

**FRANKLIN COUNTY
COMMISSION AGENDA ITEM**

TO: BOARD OF FRANKLIN COUNTY COMMISSIONERS	Reviewed:
FROM: Midge Ransom	Ext: 3531
DEPARTMENT: Health Department	
DATE: Monday, September 21, 2009	No:

ITEM: Discuss an agreement between the Franklin County Health Department and Provista Group Purchasing Organization (GPO).

Background: We are working to find the best prices for medical supplies. Currently we purchase through the Minnesota Multistate Contracting Alliance and independent suppliers. We have an option to purchase some frequently used and high volume items at a lower cost by agreeing to work with Provista, LLC, a group purchasing organization. Cost comparisons between our current GPO and Provista show Provista offering prices consistently lower and some 50% to 73% lower on higher priced items, such as syringes.

Recommended Action: Discuss the agreement with Provista GPO.

Attachments: Agreement

Provista, LLC
MEMBER PARTICIPATION AGREEMENT

This Agreement is made this 27 day of July, 200 , by and between Provista, LLC™ ("Provista"), a Delaware limited liability company, and Franklin County Health Dept ("Member").

Provista is a group purchasing organization ("GPO") which among other things, negotiates vendor and distribution agreements on behalf of organizations. Member is an organization which promotes or utilizes vendor and distribution agreements negotiated by a GPO. Therefore, in consideration of the foregoing statements, Provista and Member agree as follows:

- A. Member hereby authorizes Provista (and its agents, including Novation) to act as a group purchasing organization on its behalf and to advise the vendors and/or distributors ("Suppliers") that it should be listed as a participating member in the Provista contracts, all contingent upon proper and timely completion of any necessary enrollment forms or declaration documents.
- B. **Term and Termination.** This Agreement is for a one-year term commencing on the date set forth above, and will automatically renew from year to year unless either party gives prior notice of termination. Additionally, this Agreement may be terminated by either party at will and without cause at any time upon sixty (60) days prior written notice to the other. The effective date of program eligibility will be established for each program.
- C. Member agrees that Provista is authorized (but not obligated) as Member's purchasing agent to enter into any agreement with Suppliers in order to make products, intangible rights or services available to the Member. Any such agreement may set forth some or all of the terms and conditions pursuant to which the Member may purchase such products, rights or services from the Supplier. **Nothing in any such agreement shall, in any way, obligate the Member to purchase, license or lease any products, services or intangible rights hereunder.** In each case, where the Member takes advantage of any such agreement, the Member agrees to comply with the terms and conditions of such agreements. Additionally, Member represents and warrants that all products purchased through Provista agreements will be for the Member's "own use", and that Member will comply with all applicable laws; any breach of the foregoing representation and warranty may result in immediate termination of this Agreement. Member recognizes that before it may purchase through such agreements, Provista may need to ensure that its Suppliers are willing to do business with the Member.
- D. Member agrees that Provista may receive fees from Suppliers in connection with products, rights or services which are purchased, licensed or leased by Member, including without limitation, remuneration for providing certain administrative and promotional services to Suppliers. Member further understands and agrees that, except as noted herein, each Supplier agreement provides for fees that are fixed at three percent or less of the purchase price of the products, rights or services covered by such agreement; and that with respect to agreements providing for fees that are not so fixed, Member or its agent will be given access to a secure, electronic web-based database that lists such fees (the "Fee Database").
- Member understands and agrees that the Fee Database is and shall be automatically incorporated into this Agreement by reference. If Member has any questions concerning the Fee Database, Member may contact Provista.
- Additionally, Member understands and agrees that Provista shall provide Member with an annual report listing (1) Member's purchases under each agreement and (2) fees received by Provista from Suppliers based on such purchases.
- E. Member represents warrants and guarantees that all times during the term of this Agreement, Member will comply with all applicable federal, state and local laws. To the extent Member receives discounts, rebates or any other price reductions as a result of purchases under a Supplier agreement, Member may have an obligation under federal or state law to disclose such price reductions to federal or state healthcare programs or other payors, and agrees to comply with such laws. Member agrees to defend, indemnify and hold Provista harmless from any and

all losses, damages and costs (including, but not limited to, attorneys' fees and expenses) incurred by Provista on account of any breach of this warranty.

