

**APPENDIX E**  
**RFP 1637-DLTC-SM**  
**TECHNICAL PROPOSAL REQUIREMENTS**  
**Winnebago Mental Health Institute (WMHI)**  
**and the Wisconsin Resource Center (WRC)**

**4.0 TECHNICAL PROPOSAL RESPONSE REQUIREMENTS**

DHS is seeking a Contractor with experience in and capacity to provide comprehensive pharmacy and administrative services for use in treating clients under the jurisdiction of WMHI/WRC subject to DHS's specific requirements.

Overview: This project is for comprehensive pharmacy services for provision of medications, over-the-counter medications and biologicals by the Vendor for use in treating clients under the jurisdiction of WMHI/WRC.

Vendor will have overall responsibility for pharmacy services at WMHI/WRC. This responsibility includes:

- the provision of an efficient drug distribution system an ongoing in-service education and reference program
- monitoring of drug administration procedures on the clinical units,
- coordination of a collaborative working relationship with other facility departments,
- development and implementation of the pharmacy quality assurance and improvement plan
- removal of all drugs deemed unsafe by the FDA or the drug manufacturer
- compliance with all federal and state laws governing drug usage
- compliance with Centers for Medicare & Medicare Services (CMS), Division of Quality Assurance (DQA) standards and National Patient Safety Goals (NPSG)
- vendor must be accredited by the Joint Commission
- maintaining best pharmacy practice
- following facility rules and regulations

The proposer's response to the following requirements (Sections 4.1 – 4.8) will serve to evaluate the contractor's capabilities for performing the comprehensive pharmacy services for the DHS WMHI state facility as well as references, and any interviews/demonstrations. Failure to respond and address any of the sections below may result in rejection of a proposal.

A vendor's proposal must address how it will meet all the requirements described in the technical section of the RFP. In the event no proposal adequately addresses all of the technical requirements, the Department reserves the right to continue the evaluation process but is not obligated to do so. At its discretion, the Department may ask proposers to submit additional documentation to support any of the requirements below.

Proposal responses to the technical requirements should meet the objectives of the RFP noted in section 1.3 of the main RFP and listed below.

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- Result in increased efficiencies in operations and management;
- Result in improvement in quality and delivery of service to clients; and
- Result in cost savings to the State of Wisconsin

No mention of the Vendor's Cost Proposal (Appendix G) may be made in the response to the technical requirements of the RFP.

#### **4.1 EXECUTIVE SUMMARY**

Provide a brief executive project summary (maximum 5 pages) that includes an evaluation of the current state of the art, the objectives of the proposed work, and the benefits that will be derived. Identify major specific requirements and deliverables, describe in summary and substantiate your work plan, methodology and techniques that you are proposing. Discuss feasibility, the degree of success expected, and identify any problems anticipated and contingency plans in the event that problems arise.

#### **4.2 ORGANIZATIONAL CAPABILITIES**

##### **4.2.1**

The pharmacy/organization shall have and maintain throughout the term of the contract all appropriate Wisconsin and federal licenses. **A current copy of vendor pharmacy license must be included with vendor proposal.** Failure to do so may result in rejection of a proposal.

##### **4.2.2**

The pharmacy/organization vendor must be accredited by the Joint Commission. **A current copy of certification must be included with the RFP**

##### **4.2.3**

Describe your firm's experience and capabilities in providing similar services to those required within the scope of this RFP. Be specific and identify projects, dates, recipient of services and results. Please include a description of any cost saving pharmaceutical programs that you have implemented within the last three years (i.e., therapeutic substitutions). Please indicate the dollar amount saved by each specific program.

##### **4.2.4**

Please provide an organization profile that includes the following:

- a) Name, address, e-mail, toll-free telephone number, and fax number of vendor.
- b) Years of prior experience in the pharmaceutical supply, service, and support business. Indicate your legal form (i.e., sole proprietorship, partnership, LLC, corporation/state of incorporation). If corporation, date of incorporation names and addresses of principle officers, directors, or partners.
- c) Detailed experience with acute psychiatric hospitals including the number of years, the number of facilities and whether services were provided at multiple sites. Please include the name of facilities, contact names and phone numbers.

- d) The pharmacy organization must appoint a project manager with the authority and ability to resolve problems and make decision on behalf of the dispensing pharmacy. The project manager shall be directly responsible for program oversight and shall be the Department's liaison.

