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State of New Hampshire
Department of Health and Human Services

NEW HAMPSHIRE HOSPITAL

Nicholas A. Toumpas
Commissioner

Robert J. MacLeod
Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5845 TDD Access: 1-800-735-2964

April 29, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, NH 03301

SOLE SOURCE
RETROACTIVE

68% General funds
32% Federal funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to make a **sole source** and **retroactive** payment of \$10,195.96 (Purchase Order #1025681) with Neighborcare of New Hampshire LLC, doing business as Omnicare of New Hampshire, vendor number 157522, for intravenous (IV) medications and IV therapy effective February 20, 2013 through June 30, 2014. Funds are available in the following account for State Fiscal Year 2014:

05-95-94-940010-8750 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ACUTE PSYCHIATRIC SERVICES

Class/ Account	Class Title	Fiscal Year	Current Modified Budget	Increase/ (Decrease)	Revised Modified Budget
100-500726	Prescription Drug Expenses	2013	\$5,000	0.00	\$ 5,000.00
100-500726	Prescription Drug Expenses	2014	\$5,000	\$10,195.96	\$15,195.96
	Total		\$10,000	\$10,195.96	\$20,195.96

EXPLANATION

This request is sole source because there is a current contract with Omnicare of New Hampshire. In fiscal year 2013, New Hampshire Hospital treated two patients with serious health conditions requiring the use of IV medications and therapy. The amount of the expenses exceeded the contract amount for both fiscal years. Beginning in March, 2013, attempts have been made to exercise an amendment to the contract with the vendor, however, difficulty in obtaining the required documentation from the vendor delayed the process. Therefore, rather than seeking an amendment to the contract, a request for authorization to pay invoice #PH1197904 in the amount of \$10,195.96 is requested. This request is retroactive due to the need for the New Hampshire Hospital patients to have the medications and treatment immediately for up to three months. Additional expenses are not expected to incur until the patient can be discharged.

Area served: statewide.

Source of funds: 68% general funds and 32% federal funds.

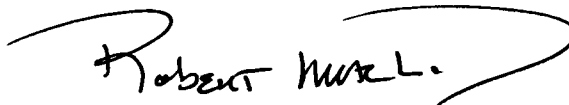
In the event that federal or other funds become no longer available, general funds will not be requested to support this contract.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council

April 29, 2014

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Respectfully submitted,

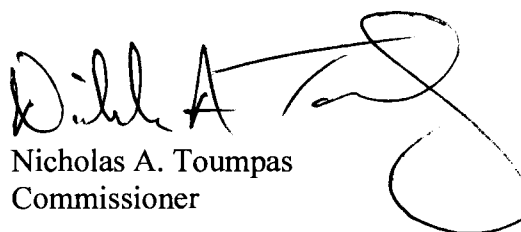


Robert J. MacLeod, DHA, FACHE
Chief Executive Officer



Sheri L. Rockburn
Acting Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner



STATEMENT OF ACCOUNT

Omnicare®

Pharmacy: **Omnicare of New Hampshire**

Invoice Number: **PH1197904**

Facility: **New Hampshire Hospital**

Invoice Date: **03/31/2013**

Customer Name	Customer ID/MR#	SSN	Wing/Room Bed	Primary Physician	Pay Plan/Type
[REDACTED]	291403	Invalid SSN	J-UNIT / 102	KAWATSUJI, RYOSUKE	FAC / Facility

