



Purchasing Services

TO: All Bidders
RETAIL, PHARMACY DESIGN,
CONSTRUCTION, START-UP,
AND OPERATION
RFP #UH-P20-006

DATE: November 27, 2019

FROM: Edwing Canaca
Assistant Purchasing Manager

SUBJECT: Addendum # 1

DUE DATE: December 17, 2019

TIME: 2:00 P.M.

ADDENDUM # 1

The following constitutes Addendum # 1 to the above referenced solicitation. This addendum includes the following parts:

Part 1: Answers to questions asked by prospective bidders.

Part 2: Additions, deletions, clarifications and modifications to the RFP.

NOTE: Major revisions are included, please review carefully.

Part 3: Attachments

It is the bidder's responsibility to ensure that all changes are incorporated into the original RFP.

All other instructions, terms and conditions of the RFP shall remain the same.

ADDENDUM # 1 INTRODUCTION

This addendum is intended to answer questions that were submitted, asked at the pre-bid conference and to provide any major revisions.

PART 1
Answers to Questions

Note: Some questions have been paraphrased in the interest of readability and clarity. Each question is referenced by the appropriate RFP page number(s) and section where applicable.

Question #	Page #	RFP Section Reference	Question	Answer
01	5	1.1	Did any firm/company assist or consult for UH to write this RFP, can UH provide the name of the firm? Are they able to bid for this RFP?	The Hospital consulted with outside legal counsel in the preparation of the RFP.
02	5	1.1	A similar RFP was issued in 2016 and later withdrawn, can UH share the details and circumstances around that RFP? By the end of the previous RFP, UH had concluded, based on site visits to other hospitals who operate hospital owned pharmacies and financial analysis, that the outpatient pharmacy business is not as profitable as presented by consulting firms because of the high costs associated. Can UH explain the thought process behind reintroducing a hospital owned pharmacy project? Are there any differences or consideration points that can be used to evaluate and complete this	The previous RFP, UH-P17-002 was not awarded. This is a distinct and separate RFP.

			RFP based on the experience of the RFP in 2016?	
03	5	1.1	How will UH ensure there is no conflict of interest with firms on campus currently providing related services, such as the UH patient liaisons?	UH will act in accordance with all policies, regulations and laws.
04	5	1.2	Prescribing data: would anonymous inpatient and outpatient ePrescribing data be available to bidders to help evaluate revenue potential and design the pharmacy based on projected daily Rx volume and prescription type (Meds-to-beds, walk-in, specialty, etc...)	See response to Question 70.
05	5	1.2	Percentage of A/R business and reimbursement terms for pharmacy a. Nursing home dispensing including transitional supply (e.g. Medication Bridge program) b. International patient claims paid by embassies/consulates c. Charity Care	All available information on UH payor mix is provided in RFP Section 1.2.
06	5	1.1.1	Is this the same RFP as UH-P17-002 Retail Pharmacy Design, Construction, Start-Up and Operation? Was anyone awarded any part of the business? Is there anything we should consider this time?	The previous RFP, UH-P17-002 was not awarded. This is a distinct and separate RFP.

07	6	1.2	<p>How does UH intend to ensure patients' right to choose the pharmacy where they have their prescriptions filled is protected once the on-campus, UH-owned pharmacy is operating? As UH is aware, patients who receive prescriptions from 340B hospitals are guaranteed the freedom to choose the pharmacy provider who will fill those prescriptions, pursuant to the federal regulations that govern Contract Pharmacy Services within the 340B Drug Pricing Program.</p>	<p>UH will act in accordance with all policies, regulations and laws</p>
08	6	1.2	<p>Will University Hospital be taking any actions prior to the opening of the on-campus, UH-owned pharmacy, to ensure patients are aware of their right to choose a pharmacy provider?</p>	<p>UH will act in accordance with all policies, regulations and laws.</p>
09	6	1.2	<p>How does University Hospital intend to maintain a competitive pharmacy market in the region once the on-campus, UH-owned pharmacy is operating, as required by applicable federal and state antitrust laws?</p>	<p>UH will act in accordance with all policies, regulations and laws.</p>
10	6	1.2	<p>UH's patient liaison, Shields Pharmacy of University, is invited to the pre-bid conference and appears to be intending to bid on this contract. One of Shields' responsibilities as</p>	<p>UH will act in accordance with all policies, regulations and laws.</p>