Provide the name and a brief biography of the project manager. If the vendor does not have this information at the time of the proposal due date,, provide the process by which the choice will be made and the qualifications vendor will require. Project manager must be appointed and approved prior to execution of any contract.

- e) Disclosure of any conditions (e.g., bankruptcy or other financial problems, pending litigation, planned office closures, impending mergers) that may affect the Proposer's ability to perform contractually.

### 4.3 STAFFING CAPABILITIES AND REQUIREMENTS

Overview: This section should discuss the staff of the proposing firm who would be assigned to work on this project and their reporting relationships. At a minimum, vendor must address the following:

#### 4.3.1

The vendor's proposal must demonstrate significant expertise in assigning qualified staff to key leadership roles for this project. The vendor's proposal must identify by position and by name, including staff of any subcontractor, those staff it considers key to the project's success. The vendor must provide resumes describing the educational and work experiences for each of the key staff assigned to the project. If the position is vacant, the vendor must indicate the **minimum** qualifications considered to fill the position.

#### 4.3.2

In addition, the vendor must provide detailed position description requirements for key positions as well as incorporate the hiring of such staff into the project schedule in a way that assures hiring of qualified staff by the proposed start date of this project.

#### 4.3.3

At a minimum, key staff identified must include at least one licensed clinical pharmacist, an information technology manager, a project manager, and an account manager. (Note: At the vendor's discretions, the proposed account manager may be the same individual as the proposed project manager.)

For the purpose of determining the project and account manager's experience and qualifications, a program of similar size and complexity means a dispensing pharmacy preparing and dispensing a minimum of 35,000 physician orders annually utilizing a unit-dose system.

#### 4.3.4

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All pharmacists shall have and maintain throughout the term of the contract all appropriate state licenses. A current copy of all pharmacist licenses assigned to this contract should be included with the RFP. If not all pharmacists are known at the time of proposal submission, include a statement of agreement that contractor will provide a copy of contract pharmacists licenses within 3 weeks of any intent to award a contract. Failure to do so may result in cancellation of an award.

**4.3.5**

The profiles and resumes for each proposed staff person noted below must demonstrate how those individuals meet or exceed the following experience requirements applicable to each position for which each individual is proposed:

- a) For the chief pharmacist manager: in addition to proof of a current and valid professional pharmacist license, he/she must have at least three (3) years of experience in work similar to the work for which he/she is proposed.
- b) For the information technology manager: at least one (1) year of experience within the last three (3) years in a responsible role working with a dispensing and administrative pharmacy of similar size and complexity.

**4.3.6**

List total number of full time and part time of any other personnel who will be assigned to this project and the percent of time devoted exclusively to this project. Please include their position description(s).

**4.3.7**

Include a curriculum vitae/resume for each licensed professional which will be involved in this project in accordance with your proposal.

**4.3.8**

If the state in which your business is located requires pharmacy technicians to be licensed or certified, the pharmacy technicians shall have and maintain throughout the term of the contract the appropriate license. A current copy of all pharmacy technicians' certification or license must be included within the RFP. If your state does not require pharmacy technicians to be licensed, please indicate in your proposal response.

**4.3.9**

Include a statement that for any vendor staff entering WMHI/WRC the contractor will provide WMHI/WRC with a copy of the criminal background check form to the Contractor within fifteen days of signing this contract and agreement that WMHI/WRC reserves the right to refuse admission to any staff with or without cause. Such refusal does not relieve a contractor of their contractual obligations.

**4.4 FINANCIAL STRENGTH**

**4.4.1**

An organization providing pharmacy management services will be required to have cash reserves that are sufficient to:

- a) Assure that the organization has adequate cash flow to hire staff and subcontract with providers that will be necessary to deliver the proposed services specified in this RFP.
- b) Allows the organization to manage fluctuation in drug purchases if this option is proposed, client numbers, other fluctuations in the cost of delivering pharmacy services.
- c) Assure that the organization has a reasonable expectation of ongoing solvency.

#### **4.4.2**

The proposer shall submit the most current balance sheets, profit and loss statement and audited financial statements for the last year demonstrating the strength of their financial position and ability to support proposed operations of the proposing entity. Please provide banking references and lists of principal equity owners. The State may request reports on financial stability from independent financial rating services to substantiate the proposing vendor's stability. Proposer firm name is to be included on each financial page submitted.

