



Department of Public Safety and Correctional Services

Office of the Secretary

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INMATE GRIEVANCE OFFICE

March 4, 2010

ADDITIONAL QUESTION AND ANSWERS #2

Solicitation: DPSCS Q0010019 - 22

INMATE HEALTH CARE SERVICES RFPS

NOTE: This is in response to Pre-Proposal Comment: Current DPSCS Federal & Interstate Compact Inmates population as of 3/1/10 is as follows:

- * Out-of-state inmates housed in MD count = 71
- * MD inmates housed outside MD count = 134
- * Federal count 275

Questions and Responses

Question #1: What is your current Average Daily Population by facility?



MD Inmate Average
Daily Population by Facility

Response: See attached report.

Question #2: Can you provide the current pharmacy bid rate?

Response: Pharmacy expenditures FY08 - 24,786,970 FY09 - 25,598,456. The current contract is based on a pass-through reimbursement model with a discount applied to the Average Wholesale Price (AWP), please note the new RFP is requesting Acquisition Cost Pricing model.

Question #3: How often is current pharmacy providing the medication room audits and inspections?

Response: Medication room audits are completed monthly.

Question #4: Please provide the average number of brand verses generic prescriptions dispensed.

Response: This data is not tracked.

Question #5: What is the percentage of patient specific verses stock medications dispensed on an average month?

Response: Interim emergency starter doses account for less than 5% of the total medication dispensed.

Question #6: What is the current process for Non-Formulary medication use?

Response: Non-formulary medication orders are dispensed when accompanied by the completed non-formulary request form which denotes approval by the designated Medical Director, except in infirmaries where the medication may be dispensed prior to receiving the required form depending on the urgency of the condition.

Question #7: Which of your facilities currently have a KOP Medication program? What percentage of the population?

Response: All MD DPSCS facilities have a KOP Medication Program. One hundred percent the population is eligible for KOP; not all patients or medications qualify for KOP.

Question #8: What percentages of stock medications are sent in bulk bottles as opposed to blister cards?

Response: This data is not tracked.

Question #9: Is it possible to keep certain information confidential such as reference lists, staff, financials, computerization, etc. which is considered proprietary which may harm vendors if competitors have access to?

Response: All information submitted by bidder's is kept confidential and not shared outside of the RFP evaluation committee members. However, once the RFP evaluation process is completed and contract awards are recommended, some information may be available for Public Information Act (PIA) requests through our Office of Attorney General (OAG).

Question #10: Is the MDDOC currently utilizing an online ordering program? If so, what percentages of orders are being transmitted electronically? If not, would the MDDOC consider utilizing the pharmacy vendor's online ordering system? Is the MDDOC currently utilizing and electronic medications administration records (eMAR)

Response: Yes, 100% of orders are done online, except if/when the network is down. There is no eMAR in use at this time but is planned in the future.

Question #11: Is it acceptable to submit different pricing options for bulk stock versus repackaged stock?

Response: Yes, see posted Addendum.

Question #12: Are bidders permitted to submit alternate pricing options in addition to requested bid format?

Response: Yes, see posted Addendum.

Question #13: Are all sites accredited by the NCCHC or ACA? If not, which sites are not?

Response: All facilities are NCCHC accredited. Only WCI and ECI are ACA accredited.

Question #14: Will you provide the opportunity to ask questions to clarify the responses to initial questions submitted?

Response: Yes, however see posted question submission deadline.

Question #15: In the interface, please provide the weight of each section of the evaluation criteria.

Response: Each section of the RFP will be evaluated base upon the strengths and weaknesses of the responses.

Question #16: Will the department consider waiving the “Economic Benefit” section of the evaluation criteria since that only pertains to MD based pharmacy vendors?

Response: No the “Economic Benefits” to the State of Maryland cannot be waived.

