



**Competitive Sealed Proposal
for
Mail Order Pharmacy Logistics and Delivery Service**

**Event # 1066
Bid Specifications**

The MetroHealth System

OPEN DATE: October 9, 2026, at 8am ET

CLOSE DATE: October 23, 2026, at 1pm ET

I. INTRODUCTION & STATEMENT OF PURPOSE

About The MetroHealth System

The MetroHealth System (“MetroHealth”) is redefining health care by going beyond medical treatment to improve the foundations of community health and well-being: affordable housing, a cleaner environment, economic opportunity and access to fresh food, convenient transportation, legal help, and other services. The system strives to become as good at preventing disease as it is at treating it.

The system’s more than 600 doctors, 1,700 nurses and 7,800 employees go to work each day with a mission of service, to their patients and to the community. As Cuyahoga County’s safety-net health system, MetroHealth plays an essential role in the region, caring for anyone and everyone, regardless of an ability to pay.

Founded in 1837, MetroHealth operates four hospitals, four emergency departments and more than 20 health centers and 40 additional sites throughout Cuyahoga County. The system serves more than 300,000 patients, two-thirds of whom are uninsured or covered by Medicare or Medicaid.

MetroHealth is home to Cuyahoga County’s most experienced Level I Adult Trauma Center, verified since 1992, and Ohio’s only adult and pediatric trauma and burn center.

As an academic medical center, MetroHealth is committed to research and to teaching and training tomorrow’s caregivers. Each active staff physician holds a faculty appointment at Case Western Reserve University School of Medicine. Its main campus hospital houses the Cleveland Metropolitan School District’s Lincoln-West School of Science & Health, the only high school in America located inside a hospital.

Knowing that good health is about much more than good medical care, MetroHealth has launched the **Institute for H.O.P.E.™** (Health, Opportunity, Partnership, Empowerment), which uses a coordinated, collaborative and strategic approach to help patients with non-medical needs such as healthy food, stable housing and job training.

The MetroHealth Glick Center, a new 11-floor hospital, on the system’s main campus in Cleveland welcomed its first patients in October 2022. The billion-dollar project is the cornerstone of a wider neighborhood revitalization effort led by the system and its partners in the community.

For more information, visit metrohealth.org.

Statement of Purpose & Engagement Objective

MetroHealth is seeking a partner that will provide a mobile space to complete USP 800 and potentially USP 797 compounding activities for an infusion pharmacy.

II. BID SPECIFICATIONS

Relevant Experience:

Please describe your organization's proven track record of providing prescription delivery and logistics services to a high-volume pharmacy system

Timeline / Critical Dates:

Please describe your implementation timeline

Scope of Work:

The selected Vendor shall provide comprehensive mail-order pharmacy logistics, transportation, delivery, and support services for MetroHealth's pharmacy operations. Services shall include, but not be limited to, the following:

1. Prescription Delivery Services

- Pickup of patient prescriptions from designated MetroHealth pharmacy locations.
- Secure transportation and delivery of prescription medications to patient residences and approved alternate locations.
- Standard, expedited, overnight, and same-day delivery options, as requested.
- Delivery services for specialty medications and time-sensitive therapies.

2. Medication Handling & Security

- Maintenance of chain-of-custody documentation from prescription release through final delivery.
- Secure handling of all medications in accordance with applicable federal, state, DEA, Board of Pharmacy, and HIPAA requirements.
- Signature capture and proof-of-delivery documentation for all applicable shipments.
- Procedures for lost, damaged, delayed, or undeliverable shipments.

3. Temperature-Controlled Transportation

- Appropriate packaging and transportation services for refrigerated, frozen, and temperature-sensitive medications.

- Ongoing monitoring and documentation of temperature conditions during transport.
- Processes for reporting and resolving temperature excursions.

4. Patient Communication

- Automated patient notifications for shipment scheduling, tracking, delays, and delivery confirmation.
- Multiple communication channels including text, email, and telephone notifications.
- Patient support resources related to delivery status and issues.

