

SECTION II – DEPARTMENT INFORMATION (Complete in its entirety)

Department:				Date: May 3, 2021			
BHS/Authority & Quality	Improvement Serv	vices (AQIS)					
Vendor Name:				Sole Source BidSync Number:			
Pro Pharma Pharmaceutical Consultants, Inc.							
				042-C032059-RT-SS			
Is the above named ver		_	-	_	☐ Yes ⊠ No		
	proval is required fr	1			es prior to contract executio	n. ⊤	
Contract Term (Dates):		Is Agreement Grar		nt Funded?	Percent Funded:	Proprietary?	
		Funding Source				☐ Yes ⊠ No	
7/1/2021 -	6/30/2026	☐ Yes ☐ No					
Contract Amount?				Is this renewable? If yes, how many years?			
\$1,000,000				No.			
Type of Request:							
⊠ New	Multi-Year	1	□ Renew	/al	☐ Amendment	☐ Increase	
Renewal Year: Did ve			Did ven	ndor provide a sole source affidavit? 🔲 Yes 🖾 No			
Not Applicable			If yes, please attach				
The state of the s							
Board Date: ASR Number: If		If not sc	If not scheduled to go to the Board explain why?				
June 8, 2021 21-000221		It is scheduled for Board Approval					
Does Contract include N	Non-Standard Lang	guage? If y	es, expla	in in detail.			
NO							
Was Contract Approved by Risk Mgmt.?				Was Contract Approved by County Counsel?			
No.				Yes, on May 4, 2021			
Were any exceptions ta	kon2 If yos ovolgir	a in datail					
No	keriş ii yes, expidii	riir derdii.					
□ DPA certifies the	at they have re	ad and v	erified	that the inf	ormation is true and so	atisfies the sole	
source requirements	s listed in the C	ounty Co	ntract I	Policy Man	ual.		
☐ Solicitation Exer	mption						
(For purchases with special circumstances, and/or when it is determined to be in the best interest of the County.)							

1



SECTION III – SOLE SOURCE JUSTIFICATION

1. Provide a description of the type of contract to be established. (For example: is the contract a commodity, service, human service, public works, or other – please explain.) Attach additional sheet if necessary.

This is a Service Contract. ProPharma Pharmaceutical Consultants, Inc. dba ProPharma has assisted HCA/AQIS with the monitoring, analyzing and reporting of the effectiveness of the Pharmaceutical Benefits Manager (PBM) contractor's activities to ensure contract compliance and cost effectiveness of medication distribution for all County and Contractor facilities providing critical resources county wide.

2. Provide a detailed description of services/commodities and how they will be used within the department. If this is an existing sole source, please provide some history of its origination, Board approvals, etc. (This information may be obtained from the scope of work prepared by the County and the vendor's proposal that provides a detailed description of the services/supplies.) Attach additional sheet if necessary.

A Request for Proposal (RFP) was conducted on March, 2011 and March, 2016, both solicitation only received one(1) proposal which is Pro Pharma Pharmaceuticals Consultants, Inc. dba Pro Pharma. On June 6, 2012, May 21, 2013 and April, 29, 2014 the Board approved the Contract No. Ma-042-11012171. On May 26, 2016 the Board approved Contract No. MA-042-16011713. Pro Pharma Pharmaceutical Consultants, Inc. dba ProPharma will assist HCA with the monitoring, analyzing and reporting of the effectiveness of the Pharmaceutical Benefits Manager (PBM) contractor's activities to ensure contract compliance and cost effectiveness of medication distribution for County and Contracted health care facilities throughout the County of Orange for the betterment of the community we serve.

List of Responsibilities:

- Expert Witness for HCA ProPharma was a major contributor in the preparation, analysis and eventual settlement of an ongoing law suit with our former PBM. The settlement of the legal action netted HCA *\$1.5 million dollars*.
- Medication Formulary ProPharma assists HCA with the day-to-day administration and maintenance of the BHS
 Formulary. ProPharma makes recommendations to HCA for changes, updates, and modifications to the formulary
 as appropriate and/or necessary in order to maintain competitive pricing, assure generic substitution of branded
 meds and enabling open access of covered mediations for our client population.
- PBM Contract Compliance ProPharma assists HCA with the oversight and management of services and billings provided through the agreement between HCA and its contracted PBM. ProPharma provides periodic financial review of program expenditures, invoice analyses, and any discrepancies noted.
- Monthly Financial Analysis ProPharma performs bi-monthly invoice screenings and assists with financial and clinical management problem identification including a monthly review of PBM drug pricing.
- Unrealized Savings Analysis ProPharma assists HCA in identifying any new cost savings program(s) (i.e. Patient Assistance Programs (PAP), new federal, state or corporate programs, etc.) that could reduce the cost of medication distribution, and assist HCA in implementing those programs.
- Monthly Clinical Analysis ProPharma assists HCA in communications with care providers for clinical management, prescribing guidelines, problem identification, profiling and resolution.

2



- Medication Benefit Plan ProPharma assists HCA with the design of the medication benefit plan language, including but not limited to, prior authorizations, quantity limits, and plan exclusions, as applicable. This helps us control costs and keeps us updated with our medication options.
- Contract Language Development ProPharma assists HCA with our PBM Request for Proposal (RFP) process. As
 an industry expert, ProPharma identifies the most cost effective way to manage the medication benefit for our
 clients using contract language to benefit HCA wherever possible.
- Reports ProPharma creates standard, custom and Ad-Hoc reports using PBM data on a monthly, quarterly, yearly
 basis or when requested by HCA. These reports serve as Pro Pharma's basis for making recommendations to HCA
 on the effectiveness of the PBM contract.
- PBM Contract Liaison At HCA's direction, ProPharma acts as a liaison between the PBM and the BHS Program for day-to-day questions, conflict resolution, concerns, and operational issues.
- 3. Explain why the recommended vendor is the only one capable of providing the required services and/or commodities. How did you determine this to be a sole source and what specific steps did you take? Please list all sources that have been contacted and explain in detail why they cannot fulfill the County's requirements. Include vendor affidavit and/or other documentation which supports your sole source. (Responses will include strong programmatic and technological information that supports the claim that there is only one vendor that can provide the services and/or commodities. Your response will include information pertaining to any research that was conducted to establish that the vendor is a sole source, include information pertaining to discussions with other potential suppliers and why they were no longer being considered by the County.) Attach additional sheet if necessary.