Question #17: Will all pharmacy vendors submitting bids be required to submit proof of Actual Acquisition Cost (AAC) (such as copy of actual invoices) for accurate comparisons between vendors?

Response: Proof of AAC is required for invoice reimbursement submissions, but not for comparisons between vendors for RFP evaluations.

Question #18: Pg 16, 1.29, The RFP states that for out of state vendors, the living wage tier will be determined by the region which receives the majority of services. Are you describing majority by dollars spent or prescriptions filled? Please identify which wage tier will be utilized in this contract.

Response: In the event that the employees who perform the services are not located in the State, the head of the unit responsible for a State contract pursuant to §18-102 (d) shall assign the tier based upon where the recipients of the services are located. The contract resulting from this solicitation will be deemed to be a Tier 1 contract or a Tier 2 contract depending on the location(s) from which the contractor provides 50% or more of the services. If the contractor provides 50% or more of the services from a location(s) in a Tier 1 jurisdiction(s) the contract will be a Tier 1 contract. If the contractor provides 50% or more of the services from a location(s) in a Tier 2 jurisdiction(s), the contract will be a Tier 2 contract. If the contractor provides more than 50% of the services from an out-of-State location, the State agency determines the wage tier based on where the majority of the service recipients are located. The Offeror must identify in their proposal the location(s) from which services will be provided. For further clarification please

contact The Maryland Department of Labor, Licensing, and Regulation. They may be contacted at: [Http://www.dllr.state.md.us](http://www.dllr.state.md.us) or (410)-767-2358.

Question #19: Pg 40, Pt 4, The RFP states that a minimum of 1.5 FTE Pharmacist is required to specialize in medications related to mental health care. Please provide more information regarding expected activities. Does this also count the time that a pharmacist is performing routine pharmacist activities for the MDDOC contract? Will these pharmacists be stationed at the vendor's pharmacy or will they be stationed at the DOC facility?

Response: The vendors response is to a base line staffing matrix see posted Attachment R-4 Pharmacy Staffing Matrix, since the matrix is to be used as a guide or and as baseline information . The bidder's response and the bidders described staffing is not considered an alternative proposal. This baseline staffing does not cover the operations of your central pharmacy or the delivery/management of the entire scope of work described in the RFP. These positions are field staff and should be described and deployed according to your experience.

Question #20: Pg 26, 3.15.1 States that the medication carts will be provided by the medical provider. Please provide an inventory by make and model number of current medication carts which will be available to new pharmacy vendor and confirming that the pharmacy vendor will not be required to provide any carts.

Response: The pharmacy vendor will not be required to provide any carts. See



Attachment I14
Pharmacy Equipment

attached report.

Question #21: Pg 26, 3.15.2 States that all equipment and supplies purchased under this contract for onsite use will become property of the State. Please clarify the expected equipment and supplies for this contract period.

Response: No equipment is expected for this contract period and office supplies are expected to be minimal.

Question #22: Pg 30, 3.19.2 States that the pharmacy is required to attend Patient Clinical Case Conferences. How often are these conferences scheduled and what is the location? Are they statewide or held at each individual location? May the pharmacy attend these via video conferencing or telephone?

Response: Scheduled on a as needed basis.

Question #23: Pg 30, 3.20.2 requires the pharmacy provider to participate in monthly Infection Control meetings in each service delivery area. Can the pharmacy attend these via video conferencing or telephone? Are they statewide or held at each individual location?

Response: IC meetings are held monthly in each region and 1 monthly statewide.

Question #24: Pg 32, 3.25.1 requires the pharmacy provider to cooperate with approved research studies. Please provide a list of research studies over the last three (3) years and what the pharmacy's involvement was. Please provide a list of expected research studies during the proposed contract period. How much involvement is expected with each study?

Response: None in last 3 years; is requested on a as needed basis.

Question #25: Pg 33, 3.27.1 Please explain the current peer review process and criteria of evaluation.

