

State of Hawai‘i
Department of Health
Communicable Disease Division
STD/AIDS Prevention Branch
HIV Drug Assistance Program

Request for Proposals

RFP No. HTH 100DI-14-1 Pharmacy Services for the HIV Drug Assistance Program

Date Issued: October 25, 2012

Proposal Submittal Deadline: January 30, 2013

Orientation Session by Teleconference:

November 5, 2012, 9:00 a.m. H.S.T.

866-505-4121, conference code 8087339010#

For visuals during the teleconference, participants may log on to

<https://www4.gotomeeting.com/join/457103063>

Note: audio will be provide by telephone only and not by VoIP

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

October 25, 2012

REQUEST FOR PROPOSALS

Pharmacy Services for the HIV Drug Assistance Program RFP No. HTH 100DI-14-1

NOTICE

The Department of Health, Communicable Disease Division, STD/AIDS Prevention Branch, HIV Drug Assistance Program (HDAP) is requesting proposals from qualified applicants to provide medications and pharmacy services statewide to individuals who are living with HIV and who lack adequate access to HIV-related medications. Services shall include dispensing and statewide delivery of medications purchased by HDAP under separate contract; provision, dispensing and statewide delivery of medications restricted by the Controlled Substances Act; processing insurance claims and billing HDAP as secondary payer; reporting Medicare Part D-related transactions for True Out-of-Pocket (TrOOP) calculation; and patient contact and pharmacy support services.

SUBMITTAL DEADLINE

All proposals mailed by the United States Postal Service (USPS) shall be postmarked by January 30, 2013 to the mail-in address and received no later than ten days from the submittal deadline. Hand delivered proposals shall be received no later than January 30, 2013, 4:30 p.m. Hawai'i Standard Time (HST) at the drop-off sites.

Proposals postmarked or hand delivered after the designated deadline shall be considered late and rejected. Deliveries by private mail services such as FedEx shall be considered hand deliveries and shall be rejected if received after the submittal deadline.

MAIL-INS:

STD/AIDS PREVENTION BRANCH
HIV Drug Assistance Program
3627 Kilauea Ave #306
Honolulu, HI 96816

HAND DELIVERIES (DROP-OFF SITES):

728 Sunset Ave, 2nd Floor
Honolulu, HI 96816
(808) 733-9010
ATTN: Kevin Nomura

Applicants are encouraged to participate in the Orientation Meeting (See Section 1).

INQUIRIES

Inquiries regarding this RFP should be directed to the RFP contact person:

Timothy McCormick, Supervisor
HIV Medical Management Services Section
STD/AIDS Prevention Branch
3627 Kilauea Ave #306
Honolulu, HI 96816
(808) 733-9360
timothy.mccormick@doh.hawaii.gov

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Section 1

Administrative Overview

I. Procurement Timetable

Note that the procurement timetable represents the State’s best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	October 25, 2012
RFP orientation session	November 5, 2012
Due date for written questions	December 6, 2012
State purchasing agency's response to written questions	December 21, 2012
Proposal submittal deadline	January 30, 2013
Proposal evaluation period	February-March 2013
Final revised proposals (optional)	April 2013
Provider selection	April 2013
Notice of statement of findings and decision	April, 2013
Contract start date	July 1, 2013 or State’s Notice to Proceed

II. Websites Referenced in this RFP

The State Procurement Office (SPO) website is www.spo.hawaii.gov

For	Click
1 Procurement of Health and Human Services	“Health and Human Services, Chapter 103F, HRS...”
2 RFP website	“Health and Human Services, Ch. 103F...” and “RFPs”
3 Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	“Statutes and Rules” and “Procurement of Health and Human Services”
4 Forms	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Forms”
5 Cost Principles	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Cost Principles”
6 Standard Contract –General Conditions	“Health and Human Services, Ch. 103F...” “For Private Providers” and “Contract Template – General Conditions”
7 Protest Forms/Procedures	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Protests”

Non-SPO Websites

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	http://www.hawaii.gov/tax/ click "Forms"
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	http://www.capitol.hawaii.gov/ click "Bill Status and Documents" and "Browse the HRS Sections."
10	Department of Commerce and Consumer Affairs, Business Registration	http://www.hawaii.gov/dcca click "Business Registration"
11	Campaign Spending Commission	www.hawaii.gov/campaign

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawai'i website at www.hawaii.gov)

III. The Procurement Process

Authority. This RFP is issued under the provisions of the Hawai'i Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal application by a prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

RFP Organization. This RFP is organized into 4 sections:

- Section 1, Administrative Overview* - The procurement process; requirements for awardees.
- Section 2, Service Specifications* - Services to be delivered, applicant responsibilities, requirements for the proposal application.
- Section 3, Evaluation* - The method by which proposal applications will be evaluated.
- Section 4, Attachments* - Information and forms necessary to complete the application.

