

**REQUEST FOR PROPOSALS**

**COMPREHENSIVE PHARMACY MANAGEMENT SERVICES**

**FOR THE**

**HERNANDO COUNTY SHERIFF'S OFFICE**

## **SCHEDULE OF EVENTS**

RFP Issue Date: 10/01/2018

Deadline for Receipt of Written Questions: 10/08/2018

Due Date for RFP Responses: 11/02/2018

Intended Date for Contract Award: 12/01/2018

Intended Contract Implementation Date: 01/01/2019

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## INTRODUCTION AND INSTRUCTIONS

### **INTRODUCTION**

The Hernando County Sheriff's Office is seeking a contractor to provide off-site comprehensive pharmacy management services for offenders as well as an interface with our current electronic medication record and computerization system of CorrecTek. The Hernando County Sheriff's Office intends that the contractor be the sole provider of these services to offenders under the responsibility of the Hernando County Sheriff's Office and the care of the Hernando County Detention Center. Purchases from other providers will generally occur only due to "special circumstances," such as an immediate need to fill an offender's medication through a local backup pharmacy.

## STANDARD TERMS, CONDITIONS, AND DEFINITIONS

By submitting a response to this invitation for bid, request for proposal, limited solicitation, or acceptance of a contract, the vendor agrees to acceptance of the following standard terms and conditions and any other provisions that are specific to this solicitation or contract.

**ALTERATION OF SOLICITATION DOCUMENT:** In the event of inconsistencies or contradictions between language contained in The Hernando County Sheriff's Office's solicitation document and a vendor's response, the language contained in The Hernando County Sheriff's Office's original solicitation document will prevail.

**CONFORMANCE WITH CONTRACT:** No alteration of the terms, conditions, delivery, price, quality, quantities, or specifications of the contract shall be granted.

**DEBARMENT:** The contractor certifies, by submitting this bid or proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction (contract) by any governmental department or agency. If the contractor cannot certify this statement, attach a written explanation for review by The Hernando County Sheriff's Office.

**FORCE MAJEURE:** Neither party shall be responsible for failure to fulfill its obligations due to causes beyond its reasonable control, including without limitation, acts or omissions of government or military authority, acts of God, materials shortages, transportation delays, fires, floods, labor disturbances, riots, wars, terrorist acts, or any other causes, directly or indirectly beyond the reasonable control of the nonperforming party, so long as such party is using its best efforts to remedy such failure or delays.

**OFFEROR:** Party or representatives of party submitting proposal for the provision of products or services referenced herein

**PAYMENT TERM:** All payment terms will be computed from the date of delivery of supplies or services OR receipt of a properly executed invoice, whichever is later. Unless otherwise noted in the solicitation document, The Hernando County Sheriff's Office is allowed 30 days to pay such invoices.

**SEPARABILITY CLAUSE:** A declaration by any court, or any other binding legal source, that any provision of the contract is illegal and void shall not affect the legality and enforceability of any other provision of the contract, unless the provisions are mutually dependent.

**SHIPPING:** Supplies/medications shall be shipped prepaid, F.O.B. Destination, unless the contract specifies otherwise.

**U.S. FUNDS:** All prices and payments must be in U.S. dollars.

## **CONTRACT TERM**

The contract period is one year, beginning January 01, 2019 (full contract execution no later than 11/30/2018 for a January 01, 2019 start date) and ending December 31, 2019. The contract will auto-renew without further action for the same period with the same terms and conditions, unless otherwise canceled pursuant to terms of the final agreement.

## **SINGLE POINT OF CONTACT**

From the date that this request for proposal (RFP) is issued until an offeror is selected and announced by the procurement officer, **offerors shall not communicate with any OFFICIAL regarding this procurement, except at the direction of Procurement Officer**, the procurement officer in charge of the solicitation. Any unauthorized contact may disqualify the offeror from further consideration. Contact information for the single point of contact is:

Procurement Officer: KRISTINE DEKANY

Telephone Number: (352) 797-3404

Fax Number: (352) 544-2350

E-mail Address: kdekany@hernandosheriff.org

## **REQUIRED REVIEW**

### **Review RFP**

Offerors shall carefully review the entire RFP. Offerors shall promptly notify the procurement officer identified above via e-mail or in writing of any ambiguity, inconsistency, or error that they discover. In this notice, the offeror shall include any terms or requirements within the RFP that preclude the offeror from responding or add unduly restrictive cost, subject to the discretion of the Procurement Officer. Offerors shall provide an explanation with suggested modifications. The notice must be received by the deadline for receipt of questions as set forth above. The Hernando County Sheriff's Office will determine any changes to the RFP.

