

FORM 1 – ABILITY TO PROVIDE SERVICES

COMPLETE THE INFORMATION BELOW

Complete the information to demonstrate your business experience and contracting experience in the provision of pharmaceutical services for skilled nursing facilities in Wisconsin.

Licensed to operate in the State of Wisconsin? (Circle answer) YES NO

Years of experience in providing pharmaceutical services to
skilled nursing facilities in the State of WI 25 Years

Years of experience in providing pharmaceutical services to
skilled nursing facilities in the State of WI with 100 beds or more in the State of WI 14 Years

RFP and Implementation Schedule Statement

Vendors must circle below whether they are capable to meet the implementation timetable stipulated in this RFP and if there are any potential conflicts with those outlined dates, must describe below.

We are able to meet the implementation timetable (circle one) YES NO

If any Potential Conflicts, describe below:

Describe ability to provide services, plan or methodology for performing the work, by providing your information using this Form List below.

1. Describe the medication dispensing system, e.g., unit dose, punch pack bulk.

The oral drug distribution will be provided in short-cycle ATP medication strip packaging, in a 2-2-3 day cycle. The pharmacy will exchange the medication on a pre-determined schedule based on facility needs. PRN medications will be provided in heat sealed 8-day matchbook blister card form. Schedule II and PRN Controlled Substance medications will be provided in heat sealed 30-day blister card form.

Printed on each individual medication strip packet is: resident name, room/bed number, ID number, drug name, quantity, lot number, NDC, pill description, expiration date, Rx#, day, date and time. There is a maximum capacity of 5 different medications and 10 total pills per packet for multi-dose packaging and one medication for per packet unit-dose packaging.

After all strips and blisters have been checked, they are placed in cassettes. These are locking storage containers with a single drawer for each resident. PRN medications are placed in the rear section of the drawer and scheduled medications are placed in the front section of the drawer. Upon delivery, the cassettes can be placed directly in the medication carts for dispensing.

2. Describe quality assurance programs, control procedures and methods for tracking errors. Describe procedures for identifying potential drug interactions and/or appropriate drug therapy.

Quality Assurance

When an error occurs, it is mandatory that a detailed incident report be written, signed by the writer's supervisor and forwarded to the Pharmacy's Quality Control Coordinator (QCC). These reports are then

reviewed by the QCC who opens an “investigation”. Using a systematic approach, the QCC retraces all the steps that lead to the occurrence. These reports and the QCC’s findings are discussed with the Quality Control Improvement Committee. The committee focuses on the patterns of errors, reviews the current policies and procedures, makes suggestions of revision in the areas that have a high likelihood of error and presents the suggestions at the next Manager’s Meeting for approval.

Typically a protocol is written and placed in effect immediately. The QCC then follows up a month later to determine if the protocol was effective. The QCC presents the findings at the next Quality Improvement Committee (QIC) meeting.

Every month the QCC keeps a log of incident reports that contains the following information:

- Date
- Facility
- Pharmacy personnel involved in incident
- Classification of error
- Remediation/ and if remediation was effective

Monthly and quarterly these logs are viewed for trends. If a trend is found, the QIC discusses the current policies and procedures and makes suggestions for areas of changes. These changes are also then presented at the Manager’s meeting for approval.

Drug interaction

Our software alerts the technician or Registered Pharmacist of a drug interaction while the staff is entering the new order. A box appears stating what the interaction is and level of severity. In order for the user to advance to the next step of order entry a Pharmacist has to enter in their initials acknowledging the drug interaction or the Pharmacist denies the order and notifies the facility.

The IV department has a double-check measure of ensuring that no IV drug interactions occur. In addition to using the software, the IV nurse previews all orders and compares the patient’s drug allergies to the new medication order. The nurse prepares a form called the Pharmacist Interaction Screening in which lists the patient’s allergies, current medications and what the new medication order is. A Pharmacist then previews these records, documents if any drug interactions are found, and lists recommendations if applicable. If drug interactions are found, the IV nurse notifies the facility immediately.

Appropriate drug therapies are reviewed as the new orders come in by the Pharmacist. We also employ consulting pharmacists, in which at the consultant pharmacist’s discretion patient charts are reviewed for appropriate drug therapies

3. Provide a detailed delivery schedule. Include times for daily deliveries, deadline times for inclusion in those daily delivery times, estimated delivery time for stat orders, and estimated delivery time after the latest delivery cut-off time.

Deliveries will be made every day of the year, including holidays. Deliveries will be made Monday-Friday any time after 11pm with a cut-off time of 6pm, Saturday any time after 6pm with a cut-off time of 4pm, and Sunday any time after 4pm with a cut-off time of 1pm, except in circumstances and conditions beyond our control, which shall expressly include, but not limited to, claims requiring prior authorization, out-of-stock situations, and detrimental driving conditions. If for any reason we are unable to deliver the requested item(s) within a reasonable time or in the event of an emergency and the medication is not supplied in the emergency contingency boxes, we will have the item delivered by one of our local contracted pharmacies.

A delivery log will accompany each delivery to the facility. This will list all items delivered, medication strips for unit residents, and itemized individually packed medications. The representative of Brookside Care Center

who receives the delivery from the pharmacy will be required to sign the delivery log, acknowledging receipt of the items listed.