			<p>a patient liaison is to provide UH patients with information regarding retail pharmacies. If Shields is awarded this contract, there seems to be a conflict of interest as Shields will be economically motivated to refer patients to the pharmacy it operates. How does UH intend to address this conflict and ensure patient choice and competition in the pharmacy market around the UH campus?</p>	
11	6	1.2	<p>As UH is aware, the existing on site pharmacy has been operating on campus for 20 years. During this 20 year period, the pharmacy has accumulated a portfolio of patients which they continue to service today. In 2015, the onsite pharmacy contracted with UH for 340B services. This portfolio of patients, which took 20 years of time and effort to accumulate, continued to be serviced by the onsite pharmacy but then also “converted” into 340B revenue for the hospital. The revenue from the prescriptions filled during the 340B contract were mostly patients already serviced at the onsite pharmacy, they were not new patients in 2015 and they were not “liaisoned” or “referred” to</p>	<p>UH will act in accordance with all policies, regulations and laws.</p>

			<p>the pharmacy through the program. So how does UH intend to handle those patients (which includes most patients available at UH) that have been serviced by the pharmacy for over 20 years? How will UH ensure these patients and their choice is protected?</p>	
12	6	1.2	<p>How many contract pharmacies is the current \$1,500,000/month revenue generated from? Is most of that revenue being generated by existing patients at those pharmacies which have been served prior to the start of the 340B contract pharmacy arrangements which began in 2015?</p>	<p>Substantially all of the revenue is currently generated by a single contract pharmacy.</p>
13	6	1.2	<p>How does UH plan to increase revenue beyond the established revenue from current contract pharmacies? What is the strategy of capturing existing patients already serviced with contract pharmacies and what is the strategy of capturing new patients?</p>	<p>UH and the selected contractor will work together to promote exceptional patient care. UH does not have in place any more specific plans for managing the pharmacy to increase revenue.</p>

14	6	1.2	Relating to the question above, will the UH patient liaisons be the strategy of how to capture patients and draw revenue to the newly opened UH owned pharmacy?	The UH liaisons will continue to promote the patient's right to choose.
15	6	1.2	Is it UH's intention to put the existing on site pharmacy out of business in order to capture all of the revenue and service the patients currently that have been serviced by the pharmacy for over 20 years?	No.
16	6	1.2	Can we assume this \$1,500,000 will be shifted from the current contract pharmacies to this newly created UH owned pharmacy once it opens? Or how much percentage of current revenue can be assumed to be shifted over? How long does UH anticipate it will take to shift the revenue from the contract pharmacies to the newly created UH owned pharmacy after it opens? Can we assume those patients will successfully be steered to the newly created UH owned pharmacy?	UH does not assume and cannot estimate this. Patients will not be steered to any particular pharmacy. UH will act in accordance with all policies, regulations and laws.
17	6	1.2	Is there a plan once the UH owned pharmacy is open to continue the other contract pharmacy agreements if so	There is currently no plan in place pertaining to other pharmacy agreements.

			much revenue is generated there currently. Or will they be terminated because all of the patients and revenue will then be assumed by the UH owned pharmacy?	
18	6	1.2	Consultants prior projections grossly overestimated the revenue available at UH (almost 5 times the amount of the current \$1,500,000.00/month revenue) How will UH ensure that such gross estimations will not be presented to portray a more profitable and positive project? How will UH ensure accurate projections?	UH is relying on respondents to provide pro forma financial statements as part of their proposal. UH will examine these statements as part of its evaluative process.
19	6	1.2	For revenue projections, if the bidder calculates the \$1,500,000.00/month will be generated at the newly opened UH owned pharmacy, doesn't that assume that all patients will be moved from the contract pharmacies? And if projected revenue includes any additional revenue, isn't the bidder assuming the UH owned pharmacy will capture all new patients at UH? But how can a bidder assume that if the patients at UH	UH does not assume and cannot estimate this.

