?

RESPONSE: See Amendment 5, Items 13, and 23.

28. (Section 3.2.26) The Department currently receives delivery by the pharmacy vendor's private medication couriers who maintain DPSCS credentials such as DOC ID Badges. Is it the Department's intent that the successful awardee will continue to provide this same level of credentialing, service and access to care?

RESPONSE: Yes. See RFP Section 3.3. See also Amendment 5, Item 9.

29. (Section 3.2.26) The Department currently requires a best practice standard for continuity of care by requiring medications to be delivered directly to the medication room inside of each institution. Is it the Department's intent that the successful awardee will continue to provide this same level of service?

RESPONSE: Yes. See Amendment 5, Item 14.

30. (Section 3.2.26) The Department currently receives the same best practice standard for continuity of care by requiring medications to be delivered directly to the medication room inside each institution for all deliveries: routine, Holiday, urgent and back-up pharmacy. Is it the Department's intent that the successful awardee will continue to provide this same level of service?

RESPONSE: See the response to question 29.

31. (Section 3.2.27.1) Urgent medications are currently delivered directly to the medication rooms inside the facilities. Is it the Department's intent that the successful awardee will continue to provide this same level of service?

RESPONSE: See the response to question 29.

32. (Section 3.2.29) The Department currently receives same day delivery or twice daily delivery of discharge medications up to 12 hours before a patient leaves the system. Is it the Department's intent to require the successful awardee to continue to provide this same level of service?

RESPONSE: The information in this question is incorrect. The 12 hour requirement for medication delivery time does not apply to discharge medications. The policy is that the discharge medications are delivered within 10 Business Days of notification by the medical contractor of the discharge medication order prior to discharge. See RFP Section 3.2.29. See also Amendment 5, Items 13 and 23.

33. Section 3.2.30.4.a describes the TakeAway Medication Recovery System for DEA Reverse Distribution for Registrants. This service is provided by a for-profit vendor to dispose of unwanted end-user controlled substances. Will the Department consider other methods of controlled substance disposal that are also compliant with the DEA and Maryland Division of Drug Control?

RESPONSE: No. See RFP Section 3.2.30.4a.

34. Section 3.2.32.10.N The Department currently requires the Contractor to have a detailed Emergency Management Plan and to actively participate in emergency management drills,

exercises, planning meetings and tabletop exercises. Is it the Department's intent that the successful awardee will continue to provide this same level of service?

RESPONSE: Yes, the Contractor must adhere to the Department's Emergency Management Plans and processes as incorporated into Departmental Directives and Procedural Manuals. See RFP Section 3.2.34.2D. See Amendment 5, Item 15.

35. (Section 3.2.34.2) The Department currently receives DPDS patient medications delivered twice a day on the same day in coordination with inmate movement and nurse medication pass schedules to assist with timely medication availability associated with the Duvall consent. Is it the intent of the Department to require the successful awardee to continue providing this same level of service?

RESPONSE: See response to question 27.

36. (Section 3.2.34.2) The Department currently receives Contractor assistance with MCCS audits. For example, the contractor provides supportive and historical delivery reports for the past year. Is it the intent of the Department that the successful awardee to continue providing this same level of service?

RESPONSE: The Contractor shall provide documents as needed for the Department's MCCS, ACA, NCCHC audits. See Section 24, Attachment A – Contract. See also RFP Section 3.2.34.2.

37. (Section 3.2.38.2) The Contractor currently assists the Department to maintain certification of the Methadone program with SAMSHA, DHMH, DEA, and CDS. Is it the Department's intent that the successful awardee will continue to provide this same level of regulatory assistance?

RESPONSE: Under RFP Section 3.2.28.2, the Contractor shall work with the Medical Contractor, specifically to make sure any licensing component of the certification for this methadone maintenance program that may impact the pharmacy license or activity under the Contract is covered.

38. (Section 3.3) The Department currently requires the Contractor's Clinical PharmDs, Program Manager and all medication courier staff who deliver medications inside the facilities to have DOC ID badges for entry into facilities and the medication rooms. Is it the intent of the Department that the successful awardee will continue to require DOC ID badges for entry?

RESPONSE: See response to question 28. See also Amendment 5, Item 9.

39. (Section 3.3.1.6) The Department currently requires the Contractor's Clinical PharmDs, Program Manager and all medication courier staff to complete facility orientation at the

Contractor's expense? Is it the intent of the Department that the successful awardee will continue to require facility orientation at the Contractor's expense for all staff entering DOC facilities?

RESPONSE: Yes. See RFP Section 3.3 Security Requirements. See also Amendment 5, Item 9.

40. (Section 3.3.3.1) The Department currently requires 24/7 IT support and 24/7 monitoring of the electronic health record interface to ensure information integrity and continuity of care for patient orders. Is it the intent of the Department to continue to receive 24/7 IT support and 24/7 monitoring of the electronic health record interface?

RESPONSE: DPSCS Information Technology and Communications Division (ITCD) will provide support for any Interface issue found to be related to our server. Any other issues regarding the interface found not to be related to ITCD could be the responsibility of the Contractor. DPSCS ITCD would work with the Contractor to make that determination.

41. (Section 3.10 Liquidated Damages) Will the Department conduct an investigation to determine the entity (e.g., Contractor, Department) at fault prior to assessing liquidated damages?

RESPONSE: Yes, see RFP Section 3.10.3. The Department's protocol is to assess liquidated damages and then provide the Contractor with 20 days to respond.

42. (Section 3.10 Liquidated Damages) Will the Department provide the audit process of determining performance deficiencies for each liquidated damage category?

RESPONSE: In the event that liquidated damages are assessed, the method for determining the liquidated damages will be provided to the Contractor.

43. (Section 3.10 Liquidated Damages) Liquidated damages thresholds in the RFP Attachment T are at 100%. These standards assume perfection and do not recognize that satisfactory performance does not equal perfection or error free work in any contract. Accordingly, will the State change the thresholds to a more reasonable 90 or 95%?

RESPONSE: Yes, the State will review previous thresholds and make an adjustment to 95%. See Amendment 5, Item 16.

44. The Department currently requires the Contractor to submit all required reports and documents to the cloud based document management service netdocuments. Is it the intent of the Department to require the successful awardee to submit all required reports and documents to the cloud based document management service netdocuments?

RESPONSE: Yes, until DPSCS reviews alternative data management systems it is the expectation that this will be the document repository. See Amendment 5, Items 3 and 9.

45. The Department currently requires the Contractor to maintain active accounts with netdocuments and assume all costs associated with those accounts. Is it the intent of the Department to require the successful awardee to maintain netdocuments accounts at the Contractor's expense?