### **Form of Questions**

Offerors having questions or requiring clarification or interpretation of any section within this RFP must address these issues via e-mail or in writing to the procurement officer listed above on or before 10/08/2018. Clear reference to the section, page, and item in question must be included in the form. Questions received after the deadline may not be considered.

### **Response**

The Procurement Officer will provide a written response by e-mail to all questions received by 10/08/2018. The response will be by written addendum. Offerors shall sign and return with their RFP response an Acknowledgment of Addendum for any addendum issued. Failure to return the signed, written addendum may result in disqualification.

## **GENERAL REQUIREMENTS**

### **Resulting Contract**

This RFP and any addenda, the offeror's RFP response (proposal), including any amendments, a best and final offer (if any), and any clarification question responses shall be incorporated by reference in any resulting contract.

### **Mandatory Requirements**

To be eligible for consideration, an offeror **shall** meet all **mandatory** requirements as identified in the RFP. The Hernando County Sheriff's Office Medical Director shall determine whether an offeror's proposal complies with the requirements. Proposals that fail to meet any **mandatory** requirements listed in this RFP **may** be disqualified.

### **Understanding of Specifications and Requirements**

By submitting a response to this RFP, the offeror acknowledges it understands and will comply with the RFP specifications and requirements.

### **Offeror's Signature**

The offeror's proposal must be signed in ink by an individual authorized to legally bind the offeror. The offeror's signature guarantees that the offer has been established without collusion. Offeror shall provide proof of authority of the person signing the RFP upon The Hernando County Sheriff's Office request.

### **Offer in Effect for 120 Calendar Days**

Offeror agrees that it may not modify, withdraw, or cancel its proposal for a 120-day period following the RFP due date, or receipt of best and final offer, if required.

## **SUBMITTING A PROPOSAL**



### **Organization of Proposal**

Offerors must organize their proposal into sections that follow the format of this RFP. Proposals should be bound, and must include tabbed dividers separating each section.

The following tabbed sections are required in the bound proposal, in the following order:

1. Cover Letter
2. Company Profile and Experience
3. Scope of Services (Responses to Specifications and Requirements)
4. Cost Proposal
5. References & Resumes

Unless specifically requested in the RFP, an offeror directing a reviewing party of the proposal to "Refer to our literature..." or "Please see [www.....com](http://www.....com)" may result in the proposal being deemed nonresponsive or cause a reduction in points. If referencing materials located in another section of the proposal, specific page numbers and sections must be noted. The evaluator/evaluation committee is not required to search through the proposal or literature to find a response.

### **Failure to Comply with Instructions**

Offerors failing to comply with these instructions may be subject to point deductions. Further, The Hernando County Sheriff's Office may deem a proposal nonresponsive or disqualify it from further consideration if it does not follow the response format, is difficult to read or understand, or is lacking mandatory or requested information.

### **Multiple Proposals**

Offerors may, at their option, submit multiple proposals. Each proposal shall be evaluated separately.

### **Price Sheets**

Offerors **SHALL** use the RFP price sheets found in the Cost Proposal Section. These price sheets serve as the primary representation of offeror's cost/price. For direct comparative purposes, pricing included will be reflective of the EXACT NDC of product requested.

### **Copies Required and Deadline for Receipt of Proposals**

Offerors must submit one original proposal and two copies to The Hernando County Sheriff's Office. The Hernando County Sheriff's Office reserves the right to request an electronic copy of the RFP response.

**Each proposal must be sealed and labeled on the outside of the package to clearly indicate it is in response to RFP HCDC Pharmacy. Proposals must be received at The Hernando County Sheriff's Office prior to 4 p.m., on 11/02/2018. Offeror is solely responsible for assuring delivery to the reception desk located at 18900 Cortez Boulevard Brooksville, FL 34601 by the designated time if hand delivered.**

### **Late Proposals**

Regardless of cause, The Hernando County Sheriff's Office shall not accept late proposals. Such proposals will automatically be disqualified from consideration.

### **COSTS/OWNERSHIP OF MATERIALS**

#### **The Hernando County Sheriff's Office is Not Responsible for Preparation Costs**

Offeror is solely responsible for all costs it incurs prior to contract execution.

## **RFP STANDARD INFORMATION**

### **OFFEROR COMPETITION**

The Hernando County Sheriff's Office encourages free and open competition to obtain quality, cost-effective services and supplies. The Hernando County Sheriff's Office designs specifications, proposal requests, and conditions to accomplish this objective.