			have a choice to where they can fill their prescriptions?																											
20	6	1.2	Hospitals in the tri-state have opened hospital owned pharmacies recently, but in most all of those circumstances, there was not an incumbent pharmacy on campus operating for 20 years. In most cases, there was either no outpatient pharmacies on campus and/or the onsite pharmacy was not capturing most and all of 340b revenue available on campus, which is the case at UH. With that being said, what is UH's plan to adapt this business model to ensure patient choice is protected because of the current set up at UH and an onsite pharmacy which exists.	UH will act in accordance with all policies, regulations and laws.																										
21	7		Can you please provide amount of patient counts in addition to clinic visits for each clinic listed in the table?	<p>Below are patient counts for all clinics, by month, for FY19:</p> <table> <tr><td>July</td><td>9,695</td></tr> <tr><td>August</td><td>10,080</td></tr> <tr><td>September</td><td>9,217</td></tr> <tr><td>October</td><td>10,891</td></tr> <tr><td>November</td><td>9,418</td></tr> <tr><td>December</td><td>9,154</td></tr> <tr><td>January</td><td>10,036</td></tr> <tr><td>February</td><td>9,708</td></tr> <tr><td>March</td><td>9,899</td></tr> <tr><td>April</td><td>10,417</td></tr> <tr><td>May</td><td>10,769</td></tr> <tr><td>June</td><td>9,575</td></tr> <tr><td>TOTAL</td><td>118,859</td></tr> </table> <p>If the patient was seen in a given month multiple</p>	July	9,695	August	10,080	September	9,217	October	10,891	November	9,418	December	9,154	January	10,036	February	9,708	March	9,899	April	10,417	May	10,769	June	9,575	TOTAL	118,859
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				<p>times they are counted once in that month. If they come back in another month then they are counted in that month as well.</p> <p>A unique patient count by clinic is not available.</p>
22	8	1.0	Describe the current carve in / carve out strategy for Medicaid FFS and MCO.	Carve-out Medicaid FFS and carve-in MCO with code 20 to designate 340b eligibility.
23	8	1.0	Will there be any University Hospital employee pharmacy plan restrictions/incentives that would impact pharmacy usage?	UH employees are covered by the State Health Benefits Plan, which cannot be modified for UH. The State's prescription drug plan is administered by Optum Rx.
24	9	1.3.1.1	Do we need to register for the Mandatory Pre-Bid Conference? If so, where can I find the registration information? If not necessary, can we just attend to the provided address at the date and time of the conference?	At the mandatory Pre-Bid Conference, a sign-in sheet was available for potential bidders to record and verify their attendance.
25	9	1.3.1.1	Could you provide the names of attendees and firms that were at the Pre-Bid Conference?	Yes, see Part Three, Attachment 2 of this Addendum.
26	10	1.3.3	"Attachment A" is very basic. Will UH permit additional site visits for architects/engineers/store fixture manufacturers to visit the space after the 11/12/19 "site visit." Will UH provide access to the UH building department or other internal departments	UH will not schedule additional site visits. They are not necessary, as the bidder need not present a full, or even partial design as part of its proposal. Refer to Section 5.6.3.1 for the design-related elements which Bidder must include in its proposal. Additional

			needed to complete the RFP? Does the amount of information and site visits provide enough information to complete the RFP? Or is it only possible for a firm that has familiarity or actively present through consulting agreements at UH currently?	site information regarding the location of MEP tie-ins, as requested at the bid conference, is provided in Part Three, Attachment 1 of this Addendum.
27	10	1.3.3	The similar RFP that was issued in 2016 placed this pharmacy in the ACC, what is the reasoning behind opening in the hospital building? If UH could please elaborate because it would be helpful in projecting capture rates and thought processes behind the location.	This RFP is separate and distinct from the 2016 RFP. Comparisons between the RFPs would not be relevant.
28	14	1.4.14	As UH is aware, Shields' related entities and CEO are currently defendants in a federal lawsuit pending in the United States District Court for the District of Massachusetts, titled <u>Thomas Guilfoile v. Shields Pharmacy LLC et al.</u> , Civil Action No. 1:16-cv-10652 (DJC). The pending lawsuit involves certain allegations regarding a former UH consultant providing confidential information in order for those Shields related entities to avoid a competitive bidding process in arranging and securing an IE 340B contract with UH. <i>How</i>	UH is not a party to this lawsuit and it is not relevant to this RFP. This is a public bid, open to all interested bidders.