RESPONSE: Yes. Currently, the DPSCS healthcare contractors pay $30 per internal user per month and the contractors determine the appropriate number of users. See the response to question 44. See also Amendment 5, Item 9.

46. The Department currently requires the Contractor to provide a written report and participate in the monthly Baltimore Pretrial Complex Regional MAC meeting. Is it the intent of the Department to require the successful awardee to provide a written report and participate in this MAC meetings?

RESPONSE: Yes. See Amendment 5, Items 3 and 17.

47. The Department currently requires the Contractor to provide a written report and participate in the monthly Baltimore Sentenced Facilities Regional MAC meeting. Is it the intent of the Department to require the successful awardee to provide a written report and participate in this MAC meetings?

RESPONSE: Yes. See Amendment 5, Items 3 and 17.

48. The Department currently requires the Contractor to provide a written report and participate in the monthly Eastern Regional MAC meeting. Is it the intent of the Department to require the successful awardee to provide a written report and participate in this MAC meetings?

RESPONSE: Yes. See Amendment 5, Items 3 and 17.

49. The Department currently requires the Contractor to provide a written report and participate in the monthly Jessup MAC meetings by facility. Is it the intent of the Department to require the successful awardee to provide a written report and participate in this MAC meetings?

RESPONSE: Yes. See Amendment 5, Items 3 and 17.

50. The Department currently requires the Contractor to provide a written report and participate in the monthly Hagerstown Regional MAC meeting. Is it the intent of the Department to require the successful awardee to provide a written report and participate in this MAC meetings?

RESPONSE: Yes. See Amendment 5, Items 3 and 17.

51. The Department currently requires the Contractor to provide a written report and participate in the monthly Cumberland Regional MAC meeting. Is it the intent of the Department to require the successful awardee to provide a written report and participate in this MAC meetings?

RESPONSE: Yes. See Amendment 5, Items 3 and 17.

52. The Department currently requires the Contractor to actively conduct both independent and collaborative ongoing CQI studies at the facility, regional and statewide levels. Is it the intent of the Department to require the successful awardee to provide a written report and participate in ongoing CQI meetings?

RESPONSE: Yes. See Amendment 5, Items 3 and 17.

53. The Department currently requires the Contractor to provide professional reports, presentations and corrective action plans regarding CQI studies, initiatives and findings. Is it the intent of the Department to require the successful awardee to provide this same level of service?

RESPONSE: Yes. See Amendment 5, Item 3.

54. The Department currently requires the Contractor to provide a written report and conduct a monthly Contractor CQI meeting. Is it the intent of the Department to require the successful awardee to provide this same level of service?

RESPONSE: Yes. See Amendment 5, Items 3 and 17.

55. The Department requires the Contractor to provide a written report and participate in the quarterly Eastern Regional Multivendor CQI meeting. Is it the intent of the Department to require the successful awardee to provide this same level of service?

RESPONSE: Yes. See Amendment 5, Items 3 and 17.

56. The Department currently requires the Contractor to provide a written report and participate in the quarterly Western Regional Multivendor CQI meeting. Is it the intent of the Department to require the successful awardee to provide this same level of service?

RESPONSE: Yes. See Amendment 5, Items 3 and 17.

57. The Department currently requires the Contractor to provide a written report and participate in the quarterly Jessup Regional Multivendor CQI meeting. Is it the intent of the Department to require the successful awardee to provide this same level of service?

RESPONSE: Yes. See Amendment 5, Items 3 and 17.

58. The Department currently requires the Contractor to provide a written report and participate in the quarterly Baltimore (sentenced facilities) Regional Multivendor CQI meeting. Is it the intent of the Department to require the successful awardee to provide this same level of service?

RESPONSE: Yes. See Amendment 5, Items 3 and 17.

59. The Department currently requires the Contractor to provide a written report and participate in the quarterly Baltimore Pretrial Complex Regional Multivendor CQI meeting. Is it the intent of the Department to require the successful awardee to provide this same level of service?

RESPONSE: Yes. See Amendment 5, Items 3 and 17.

60. The Department currently receives Clinical PharmD participation in the monthly Medical Provider meetings as requested to foster collaborative clinical practices that enhance patient care. Is it the intent of the Department to continue PharmD participation in these meetings?

RESPONSE: Yes, as requested.

61. The Department currently receives Clinical PharmD participation in the Morbidity & Mortality meetings as requested. Is it the intent of the Department to continue PharmD participation in these meetings?

RESPONSE: Yes. See Amendment 5, Item 17.

62. The Department currently receives Clinical PharmD participation in the Access to Care/Duvall meetings to ensure compliance and patient safety. Is it the intent of the Department to continue PharmD participation in these meetings?

RESPONSE: Yes. See Amendment 5, Item 17.

63. The Department currently receives Clinical PharmD participation in patient case conferences as requested to enhance patient care. Is it the intent of the Department to continue PharmD participation in these conferences?

RESPONSE: See response to question 62.

64. The Department currently requires the Clinical PharmDs to provide monthly in-services and trainings regarding pharmacy policies, clinical practices and current trends. Is it the intent of the Department to continue this requirement?

RESPONSE: This historically has occurred less than quarterly. See Amendment 5, Items 17 and 18.

65. The Department currently requires the Clinical PharmDs to provide comprehensive monthly inspections of all facility medication rooms. Is it the intent of the Department to continue this requirement?

RESPONSE: Yes, as identified in RFP Section 3.2.32.10O and Amendment 5, Items 14 and 19.

66. (Section 3.2.25) The Department currently requires the Contractor to submit the Monthly Credentialing Spreadsheet (Statewide) Report. Is it the intent of the Department to require the successful awardee to provide this same level of service?

RESPONSE: Yes. See Amendment 5, Item 3.

67. (Section 3.2.25) The Department currently requires the Contractor to submit the Monthly Credentialing Spreadsheet (Baltimore) Report. Is it the intent of the Department to require the successful awardee to provide this same level of service?

RESPONSE: Yes. See Amendment 5, Item 3.

68. (Section 3.2.25) The Department currently requires the Contractor to maintain an updated credential folder on netdocuments for all onsite staff. Is it the intent of the Department to require the successful awardee to maintain a credential folder on netdocuments for all onsite staff?

RESPONSE: Yes. See Amendment 5, Item 3.

69. (Section 3.2.25) The Department currently requires the Contractor to maintain an updated PREA training folder on netdocuments. Is it the intent of the Department to require the successful awardee to maintain PREA training documentation on netdocuments?

RESPONSE: Yes. See Amendment 5, Item 9.

70. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly State Stat report. Is it the intent of the Department to require the successful awardee to provide a monthly State Stat report?

RESPONSE: No.

71. (Section 3.2.25) The Department requires the Contractor to submit the monthly Statistical Spreadsheets by Facility. Is it the intent of the Department to require the successful awardee to provide a monthly Statistical Spreadsheets by Facility?