### **4.5 IMPLEMENTATION TIMELINE**

The proposer shall provide a detailed implementation plan with their proposal. The plan must identify and document detailed requirements/specifications for integrating the proposer's Pharmacy Services System into WMHI/WRC operations. At a minimum, include the following in a project work plan:

#### **4.5.1**

A "best case" implementation schedule, to include start date from award of Contract;

#### **4.5.2**

Document all requirements and specifications for integration and implementation;

#### **4.5.3**

Identify any equipment, WMHI facility, personnel and logistical needs to be provided by WMHI/WRC, if any;

#### **4.5.4**

Identify vendor equipment, software, logistical support and personnel available to WMHI/WRC during and after implementation

#### **4.5.5**

Identify process for training of WMHI/WRC personnel. Indicate the types of training to be provided;

#### **4.5.6**

Identify how current client prescription database will be transferred to your Contractor-maintained database;

#### **4.5.7**

Address State staff costs in development of project.

**4.5.8**

Address current facility inventory and equipment including existing robotics

**4.5.9**

Address the development of the interface to WMHI/WRC's system and QS/1 pharmacy system. Specifically identify the timeframe necessary for the development, testing and going live phases. The pharmacy vendor will be required to work with facility staff in relationship to the implementation tasks.

**NOTE:** DHS/WMHI/WRC may require a readiness review during the implementation process following the vendor's selection.

- a) The vendor shall prearrange and pay for all travel and lodging accommodations for two (2) Department staff members to conduct on-site compliance visit. The vendor is responsible for advance payment of all reasonable transportation, lodging, and/or meal expenses incurred by the Department representatives not to exceed the State of Wisconsin Employee travel guidelines.
- b) After implementation, the vendor shall pay for up to two (2) Department staff members to conduct an on-site compliance visit once per fiscal year as provided in the contract.

**4.6 CONTRACT TERMINATION WORK PLAN**

Proposer must provide a project termination work plan with their proposal. The work plan must address two different scenarios for termination. The first scenario that must be addressed is turnover to the WMHI/WRC to reassume the duties. The second scenario that must be addressed is for turnover to another contractor. At a minimum, address the following details in your work plan and timetable:

**4.6.1**

Identify and document the detailed requirements/specification for the turnover of the system to WMHI/WRC or to the new contractor;

**4.6.2**

Identify a "best case" termination schedule, to include the effective date of the contract termination or award to a new contractor;

**4.6.3**

Identify equipment, facility, personnel and logistical needs to be provided by the WMHI/WRC and/or the new contractor;

**4.6.4**

Identify equipment, software, logistical support and personnel available to the facility or the new contractor during the turnover;

**4.6.5**

Identify process for training facility staff or the new contractor's staff and the types of training to be provided; and

#### **4.6.6**

Identify how the current client prescription databases will be transferred to either the facility or the new contractor.

### **4.7 WORK REQUIREMENTS**

The proposer's response to the following mandatory work requirements (Sections 4.7 – 4.23) will serve to evaluate the contractor's capabilities for performing the pharmacy work requirements for the DHS WMHI/WRC state facility. Failure to respond and address any of the sections below may result in rejection of a proposal. Vendors must describe how its organization will support each of the work requirements below in the provision of quality pharmacy service delivery in the most cost-effective and efficient manner possible.

No mention of the Vendor's submitted Cost Proposal (Appendix G WMHI/WRC) may be made in the response to the technical requirements of the RFP.

Proposals responses to the work requirements should include proposed approach, processes, methodologies, schedules, proposed staffing, technological solutions, and tools for accomplishing the tasks.

#### **4.7.1**

##### **Clinical and Therapeutic Applications**

At a minimum, the vendor's response must address the following requirements:

- a) Proactive consultation to all facility staff on drug effects (including side effects, adverse effects, cost effectiveness, available therapeutic alternatives, and drug interactions and pharmacokinetics).
- b) Safe and effective use of drugs by monitoring client responses to drug therapy, completing ongoing audits of client profiles, physician orders, and adverse drug reaction reports in conjunction with appropriate unit staff.
- c) Maintain a system for drug utilization review in collaboration with the Medical Director
- d) With the Pharmacy and Therapeutics Committee (P&T), establish and maintain specifications for providing drugs, chemicals, and biologicals.
- e) Monitor the ordering of pharmaceuticals and supplies and maintain inventory control. Note: This system will be monitored by State auditors.
- f) Maintain an accurate record of all drugs dispensed to each clinical unit.
- g) Monitor accuracy of medication administration records, treatment administration records, and unit-dose fill sheets.
- h) Maintain schedule II Controlled Substance inventory lists for two years.
- i) Maintain an active drug profile on each client.
- j) Maintain storage of drug profiles on discharged clients in an inactive file for ten years.
- k) Maintain collaborative relationships with other Facility departments and, as problems arise, engage in problem solving activities and conflict resolution.