			<i>will UH ensure a competitive bidding process for this bid and prevents situations like this?</i>	
29	14	1.4.14	Did UH uphold their obligations and investigate such serious allegations? Can UH provide the details regarding the situation above and their investigations into the allegations. If no thorough investigation was completed, as stated, "...shall bring these concerns to UH's Office of Ethics and Compliance," and/or "...ability to bring his/her concerns to the appropriate government agency," were these serious allegations reported to the U.S. Attorney's Office for the District of New Jersey, the Department of Health and Human Services, the Inspector General's Office, or any other agencies to protect the integrity of our public health programs?	UH is not a party to this lawsuit and it is not relevant to this RFP.
30	14	1.4.14	Are firms which are implicated able to bid on new projects or continue to operate under previous contracts?	UH will act in accordance with all policies, regulations and laws applicable to its evaluation of responses to this RFP.
31	19	3.0	Availability of storage space outside of proposed 1500 sf area.	There is no additional storage space available in close proximity to the pharmacy space. There may be additional storage space available elsewhere in the hospital building. A

				bidder which believes such space is necessary should include in its proposal details regarding how much space may be needed, and for what purpose
32	19	3.0	Do the architectural drawings need to be submitted prior to award of contract? Or if awarded after the bid paid for by the contracted party?	Drawings are not required at the time of the bid response. The awarded contractor shall be responsible for designing the pharmacy and shall provide UH with biddable construction drawings (sealed by an architect), all of which shall be subject to consultation with, and the prior written approval of, UH.
33	19	3.0	Please describe the top 3-5 evaluation criteria and relative weighting of each for this proposal.	Section 6.3 specifies the evaluation criteria. UH does not reveal criteria weighting prior to contract award.
34	19	3.0	Please define “experienced,” is it experience in managing hospital owned pharmacies or experience managing hospital based pharmacies. Is specific “experience” in managing hospital owned pharmacies a very narrow requirement or is it intended for a specific firm who is the only firm that can meet these requirements?	Refer to Section 5.6.14 Experience of Bidder on Contracts of Similar Size and Scope. The intent is to gain insight into all bidders’ depth of experience in designing similar pharmacies, and in managing similar pharmacies. This is a publicly advertised bid solicitation. There is no intent to target any particular bidder.
35	19	3.0	Please define “robust,” is the 340B program currently robust? The background section stated the 340B program currently is at \$1,500,000.00 per	Robust would be defined as “strong, healthy, or vigorous.”

			month. Is the current 340B contract pharmacy revenue robust? How can we assume a more robust program that what exists currently if most of the patients at UH are already serviced by an existing contracted pharmacy provider on campus?	
36	19	3.0	Is this the only space under consideration, or are you considering a location that does not have the same address as the hospital? Because of the location, WAC may come into play more than you think. Have you considered the impact of the GPO exclusion?	The pharmacy will be located adjacent to the hospital gift shop, as described in Section 3.0.
37	19	3.0	Can you provide MEP locations and access in relation to the pharmacy location?	Part Three, Attachment 1 of this Addendum shows the location of the nearest electrical and IT closets. Water access is available within the pharmacy overhead.
38	21	3.1.6	Is the Contractor responsible for employing the architect?	Yes.
39	22	3.2	Construction Services –is the expectation that Contractor will be full participant in choosing the construction vendor?	No. The Evaluation Committee for the construction bid may request the input of the Contractor and its architect, but the Contractor will not be a member of the Committee. The Contractor and its architect may also be asked to participate in the Prebid conference to assist UH in responding to

				questions regarding the design.
40	22	3.2.1	We will source the Pharmacy Information System, and UH, as the pharmacy owner, will be signing the agreement and be responsible for payment?	UH will be responsible for the cost of the pharmacy information system. Specifics regarding sourcing will be determined at a later date.
41	22	3.3	As UH is aware, third party applications can take up to 12 months and plans approve at varying times, what is UH plan to when to open operations or will wait till all 3rd Party applications are submitted and approved? Or will there be a plan to operate with only a portion of applications approved?	UH acknowledges that the process of obtaining certain specialty medications can be challenging.
42	22	3.3	How will UH address certain third party restrictions on mail order and specialty pharmacy percentages?	UH acknowledges that the process can be challenging.
43	22	3.4.1	<p><i>“Contractor shall be fully responsible for...Assisting with obtaining prior authorizations from PBMs and third part payors”</i></p> <p>a. Please elaborate on “Assisting with obtaining Prior Authorization”</p> <p>b. Will this include inpatient discharges, ED, OP clinics for all</p>	Contractor will work with our third party liaisons to facilitate approval process when needed. Any further prior authorizations are included in the retail setting environment.

