



A Public Entity

Inland Empire Health Plan

303 East Vanderbilt Way, 1st Floor
San Bernardino, California 92408

Request for Proposal

For

Diabetes Blood Glucose Testing and Management Program

November 21, 2011

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1. DEFINITIONS

- a) As used herein, “RFP” means “Request For Proposal.”
- b) As used herein, “GSA” means “General Services Administration.”
- c) As used herein, “IEHP” means “Inland Empire Health Plan.”
- d) As used herein, “DHCS” means California’s “Department of Health Care Services.”
- e) As used herein, “FFS” means “Fee For Service.”

2. PREPARATION OF RESPONSES (Instructions to Bidders)

- a) Before submitting a Proposal, each Bidder is expected to thoroughly examine the specifications in the Attachments, and all other related contractual documents included in this RFP, including subsequent amendments to the RFP. Failure to do so will be at the Bidder’s risk, and will not bar the Bidder’s obligation to perform if a contract is awarded pursuant to this RFP.
- b) Each Bidder shall submit as part of their Proposal completed copies of Attachments: A “Proposal Signature Verification”, D “Non-Collusion Affidavit” and E “Ownership Statement and Questionnaire.”
- c) Each Bidder shall complete Attachments B and C according to the instructions on each of the attachments.
- d) Each Bidder must be satisfied by personal examination and by such other means as it may prefer, as to the actual conditions and requirements under which the contract will be performed.

3. EXPLANATION TO BIDDERS

- a) If a Bidder desires an explanation of any kind regarding provisions of this RFP, the Bidder must generate a written request for such explanation. The request may be emailed to: purchasing@iehp.org **Title: RFP for Diabetes Blood Glucose Testing and Management Program**
- b) Requests for explanation must be submitted by *December 16, 2011 at 1:00 pm* allowing sufficient time for a reply to reach all Bidders before the submission of their Proposals. The Purchasing Agent, or duly authorized personnel, will advise all candidates known to have received a copy of the RFP of each question and subsequent explanation either by letter, fax, or amendment to the RFP as deemed appropriate.

4. AMENDMENTS

A. Instructions and Conditions

- a) Bidders are advised that IEHP reserves the right to amend the requirements of this RFP prior to the date set for opening of bids. Such revisions will be done formally by publishing amendments to all Bidders known to have received a copy of the RFP. This may be done via fax, or mail, or other method as determined by IEHP. If in the judgment of IEHP, the change is of such nature that additional time is required for Bidders to prepare their Proposals, IEHP will change the date of the Proposal opening and notify all Bidders in writing of the new date.
- b) Bidders are requested to acknowledge receipt of amendments to an RFP. This may be done by any one of the following means:
 - i) signing and returning the amendment;
 - ii) letter or fax, but NOT by telephone, and;
 - iii) signing "Attachment A, Proposal Signature Verification"

5. SUBMITTING PROPOSALS

- a) **Email Proposals** and amendments of Proposals to IEHP- purchasing@iehp.org using subject line: **PROPOSAL FOR DIABETES BLOOD GLUCOSE TESTING AND MANAGEMENT PROGRAM**
- b) Telegraphic (faxed) proposals will NOT be considered.
- c) All Proposals must be received by IEHP no later than **4:00 pm** on **January 27, 2012.** Late Proposals will not be considered or accepted.

6. NON-COLLUSION AFFIDAVIT

- a) Each Bidder is required to complete the document entitled, "*NON-COLLUSION AFFIDAVIT*" on the form provided herein (Attachment D).

7. BIDDERS RESPONSE INFORMATION

Since IEHP is a public entity, all responses may be disclosed through the Public Records Act. IEHP may keep submissions and negotiations confidential until the Governing Board approves the final contract and/or a Purchase Order contract is issued.

8. AWARD OF CONTRACT

- a) Award will be made, in whole or in part, to the responsive, responsible Bidder whose Proposal is most advantageous to IEHP, price, delivery, and other factors considered.
- b) IEHP may reject any or all bids, and may waive informalities and minor irregularities in bids received.
- c) **NOTE: ALL CONTRACTS ARE SUBJECT TO IEHP BOARD APPROVAL.**

A. Instructions and Conditions

9. EVALUATION PROCESS

- a)** The determination and final selection of the successful Bidder will be based upon evaluation by IEHP considering all appropriate factors and such other criteria (subjective and otherwise) as IEHP may, at its sole discretion, deem relevant. In no event will IEHP be limited to selecting a successful Bidder based solely upon total cost submitted.
- b)** Including the Total Price, the following overall factors will be considered:
- Reimbursement rates for drugs
 - corporate capabilities
 - responsiveness to RFP
 - experience with providing disease management
 - value-added services
 - timeliness of service
 - financial strength
 - reference and/or referrals
 - a provider with strong practitioner relationships

10. COMPANY EVALUATION

- a)** Bidders shall provide responses to the series of questions and information requested in Attachment B that will be used to evaluate the bidder's company. Responses to individual questions/information request should be kept to a single page—except as designated.