- F. Provista, its directors, officers, agents and employees shall not be liable to the Member for any act, or failure to act, in connection with the Provista purchasing agreements, any distribution agreements or the Provista programs. In addition, Provista shall not have any liability to Member for any failure of a distribution agent to perform the service which it has agreed to provide in any distribution agreement. Without limiting the generality of the foregoing, Provista hereby disclaims and excludes any express or implied representation or warranty regarding any products or services which may be the subject of Provista purchasing agreements or any distribution agreement or the Provista programs.
- G. Member agrees that it will keep strictly confidential and hold in trust all confidential information of Provista, including but not limited to information in the Fee Database, not use it for any purpose other than to effectuate the purposes of this Agreement, nor disclose such confidential information to any third party, unless upon Provista's prior written consent. "Confidential Information" will consist of all information relating to the prices and usage of any products or services contracted for and all information of Provista relating to its programs, services and agreements of a proprietary or sensitive nature not readily available through sources in the public domain.
- H. This Agreement may not be transferred or assigned without the prior written consent of both parties hereto, provided, however, that Provista may assign this Agreement to any affiliate of Provista without Member's consent.
- I. This Agreement, together with the Fee Database, constitutes the entire agreement of the parties with respect to the transactions contemplated thereby. This Agreement shall be construed under and governed by the laws of the state of Delaware.

THEREFORE, in consideration of the premises and the covenants contained herein and other good and valuable consideration, the adequacy, receipt and sufficiency whereof are hereby acknowledged, the parties agree to the terms and conditions as outlined herein.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed and delivered by their respective authorized representatives.

Member

Name (print): _____ Signature: _____

Title: _____ Date: _____

Provista, LLC

Name (print) _____ Signature: _____

Title: Manager, Member Services Date: _____

Name (print) _____ Signature: _____

Title: Sales Representative Date: _____

Mail original PAs to the following address: Provista Member Services
125 East John Carpenter Freeway
Irving, TX 75062

NON-ACUTE DISTRIBUTION AGREEMENT FORM

Member Name <i>Franklin County Health Dept</i>	MID / LIC	Primary Contact Name
Street Address <i>1418 S. MAIN ST. STE 1</i>	Contact Email Address	
City, State and Zip <i>Ottawa KS 66067</i>	Member URL (web address)	
Members Phone Number <i>785-229-3530</i>	Members Fax Number <i>785-229-3529</i>	

Non-Acute Medical Surgical Distribution

Check one class of trade: Physician Ambulatory Care Long-Term Care Home Health Care Home Health Patient Direct

Contract No.	Distributor	Coverage	PHY	AMB	LTC	HHC	HHC-PD
ND60022	*Cardinal Health	National	X	X			
ND60042	Gulf South Medical Supply	National			X	X	X
ND60054	Home Healthcare Solutions	National					X
ND60043	Independence Medical	National			X	X	X
ND60024	**Kreisers Inc.	Regional	X	X		X	
ND60036	*McKesson Corp.	National	X	X			
ND60041	Medical Specialties	National			X	X	X
ND60025	**National Distribution and Contracting	Regional	X	X	X	X	
ND60021	*Physician Sales and Services	National	X	X			

*Novation Med-Surg & Pharmacy portfolios available through selected distributors: **must select same distributor for both programs**

**National Distribution and Contracting or NDC is a regional group of local distributors. A list of the participating dealers and the geography they cover is in NDC's individual contract summary (ND60025). Also refer to the contract summary for Kreisers (ND60024) for a list of state coverage.

The facility identified above has reviewed the programs and services through the above listed non-acute care medical-surgical Authorized Distributors and has elected to utilize (if NDC dealer, please specify NDC and list name of local dealer – (see next page):

Authorized Non-Acute Medical Surgical Distributor (from list above):

† Non-Acute Pharmacy Distribution: "Multi-Source Solutions"

Contract No.	Distributor	DEA Number(s)
ND6021	Physician Sales & Services	
ND6022	Cardinal Health	
ND6036	McKesson Corp.	