RFP Orientation Session. An orientation session to familiarize applicants with the procurement process and the requirements of the RFP shall be held by teleconference. Applicants are encouraged to submit written questions prior to the orientation. Questions at the orientation are permitted, but oral questions should be submitted in writing by the date indicated in the Procurement Timetable to ensure an official written response.

Date and time: Monday, November 5, 2012 9:00 a.m. H.S.T.
Call-in information: 866-505-4121, conference code 8087339010#

For visuals during the teleconference, participants may log onto
<https://www4.gotomeeting.com/join/457103063>

Note: audio will be provide by telephone only and not by VoIP. Participants must call into the conference line above in order to hear the audio.

Submission of Questions. Applicants may submit written questions to the RFP Contact Person identified in the Notice. The written response by the State purchasing agency will be available to all applicants and placed on the RFP website.

Deadline for submission of questions: December 6, 2012

Discussions with Applicants. Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements prior to the submittal deadline. Discussions may also be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

Multiple or Alternate Proposals - Multiple/alternate proposals are not applicable to this RFP.

Confidential Information – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal. Note that price is not considered confidential and will not be withheld.

Confidentiality of Personal Information. Act 10 relating to personal information was enacted in the 2008 special legislative session. As a result, the Attorney General's General Conditions of Form AG Form 103F, Confidentiality of Personal Information, has been amended to include Section 8 regarding protection of the use and disclosure of personal information administered by the agencies and given to third parties.

Opening of Proposals. Upon receipt by a state purchasing agency at the designated location(s), proposal applications shall be date-stamped, and when possible, time-stamped, held in a secure place and not examined for evaluation purposes until the submittal deadline.

Public Inspection. Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

RFP Addenda. The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

Final Revised Proposals. If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the best and final offer/proposal.

Cancellation of Request for Proposals. The request for proposals may be canceled when it is determined to be in the best interests of the State in accordance with section 3-143-613, HAR.

Costs for Proposal Preparation. Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

Provider Participation in Planning. Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a request for proposals, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203, HAR.

Rejection of Proposals. A proposal offering a set of terms and conditions contradictory to those included in this RFP may be rejected. A proposal may be rejected for any of the following reasons: 1) Failure to cooperate or deal in good faith (Section 3-141-201, HAR); 2) Inadequate accounting system (Section 3-141-202, HAR), 3) Late proposals (Section 3-143-603, HAR); 4) Inadequate response to request for proposals (Section 3-143-609, HAR); 5) Proposal not responsive (Section 3-143-610(a)(1), HAR), 6) Applicant not responsible (Section 3-143-610(a)(2), HAR).

Notice of Award. A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals. Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive. No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawai'i is not liable for any costs incurred prior to the official starting date.

Protests. Any applicant may file a protest against the awarding of a contract. The Notice of Protest form, SPO-H-801, all other forms and a detailed description of procedures are on the SPO website. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F, HRS;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F, HRS; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Loretta J. Fuddy, A.C.S.W, M.P.H.	Name: Sharon S. Abe
Title: Director of Health	Title: Chief, Administrative Services Office
Mailing Address: P.O. Box 3378, Honolulu, HI 96801	Mailing Address: P.O. Box 3378, Honolulu, HI 96801
Business Address: 1250 Punchbowl Street, Honolulu, HI	Business Address: 1250 Punchbowl Street, Honolulu, HI

Availability of Funds. The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawai‘i, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

IV. Requirements for Awardees

Tax Clearance. If awarded, a certified copy of a current valid tax clearance certificate issued by the State of Hawai‘i, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required upon notice of award.

Wages and Labor Law Compliance. Prior to contract execution for service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, “Wages, hours, and working conditions of employees of contractors performing services.”

Compliance with all Applicable State Business and Employment Laws. All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies be register and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See paragraph II, Website Reference.)

Campaign Contributions by State and County Contractors. Contractors are hereby notified of the applicability of Section 11-205.5, HRS, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, Act 203/2005 FAQs are available at the Campaign Spending Commission webpage. (See paragraph II, Website Reference.)

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Monitoring and Evaluation. Criteria by which contracts will be monitored and evaluated are in Section 2.

General and Special Conditions of Contract. The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

Section 2

Service Specifications

I. Overview, Purpose or Need and Goals of Service

Background

The HIV Drug Assistance Program (HDAP) was established in 1989 to provide medications to persons with HIV infection who lack adequate access to prescription medications through other sources. HDAP provides services using funding from the State of Hawai‘i as well as federal funding through the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Purpose or Need

HDAP provides medications for treatment of HIV, treatment and prophylaxis of opportunistic infections, and the management of side effects and co-occurring conditions. Medications provided are approved by the U.S. Food and Drug Administration (FDA) and are intended to be prescribed based on current guidelines issued by the U.S. Public Health Service (PHS). HDAP provides medications to individuals who are unable to access these medications through other sources such as private insurance, Medicaid, or Medicare and are documented as meeting HDAP enrollment criteria.