Our fleet of delivery technicians will provide secure transportation of pick up and drop off to and from Brookside Care Center and the Pharmacy. We ensure the transport of totes in a manner that prevents contamination and degradation, and ensures the division of medications. Medications and totes are transported in accordance with the manufacturer's specifications and according to state and federal laws including, but not limited to:

- 1) Temperature controlled transportation
- 2) Secured totes and delivery vans
- 3) Safe from contamination and degradation, and ensuring separation from general inventory.

We are responsible for all delivery transports and actions of delivery technicians and will maintain at least the minimum coverage for all motor vehicles insured, and all delivery technicians are required to:

- 1) Present a picture employee ID at the time of arrival for pick up.
- 2) Vehicle will be attended and locked at all times.

4. Provide detail of plan for contingency supply of required medications.

We will provide Brookside Care Center with two (2) contingency boxes, one (1) refrigerator contingency box, one (1) narcotic contingency box, one (1) IV Supply contingency box, and one (1) IV antibiotic contingency box. Emergency contingency boxes located on-site at Brookside Care Center will include over 200 commonly used schedule II, III, and IV medications, including commonly used oral generic and brand medications, inhales, eye medication, injectables, suppositories and topicals, topical patches, and oral liquids. With the refrigerated contingency box to include all commonly used insulins, and the narcotic contingency to be supplied with all commonly used narcotics.

Each item in the refrigerator, narcotic, and IV contingency boxes will be heat sealed with a form to fill out and fax to the pharmacy which will include these instruction: FAX this form to the Pharmacy when any Schedule II, III, or IV Contingency medication is used. *Please* include a copy of the medication order, the date, name of resident the medication is being assigned to, and the signature and printed name of the nurse assigning the contingency medication. An updated label and additional supply will be provided with the next scheduled delivery.

Only drugs designated by the Nursing Supervisor and consultant pharmacist will be supplied. In the event that a medication is removed from the contingency kit, the nurse will sign and date the form included in the contingency kit. This form specifies the medication that was removed and to whom it was administered. If a medication is depleted, the contingency kit is swapped out with a duplicate that is kept at the pharmacy. Medications in the contingency kit are reviewed and monitored for dating and they are flagged when the medication is within three months of expiration. All medications are removed and replaced one month prior to the expiration date.

5. Provide details of emergency medication back-up plan.

We are currently contract with MedCall, LLC which is contracted with pharmacies all over the state of Wisconsin for emergency, pharmaceutical processing. We will provide our pharmacy staff with three back-up pharmacies located in Kenosha, as well as a list of back-up courier services for delivery.

In the event of an emergency medication needed before the daily delivery, an out-of-stock situation, detrimental driving condition, or any STAT order, we will contact one of the three back-up pharmacies located in Kenosha and call in the order, we will use our MedCall contract with them and be billed through MedCall. When the prescription is filled, our emergency courier will deliver the medication within the hour, all expenses paid by us.

6. What action is taken by the pharmacy when a medication is no longer covered by insurance?

When we are aware of a medication no longer covered by insurance we will notify the Doctor of the resident in question. We will request that they change the current order to a similar medication that is covered. If no other medication is currently covered, the resident or POA will be informed of the change and will be billed, if they wish to continue with the therapy. If the resident does request to stop the drug therapy, a request will be made to the Doctor, if rational, for approval.

7. Describe policies and procedures for continuation of services in the event of disaster.

An emergency plan is in place designed to provide continuing care and support appropriate to the care or service provided in the event of an emergency that would result in interruption of patient services or would require the need of services from other organizations.

In the event of either an environmental or a staff emergency occur, the care and service will be provided to patients by the following emergency procedure:

A call tree is established, should an emergency be declared, the President will notify all personnel to be on a standby basis for possible call. Upon notification, each individual proceeds to their business location or to be designated to the alternate emergency location. All delivery vehicles will be stocked with appropriate supplies, filled with gasoline, first aid kits and other emergency items, and are stocked with supplies appropriate to patient needs.

An up-to-date priority list of patients who would receive immediate attention is available at the office and at the manager's place of residence. We will provide an alternate power source designed to provide service for a minimum of three times the maximum response time for those patients receiving life-sustaining infusions. If necessary, we will use our alternative care providers to assist in the delivery of services during the emergency. Backup copies of electronic data are maintained at a location other than the primary computer facility. This Emergency Preparedness Plan is reviewed and tested at least annually and in response to an actual emergency to evaluate the adequacy of the plan and staff preparedness.

8. Describe return policy.

Any Bulk medications, i.e. Inhalers, creams, powders, etc. that are returned in the same condition as delivered within the calendar month will be given credit. Credit is only given if they have not been tampered with, written on, has not been opened or damaged. Short cycle ATP medication strip packaging, in a 2-2-3 day supply can be returned to the pharmacy, but cannot be credited. PRN medication provided in heat sealed 8-day supply blister cards can be returned to the pharmacy, but cannot be credited.

Controlled Medication

Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal, and record keeping in the facility in accordance with federal and state laws and regulations.

The director of nursing and the consultant pharmacist are responsible for the facility's compliance with federal and state laws and regulations in the handling of controlled medications. Only authorized licensed nursing and pharmacy personnel have access to controlled medications.