			disease states and therapeutic classes?	
44	22	3.4.1	Can we assume that all pharmacy employees will be on the hospital payroll?	No. Contractor shall be responsible for hiring, training and managing all pharmacy staff, subject to approval of the UH Director of Pharmaceutical Services. All on-site pharmacy staff will be on the contractor's payroll. UH will reimburse contractor for on-site staff expense.
45	23	3.4	UH Meds-to-beds program expectations if any: <ul style="list-style-type: none"> a. Patient education and enrollment b. Patient counseling method c. Cutoff time d. General turnaround times 	UH will work with the awarded contractor to design the Meds-to-Beds program.
46	23	3.4	“Complying with UH policies related to maximum day supplies, lost prescriptions, acceptable refill intervals...” Can you please provide a copy of these policies?	The contractor will be provided with the full UH Policy and Procedure Manual.
47	23	3.4	“Operating a robust 340B program, including all required registrations.” Is the contractor responsible for this or all HRSA registrations and 340B required registrations or are they to be completed by the	The Contractor shall assist UH in obtaining all required registrations.

			Covered Entity themselves (UH)?	
48	23	3.4	<p>“Assisting with obtaining prior authorizations from PBMS and third-party payors when required” A major responsibility of UH’s patient liaisons, Shields Pharmacy of University, is to provide prior authorization assistance. Is UH going to continue with the liaison services contract once the UH owned pharmacy is open? In general, how will UH define the responsibilities of the liaisons versus the responsibilities of the UH owned pharmacy staff and how will it effectively avoid any redundancies and prevent waste and excessive costs?</p>	UH intends to continue its liaison program, and will work with the awarded Contractor to ensure that they coordinate the prior authorization process with that contractor.
49	24	3.4.4	<p>Please elaborate on the following statement “<i>Contractor will be reimbursed by UH for all pharmacy operating expenses not paid for directly by UH</i>”</p> <ol style="list-style-type: none"> a. List of operating expenses paid for directly by UH b. Will there be reimbursement for the following operating expenses?: <ol style="list-style-type: none"> i. Waived Medicaid 	<p>UH will either directly pay for or reimburse contractor for all pharmacy operating expenses. This includes staffing costs for the UH-approved on-site pharmacy staff, including the pharmacy manager. It also includes all of i. thorough iv.</p> <p>It does not include additional contractor staff, such as a Regional Manager, or office staff not located at the pharmacy. It does not</p>

			<p>copays</p> <p>ii. Shipping and delivery</p> <p>iii. IT system licensing and maintenance fees including pharmacy software</p> <p>iv. Self-audits and physical inventories</p>	<p>include contractor overhead or the cost of any pharmacy related, off-site staff or off-site operations, such as a call center. All such costs must be included in the bidder's proposed management fee.</p>
50	24	3.4.5	<p>Please elaborate on physical inventory audit method and discrepancy reimbursement terms</p>	<p>UH shall conduct the physical inventory or have it conducted, at UH expense. Contractor may observe the physical inventory. Contractor must reimburse UH for any inventory shortages.</p>
51	24	3.4.6	<p>Who is responsible for ongoing regulatory compliance?</p>	<p>Both UH and Contractor are responsible to comply with all relevant statutory and regulatory requirements at all times.</p>
52	24	3.4.6	<p>Pertaining to state and federal regulations and/or statues, UH owns the pharmacy, UH patients are being serviced, UH employed physicians are prescribing and UH is receiving payments for services. What type of compliance is required and who is responsible for ensuring that such regulations and/or statues are followed so violations (e.g anti-kickback) do not occur? Is it the liability of the contractor or UH if the matter involves the pharmacy? If a matter involves the pharmacy but stems beyond, where does</p>	<p>UH and Contractor are both responsible to comply with all relevant statutory and regulatory requirements, including but not limited to licensing, Stark and anti-kickback laws, Medicare and Medicaid regulations. Both parties must also conform to all Joint Commission standards.</p>

