



# **LACROSSE COUNTY**

## **Request for Proposal**

### **Pharmacy Products and Services**

#### **Hillview Health Center**

#### **Lakeview Health Center**

# Pharmacy RFP for La Crosse County Health Facilities: Lakeview and Hillview

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## Section 1 – RFP Overview

### 1.1 Introduction

La Crosse County is requesting proposals for a single vendor to provide Pharmaceutical Products and Services to (2) two La Crosse County Health Care Facilities. These facilities are:

***Hillview Health Center is Medicare Certified***

**Lakeview Health Center is in the process of becoming certified.**

**1.1.1** Hillview Health Center – 199 bed  
3501 Park Lane Drive  
La Crosse, WI

**1.1.2** Lakeview Health Center Campus

A. Lakeview Nursing Home – 50 bed  
962 Garland Street East  
West Salem, WI  
608-786-1400

B. Maplewood Community Based Residential Facility – 15 bed  
994 East Garland Street  
West Salem, WI  
608-786-1436

C. Neshonoc Manor – Community Based Residential Facility – 15 bed  
998 East Garland Street  
West Salem, WI  
608-612-0661

**Please note that A, B, and C are part of one contiguous building. B and C have their own entrances.**

D. Monarch Manor – Community Based Residential Facility - 8 Bed  
848 East Garland Street  
West Salem, WI  
608-612-0661

E. Regent Manor – Adult Family Home – 4bed  
856 East Garland Street  
West Salem, WI  
608-786-0168

**Please note that D and E buildings are located next to one another approximately one (1) block from Lakeview Health Center.**

**1.2** The selected vendor is expected to provide routine daily deliveries and emergency deliveries, consulting services, customer service phone-line 24 hours a day 7 days a week, and detailed medication administration records and physician order sheets, if the facility does not produce their own.

**1.3** La Crosse County seeks a contract for a period of five (5) years, with a tentative planned commencement date of September 1, 2017.

## Section 2 - Proposal Submittal Instructions

### 2.1 RFP Schedule

The following is a list of the important dates for activities related to the RFP process. La Crosse County reserves the right to change these dates and will post the changes on its web site.

Activity	Time	Date
RFP released		5/9/17
Submission of proposals	10 am	6/6/17
Vendor Interviews		6/21/17
Aging and Long Term Care Committee Approval		7/10/17

### 2.2 RFP Release

This RFP was posted on the La Crosse County web site. La Crosse County reserves the right to amend this RFP at any time. In the event it becomes necessary to amend, alter or delete any part of the RFP, changes to the RFP will be posted on the web site, including answers to questions or items that need to be clarified. The address is: <http://www.co.la-crosse.wi.us/RFP>

### 2.4 Submission of Questions

Questions regarding procurement process shall be submitted to the La Crosse County Purchasing Manager:  
Bryan Jostad  
[bjostad@lacrossecounty.org](mailto:bjostad@lacrossecounty.org)  
608-785-5879

Questions Hillview specific shall be submitted to Hillview Health Center Administrator:  
Pete Eide  
[peide@lacrossecounty.org](mailto:peide@lacrossecounty.org)  
608-789-4800

Questions Lakeview specific shall be submitted to Lakeview Health Center Administrator:  
Wanda Plachecki  
[wplachecki@lacrossecounty.org](mailto:wplachecki@lacrossecounty.org)  
608-786-1400

### 2.5 Submission of Proposals

All proposals shall be submitted in complete original form. No faxed or emailed proposals will be accepted. Proposals shall be sealed and marked "**Pharmacy Services – La Crosse County**". **Vendors shall submit one (1) copies of their proposal in a paper form. Vendors shall also submit one (1) in digital format such as a cd or jump drive.**

**Sealed Proposals must be delivered no later than 10 am, June 6, 2017 to:**

**Bryan Jostad  
Finance Dept. Room 2500  
212 6<sup>th</sup> Street North  
La Crosse, WI 54601**

**Proposals received after the above date and time will be returned unopened.**

### 2.6 Opening of Proposals

**The proposals will be opened publicly at 10:05 am, June 6, 2017 in:**

**Finance Dept. Room 2500  
212 6<sup>th</sup> Street North  
La Crosse, WI 54601**

At that time, the names of vendors who properly submitted proposals will be announced. Announcement of the names of the vendors who submitted proposals is not a guarantee that the proposals otherwise comply with the specifications of this RFP.

