



Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Israel Rocha, Jr.
Chief Executive Officer
Cook County Health

Board of Directors

M. Hill Hammock
Chair of the Board

David Ernesto Munar
Vice Chair of the Board

Robert Currie
Hon. Dr. Dennis Deer, LCPC, CCFC
Mary Driscoll, RN, MPH
Raul Garza
Ada Mary Gugenheim

Joseph M. Harrington
Mike Koetting
Heather M. Prendergast, MD, MS, MPH
Robert G. Reiter, Jr.
Otis L. Story, Sr.

ADDENDUM NO. 1

January 25, 2021

Title: Provision of Group Purchasing Organization (GPO) Services

RFP # H20-0036

1. General

This addendum revises RFP documents. This addendum is issued to respondents of record prior to execution of contract, and forms a part of contract documents and modifies previously issued documents. Insofar as previously issued contract documents are inconsistent with modifications indicated by this addendum, modifications indicated by this addendum shall govern. Where any part of the contract documents are modified by this addendum, all unaltered provisions shall remain in effect.

2. Addendum Acknowledgement Form

Acknowledge receipt of this addendum in the space provided on the Addendum Acknowledgement Form. Proposers must include the signed form with their response. Failure to do so will subject Proposers to disqualification.

3. Changes and Clarifications

- A. Proposal Due Date changed from 02/05/2021 by 2:00 p.m. to 02/15/2021 by 2:00 p.m.
- B. Responses to Proposer Questions are provided below.
- C. Attachment A has been updated. Updates include changes to manufacturer names, removal of redundant items, and inclusion of additional manufacturer information. Also, please separate the Pricing Proposal in Attachment A and submit pursuant to Section 6.12 of the RFP.

4. Attachments

- A. Attached as a paperclip to this pdf file:
Attachment A_Market Basket Pricing Analysis_Updated_1_17_2021.xlsx

Responses to Vendor Questions

Question #	RFP Section	Question CCH Response	CCH Response
1	N/A	What strategic initiatives/goals does your organization have for the next 12 to 36 months related to supply chain and non-labor expense reduction?	See RFP Section 3
2	5.1	Will supply chain technology solutions be considered in this RFP for cost and quality benchmarking purposes? What supply chain technology is currently installed?	See RFP Section 5 .1
3	5.1	Will clinical data technology solutions be considered in this RFP for cost and quality benchmarking purposes? What clinical data technology solutions are currently installed?	See RFP Section 5.1
4	5.1	Please break down total annual GPO spend into the following categories.	
		All GPO Pharmacy contract spend excluding 340b related contract spend	See RFP Section 5
		Any 340b related contract spend reported by the GPO (if applicable)	N/A
		GPO Med/Surg distribution contract spend	In 2019, CCH Medical/Surgical distribution contract spend was approximately \$22,200,000.
		GPO Pharmacy wholesaler contract spend	N/A
5	N/A	Is Foodservice in scope?	Foodservice is included.
		If foodservice is insourced, who is the primary distributor?	N/A
		If foodservice is outsourced, who is the provider?	N/A
		If outsourced, does the outsourced provider enable your organization to use the GPO portfolio for foodservice purchasing?	N/A

6	N/A	What is your annual recurring capital expense budget?	CCH's capital expense budget varies by year. Please visit cookcountyhealth.org for more information.
7	N/A	What other significant capital equipment purchases / construction expenditures are planned over the next 3 years that would be above the annual recurring capital expense? If so, please describe.	N/A
8	N/A	Please list any other support services that are outsourced (e.g., environmental, biomedical engineering)	CCH outsources support services across the system. Please provide any information you deem relevant with regards to outsourced support services..
9	N/A	Please outline total non-labor expense in the following categories regardless of whether the spend is on a GPO contract or not.	See RFP 5.1 for CCH GPO spend information.
		Supplies (clinical and non-clinical) - exclude drugs and physician preference items	See RFP 5.1 for CCH GPO spend information.
		Physician Preference Item Spend	See RFP 5.1 for CCH GPO spend information.
		All drug spend excluding: 340B, oncology, retail	See RFP 5.1 for CCH GPO spend information.
		Retail drug spend only	See RFP 5.1 for CCH GPO spend information.
		Oncology drug spend only	See RFP 5.1 for CCH GPO spend information.
		340B drug spend only	See RFP 5.1 for CCH GPO spend information.
		Purchased Services	See RFP 5.1 for CCH GPO spend information.
		Total supplies, drugs services	See RFP 5.1 for CCH GPO spend information.
10	N/A	Please identify all current non-labor expense reduction engagements or guaranteed savings programs with third parties (e.g., consulting engagements, specific supplier/distributor programs, etc.) if any.	N/A. If you would like to submit information related to this subject matter, please do so, and insert after Section 5.2.11.6.
11	N/A	How are you sourcing and/or leveraging cost reduction solutions specific to purchased services i.e., 3rd party services?	N/A