11. LATE BIDS

- a)** No Proposal or Proposal Amendment received at the office designated in this RFP after the time set for receipt specified in this RFP will be considered or accepted.

12. COST OF PREPARATION OF BIDS

- a)** Costs for developing responses to this Proposal are entirely the responsibility of the Bidder.

13. WITHDRAWAL OF BIDS

- a)** Proposals may be withdrawn by email or in person by a Bidder or an authorized representative possessing proper identification and written proof of his authority to act on behalf of the Bidder. If withdrawn in person by a Bidder or a representative of the Bidder, the person withdrawing the Proposal will be required to sign a receipt for the Proposal.
- b)** Withdrawal action of any type must be done before the date and time specified for opening of bids in this RFP.

A. Instructions and Conditions

14. PAYMENT

- a) Claims for medication must be submitted through Argus Health System. Home health services claims are submitted directly to IEHP Claims Department:

Inland Empire Health Plan
Attention: Claims Department
PO Box 19026
San Bernardino, CA 92423-9026

15. MISCELLANEOUS

- a) The successful Bidder may not assign any part of its obligations without the prior written consent of IEHP.
- b) The successful Bidder shall indemnify and hold harmless IEHP, including its officers, employees and agents, from any liabilities, claims, damages or actions of any kind (including but not limited to wrongful death) arising out of or in any manner connected with the successful Bidder's performance.

16. TIMELINE

- a) The following timeline is based on IEHP's requirements and will be strictly adhered to unless modified by amendment:

- **November 21, 2011** **RFP release**
- **December 16, 2011** **Bidders Questions Due (1:00pm)**
- **December 30, 2011** **Send Responses to Bidders Questions**
- **January 27, 2012** **Proposals due (4:00 p.m.)**
- **February 17, 2012** **Proposal evaluations complete, finalists selected**
- **February 24, 2012** **Finalize Contract Agreement**
- **March 12, 2012** **Proposed contract presented to IEHP Governing Board for approval**
- **March or April 2012** **Service Begins**

B. Statement Of Purpose

This RFP contains a list of questions regarding your Glucose Testing and Management Program for Inland Empire Health Plan (IEHP). IEHP is soliciting responses from qualified vendors to address the stated requirements of this RFP. A qualified vendor, for the purpose of this RFP, is one that can reliably and independently provides the required services to IEHP for the entire term of the agreement. Vendors on either Riverside or San Bernardino County's approved vendor list will receive preference.

In 2011, approximately 2500 Diabetes Test Strips claims were dispensed monthly through our contracted providers (200+ from current mail order vendor). IEHP believes in the value of disease management. The goal of this RFP is to select the best program to provide disease management services for our Members. The disease management program should be structured to help increase patient's compliance, improve the quality of care, educate the patients regarding the side effects, and ensure appropriate utilization of SMBG. IEHP will select the best specialty pharmacy provider to fulfill all medication related to the RFP-specified disease conditions, and disease management program.

Upon receipt of this RFP recipients are expected to read and understand the service priorities and requirements that have been defined by IEHP. Ample opportunity will be given to ask questions and receive clarification. This RFP will lead to the selection of a company to provide the Glucose testing and management program. The final proposal submitted should include all appropriate services to satisfy the identified priorities and requirements.

In case no pharmacy providers meet our expectations, IEHP reserves the rights to conclude this RFP with no winner and the specialty drugs related to this disease conditions will continue to be provided by the contracted providers.

B. Statement Of Purpose

IEHP's key selection criteria for the Bidder are:

- reimbursement rates for drugs
- corporate capabilities
- responsiveness to RFP
- experience with providing disease management
- value-added services
- timeliness of service
- financial strength
- reference and/or referrals
- a provider with strong practitioner relationships

The RFP response is due on **January 27, 2012**. A duly authorized officer of the organization must sign your RFP response.

C. Background Information

Inland Empire Health Plan is a joint powers agency (JPA) formed by Riverside and San Bernardino counties providing services for the DHS Medi-Cal Managed Care and Healthy Families programs. IEHP is a public agency formed under the California Government Code. IEHP operated in “start-up” mode from April 1994 to September 1, 1996. IEHP began full operations on September 1, 1996. Approximately one-half of IEHP’s revenues come from the state of California and the other half is from the federal government. IEHP also has a Commercial Plan serving IHSS Members. Any special government rates (GSA Pricing) or considerations should be included in any and all proposals.