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A Request for Proposal (RFP) was conducted on March, 2011 and March, 2016, both solicitation only received one(1) proposal which is Pro Pharma Pharmaceuticals Consultants, Inc. dba Pro Pharma.

We do not anticipate any other outcomes in the RFP process given the narrow and highly specialized nature of the work required. Also, the continuation of ensuring the County is receiving the optimum medication pricing is key to ensuring we stay within our budgetary constraints.

The BHS Formulary work, medication research and guidance with a prescribing guidelines monthly presentation is key to controlling cost and ensuring effective client medication distribution through our Authorized Prescribers.

These and many other customized requirements are the reason we only get the current vendor as the only RFP participant. Any other vendors that apply (if they do) are quickly eliminated in the selection process.

Along with the many years of great customer service, keen attention to detail and a track record of helping to save the County millions of dollars over the course of almost two decades is enough to want to continue services with this contractor.

4. How does recommended vendor's prices or fees compare to the general market? Attach quotes for comparable services or supplies. Attach additional sheet if necessary.

Data not available as vendor has been the only company that has serviced this contract for almost 20 years.

5. If the recommended vendor was not available, how would the County accomplish this particular task?

Attach additional sheet if necessary.

3



The county would have to create a department with at least 4 to 8 full time employees to do the financial analysis; the same would be true for the clinical side. This would be at a substantial cost to the County.

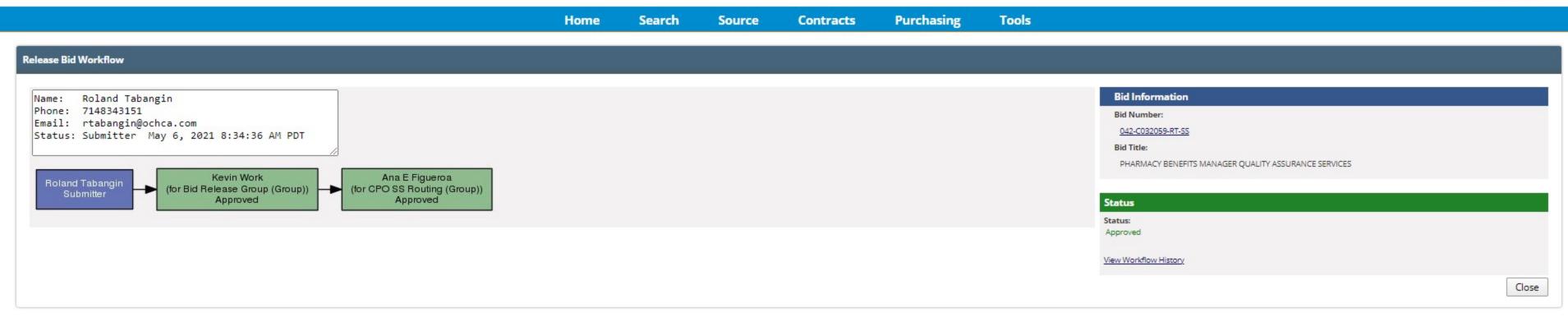
	would be true for the chinear side. This would be at a substantial cost to the county.						
6.	Please provide vendor history – name change, litigation, judgments, aka, etc. for the last 7 years.						
	vendor has no name changes, litigation, and judgments for the last seven (7) years.						
7.	If vendor is a retired, former employee, has the vendor previously been rehired as a contractor within the last three years?						
	If yes, provide explanation/support for hiring the retired, former employee as a vendor and provide contract dates, scope of work, and total amounts paid under each contract.						
	8. Explain (in detail) why a request for Solicitation Exemption is needed. (Only applicable for Solicitation Exemption) Attach additional sheet if necessary.						



SECTION IV	– AUTHOR/REQUESTO	R			
		Print Name:	os Andrade	Date: 5/6/2021	
SECTION V -	- CEO Human Resource	•	Review and approval ormer Employee.)	l is required when vendor is a Retired,	
Signature:		Print Name:		Date:	
SECTION VI	– DEPUTY PURCHASING	G AGENT CONCURRENC	CE		
Signature: DocuSigned by:		Print Name:	vin Work	Date: 5/6/2021	
	tenin Work		THE VIOLEN		
	– DEPARTMENT HEAD				
Signature:	Signature: Print Name: Ann			Date: 5/6/2021	
SECTION VII	I – COUNTY PROCUREN	MENT OFFICE			
Commoditie	s that exceed \$250,000), Capitol Assets and se	rvices exceeding \$75	e shall approve All Sole Source reques 5,000, and All other Sole Source request onically through the County's online b	ts tha
		SOLICITATION EXEM	/IPTION – CEO USE ON	ILY:	
Board of S	upervisor Notification [Date:			
Comments	::				
С	PO: □Approved	□Denied	CFO:	□Approved □Denied	
CPO Autho	orized Signature:	Date:	CFO Authorized Si	ignature: Date:	

HCA ASR 21-000221 Page 5 of 6





Questions? Contact a Periscope Source representative: 800-990-9339 or email: source-support@periscopeholdings.com

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HCA ASR 21-000221 Page 6 of 6