		Does the supply chain leader/person owning the GPO relationship have ownership of Purchased Services spend?	Yes.
12	N/A	Is there a 3rd party consultant engaged to assist in GPO selection and/or analysis?	No.
13	Cost Proposal	Can we add rows to the proposed cost proposal structure within excel?	Rows may be added to Attachment A, Tab B CCH Pricing Analysis and Attachment B - Pharmacy Market Basket. Attachment A, Tab A - Pricing Proposal must be submitted without alterations. However, responder may submit an additional alternate pricing proposal with added rows, along with original Excel file.
14	Attachment A Market Basket Pricing Analysis	There are a number of lines that are missing critical data elements and/or have inaccurate manufacturer data. In order to perform an accurate analysis, these data elements are required. Will you provide updated data? See details below and attached (provided as a separate attachment): <ul style="list-style-type: none"> • 395 lines without a Manufacturer Catalog Number • 341 lines without a Product Description • 213 lines appear to have an inaccurate Manufacturer Full Name (using the Mfg. Abbreviations tab, pulled in the Manufacture Full Name) • Each cell that has missing data or appears to be inaccurate has been highlighted in yellow for ease of identification 	An updated Attachment A, Tab B - CCH Pricing Analysis has been provided. Manufacturer names have been updated, and redundant fields deleted. Please base your responses using the manufacturer catalog or product number (Column B). Product Number Description's (Column C) vary depending on the distributor. The specific distributor (Cardinal Health or Medline) has been indicated, where applicable, in parentheses in Column C. Regarding the sections in Column B and C without information, these sections correspond to the completed fields directly above it in the same column. The difference is the Unit of Measure (Column D) for that specific product. Moreover, when different Product Number Descriptions (C) are under one Catalog or Product Number (B), the description difference is based on the distributor, as mentioned above. Please omit any information you are unsure of in this section.
15	Attachment A Market Basket Pricing Analysis	Can you provide either the annual usage by item or annual spend by item?	N/A
16	Attachment A Market Basket Pricing Analysis	Will you agree to validate all line items with a variance over 20% to assure valid results?	Yes.

17	RFP Section 5.2.11 Pharmacy Requirements	The word "Radiology" is referenced immediately following the instructions to this section, with no further detail. Is this in error? Please clarify.	Yes. Please disregard the word "Radiology" in this section.
18	RFP Section 6.12 Pricing Proposal	Please clarify: do you want Attachment A_Market Basket Pricing Analysis to include Tab A. Cost Proposal, or should this Tab A be separated out?	The Pricing Proposal (Cost Proposal) in Attachment A, Tab A must be removed and submitted separately from the rest of Attachment A. Changes have been made to this attachment. Tab A Cost Proposal has been renamed Tab A - Pricing Proposal. The Pricing Proposal must be submitted following the instructions provided in Section 6.12 of the RFP.
19	RFP Section 5.2.8 CCH Roles and Responsibilities, sub-question (b) CCH Resources Required to support non-system tasks.	Please clarify your definition of "non-system tasks".	Non-system tasks are tasks that do not possess a clinical or direct patient care aspect.
20	RFP Section 6.5 Financial Status	Please clarify: should any pricing or pricing-related information that may be provided in our proposal be separated out and provided separately, or just the Pricing Proposal referenced in RFP Section 6.12?	The Pricing Proposal referenced in RFP Section 6.12 is the only section of the attachments that need to be submitted separately following the submission instructions in Section 6.12. For the sake of clarity, Attachment A, Tab A is now called Pricing Proposal and the instructions in Attachment A have been updated. Tab A- Pricing Proposal of Attachment A must be separated out of the Excel File and submitted following the instructions in 6.12 of the RFP.
21	RFP Section 6.3.2 References and Track Record	Can you specify who will be reaching out to provided reference contacts so that we may notify the reference contacts?	CCH Employees
22	Attachment B Pharmacy Market Basket	Due to the volatility of pharmacy pricing for some categories, it is important that pricing be measured by all parties using the same day. We suggest December 1, 2020 as the date of price. Please confirm.	Please use the date provided in the RFP.

23	Attachment B Pharmacy Market Basket	As a DSH eligible covered entity, COOK COUNTY HEALTH is eligible for Acute Care DSH Tiers on the GPO spend. Do you want to exclude these Tiers?	If CCH qualifies for the Acute Care DSH Tiers the tiers should be included.
----	---	---	---

ADDENDUM ACKNOWLEDGEMENT FORM

As required by the RFP, Proposers must submit this acknowledgement form with their response. One acknowledgement form per response, listing all addenda, is appropriate.

Addendum No.: _____

Addendum No.: _____

Addendum No.: _____

Addendum No.: _____

Addendum No.: _____

Addendum No.: _____

Company Name: _____

Representative's Name: _____

Signature: _____

Date: _____

END OF ADDENDUM