### **CLASSIFICATION AND EVALUATION OF PROPOSALS**

#### **Initial Classification of Proposals as Responsive or Nonresponsive**

The Hernando County Sheriff's Office shall initially classify all proposals as either "responsive" or "nonresponsive." The Hernando County Sheriff's Office may deem a proposal nonresponsive if: (1) any of the required information is not provided, (2) the submitted price is found to be excessive or inadequate as measured by the RFP criteria, or (3) the proposal does not meet RFP requirements and specifications. The Hernando County Sheriff's Office may find any proposal to be nonresponsive at any time during the procurement process. If The Hernando County Sheriff's Office deems a proposal nonresponsive, it will not be considered further.

#### **Determination of Responsiveness**

The procurement officer will determine whether an offeror has met the standards of responsiveness delineated herein. An offeror may be determined nonresponsive at any time during the procurement process if information surfaces that supports a nonresponsive determination. If an offeror is found nonresponsive, the procurement officer will notify the offeror by United States mail. The determination will be made a part of the procurement file.

#### **Evaluation of Proposals**

An evaluation committee will evaluate all responsive proposals based on stated criteria. After receipt of proposals and prior to the recommendation of award, the procurement officer may initiate discussions with one

or more offerors. Offerors may also be required to make an oral presentation and/or product demonstration. Oral presentations, if requested, shall be completed at the offeror's expense. The Hernando County Sheriff's Office reserves the right to weigh and make an award on subjective criteria in which The Hernando County Sheriff's Office determines a proposal best serves the needs and requirements of The Hernando County Sheriff's Office. The evaluation committee may initiate discussion, or negotiation for a best and final offer. In scoring stated criteria, the evaluation committee may consider such factors as accepted industry standards and a comparative evaluation of other proposals with regard to, but not limited to terms of differing price and quality. These scores, along with subjective findings, will be used to determine the most advantageous offering to The Hernando County Sheriff's Office.

#### **Evaluation Committee Recommendation for Contract Award**

The evaluation committee will provide a written recommendation for contract award to the procurement officer that contains the scores, justification, and subjective rationale for the decision. The procurement officer will review the recommendation to ensure its compliance with the RFP process and criteria before concurring with the evaluator's/evaluation committee's recommendation. The procurement officer may be a member of the evaluation committee.

#### **Request for Documents Notice**

Upon receiving the evaluation committee's recommendation, the procurement officer will request from the SELECTED offeror the required documents and information, including but not limited to: license documents, contract performance security, an electronic copy of any requested material (e.g., proposal, response to clarification questions, and/or best and final offer), and any other necessary documents. Receipt of this request does not constitute an award of a contract and **no work may begin until a fully executed contract is in place**, subject to the terms and conditions of the contract. The procurement officer will notify all other offerors of The Hernando County Sheriff's Office's selection.

#### **Contract Execution**

Upon receipt of all required materials and after a presentation, if requested to participate by the Hernando County Sheriff's Office, a contract including the awarded offeror's proposal will be provided to the awarded offeror for signature. If the awarded offeror does not accept all the terms of the agreement, The Hernando County Sheriff's Office may move to the next suitable offeror in its discretion, or cancel the RFP.

#### **The Hernando County Sheriff's Office RIGHTS RESERVED**

While The Hernando County Sheriff's Office has every intention to award a contract resulting from this RFP, issuance of the RFP in no way constitutes a commitment by The Hernando County Sheriff's Office to award and execute a contract. The Hernando County Sheriff's Office in its sole discretion, reserves the right to:

- Cancel or terminate this RFP
- Reject any or all proposals received in response to this RFP

- Waive any undesirable, inconsequential, or inconsistent provisions of this RFP Not award a contract, or
- If awarded, terminate any contract if The Hernando County Sheriff's Office determines adequate funds are not available to carry out the intent of the agreement

## SCOPE OF SERVICES

### **SCOPE OF WORK**

The Hernando County Sheriff's Office is seeking a contractor to provide off-site comprehensive pharmacy management services as well as an interface with our current electronic medication record and computerization system of CorrecTek for offenders at The Hernando County Sheriff's Office operated facilities listed herein.

### **FACILITY INFORMATION**

Listed below is the facility that will be participating in this contract.

- The Hernando County Detention Center
  - 16425 Spring Hill Drive, Brooksville, FL 34604

### **SPECIFICATIONS AND REQUIREMENTS**

**NOTE:** Each item must be thoroughly addressed. Offerors taking exception to any requirements listed in this section may be found non-responsive or be subject to point deductions.

