



**BOONE COUNTY, MISSOURI  
Request for Bid #: 53-22NOV11 – Pharmacy Compounding Services**

**ADDENDUM #1 - Issued November 18, 2011**

This addendum is issued in accordance with the Introduction and General Conditions of Bidding in the Request for Bid and is hereby incorporated into and made a part of the Request for Bid Documents. Bidders are reminded that receipt of this addendum **should** be acknowledged and submitted with Bidder's *Response Form*.

Specifications for the above noted Request for Bid and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County received the following question and is providing a response below:

**1) Question: Who is your current provider?**

**Response:** Option Care of Columbia, MO

**2) How many inmates are at the Boone County jail?**

**Response:** Per paragraph 2.3.1 of RFP, there is an average inmate population of 180 inmates per day.

**3) How many dollars do you spend annually on this contract?**

**Response:** Less than \$500 in 2011

**4) What is your current provider's contracted rate?**

**Response:**

<u>DESCRIPTION</u>	<u>PER-DIEM</u>	<u>DRUG RATE</u>
<b><u>Infusion Therapy</u></b>		
TPN Infusion	\$120.00	AWP - 10% for Lipds & non-TPN drugs
All other Infusion Therapies	\$55.00	AWP - 10% of drug
Enteral Therapy	\$15.00	AWP - 10% of Formula
Catheter Care Maintenance	\$10.00	n/a
<b><u>Pharmacy Services</u></b>		
Pharmacist Charge after Hours		\$ 50.00/hour

**Price List Utilized for Pricing:** First Data Bank

- 5) **Section 1.6: Automatic contract renewal - we appreciate this option, but upon the contract anniversary date, may the contractor decline the renewal if they deem necessary?**

**If so, may we propose alternative language in our BID response?**

**Response:** The County will consider the Contractor's request to not renew at time of renewal. You may propose alternative language in your bid response which will be considered during the evaluation process.

- 6) **Section 2.3.7: In regards to storage of medication on-site, would this require the contractor to go into the facility and maintain the room?**

**Response:** No, should medication storage be required, our nursing staff will manage it.

- 7) **Section 2.4.2- would an employee of ours need to go into the facility for delivery?**

**Response:** Possibly, should a large item such as a hospital bed be required.

- 8) **Section 2.4.7 - Nursing will be done on a case-by-case basis. Please clarify.**

**Response:** The County will handle the nursing portion

- 9) **Section 4.8.7 - What types of drugs would be included in "all other infusion therapies"- ex. Hep. C?**

**Response:** Basically IV fluids

- 10) **May the E-Verify be completed and returned at time of contract award?**

**Response:** Yes

- 11) **Section 4.8.2; page 8: Please define "after hours". Is this per the contractor's definition?**

**Response:** Yes. Should we require a cpap machine or hospital bed on Saturday or "after hours", we need to have those items made available to us.

- 12) **Terms and Conditions #10 - page 8 per diem pricing. #10 states: "Prices must be as stated in units of quantity specified, and must be firm..." Please clarify.**

**Response:** The unit of quantity specified in this bid would be "per diem".

- 13) **If I understand correctly, we complete the pricing requested on section 4.8.3. and do not need to provide this confidential pricing structure. In purchasing the rights to this pricing structure, it is against the data source's regulations.**

**Additionally, I just confirmed that First Data Bank no longer publishes their AWP price list. May we use another source, i.e. Medispan.**

**Response:** Yes

By: \_\_\_\_\_

  
**Melinda Bobbitt, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #1 to Request for Bid # **53-22NOV11 – Pharmacy Compounding Services** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_