			the liability of the contractor start and end?	
53	24	3.4.6	How will UH ensure there is no conflict of interest if all aspects of care are controlled by a single entity?	UH will act in accordance with all policies, regulations and laws to ensure there is no conflict of interest.
54	25	3.4.12	What's the reasoning for this requirement?	Having one of the accreditations suggested demonstrates a higher level of patient care, which we would like to afford our patients
55	25	3.4.12	As UH is aware, a contractor/firm cannot be directly accredited by ACHC and/or URAC. ACHC/URAC Accreditation is specifically designated for a pharmacy entity and can only be applied for once it opens and is operating? Average accreditation takes up to 2 years, what will the UH owned pharmacy do in the interim? The average cost of accreditation is >\$50,000, who is responsible for paying and obtaining accreditation.	The accreditation costs will be covered by UH. It is understood that accreditation can involve significant lead time.
56	25	3.4.9	Will mail order services be provided to patients? Should the bidder assume mail order services will be provided and incorporate that into the submission?	Section 3.4.9 requires that contractor must provide a prescription delivery service if needed to accommodate patient needs and compete with other pharmacies which provide similar services. This may be mail order, courier or other delivery

				method. Bidders should include delivery services in their proposals.
57	25	3.4.9	Which pharmacies is UH referring to?	Local pharmacies within close proximity to UH; those which might also serve UH patients.
58	25	3.4.9	Does prescription delivery service refer to deliveries to patients not in the hospital, or to internal deliveries, such as a Meds-to-Beds program.	Section 3.4.9 references outside deliveries. Section 3.4.1 references Meds-to-Beds.
59	26	3.5 (j)	What part of the organization will own this pharmacy? Do you intend this be a covered entity pharmacy or contract owned pharmacy?	The pharmacy will be a covered entity owned pharmacy since it will be owned by UH (reimbursable to this hospital). It will not be a contract pharmacy.
60	27	3.5	Will UH use its current third party administrator for 340B?	Yes, UH intends to use Sentrex software, provided by Sentry Data Systems to manage the 340B inventory. UH will provide this software, at UH expense.
61	27	3.6.1	Please elaborate on the following statement: “UH reserves the right to contract itself with an outside firm for this type of self-assessment and pass the cost on to the Contractor, and contractor agrees to pay such cost.” a. What condition would precipitate such an action?	Please see revision to Section 3.6.1 in Part 2 of this addendum.

62	27	3.6.1	Can the Contractor be held responsible for corrective actions in response to audit findings that are the fault of others?	The Contractor will be responsible for the cost of correcting audit exceptions for which it is responsible, but not exceptions that are caused by UH or another party.
62	28	3.6.2	Any flexibility around performance metrics reports listed if some of the data points required for reporting are unavailable through pharmacy management software?	The performance metrics are examples of the types of metrics which might be used to track contractor performance. Bidder's proposal should detail the performance metrics it would provide.
64	29	4.1.2	Contract extension options. a. Is 2 years (two one-year terms) the maximum contract extension allowed after the initial 3-year contract period? b. Would UH be open to negotiating a new contract after exhausting extension terms of awarded contract?	A. Yes B. Prior to the end of the contract term, UH would issue a new RFP for the management of the Pharmacy.
65	36	4.19	Can you please clarify what "reduce scope of work" means? How much notification will you give us?	Reduction in scope of work can impact any aspect of the contract such as reduction in the design parameters, staff and or required reports. Notification will be provided as soon as a decision is made in the reduction.
66	45	5.6.5.1	Are there specific target dates or milestones that must be achieved?	UH would like to move expeditiously to open the pharmacy. The bidder

				should propose its timeline for design, construction, and pharmacy opening, as requested in Section 5.6.5.1.
67	46	5.6.6	Can you provide insight into what is meant by “This information is to be used for evaluation purposes only?”	The submitted budget is intended to give the Evaluation Committee insight into the resources the bidder intends to devote to the project.
68	47	5.6.14	This Section refers to “retail pharmacies (particularly hospital retail pharmacies)” in the third paragraph, but to “hospital retail pharmacies... and particularly those owned by Covered Entities, filling outpatient 340B prescriptions.” in the next paragraph. Please clarify what is intended.	The first reference is to hospital retail pharmacies <u>designed</u> by the bidder; the second to hospital retail pharmacies <u>managed</u> by the bidder. In each case the intention is to focus on pharmacies similar to the pharmacy that UH intends to build and operate.
69	48	5.7.2	<p><i>“Each bidder should also provide a comprehensive listing of all labor categories that may be used to perform additional work and/or special projects or according to the additional work and/or special project clause(s) of this RFP. Loaded hourly rates are to be submitted for all labor categories that the bidder anticipates may be required to perform additional work and/or special projects.”</i></p> <p>a. How can this information be provided without knowing the nature of requested additional work?</p>	This is an opportunity for the bidder to provide pricing on services that are not identified in the Scope of Work, but may be needed by UH during the term of the contract. Pricing should be submitted in accordance with RFP price sheet 8.6 Retail Pharmacy Professional Services Hourly Rate for Additional Work. Should out-of-scope work be needed in the future, it must be quoted at that time, at the hourly rates included in Section 8.6. It is recommended that the bidder include rates for any staff which it might

