

**Hampton City Schools RFP#22-22036TM**  
**Attachment E: Onsite Pharmacy Questionnaire**

**Company Overview and Capabilities**

1. Provide the following information about your company:

Legal Name	
Address	
Telephone Number	
Website Address	
State of incorporation (if incorporated)	

2. Please provide company history and background, including financial information, company structure, and size.
3. Identify all subcontractors or joint business partners.
4. Please explain your account management structure.
5. Outline the summary of services proposed.
6. Summary of your company's philosophy and/or vision.
7. Has your company been through recent reorganization or name changes, or do you anticipate any in the next 36 months? If yes, describe the nature of the reorganization and list past or future names of your company.
8. Describe how your organization distinguishes itself from your competitors and if you have any unique offerings for Hampton City Schools.

**Staffing and Services**

1. Present your historical experience in the management of onsite pharmacies. Include the current number of full-service onsite pharmacies your organization administers. Describe the client you have served the longest with a full-service pharmacy and its scope of services.
2. Describe services offered and routinely delivered including delivery, medication counseling and medication tracking.
3. Describe your approach to staffing the employee pharmacy.
4. If HCS would like to retain any staff currently employed by the incumbent, would your firm consider hiring that person, provided there is not a non-compete agreement in place?
5. How do you manage your staffing model (i.e. vacations, sick-time, emergencies, etc.).
6. Provide information technology, equipment, furniture, and fixture specifications and requirements.

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7. Describe your formulary and inventory management systems and processes for both prescription medications and over the counter drugs. .
8. Describe your procurement process.
9. Who has accountability for all entity medications received and dispensed?
10. Define your prescription compliance and adherence program. How would you partner with health clinic professionals to ensure care gaps are closed and evidence-based procedures are followed?
11. Describe your ability to coordinate payments at the pharmacy with the following methodologies:
  - Credit Card
  - Debit Card
  - Check
  - Payroll Deduction
  - Coordination of Health Benefits (i.e. HSA Benefit Plan Design Models)
  - Other
12. Describe your procedures for automated recordkeeping, reporting and linkage to onsite health and wellness center systems, and health carrier partner systems.
13. Could you administer a mail order program for prescription drugs?
14. Describe how you may participate in HCS's health insurance program. Cigna is the current administrator for HCS's self-funded group health plan. However, there is an RFP for the group healthcare plan effective October 1, 2022 so the administrator may change.
15. Discuss (and provide examples of) communication and patient education programs successfully deployed historically. Define a successful engagement program for eligible HCS patients.
16. Outline how you can develop school-based outreach emails or home mailings to promote the usage of the onsite pharmacy.
17. Describe your management, licensure, compliance, and data security policies and procedures as well as your involvement maintaining compliance.
18. Describe any and all requirements for HCS as it pertains to: Building utilities, insurance, patient communication, benefit plan design incentives, and security.
19. Provide copies of proof of insurance including amounts.
20. What merchandising or branding requirements does your organization have as it pertains to over-the counter-medications, pharmacy services or other products or services provided by your firm?

**Data and Reporting**

1. What pharmacy management system/application do you utilize?

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2. Are you able to connect real-time to transfer pharmacy data to Hampton City Schools' onsite health and wellness center, carrier/TPA systems?
3. What views does your system/application provide relative to prior authorization, concurrent review, or appeals? Is the access delayed or real-time?
4. Do you maintain eligibility /membership files and if yes, what is the frequency by which they are updated?
5. How do you transfer clinical decisions to HCS onsite clinic provider staff?
6. Are you able to provide comprehensive views at the member level including all previous, current and pending activities?
7. Does the system store all decisions and recommendations for compliance purposes and for how long?
8. What standard reports for all pharmacy services are available to HCS? (Please provide examples.)
9. Are all reports able to be provided at the individual client level?
10. What measurements are used to reflect program effectiveness?
11. How frequently are reports provided?
12. Are reports able to be customized? If yes, by which data elements (i.e. location, employment status, job, etc.).
13. Please provide sample reports including inventory, formulary, savings, production, activity and case.

**Implementation**

1. Describe the implementation process.
2. Please provide a description for ongoing operational responsibilities for both your firm as well as HCS.

**Fees**

1. Please provide your firm's pricing proposal in detail as it pertains to the price basis for the prescription drugs (i.e. AWP, Maximum-Allowable-Cost (MAC), acquisition cost). Please include, on a per script basis any dispensing fees, administration fees (per prescription or eligible patient), and/or anticipated sharing of rebates.
2. Please provide your per unit pricing on the following:
  - HCS Top 25 drugs by cost (APPENDIX II)
  - HCS Top 25 drugs by volume (APPENDIX III)
3. Describe how your firm will reduce prescription drug expenditures for HCS health plan.
4. Outline any service and/or pricing guarantees your firm is willing to implement.

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