5. Technology & Integration

- Real-time shipment tracking capabilities.
- Access to reporting dashboards and operational analytics.
- Ability to integrate with MetroHealth pharmacy systems and workflows, where applicable.
- Secure transmission and storage of patient-related information.

6. Performance Management Vendor shall provide monthly performance reports including, at a minimum:

- On-time delivery rate
- Average delivery transit time
- Delivery exception rate
- Lost or damaged shipment rate
- Return-to-sender occurrences
- Patient complaint and resolution metrics
- Service level agreement (SLA) performance

7. Implementation & Transition

- Project implementation plan, including milestones and timelines.
- Staff training and onboarding support.
- Testing, validation, and go-live support.

- Dedicated account management resources throughout implementation and ongoing operations.

8. Regulatory Compliance

- Compliance with all applicable federal, state, and local laws governing prescription transportation and delivery.
- Compliance with HIPAA and protection of Protected Health Information (PHI).
- Maintenance of all required licenses, permits, and certifications.
- Background screening and training of personnel involved in delivery services.

9. Continuous Improvement

- Quarterly business reviews with MetroHealth.
- Identification of process improvement opportunities.
- Recommendations to enhance patient satisfaction, operational efficiency, and delivery performance.

Features & Components:

- 1. MetroHealth is Ohio based requiring delivery operations to support compliance with Ohio Administrative Code Rule 4729:5-5-26 governing outpatient pharmacy delivery services, as amended or superseded. The vendor, its subcontractors, couriers, distribution facilities, hubs, and other entities participating in the handling, transportation, temporary custody, or storage of prescription medications must comply with all applicable State of Ohio Board of Pharmacy requirements.**
 - 2. Vendor must notify MetroHealth promptly of any suspension, restriction, expiration, disciplinary action, or other material change involving licenses, registrations, approvals, or regulatory authority applicable to services provided to MetroHealth.**
- **Is your solution web-based or an application?**
 - **If an application, how frequently are updates made and how are they pushed to the hardware?**
 - **If web-based, how are we notified when updates are made?**
 - **Please provide any technological requirements for your solution.**
 - **Please describe all required hardware and any inherent specifications.**
 - **Please describe your current ability to integrate with MetroHealth's Electronic Health Record (EHR), including Epic and Epic Willow Ambulatory.**
 - **Does the interface currently exist? Is there a cost to create and maintain the interface? How long will it take to create?**
 - **Describe the data exchange between the systems.**

- Can your solution electronically receive prescription and shipment information from the EHR/pharmacy system without redundant manual entry?
 - Can shipment status, tracking information, proof of delivery, delivery exceptions, and other relevant information be automatically transmitted back to the EHR or pharmacy system?
- Please describe how compatibility with the EHR/pharmacy system is maintained during Epic upgrades, vendor software upgrades, and other system changes.
- Do you require any special or specific firewall/security?
- Please describe the role of our internal IS department in the installation of software, if applicable.
- Please describe the step-by-step workflow, from initiation of pharmacy filling a prescription through final delivery, if and where applicable.
- Please describe your ability to capture and store patient signatures at time of delivery for all delivery services.
- Is there a real-time tracking mechanism for patients and or pharmacy staff to leverage? If so, please describe it in detail.
- Please list and describe all fees associated with your solution, including setup, monthly subscription/service/licensing/etc. separated by courier if different (USPS, FedEx, local couriers, etc.).
- Does your software integrate with USPS, FedEx, etc. to produce labels on behalf of client accounts? Do you also have integration with private couriers to produce labels?
- Does your software show real-time pricing upon shipment creation for comparison purposes?
- Can the solution automatically recommend or select the optimal carrier and service level based on configurable criteria such as cost, required delivery date, destination, medication requirements, carrier performance, weather, weekend/holiday delivery, and signature requirements?
- Does the solution perform address validation prior to shipment creation and identify potential delivery-address issues before the shipment leaves the pharmacy?
- Does the solution proactively identify shipments at risk of late, failed, misrouted, damaged, temperature-compromised, or otherwise unsuccessful delivery before pharmacy staff or the patient reports an issue?
 - Describe the ability to initiate a delivery intervention, including package redirection, carrier hold, patient pickup, delivery reattempt, service-level upgrade, or return-to-sender.
 - Does your organization proactively intervene with the carrier/courier on MetroHealth's behalf when a shipment exception is identified?
 - Describe your process for supporting MetroHealth in the investigation and reporting of theft, significant loss, lost medication, compromised medication, or other reportable delivery events.
- Are there any time or volume-based requirements/limits?
- Is there outbound texting and email capability with your solution?
 - If so, would we be able to customize with our specific logo, messages, triggers, and iterations?