RESPONSE: No.

72. (Section 3.2.25) The Department currently requires the Contractor to submit the weekly medication expiration report. Is it the intent of the Department to require the successful awardee to provide a weekly medication expiration report?

RESPONSE: This report is not required by the Department. This was a customized report requested by the mental health contractor. The Contractor shall provide this type of customized report as requested. See Amendment 5, Item 3.

73. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly Total Inmates on Psych medication report. Is it the intent of the Department to require the successful awardee to provide a monthly Total Inmates on Psych medication report?

RESPONSE: Yes. See Amendment 5, Item 3.

74. (Section 3.2.25) The Department currently require the Contractor to submit the monthly 30 day Psych medication report. Is it the intent of the Department to require the successful awardee to provide a monthly 30 day Psych medication report?

RESPONSE: No.

75. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly Antidepressant Patient Profile report. Is it the intent of the Department to require the successful awardee to provide a monthly Antidepressant Patient Profile report?

RESPONSE: Yes. See Amendment 5, Item 3.

76. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly Atypical Antipsychotic Patient Profile report. Is it the intent of the Department to require the successful awardee to provide a monthly Atypical Antipsychotic Patient Profile report?

RESPONSE: Yes. See Amendment 5, Item 3.

77. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly Dialysis Patient Profile report. Is it the intent of the Department to require the successful awardee to provide a monthly Dialysis Patient Profile report?

RESPONSE: Yes. See Amendment 5, Item 3.

78. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly Hepatitis C Patient Profile report. Is it the intent of the Department to require the successful awardee to provide a monthly Hepatitis C Patient Profile report?

RESPONSE: See Amendment 5, Item 3.

79. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly Hepatitis A/B Vaccine Patient Profile report. Is it the intent of the Department to require the successful awardee to provide a monthly Hepatitis A/B Vaccine Patient Profile report?

RESPONSE: Yes. See Amendment 5, Item 3.

80. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly HIV Patient. Profile report Is it the intent of the Department to require the successful awardee to provide a monthly HIV Patient Profile report?

RESPONSE: Yes. See Amendment 5, Item 3.

81. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly Psych Patient Profile report. Is it the intent of the Department to require the successful awardee to provide a monthly Psych Patient Profile report?

RESPONSE: No.

82. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly INH/TB Patient Profile report. Is it the intent of the Department to require the successful awardee to provide a monthly INH/TB Patient Profile report?

RESPONSE: Yes. See Amendment 5, Item 3.

83. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly Back Order Medication report. Is it the intent of the Department to require the successful awardee to provide a monthly Back Order Medication report?

RESPONSE: Yes. See Amendment 5, Item 3.

84. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly Early Refill CQI report. Is it the intent of the Department to require the successful awardee to provide a monthly Early Refill CQI report?

RESPONSE: Yes. See Amendment 5, Item 3.

85. (Section 3.2.25) The Department currently requires the Contractor to submit the WCI Annual report. Is it the intent of the Department to require the successful awardee to continue to provide the WCI Annual report?

RESPONSE: Yes. See Amendment 5, Item 3.

86. (Section 3.2.25) The Department currently requires the Contractor to submit the NBCI Annual report. Is it the intent of the Department to require the successful awardee to continue to provide the NBCI Annual report?

RESPONSE: Yes. See Amendment 5, Item 3.

87. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly BCBIC ACA report? Is it the intent of the Department to require the successful awardee to continue to provide the BCBIC ACA report?

RESPONSE: See response to question 36.

88. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly CDF ACA report. Is it the intent of the Department to require the successful awardee to continue to provide the CDF ACA report?

RESPONSE: See response to question 36.

89. (Section 3.2.25) The Department requires the Contractor to submit the monthly ECI ACA report. Is it the intent of the Department to require the successful awardee to continue to provide the ECI ACA report?

RESPONSE: See response to question 36.

90. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly WCI ACA report. Is it the intent of the Department to require the successful awardee to continue to provide the WCI ACA report?

RESPONSE: See response to question 36.

91. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly facility audit summary report. Is it the intent of the Department to require the successful awardee to continue to provide the monthly facility audit summary report?

RESPONSE: No.

92. (Section 3.2.25) The Department currently requires the Contractor to submit the monthly CQI Discrepancy Reports. Is it the intent of the Department to require the successful awardee to continue to provide the CQI Discrepancy report?

RESPONSE: No.

93. (Section 3.2.25) The Department currently requires the Contractor to provide a multitude of on demand utilization reports for the Other Healthcare Contractors. Is it the intent of the Department to require the successful awardee to continue to provide on demand reports?

RESPONSE: Yes. Historically there have not been a significant number of report requests from Other Healthcare contractors. Should there be an excessive demand from Other Healthcare contractors DPSCS CMO is available to intercede on behalf of the pharmacy vendor.

94. (Section 3.9) The cost of a SOC 2 Type 2 audit will have a disproportionate impact on small businesses. In fact, we estimate the impact could be as high as $100,000 per year. This is a significant cost each year and over the five years of the contract. Would the Department consider either changing the requirement to a one-time audit during the contract?

RESPONSE: No, a one-time audit is not acceptable. Because information systems (e.g., hardware, software, and controls) are frequently and routinely modified or updated, an annual assessment is necessary to ensure that adequate information security controls are being maintained.

95. (Section 3.9) Would the Department allow the Contractor to pass-through the actual cost of the Soc 2 Type 2 audit to the Department?

RESPONSE: Any costs associated with meeting the requirements of this RFP and resulting contract, for which the Offeror chooses to bill the State, with the exception of the pass-through drug pricing, shall be included in the Offeror's proposed Monthly Management Fee.

96. (Section 3.9) SOC 2 audits are very complex and require a high level of technical competency to perform. The mere fact that an auditor is a CPA does not alone qualify them to be technically competent to perform such an audit as it requires in-depth knowledge and training around information technology, security, and confidentiality requirements. Will the Department assess the competency of the auditors selected by the Contractor to perform the SOC 2 audit prior to the audit?

RESPONSE: No, the State and DPSCS are not responsible for vetting the qualifications of accounting or audit firms for the Contractor. This is the Contractor's responsibility.

97. In Section 3.9.1, the initial SOC 2 audit will be scheduled and completed within a timeframe to be specified by the Contract Monitor. Since the Contractor is to begin performance of the contract on the Go-Live Date, should we expect that the initial period the SOC 2 Type 2 would cover the first year would be Go-Live Date to the end of the calendar year (December 31, 2018)? If not, what is the expected timeframe that the first audit would cover?