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- l) With the Medical Director and the Medical Executive Committee, review and revise the Facility Drug Formulary monthly.
- m) Provide medications that are labeled properly using generic and trade names, control number, expiration date, bar code, and any other pertinent information.
- n) Provide regular in-service programs on drug usage to facility staff.
- o) Ensure that information on specific drugs and availability is provided to interdisciplinary teams and in response to individual queries.
- p) Ensure that compliance with all Federal and State regulations are followed by all pharmacy staff.
- q) Follow all facility policies and procedures to ensure client safety, proper medication management procedures and compliance with Joint Commission, CMS, and DQA, NCCCHC
- r) Conduct scheduled audits, analyze, and summarize data as required by the Quality Assurance Coordinator.

**4.7.2**

**In-House Pharmacist Requirements**

Committees and responsibilities are listed below. At a minimum, the vendor's response must address how it will meet the following:

- a) Pharmacist participation as a member of various committees is a requirement of the contractor.
  - Pharmacy and Therapeutics Committee. The pharmacist is the chairman of this committee and is responsible for:
    - 1) Adverse Drug Reaction (ADR) report, evaluation and recommendations
    - 2) Medication error reporting, evaluation and recommendations for all departments.
    - 3) Maximum Recommended Dosage evaluation and recommendations
    - 4) Poly-pharmacy reporting and evaluation
    - 5) Antibiotic usage evaluation
    - 6) Drug Utilization Evaluation (DUE) as requested by Medical Director
    - 7) High medication use evaluation
    - 8) High cost medication use evaluation
    - 9) Dietary and laboratory issues
    - 10) All other issues as identified by pharmacy, nursing, physicians or facility administration.
    - 11) All other medication management issues as requested by Medical Executive Committee
    - 12) Consultation and other committees as requested with Facility Director, Medical Director, Director of Nursing and Department Heads.
    - 13) Infection Control Committee
    - 14) Failure Mode and Effects (FMEA) Committee
    - 15) Emergency Action Committee

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- b) Specific review of each physicians practice including
  - DUE
  - Peer review through Pharmacy and Therapeutics Committee
  - Overview reports of trends of compliance
  - Specific recommendations for change of drug prescribing criteria are made to the medical staff from these studies
- c) Maintain State informed consent database
- d) Maintain clozapine monitoring system including on-line reporting.
- e) Review policies and procedures of pharmacy services
- f) Review and revise facility drug formulary monthly including required criteria.
- g) Attend Medical Executive Committee meetings quarterly and as requested by Medical Director.
- h) Monitor drug administration procedures on each clinical unit.
- i) Twice monthly inspections of all medication room facilities including emergency supplies.
- j) Ensure that only approved drugs are on the clinical unit and that all drugs are properly stored.
- k) Ensure that security measures and drug counts are correct and accurate.
- l) Ensure that drugs requiring refrigeration are stored separately from food items and at proper temperature.
- m) Ensure that internal and injectable drugs are stored separately from drugs for external use.
- n) Ensure that internal and injectable drugs are stored separately from drugs for external use.
- o) The contracted provider is fully responsible for the complete plan of correction for any pharmacy related issues with The Joint Commission, CMS, DQA, NCCHC or any other Federal, State or Local regulatory agency.
- p) Full medication chart review at least three times weekly and with any new order or change in order

**4.7.3**

As an acute psychiatric hospital, all client care activities within the facility are governed by a medical executive committee. Describe in detail your ability to meet the changing requirements of the facility and the medical executive committee.

**4.7.4**

**Delivery System**

Provide decentralized medical dispensing cabinet to each unit. If medication is not in cabinet:

- a) Provide one hour delivery for emergency (STAT) orders
- b) Provide two hour delivery for new orders
- c) Medication available for pick-up by facility staff when needed

**4.7.5**

**Unit-dose package system**

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- a) Delivery to units by provider. Unit-dose cycle must be at least three-day, four-day cycle or more often as set by WMHI/WRC.
- b) Individual client cassette with client name and location
- c) Package in strips with each strip labeled with client name
- d) Each package must include at a minimum; drug name (generic and trade name including tall-man lettering), strength, lot number, expiration date, manufacturer name, bar-code and time of administration
- e) Must have a proven error rate of less than 0.1 percent.