### **2.7 Ownership of Proposals**

All proposals submitted on time become the property of La Crosse County upon submission, and the proposals will not be returned to the Vendors. By submitting a proposal, the Responder agrees that La Crosse County may copy the proposal for purposes of facilitating the evaluation.

### **2.8 Other information**

Vendors may submit any other information that is not described in this proposal that would be beneficial to La Crosse County. If in the vendor's opinion the County has overlooked anything material or relevant, such item(s) may be brought to the County's attention and be included in the proposal.

## **Section 3 – Vendor Qualifications**

Vendors shall prepare and submit a qualifications proposal in the following order:

### **3.1 Vendor Information**

- A. Letter of introduction that includes name of contact person and contact information (email address, phone number, etc.), no more than one (1) page.
- B. Office location(s) that would service this contract
- C. Provide client agency name, contact name, title, address, and phone number of references from at least three clients that have been, or are currently being provided similar service within the last five (5) years.

### **3.2 Relevant Experience**

- A. Pharmacy products and services for organizations similar to Hillview Health Center
- B. Pharmacy products and services for organizations similar to Lakeview Health Center
- C. Other experience regarding pharmacy products and services.
- D. Vendor shall describe their expectations regarding Hillview Health Center  
Lakeview Health Center

### **3.3 Proposed staff and structure**

- A. Organizational Structure / Hierarchy
- B. Responsibilities and qualifications of personnel providing services under this proposed agreement.

## **Section 4 Scope of Work**

Vendors shall prepare and submit a Scope of Work proposal addressing all of the items below in the following order and explaining how they are going to be met.

### **4.1 Medication Distribution Systems**

**4.1.1** Distribution Systems are to take an individualized approach to service based on facility-specific needs. The Distribution System should have dispensing options that are cost effective, user friendly, and have the ability for clients to self administer. Each facility is unique in its delivery of care to residents. The vendor shall work with the facilities to minimize the amount of destruction of scheduled drugs. Medication Distribution Systems are to include:

Multi-Dose  
Blister Packs [for required unit dose]  
Conventional Vial

**4.1.2** The vendor shall also provide a stock supply (both prescription and O.T.C.) and an emergency/contingency supply for certain prescription drugs. Bulk items need to be economically priced. Vendor shall describe emergency/contingency system. Vendor shall supply an ipad or other electronic device to assist with tracking of contingency/emergency supplies. The Facility Director of Nursing (or designee), Medical Director and vendor will mutually agree upon items and systems for both.

**4.2 Scheduled and Emergency Deliveries**

**4.2.1** Each of the facilities is to be serviced with a daily routine delivery. Hillview Health Center and Lakeview Nursing Home require two (2) deliveries per day within the time-frames listed. Deliveries shall be at mutually agreed upon time between the vendor and each of the facilities. The vendor must have the ability to deliver 7 days a week.

Facility	Deliveries per day	Days per week	Times
Hillview Health Center	2	7	1 <sup>st</sup> before noon
			2 <sup>nd</sup> before 7 pm
Lakeview Nursing Home	2	7	1 <sup>st</sup> before 2 pm
			2 <sup>nd</sup> before 8 pm
Maplewood	1	7	
Neshonoc Manor	1	7	
Monarch Manor	1	7	
Regent Manor	1	7	

**4.2.3** Mutually agreed upon times shall be scheduled for the timely administration/distribution of medication by the Facility staff. Additional deliveries may be scheduled upon request of the Director of Nursing (or designee) at a time mutually agreed upon with the vendor.

**4.2.4** The vendor shall have and explain a plan for emergency orders.(those not provided for in the emergency contingency supplies). Emergency orders shall be delivered within two (2) hours of the receipt of the order.

**4.3 Equipment / Enteral/Infusion Drug Therapy Services**

**4.3.1** The vendor is to supply the following: Medication carts – must be lockable  
9 for Hillview Health Center  
9 for Lakeview Health Center

**4.3.2** Urological/ostomy supplies

Vendor should describe its ability to provide urological/ostomy supplies and if so, its' pricing.  
(attach price list)  
State whether you currently provide 3<sup>rd</sup> party billing for such, for any health care facility.  
State whether you can provide 3<sup>rd</sup> party billing and if so, what costs would be.