Date	RX No.	Description	NDC No.	Qty	Amount	Type	GL Code	Inv Cat.
02/20/2013	S4692935	IV PUMP SPEC POLE MOUNTED/DAY	88008800949	8.0	\$160.00			IVS ✓
03/01/2013	R6035968	CUBICIN 500MG VIAL	67919001101	4.0	\$1,721.50			IVRX ✓
03/01/2013	S4692930	IV DRSG CONV KIT CHLRA TEGAD...	88008802340	1.0	\$15.87			IVS ✓
03/01/2013	S4692931	IV C-FLO SOLN W/CLRLNK VLV	85412051708	4.0	\$34.87			IVS ✓
03/01/2013	S4692933	IV MAX+ CLR NDLSS CNNCT ONLY	88008802337	1.0	\$6.99			IVS ✓
03/01/2013	S4692933	IV MAX+ CLR NDLSS CNNCT ONLY	88008802337	1.0	-\$1.52	CrR		IVS ✓
03/01/2013	S4692934	NORMAL SALINE 10ML 0.9% SYRIN...	08290306546	90.0	\$8.33			IVRX ✓
03/01/2013	S4692935	IV PUMP SPEC POLE MOUNTED/DAY	88008800949	21.0	\$420.00			IVS ✓
03/01/2013	S4698198	IV SECUREMENT WING-GUARD	00000000000	1.0	\$14.87			IVS ✓
03/05/2013	R6035968	CUBICIN 500MG VIAL	67919001101	3.0	\$1,291.13			IVRX ✓
03/05/2013	S4692931	IV C-FLO SOLN W/CLRLNK VLV	85412051708	3.0	\$26.87			IVS ✓
03/05/2013	S4692934	NORMAL SALINE 10ML 0.9% SYRIN...	08290306546	80.0	\$7.79			IVRX ✓
03/08/2013	R6035968	CUBICIN 500MG VIAL	67919001101	4.0	\$1,721.50			IVRX ✓
03/08/2013	S4692930	IV DRSG CONV KIT CHLRA TEGAD...	88008802340	1.0	\$15.87			IVS ✓
03/08/2013	S4692931	IV C-FLO SOLN W/CLRLNK VLV	85412051708	4.0	\$34.87			IVS ✓
03/08/2013	S4692933	IV MAX+ CLR NDLSS CNNCT ONLY	88008802337	1.0	\$6.99			IVS ✓
03/08/2013	S4692934	NORMAL SALINE 10ML 0.9% SYRIN...	08290306546	120.0	\$9.94			IVRX ✓
03/08/2013	S4698198	IV SECUREMENT WING-GUARD	00000000000	1.0	\$14.87			IVS ✓
03/12/2013	R6035968	CUBICIN 500MG VIAL	67919001101	3.0	\$1,291.13			IVRX ✓
03/12/2013	S4692931	IV C-FLO SOLN W/CLRLNK VLV	85412051708	3.0	\$26.87			IVS ✓
03/12/2013	S4692934	NORMAL SALINE 10ML 0.9% SYRIN...	08290306546	120.0	\$9.94			IVRX ✓
03/15/2013	R6035968	CUBICIN 500MG VIAL	67919001101	4.0	\$1,721.50			IVRX ✓
03/15/2013	R6099054	NORMAL SALINE 10ML 0.9% SYRIN...	08290306546	30.0	\$5.11			IVRX ✓
03/15/2013	S4692930	IV DRSG CONV KIT CHLRA TEGAD...	88008802340	1.0	\$15.87			IVS ✓
03/15/2013	S4692931	IV C-FLO SOLN W/CLRLNK VLV	85412051708	4.0	\$34.87			IVS ✓
03/15/2013	S4692933	IV MAX+ CLR NDLSS CNNCT ONLY	88008802337	1.0	\$6.99			IVS ✓
03/15/2013	S4692933	IV MAX+ CLR NDLSS CNNCT ONLY	88008802337	1.0	-\$1.52	CrR		IVS ✓
03/15/2013	S4692934	NORMAL SALINE 10ML 0.9% SYRIN...	08290306546	160.0	\$12.09			IVRX ✓
03/15/2013	S4692934	NORMAL SALINE 10ML 0.9% SYRIN...	08290306546	130.0	-\$5.23	CrR		IVRX ✓
03/15/2013	S4696198	IV SECUREMENT WING-GUARD	00000000000	1.0	\$14.87			IVS ✓
03/15/2013	S4791994	IV MAX+ CLR NDLSS CNNCT ONLY	88008802337	2.0	\$10.99			IVS ✓
03/15/2013	S4791995	IV MAX+ EXT W/ RMV NDLSS CNNCT	88008802338	3.0	\$22.87			IVS ✓
03/15/2013	S4791996	IV C-FLO SOLN W/CLRLNK VLV	85412051708	2.0	\$18.87			IVS ✓
03/15/2013	S4791997	IV C-FLO SOLN W/CLRNK 2 VLV EA...	85412069307	1.0	\$24.99			IVS ✓
03/19/2013	R6035968	CUBICIN 500MG VIAL	67919001101	3.0	\$1,291.13			IVRX ✓
03/19/2013	S4692931	IV C-FLO SOLN W/CLRLNK VLV	85412051708	3.0	\$26.87			IVS ✓
03/19/2013	S4692931	IV C-FLO SOLN W/CLRLNK VLV	85412051708	3.0	-\$8.64	CrR		IVS ✓
03/19/2013	S4692934	NORMAL SALINE 10ML 0.9% SYRIN...	08290306546	160.0	\$12.09			IVRX ✓
03/19/2013	S4692934	NORMAL SALINE 10ML 0.9% SYRIN...	08290306546	160.0	-\$6.44	CrR		IVRX ✓