Authorized Non-Acute Pharmacy Distributor "Multi-Source Solutions"(from list above):

† Non-Acute Pharmacy Distribution

Contract No.	Distributor	DEA Number(s)
ND6011	Besse Medical	
ND6014	CuraScript	
ND6013	Seacoast Medical	

Authorized Non-Acute Pharmacy Distributor (from list above):

Non-Acute Office Distribution

Contract No.	Distributor
BP50091	Corporate Express
BP50092	OfficeMax

Authorized Non-Acute Office Distributor (from list above):

Completed By Name and Title (Please Print)

Authorized Member Representative Signature

Date Signed

† Potential Pharmacy Participants, Please Note:

Your DEA number is required to participate in the pharmacy program. The address listed on the DEA certificate must match the address for the entity above. HCO represents and warrants that all Pharmaceuticals purchased under the Pharmaceutical Agreements will be for the HCO's "own use" and that HCO will observe and comply with all applicable laws.

For other distribution programs of interest (e.g. Imaging, Laboratory, etc.), please contact Provista Member Service at 888-538-4662 or via email at ProvistaCustService@provistac.com

Please fax to Provista Member Services: (972) 910-6604

LETTER OF PARTICIPATION

Cardinal Healthcare Laboratory Distribution (DL90010)

Submit Form Online



Member ID or LIC _____ Cardinal Acct #

Hospital or Facility Name FRANKLIN COUNTY HEALTH DEPT

Address 1418 S. MAIN ST. STE 1

City, State, ZIP OTTAWA KS 66067

Affiliation HPPI: _____ Price Effective Date _____

As an authorized representative of the facility listed above, I agree to participate as a "Designated HPPI member or affiliate" and abide by all terms as listed in the HPPI contract summary. This signed letter will allow our facility full access to the tier price structures, based on our class of trade and annual purchases. This letter of participation may be terminated with 30 days' written notice to HPPI. HPPI will then notify Cardinal Healthcare to remove the HPPI laboratory distribution pricing.

<input type="checkbox"/> ACUTE CARE MEMBERS	<input checked="" type="checkbox"/> NON-ACUTE CARE MEMBERS
HPPI will measure usage levels of acute care members two times per year, April and October. If our facility fails to meet the annual purchase levels, HPPI will provide us with a 30-day written notice of the tier change.	Special non-acute price tier with exclusive access to products only sold to non-acute classes of trade.
	Specify your Facility Type: <input type="text"/>
Our facilities agrees to the following payment (DSO) terms: <input type="checkbox"/> Pre-pay less than 15 days (0.5% monthly credit) <input type="checkbox"/> Net 0 days (0.25% monthly credit) <input type="checkbox"/> Net 30 days (0% - standard terms) <input type="checkbox"/> Net 31-45 days (Additional 0.5% in distributor fee) <input type="checkbox"/> 45 + days (additional 1.0% in distributor fee)	Payment terms are net 30 days.
If there are multiple owned, managed and controlled facilities to be covered by a Letter of Participation for a multi-hospital system or IDN, please attach a list of all facilities (include the name of each facility, address, city, state and ZIP code). Any changes to the list of owned, managed and controlled facilities to be included in a system or IDN on this agreement should be provided in writing to HPPI by the system.	

Authorized Signature _____
 Printed Name _____
 Title _____ Date _____

If a member receives from Cardinal any "discounts or other reductions in price" under Section 1128 B(b)(3)(A) of the Social Security Act (42 U.S.C. 1320-7b(b)(3)(A)), such member shall disclose the discounts or reductions in price under any state or federal program which provides cost or change-based reimbursement to such members for the products and services covered under this Agreement.