When a dose of a controlled medication is removed from the container for administration but refused by the resident or not given for any reason, it is not placed back in the container. It is destroyed in the presence of two licensed nurses, and the disposal is documented on the accountability record on the line representing that dose. The same process applies to the disposal of unused partial tablets and unused portions of single dose ampules and doses of controlled substances wasted for any reason.

Schedule II medications remaining in the facility after a resident has been discharged, or the order is discontinued, are disposed of either in the facility by the administrator and/or director of nursing and/or consultant pharmacist; by returning to the Drug Enforcement Administration (DEA); or by retaining for destruction by an agent of the DEA, as directed by state laws, regulations, and/or the DEA.

Schedule III, IV, and V controlled substances are disposed of at the facility by two licensed personnel, as directed by state law. Controlled substances can be rejected at the time of delivery and returned to the pharmacy.

9. Provide information on facsimile (FAX) machines and maintenance plans. (2 required)

We will provide Brookside Care Center with two (2) Canon Laser Class 310 Fax machines, with E.O. Johnson monthly maintenance contracts in place for services. We will provide these two (2) facsimile machines, with the Pharmacy retaining ownership, while being used by the Facility for communication purposes between the Pharmacy and Facility.

10. Provide information on medication carts. (7 required).

We will provide seven (7) Capsa Solutions MDM Medication Carts to Brookside Care Center, with the Pharmacy retaining ownership of all seven (7) medication carts while being used by the Facility for management of the resident's medications.

Each Atromick MDM Medication Cart contains, dual-sided cassettes with flexible drawers and dividers to organize packaging in single modular bins. Each medication cart contains an accessories tray, multi-cavity set, hard top surface, writing surface, and lockable narcotic box. All carts provided contain locking bars, which are pivoting locking bars to ensure complete security.

11. Describe experience and ability to interface with Electronic Medical Records (EMR) systems.

Our interface experience consists of interfacing with Accuflo and Extencicare Pro. Our RNA/Helix Pharmacy System provides interfaces to the most widely software and hardware made by other companies. Included on the list that Helix connects easily to is all widely accepted messaging formats, such as HL7.

12. Describe plan, billing practices, methods and systems, for all 3rd party billing.

With a dedicated billing department, available Monday through Friday from 8 am to 4:30pm to assist with any insurance or billing issues, we are able to bill to a wide variety of sources including commercial insurance, Medicaid, Medicare A, B and D, and fee for service. We currently bill for approximately 1600 long-term care clients using the RNA/Helix Health Systems long-term care software.

The Facility agrees to reasonably assist the Pharmacy with obtaining any necessary information for billing purposes. The Facility agrees to notify the Pharmacy as to the status of each resident regarding the source of reimbursement for pharmaceuticals and supplies, and shall promptly notify the Pharmacy as to a change in status of reimbursement.

The Pharmacy will provide the Facility with a Pharmacy Financial Responsibility Authorization Form. The Facility agrees to include the form in the residents' admissions material and submit a completed and signed form to the Pharmacy before medication is provided for that resident.

The Pharmacy will directly bill the residents, the financial guarantor of the resident, or the appropriate third party reimbursement source for the services rendered, when not required to be billed by the Facility.

The resident of the facility will be held responsible for services rendered, whether or not the Pharmacy participates in the resident's insurance program, including any co-payments and deductibles. The Pharmacy agrees to make reasonable effort to contract with all resident's insurance programs. The Pharmacy will provide the Facility with an annual computer generated report of the cost of drugs for all private pay residents, when requested by the Facility.

All billing is performed in set monthly cycles. Prescription claims will be adjudicated on the first of the month or date of admission for routine medications. PRN and bulk medications will be filled and adjudicated on a daily basis as requested. We will review and input all face sheets, insurance and census provided to us as we receive them and bill accordingly to the appropriate parties and also assists with obtaining and maintaining prior authorizations, as well as printing customer profiles for tax purposes.

The Pharmacy will provide the Facility with monthly invoices for pharmacy services rendered. Facility agrees to remit payment within forty-five (45) days of receipt of bill from the Pharmacy. In the event that financial responsibilities cannot be met within the forty-five (45) days, the Facility will provide the Pharmacy with proper notification as well as a plan for recovery of payment.

13. Describe internal quality control or other similar techniques for monitoring billing.

Our billing department currently handles real-time online billing of insurance claims. Commercial insurance, Medicaid and Medicare Part D claims are submitted online with real-time approval, rejection and rejection repair. All Medicare Part B claims, which are associated with pharmacy claims, are submitted through an online clearinghouse. Medicare Part B claims are managed through the Noble House DME billing program and HCFA, Medicaid supplies are billed through Endeon. Billing to private pay residents will be done using the billing and receivables program included in the long-term care software package. We will also bill and accept payment equally from all parties.

We will also use E1 eligibility checks through our long-term care software, which is an eligibility system to check Medicare Part D eligibility, and we also utilizes the Wisconsin Medicaid Portal Health system for additional eligibility information.