RESPONSE: The initial SOC 2 audit report shall cover the Contract Start-up Period and the first twelve months of the Contract. The Contract Start-up Period is from the date of Contract Commencement until the Go-Live Date. The first twelve months of the Contract begin at the Go-Live Date. The final SOC 2 audit report shall be submitted to the Contract Monitor irrespective of whether the Contract has expired or been terminated. See Amendment 5, Item 20.

98. Section 3.9.2 specifically addresses the trust services principles of Security and Confidentiality. It is rare that a SOC 2 audit would encompass all of the trust security principles as an entity usually wants to focus on the most vital areas. Inclusion of all of the principles would result in an onerous, expensive audit that would cover areas that are not of specific concern to the DPSCS as stated in Section 3.3.3. Are the trust principles of Availability, Processing Integrity and Privacy specifically excluded from the scope of the audit?

RESPONSE: We agree that only in rare situations would all five (5) Trust Service Principles be required in a SOC 2 Type II audit. RFP Section 3.9.2 expressly states that the SOC 2 Type II audit for this RFP should at a minimum include the trust service principles of SECURITY and CONFIDENTIALITY. The other three trust service principles (i.e., Availability, Processing Integrity, and Privacy) are not required except as noted in section 3.9.3 (see response to question 100 below).

99. (Section 3.9.2) Would the Department list which trust principles are included in the SOC 2 audit so that each respondent will have the same information needed to determine the price and scope of the audit?

RESPONSE: See response to question 98.

100. Section 3.9.3 allows the scope of the audit and the number of trust principles under audit to be adjusted after the start of the contract. Adjusting the scope of the audit can significantly impact the cost of the audit. However, section 3.9.5 states the SOC 2 audit "shall be performed at no additional expense to the Department". We believe this risk puts an undue burden on the Contractor and would unnecessarily negatively impact the management fee bid. Is it the intent of the Department to change the scope of the audit annually?

RESPONSE: No, it is not the State's intent to change the scope of the SOC 2 Type 2 audit each year. As explained in RFP Section 3.9.3, changes to the audit scope, including the

trust service principles will depend upon the nature and impact of any future modifications to the Contract services or to the information technology or operational infrastructure implemented by the Contractor or subcontractor. In other words, the scope of each SOC 2 Type 2 audit must consistently address the current controls and systems supporting the services provided to DPSCS including any new or modified controls that result from subsequent changes in Contract services or system architecture.

101. Section 3.9.10 notes that the Contractor may receive data restricted from disclosure under HIPAA and FERPA. Incorporating HIPAA and FERPA requirements into the SOC 2 audit would substantively increase the scope and cost of the audit. The intent of the SOC 2 audit is to ensure that Sensitive Data is appropriately protected within the meanings as defined in the Maryland Code 14-301(d) and 10-1301(c) and the State of Maryland Information Security Policy Version 3.1. Is it the intent of the Department to exclude HIPAA and FERPA compliance from the scope of the SOC 2 audit?

RESPONSE: RFP Section 3.9.10 was not intended to require the Contractor to expand the scope of their SOC 2 Type 2 audits to include additional audit services in order to confirm compliance with either HIPAA or FERPA. Any such expansion of the audit scope for these purposes is at the discretion of the Contractor for its own needs.

102. (Section 4.4.2.14) The Department currently requires the Contractor to be in good standing with all licensing and regulatory authorities. Further, the Department currently requires the Contractor to timely report any action taken against them or their licensure in any jurisdiction by any authority. Is it the intent of the Department to require the successful awardee to meet this reporting requirement?

RESPONSE: See Amendment 5, Item 22.

103. (Section 4.4.2.14) Will the Department require Offerors to identify any and all adverse actions by any regulatory authority over the last five years?

RESPONSE: See Amendment 5, Item 22.

104. (Section 4.4.2.14) Will the Department require any Offeror with any adverse action sanctioned by any regulatory authority to supply an explanation and copies of the action taken?

RESPONSE: See Amendment 5, Item 22.

105. (Section 4.4.2.14) Will the Department bar any Offeror currently under suspension, probation, revocation or other disciplinary action from participation and award under this RFP?

RESPONSE: See RFP Section 5.5.1.2.

106. (Section 4.4.2.14) Will the Department bar any Offeror currently under suspension, probation, revocation or other disciplinary action who fails to disclose in their response from participation or award under this RFP?

RESPONSE: See RFP Section 5.5.1.2.

107. (Attachment F - Financial Proposal Form – Section D) There are several drugs that are now available in a generic formulation. In order to provide the lowest cost to the Department how should the Offeror indicate that a generic medication was substituted on the Financial Proposal Form?

RESPONSE: No substitutions are allowed. Provide pricing for the Pharmaceuticals and Supplies as indicated on the Financial Proposal Form and do not alter the Financial Proposal Form.

108. (Section 5.5.3) Upon completion of the Technical Proposal and Financial Proposal evaluations and rankings, each Offeror will receive an overall ranking. The Procurement Officer will recommend award of the Contract to the responsible Offeror that submitted the Proposal determined to be the most advantageous to the State. In making this most advantageous Proposal determination, financial factors will receive greater consideration than technical factors.

The resources and quality of the Technical responses along with the application of the Technical aspects of the pharmacy vendor's solutions to the RFP impact the overall cost of this contract both in direct drug expenditures, ancillary costs (back up pharmacy, excess medications etc.) and in patient outcomes. Since the quantity and selection of the drugs will change over the five year period and the drug prices are not fixed and represent a large portion of the contract pricing expenditures. It is fundamentally flawed to weigh the pricing more than the Technical.

Would the Department consider changing the weighting to reflect a higher weighting for Technical than Pricing?

RESPONSE: Under RFP Section 5.5.3, financial factors will receive greater consideration than technical factors.

109. The Department's Maryland licensed pharmacy program is fully compliant with all controlling laws. The Department will receive questions from certain pharmacy vendors claiming that unless you procure urgent non-patient specific starter medications from a FDA licensed wholesaler and an FDA re-packager that the Department is breaking Federal and State laws. They attempt to confirm this misrepresentation by confusing pharmacy dispensing with wholesale distribution, applying DQSA inappropriately, creating false requirements related to packaging, labeling, destruction and credit. Their efforts, beginning with the question and answer period, are intended to confuse and manipulate the selection process by creating doubt that other respondents cannot comply with the law.

Will the Department reprimand an Offeror for non-compliance with RFP terms if they are intentionally misstating the law to improperly influence the RFP selection process?

RESPONSE: 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.

110. The Department is currently in full compliance with Federal and Maryland Board of Pharmacy Regulations as it relates to the purchase and administration of non-patient specific (stock) medications. The Department currently receives same day delivery throughout the State and twice a day delivery in the pre-trial facilities thus reducing the need for large quantities of stock medications.