For HPPI Use Only:	Sales/Tier Level:	Approved:
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Submitted By: _____ Phone No.:

Member ID No.: _____ Date: _____

Submit form online in upper right hand corner. Or Print, SIGN and Fax to: HPPI Member Services (972) 910-6604
 Problems? Contact us at (888) 538-4662 or HPPICustomerService@hppigo.com

LETTER OF PARTICIPATION — PHYSICIANS

PROVISTA

Below is a list of Novation's most widely accessed agreements for the Physicians Market. This form serves as a letter of intent for FRANKLIN COUNTY HEALTH DEPT (FACILITY NAME) to access tier pricing for the agreements selected below (subject to manufacturers approval).

Place an "X" in the appropriate tier for each agreement (* = Additional Tiers Available)	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5
Adhesive Drapes – 3M (MS00410) exp. 12/09	X				
Adhesive Tapes & Dressings – 3M (MS50031) exp. 6/10	X				
Adhesive Tapes & Dressings – Medline (MS50032) exp. 6/10	X				
Advanced Wound Care – Medline (MS50043) exp. 6/10	X				
Advanced Wound Care – Smith & Nephew (MS50044) exp. 6/10	X				
Blood Collection Products – BD (LB40021) exp. 1/09	X				
Blood Collection Products – Greiner Bio-One (LB40023) exp. 1/09	X				
Blood Collection Products – Medipurpose (LB40025) exp. 1/09	X				
Blood Collection Products – Smiths Medical (LB40026) exp. 1/09	X				
Blood Collection Products – Terumo Medical (LB40024) exp. 1/09	X				
*Blood Glucose Monitoring Products – Roche Diagnostics (LB60041) exp. 9/09	X				
Casting & Splinting NOVAPLUS - BSN (MS40412) exp. 6/09	X				
Casting Products NOVAPLUS - 3M (MS40411) exp. 6/09	X				
Disposable Skin Prep & Solutions NOVAPLUS - Triad (MS90680) exp. 10/09	X				
Ear, Nose & Throat Products – Gyrus (MS60050) exp. 9/09	X				
Exam Gloves NOVAPLUS - Cardinal (MS40252) exp. 12/09	X				
Exam Gloves – DigitCare Corp (MS40255) exp. 12/09	X				
Exam Gloves NOVAPLUS - Kimberly Clark (MS40253) exp. 12/10	X				
Exam Gloves NOVAPLUS - Lowrie & Company (MS40256) exp. 12/09	X				
Exam Gloves NOVAPLUS - Medline (MS40254) exp. 12/09	X				
Hand Hygiene – Dial (MS80524) exp. 12/10	X				
Hand Hygiene - Ecolab (MS80521) exp. 12/10	X				
Hand Hygiene – GoJo (MS80522) exp. 12/10	X				
Hand Hygiene – Medline (MS80523) exp. 12/10	X				
Hot and Cold Packs NOVAPLUS - HMS (MS80500) exp. 12/10	X				
Incontinence Care Products – Attends (MS80851) exp. 6/09	X				
Incontinence Care Products – Medline (MS40311) exp. 6/09	X				
Incontinence Care Products – PBE (MS80852) exp. 6/09	X				
I.V. Catheters and Accessories – BD (MS70062) exp. 12/09	X				
I.V. Catheters and Accessories – Smiths Medical (MS70061) exp. 12/09	X				
Monitoring Electrodes NOVAPLUS - 3M (MS50080) exp. 3/09	X				
Prep & Shave Kits – Cardinal (MS00040) exp. 5/09	X				
Sanitary Paper – Georgia Pacific (FM80021) exp. 5/09	X				
Sanitary Paper – Kimberly Clark (FM80022) exp. 5/09	X				
Safety Needles and Syringes – BD (MS50631) exp. 12/08	X				
Safety Needles and Syringes – RTI (MS50634) exp. 12/08	X				
Safety Needles and Syringes – Smiths Medical (MS50633) exp. 12/08	X				
Sharps Containers (Disposables) – BD (MS50431) exp. 9/09	X				