Techniques for monitoring billing include: a double check between two billing personnel, and an AR report generated and checked for admission date, items billed versus items sent, and discharge date if applicable. Every bill generated by our RNA/Helix Health billing system, will be double checked with the Billing Specialist Supervisor to approve before delivery to Brookside Care Center. We will review and input all face sheets, insurance and census provided to us as we receive them and bill accordingly to the appropriate parties. We will also bill and accept payment equally from all parties.

14. Describe any additional value added services that will be supplied. Be specific.

Computer Generated Forms and Reports

The following computerized forms will be generated monthly and will be printed when requested, or reprinted as needed:

- a. MAR (Medication Administration Report)
- b. TAR (Treatment Administration Report)
- c. Physicians Orders
- d. Individual Narcotic Records
- e. Drug Interaction Reports
- f. Patient Information Leaflets
- g. Drug Category Utilization Reports
- h. Psychotropic Reports Including: Coumadins, Antibiotics, Antidepressants, Anxiolytics, Benzodiazepines, and Diet Orders.

iAMOS

The facility, if chosen, will be provided with AMOS, a real time program to remotely connect to the Pharmacy database. Allowing the Facility to view patient medication profiles, patient insurance information, enter new admissions, enter new prescription, discontinue orders, refill prescriptions, get a price quote, and print MARs and Physicians Orders from their own workstation.

IV Therapy

Our infusion therapy service allows the patient to receive the benefits of infusion therapy while living in Brookside Care Center. Infusion therapy may eliminate the need for hospitalization entirely in some cases, greatly reducing health care expenses.

Infusion therapy is ordered by the physician who works closely with the pharmacists and nurses at our pharmacy. Infusion solutions are compounded to exact specifications using state of the art equipment. We also have a complete line of enteral formulations to meet the nutritional needs of patients. Easy-to-use enteral pumps facilitate flow rate and maximize safety. Registered nurses provide education, training and ongoing care with regular calls to the Facility throughout the course of therapy.

Infusion therapy and enteral therapy are provided by our team of registered nurses and certified pharmacy technicians specialize in enteral nutrition, total parenteral nutrition, IV antibiotic therapy, pain management, and hydration therapy. Our registered nurses are available 24 hours a day, 7 days a week.

Durable and non-durable Medical Equipment

We also offer a wide range of quality durable and non-durable medical equipment and supplies to help provide safe and convenient care to our Facilities. Our Durable Medical Equipment program includes equipment that may be obtained on a rental or purchase basis, and our personnel are trained in proper fitting and measurement. We provide product, service and billing.

Observations

A nurse on staff here at the Pharmacy will conduct a medication pass audit for each clinical unit quarterly. A copy of this report will be given to the Director of Nursing for review and evaluation.

A pharmacy technician on staff here at the Pharmacy will conduct quarterly medication room and medication cart inspections. A copy of this report will be given to the Director of Nursing for review and evaluation. The pharmacy technician performing the med room inspection will insure that only approved drugs are on the clinical unit and all drugs are stored properly. During the quarterly med room inspection, refrigerator temperature will be validated. During the med room inspection it will be verified that internal and injectable drugs are stored separately from drugs for external use.

In-Services Available

We have two Registered Nurses on staff, and available to Brookside Care Center at all times. They will provide two complimentary IV in-services to Brookside Care Center whenever requested. The two in-services available include: Starting an IV and the IV Delivery Modes.

IV start in-service: will teach RN/LPN's how to start IV's, the flushing protocols, and dressing change procedures. The Nurse will bring an arm that includes life like experience because it has red dye that runs through it to imitate a flash response when the vein has been punctured.

IV delivery modes in-service: will teach the different modes of IV therapy delivery options that we currently uses. These include: CADD Pumps, Vista Pumps, Elastomerics, and Add-Vantage Vials.

All Pharmacists and Nursing professionals here at the pharmacy are on-call and available 24 hours a day, seven days a week, along with an IV start nursing assistance program available when needed.

To maintain complete confidentiality both the Pharmacy and Brookside Care Center will agree to comply with the contents of both facilities' Policy and Procedure manuals; which will be in compliance with best practices and with all applicable laws. Policies and procedures may be amended as needed and as agreed upon by both the Pharmacy and Brookside Care Center. To protect the privacy of Protected Health Information (PHI) and the security of electronic Protected Health Information (ePHI) that is disclosed, created, received, used, or transmitted, both the Pharmacy and Brookside Care Center agree to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

FORM 2 – PRICING FACTOR-OVER THE COUNTER (OTC) MEDICINES

Brookside Care Center bears the cost of providing over the counter medication for residents. As a cost saving measure, Brookside Care Center chooses to stock the following medications in bulk form. These over the counter medications represent approximately 22% of the overall pharmaceutical expenditures.