In order to be eligible to become an HDAP client and receive HDAP services, an individual currently must:

- Reside in Hawai‘i
- Be HIV positive
- Be under the care of a physician licensed to practice in Hawai‘i
- Be unable to access medications through other sources, or need assistance with the cost of accessing medications through other sources
- Have income at or below 400% of the federal poverty level
- Be enrolled in the case management program of one of the agencies funded by the state to provider HIV case management services

Eligible individuals who have no insurance coverage for prescription drugs are provided medications purchased in full by HDAP. HDAP may also provide access to medications for eligible individuals who have insurance coverage for prescription drugs, but who are unable (as determined by HDAP) to access medications because of the share of cost they are required to pay. Eligible individuals with insurance are provided with medications under their prescription drug coverage and HDAP acts as a secondary payer, paying all or part of the cost not covered by the insurance.

As a state-operated AIDS Drug Assistance Program receiving funding under the Ryan White HIV/AIDS Treatment Extension Act of 2009, HDAP is eligible for discounted pricing on prescription medications under Section 340B of the Public Health Service Act. HDAP purchases medications directly from a wholesaler at or below 340B prices and seeks a pharmacy to dispense and delivery these medications to uninsured HDAP clients statewide. In addition, HDAP requires a provider that will supply, dispense and deliver certain medications; supply, dispense, deliver medications and process insurance claims for insured HDAP clients; report Medicare Part D-related transactions for True Out-of-Pocket (TrOOP) calculation; and provide monthly contact and supportive pharmacy services to clients.

II. Planning Activities

In preparation for this RFP, a request for information was issued in accordance with §3-142-202, HAR and was posted in the Procurement Notices section of the SPO website.

Background information on federal requirements, guidelines and funding for AIDS Drug Assistance Programs is available at <http://hab.hrsa.gov/abouthab/partbdrug.html>

HDAP is intended to provide access to medications when this access cannot be provided through other resources. As with all services provided through the Ryan White HIV/AIDS Treatment Extension Act of 2009, HDAP is the payer of last resort. The level of demand for HDAP services can fluctuate depending on many factors and can be difficult to predict. Historically, the demand increases over time. However, certain provisions of the Affordable Care Act (ACA) which take effect January 1 2014, may affect demand for HDAP services by decreasing overall demand and/or by shifting clients from full-pay (uninsured) to insurance wrap around (secondary payer) services. In addition to fluctuations in demand, increases or decreases in funding impact the level of service HDAP is able to provide. Information on recent levels of service delivery by HDAP is provided, as available, in the descriptions of required service activities (sec. IV). Service delivery during the upcoming contract term may be significantly greater or less than recent service delivery.

III. Demographics and Funding

Target population to be served: Persons living with HIV and who lack
adequate access to HIV-related medications
Geographic coverage of service: Statewide

Probable funding amounts, source, and period of availability:

Probably funding amounts: The estimated amount of available funding is \$475,000 per annum. All services shall be paid on a unit cost basis. Total compensation shall be dependent upon service units provided.

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Source: The contract will be funded with federal and/or state funds depending on the availability of funding. The total federal allocation for HDAP for the current fiscal year is in excess of \$2.2 million.

Single or multiple contracts to be awarded:

Single **Multiple** **Single & Multiple**
(Refer to §3-143-206, HAR)

Term of Contract(s)

Initial term:	<u>July 1, 2013 – June 30, 2015</u>
Length of each extension:	<u>Twenty-four (24) months</u>
Number of possible extensions	<u>Two (2)</u>
Maximum length of contract:	<u>Six (6) years</u>

Conditions for Extension: 1) Availability of funds; 2) must be in writing; 3) must be executed prior to expiration.

IV. Service Activities

A. Eligibility

HDAP obtains written consent from each client to allow the release and exchange of protected health information among HDAP, the pharmacy, the physician, and other agencies as necessary for the provision of HDAP services. HDAP shall determine individual's eligibility for the program and shall notify the provider of an individual's eligibility and whether the individual is to be provided with HDAP-purchased medications or whether the individual is eligible for HDAP-payment as a secondary payer. When dispensing medications to an HDAP-enrolled individual, the provider shall verify that the individual does not have Medicaid coverage. The provider shall notify HDAP if the provider becomes aware that an HDAP-enrolled individual is eligible for Medicaid or other third party coverage that may affect program eligibility. HDAP shall notify the provider when an individual is no longer eligible for the program.

B. Inventory Management

Some of the medications to be dispensed will be purchased by HDAP directly from a wholesaler for delivery to the provider's facility. The provider shall receive and store medications on behalf of HDAP and these medications shall remain the property of HDAP until labeled and dispensed to the client. Medications that are the property of HDAP shall be inventoried in such a manner that they are clearly identifiable as property of HDAP and are distinguishable from medications that are the property of the provider. Medications purchased by HDAP and delivered to the provider's facility shall at no time be the property of the provider and the provider shall not sell, resell, or dispensed these medications except to HDAP clients.