Is it the intent of the Department to deviate from this practice and expand ordering of non-patient specific (stock) medications to wholesale levels?

RESPONSE: Historically, the stock medications have not deviated significantly in the past ten years and have remained consistent with the diseases of the inmate populations we serve. The Department does not intend to change the current stock medication practices.

111. The Department is currently receiving pharmacy services and purchasing pharmaceuticals from a Maryland licensed pharmacy.

Is it the intent of the Department to maintain this model and continue to receive pharmacy services and pharmaceuticals from a Maryland licensed pharmacy?

RESPONSE: The Department's Pharmacy Contractor must be licensed by the Maryland Board of Pharmacy Regulations. A pharmacy located outside of Maryland must obtain a non-resident pharmacy permit from the Maryland Board of Pharmacy. See Md. Code Ann., Health Occupations § 12-403(e)(1). See also Md. Code Ann., Health Occupations §§ 12-403(f), (g), 12-406(a), and §§ 12-401 et seq.

112. The Department is currently operating a patient specific pharmacy model where each prescription medication is filled by the pharmacy only after the receipt of a valid order and delivered the same day. All ordered medications are filled by the pharmacy for administration to a patient. Therefore the need for excessive non-patient specific medications is not a common practice in DPSCS sites.

Is it the intent of the Department to maintain a patient specific pharmacy model whereby the pharmacy only fills valid orders for administration to a patient?

RESPONSE: The Department does not expect to deviate from the current model which includes appropriate provisions for stock medications.

113. The Department is currently operating a patient specific pharmacy services prescription model that ensures the highest level of patient safety by ensuring a Maryland licensed pharmacist reviews each order prior to administration to the patient.

Is it the intent of the Department to maintain a patient specific pharmacy model whereby all orders are reviewed by a Maryland licensed pharmacist prior to administration to a patient?

RESPONSE: The RFP does not require that all orders are reviewed by a Maryland licensed pharmacist prior to administration. See response to question 111.

114. The Department is currently administering pharmaceuticals it purchases to patients. The Department does not re-sell or distribute medications in any other manner.

Is it the intent of the Department to continue purchasing pharmaceuticals from a Maryland licensed pharmacy for administration to patients?

RESPONSE: There is a disconnect between the first two sentences and the question posed. See response to question 111.

115. The Department is currently ordering over 95% of prescription pharmaceuticals as patient specific medications.

Is it the intent of the Department to continue a primarily patient specific medication program except for the administration of urgent first doses?

RESPONSE: Yes. See RFP Section 3.2.22.1.

116. The Department is currently returning medications for credit and destruction in compliance with Maryland Board of Pharmacy Regulations.

Is it the intent of the Department to continue returning medications for credit and destruction legally?

RESPONSE: See RFP Section 3.2.30.

117. The Department is currently receiving medications packaged and labeled in compliance with Maryland Board of Pharmacy Regulations. Under Maryland Law all prescription labeling requirements are uniform irrespective of the packaging. There is no regulation that requires labeling each bubble of a blister card for the purpose of dispensing, administering or returning.

Is it the intent of the Department for its pharmacy vendor to package and label medications pursuant to Maryland Board of Pharmacy Regulations?

RESPONSE: See RFP Section 3.2.1.

118. The Department is currently neither purchasing medications from a wholesaler nor is the Department purchasing medications for re-sale or re-distribution.

Is it the intent of the Department to maintain its current healthcare model or to begin to purchase medications from a distributor for a purpose other than administration to a patient? If so, please specify for what purpose.

RESPONSE: DPSCS does not expect to purchase medications for use outside of patient administration related to healthcare issues.

119. The Department is currently neither purchasing medications from a wholesaler nor is the Department purchasing medications for re-sale or re-distribution. The Drug Supply Chain Security Act (DSCSA), also referred to as Title II of the Drug Quality (DQSA), is legislation that regulates drug distribution from manufacturers to wholesalers. These records are required to be maintained by wholesalers.

Is it the intent of the Department to continue to maintain DSCA compliance through the purchase of pharmaceuticals from a pharmacy and not directly from a wholesaler?

RESPONSE: The Department does not expect to make direct purchases from wholesalers or to engage in recycling redistribution medications and expects full transparency from Offerors in response to this solicitation regarding DSCA compliance.

120. The Department is currently in full compliance with the Drug Supply Chain Security Act as it makes purchases from a pharmacy and not a wholesaler. The Department is currently in full compliance with the Drug Supply Chain Security Act by only purchasing pharmaceuticals from a pharmacy vendor supplied by a national wholesaler; no pharmaceuticals are supplied to the Department from secondary or grey markets.

Is it the intent of the Department for its pharmacy vendor to only purchase from national wholesalers and be prohibited from purchasing medications from the grey market?

RESPONSE: The Department does not expect to make direct purchases from wholesalers or to engage in recycling redistribution medications and expects full transparency from Offerors in response to this solicitation regarding DSCA compliance. Purchases of medications from secondary or grey markets do not support compliance.

121. The Financial Proposal Form (Attachment F) makes an assumption that the medications which will be ordered will remain the same in both drug selection and quantities for the full five year term of this agreement.

This chart is comprised of utilization from 2016 and requests unit price for each drug as of July 2017. The Financial Proposal Form considers the cost and utilization from July of 2017 to remain fixed for every month of the contract starting in 2018. Thus, the Annual Total for Brand & Generic Pharmaceuticals & Supplies starting in July of 2018 and then repeated in

each subsequent year of the contract and the optional renewal years for a total of seven years is based upon 2016 utilization data and July 2017 prices.

Here are some of the factors that cause the drug utilization to change over time:

- The impact of the clinical, operational and program management sections of the Technical Proposal;
- New medications come into the market;
- Medications move from brand to generic;
- Medications are discontinued;
- The formulary is updated;
- New clinical findings change the clinical recommendations of drug selections to treat many disease states;
- The Average Daily Population of the DPSCS facilities changes; and
- The health challenges of the patients change as the inmate population turns over.

The Financial Proposal Form does not take into account any of these changes. It assumes that the prescribers will write orders for the same medications in the same quantities regardless of the pharmacy vendor for the same patient population every month for the next five years.

Using static numbers for one year and then multiplying the totals by five can and will create a false indication of the Department's projected expenditures. A small difference in one column becomes a magnified number when a five times multiplier is applied.

Given all of these factors, and given the relative weighting of pricing versus technical in this RFP, will the Department consider amending Attachment F to limit the measurement of drug purchases to one year to offer a reasonable financial comparison between vendors?

RESPONSE: The Financial Proposal Form will continue to require pricing for Pharmaceuticals & Supplies for all five years of the base contract term and the two years of the renewal option.

