

**BID TAB**  
**PHARMACEUTICAL SERVICES – 18B-2147**  
**BID OPENING 6/26/18- 10:30 A.M**

VENDORS	FORUM	UVANTA	RXPPTS	OMNICARE
<b>CONSULTANT PHARMACIST FEE PER MONTH/ BASED ON</b>	\$350.00/Flat Rate	\$10.00/Per Occupied Bed	\$5.00/Per Occupied Bed	\$8.25 Per Occupied Bed Per Month For Required Services
<b>CONSULTANT REG. NURSE PER HOUR</b>	Included	\$0.00 For Routine Services; \$75.00 For Non-Routine Services	Included	\$55.00/Hour
<b>IV REGISTERED NURSE PER HOUR</b>	Instruction Included; IV Nursing Services Rates Attached As Page 19A	Fee Is Not Billed Hourly But Billed For Services Performed	Included	\$75.00/Hour
<b>FEE FOR SERVICE BRAND NAME</b>	WAC + 1% + \$2.40 Dispensing Fee	WAC + 1% + \$2.40 Dispensing Fee	WAC + 0% + \$2.40 Dispensing Fee	Rx: WAC + 0% + \$2.40 Dispensing Fee OTC: WAC + 10% + \$1.99 Dispensing Fee
<b>FEE FOR SERVICE GENERIC</b>	IL Medicaid Multi-Source Drug Rate: Lower of MAC or WAC + 1% + \$5.50 Dispensing Fee	The Lower Of WAC Plus 1% Or State Of Illinois Maximum Allowable Cost (SMAC) Plus \$5.50	Lower of MAC or WAC + 1% + \$5.50 Dispensing Fee	Rx: AWP-88.5% + \$3.00 Dispensing Fee OTC: WAC + 10 % + \$1.99 Dispensing Fee
<b>FEE FOR SERVICE IV</b>	Pricing Attached As Page 19B	Fee Is Not Billed Hourly But Billed For Services Performed	BRAND: WAC + 0% + \$2.40 GENERIC: AWP-50% + \$5.50	See Schedule 3.1 PSA Attached
<b>LIST OF ANY ADDITIONAL CHARGES TO THE FACILITY FROM PHARMACY</b>	<u>Early Pay Discount:</u> 5% For Payment Within 30 Days of Statement Issue Date <u>Optional Service:</u> POS Checks/ Order Reconciliation By A Licensed Nurse: \$25.00/Hour Additional Services Attached As Pages 19C	IV Pump Rental Fee= \$10.00 Per Day Invoices Paid Within 15 Days Of Invoice Date Are Eligible For a 3.5% Prompt Pay Discount. Invoices Paid Within 30 Days Of Invoice Date Are Eligible For A 3% Prompt Pay Discount. Use Of Electronic Invoicing Are Eligible For A 2% Discount.	5% Prompt Pay discount and 2% e-invoice discount.  At N/C: numerous computers and 4 hours per nurse's station advanced training per month	<b>See Attached</b> Schedule 3.1 PSA and Schedule 3.1 PCA

**Schedule 3.1 (PCA): River Bluff Nursing Home****Proposal ID: 37887****Clinical Services**

	<b>Service Fee</b>	<b>Service Basis</b>
Consulting Pharmacist (Required Services):	\$8.25	Per Bed
Consulting Pharmacist (Optional Services):	\$70.00	Per Hour
IMRR (Medication Regimen Review):	\$10.00	Per Occurrence
Consultant Services - Registered Nurse (RN):	\$55.00	Per Hour
Consultant Services - Licensed Practical Nurse (LPN):	\$40.00	Per Hour
Consultant Services - Pharmacy Technician:	\$35.00	Per Hour

Schedule 3.1 (PSA): River Bluff Nursing Home

Proposal ID: 37887

PHARMACY PRODUCTS AND SERVICES

NON IV'S AND NON TPNS

Facility Pricing Contract Terms (Patient Specific):	Fee for Service
Facility Pricing Contract Terms (Patient Specific) - Rx Brands (All Except IV & TPNS):	WAC+10%+\$2.00
Facility Pricing Contract Terms (Patient Specific) - Rx Generics (All Except IV & TPNS):	AWP+8.5%+\$3.00
Facility Pricing Contract Terms (Patient Specific) - OTC Brands (All Except IV & TPNS):	WAC+10%+\$1.99
Facility Pricing Contract Terms (Patient Specific) - OTC Generics (All Except IV & TPNS):	WAC+10%+\$1.99
House Stock:	(B) WAC+12.5% (G) AWP-35%
Minimums - Rx (Fee per Fill):	None
Minimums - OTC (Fee per Fill):	None
Controlled Substance Fee (Schedules 2,3,4,5) (Fee per Fill (Additional to Dispensing Fee)):	None
Compound Fee Non-Infusion (Fee per Fill (Additional to Dispensing Fee)):	None
Scheduled Deliveries Per Day:	2
Restocking Fee (Rx Specific):	None