HDAP will provide a start-up supply of medications and the provider shall maintain an adequate supply of medications in the HDAP inventory by informing HDAP when an order needs to be placed to maintain the inventory. The provider shall inform HDAP of what medications need to be ordered and shall use their professional judgment and experience to ensure that HDAP maintains an adequate supply while at the same time minimizing waste associated with overstocking medications not commonly needed by people living with HIV or with infrequently prescribed strengths and/or formulations.

C. Dispensing and Statewide Delivery of Medications

The provider shall dispense and deliver approved medications to HDAP clients statewide. Approved medications are listed in the HDAP Formulary, Attachment A. Medications may be added to or removed from the HDAP Formulary by HDAP. This may be based on action by the FDA, new or revised PHS guidelines, following recommendation from the HDAP Medical Advisory Board, and/or other factors.

HDAP covers all formulations and strengths of the medications listed in the formulary unless otherwise indicated by HDAP. Generic equivalents, if available, must be used unless the prescribing physician indicates that the brand name formulation is medically necessary.

HDAP is the payer of last resort. Prior to any HDAP dispensing, the provider shall check Medicaid and private insurance databases and shall inform HDAP of the client's eligibility for other coverage.

The provider shall have the capacity to process and ship prescriptions by the end of the business day following receipt of a new prescription. Dispensed medications shall be delivered to the HDAP client as requested by the client: either to the client's mailing address, to the office of the client's physician, or to a representative designated by the client. Delivery shall be by US Postal Service Priority Mail or by an expedited delivery service approved by HDAP. Medications shall not be sent to an address outside the state except with approval of HDAP. Medications requiring refrigeration shall be shipped in appropriate containers and the client shall be contacted prior to shipment. Normally, medications shall be dispensed and delivered monthly. Dispensing of more than a one month supply shall require the approval of HDAP.

Prescriptions shall expire after one year unless an earlier expiration is indicated by the physician or required by law. HDAP permits prescriptions to be refilled, in accordance with the physician's instructions, but not more than eleven times in a twelve month period.

The provider shall have an approved contingency plan for temporarily dispensing and delivering medications to HDAP clients in the event of a national or state emergency that precludes normal operations and procedures.

D. Reporting Medicare Transactions for TrOOP

The provider shall electronically report to the Centers for Medicare and Medicaid Services (CMS)'s True Out-of-Pocket (TrOOP) Facilitation Contractor, HDAP expenditures that are secondary to Medicare Part D coverage so that HDAP expenditures can be properly included in TrOOP calculations. During the six month period January 1, 2012 to June 30, 2012, the contract pharmacy indicated that 703 transactions were secondary to Medicare Part D coverage.

E. Patient Contact and Pharmacy Support Services

The provider shall maintain a phone number that can be called toll-free from any part of the state. HDAP enrolled individuals may use this phone number to access pharmacy support services and to request prescription refills. The provider shall contact each HDAP-enrolled individual on a monthly basis for several purposes: to identify and assist individuals who are not taking medications as prescribed by the physician (e.g., reducing dosage or discontinuing a medication without consultation with the physician); to assist the individual with adherence to complex regimens; and to determine when each prescription refill is needed so as to ensure that the individual does not accumulate excess medications. Patient contact and pharmacy support services shall be provided for all HDAP-enrolled individuals receiving medications regardless of the purchase method for the medications (see below). During the twelve month period July 1, 2011 to June 30, 2012, 403 HDAP clients were served by the contract pharmacy with an average of 281 HDAP clients served monthly in the second half of the period.

F. Purchase Methods

HDAP seeks a provider to dispense and deliver to HDAP-enrolled individuals medications purchased in each of the following ways:

1. Medications Purchased by HDAP Directly from a Wholesaler

For HDAP-enrolled individuals who lack insurance coverage for prescription drugs, the provider shall store, dispense and deliver approved medications as prescribed by a physician and approved by HDAP. HDAP shall purchase medications directly from a wholesaler for delivery to the provider's facility. The provider shall receive and store medications on behalf of HDAP and dispense the medications to HDAP-enrolled individuals. The HDAP Formulary (Attachment A) lists the medications provided by HDAP. Medications that may be purchased by HDAP for delivery to the provider's facility are those listed in the HDAP Formulary with the exception of medications that are controlled substances (Attachment B). During the twelve month period July 1, 2011 to June 30, 2012, the contract pharmacy filled 7,203 prescriptions using HDAP-purchased medications.