#### **1. Comprehensive Pharmacy Management Services**

- 1.1 Offeror must provide The Hernando County Sheriff's Office with a toll-free number for ordering pharmaceuticals by fax and by telephone as a backup in the event interface issues between pharmacy and EMR occur.
- 1.2 Medications shall be packaged in unit-dose 30-count blister cards in two week supply quantities or Weekly Dispill packaging. The only exception to this is costly HIV/Hepatitis medications which shall be sent in a one weeks supply on blister cards. **Mandatory requirement**
- 1.3 All packaging must be unit-dose and each individual blister card must be labeled with the name of the medication and strength, manufacturer name, NDC number, lot number, Picture of medication, and expiration date. A sample of the packaging card must be provided with the proposal submission. **Mandatory requirement**
- 1.4 All packaging shall be labeled and each label shall include, at a minimum, the patient name, identification (ID) number, facility location, date, medication name, strength, instructions, prescription number, dosage, lot number, directions (frequency of administration), expiration date, prescribing physician, quantity, pharmacist's initials, appropriate warnings, pharmacy address and phone number, a

Picture of the medication contained in the blister pack and/or other information as required by law.

**Mandatory requirement**

- 1.5 A two-part label with a peel-off refill sticker is required.
- 1.6 The contractor must maintain compliance with all pharmaceutical standards and applicable federal and state laws, rules, and regulations governing pharmacy operations.
- 1.7 The contractor must provide pedigree papers or maintain an electronic pedigree database on all stock items provided to the facility or facilities. The contractor must provide proof of pedigree compliance at time of proposal submission. **Mandatory requirement**
- 1.8 Contractor must follow applicable standards-of-care guidelines in effect at each facility. These standards may include American Correctional Association (ACA), American Jail Association (AJA), Joint Commission [formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)], National Association of Boards of Pharmacy (NABP) Verified Accredited Wholesale Distributor (VAWD), and National Commission on Correctional Health Care (NCCHC).
- 1.9 Describe the medication ordering process in detail.
- 1.10 Describe the issue escalation process for facility concerns.
- 1.11 Contractor must provide starter packs of certain oral and injectable medications, as needed, for immediate administration.
- 1.12 Contractor must provide and maintain an emergency medication kit (EDK) or crash cart.
- 1.13 Contractor must assign a single point-of-contact to be responsible for all aspects of contract management for The Hernando County Sheriff's Office.
- 1.14 Contractor is responsible to pay for the services of the consultant pharmacist currently used by the facility, Todd Schmidt as required by law for institutional Class B II Modified Pharmacy License.

**Mandatory requirement**

**2. Delivery**

- 2.1 Contractor must provide delivery for all pharmacy orders six days per week, Monday through Saturday. Describe the proposed order cutoff times and order delivery times as part of your submission. Daily orders are required by 1530 on delivery days. Local community preference will be a consideration for contract award. **Mandatory requirement**
- 2.2 To verify delivery receipt, contractor must obtain a signature for all orders delivered at each facility.
- 2.3 Contractor must include with every order a detailed packing slip, listing all items in the order sorted alphabetically by offender.
- 2.4 Contractor must provide free-of-charge an interface system between the pharmacy and CorrecTek electronic medical record to provide an electronic order submission of all medication orders. All costs

associated with implementation of the interface system on both sides shall be borne by the offeror.

**Mandatory requirement**

- 2.5 Within 30 calendar days of the award, the successful offeror must provide The Hernando County Sheriff's Office with the name, address, telephone number, and contact person at a local pharmacy (near each facility) to act as a backup pharmacy for emergency prescriptions and for 3 day vouchers upon release. **Mandatory requirement**
- 2.6 Describe the provision of emergency prescriptions by the local backup pharmacy/pharmacies and any costs associated with such service.
- 2.7 The contractor must notify the appropriate contact person at the ordering facility (by e-mail, telephone, daily delivery manifest, other electronic means, or fax) if an order will not be shipped within 24 hours and provide an explanation for the non-shipment.

**3. Formulary Management**

- 3.1 Immediately following the contract award, the successful offeror must meet with designated Hernando County Sheriff's Office Medical Director to develop, implement, and facilitate compliance with a formulary designed to maximize the efficacy, safety, and cost-effectiveness of drugs used in The Hernando County Sheriff's Office facilities.
- 3.2 The contractor must monitor and review drug prescription practices and recommend formulary changes as appropriate.
- 3.3 The contractor must communicate and consult with The Hernando County Sheriff's Office Medical Director and other prescribing professionals at each facility on matters of non-formulary use and drug contraindications, and suggest appropriate substitutions.
- 3.4 The contractor must dispense cost-effective, therapeutically equivalent, generic medications to reduce costs.
- 3.5 List and describe your company's approach to other cost-containment strategies and management of care.