	Medication Fee		Supply Fee		Basis
	Same as Oral Price Terms				
Billed to Facility: IV Hydration: All Volumes (Including Potassium & Pharmacy Additives):	\$10.00		Invoice Cost + 25%		No Per Diem
Billed to Facility: TPNS: 1 Liter (Up to 1000ml) (Includes dextrose, AA, Electrolytes, Trace Elements, Lipids & Pharmacy Additives):	\$90.00		Invoice Cost + 25%		No Per Diem
Billed to Facility: TPNS: 2 Liter (1001ml to 2000ml) (Includes dextrose, AA, Electrolytes, Trace Elements, Lipids & Pharmacy Additives):	\$100.00		Invoice Cost + 25%		No Per Diem
Billed to Facility: TPNS: 3 Liter (2001ml and greater) (Includes dextrose, AA, Electrolytes, Trace Elements, Lipids & Pharmacy Additives):	\$110.00		Invoice Cost + 25%		No Per Diem
Billed to Facility: IV Antibiotics - Infusion (drug, solution & diluents): BID	(H) WAC+5%+\$6.50 (G) AWP-40%+\$6.50		Invoice Cost + 25%		No Per Diem
Billed to Facility: IV Antibiotics - Infusion (drug, solution & diluents): QID	(H) WAC+5%+\$6.50 (G) AWP-40%+\$6.50		Invoice Cost + 25%		No Per Diem
Billed to Facility: IV Antibiotics - Infusion (drug, solution & diluents): TID	(H) WAC+5%+\$6.50 (G) AWP-40%+\$6.50		Invoice Cost + 25%		No Per Diem
Billed to Facility: IV Antibiotics - Infusion (drug, solution & diluents): QID+	(H) WAC+5%+\$6.50 (G) AWP-40%+\$6.50		Invoice Cost + 25%		No Per Diem
Billed to Facility: IV 24 Hour Hydration/Antibiotic Bag w/ >1 dose per bag Surcharge (when requested by the facility):		\$7.50			Per Day
Billed to Facility: IV Pain - Infusion (continuous infusion (drug, solution & diluents)):	(H) WAC+5%+\$6.50 (G) AWP-40%+\$6.50		Invoice Cost + 25%		No Per Diem
Billed to Facility: IV Chemo - Infusion (drug, solution & diluents):	(H) WAC+5%+\$6.50 (G) AWP-40%+\$6.50		Invoice Cost + 25%		No Per Diem
Billed to Facility: All Other IV Therapies Not Specified (drug, solution & diluents):	(H) WAC+5%+\$6.50 (G) AWP-40%+\$6.50		Invoice Cost + 25%		No Per Diem
Billed to Facility: IV Flushes:	Same as Oral Price Terms				
Billed to Facility: Specialty Pump (Sigma Spectrum, CADD, Curin, Gemstar):	Fee For Service Rental Rate	\$8.00			Per Day
Billed to Facility: Standard Pole Mounted Pump (Baxter 620):	Fee For Service Rental Rate	\$8.00			Per Day
Billed to Facility: IV Catheter Care Supplies (Not including flush):	Not Applicable				
House Stock: House Stock - IV Supplies:		Invoice Cost + 25%			
House Stock: House Stock - Pump (if applicable):	Fee For Service Rental Rate	\$75.00			Per Month