2. Medications Purchased by HDAP from the Provider (Controlled Substances)

The provider shall provide, dispense and deliver approved medications restricted by the Controlled Substances Act (CSA), Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970. The provider shall purchase medications from a wholesaler, distribute them to HDAP-enrolled individuals as prescribed by a physician and approved by HDAP, and bill HDAP for the cost of the drugs and for dispensing. Federal law prevents HDAP from purchasing controlled substances from a wholesaler for distribution by a contracted provider pharmacy as described above for non-controlled substances. Medications to be provided in this manner are listed in Attachment B, HDAP Controlled Substances. During the twelve month period July 1, 2011 to June 30, 2012, the contract pharmacy filled 309 controlled substances prescriptions with HDAP as primary payer.

3. HDAP as a Secondary Payer

HDAP will enroll some individuals who have insurance coverage for prescription drugs (e.g., private insurance, Medicare prescription drug plans), but who are unable to access medications because of the costs not covered by their insurance (i.e., co-payment, deductible, and/or co-insurance amounts). For these individuals, the provider shall provide, dispense and deliver medications prescribed by a physician and approved by HDAP, shall bill the individual's insurance as the primary payer, and shall bill HDAP as the secondary payer for the individual's share of cost that remain after the individual's insurance has been billed. The provider shall bill HDAP only for pre-determined and pre-approved costs, only for HDAP-enrolled individuals, and only for costs related to medications specified on the HDAP Formulary. During the twelve month period July 1, 2011 to June 30, 2012, the contract pharmacy filled 3,216 prescriptions on which HDAP was the secondary payer.

V. Qualifications

A. Experience

The applicant shall have a minimum of two years experience providing pharmacy services to an AIDS drug assistance program or to another program with a similar public health function.

Requirements for the Proposal Application

The applicant shall provide a description of experience/projects/contracts for the most recent five years that are pertinent to the services required. Applicant shall

include points of contact, mailing addresses, e-mail addresses, phone numbers. The State reserves the right to contact references to verify experience.

The proposal application narrative shall describe the applicant's experience and shall demonstrate the capacity to provide the requested services.

B. Organization

The applicant shall have the capacity to provide the required services.

The applicant shall be a pharmacy licensed to dispense in the state of Hawai'i, shall be a licensed Medicaid provider, and shall accept most prescription drug coverage offered in the state. At a minimum, the provider must accept Hawai'i Medical Services Association (HMSA), Hawai'i Management Alliance Association (HMAA), University Health Alliance (UHA) insurance, as well as most of the Medicare prescription drug plans offered in the state.

The provider shall be required to comply with all state and federal regulations pertaining to the provision of prescription medications, including medications restricted by the Controlled Substances Act (CSA), Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970.

The provider shall be required to comply with all applicable federal and state regulations including but not limited to: those pertaining to the provision of prescription medications, including medications restricted by the Controlled Substances Act (CSA), Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970; the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and HRS §325-101 regarding confidentiality of HIV records and information.

Requirements for the Proposal Application

The proposal application narrative shall describe the applicant's organization capacity, structure and plans for providing the required services. The proposal application narrative shall include the applications proposed plans for normal operations as well as contingency plans for operating in the event of a national or state emergency that precludes normal operations. The proposal shall include information on third party insurance accepted by the applicant.

C. Personnel

At the time of the proposal submission and throughout the contract period, the contractor shall have a minimum of two licensed pharmacists with HIV dispensing experience.

Requirements for the Proposal Application

The proposal application narrative shall describe the staffing proposed to provide the requested services.

D. Facilities

The applicant shall have at least one facility for the receipt, storage and dispensing of prescriptions in the state of Hawai'i. The provider shall have adequate storage space to maintain the HDAP inventory and some capacity to store significant additional inventory at the request of the program. The provider shall have adequate refrigeration capacity to store at least four weeks supply of HDAP formulary medications that require refrigeration.

Requirements for the Proposal Application

The proposal application narrative shall describe the applicant's facilities and demonstrate its adequacy in relation to the requested services, including how medications requiring refrigeration are maintained in the event of power failure and how the facilities meet ADA requirements, as applicable.

Evaluation Criteria for Qualifications (60 points)

Experience (20 points)

- Previous experience providing specialized HIV pharmacy services
- Previous experience providing pharmacy services to an AIDS drug assistance program or similar public health program

Organization (20 points)

- Appropriate licensure as required
- Adequate plans for providing the required services
- Adequate plans for operations during an emergency

Personnel (10 points)

- Adequate licensed pharmacists with experience dispensing HIV related medications and providing pharmacy support services to people living with HIV

Facilities (10 points)

- Adequate storage and dispensing facility

VI. Pricing Structure

Payment shall be on a unit cost basis. The applicant shall submit proposed cost(s) for each unit of service.

The units of service shall be prescriptions dispensed.