**4. Reporting**

- 4.1 Describe reporting capabilities.
- 4.2 The contractor must provide The Hernando County Sheriff's Office, upon request, with facility-specific reporting and summary reporting, inclusive of all The Hernando County Sheriff's Office-operated/contracted facilities.
- 4.3 The contractor must provide at no cost to The Hernando County Sheriff's Office a 24/7/365 online reporting system so facilities can access reporting specific to certain medications, providers, patients, and facilities. Describe the system and/or provide details with proposal submission. **Mandatory requirement**

- 4.4 Quarterly P&T meeting are required with statistical data required by the facility and suggestions for cost savings measures based on pharmacy usage. **Mandatory requirement**

## **5. Clinical Requirements**

- 5.1 The contractor must notify the prescribing provider of problems with prescribed medications and provide a comprehensive drug utilization review (DUR) for all new and profiled orders (such as dosage problems or conflicts with other prescribed medications). Provide the name of any consultant resource used for DUR reviews (for example, Medi-Span®).
- 5.2 The contractor must work in conjunction with The Hernando County Sheriff's Office Medical Director and facility clinical staff to develop and maintain a process for patient education and medication administration.
- 5.3 The contractor must organize and direct information programs relating to new developments in the fields of pharmacy and pharmaceuticals and make recommendations for drug products that are the most useful and cost-effective in patient care.
- 5.4 The contractor must work with The Hernando County Sheriff's Office Medical Director and physicians to develop drug/disease therapy monitoring plans that provide clinically sound and cost-effective patient care.
- 5.5 The contractor must, as requested by The Hernando County Sheriff's Office Medical Director, participate on pharmacy and therapeutic (P&T) committees convened to evaluate medical information relating to the usefulness and costs of all available pharmaceuticals.
- 5.6 The contractor must provide in-service training and consultation to health care personnel at each facility. Topics should include the proper disposition of unused substances (as required by law), the proper administration of medications, the monitoring and documentation of drug administration and drug utilization in correctional settings, and procedures for the management of controlled drugs.
- 5.7 The contractor must have a licensed pharmacist available at the facility and/or on-call 24-hours per day, seven days per week to answer questions regarding medications.
- 5.8 Provide examples of disease management programs that can be provided by the contractor.

## **6. Other**

- 6.1 The contractor must provide each facility with locking medication carts for the transportation, storage, and administration of all medications and supplies as needed. The carts shall be durable, lightweight, and appropriately sized to allow for ease of use in a correctional facility. The Hernando County Sheriff's Office estimates that the contractor will need to supply approximately one or two medication carts to the various facilities (The Hernando County Sheriff's Office currently owns 4 carts).
- 6.2 In accordance with correctional standards and/or as required by applicable federal or state pharmacy laws, rules, and regulations, the contractor must provide a licensed pharmacist to conduct documented inspections of all institutional areas where medications are maintained, including "crash carts." Inspections shall include, but are not limited to, drug expiration dates, security, storage, and a periodic

review of medication records. Inspection reports shall be provided to The Hernando County Sheriff's Office Medical Director.

- 6.3 On a monthly basis, the contractor must submit detailed invoices to The Hernando County Sheriff's Office, listing all prescriptions dispensed for the month. Invoices must accurately and separately represent the unit acquisition cost of the drugs dispensed and the total number of prescriptions filled. The contractor must itemize returns received and credits given on each monthly bill. **Mandatory requirement**
- 6.4 Provide details of the contractor's quality assurance program.
- 6.5 Describe the process for medication backorders and recalls.
- 6.6 Describe the transition plan from incumbent services including proposed timelines, should an award be granted. **Mandatory requirement**
- 6.7 Describe the orientation program available to facility-level personnel. **Mandatory requirement**
- 6.8 Describe any services or programs the contractor can provide regarding medication management and cost savings.
- 6.9 Provide the contractor's proposal regarding disaster planning.
- 6.10 Describe any additional value-added services that can be provided.

## **7. Electronic Medical Record and Computerization System Interface**

The Hernando County Sheriff's Office is interested in an electronic medical record and computerization system interface. The successful offeror will have **90** days from contract execution to successfully implement this interface. **Mandatory requirement**

### *Computerized Physician Order Entry Module and Pharmacy/ePrescribing*

- 7.1 The proposal should describe your company's ability to provide a comprehensive fully paperless interface ordering (ePrescribing) system with our current electronic medical record system, CorrecTek.
- 7.2 To provide expedited system support and programming, The Hernando County Sheriff's Office requires that system support and programming be available through the contractor. **Mandatory requirement**
- 7.3 Interface implementation, 24/7 support, CorrecTek system requirements, and upgrades to the interface are to be provided free-of-charge enabling all orders to be transmitted electronically to the contractor. **Mandatory requirement**

### *Information Technology Requirements*

- 7.4 The system must be secure, encrypted, and fully HIPAA-compliant. **Mandatory requirement**
- 7.5 Offeror must ensure all technology requirements for interface are met through CorrecTek.