**4.3.3** Technically advanced infusion devices and supplies  
Specialized clinical IV pharmacists  
RN infusion consultant with venipuncture services  
24 hour availability

**4.4 Support Services**

**4.4.1** Medication information

Each Facility shall have access to a designated pharmacist for immediate and detailed answers to all pharmaceutical and clinical related questions. The pharmacist, in collaboration with the vendor's

pharmacy team, is responsible for all matters concerning but not limited to, adherence to each facilities regulations and pharmacy policies, procedures, customized practices, maintaining frequent and open communication with the staff and serving as a resource for information, problem solving and support.

#### **4.4.2 Consulting Services**

Consulting services must be compliant and maintain compliance with applicable regulations and guidelines. The vendor is expected to make a designated consultant pharmacist available to each facility.

Consulting services shall include, but not be limited to:

- A thorough monthly Drug Regimen Review (DRR) with a complete report of findings provided to the designated person at each facility; a thorough DRR with each significant change as well.
- Instruction and evaluation of proper drug storage, administration, and documentation.
- Routine reporting and tracking of significant findings related to the Drug Regimen Review and other clinical indicators. Information/reports must be provided quarterly, more frequently if needed.
- Pharmacist must attend quarterly Quality Improvement Committee meetings at Lakeview and attend quarterly Pharmacy and Therapeutic Committee meetings at Hillview.
- Monthly inspections of all contingency and emergency supplies, evaluating the integrity of systems and adherence to policy and procedures.
- Provide educational programs and information for facility staff, as requested and needed.
- Policy and procedures for services used
- Drug therapy assessment, clinical monitoring and coverage verification with insurance and Medicare D.
- Assistance in coverage determinations, authorizations and reimbursement.
- Educational sessions for physicians/one to one availability, if needed.

#### **4.4.3. Operational Services expected at no cost**

A pharmacist is to be available 24 hours a day, 7 days a week. The customer service staff must have the ability to quickly identify and resolve potential and current problems, and devise and implement solutions as a means of preventing future problems.

Operational services shall include, but are not limited to:

- In-service education on new products, drugs and equipment as needed.
- Oxygen saturation checks, as needed. (Hillview: up to average of 3-4/month)
- 4 hours of continuing education for Certified Medication Assistants (2)
- Coverage and reimbursement support related to services under this contact.
- Drug therapy guides (Geriatric Pharmaceutical Care Guidelines, PDRs, Nurses Drug Reference).
- Facility specific formulary, with Medical Director input.
- Capability and agreement to provide destruction of medications in accordance with Federal and State regulations.

**Vendors shall specifically state in their proposal if any of the Operational Services listed above can not be provided at no cost. Vendors shall also provide a cost for the services identified.**

#### **4.5 Care Management Protocols—Explain what you would provide for and how; attach forms used.**

- \*Wound care services
- \*Customized contingency supplies
- \*Pre-admission assessment
- \*Disease/diagnosis care maps

#### **4.6 Quality improvement / Assurance services – Explain what you would provide for and how. Attach any forms that you use. We expect that these items will be performed on a mutually agreeable schedule.**

- \*Focus on outcome measurement
- \*Quality Indicators
- \*Drug Utilization Report
- \*Monthly chart audit
- \*Drug Regimen review
- \*Medication room / storage review

\*Medication pass observation

\*Written reports to Director of Nursing regarding: Med Room report, monthly consultant and drug utilization reports, and other reports, as requested.

#### **4.7 Medical Records**

All medical records and documentation of drug orders shall be in compliance with facility specific Federal and State Regulations. Systematic coordination is needed between Physician Order Sheets(P.O.S.), Medication Administration Records(MAR) and Treatment Records to ensure consistency and accuracy in the use and documentation of administered medications and treatments. Vendor shall have readily available resident profiles, drug interactions with side effects and allergy reports. Vendor will provide any specialized reports,(as listed in previous paragraph), at request of the Facility Administrator or D.O.N.

**4.7.1** Vendor shall provide printed M.A.R.S.(Medication Administrations Records), scheduled medications, PRNs and Treatment records for Hillview Health Center and the community entities of the Lakeview Health Center Campus:

Maplewood  
Neshonoc Manor  
Regent  
Monarch Manor

#### **4.8 Billing**

Accurate billing according to the terms of this contract must be provided/assured. The vendor is to bill Wisconsin Medicaid, Medicare D plans and contracted third party insurance programs directly for all reimbursable products provided to eligible residents. Amounts vendor receives from Medicaid shall be considered payment in full. Vendor will bill applicable co-payments to appropriate parties. Non-reimbursable products for Medicaid eligible residents will be billed to the appropriate party. Persons not covered by Medicaid Title 19 or Medicare will be billed once each month furnishing the individual or his/her representative with an accurate itemized bill showing the name and strength of the medication, the number of doses consumed and the total amount due.