Response: The Contractor shall establish and maintain a Peer Review Database of those providers who failed to meet professional standards, which will be sorted by professional discipline and will contain all of the elements of a peer review for that discipline. This report shall be submitted to the OIHS Medical Director bi-annually in the form and format as required by the OIHS.

Question #26: Pg 37, 3.33.2 requires 100% credit on returns. Is the pharmacy vendor to provide credit on both Full and Partial blister cards? Is the vendor permitted to charge a restocking fee for returned medications? What is the current pharmacy's return policy?

Response: A: Pg 37, 3.33.2: One Hundred Percent (100%) credit is issued at pharmacy company's cost of the medication in accordance with COMAR 34.10.07. A restocking fee is not charged for returned medications. All pharmacies operating in Maryland, even non-resident pharmacies, must abide by the Maryland Board of Pharmacy regulations.

Question # 27: On Pages 49-51 of the transcript there are responses to questions regarding what is included in the annual cumulative \$50,000 per inmate cap. These responses are clear that both inpatient hospitalization and specialty consultations are included in the total. "Anything off site...that would be our definition" according to Tom Sullivan. The Procurement Officer also indicated on Page 51 that the answers given at the pre-bid conference "are the correct answers." However the amendment that was issued only addresses inpatient hospitalization and specialty consultation related to inpatient hospitalization. That response is not consistent with the response given at the pre-bid that clearly indicated "anything off site" was included.

Response: The posted response is consistent with the verbal response, when you read the complete transcript Mr. Sullivan said "it's an annual CAP if the patient had three or four hospitalizations 'the next sentence is where Mr. Sullivan stated "nothing on site" "Anything off site "that was an answer to a direct question in reference to dialysis. At the conference Mr. Sullivan also stated "we're going to post a more detailed response. " The written response is the more detailed response it is clearer and more precise that is exactly why it is being provided as a written response. The written response constitutes the proper detailed response to this question.

Question #28: On Page 55 - there was a response indicating that more information would be issues regarding DOC mental health staff and how they impacted total mental health staffing. Page 86 of the transcript states that "we will respond in writing" to some specific questions PHS raised regarding allocation of 10.1 psychiatrists, nurse per patient ratios per shift in mental health units and allocation of Masters-level QMHPs. On Page

87, there was a commitment by DOC to better describe the mental health staff matrix. None of that information has been provided at this time.

Response: The mental health staffing Matrix has been posted.

Question #29: On Page 103 - there is indication that clarification would be sent on the 190-bed population at the main mental health unit in Jessup. This clarification has not been sent.

Response: The question at the pre-bidder conference was 'is 190 all inclusive, or is there additional populations in the transition and step-down units 'Response this 190 number is all inclusive for this unit.

Question #30: Page 75-77 – there is discussion on the ADP and likelihood of it being lower than in the RFP pricing forms. The answer was negative. However, it is being widely reported in the Baltimore media that the Budget Committee of the Legislature has requested a plan from DOC to reduce population by enough to close one prison. The reports do not say how many that might be.

Response: Additional information concerning ADP has been posted.

Question #31: PHS requested the annual off site costs for the past 3 years and the number of cases that were over \$50,000. This significant fiscal information has not been made available.

Response: We posted the top 100 patients by cost; no additional information is being posted.

Question #32: We have requested the current Mental Health Staffing Plan and the current Utilization Management Staffing Plan. Those staffing plans have not been made available.

Response: This question has been posted.

Question #33: We also note that several of the items which representatives at the pre-bid conference indicated would be made available to bidders (e.g. mental health staffing plans, etc.) have yet to be posted.

Response: This has been posted

Question #34: Finally, the majority of questions submitted by PHS have yet to be specifically addressed or responded to to-date.

Response: All requests from PHS have been posted except the question of alternative proposals which is under review.

Date Issued: March 4, 2010

By: BJ Said-Pompey

BJ Said-Pompey, Procurement Officer