122. Will the Department consider giving equal weight to the Technical Response and the Pricing considering that the majority of the pricing is not fixed and the Administrative fee includes all of the resources necessary to impact overall costs for the life of the contract?

RESPONSE: Under RFP Section 5.5.3, financial factors will receive greater consideration than technical factors.

123. Offerors who own both a pharmacy and a wholesaler/repackager buy from themselves and can therefore generate invoices with artificially low Actual Invoice Costs to support

their prices listed on Attachment F. These invoices would not represent the true cost that the contractor would bill the Department if they were awarded the contract. Requiring arm's length transactions on all drug purchases from a non-related party (i.e., a national wholesalers, manufacturers or distributors) will support the State's goal of transparent drug pricing.

Will the State require invoices from non-related companies for compliance with the RFP response and contract period?

RESPONSE: The State's invoicing requirements are set forth in RFP Sections 3.6, 4.5, and Attachment F – Financial Proposal Form, Instructions Tab. See Amendment 5, Items 27 - 30.

124. Will the State require all vendors who have any interest or ownership position in a wholesaler, repackager or distributor of pharmaceuticals to disclose that ownership as part of the RFP response?

RESPONSE: See RFP Section 4.4.2.8H.

125. The Financial Proposal Form instructs, "B) Any goods or services required through this RFP and proposed by the Offeror at No Cost to the State must be clearly entered as $0 in the Unit Price." The Financial Proposal Form requests Offerors to provide a drug price for nearly 2200 items.

Will the Department require that every line item have a price associated with that item and not left empty or filled with $0?

RESPONSE: Yes, and that price must be documented with an invoice. See RFP Section 4.5.

126. If an Offeror leaves a drug price empty and does not provide a cost with a supporting manufacturer/wholesaler invoice will the Department enforce that the Offeror does not charge for that item for the life of the contract?

RESPONSE: Offerors must provide pricing for each item on the Attachment F, Pharmaceuticals & Supplies Tab and those prices shall be supported by invoices. See RFP Section 4.5 and Attachment F's Instructions Tab.

127. Drug manufacturers negotiate individual contract prices with each institutional pharmacy based on commitments to promote their products over a competitor's product. Examples of this include QVAR versus Alvesco and Lantus versus Levemir. While various respondents to this RFP may have different contract pricing for these types of medications, these contracts are either re-negotiated or discontinued by the manufacturers each year. Each Offeror may have different contract prices on a particular medication which would be reflected on their entry into Attachment F, but those differences will change over a five year period.

How will the Department factor this into your evaluation process to ensure that Attachment F more accurately projects the Offerors that will provide the best value to the State?

RESPONSE: The Department will follow the evaluation process set forth in the RFP. See RFP Section 5.

128. Would the Department please specify how many months prior to July 2017 is acceptable for invoices to be submitted to provide documentation of a price entered into Attachment F?

RESPONSE: On the Pharmaceuticals & Supplies Tab, in Column F, provide the AAC per Unit of Measure DPSCS would pay (per tab, cap, vial, inhaler, syringe, can, bottle, kit, etc.) for each Brand and Generic Pharmaceutical or Supply as of June 2017, based upon Offeror's manufacturer/wholesaler/specialty pharmacy vendor invoicing for the month of June 2017.

If the Offeror did not purchase a particular Pharmaceutical or Supply during the month of June 2017, the Offeror shall provide the AAC per Unit of Measure DPSCS would pay (per tab, cap, vial, inhaler, syringe, can, bottle, kit, etc.) for each Brand and Generic Pharmaceutical or Supply supported by an invoice from the 90 days prior to June 2017. If the Offeror has not purchased a particular Pharmaceutical or Supply in June 2017 or within 90 days prior, then the Wholesale Acquisition Cost (WAC) for the Pharmaceutical or Supply shall be provided supported by the Offeror's wholesaler's records. See Amendment 5, Item 27.

129. Please clarify the number of Volume II Financial Proposals Offerors are required to submit.

Section 4.2.1 states "Each volume shall contain an unbound original, so identified, and seven (7)

bound copies." However, Section 4.5 Volume II – Financial Proposals states "…an original

unbound copy, two (2) copies and an electronic version in Microsoft Word or Microsoft Excel…"

RESPONSE: Offerors must provide one original unbound copy and seven (7) copies of the technical proposal and one original unbound copy and two (2) copies of the financial proposal.

130. When can vendors expect answers to all questions submitted?

RESPONSE: Answers to questions submitted will be provided as soon as reasonably practicable.

131. Will there be an opportunity for a second round of questions if any answers in the first round of questions needs clarification?

RESPONSE: Generally, there is an opportunity for a second round of questions if any answers in the first round of questions need clarification.

132. Will Maryland DOC consider extending the due date for Submission of Response to accommodate thoughtful consideration of answers to all questions submitted and a potential second round of questions in order to provide the most cost effective proposal possible?

RESPONSE: Yes. See Amendment 5, Item 31.

133. When will the intent to award a contract be published?

RESPONSE: The intent to award a Contract will be published approximately two weeks ahead of the Maryland Board of Public Works meeting at which the Contract resulting from DPSCS Pharmacy Services RFP No. Q0016025 will be presented for approval.

134. Please describe in detail how the Evaluation of Proposals will be scored and weighted.

RESPONSE: Technical proposals are evaluated for technical merit and ranked. The criteria used to evaluate each technical proposal are listed under RFP Section 5.2 in descending order of importance. The financial proposal of each qualified Offeror will be evaluated and ranked separately from the Technical evaluation. Upon completion of the Technical Proposal and Financial Proposal evaluations and rankings, each Offeror will receive an overall ranking. See RFP Section 5.

135. Is Maryland DOC considering final BAFO presentations for finalists to be a part of this RFP process? If so, what would be the selection process for those participating in an in-person BAFO presentation? In our experience, it is often helpful for all parties involved to participate in an in-person BAFO presentation meeting with the most qualified and highest scoring vendor(s) prior to the intent to award announcement to provide an opportunity to meet the vendor that you are contracting with, receive a personalized presentation on their services offered, and an opportunity for all parties to ask qualifying questions regarding the specifics of the RFP and RFP response.

RESPONSE: No, the Department will not be holding in-person BAFO presentations. However, during the technical evaluation, the Department plans to request oral presentations from Offerors.

136. What are the current contracted pharmacy rates? In most, if not all public procurements, cost is not considered proprietary and would be readily available.

RESPONSE: This information will not be published by the Department.

137. What is the average number of prescriptions filled per month for your facilities?

RESPONSE: Per RFP Section 3.1.1, during CY16 the total number of fills for the Department was approximately 1,015,942. See Attachment F – Financial Proposal Form, Pharmaceutical & Supplies Tab at Cell E2195.