DO NOT ALTER THIS FORM

Proposer must provide charges for the following OTC medicines
AS LISTED BELOW INCLUDING IN THE LISTED QUANTITIES

<u>Drug</u>	<u>Quantity</u>	<u>2012 Charge to Brookside</u>
Acetaminophen 325mg tablet	1000 tablets	\$6.34
Acetaminophen ES 650mg caplet	1000 caplets	\$84.36
Docusate Sodium 150mg/15ml liquid	473 ml	\$3.28
Docusate Sodium 250mg capsule	1000 capsules	\$54.24
Vitamin C 1000 mg tablet	1000 tablets	\$17.76
Multivitamin w/Minerals	1000 tablets	\$28.76
Calcium 500mg w/Vitamin D	1000 tablets	\$13.80
Ferrous Sulfate 325 mg tablet	1000 tablets	\$7.21
ASA-EC 325 mg	100 count	\$0.74
ASA-EC 81 mg	36 count	\$0.21
Milk of Magnesia/MOM 473ml	473 ml	\$2.96
Mylanta	473 ml	\$1.38
Guifenisen DM	473 ml	\$4.81
Tylenol Liquid	473 ml	\$3.24
Bisacodyl Suppository	50 count	\$3.24
Tylenol Suppository	12 count	\$5.80

Provide 3-yr Projected Pricing % increase below.

Year 2013 Projected Pricing % Increase

Year 2014 based on inflation rates

Year 2015 (1.5% yearly)

FORM 3 – PRICING FACTOR-CONSULTING SERVICES

Brookside Care Center (BCC) is required to have consulting pharmacist services. Fees charged for consultant pharmacists services must be at fair market value. The cost of consultant pharmacists represents approximately 3% of the over-all BCC pharmacy cost.

Provide your cost/charge per hour for the following consulting services and the projected percentage increase in the subsequent years.

Brookside Information: Average daily census-152, Wings-2, Halls-7, Carts-6, Nursing Stations-2

<u>Service</u>	<u>Hours Per Month</u>	<u>Hourly Cost/Charge 2012</u>	<u>Projected % Increase 2013</u>	<u>Projected % Increase 2014</u>	<u>Projected % Increase 2015</u>
1. Monthly Drug Regimen Review Based on Census	<u>18+</u>	<u>5per resident/month</u>	_____	_____	_____
2. Monthly Nursing Station Check 2 med rooms, 6 carts	<u>4</u>	<u>100per visit</u>	_____	_____	_____
3. Consultation During State/Federal Survey &/or Verification Visits as needed	<u>2</u>	<u>Included in Consulting Fee</u>	_____	_____	_____
4. Quality Improvement & Assessment Committee <u>Quarterly, 1hour each</u>		<u>100</u>	_____	_____	_____
5. Behavior Management Team Committee <u>Monthly/2 hours each</u>		<u>150</u>	_____	_____	_____
6. Admission Consultation	<u>As needed</u>	<u>Included in Consulting Fee</u>	_____	_____	_____
7. Other Facility Committees	<u>As needed</u>	<u>Included in Consulting Fee</u>	_____	_____	_____

Projected % increase, will be increased based on inflation rates. Estimated % in increase of 1.5%

Amendment 9/20/11-added the following line.

Based on the above information, price of consulting pharmacist services is \$ 5 per bed, per month.

Brookside Care Center reserves the right to reject any prices that are below fair market value.

FORM 4 – PRICING FACTOR-OXYGEN SERVICES

Brookside Care Center is responsible for oxygen and other respiratory supplies for Medicare A patients. This expense represents approximately 3% of the overall pharmacy cost.

DO NOT ALTER THIS FORM

Proposer must provide charges for the following oxygen services
AS LISTED BELOW INCLUDING PER THE LISTED PRICING UNITS

Oxygen Services	Pricing Unit	9/20/11 Amendment Correction to Yr. 2010 2012 Price / Unit
E-tank	1 tank	\$
Non-rebreather Mask	Per each	\$
Nasal Cannula	Per each	\$
Double Lumen Cannula	Per each	\$
Small Volume Nebulizer	Monthly rental	\$
C-PAP Machine	Monthly rental	\$
B-Pap	Monthly	\$
Pre-filled Humidifiers	Price for 12	\$
Humidifier Bottles	Price for 12	\$
Oxygen Conserver	Monthly rental	\$

Often it is more advantageous to purchase some equipment as opposed to incurring a monthly rental fee. Provide 2012 pricing below, in the event Brookside Care Center would elect to purchase the following items.

Small Volume Nebulizer _____
 C-Pap Machine _____
 Bi-Pap Machine _____
 Oxygen Concentrator _____
 Oxygen Conserver _____

Oxygen services for our facilities are contracted between the oxygen service provider and our facilities. We do not provide oxygen services, but will provide references to oxygen services.

FORM 5 – PRICING FACTOR-MEDICARE A FEE FOR SERVICE PRICING

Brookside Care Center is responsible for the charges billed for residents under a Medicare Part A stay. Brookside is not seeking a per diem rate because it is imperative that we determine all of the charges including medications typically excluded from Medicare Part A per diem's. This expense represents 54.8% of our overall pharmacy expenditures.

Provide an itemized monthly statement using 2012 prices for each of the following sample residents' medication orders (30 day supply, unless otherwise indicated). Include any and all supplies needed for delivery of medication if applicable.

Respond to the following:

Define the Fee Structure used to determine the prices (for the sample residents).

Home supplies and stock items: ACC x 1.20
Brand: AWP – 16% + \$3.88 Generic: AWP – 20% + \$2.88

Is that the Fee structure you will use for all Medicare A pricing?

(Circle one) **YES** NO If no, explain.

Brookside Care Center will be experiencing a 14% cut in Medicare rates effective October 1, 2011.