	Service Fee	Service Basis	Supply Fee	
			Invoice Cost + 25%	
Infusion Nurse - Peripheral IV Insertion:	\$180.00	Per Insertion	Invoice Cost + 25%	
Infusion Nurse - Midline IV Insertion:	\$375.00	Per Insertion	Invoice Cost + 25%	
Infusion Nurse - PICC Insertion:	\$425.00	Per Insertion	Invoice Cost + 25%	
Infusion Nurse - PICC Removal/Non-Tunneled Catheter:	\$180.00	Per Removal	Invoice Cost + 25%	
Infusion Nurse - Dextol/Repair Central Catheter (De-dotting agents are NOT included in the infusion nursing fee):	\$180.00	Per Repair	Invoice Cost + 25%	
Infusion Nurse - After Hours Fee:	\$75.00	Per Visit		
Infusion Nurse - Additional Hours Required to Complete Service:	\$75.00	Per Hour		
Infusion Nurse - Consulting Service:	\$75.00	Per Hour		
Infusion Nurse Services - Third Party Company Utilized:	All Charges 100% Pass Through of Invoiced Cost			

	Live Class Fee	Live Class Basis	Live Class Attendance Requirement	
			Minimum	Maximum
Parenteral Nutrition (TPN, PPN):	\$50.00	Fee Per Person Per Day	Minimum 4	Maximum 12
Vascular Access Devices:	\$50.00	Fee Per Person Per Day	Minimum 4	Maximum 12
Pain Management - Patient Controlled Analgesia (PCA):	\$50.00	Fee Per Person Per Day	Minimum 4	Maximum 12
Management of Inotropics in the Heart Failure Resident:	\$50.00	Fee Per Person Per Day	Minimum 4	Maximum 12
Clearing Thrombotic Occlusions in Central Vascular Access Devices:	\$50.00	Fee Per Person Per Day	Minimum 4	Maximum 12
IV Push Administration:	\$25.00	Fee Per Person Per Day	Minimum 4	Maximum 12
Hypodermoclysis:	\$50.00	Fee Per Person Per Day	Minimum 4	Maximum 12
PICC Removal:	\$50.00	Fee Per Person Per Day	Minimum 4	Maximum 12
Documentation/IV#OS/MAR Forms:	\$25.00	Fee Per Person Per Day	Minimum 4	Maximum 12
Essentials of Infusion Therapy - 2 Day Class:	\$75.00	Fee Per Person Per Day	Minimum 4	Maximum 12
Medication Assistant Courses offered by Nurse - Full Course:	\$75.00	Fee Per Person Per Day	Minimum 4	Maximum 12
Medication Assistant Courses offered by Nurse - Refresher Course:	\$55.00	Fee Per Person Per Day	Minimum 4	Maximum 12
Other Nurse Education Services: (Including, but not limited to, Facility Requested Infusion Audit, Facility Nurses Preparation to Failures, Other Safety Required On-Site Infusion Training)	\$75.00	Fee Per Hour (1 Hour Minimum)	Minimum 4	Maximum 12
Infusion Nurse Education/Certification - Third Party Company Utilized:	All Charges 100% Pass Through of Invoiced Cost			

	Fee Per Participant
IV Push Administration:	\$15.00
Hypodermoclysis:	\$15.00
Role of the Licensed Nurse in Preventing Bloodstream Infections:	\$15.00
CVAD Removal:	\$15.00
Parenteral Nutrition:	\$25.00
Pain Management - Patient Controlled Analgesia (PCA):	\$25.00
Management of Inotropics in the Heart Failure Resident:	\$25.00
Clearing Thrombotic Occlusions in Central Vascular Access Devices:	\$25.00
Vascular Access Devices:	\$50.00
Essentials of Infusion Therapy 2 Day Class:	\$75.00

Pricing Comments:

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IV Comments:

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All references to states Maximum Allowable Cost (MAC), Federal Upper Limit (FUL), Direct Cost (Direct), Wholesale Acquisition Cost (WAC) and Average Wholesale Price (AWP) refer to values as reported by such third-party pricing service (e.g., First DataBank or Medi-Span) as pharmacy may utilize from time to time.

The Vaccine pricing is determined on an annual basis. Please contact your local pharmacy provider for the current pricing details.

Infusion Supply/Pump Per Diem or Per Dose Charges:

1) Shall only be applied to a specific resident for each day of use IV Supply Per Diem charges include all IV Pumps and disposable IV Supplies that are clinically appropriate and necessary to administer IV medications in compliance with Omnicare infusion Policy, FDA, INS, and OSHA requirements and guidelines. These may include: IV Pumps (unless otherwise specified on Schedule 3.1), Infusion Sets/Tubing, peripheral IV catheters, IV start kits, CVAD dressing change kits, needle-less supplies/connections, etc. Diluents, Prefilled IV Flush Syringes, and Intrastemic Devices are not included in Per Diem or Per Dose charges unless otherwise noted.