138. Actual utilization data would be helpful for potential bidders to study medication mix and prescriber ordering trends in order to prepare a responsible and competitive bid rate. Can you please provide the past 3 months pharmacy invoices for review? What is the average pharmacy dollar amount spent monthly over the past 12 months?

RESPONSE: Calendar year 2016 fills information is provided in Attachment F – Financial Proposal Form in the Pharmaceuticals & Supplies Tab at Columns A - E. The actual dollar amount will not be provided.

139. What is the percentage of stock medications vs. patient specific medications?

RESPONSE: The numbers in Attachment F reflect all the drug fills for calendar year 2016, including stock and patient specific fills. It is estimated that 70% of fills are patient specific.

140. Do you receive stock medications in 30 count blister cards or is all stock in manufacturer's bulk bottles?

RESPONSE: It varies, but the majority of stock medications are in 7 day and 30 day allocations.

141. Are medical supplies (needles, syringes, diabetic test strips, etc.) for your location ordered from the current contracted pharmacy?

RESPONSE: No, the medical contractor is responsible for supplies that do not require a prescription.

142. Who is the current after-hours back-up pharmacy(ies) (if utilized)?

RESPONSE: Historically, this service has rarely been utilized. The Department will not disclose this information.

143. What is the current process for notifying pharmacy of inmates release dates?

RESPONSE: The department publishes a monthly discharge report which is provided to the medical contractor. The medical contractor's prescribers will write a discharge medication order which is sent to the pharmacy and upon notification of the discharge order, they have 10 Business Days to fill the discharge medication order. See RFP Section 3.2.29.

144. Will it be required to ship inmate discharge/transfer medications to private residences or are they shipped to each correctional facility only for discharge/transfer patients?

RESPONSE: Discharge/transfer medications shall primarily be shipped to correctional facilities. Upon rare occasion, the delivery may be required to be made to a Division of Parole and Probation office.

145. Are your correctional facilities accredited by the National Commission on Correctional Health Care (NCCHC) or American Correctional Association (ACA)? If not, do you expect to seek accreditation during the term of the contract?

RESPONSE: The Department's ACA accredited facilities are: CDF, ECI, WCI, and RCI. The Department's NCCHC accredited facilities are CDF and BCBIC. Additional facilities may become accredited during the term of the contract.

146. Please provide all current Accreditation for all facilities.

RESPONSE: See response to question 145 above and RFP Section 3.2.34.2. The Contractor must adhere to and maintain compliance with the standards listed in Section 3.2.34.2.

147. What percentage of your inmates, if any, are Federal? Specifically, what percentages are under jurisdiction of each the US Marshals Service (USMS) and US Immigrations and Customs Enforcement (ICE)?

RESPONSE: There are approximately 500 federal inmates.

148. Please describe the current destruction policy for all outdated/expired drugs.

RESPONSE: Currently, there is an on-site destruction process involving custody, the pharmacy contractor, and the medical contractor. See RFP Section 3.2.30.2

149. Please outline the medical personnel shifts that will require start up in-service training?

RESPONSE: Please clarify this question.

150. Does the current pharmacy vendor use a FDA-registered repackager to ensure compliance with federal regulations for Correctional Health stock medications?

RESPONSE: The Department does not have this information.

151. Will you mandate that the pharmacy vendor use a FDA-registered repackager for Correctional Health stock medications to ensure compliance with Federal regulations?

RESPONSE: This will not be mandated, but is an option that an Offeror may propose.

152. Will you require bidders to provide, as part of the proposal, evidence (the repacker's license and labeler code) that they use a FDA-registered repackager, as this is the only means to ensure compliance?

RESPONSE: This is not a requirement, but it will be considered if proposed.

153. Will failure to provide proof of compliance with Federal regulations deem a bidder non-responsive and therefore ineligible for an award?

RESPONSE: See RFP Section 5.5.1.2.

154. How many med carts are currently in use by your correctional facility?

RESPONSE: DPSCS has a total of 80 med carts.

155. Are these med carts the property of the current contractor or will they remain with the County?

RESPONSE: The State owns the med carts; the Pharmacy Contractor has no obligation to purchase, provide, or replace med carts except if loss or damage is due to the Pharmacy Contractor's negligent act.

156. Please outline the quantity of medications carts needed for each facility (if required)?

RESPONSE: The facilities have adequate quantities of med carts.

157. With over 35,000 medications currently approved for sale within the United States and numerous manufacturers of durable medical goods, if a bidder has not purchased an item listed within the RFP in their company history, would the DPSCS accept a copy of a published price quote for the product indicating the offered pricing from July 2017?

RESPONSE: On the Pharmaceuticals & Supplies Tab, in Column F, provide the AAC per Unit of Measure DPSCS would pay (per tab, cap, vial, inhaler, syringe, can, bottle, kit, etc.) for each Brand and Generic Pharmaceutical or Supply as of June 2017, based upon Offeror's manufacturer/wholesaler/specialty pharmacy vendor invoicing for the month of June 2017.

If the Offeror did not purchase a particular Pharmaceutical or Supply during the month of June 2017, the Offeror shall provide the AAC per Unit of Measure DPSCS would pay (per tab, cap, vial, inhaler, syringe, can, bottle, kit, etc.) for each Brand and Generic Pharmaceutical or Supply supported by an invoice from the 90 days prior to June 2017. If the Offeror has not purchased a particular Pharmaceutical or Supply in June 2017 or within

90 days prior, then the Wholesale Acquisition Cost (WAC) for the Pharmaceutical or Supply shall be provided supported by the Offeror's wholesaler's records.

158. In Column B of the Pharmaceuticals & Supplies tab of the Financial Proposal Form, unit of measure is defined as "per tab, cap, ML, inhaler, syringe, can, bottle, kit, etc", however throughout the proposal, the unit of measure is shown as "Each" which represents a variety of units of measure as indicated above. This creates ambiguity for each bidder to decide on how they will price an item (ie: Line 8 (NASACORT OTC (120 Sprays) 16.9ML SPR) is it supposed to be priced out by EACH inhaler, EACH ml, or EACH spray? Line 24 (ENSURE VANILLA 24/CASE LIQ) is it supposed to be priced out by EACH case, EACH bottle, or EACH ml?). In the interest of transparency and fair play, would DPSCS be willing to further define the unit of measure in all instances where it is listed as "EACH" so that all bidders follow the same pricing criteria?

RESPONSE: See Amendment 5, Item 30.

159. There are numerous published "magic mouthwash" formulations and no defined standard. Most formulations contain at least three ingredients that represent a combination of an antibiotic, antihistamine, antifungal, steroid, local anesthetic/pain reliever, antacid, and/or water. Would you please define the ingredient list and recipe for the "magic mouthwash(s)" to be priced on Lines 42 and 157 of the Pharmaceuticals & Supplies tab of the Financial Proposal Form or, if considered proprietary, be willing to remove them from the bid?