**4.7.6**

Vendor must supply facsimile machine and a dedicated telephone line for transmission of client orders.

**4.7.7**

All preparation and packaging of all medications shall be performed and supervised by a registered pharmacist and shall be performed in accordance with all applicable State and Federal laws and Regulations.

**4.7.8**

**Leaves of Absence/Discharge Medications**

Leaves of Absence, return to court, and discharge medications available and labeled as required. Requires a ten minute turn-around time.

**4.7.9**

**Aseptically Prepared Intravenous Medication/Parenteral Nutrition**

Provide aseptically prepared intravenous medication or parenteral nutrition.

- a) The preparation of any sterile product provided to facility clients must meet the requirements of USP Chapter 797 for Pharmaceutical Compounding.
- b) Vendor must be Joint Commission certified for sterile product compounding.

If a vendor subcontracts for the above service, the requirement applies to the subcontractor. However, the prime contractor is responsible for contract performance when subcontractors are used as noted in 6.3 of the main RFP document. In addition, if a subcontractor is used, a copy of the subcontractor's certification must accompany every delivery of a sterile product.

The DHS contract administrator must be notified immediately if a subcontractor's service has been cancelled. The prime contractor will be responsible for continuation of this service with evidence of the required certification for the delivery of sterile products.

**4.7.10**

Bar coded refill and stock supply system.

**4.7.11**

**Computerized System**

- a) **System minimum**

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- 1) Compliance monitoring, allergy screening, drug-dose checking and drug-drug and drug-disease interactions, duplication of therapy.
  - 2) Maintain a record of both current and discontinued medication orders for each client. Client-specific information regarding drug dispensed, date and time dispensed, quantity dispensed and identity of both dispensing pharmacist and technician must be maintained and readily available in real-time to physicians, nurses and other staff as requested.
  - 3) Real-time, on-line drug profile available for use by physicians and nurses and for use in medication reconciliation as NPSG.
  - 4) Generate a Medication Administration Record (MAR) and Physician's Order Sheet (POS), which is used to document medications administered to each client in the facility. The MAR and POS is generated at least monthly and upon request and delivered to each living unit. Reprinted MAR and/or POS must be available upon request of nursing staff.
  - 5) Maintain and monitor automatic stop orders
  - 6) Maintain and monitor all high alert medication orders
  - 7) Maintain, monitor, evaluate and report information on facility data base.
    - Adverse Drug Reactions (ADR) including trends
    - Medication Errors from all departments including trends
    - Maintain State informed consent database
    - Maintain Joint Commission outcome and performance measurement (ORYX) data base
    - Drug Usage Evaluation
    - Physician Ordering Errors This is based on the National patient safety guidelines and on our policy of the definition of a complete physician order
    - Pharmacy Quality Assurance Plan
  - 8) Start-up and ongoing staff training as required and requested to operate system
- b) In addition, describe in detail other computerized services available such as:**
- 1) Closed loop system
  - 2) Remote order entry (CPOE) (e-prescribing) system
  - 3) decentralized medical dispensing cabinet
  - 4) bar-code enabled Medication Administration Record (MAR) to complete a closed-loop medication management
  - 5) electronic MAR
  - 6) Online MAR
  - 7) positive client identification
  - 8) Real-time drug profiles available to all areas of facility
  - 9) Adverse Drug Event (ADE) Prevention Alerts
  - 10) Predefined rules that address drug-lab, drug-dietary in real time
  - 11) No manual transcription

**4.7.12**

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The pharmacy shall use WMHI/WRC's formulary for the preparation and dispensing of all medications. The pharmacy shall substitute generic drugs whenever possible or the most cost-effective drug available.

**4.7.13**

The pharmacy shall have the ability to deliver routine medications six days a week (Monday through Saturday), the ability to deliver new ordered medications within two hours on a 24/7 basis, and the ability to deliver emergency or "STAT" medications on a 24/7 basis within one hour of receipt of a valid prescription.

**4.7.14**

Vendor must be able to provide proof of pedigree for all repackaged prescription drugs that are repackaged products distributed outside the chain of normal distribution by sources other than the original manufacturer.