LETTER OF PARTICIPATION — PHYSICIANS

PROVISTA


Place an "X" in the appropriate tier for each agreement (* = Additional Tiers Available)	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5
Softgoods – DeRoyal (MS40371) exp. 6/09	X				
Sponges & Towels NOVAPLUS - Medical Action Industries (MS90880) exp. 12/09	X				
Standard Needles and Syringes – BD (MS80550) exp. 12/10	X				
Sterility Assurance Products – 3M (MS50150) exp. 3/10	X				
Surgical Blades – BD (MS40451) exp. 3/09	X				
Surgical Blades – Personna (MS40452) exp. 11/08	X				
Surgical Brushless Hand Scrubs – 3M (MS80760) exp. 6/11	X				
Surgical Brushless Hand Scrubs – Ecolab (MS80801) exp. 6/11	X				
Surgical Brushless Hand Scrubs – Medline (MS80802) exp. 6/11	X				
Surgical Masks – Kimberly Clark (MS70010) exp. 12/09	X				
Surgical Nonwovens – Cardinal (MS50291) exp. 12/09	X				
Surgical Nonwovens – Kimberly Clark (MS50292) exp. 12/09	X				
Surgical Nonwovens – Medline (MS50293) exp. 12/09	X				
Surgical Scrub Brushes – BD (MS40471) exp. 10/08	X				
Surgical One Step Skin Prepping – 3M (MS60490) exp. 12/09	X				
Transparent Dressing – 3M (MS50160) exp. 6/10	X				
Traditional Wound Care – Medline (MS50052) exp. 6/09	X				
Urine Chemistry and Microscopy Analyzers - Siemens (LB50011) exp. 7/09	X				

Novation has other agreements that require individual letters of participation. Please see the Provista Web site, accessible through provistaco.com, for more contract information or call Provista Technical Support at (866) MARKET5 (627-5385).

FRANKLIN COUNTY HEALTH DEPT
 Physician/Office Name, City/State and LIC#

CARDINAL HEALTH
 Authorized Distributor Name

 Purchasing Manager Name / Phone Number

 _____
 Purchasing Manager Signature / Date

Updated October 2008

Please complete the form, photocopy for future reference, and fax your completed LOP to:
Provista Customer Services at (972) 910-6604.
 Problems? Contact us at (888) 538-4662 or ProvistaCustService@provistaco.com

Below is a list of the tier descriptions for the LOP for Physicians. This is a reference only.

Adhesive Drapes – 3M (MS00410)

Tier 1 – All Members, Contact 3M representatives to access higher tier pricing

Adhesive Tapes & Dressings – 3M (MS50031)

Tier 1 – All Members, Contact 3M representatives to access higher tier pricing

Adhesive Tapes & Dressings – Medline (MS50032)

Tier 1 – All Members

Advanced Wound Care – Medline (MS50043)

Tier 1 – All Members

Advanced Wound Care – Smith & Nephew (MS50044)

Tier 1 – All Members

Blood Collection – BD (LB40021)

Tier 1 – Purchase \$1 to \$10K annually or facility purchases less than 75% of prior year purchases of same product categories

Tier 2 – Purchase \$10,001 to \$450K and facility purchases of 75% or more than the prior year purchases of same product categories

Blood Collection – Greiner (LB40023)

Tier 1 – All Members

Blood Collection – MediPurpose (LB40025)

Tier 1 – All Members

Blood Collection – Smiths Medical (LB40026)

Tier 1 – Purchase \$1 to \$1,499 monthly

Tier 2 – Purchase \$1,500 to \$2,599 monthly

Tier 3 – Purchase \$2,600 or more monthly

Blood Collection – Terumo Medical (LB40024)

Tier 1 – All Members

Blood Glucose Monitoring Products – Roche (LB60041)

Tier 1 – All Members

***Contrast Media (Omnipaque, Omniscan) – GE (XR50010)**

Tier 1 – Utilize 1% to 75% for NOVAPLUS OMNIPAQUE and OMNIPAQUE or NOVAPLUS OMNISCAN and OMNISCAN or less than \$49,999 combined annual net agreement purchases and less than 19.9% VISIPAQUE utilization or OPTISON base price