- Describe available notifications, including shipment creation, expected delivery, out-for-delivery, delivery exception, attempted delivery, successful delivery, and signature requirements.
- Describe how shipment date, delivery method, expected arrival, delivery status, and applicable patient notifications are generated, documented, and communicated.
- Can temperature-sensitive medication notifications include instructions regarding timely retrieval and appropriate medication storage?
- Describe controls employed to prevent inappropriate disclosure of PHI through text message, email, or other electronic communications.
- Please describe the reporting capabilities of your solution.
 - Does a dashboard currently exist?
 - What export formats are available?
 - Describe how the identity of the applicable carrier, contract carrier, courier, and/or individual delivery agent is captured and retained when required.
 - Describe how the solution supports required record retention, retrieval, regulatory audits, and investigations.
 - Does the reporting including pricing information for each shipment, including any applicable fees, fuel surcharges, etc.?
- Is your solution customizable to accommodate inter-hospital or inter-departmental deliveries?
- Will any prescription medication shipped on behalf of MetroHealth ever be held or stored overnight at a courier, carrier, distribution, sorting, hub, or other third-party facility?
 - For any facility assuming overnight custody or storage of prescription medications, the vendor must demonstrate that the facility and responsible entity possess all Ohio Board of Pharmacy licenses, registrations, approvals, or other authority required by applicable law and regulation for the activities performed at that location.
 - Please identify the circumstances and types of facilities where overnight storage may occur.
 - Describe physical security and access controls for medications held overnight.
 - Describe chain-of-custody controls for medications entering, remaining within, and leaving an overnight storage location.
 - Describe temperature monitoring and environmental controls employed during any overnight hold.
 - Describe procedures applicable to controlled substances during an overnight hold.
 - Describe how MetroHealth is notified when a prescription package unexpectedly enters an overnight hold or experiences another custody exception.
 - Describe procedures for medication determined to be damaged, lost, stolen, compromised, or exposed to inappropriate environmental conditions during an overnight hold.
- 3. Describe the vendor's ability to customize the platform, workflow, reporting, integrations, delivery processes, or other services to meet MetroHealth Pharmacy's operational requirements.
- 4. Identify any additional fees or surcharges assessed on a per-shipment basis beyond the proposed base delivery rate or subscription fee (i.e., weekend deliveries, fuel, delivery distance, holidays, urgent/STAT deliveries)

Expected Deliverables:

- Integrated Logistics and Prescription delivery service.
- Transparent line-by-line reporting of all charges and shipment details, including carrier performance, delivery performance, exceptions, and proof of delivery data, with the ability to export information to Excel or another mutually acceptable machine-readable format.
- Detailed tracking and data storage of all shipments including proof of delivery for all couriers.
- A complete, readily retrievable electronic chain of custody for each shipment from release by MetroHealth through final delivery, return, or other final disposition.
- 5. Retention of shipment, tracking, delivery, exception, intervention, and proof-of-delivery information sufficient to meet applicable regulatory and MetroHealth retention requirements.
- Ability to provide scheduled and on-demand reporting at the enterprise, pharmacy, carrier, service-level, and individual-shipment level.