**4.7.15**

Describe in detail your ability to meet changing survey requirements including Joint Commission, CMS, DQA and NCCHC. Include:

- a) Client focused functions, especially Medication Management (MM)
- b) Organization functions
- c) Structures with functions
- d) National patient safety goals (NSPG)

**4.7.16**

The facility has had no survey issues with pharmacy functions. Describe in detail your proposed response to possible survey deficiencies. Include:

- a) Responsibility in areas not directly related to pharmacy but needing pharmacist expertise in correcting deficiencies
- b) Fiscal responsibility in correcting deficiencies

**4.7.17**

The pharmacy shall maintain a toll-free number for WMHI/WRC practitioners and staff between the hours of 7:00 a.m. to 5 p.m. Monday through Friday and 8:00 a.m. to 1:00 p.m. Saturdays. The purpose of the customer service line is to clarify orders, to provide technical support to practitioners/staff who request assistance, answer billing questions and any similar type of assistance to WMHI/WRC related to this RFP.

**4.7.18**

Contractor will have policies and procedures for confidentiality of information and shall maintain WMHI/WRC information as confidential information. Please submit your policies and procedures for confidentiality of information.

**4.7.19**

Vendor must maintain complete compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Vendor must sign HIPAA Business Associate Agreement before execution of any contract.

**4.7.20**

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Any vendor staff entering WMHI/WRC will provide WMHIWRC with a copy of the criminal background check form to the Contractor within fifteen days of signing this contract. MMHI reserves the right to refuse admission to any staff with or without cause.

**4.7.21**

Vendor shall also obtain and maintain sufficient general public, professional liability and malpractice insurance as specified in any contract between the vendor and Medicare Part D Prescription Drug Plans.

**4.7.22**

Vendor shall maintain insurance throughout the term of this contract. Included in the insurance shall be 3 million dollars professional liability, errors and omission insurance, workman's compensation, automobile insurance throughout the term of this contract. **Please provide copies of the professional liability and errors and omission insurance with your proposal.**

**4.7.23**

**Billing:**

Vendor must address complete billing process. Include the following:

- a) Ability to interface with the present accounting information system. This system may change as Department requirements change.
- b) Ability to interface with clearing house programs for review of all electronic claims for a clean claim and rejection of any problem claims.
- c) Vendor prior approval system.
- d) Vendor system for billing of all programs
- e) Vendor must address stock supply costs to facility.
- f) Vendor is responsible for Itemized billing to all possible payers at the direction of WMHI/WRC.
- g) Vendor must bill private pay clients directly.
- h) Vendor bill and accept payment equally from all parties.
- i) Vendor must provide a mechanism for real-time prescription claims submission and adjudication by third party payers via a billing switch and electronic claims log.
- j) The system must be capable of transmitting claims for unit dose oral solids in a 28-day retrospective billing cycle.
- k) Vendor must provide a mechanism for electronically verifying a client's eligibility for Medicare Part D via the pharmacy software system billing switch.
- l) Vendor must provide a mechanism for automated payment posting and reconciliation of submitted third party claims and third party payments received.
- m) Vendor is responsible for the process and resolution of all rejected third party claims for pharmaceuticals within timeframes specified in each third party contract.

**4.8 RISK/QUALITY ASSURANCE**

State treatment facilities have a critical need for timely and quality pharmacy management services. These facilities are responsible for the well-being of over a thousand state clients each year who have a variety of very serious mental, developmental and physical health care conditions.

Care for the vulnerable populations served, including pharmaceutical care, must be provided without fail every hour of every day. Any lack of performance on the part of a contracted pharmacy vendor may cause significant disruption to this care, and result in serious threats to the health and well-being of clients. Such a situation is unacceptable, and must be avoided.

#### **4.8.1**

Provide your organization's assessment of potential risks, and their impact, on clients under the care of the State facility, to the pharmacy day- to- day service operations, and to the purchasing State agency in the provision of pharmacy management services to the facility.

Your assessment should include strategies your organization has in place, or will implement, to remove or mitigate assessed risks and potential subsequent impact to ensure continued quality responsive pharmacy services to the state facility, and meet the service requirements and contractual obligations.

#### **4.8.2**

Describe your organization's approach in managing uncertainties related to environmental or technological disaster and other threats such as, but not limited to, building fires, pandemic illness, natural and other disasters.

Include items such as a disaster recovery plan and/or a business continuity plan that provide a structure for how your organization plans to continue to meet purchaser's business/contractual needs in the event of the unexpected.

**NOTE:** It is the proposer's responsibility to review thoroughly this appendix and the main RFP document for any additional submission requirements including other and/or additional required forms, submission format, proposal organization, and/or other pertinent information for RFP completion. If there are any concerns or clarifications needed by the proposer, it is the vendor's responsibility to request this information at the time and as described in Section 1.9 of the main RFP document.