Would your company consider discounting the overall costs by 5% to assist Brookside in this reduction?

(Circle One) **YES** NO (add comment as you deem necessary)

Sample Resident Information for Itemized Monthly Statement – (Submit one for each sample resident as listed.)

Resident 1

Amlodipine Besylate 5mg tablet qd
Anagrelide HCL 0.5 mg capsule bid
Aapro 150 mg. tablet qd
Bystolic 5mg tablet qd
Clonidine HCL 0.1 mg tablet bid
Cymbalta 60 mg. delayed release particles qd
Furosemide 20 mg tablet qd
Levothyroxine Sodium 25 mcg. Tablet qd
Propranolol HCL 20 mg. tablet qd
Zetia 10 mg. tablet qd
Lidoderm 5% patch transdermal qd
Fosamax 70 mg one time per week
AzaSite 1% solution one drop to both eyes daily

Resident 2

Amiodarone HCL 200 mg tablet qd
Aranesp SureClick 60MCG/0.3 ml solution injection sub-q twice a month
Beelith 362 mg-20mg tablet, 2 tablets qd
Cyanocobalamin 1000mcg/ml solution IM q month
Donepezil HCL 10 mg tablet dispersible one qd
Magnesium Oxide 400 mg. tablet qid
Omeprazole 20 mg capsule delayed release qd
Sodium Bicarbonate 650mg tablet bid
Saline 0.9% solution, intraperitoneal , 1000ml three times per week for hypodermoclysis
Sodium Polystyrene Sulfonate 15gm/60ml, 30 gm qd

Resident 3

Cephalexin 500 mg capsule tid
Tricor 145mg tablet qd
Insuline Glargine 100 units/ml solution, 16 units qd
Metoprolol Tartrate 50 mg tablet bid
Omeprazole 20 mg qd
Crestor 5mg tablet qd
Miracle Olivamine 2 capsules qd
Dakin's solution 0.125% topical daily (charge for 1 bottle)
Afrin Nasal Spray 0.05% solution 2 sprays to each nostril three times per week (charge for 1 bottle)

Resident 4

Vancomycin HCL 250mg capsule qid x 10 days
Vancomycin HCL 250mg capsule tid x 10 days
Vancomycin HCL 250 mg capsule bid x 10 days
Letrozole 2.5 mg tablet qd
Vicodan 5mg-500mg one tablet q 6 hours as needed for pain (bill for 60)
Lipitor 40 mg. tablet qd
Glimepiride 1mg tablet qd
Femara 2.5 mg qd
Esomeprazole Magnesium 40 mg capsule delayed release qd
Enablex 7.5 mg tablet extended release 24 hour qd
Clonazepam 1mg tablet qd
Cyanocobalamin 1000 mcg/ml injection once per month
Metoprolol Succinate 50 mg tablet extended release bid
Nexium 40 mg capsule delayed release qd
Nystatin 100000unit/gm Cream bid prn (1 tube)
Suprax 40 mg tablet qd for 10 days (10 tablets)

Resident 5

Altace 10mg tablet qd
Amiodarone HCL 400 mg tablet qd
Aricept HCL 5mg tablet qd
Calcium Carbonate 500 mg tablet qd
Cardizem CD 240 mg capsule ER qd
Cyanocobalamin 1000 mcg/ml solution injection IM q month
Folic Acid 1mg tablet qd
Furosemide 20 mg tablet qd
Potassium Chloride 10meq tablet ER qd
Patoprazole Sodium 40 mg delayed release qd
Enoxaparin Sodium 30mg/0.3ml sub-q qd
Simvastatin 20 mg tablet qd
Vitamin B-6 100 mg tablet qd
Azelastine HCL 137mcg/spray Solution nasal bid to each nostril (quantity for 120 sprays)
Oxycodone-Acetaminophen 5mg-325 mg q 4 hours prn pain (quantity 90)

Resident 6

Azathioprine 50 mg tablet tid
Simvastatin 5mg tablet qd
Vitamin B-12 50 mg tablet qd
Vitamin B-1 50 mg tablet qd
Carbidopa-Levodopa 25mg-100mg tablet five times a day
Metoprolol Tartrate 25 mg bid
Lovenox 40mg/0.4ml solution sub-q qd

Resident 7

Plavix 75mg tablet qd
Omeprazole 20 mg capsule delayed release qd
Gabapentin 100 mg capsule, 2 capsules bid
Namenda 10 mg bid
Vicodin 5mg-500 mg tid
Lasix 40 mg qd
Citalopram Hydrobromide 40 mg tablet qd
Zaroxolyn 2.5 mg tablet three times per week
Potassium Chloride Crys CR 20 meq tablet ER bid

Resident 8

Omeprazole 20 mg capsule delayed release qd
Digoxin 0.125 mg tablet qod
Sertraline HCL 25 mg tablet qd
Sertraline HCL 50 mg tablet qd
Spironolactone 25 mg tablet qd
Lantus 100 unit/ml Solution sub-Q 65 units qd
Carvedilol 3.125 mg tablet one half tablet (1.5625mg) q 12 hours
Metoclopramide HCL 5mg tablet qid
Methenamine Hippurate 1GM bid
Furosemide 40 mg bid
Coumadin 3mg tablet qod
Coumadin 4mg tablet qod