Tier 2 – Utilize 76% to 89.9% for NOVAPLUS OMNIPAQUE and OMNIPAQUE or NOVAPLUS OMNISCAN and OMNISCAN or less than \$49,999 combined annual net agreement purchases and utilization of 20% to 34.9% VISIPAQUE or less than \$49,999 annual net agreement OPTISON purchases and greater than 90% of OPTISON

Tier 3 – Utilize 90% or more for NOVAPLUS OMNIPAQUE and OMNIPAQUE or utilization of 80% or more for NOVAPLUS OMNISCAN and OMNISCAN or less than \$49,999 combined annual net agreement purchases and greater than 35% utilization for VISIPAQUE or \$50K to \$599,999 combined annual net agreement purchases and less than 19.9% VISIPAQUE usage or \$50K to \$99K annual net agreement OPTISON purchases

Tier 4 – Utilize 90% or more for NOVAPLUS OMNIPAQUE and OMNIPAQUE and 80% or more for NOVAPLUS OMNISCAN and OMNISCAN and less than \$250K combined net purchases or \$500K combined net purchases for integrated delivery networks or \$50K to \$599,999 combined annual net agreement purchases and 20% to 34.9% VISIPAQUE or \$600K or more combined annual net agreement purchases and less than 19.9% VISIPAQUE usage or \$100K or more annual net agreement OPTISON purchases

***Contrast Media (Visipaque) – GE (XR50010)**

Tier 1 – Visipaque utilization, Contact representative to validate price tier eligibility

Castling & Splinting NOVAPLUS – BSN (MS40412)

Tier 1 – All Members

*Tier 2 – Commitment of 75%, to access tier 2 please utilize the BSN specific letter of commitment

*Tier 3 – Commitment of 85% and purchase \$75K or more annually, to access tier 3 please utilize the BSN specific letter of commitment

Castling Products NOVAPLUS – 3M (MS40411)

Tier 1 – All Members, Contact 3M representatives to access higher tier pricing

Disposable Skin Prep NOVAPLUS – Triad (MS90680)

Tier 1 – All Members

Tier 2 – Commitment of 80% of wet packs and PVP-I solutions

Tier 3 – Commitment of 90% of wet packs and PVP-I solutions and \$50K annually

Ear, Nose & Throat Products – Gyrus (MS60050)

Tier 1 – All Members

Tier 2 – Purchase of 75%

Tier 3 – Purchase of 75% and \$100K annually

Exam Gloves NOVAPLUS – Cardinal (MS40252)

Tier 1 – All Members

Tier 2 – Commitment of 80% to 89% annually

Tier 3 – Commitment of 90% and \$300K annually

Exam Gloves – DigitCare Corp (MS40255)

Tier 1 – All Members

Tier 2 – Commitment of 80%

Tier 3 – Commitment of 90% and \$300K annually

Exam Gloves NOVAPLUS – KC (MS40253)

Tier 1 – All Members

Tier 2 – Commitment of 80% or more annually

Tier 3 – Commitment of 90% and \$300K annually

Exam Gloves NOVAPLUS – Lowrie & Company (MS40256)

Tier 1 – All Members

Exam Gloves NOVAPLUS – Medline (MS40254)

Tier 1 – All Members

Tier 2 – Commitment of 80%

Hand Hygiene – Dial (MS80524)

Tier 1 – All Members

Hand Hygiene – Ecolab (MS80521)

Tier 1 – All Members

Tier 2 – Commitment of 90%

Tier 3 – Commitment of 90% and purchase \$50K or more annually

Hand Hygiene – GoJo (MS80522)

Tier 1 – All Members

Tier 2 – Commitment of 90%

Tier 3 – Commitment of 90% and purchase \$50K or more annually

Hand Hygiene – Medline (MS80523)

Tier 1 – All Members

Hot and Cold Packs NOVAPLUS – HMS (MS80500)

Tier 1 – All Members

Incontinence Care Products – Medline (MS40311)

Tier 1 – All Members

I.V. Catheters & Accessories – BD (MS70062)

Tier 1 – All Members

I.V. Catheters & Accessories – Smiths Med (MS70061)