For medications provided to HDAP-enrolled individuals for which HDAP is billed as a secondary payer, the secondary payer amounts are predetermined by the individual's private insurance. If HDAP determines that secondary payer amounts for a one or more of a particular individual's medications are so costly that providing HDAP-owned medications would be more cost effective, HDAP may instruct the provider to use HDAP-owned medications rather than filling those prescriptions under the individual's insurance.

The applicant shall comply with Chapter 103F, HRS Cost Principles on Purchases of Health and Human Services as detail in SPO-H-201 (effective 10/01/98), which can be found on the SPO website.

Requirements for the Proposal Application

At a minimum, the proposal application must include:

- a per prescription price for dispensing of HDAP-owned medications; and
- a per prescription price for each of the medications listed in Attachment B, HDAP Controlled Substances. This price may be a formula consisting of a fluctuating cost tied to the Average Wholesale Price (AWP) of the medication plus other fixed costs (e.g., dispensing)
- a per transaction price for reporting Medicare Part D-related expenditures to the CMS TrOOP facilitation contractor

The proposal may include more than one per prescription price for dispensing. The current contract for dispensing of HDAP-owned medications includes two-tiers of dispensing fees: one fee for most medications, and another, lower fee, specified for certain inexpensive medications.

Dispensing fees shall be inclusive of delivery costs as well as costs for patient contact and pharmacy support services. The price for each of the medications listed in HDAP Controlled Substances, Attachment B shall be inclusive of the medication, dispensing and delivery costs as well as costs for patient contact and pharmacy support services.

HDAP does not expect to pay any additional fee for dispensing, delivery, patient contact and pharmacy support services, or administration for prescriptions covered by another primary payer and for which HDAP is billed as the secondary payer.

Evaluation Criteria for Pricing (40 points)

- unit cost: unit costs resulting in the lowest total cost for all services, based on volume cited in Section 2 for each services

VII. Other

Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.
Statements regarding litigation will not carry any point value but are required.

VIII. Reporting Requirements for Program and Fiscal Data

A. Utilization Reports

The provider shall submit a monthly utilization report indicating the following information for each medication dispensed:

- Date of service
- HDAP client identification number assigned by HDAP
- Provider's unique prescription and refill number
- National Drug Code (NDC) number for the medication
- Medication name
- Quantity dispensed
- Days supply
- Name of prescribing physician
- Amount of charge to HDAP
- Whether charge is a primary or secondary charge
- Amount charged to primary insurer (if HDAP is secondary)
- Whether the primary insurer was Medicare Part D plan (if applicable)

The monthly reporting period shall be the first day of the month to the last day of the month. Reports shall be submitted no later than the fifth working day of the subsequent month. Reports shall be submitted electronically in Microsoft Excel format and shall identify clients by HDAP assigned client identification number only, and not by name. Electronically submitted reports must not include any client identifying information other than the HDAP identification number.

B. Inventory Reconciliation Reports

The provider shall maintain adequate records to track inventory and shall submit a monthly report reconciling beginning inventory, ending inventory, additions to inventory, and dispenses for the inventory of HDAP-owned medications.

C. Invoices

Billing invoices shall be submitted on a monthly basis. Invoices may be submitted simultaneously with or after the corresponding monthly utilization report but an

invoice must not include charges for any service not yet reported in a utilization report.

IX. Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- timeliness of prescription delivery
- accuracy of utilization reports
- accuracy of inventory reconciliation reports
- client satisfaction
- communication and collaboration with HDAP staff
- satisfaction of prescribing physicians

Section 3

Proposal Application

I. Instructions for Completing the Proposal Application

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section and section 2.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria when completing the proposal.*

II. Submission of Proposal Application Documents

The proposal application documents are as follows and shall be submitted in the following order:

- *Proposal Application Identification Form (SPO-H-200)* Identifies the proposal application.
- *Table of Contents-* Include a listing of all documents included in the application.
- *Proposal Application Short-Form 1 (SPO-H 250)*
 - Qualifications
 - Pricing
 - Other – Litigation
- *Attachments-* No attachments required

The required format for the Proposal Application Short Form 1 (SPO-H 250) follows. Note that the form is available on the SPO website (see Section 1, paragraph II, Website Reference). The form on the website will not include items specific to each RFP. If using the website form, the applicant must incorporate all items listed on the next page.

RFP No: HTH 100DI-14-1
Title: Pharmacy Services for the
HIV Drug Assistance Program
Applicant: _____

Proposal Application Short Form 1

I. Qualifications

Experience

Organization

Personnel

Facilities

II. Pricing

III. Other

Litigation

Section 4

Proposal Evaluation

Evaluation Process

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation. The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing. Each applicant shall receive a notice of award/non-award, which shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Evaluation Criteria

On the next page is a sample of the evaluation sheet that will be used to evaluate proposal applications. Applicants will receive a report similar to the attached when upon completion of the evaluation process.