## **8. Order Reconciliation Program**

- 8.1 Describe your company's order reconciliation policies and procedures.



- 8.2 The program should provide daily online shipping reports and shipment tracking information.
- 8.3 The program should allow facility staff to determine if any items are missing and what steps to take to report missing items.

#### **9. Unused Pharmaceuticals and Applicable Credits**

- 9.1 Discuss your company's policy and procedures for providing credits on returns.
- 9.2 To save money on partially used blister cards, The Hernando County Sheriff's Office is interested in an offeror that can legally issue credit on partial returns. In accordance with pharmacy statutes, rules, and regulations, such an offeror must provide a method for the legal return of unused pharmaceuticals in unit-dose blister cards and the issuance of credit. Medications to be returned shall be dispensed and packaged in original cards with the medication name and strength, manufacturer name, NDC number, expiration date, and lot number on the individual blister card or Dispill pack. **Mandatory requirement**
- 9.3 Provide with your proposal a sample/image of your company's unit-dose card packaging consistent with this requirement, including the labeling. **Mandatory requirement**

### **OFFEROR QUALIFICATIONS**

#### **RIGHT TO INVESTIGATE AND REJECT**

The Hernando County Sheriff's Office may make such investigations as deemed necessary to determine the offeror's ability to perform the services specified. The Hernando County Sheriff's Office may reject a proposal if the information submitted by, or investigation of, the offeror fails to establish in the discretion of the Hernando County Sheriff's Office that the offeror is properly qualified to perform the obligations of the contract. *The Hernando County Sheriff's Office's may reject a proposal based on negative references.*

#### **OFFEROR QUALIFICATIONS**

**NOTE: Each requested item must be thoroughly addressed by Offeror. Offerors not thoroughly addressing all items and requirements listed in this section may be found nonresponsive or be subject to point deductions.**

##### **Client Reference Form**

Offeror shall provide THREE (3) client references that are using or have used, services of the type proposed in this RFP. The references may include facilities for which the offeror has successfully completed comprehensive pharmacy management services and an electronic medication ordering and computerization system.(within the last FOUR (4) years) Any client references that cannot be validated or confirmed may adversely affect the offeror's score in the evaluation process. The Hernando County Sheriff's Office may contact the client references for validation of the information provided. If The Hernando County Sheriff's Office finds erroneous information, evaluation points may be deducted or the proposal may be rejected.

##### **Company Profile and Experience**

Include a company profile containing the following information:

- Name, address, toll-free telephone number, and fax number of the applicant.
- If a corporation, include the date of incorporation.
- Names and addresses of principal officers, directors, or partners.
- A brief biography of the person or persons who will administer the contract.
- Company history, including all current and past ownership, company name changes, etc.
- List the total number of employed full-time personnel, pharmacists, techs, and ancillary staff etc.

Offeror shall provide documentation establishing that the individual or company submitting the proposal has the qualifications and experience to provide the services specified in this RFP, including, at a minimum all of the following:

- A detailed description of any similar past projects (particularly projects/contracts in the correctional or similar field) including the service type and dates the services were provided.
- The client for whom the services were provided.
- A general description of the firm including its primary source of business, organizational structure, size, number of employees, and years of experience performing services similar to those described within this RFP.

### **Resumes**

A resume or summary of qualifications, work experience, education, and skills must be provided for all personnel who will be providing services or performing requirements of the contract. Include years of experience providing services similar to those required, education, and certifications where applicable. Identify what role each person would fulfill in performing work identified in this RFP.

### **Contractor Project Manager**

The Contractor Project Manager identified below will manage the day-to-day project activities on behalf of the Contractor:

The Contractor Project Manager for this contract is:

(Name):

(Address):

(City, State, ZIP):

Telephone #:

Cell Phone #:

Fax #:

E-mail:

## COST PROPOSAL

The Hernando County Sheriff's Office will evaluate the proposed cost to determine the relative score for each offer. Proposals must include sufficient, detailed information to support the offered costs. The Hernando County Sheriff's Office in no way guarantees a minimum number of prescriptions dispensed.

**The Hernando County Sheriff's Office prefers a bid rate that emphasizes AAC plus a dispensing fee per prescription and stock piece OR a Per Diem Flat Rate Fee with set guidelines on Outlier limits/costs, or AAC plus a fixed management fee.**

Please submit pricing for the items on the list below with your proposed bid rate applied to each line item and specific NDC used to establish the price per pill. Please note, if offerors submit pricing from different sources (different NDC), The Hernando County Sheriff's Office will have the right to ask offerors to submit additional pricing for comparative purposes using the same NDC.