As of November 2011, there are approximately 520,000 Medi-Cal, Healthy Families, Healthy Kids and Medicare DualChoice participants in the two-county area. IEHP’s provider network includes approximately 595 primary care physicians, 1,260 specialty physicians, 637 pharmacies, 227 vision providers and 26 hospitals.

The purpose of the RFP is to obtain a Blood Glucose Testing and Management Services for the Medi-Cal, Healthy Families, Healthy Kids and DualChoice product lines of business.

The DualChoice program was initiated in 2007 by IEHP. The current enrollment exceeds 6,000 members.

Attachment A

PROPOSAL SIGNATURE VERIFICATION

All offers in response to this RFP must be received on or before **January 27, 2012** by **4:00p.m.** at the office of:

Inland Empire Health Plan
303 East Vanderbilt Way, 1st Floor
San Bernardino, CA 92408

All offers are subject to the attached Instructions and Conditions, general provisions, special provisions, and Attachments. The undersigned agrees, if its offer is accepted (in whole or in part) to provide products, other materials, and services as set forth in the Attachments, in accordance with the provisions of this RFP and as may be negotiated prior to the award.

Offeror Name: _____

Address: _____

Phone Number: _____ FAX: _____

Typed or printed name and title
of person authorized to sign offer: _____

Signature of Authorized Person: _____

Date of Offer: _____

Acknowledgment of Amendments

The Offeror acknowledges receipt of Amendments to the RFP numbered and dated as follows:

Amend #	Date	Amend #	Date	Amend #	Date

Attachment B

COMPANY EVALUATION CRITERIA

IEHP allows all Members to obtain Glucometers and Testing supplies (test strips, lancets, etc) via any contracted retail pharmacies. IEHP only allows one mail order pharmacy to provide Diabetic Testing supplies. Pharmacy must demonstrate ability to provide disease management program beyond pharmacy service.

A. Pharmacy Services:

1. Please tell us your protocol to provide glucometer and testing supplies. Please include the following:
 - a. Ability to adhere to IEHP Criteria - Preferred Brand (ForaCare); Qty limitation (insulin dependent- 400/90 days; non-insulin dependent- 100/90 days)
 - b. Please state your minimum qty for each delivery
 - c. Ability to adhere to the refill and delivery guideline- refill request and delivery log

B. Disease Management Service:

1. Please describe your management program.

C. Reporting:

- a. Describe the standard reports offered to support this management program including the formats and frequency of these reports.

D. Are you able to submit claims electronically online to Argus (IEHP's PBM)?

Attachment C

REQUEST FOR PROPOSAL COSTS

PROPOSAL COSTS

1. Pharmacy Services-proposed reimbursement rate for all Diabetes Testing supplies
 1. Test Strips
 2. Lancets
 3. Glucometer
 4. Other supplies
2. Identify any other proposed services and prices.

Attachment D

**NON-COLLUSION AFFIDAVIT
TO BE EXECUTED BY BIDDER
AND SUBMITTED WITH PROPOSAL (Mandatory)**

State of California
County of Riverside

_____, being first duly sworn, deposes and says that he or she is

_____ of _____ the party making the foregoing proposal that the proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the proposal is genuine and not collusive or sham; that the bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham proposal, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham proposal, or that anyone shall refrain from bidding; that the bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposal price of the bidder or any other bidder or to fix any overhead, profit, or cost element of the proposal price, or of that of any other bidder, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the proposal are true; and, further, that the bidder has not, directly or indirectly, submitted his or her proposal price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid. (Public Contracts Code, section 7106)

Signature

Date

Attachment E

**IEHP
OWNERSHIP QUESTIONNAIRE
(Mandatory)**

IEHP is a public agency with a Board of Directors composed of elected officials and public members.

Our elected officials are restricted from voting on any action concerning a contract whose owners have made a campaign contribution of \$250 or more in the previous 12 months. To assist them in their decision making process, please indicate who the owners of your company are on the next page, "Ownership Questionnaire".

OWNERSHIP QUESTIONNAIRE
OWNERSHIP INFORMATION

Contractor's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

President: _____ **Contact Person:** _____

Person Signing Contract: _____

Broker Representative: _____

Please circle below how your organization is legally organized:

- **Sole Proprietorship**
- **Partnership (LLC, etc.)**
- **Corporation**
 - **Privately Held Company***
 - **Publicly Traded Company**
 - **Non-Profit Entity**
- **Government Agency**
- **Other (please indicate)**

*If Privately Held Company, please indicate the names of the owners and their ownership % if over 10%.

Name **Ownership% (Greater than 10% interest)**

Authorized Signature

Date