



STATE OF TENNESSEE
 TENNESSEE STATE VETERANS' HOMES BOARD

**REQUEST FOR PROPOSALS # 32399-00117-EO
 AMENDMENT # THREE
 FOR PHARMACY SERVICES**

DATE: April 4, 2016

RFI # 32399-00117-EO IS AMENDED AS FOLLOWS:

- This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.**

EVENT	TIME (central time zone)	DATE	
1. RFP Issued		March 4, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	March 9, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	March 10, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	March 15, 2016	Confirmed
5. State Response to Written "Questions & Comments"		March 29, 2016	Confirmed
6. Response Deadline	2:00 p.m.	April 12, 2016	Updated
7. State Completion of Technical Response Evaluations		April 19, 2016	Updated
8. State Opening & Scoring of Cost Proposals	2:00 p.m.	April 20, 2016	Updated
9. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	April 21, 2016	Updated
10. End of Open File Period		April 28, 2016	Updated
11. State sends contract to Contractor for signature		April 29, 2016	Updated
12. Contractor Signature Deadline	2:00 p.m.	May 5, 2016	Updated

- Delete RFP Attachment 6.3 in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**

COST PROPOSAL & SCORING GUIDE

NOTICE: THIS COST PROPOSAL MUST BE COMPLETED EXACTLY AS REQUIRED

COST PROPOSAL SCHEDULE— The Cost Proposal, detailed below, shall indicate the proposed price for goods or services defined in the Scope of Services of the RFP Attachment 6.6., *Pro Forma* Contract and for the entire contract period. The Cost Proposal shall remain valid for at least one hundred twenty (120) days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract resulting from this RFP. All monetary amounts shall be in U.S. currency and limited to two (2) places to the right of the decimal point.

NOTICE: The Evaluation Factor associated with each cost item is for evaluation purposes only. The evaluation factors do NOT and should NOT be construed as any type of volume guarantee or minimum purchase quantity. The evaluation factors shall NOT create rights, interests, or claims of entitlement in the Respondent.

Notwithstanding the cost items herein, pursuant to the second paragraph of the *Pro Forma* Contract section C.1. (refer to RFP Attachment 6.6.), “The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.”

This Cost Proposal must be signed, in the space below, by an individual empowered to bind the Respondent to the provisions of this RFP and any contract awarded pursuant to it. If said individual is not the *President* or *Chief Executive Officer*, this document must attach evidence showing the individual’s authority to legally bind the Respondent.

RESPONDENT SIGNATURE:			
PRINTED NAME & TITLE:			
DATE:			
RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	Evaluation Factor	Evaluation Cost (cost x factor)
1. Pharmacy Consulting Services per Active Patient Day ¹ – as specified in <i>pro forma</i> contract sections A.2.a., A.15, A.16, A.17, A.18.,and A.20.	\$ _____ /Active Patient Day	578,160	
2. Medical Records Service per Active Patient Day ¹ – including Medical Records, Treatment Sheets, and Physicians Orders (MARs, TARs, POs) – as specified in <i>pro forma</i> contract sections A.2.a., A.15., A.16., A.18., and A.19.	\$ _____ /Active Patient Day	578,160	

3. Technology/Equipment fee, including Electronic Medical Record Interface, Computerized Unit Dose Delivery System and equipment maintenance, per Active Patient Day ¹ – as specified in <i>pro forma</i> contract section A.2.a., A.7., A.11., A.12., A.13., and A.14.	\$ _____ /Active Patient Day	578,160	
4. Intravenous (“IV”) Pump fee, including pump, tubing, IV start kit and associated supplies, per pump per day used - as specified in <i>pro forma</i> contract section A.11 and A.14.	\$ _____ /Day	1,878	

<i>Types of Pharmaceutical Drugs, Supplies, & Equipment</i>	<i>Average Wholesale Price²ⁱ (AWP) Discount (A)</i>	<i>Dispensing Fee³ (B)</i>	<i>(C)</i>	100 – ((A x 100) + B) x C
5. Pharmaceutical Drugs, Supplies, & Equipment – Brand Name	_____ %	\$ _____ /Each	13,308	
6. Pharmaceutical Drugs, Supplies, & Equipment – Generic	_____ %	\$ _____ /Each	75,417	
EVALUATION COST AMOUNT (sum of evaluation costs above): The RFP Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.				
lowest evaluation cost amount from all proposals			SCORE: =	
_____ x 30 (maximum section score)				
evaluation cost amount being evaluated				
<i>State Use – RFP Coordinator Signature, Printed Name & Date:</i>				

- 1 An “active patient day” shall be defined as patient day minus bed hold days.
- 2 Average Wholesale Price (AWP) shall be the nationally recognized average wholesale price as published by Medi-Span.
- 3 Dispensing fee” is a flat per month amount for packaging, shipping, labor, supplies, and mixing fees

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3. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.