Each offeror must list its correlating actual acquisition cost unit price PER EACH tablet and/or capsule, and each unit of use for vials, topicals, inhalers, etc. Please address any questions or clarification of package sizes regarding pricing of individual items during the question and answer period. Do not include REBATES in the price, as these cannot be guaranteed for the contract period. Do not include dispensing fees as part of unit costs. A separate line item for dispensing fees associated with prescriptions and stock pieces is to be submitted with offerors bid sheet.

If a Per Diem Flat Rate Fee structure is submitted please specify all guidelines on Outlier limits and costs in addition to per diem rate. Please refer to the most recent available Top 50 drug report to assist with pricing.

2017 Top 50 Used					
Sr #	Drugs NDC	DrugName	Form	Strength	Qty
1	00185061505	HYDROXYZINE PAM	CAP	50MG	61879
2	50111064803	FLUOXETINE	CAP	20MG	30988
3	67877031905	IBUPROFEN	TAB	400MG	22795
4	53746046405	IBUPROFEN	TAB	400MG	20301
5	45802065087	LORATADINE	TAB	10MG	7941
6	00781261305	AMOXICILLIN	CAP	500MG	10568
7	49483060250	IBUPROFEN	TAB	400MG	9917
8	00536404610	MULTIVITAMIN	TAB		4620
9	13107003105	MIRTAZAPINE	TAB	15MG	4354
10	45963055650	GABAPENTIN	CAP	300MG	13062
11	42806005610	AMLODIPINE	TABLETS	5MG	4368
12	55111015810	OMEPRAZOLE	CAP	20MG	4536
13	65862001705	AMOXICILLIN	CAP	500MG	7960
14	00472034356	HYDROCORTISONE	CRM	1%	8444
15	57896040110	DOCUSATE	CAP	100MG	7362
16	65862050301	AMOXICILLIN/CLAVULAN	TAB	875-125	4094
17	69315013710	BENZTROPINE MESYLATE	TAB	1MG	6834
18	60505006501	OMEPRAZOLE	CAP	20MG	3808
19	60505311108	OLANZAPINE	TAB	5MG	3623
20	60505311303	OLANZAPINE	TAB	10MG	3332
21	33342007015	OLANZAPINE	TAB	10MG	3178

22	00536468001	VITAMIN B1	TAB	100MG	3129
23	00173068220	VENTOLIN HFA	AER	90MCG/IN	3861
24	43547035311	LISINOPRIL	TAB	10MG	3234
25	60505311408	OLANZAPINE	TAB	15MG	2968
26	00591071805	BUSPIRONE HCL	TAB	15MG	5079
27	49483060350	IBUPROFEN	TAB	600MG	5355
28	65862042005	SULFAMETHOX/TRIMETHO	TAB	800-160	2396
29	00143993905	AMOXICILLIN	CAP	500MG	4938
30	51672202002	TOLNAFTATE	CRM	1%	5659
31	68462039610	OMEPRAZOLE	CAP	20MG	2016
32	16729018317	HYDROCHLOROTHIAZIDE	TAB	25MG	2086
33	68382075810	METFORMIN HCL	TAB	500 MG	3766
34	64125012710	FOLIC ACID	TAB	1MG	1958
35	60505311203	OLANZAPINE	TAB	7.5MG	2030
36	43547035411	LISINOPRIL	TAB	20MG	2008
37	68382018205	BusPIRone HCL	TAB	15MG	3169
38	00591293201	CLINDAMYCIN HCL	CAP	300MG	1752
39	29300014005	DIVALPROEX DR	TAB	500MG	3155
40	66424003010	DOCUSATE	CAP	100 MG	3206
41	53746027205	SULFAMETHOX/TRIME DS	TAB	800-160	1612
42	68382076010	METFORMIN	TAB	1000MG	2926
43	65162005350	CITALOPRAM HBR	TAB	20MG	1438
44	00603002632	ASPIRIN	TAB	81 MG	1603
45	00904770480	ASPIR-LOW	TAB	81MG	1517
46	68382070718	DOXYCYCLINE MONOHYD	CAP	100MG	1503
47	63304061650	DOXYCYCLINE MONOHYD	CAP	100MG	2255
48	31722054510	LITHIUM CARB	CAP	300MG	4311
49	00115169202	BUSPIRONE	TABLETS	15 MG	2622
50	69097087812	BUPROPION SR	TAB	150MG	2180