Resident 9

Glimepiride 4mg tablet bid
Bumetanide 1mg tablet qd
Carvedilol 6.25 mg tablet bid
Citalopram Hydrobromide 20 mg tablet qd
Lyrica 75 mg capsule qd
Certavite Antioxidants tablet qd
Omega-3 1000mg capsule qd
Omeprazole 20mg delayed release capsule qd
Ayr Saline Nasal Gel bid to both nostrils (60 applications)
Levemir 100unit/ml 28 units sub-q daily
MS Contin 15 mg tablet ER qd
Nitroglycerin 0.2mg/hr patch qd
Bacitracin 500unit/gm ointment to inside of nostrils qid (2 tubes)
Detrol LA 4mg capsule ER qd
Warfarin Sodium 7.5 mg tablet qd
C-PAP machine nightly for sleep apnea (1 unit)
Oxygen 2-4 lpm via nasal cannula to keep O2 sat above 91% (1 concentrator, 20 E-tanks, 4 nasal cannulas, 4 extension tubings, 4 humidifier bottles)

Resident 10

Saline Flush 0.9% Solution IV push q 8 hours before and after antibiotic administration
Hearin Lock Flush 1unit/ml Solutions IV push q 8 hours after antibiotic for PICC line flush
Meropenem 1GM Solution Reconstituted IVPB, 1 gm q 8 hours
Synthroid 25 mcg tablet qd
Pantoprazole Sodium 40 mg tablet delayed release qd
Albuterol with ipratropium inhalation solutions 3ml inhalation qid
Metoprolol Tartrate 25 mg tablet q 12 hours
Miconazole Sodium 100 mg Solution Reconstituted Intravenous IVPB q 24 hours
Diphenhydramine HCL 25 mg tablet qd
Oxycodone HCL 5mg tablet q four hours prn pain (60 doses)
Lorazepam 1mg tablet daily pm (20 doses)

Sample Statement

Resident 1

Amlodipine Besylate 5mg tablet qd	22.5
Anagrelide HCL 0.5 mg capsule bid	299.07
Aapro 150 mg. tablet qd	82.77
Bystolic 5mg tablet qd	56.89
Clonidine HCL 0.1 mg tablet bid	15.06
Cymbalta 60 mg. delayed release particles qd	157.5
Furosemide 20 mg tablet qd	6.24
Levothyroxine Sodium 25 mcg. Tablet qd	9.14
Propranolol HCL 20 mg. tablet qd	11.16
Zetia 10 mg. tablet qd	119.32
Lidoderm 5% patch transdermal qd	208.91
Fosamax 70 mg one time per week	95.62
AzaSite 1% solution one drop to both eyes daily	82.34
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	1166.52

Sample Statement

Resident 2

Amiodarone HCL 200 mg tablet qd	84.04
Aranesp SureClick 60MCG/0.3 ml solution injection sub-q twice a month	213.99
Beelith 362 mg-20mg tablet, 2 tablets qd	17.88
Cyanocobalamin 1000mcg/ml solution IM q month	5.33
Donepezil HCL 10 mg tablet dispersible one qd	221.9
Magnesium Oxide 400 mg. tablet qid	4.62
Omeprazole 20 mg capsule delayed release qd	20.04
Sodium Bicarbonate 650mg tablet bid	3.54
Saline 0.9% solution, intraperitoneal , 1000ml three times per week for hypodermoclysis	60
Sodium Polystyrene Sulfonate 15gm/60ml, 30 gm qd	<u>12.83</u>
	644.17

Sample Statement

Resident 3

Cephalexin 500 mg capsule tid	99.96
Tricor 145mg tablet qd	145.44
Insuline Glargine 100 units/ml solution, 16 units qd	104.02
Metoprolol Tartrate 50 mg tablet bid	29.01
Omeprazole 20 mg qd	20.04
Crestor 5mg tablet qd	135.66
Miracle Olivamine 2 capsules qd	26.95
Dakin's solution 0.125% topical daily (charge for 1 bottle)	9.54
Afrin Nasal Spray 0.05% solution 2 sprays to each nostril three times per week	<u>12.31</u>
	582.93

Sample Statement

Resident 4

Vancomycin HCL 250mg capsule qid x 10 days	1975.65
Vancomycin HCL 250mg capsule tid x 10 days	1482.7
Vancomycin HCL 250 mg capsule bid x 10 days	989.76
Letrozole 2.5 mg tablet qd	437.63
Vicodan 5mg-500mg one tablet q 6 hours as needed for pain (bill for 60)	12.33
Lipitor 40 mg. tablet qd	157.85
Glimepiride 1mg tablet qd	12.53
Femara 2.5 mg qd	437.63
Esomeprazole Magnesium 40 mg capsule delayed release qd	177.56
Enablex 7.5 mg tablet extended release 24 hour qd	136.56
Clonazepam 1mg tablet qd	23.4
Cyanocobalamin 1000 mcg/ml injection once per month	5.33
Metoprolol Succinate 50 mg tablet extended release bid	53.46
Nexium 40 mg capsule delayed release qd	177.56
Nystatin 100000unit/gm Cream bid prn (1 tube)	30.96
Suprax 40 mg tablet qd for 10 days (10 tablets)	157.56
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	6268.47