**4.9 Vendor must provide documentation that they are HIPAA Compliant.**

#### **4.10 Caregiver Background Checks**

**4.10.1** Vendor shall comply with provisions of DHHS, WI Administrative Code.

**4.10.2** Vendor shall conduct background checks at it's own expense and at the required 4 year intervals, of any and all employees who have direct contact with clients of facility. Vendor must retain all pertinent information including the disclosure form and results from the Department of Justice, Dept. of Regulation and Licensing and out of state records, out of country, tribal court proceedings and military records, as applicable. Vendor will assign only those individuals who meet the requirements of this law.

### **Section 5 Cost**

**5.1** Provide a detailed description on how medication costs will be determined as listed in Section 8, Pages 1 and 2. Cost for Medicare and Medicare Managed Care residents shall be a capitated per diem rate for those not on the negative formulary list.

**5.2** Please provide/attach your Negative Formulary [exclusion list].

**5.3** Returns, credit adjustments and payments.

Provide specific information on your return and credit policy. Provide procedures to return items. We expect that credits be provided on a timely basis. Vendor shall accept payment as established by the County of La Crosse and will not impose late payments or finance charges.



## Section 6 How to respond to this RFP

6.1 Provide information requested in Section 3

6.2 Provide information requested in Section 4

6.3 Provide information requested in Section 5

6.4 Complete Section 8 – Cost and return with proposal

6.5 Acknowledge Section 9 Terms and Conditions has been reviewed and understood

## Section 7 Evaluation of Proposal

### 7.1 Evaluation Criteria

La Crosse County will evaluate the proposals using the criteria described below.

Category	Points
Scope of Work	100
Costs	100
References and vendor qualifications	100
<b>Initial Evaluation Total</b>	<b>300</b>
Interview	200
<b>Grand Total</b>	<b>500</b>

### 7.2 Initial Evaluation

Each proposal shall receive an initial evaluation. The proposals will be reviewed by an evaluation team. Highest evaluated vendors, up to 3, shall be requested to meet with the evaluation team for an interview. Vendors will be informed of their interview status no later than 4 pm, June 13, 2017. Vendors advancing to the interview stage will be provided the interview location and agenda by 4 pm, June 14, 2017.

### 7.3 Vendor Interview

Vendors participating in this process shall explain and support their written proposal through a presentation, and question/answer forum. Interviews are scheduled for June 21, 2017. Vendors must be available to interview on this date. Vendors will be evaluated on the following criteria:

1. Explanation and support of the written proposal
2. The ability to best fulfill the County's need

**ITEM DESCRIPTION**

**COST**

**Medicare and Managed Care residents**  
 Capitated Per Diem rate with  
 Negative Formulary **[Please attach]**

\$ \_\_\_\_ per day/per resident (Hillview Only)

Provide attachment if rates change in 5 year period.

Brand Drugs  
 Narcotic Drugs  
 Generic Drugs

AWP pricing:  
 AWP pricing:  
 MAC pricing

**Non-covered OTC's [Medicare, Medicaid]**

Acquisition cost pricing:  
 AWP pricing:

**House Stock**

**Please price:**

Pink Bismuth	\$
Acetaminophen 325 mg.	\$
500 mg. 100 tabs	\$
Milk of Magnesia 16 fld.oz.	\$
Docusate Sodium 100mg 100 tabs	\$
Senna S                  100 tablets	\$
Multi Vitamin          100 tablets	\$
Mylanta                  12 fld. oz.	\$
Guafenisin 100mg/5ml 4 fld.oz.	\$

Acquisition cost pricing:

American Data HL7 Interface

Pharmacy will split monthly maintenance fee with the facility. Start up date will be determined by facility.