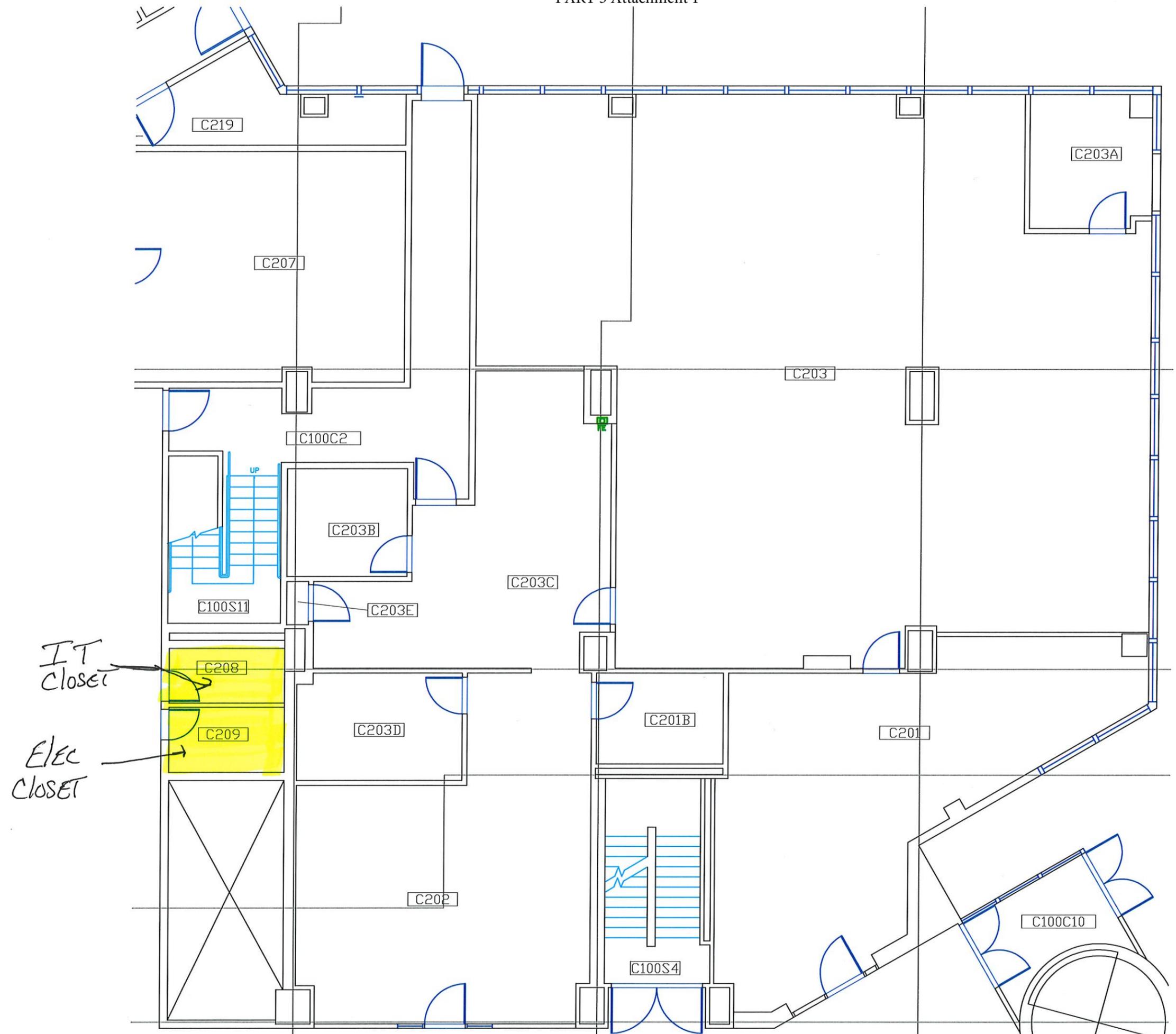
				anticipate using for additional work.
70	56	8.0	<p>Please provide a de-identified prescription file for the most recent six months with the following data elements below:</p> <ul style="list-style-type: none"> ○ Pharmacy name ○ Prescription number ○ NDC ○ Product name ○ Quantity dispensed ○ Date prescription filled ○ Billing method or Payer Name (Medicaid, Cash, Medicare D, etc.) <p>- send</p> <ul style="list-style-type: none"> ○ The wholesale price paid (340B acquisition cost or retail acquisition cost) ○ Amount Paid ○ Hospital or clinic location 	<p>Each potential bidder may designate a single individual to receive this data by secure data transfer.</p> <p>Bidder must email the assigned buyer, Edwing Canaca, at canacaes@uhnj.org, providing the name and email address of the designated recipient.</p> <p>The file will include all available requested data for all prescriptions written for patients discharged during FY19. It will not include pharmacy name, billing method, or cost information.</p>
71	56	8.0	<p>Is this a cost effective business model with so much contracting costs, payroll costs, staffing costs, management fees, human resource expenses, consulting fees, liaison management fees, patient pharmacy support service expenses? With so many expenses and costs associated, will UH gain</p>	<p>UH has made the determination to issue this solicitation. All responsible bidders are welcome to reply.</p>