Evaluation of
 RFP HTH 100DI-14-1
 Pharmacy Services for the HIV Drug Assistance Program
 Issued October 25, 2012

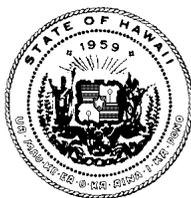
Applicant:
 Proposal Application ID:

<i>Criterion</i>	<i>Total Possible Score</i>	<i>Score</i>
Qualifications	60	
<i>Experience</i>	20	
<ul style="list-style-type: none"> • Previous experience providing specialized HIV pharmacy services • Previous experience providing pharmacy services to an AIDS drug assistance program or similar public health program 	<ul style="list-style-type: none"> • 10 • 10 	
Comments:		
<i>Organization</i>	20	
<ul style="list-style-type: none"> • Appropriate licensure as required • Adequate plans for providing the required services • Adequate plans for operations during an emergency 	<ul style="list-style-type: none"> • 5 • 10 • 5 	
Comments:		
<i>Personnel</i>	10	
<ul style="list-style-type: none"> • Adequate licensed pharmacists with experience dispensing HIV related medications and providing pharmacy support services to people living with HIV. 		
Comments:		
<i>Facilities</i>	10	
<ul style="list-style-type: none"> • Adequate storage and dispensing facility 		
Comments:		
Pricing	40	
<ul style="list-style-type: none"> • Unit costs resulting in lowest total cost for all services, based on volume cited in Section 2 for each service 		
Comments:		
TOTAL:		100

Section 5

Attachments

- A. HDAP Formulary
- B. HDAP Controlled Substances
- C. SPO-H 200 *Proposal Application Identification Form*
- D. SPO-H 200 Instructions



STATE OF HAWAII
DEPARTMENT OF HEALTH
STD/AIDS PREVENTION BRANCH
HIV DRUG ASSISTANCE PROGRAM (HDAP)
3627 Kilauea Avenue, Room 306
Honolulu, Hawaii 96816-2399

HIV DRUG ASSISTANCE PROGRAM (HDAP)
FORMULARY – September 2012

HIV Infection

abacavir (Ziagen)	indinavir (Crixivan)
abacavir/lamivudine (Epzicom)	lamivudine (Epivir)
abacavir/lamivudine/zidovudine (Trizivir)	lamivudine/zidovudine (Combivir)
atazanavir (Reyataz)	lopinavir/ritonavir (Kaletra)
darunavir (Prezista)	maraviroc (Selzentry)
delavirdine (Rescriptor)	nelfinavir (Viracept)
didanosine (Videx, Videx EC)	nevirapine (Viramune, Viramune XR)
efavirenz (Sustiva)	raltegravir (Isentress)
efavirenz/emtricitabine/tenofovir (Atripla)	rilpivirine (Eduvant)
elvitegravir/cobicistat/emtricitabine/tenofovir (Stribild)	ritonavir (Norvir)
emtricitabine (Emtriva)	saquinavir hard gel (Invirase)
emtricitabine/rilpivirine/tenofovir (Complera)	stavudine (Zerit)
emtricitabine/tenofovir (Truvada)	tenofovir df (Viread)
enfuvirtide (Fuzeon)	tipranavir (Aptivus)
etravirine (Intelence)	zidovudine (Retrovir)
fosamprenavir (Lexiva)	

Pneumocystis carinii Pneumonia (PCP) Prophylaxis and Treatment

atovaquone (Mepron suspension)	primaquine
dapsone	trimethoprim/sulfamethoxazole (TMP/SMX)
pentamidine-aerosolized (NebuPent)	

HIV Related Anemia and Neutropenia

epoetin alfa (Epoegen, Procrit)	leucovorin (Wellcovorin)
filgrastim (Neupogen, G-CSF)	

Opportunistic Infections

acyclovir (Zovirax)	ganciclovir (Cytovene)
amphotericin B (Fungizone)	isoniazid
amphotericin B liposomal (AmBisome)	itraconazole (Sporanox)
azithromycin (Zithromax)	ketoconazole (Nizoral)
cephalexin (Keflex)	megestrol acetate (Megace OS / ES)

cidofovir (Vistide)
ciprofloxacin (Cipro)
clarithromycin (Biaxin)
clindamycin (Cleocin)
clotrimazole (Lotrimin, Mycelex)
daunorubicin liposomal (DaunoXome)
*entecavir (Baraclude)
ethambutol (Myambutol)
famciclovir (Famvir)
fluconazole (Diflucan)
flucytosine (Ancobon)
foscarnet (Foscavir)

paclitaxel (Taxol)
peginterferon alfa-2a (Pegasys)
peginterferon alfa-2b (PEG-Intron)
probenecid
pyrazinamide
pyrimethamine (Daraprim)
ribavirin (Copegus, Rebetol)
rifabutin (Mycobutin)
rifampin (Rifadin)
sulfadiazine
valacyclovir (Valtrex)
valganciclovir (Valcyte)