Compiled Information

Charges	Credits	Tax	Patient Total
\$10,059.31	-\$23.35	\$0.00	\$10,035.96



STATEMENT OF ACCOUNT

Omnicare®

Pharmacy: **Omnicare of New Hampshire**
Facility: **New Hampshire Hospital**

Invoice Number: **PH1197904**
Invoice Date: **03/31/2013**

Customer Name	Customer ID/MR#	SSN	Wing/Room Bed	Primary Physician	Pay Plan/Type
HOUSE			HOUSE / HOUSE	HOUSE	HOUSE

Date	RX No.	Description	NDC No.	Qty	Amount	Type	GL Code	Inv Cat.
03/05/2013	S4740974	EDU INFUSION REVIEW EACH	88008800953	2.0	\$80.00			IVEDU
03/05/2013	S4763079	EDU INFUSION REVIEW EACH	88008800953	2.0	\$80.00			IVEDU

Type: CrR=Product Return CrD=Dispute Resolution Cr=Payer Reversal or Other Credit

Compiled Information

Charges	Credits	Tax	Patient Total
\$160.00	\$0.00	\$0.00	\$160.00



STATEMENT OF ACCOUNT

Omnicare

Pharmacy: **Omnicare of New Hampshire**
13 Commerce Ave.
Londonderry, NH 03275

REMIT TO : **Omnicare, Inc.**
P.O. Box 715268
Columbus, OH 43271-5268

Invoice Number: **PH1197904**

Invoice Date: **03/31/2013**

Facility: **New Hampshire Hospital**

Date	RX No.	Description	Amount	Trans Type	GL Code
03/12/2013		PAYMENT Statement: PH1151425 Check: 1814434	-\$2,122.61	Payment	
03/12/2013		PAYMENT Statement: PH1156256 Check: 1814434	-\$973.57	Payment	

Compiled Information

Previous Balance	Payments	Credits	Finance Charges	Adjustments	Current Charges	Tax	Current Balance Due	Discounted Current Balance Due	Total Balance Due
\$7,811.17	-\$3,096.18	-\$23.35	\$0.00	\$0.00	\$10,219.31	\$0.00	\$10,195.96	\$10,195.96	\$14,910.95
Days Outstanding									
	30			60			90+		
	\$4,714.99			\$0.00			\$0.00		

paid



STATEMENT OF ACCOUNT

Omnicare

Pharmacy: **Omnicare of New Hampshire**
Facility: **New Hampshire Hospital**

Invoice Number: **PH1197904**
Invoice Date: **03/31/2013**

Name	Wing	Pay Plan	Payer Type	Amount Due
[REDACTED]	J-UNIT	FAC	Facility	\$10,035.96
HOUSE	HOUSE	HOUSE	HOUSE	\$160.00
TOTALS				\$10,195.96

RECEIVED

APR 08 2013

**BUSINESS OFFICE
NH HOSPITAL**

*ok to pay
Alex - Bank of America
4/12/13*