			additional profit compared to the current contract pharmacy arrangements? Or is the only way to accomplish this is to put the existing on site pharmacy out of business?	
72	56	8.0	Can firms submit alternate plans which include meeting all requirements and objectives set forth in the RFP but with the existing contract pharmacy arrangements? Would UH consider a proposal like this which can prove a net profit which is higher than the business model set forth in the RFP because of cost savings and utilization of existing arrangements?	All proposals must meet the scope of work requirements of the RFP.
73	61 - 64	Supplier Diversity	Please elaborate Supplier Diversity And Vendor Development Program And Diversity Vendor Policy/Requirements & Small Business Sub-Contractor Utilization Report (pages 63 and 64) b. Does UH expect the contractor to meet the 25% Small Business goal (NJ based minority and women-owned)	This is a target percentage which UH seeks to accomplish hospital wide. There is no mandatory set-aside for this contract.

			when hiring subcontractors?	
74	79	5.6.1	<p>Availability of Funds: <i>“University Hospital’s obligation to pay the Contractor is contingent upon the availability of appropriate funds from which payment for contract purposes can be made. No legal liability on the part of University Hospital’s for payment of any money shall arise unless funds are made available each fiscal year to University Hospital’s by the State Legislature.”</i></p> <p>a. What recourse does a contractor have in the event UH stops payments as a result of delays or lack of adequate government funding of the program?</p>	As an instrumentality of the State of New Jersey, UH receives a significant portion of its operating revenue from the State. This provision is consistent with similar required language of all other State-funded entities.
75	88	3.9.1	<p>Bid Security: <i>“University Hospital will hold all bid security during the evaluation process”</i></p> <p>a. What is the Bid Security amount? Couldn’t find it in RFP document.</p>	Per Section 1.4.10, no bid bond is required for this contract.

PART 2
Additions, Deletions, Clarifications and Modifications to the RFP

#	Page #	RFP Section	Additions, Deletions, Clarifications and Modifications
1	26	3.5 (j)	<p>This section is revised to read:</p> <p>(j) Place orders in the name of UH as necessary with one or more pharmaceutical suppliers (currently, Cardinal Health) to maintain and replenish Covered Drugs dispensed. Contractor shall arrange with each pharmaceutical supplier to ship directly to the pharmacy location at UH. In addition, contractor shall compare all shipments received to the orders and resolve any discrepancy with the pharmaceutical supplier. As between contractor and UH, UH at all times shall have exclusive ownership of all Covered Drugs prior to dispensing;</p>
2	27	3.6.1	<p>This section is revised to read:</p> <p>3.6.1 UH shall perform or have performed, at its expense, an annual self-assessment/audit to determine whether all HRSA mandated requirements are being met.</p> <p>The contractor shall be responsible for the cost of all corrective actions required to remediate audit exceptions identified in self-assessments, HRSA audits and other external audits, such as PBM, manufacturer, and United States Drug Enforcement Agency (DEA) audits.</p>



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Retail Pharmacy Design; Construction Start-Up & Operation

DATE: November 12, 2019

TIME: 10:00 AM

MANDATORY PRE-BID CONFERENCE

NONMANDATORY PRE-BID CONFERENCE

BIDDER PRESENTATION(S)

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