Antihyperlipidemics

atorvastatin (Lipitor)
fenofibrate (Tricor)
gemfibrozil (Lopid)

niacin extended-release tablets (Niaspan)
pravastatin (Pravachol)

Other

alendronate (Fosamax)
alitretinoin gel (Panretin Gel)
amitriptyline (Elavil)
aripiprazole (Abilify)
bupropion (Wellbutrin, Wellbutrin SR)
citalopram (Celexa)
dicloxacillin
diphenoxylate/atropine (Lomotil)
divalproex sodium (Depakote)
doxycycline
erythromycin
fluoxetine (Prozac)
gabapentin (Neurontin)
glyburide
hepatitis A and B vaccines (Twinrix, Havrix, Engerix-B)
hexachlorophene (PhisoHex) 3%
hydrocortisone 1% cream
hydroxyurea (Hydrea)
imiquimod (Aldara)
levetiracetam (Keppra)
loperamide (Imodium)
metformin (Glucophage)
metronidazole (Flagyl)

mirtazapine (Remeron)
olanzapine (Zyprexa)
oseltamivir (Tamiflu)
pancrelipase (Ultrase MT20)
paromomycin (Humatin)
paroxetine (Paxil)
pneumococcal PSV (Pneumovax)
pregabalin (Lyrica)
prednisone
prochlorperazine (Compazine)
quetiapine (Seroquel)
risedronate (Actonel)
risperidone (Risperdal)
sertraline (Zoloft)
terbinafine (Lamisil)
testosterone cypionate
testosterone gel (Androgel)
tetracycline
venlafaxine (Effexor, Effexor XR)
zanamivir (Relenza)
ziprasidone (Geodon)

**** patient must be on HAART to receive Baraclude (entecavir).***

For more information, please call (808) 733-9360.

HDAP Controlled Substances

- diphenoxylate hydrochloride/atropine sulfate tablets 2.5/0.025mg
- testosterone cypionate: 100 and 200 mg/mL vial
- Androgel (testosterone gel): 1% packets, 1% pump, 1.62% pump
- Lyrica (pregabalin): 25, 50, 75, 100, and 150 mg capsules

STATE OF HAWAII
STATE PROCUREMENT OFFICE
PROPOSAL APPLICATION IDENTIFICATION FORM

STATE AGENCY ISSUING RFP: _____

RFP NUMBER: _____

RFP TITLE: _____

Check one:

Initial Proposal Application

Final Revised Proposal (Completed Items _____ - _____ only)

1. APPLICANT INFORMATION

Legal Name:

Doing Business As:

Street Address:

Mailing Address:

Contact person for matters involving this application:
 Name:

Title:

Phone Number:

Fax Number:

e-mail:

2. BUSINESS INFORMATION

Type of Business Entity (*check one*):

Non-Profit Corporation

Limited Liability Company

Sole Proprietorship

For-Profit Corporation

Partnership

If applicable, state of incorporation and date incorporated:

State:

Date:

3. PROPOSAL INFORMATION

Geographic area(s):

Target group(s):

4. FUNDING REQUEST

FY _____

FY _____

FY _____

FY _____

FY _____

FY _____

Grand Total _____ **\$0**

I certify that the information provided above is to the best of my knowledge true and correct.

Authorized Representative Signature

Date Signed

Name and Title

STATE OF HAWAII
STATE PROCUREMENT OFFICE
CHAPTER 103F, HRS

PROPOSAL APPLICATION IDENTIFICATION FORM

FORM SPO-H 200
INSTRUCTIONS

- **State Agency Issuing RFP:** Enter the name of the state agency issuing the RFP.
- **RFP Number and RFP Title:** Enter the RFP number and title as it is stated in the RFP.
- **Initial or Final Revised Proposal:** Check whether this is 1) an initial proposal, or 2) a final revised proposal (best and final offer). If this is a final revised proposal enter the sections being submitted.

1. Applicant Information

Enter the legal name of the applicant as registered with the Department of Commerce and Consumer Affairs Business Registration Division.

If the applicant is doing business under another name (DBA) enter the DBA. If the applicant does not have a DBA, leave it blank.

Enter the street address and mailing address of the applicant. If the mailing address is the same as the street address, "same" may be entered for the mailing address.

Enter the name, title, phone number, fax number and e-mail address of the point of contact for matters pertaining to the application. Ensure the person knows they are listed as the point of contact.

2. Business Information

Check the type of business entity at the time of the proposal submittal.

As applicable, enter the state of incorporation and date incorporated.

3. Proposal Information

Enter the geographic area to be served as required by the RFP.

Enter the target group to be served as required by the RFP.

4. Funding Request

As specified in the RFP, enter the funding request by fiscal year.

- **Authorized Representative:** The applicant or authorized representative must sign the application. Enter the name, title and date signed.