Sample Statement

Resident 5

Altace 10mg tablet qd	56.09
Amiodarone HCL 400 mg tablet qd	152.54
Aricept HCL 5mg tablet qd	221.9
Calcium Carbonate 500 mg tablet qd	0.56
Cardizem CD 240 mg capsule ER qd	36.34
Cyanocobalamin 1000 mcg/ml solution injection IM q month	5.33
Folic Acid 1mg tablet qd	5.85
Furosemide 20 mg tablet qd	6.24
Potassium Chloride 10meq tablet ER qd	16.43
Patoprazole Sodium 40 mg delayed release qd	14.08
Enoxaparin Sodium 30mg/0.3ml sub-q qd	587.28
Simvastatin 20 mg tablet qd	120.96
Vitamin B-6 100 mg tablet qd	0.72
Azelastine HCL 137mcg/spray Solution nasal bid to each nostril (quantity for 120 sprays)	116.81
Oxycodone-Acetaminophen 5mg-325 mg q 4 hours prn pain (quantity 90)	18.51
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	1359.64

Sample Statement

Resident 6

Azathioprine 50 mg tablet tid	97.26
Simvastatin 5mg tablet qd	53.1
Vitamin B-12 50 mg tablet qd	0.81
Vitamin B-1 50 mg tablet qd	0.42
Carbidopa-Levodopa 25mg-100mg tablet five times a day	115.68
Metoprolol Tartrate 25 mg bid	16.1
Lovenox 40mg/0.4ml solution sub-q qd	<u>913.1</u>
	1196.47

Sample Statement

Resident 7

Plavix 75mg tablet qd	187.76
Omeprazole 20 mg capsule delayed release qd	20.04
Gabapentin 100 mg capsule, 2 capsules bid	53.93
Namenda 10 mg bid	197.13
Vicodin 5mg-500 mg tid	17.05
Lasix 40 mg qd	17.36
Citalopram Hydrobromide 40 mg tablet qd	66.6
Zaroxolyn 2.5 mg tablet three times per week	13.97
Potassium Chloride Crys CR 20 meq tablet ER bid	35.5
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	609.34

Sample Statement

Resident 8

Omeprazole 20 mg capsule delayed release qd	20.04
Digoxin 0.125 mg tablet qod	4.9
Sertraline HCL 25 mg tablet qd	71.21
Sertraline HCL 50 mg tablet qd	15.93
Spironolactone 25 mg tablet qd	13.27
Lantus 100 unit/ml Solution sub-Q 65 units qd	104.02
Carvedilol 3.125 mg tablet one half tablet (1.5625mg) q 12 hours	33.6
Metoclopramide HCL 5mg tablet qid	29.38
Methenamine Hippurate 1GM bid	103.28
Furosemide 40 mg bid	10.54
Coumadin 3mg tablet qod	21.84
Coumadin 4mg tablet qod	21.89
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	449.9

Sample Statement

Resident 9

Glimepiride 4mg tablet bid	61.91
Bumetanide 1mg tablet qd	14.87
Carvedilol 6.25 mg tablet bid	105.45
Citalopram Hydrobromide 20 mg tablet qd	61.13
Lyrica 75 mg capsule qd	81.72
Certavite Antioxidants tablet qd	0.86
Omega-3 1000mg capsule qd	8.08
Omeprazole 20mg delayed release capsule qd	20.04
Ayr Saline Nasal Gel bid to both nostrils (60 applications)	3.08
Levemir 100unit/ml 28 units sub-q daily	105.4
MS Contin 15 mg tablet ER qd	20.2
Nitroglycerin 0.2mg/hr patch qd	48.53
Bacitracin 500unit/gm ointment to inside of nostrils qid (2 tubes)	3.89
Detrol LA 4mg capsule ER qd	148.35
Warfarin Sodium 7.5 mg tablet qd	25.81
C-PAP machine nightly for sleep apnea (1 unit)	
Oxygen 2-4 lpm via nasal cannula to keep O2 sat above 91% (1 concentrator, 20 E-tanks, 4 nasal cannulas, 4 extension tubings, 4 humidifier bottles)	

709.32

Sample Statement

Resident 10

Saline Flush 0.9% Solution IV push q 8 hours before and after antibiotic administration	3.83
Hearin Lock Flush 1unit/ml Solutions IV push q 8 hours after antibiotic for PICC line flush	3.32
Meropenem 1GM Solution Reconstituted IVPB, 1 gm q 8 hours	38.38
Synthroid 25 mcg tablet qd	24.27
Pantoprazole Sodium 40 mg tablet delayed release qd	14.08
Albuterol with ipratropium inhalation solutions 3ml inhalation qid	213.12
Metoprolol Tartrate 25 mg tablet q 12 hours	16.1
Micafungin Sodium 100 mg Solution Reconstituted Intravenous IVPB q 24 hours	233.75
Diphenhydramine HCL 25 mg tablet qd	3.95
Oxycodone HCL 5mg tablet q four hours prn pain (60 doses)	25.89
Lorazepam 1mg tablet daily pm (20 doses)	16.37
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	593.06