Implementation Plan:

- Please describe your installation process, timeline, and any required MH resources for each step

Service Level Commitments:

- Please describe your customer care coverage, including:
 - Means of Contact.
 - Support/contact availability and hours of service.
 - On-site repair/support timeline, if applicable.
 - Availability of spare parts for repairs/enhancements, if applicable.
 - Availability of remote troubleshooting of hardware and software issues, if applicable.
- Please describe the availability and pricing structure of package insurance.
- Please describe the process by which to investigate a missing package.
- Please describe the process by which to investigate late delivery of a package.
- Please describe your vetting process for delivery services.
 - Would you contract directly with local delivery services, or would that be a separate service required by MetroHealth?
- Do you have the ability to receive patient feedback on the delivery? If so, would we be able to customize the questions and branding associated with that feedback? How is this feedback shared with the customer, and can the customer determine the frequency?
- Describe the process for urgently replacing a medication when a delivery failure creates the potential for interruption of therapy.
- Describe your standard notification timeframe to MetroHealth following identification of a significant shipment exception.

- Describe escalation timeframes and responsibilities when a shipment is identified as being at risk of missing its expected delivery date.

MetroHealth IT Architecture RFP Questionnaire

- Describe how users authenticate to the system
- Does the system integrate with Microsoft Active Directory?
- Does the system support a single-sign on process?
- Describe the vendor engineered business continuity processes for the system.
- What database engine is used by the system?
- Provide details on the database engine installation, i.e., versions, redundancy, permissions, backups, maintenance, data sizes.
- Describe the requirements for the desktop workstation, i.e., OS, memory, storage, CPU, display resolution, NIC speed.
- Does the system require any additional hardware to function, i.e., dongles, scanners, touch screens, tablets?
- Describe the interfaces that the system supports, i.e., EMR, medical device, alerting.
- What interface protocols does the system support?
- Describe the load balancing solutions supported by the system.
- Describe the mobile functionality supported by the system, i.e., mobile apps, mobile hardware.
- Describe the network requirements for the system, i.e., Internet, firewall, remote access, DHCP/DNS.
- Does the system support wireless connectivity?
- Describe the server infrastructure required for the system, i.e., server counts, functionality, specifications.
- Describe the software prerequisites required for the system, i.e., OS versions, anti-virus exceptions, service accounts.
- Describe the storage requirements of the system, i.e., type of storage, amount of storage, replication, encryption.
- Does the system support server virtualization? What storage virtualization platforms does the system support?
- Does the system support application virtualization? What application virtualization platforms does the system support?

Expected Contract Term:

The expected initial term of this agreement is 3-years. After the initial term, MetroHealth desires an option to extend the term for additional one-year terms and a predetermined cost.

Implementation Plan:

Please also describe your recommended approach to implementation and any applicable alternatives.

Training Requirements:

Please describe required training.

Service Level Commitments:

See above.

Performance Reporting Requirements:

Provide a list of example key performance indicators (KPIs) your organization will use to evaluate the effectiveness of your proposed solution.

Ongoing Maintenance Requirements:

Staffing:

Please submit biography/credentials of key personnel who will be working on our engagement.

Contact:

Please provide a key contact person at your firm who will be assigned to this project and responsible for engagement success.

Proposed Fees / Pricing Proposal:

Please provide your estimated all-in fees and expenses to facilitate the solution proposed in your own format.

Subcontracts:

Do you plan to subcontract any portion of the Products or Services associated with this bid Event (including shipping)? If yes, please describe.

Offshoring:

Will you or any subcontractor perform any services provided under this engagement outside of the United States. If yes, please describe.

Protected Health Information (PHI):

Does your company create, store, view, maintain or transmit Protected Health Information (PHI) or Personally Identifiable Information (PII) as part of performing obligations under this engagement? How will you ensure that patient and/or personally identifiable information is appropriately safeguarded?