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2017 Top Drugs by Cost					
Sr #	NDC	DrugName	Form	Strength	Qty
1	15584010101	ATRIPLA	TAB	600-200-300MG	530
2	61958110101	COMPLERA	TAB	200-25-300MG	418
3	49702023113	TRIUMEQ	TAB	600-50-300MG	303
4	61958120101	STRIBILD	TAB	150-150-200-300	244
5	61958210101	ODEFSY	TAB	200-25-25MG	254
6	61958070101	TRUVADA	TAB	200-300MG	224
7	00173068220	VENTOLIN HFA	AER	90MCG/IN	3861
8	00169183711	NOVOLIN 70/30	INJ	70-30U/ML	580
9	61958040101	VIREAD	TAB	300MG	211
10	00185061505	HYDROXYZINE PAM	CAP	50MG	61879
11	61958200201	DESCOVY	TAB	200-25MG	98
12	00088222033	LANTUS U-100	INJ	100U/ML	210

13	59676057530	PREZCOBIX	TAB	800-150MG	82
14	49281075222	TUBERSOL	TES	5TU/0.1ML	95
15	49702022813	TIVICAY	TAB	50MG	84
16	50111064803	FLUOXETINE	CAP	20MG	30988
17	00006022761	ISENTRESS	TAB	400MG	144
18	59676056630	PREZISTA	TAB	800MG	58
19	65862050301	AMOXICILLIN/CLAVULAN	TAB	875-125MG	4094
20	00056051030	SUSTIVA	TAB	600MG	82
21	67877031905	IBUPROFEN	TAB	400MG	22795
22	00074679922	KALETRA	TAB	200-50MG	239
23	50458057830	XARELTO	TAB	15 MG	154
24	00002803101	GLUCAGON EMERGEN K	INJ	1MG	5
25	61958190101	GENVOYA	TAB	200-150-150-10M	10
26	53746046405	IBUPROFEN	TAB	400MG	20301
27	60505311303	OLANZAPINE	TAB	10MG	3332
28	00054045958	NEVIRAPINE	TAB	200MG	140
29	00169183311	NOVOLIN R	INJ	U 100	90
30	00169368512	NOVOLOG MIX 70/30	INJ	70-30U/M	40
31	63304061650	DOXYCYCLINE MONOHYDR	CAP	100MG	2255
32	00003089421	ELIQUIS	TAB	5MG	168
33	00169183302	NOVOLIN R	INJ	U 100	90
34	56151081350	TRUETRACK	TEST STRIPS		5800
35	65862001705	AMOXICILLIN	CAP	500MG	7960
36	60505325203	LAMIVUDINE	TAB	300MG	216
37	45963055650	GABAPENTIN	CAP	300MG	13062
38	51672202002	TOLNAFTATE	CRM	1%	5659
39	00781261305	AMOXICILLIN	CAP	500MG	10568
40	68382070718	DOXYCYCLINE MONOHYDR	CAP	100MG	1503
41	61314064511	NEOMYCIN/POLYMYX/HC	SUS	3.5-10000-1MG-U	190
42	00169368712	LEVEMIR	INJ	100U/ML	30
43	00143314205	DOXYCYCLINE	CAP	100MG	1302
44	63323047101	HALOPERIDOL DECANOAT	INJ	100MG/ML	14
45	60505311203	OLANZAPINE	TAB	7.5MG	2030
46	00074333330	NORVIR	TAB	100MG	72
47	62756040203	PHENYTOIN SODIUM	CAP	100MG	3010
48	49483060250	IBUPROFEN	TAB	400MG	9917
49	69315013710	BENZTROPINE MESYLATE	TAB	1MG	6834
50	00703851023	ENOXAPARIN SODIUM (P	INJ	150MG/ML	50

## EVALUATION PROCESS

### **BASIS OF EVALUATION**

The evaluator/evaluation committee will review and evaluate the offers according to the following criteria, yet, reserves the right to grant an award based on a subjective assessment of the needs of The Hernando County Sheriff's Office and the ability of the contractor best suited to provide such services deemed to be in the best interest of The Hernando County Sheriff's Office.

The Specifications and Requirements, Offeror Qualifications, and Cost portions of the offer will be evaluated based on the scoring guide below.

### **EVALUATION CRITERIA**

The following are the relative weights for each evaluated section of the offerors' proposals:

Evaluated Proposal Section		Weight (%) (Determines Aggregate Points)	
SPECIFICATIONS AND REQUIREMENTS		30%	
	Comprehensive Pharmacy Management Services		10%
	Electronic Medication Interface and Computerization System		10%
	Unused Pharmaceuticals and Applicable Credits		10%
OFFEROR QUALIFICATIONS		15%	
	Client Reference Forms		5%
	Company Profile and Experience		5%
	Resumes		5%
COST		55%	
	Dispensing Fee		25%
	Drug Pricing		30%

### **OFFEROR ON-SITE PRESENTATION EVALUATION CRITERIA**

Product demonstrations may be requested for the top evaluated proposals.