2) Per Dose Charges - The Per Dose Fees will be applied to each IV Dose that is dispensed unless noted otherwise.

3) Per Diem Charges - The Per Diem Fees will be applied to each drug dispensed for each day of service unless otherwise noted. EXAMPLE: If a patient receives 2 different IV Antibiotic drugs for 7 days, with Drug A administered once per day and drug B administered twice per day, the QD Per Diem Fee will be applied to Drug A with a quantity of 7 and the BID Per Diem Fee will be applied to Drug B with a quantity of 7.

Infusion House Stock - Pump:

Infusion (IV) Pumps are assigned on a per Patient basis from the Pharmacy, or once removed from House Stock. All IV Pumps shall be returned within seven (7) days after discontinuation of Patient's therapy. In no event shall facility utilize a Pump for another Patient other than the Patient it is assigned to, without returning the Pump to Pharmacy for cleaning, disinfection, and volumetric testing. In the event that Facility fails to return the Pump within the seven (7) day period, and at Omnicare's discretion, the Facility shall pay Pharmacy the daily pump rental fee or the daily per diem fee for each day the pump is not returned past the 7 day period. If not returned after 30 days, Omnicare reserves the right to bill the facility an amount equal to the replacement value of the Pump determined by Omnicare at that time.

Infusion Nursing Services:

1) If IV Nursing or IV Educational Services are contracted by Omnicare to an outside IV Nursing Agency, the rates of the outside vendor will be used by Omnicare to charge the service provided to the Omnicare customer.

Infusion Nursing Education:

1) Pharmacy may charge the contracted rate for the program if facility cancels infusion Education less than 15 days prior to schedule date of the class.

Page 19A--IV Registered Nurse Onsite Infusion Service Fees

ITEM OR SERVICE	FEE
<b>OPTIONAL ONSITE INFUSION SERVICES TO REDUCE RE-ADMISSIONS</b>	
Declot IV Catheter	\$125.00
IV Medication Administration	\$125.00
IV Setup	\$125.00
IV Troubleshooting	\$175.00
Midline Insertion (Includes Kit)	\$400.00
Port-a-Cath Access	\$200.00
Peripheral IV Insertion	\$125.00
PICC Line Insertion (Includes Kit)	\$500.00
PICC Line / Mid-Line Troubleshooting / Repair	\$125.00
PICC Line / Central Line / Mid-Line DC	\$200.00



Page 19C--All Other Fees

ITEM OR SERVICE	FEE
<b>CONTINGENCY SUPPLIES</b>	
Automated dispensing system	Included (items charged to payer/resident/facility upon use)
Emergency boxes	Included (items charged to payer/resident/facility upon use)
IV consignment box(es) and/or supplies	Included (items charged to payer/resident/facility upon use)
<b>DELIVERIES</b>	
Twice-daily regularly scheduled	Included
Additional for admissions	Included* <i>*Unless order could be reasonably handled by using on-site supplies.</i>
STAT, emergency	Included* <i>*Unless order could be reasonably handled by using on-site supplies.</i>
<b>EQUIPMENT FOR MED ADMINISTRATION &amp; STORAGE, ORDER COMMUNICATION &amp; MAINTENANCE</b> <i>(All equipment &amp; supplies remain the property of the pharmacy)</i>	
Crash carts, if needed	Included
Digital camera for resident photo records, if needed	Included
Fax machines	Included
Medication carts	Included
Medication storage refrigerators, if desired	Included
Tablet crushers	Included
<b>PROFESSIONAL SERVICES</b>	
Consultant pharmacist, consultant nurse, and IV instruction nurse services	\$350.00/month flat rate
Family night presentations	Included
Field technician services	Included
Inservice education	Included
POS checks/order reconciliation by a licensed nurse	\$25.00/hour
<b>REFERENCE &amp; SUPPLY MATERIALS</b>	
Binders (MAR, TAR)	Included
Drug References	Included
Medication Records, updated monthly	Included
Pharmacy Forms, Records	Included
Reports (custom and standard)	Included
<b>TECHNOLOGY</b>	
Fax Server Provider Portal	Included
Pharmacy Information System Interface	Included
Interface With PCC/Facility Clinical Package e-MAR	Included