Tier 1 – All Members

Tier 2 – 50% or more compliant

Tier 3 – 75% or more compliant

Monitoring Electrodes NOVAPLUS – 3M (MS50080)

Tier 1 – All Members, Contact 3M representatives to access higher tier pricing

Prep & Shave Kits – Cardinal (MS00040)

Tier 1 – All Members

Tier 2 – 85% Commitment

Sanitary Paper – Georgia Pacific (FM80021)

Tier 1 – All Members

Sanitary Paper – KC (FM80022)

Tier 1 – All Members

Tier 2 – Purchase 80% or more annually

Safety Needles and Syringes – BD (MS50631)

Tier 1 – All Members

Tier 2 – Purchase \$10K annually and 50% of potential purchases

Tier 3 – Purchase \$250K annually and 50% of potential purchases

Safety Needles and Syringes – RTI (MS50634)

Tier 1 – All Members

Safety Needles and Syringes – Smiths Med (MS50633)

Tier 1 – All Members

Tier 2 – Purchase \$10K to \$24,999 annually

Tier 3 – Purchase \$25K or more annually

Sharps Containers (Disposables) – BD (MS50431)

Tier 1 – All Members

Tier 2 – Commitment of 90% and \$4K to \$99,999 annual purchases

Tier 3 – Commitment of 90% and \$100K or more annual purchases

Softgoods – DeRoyal (MS40371)

Tier 1 – All Members

Tier 2 – Commitment of 80%

Tier 3 – Commitment of 90%

Sponges & Towels NOVAPLUS – Medical Action Industries (MS90880)

Tier 1 – All Members

Tier 2 – Commitment of 80% and use as primary supplier

Tier 3 – Commitment of 90% and use as primary supplier

Standard Needles and Syringes – BD (MS80550)

Tier 1 – All Members

Tier 2 – Purchase \$15K to \$74,999 annually

Tier 3 – Purchase \$75K to \$199,999 annually

Sterility Assurance Products – 3M (MS50150)

Tier 1 – All Members, Contact 3M representatives to access higher tier pricing

Surgical Blades – BD (MS40451)

Tier 1 – Annual purchases of less than \$1K

Tier 2 – Annual purchases between \$1K and \$7,499

Tier 3 – Annual purchases \$7,500 or more

Surgical Blades – Personna (MS40452)

Tier 1 – All Members

Tier 2 – Commitment of 75%

Tier 3 – Commitment of 90%

Surgical Brushless Hand Scrubs – 3M (MS20131)

Tier 1 – All Members, Contact 3M representatives to access higher tier pricing

Surgical Brushless Hand Scrubs – Healthpoint (MS20132)

Tier 1 – All Members

Surgical Masks – KC (MS70010)

Tier 1 – All Members

Tier 2 – 80% Commitment, to access tier 2 utilize the KC specific letter of commitment

Surgical Non-Wovens – Cardinal (MS50291)

Tier 1 – All Members

Tier 2 – Commitment of 80% sterile and bulk non-sterile products

Tier 3 – Purchase of \$750,000 annually

Surgical Non-Wovens – Kimberly Clark (MS50292)

Tier 1 – All Members

Tier 2 – Commitment of 80% Sterile and Non-Sterile products

Tier 3 – Commitment of 80% and purchase \$750K annually

Surgical Non-Wovens – Medline (MS50293)

Tier 1 – All Members

Surgical Scrub Brushes – BD (MS40471)

Tier 1 – Purchase \$1 to \$9,999 annually

Tier 2 – Purchase \$10K to \$39,999 annually

Tier 3 – Purchase \$40K or more annually

Surgical One Step Skin Prepping – 3M (MS60490)

Tier 1 – All Members, Contact 3M representatives to access higher tier pricing

Transparent Dressing – 3M (MS50160)

Tier 1 – All Members, Contact 3M representative to access higher tier pricing

Traditional Wound Care – Medline (MS50052)

Tier 1 – All Members

Urine Chemistry and Microscopy Analyzers – Siemens (LB50011)

Tier 1 – All Members