Private Pay Residents

AWP pricing:  
 MAC pricing:

V.A. contract residents (Hillview pays)

AWP pricing:  
 MAC pricing:

**Complete and submit**

**Give both types of pricing and state if you allow/provide the lowest price option.**

**1. HYDRATION AND SOLUTIONS**

**Includes:**

- Pharmacy compounding
- IV solution
- Electrolytes
- Heparin and saline flushes
- Pump
- Administration sets with filters
- IV start kit

**AWP price based**

OR

Daily Per Diem Rate

1-2 bags per day - \$ \_\_\_\_\_

3 plus bags per day - \$ \_\_\_\_\_

Whichever is lower in cost

**2. ANTIBIOTIC THERAPY**

**Includes:**

- Pharmacy compounding
- IV solution
- Medication
- Pump
- Administration sets with filters
- Heparin and saline flushes
- IV start kits

**AWP price based**

OR

Daily Per Diem rate: \$ \_\_\_\_\_ /day

Whichever is lower in cost

**3. PAIN MANAGEMENT THERAPY**

**Includes:**

- Pharmacy compounding
- IV solution
- Medication
- Pump and all necessary supplies
- IV start kits

**AWP price based**

OR

Daily Per Diem rate \$ \_\_\_\_\_

Whichever is lower in cost

**4. TPN THERAPY**

**Includes:**

- Pharmacy compounding
- Amino Acids
- Dextrose solution
- Electrolytes
- Pump
- Administration sets with filters
- Heparin and saline flushes

**AWP price based**

OR

Daily Per Diem rate \$ \_\_\_\_\_

Whichever is lower in cost

**5. INFUSION SERVICES**

Cost of IV start

Cost of Central line start

State fee amount:

State hourly rate & how time is determined:

State fee amount:

State hourly rate & how time is determined:

## **Section 9 - Terms and Conditions**

**9.1** La Crosse County reserves the right to accept or reject any or all proposals or portions thereof without stated cause.

**9.2.** La Crosse County reserves the right to re-issue any requests for proposals.

**9.3.** Upon the selection of a finalist vendor, the County by its proper officials, employees, or agents shall attempt to negotiate and reach a final agreement with this vendor. If the County, for any reason, is unable to reach a final agreement with this vendor, the County reserves the right to reject such vendor and negotiate a final agreement with the vendor who has the next most viable proposal or bid. The County may also elect to reject all proposals and re-issue a request for proposal.

**9.4** Clarification of proposals: La Crosse County reserves the right to obtain clarification of any point in a vendor's proposal or obtain additional information. Please provide an email address or contact/phone number for this.

**9.5** La Crosse County is not bound to accept the proposal with the lowest cost, but may accept the proposal that demonstrates the best ability to meet the needs of La Crosse County.

**9.6** The County reserves the right to waive any formalities, defects, or irregularities in any proposal, response, and/or submittal where the acceptance, rejection, or waiving of such is in its' best interests.

**9.7** The County reserves the right to disqualify any proposal, before or after opening, upon evidence of collusion, intent to defraud, or any other illegal practice on the part of the vendor.

**9.8** The Provider agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the Purchaser, and its agents, officers and employees, from and against all loss or expense including costs and attorney fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Provider, or its (their) agents and / or subcontractors which may arise out of or connected with activities covered by this contract.

### **9.9 Insurance**

**9.9.1** Provider agrees that in order to protect itself as well as the Purchaser and La Crosse County, its officers, Boards, and employees under the indemnity provisions set forth in the paragraph above, Provider will at all times, during the terms of this contract, keep in force insurance policies issued by an insurance company authorized to do business and licensed in the State of Wisconsin. Unless otherwise specified in WI Statutes, the types of insurance coverage and minimum amounts shall be as follows:

- Workers' Compensation: minimum amount statutory
- Comprehensive General Liability: \$1,000,000 per occurrence and in aggregate for bodily injury and property damage

**9.9.2** The Purchaser shall be given thirty (30) days advanced written notice of any cancellation or non-renewal of insurance during the term of this contract. Upon execution of this contract, Provider will furnish Purchaser with written verification of the existence of such insurance. In the event of any action, suit, or proceedings against Purchaser upon any matter herein indemnified against, Purchaser shall within five (5) working days cause notice in writing thereof to be given to Provider by certified mail, addressed to its post office address. Purchaser shall cooperate with Provider and its attorneys in defense of any action, suit or other proceedings.

**9.10 Termination of contract** The contract shall include the following language: "without cause termination of contract with 90 days notice by either party".

### **End of RFP**