RESPONSE: At line 42, it's a combination of lidocaine 2%, Mylanta, and Benadryl 12.5 mg/5ccs. At line 157, 100,000 units Nystatin and 15 mg/ 5 ccs prednisolone with 80 ccs of distilled water. See Amendment 5, Items 28 and 29.

160. In reference to Line 1156 in the Pharmaceuticals & Supplies tab of the Financial Proposal Form - "LANCETS 100/BOX", will the DPSCS require safety or standard lancets for use within their system?

RESPONSE: The medical contractor will supply all nonprescription supplies. Generally, lancets are associated with the medical contract.

161. In the interest of increasing accuracy in the bidding process and improving transparency in pricing the RFP, will the DPSCS be willing to unlock column C of the Pharmaceuticals & Supplies tab of the Financial Proposal Form so that each bidder can indicate which products will be considered brand and generic for purposes of pricing the proposal? If not, please inform how you would like bidders to price out medications that have gone generic during or prior to the month of July 2017 that are marked solely as brand name products within this RFP and also those over-the-counter medications and durable medical goods that are manufactured by and considered multi-source.

RESPONSE: Provide pricing for the Pharmaceuticals and Supplies as indicated on the Financial Proposal Form and do not alter the Financial Proposal Form.

162. Where applicable and available, would the DPSCS accept bidders using pricing for the generic equivalent when a brand name product is listed?

RESPONSE: See response to question 161.

163. An increasing number of medications are being restricted by the manufacturer to only be dispensed through their own list of specialty pharmacy vendors (ie: BioScript, CVS Caremark, Biologics Oncology, etc), how would you like bidders to price out these medications? One such example is Ampyra ER 10mg tablets listed on Line 213 of the Pharmaceuticals & Supplies tab of the Financial Proposal Form.

RESPONSE: See Attachment F – Financial Proposal Form, Instructions Tab at E and Amendment 5, Items 27 - 30.

164. Please define an acceptable timeframe for restoration after a disruption due to a disaster. Section 3.3.3.2.B states services must be restored "immediately after a disruption, however the time to restore services can vary depending on the disruptive event."

RESPONSE: The Contractor shall have robust contingency and disaster recovery plans in place to ensure that the services provided under this Contract will be maintained in the event of disruption to the Contractor/subcontractor's operations (including, but not limited to, disruption to information technology systems), however caused. The Offeror must provide an overview and detailed technical specifications of their disaster recovery solution. See RFP Section 4.4.2.6.

165. Section 3.3.3.2.C: Please confirm whether an annual failover for production environments is required.

RESPONSE: Once a new electronic health record has been fully implemented, the Contractor will participate in scheduled disaster preparedness drills (frequency TBD) to demonstrate any near real-time failover capabilities in support of business continuity requirements.

166. With reference to Section 3.6.2.4: AAC typically refers to "Actual Acquisition Cost". This section states invoices shall show AAC minus a discount. If AAC is Actual Acquisition cost, does the State expect medications to be sold below cost by offering a discount to the cost paid by contractor? Industry standard for AAC pricing models is the Acquisition cost plus a dispensing fee (passing through all medications at cost to the State) to which there would be no discount. Or is this section meant to refer to AWP (Average Wholesale Price) or WAC (Wholesale Acquisition Cost) which are published prices to

which a discount would be applied? Please confirm which pricing model shall be used for preparing the cost proposal: Acquisition Cost plus dispensing fee (AAC), AWP minus discount, or WAC minus discount.

RESPONSE: RFP Section 3.6.2.4 refers to Actual Acquisition Cost (AAC) minus discount proposed which allows for a 0% discount. No specific discount is required. See RFP Section 1.2.1. definition of AAC. Further, Offerors may propose a discount to AAC. All costs other than the costs of Pharmaceuticals and Supplies should be included in the Annual Management Fee.

167. Please confirm the number of copies required for Volume II – Financial Proposal. Section 4.2.1 states one original unbound copy and seven (7) copies for both Volume I and Volume II. Section 4.5 states one original unbound copy and two (2) copies for the Financial Proposal.

RESPONSE: Offerors must provide one original unbound copy and seven (7) copies of the technical proposal and one original unbound copy and two (2) copies of the financial proposal.

168. Would we be permitted to submit a FOIA request to the PIA Representative to obtain copies of public records for the Maryland Department of Public Safety and Correctional Services MBE monthly invoice reports under Contract Q0005057D?

Specifically, we would be requesting the MBE Participation Prime Contractor Paid/Unpaid MBE Invoice Report, the MBE Prime Contractor Report, and the MBE Participation Subcontractor Paid/Unpaid MBE Invoice Report for the Months of April 2017, May 2017, and June 2017.

RESPONSE: In lieu of providing copies of the Monthly MBE Reports, the MBE Office has developed the following chart which reflects payments made by the Prime Contractor to MBE subcontractors during the months mentioned above.

Month	***Total Dollar Amount Paid***
April 2017	*$29,243.50*
May 2017	*$29,859.50*
June 2017	*$29,859.50*

169. Please confirm that if a Prime Contractor is a MBE, they must still subcontract 6% of the 12% goal to another MBE firm(s) and cannot account for the entire 12% goal themselves.

RESPONSE: That is correct. See RFP Section 1.33.11 and COMAR 21.11.03.12-1(D).

170. Is the Contractor Program Manager referenced in the RFP expected to be a PharmD? It has been our experience that this position can be well suited for a project manager/operations manager and not a PharmD as it does not require an extensive clinical skillset, rather more of an operational skillset.

RESPONSE: See response to question 16.

171. Please outline any staff for current contractor working in any MD DOC facilities other than the 5 clinical PharmDs and the Clinical Liaison.

RESPONSE: The Department does not have this information.

172. Are routine medication orders filled for a 30 day supply or 120 day supply? (reference RFP P. 30, Section 3.2.14)

RESPONSE: The routine medication orders are filled for a 120 day supply.

173. Is it a requirement to use the TakeAway Medication Recovery System? (reference RFP P. 40, Section 3.2.20.4.a).

RESPONSE: Yes. See RFP Section 3.2.20.4.a.

174. Will electronic copies of suppliers' invoices be accepted in lieu of printed invoices in the interest of saving paper as this would encompass thousands of printed pages?

RESPONSE: For the proposal response, hard copies of invoices are required. During the life of the contract, electronic copies may be provided.

175. Please provide a copy of the current 340B Contract Pharmacy contract between current pharmacy vendor (CorrectRx) and Bon Secours Hospital (BSH).

RESPONSE: The State's current pharmacy contract does not include a 340B component.