If yes, or as otherwise requested by MetroHealth, you will be asked to complete MetroHealth's third party risk assessment as part of this CSP evaluation.

Conflicts of Interest:

As a public entity, MetroHealth is subject to Ohio Ethics Laws. Accordingly, as part of our bid process, MetroHealth requests information about relationships and interests you or certain of your employees ("Key Individuals") have with MetroHealth so we can avoid conflicts of interest. Key Individuals include (as applicable): owners, board members, senior leaders, clinicians, and anyone involved in decision-making for the potential transaction.

Please ask anyone who qualifies as a Key Individual at your company if they or any immediate family members have either (1) a relationship with MetroHealth or a MetroHealth affiliate serving in the capacity as a Key Individual (e.g., employed as a Key Individual at MetroHealth, member of the MetroHealth Foundation Board of Trustees); or (2) any financial interest that involves MetroHealth or a MetroHealth affiliate (e.g., shared intellectual property (licenses, patents, royalty arrangements), research collaborations, ownership interests, etc.).

In your response to this CSP, please indicate whether your company or any of its Key Individuals and their respective families is a MetroHealth Key Individual or has any financial interest involving MetroHealth or one of its affiliates. If yes, please provide a list with the name and title of each Key Individual and a description of the relationship or financial interest with MetroHealth (e.g., "Jane Doe, President – Spouse, John Doe, serves as a Director on the MetroHealth Foundation"). If neither your company nor any Key Individual or Key Individual's family member has any relationship or financial interest involving MetroHealth, please state "none."

Business Conflicts:

Describe any potential business conflicts relevant to MetroHealth. Does your organization currently serve any other hospital, health system, or physician group in the areas that MetroHealth serves? If yes, how would your firm manage potential business conflicts over time?

References:

Please provide three (3) similar client references illustrating successfully provided services within the last five (5) years.

Master Purchase Agreement:

Please ensure that you review the Master Purchase Agreement attached to this CSP. You are asked to request any edits to the MPA as part of your RFP submission. Unless edits are requested at the time of your proposal, MetroHealth will assume the terms of the MPA are acceptable for underlying terms and conditions. Business terms and solution-specific contract language will be negotiated and agreed to between MetroHealth and the selected Vendor consistent with Vendor's proposal.

Certificate of Insurance:

Please attach a current certificate of insurance that aligns with the insurance requirements stated within the Master Purchase Agreement.

W-9 Form:

Please confirm your 2025/2026 (most recent) W-9 Form is on file with MetroHealth.

Value Added Services:

What do you believe sets your organization's services apart from your competition and what unique value-added services could you provide to MetroHealth? Please provide any additional information that makes you particularly qualified to handle this engagement for MetroHealth.

III. EVALUTION CRITERIA

MetroHealth will include the following factors and criteria when evaluating proposals for this bid:

- Relevant Experience
- Team / Key Staff
- Approach / Proposed Scope of Work (including implementation plan and ability to meet requested timelines)
- Proposed Fee
- Overall Quality of Proposal

A selection committee will review and evaluate all proposals. The decision of the selection committee will be final. All respondents will be notified of the selection once a final decision has been made. If you are requested to make an oral presentation, key members of the company should be prepared to discuss your solution. The competitive sealed proposal ("CSP") timeframe is as follows:

- **October 19, 2026: Q&A closes at 1:00pm ET**
- **October 23, 2026: CSP closes at 1:00pm ET**

Questions should be submitted through MetroHealth's public bid website.

Please submit proposals through MetroHealth's public bid website.

MetroHealth deeply appreciates the effort required to submit a response to this CSP. Thank you in advance for your time and consideration.

IV. ATTACHMENTS

The following list of documents are incorporated into this CSP as attachments and should be addressed within your Proposal:

- A. Bid Instructions
- B. MetroHealth Master Purchase Agreement
- C. Intent to Bid Form
- D. Business Associates Agreement