Texas Association of Community Health Centers, Inc. (TACHC) and 340Better
Request for Proposal: Pharmaceutical Reverse Distributor

INSTRUCTIONS

BACKGROUND:
The Texas Association of Community Health Centers, Inc. (TACHC) coordinates the national 340Better pharmacy program, a purchasing program for health centers eligible for 340B. As of January of 2017, the 340Better pharmacy program has over 860 participating covered entities nationwide (listing available upon request). These health centers serve medically under-served areas and populations and it is estimated that 70% of the patients served have incomes below the poverty level, are uninsured and have no other access to health care. In 2014, health centers across the nation served over 22.8 million Americans as part of the national Community Health Center movement via approximately 1,300 health center organizations at over 9,000 delivery sites. These centers serve predominately medically under-served areas and populations and it is estimated that 71% of the patients served have incomes below the poverty level, with 28% uninsured and have no access to health care while another 47% rely on Medicaid and CHIP for insurance.

TACHC will continue to aggressively market the pharmacy purchasing services to 340B eligible health centers throughout the United States. TACHC is supported by an agreement with Cardinal Health (pharmaceutical distribution). The 340Better pharmacy program, with the assistance of its Pharmacy and Therapeutics (P & T) Committee, will be solely responsible for evaluating proposals and making awards. Several factors will be considered when evaluating proposals. Although price will be an important concern, quality and a vendor's demonstrated performance will be the primary consideration.

INSTRUCTIONS:
TACHC invites qualified vendors to submit proposals to provide pharmaceutical reverse distributor services as set out in this solicitation. Currently, TACHC does not have a contract with a pharmaceutical reverse distributor.

Answer all questions directly after each question. If clarification is needed for a particular question, please contact Lynn Ford at the TACHC office at (512) 329-5959 or lford@tachc.org.

GENERAL INFORMATION:
Any contract award resulting from this RFP will be based upon the most responsive proposal that is the most advantageous to the TACHC 340Better pharmacy program over the life of the project in terms of the evaluation criteria specified in this document as determined by TACHC in its sole discretion.

TACHC reserves the right to:
- Reject any or all proposals and discontinue the RFP process without obligation or liability to any vendor;
- Waive any defect, irregularity, or informality in any proposal;
- Accept a proposal other than the lowest-priced proposal;
Award a contract on the basis of initial proposals received without discussions or requests for best and final offers;
- Request additional information or clarification from vendors;
- Request best and final offers from any or all vendors;
- Accept proposals from one or more vendors;
- Procure the services in whole or in part by other means.
- Award more than one contract; and
- Not award any contract.

Proposals must be valid and proposed fees must be firm and guaranteed for at least 3 years.

Proposals and any other information submitted in response to this RFP will not be returned.

Compensation will not be provided to vendors for any expenses that they incur as part of the proposal process, including but not limited to expenses incurred in preparing proposals, making demonstrations, responding to inquiries, and attending meetings and negotiations. Vendors submit proposals at their own risk and expense.

All vendors are expected to carefully examine the RFP documents. Any ambiguities or inconsistencies should be brought to the attention of TACHC. It is TACHC’s intent that all information necessary to complete a response is included in this RFP. It is the responsibility of an interested vendor to obtain clarification of any information contained herein that is not fully understood, in writing.

Any vendor, by and through the submission of a proposal, agrees to be held responsible for: (1) examining the RFP and all referenced material; (2) becoming familiar with the nature and scope of the services required by TACHC; and (3) identifying any local conditions, administrative rules, or other factors that may impact the timeline for completion of the services.

Any vendor, by and through the submission of a proposal, guarantees the organization and staff members: 1) are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency; 2) have not, within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or sub-contract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; 3) are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated above; and; 4) have not, within a three-year period preceding this offer, had one or more contracts terminated for default by any Federal agency.

PROPOSALS WILL BE KEPT CONFIDENTIAL DURING THE PROCESS OF REVIEW AND NEGOTIATION!
HISTORICALLY UNDERUTILIZED BUSINESS PROGRAM:
TACHC attempts for Historically Underutilized Business (HUBs) to have the maximum opportunity to participate in the performance of TACHC contracts and subcontracts. Vendors shall make a “good faith effort” to take all necessary and reasonable steps to ensure that HUBs have the maximum opportunity to participate as subcontractors. Failure by a contractor or subcontractor to carry out this good faith effort shall constitute a breach of contract and, after notification of such breach by TACHC, may result in termination of the contract.

To be eligible under this program, HUB contractors and subcontractors must be certified as a HUB, Minority/Women Business Enterprise (M/WBE), or a Disadvantaged Business Enterprise (DBE) source by a recognized governmental program,

Any vendor identified as a HUB (as either a prime or subcontractor) shall submit a copy of its certification with its proposal. TACHC reserves the right to verify any vendor’s HUB, M/WBE or DBE status prior to contract award.

DEMONSTRATIVE ALIGNMENT:
Strong consideration will be given to the proposal(s) who best demonstrate alignment with the following:

a. Assurance of the supply of services as outlined in this RFP during the term of the agreement with excellent customer service and field support for TACHC and its member health centers.

b. Availability of value-added services and options for all size of health centers operations (large or small).

c. Willingness and ability to meet TACHC’s contractual requirements.

CONFLICT OF INTEREST:
Vendors submitting proposals shall state if they have a conflict of interest by directly or indirectly working with TACHC and the member health centers.

NEGOTIATIONS:
Discussions may be conducted with vendors who submit proposals determined to be reasonably susceptible of being selected for award. Those vendors will be accorded fair and equal treatment with respect to any opportunity for discussion and revision of proposals. Vendors may be required to submit additional data and/or clarify previously-submitted information during the process of any negotiations. Revisions and supplements to proposals may also be permitted after submission and before award for the purpose of obtaining best and final offers.

TACHC reserves the right to negotiate the price and any other term with any, all, or none of the vendors. Any oral negotiations must be confirmed in writing prior to an award.

DEViations:
Requirements stated in this RFP will become part of the contract resulting from this RFP unless the vendor requests a deviation. All requests for deviations from these requirements must be specifically defined by the vendor in the proposal. If accepted, the deviation will become part of the contract. TACHC reserves the right to modify the requirements of this RFP.
SUBMITTAL:
Proposals must be received by the TACHC office:

Texas Association of Community Health Centers, Inc.
Attn: Lynn Ford
5900 Southwest Parkway, Building 3
Austin, TX  78735
(512) 329-5959: phone
lford@tachc.org

The proposal must contain one (1) original hard copy and an electronic original of the proposal (include all attachments) must also be submitted on a flash or jump drive or via email. For an email version of the RFP, please submit your request via email to Lynn Ford at lford@tachc.org.

DEADLINE:
The response to this Request for Proposal is due March 10, 2017 by 5:00 pm central time.
PHARMACEUTICAL REVERSE DISTRIBUTOR
BID REQUEST

BID IS DUE March 10, 2017, BY 5:00 pm central time

Submit proposal to:
Lynn Ford, Purchasing Program Coordinator
Texas Association of Community Health Centers
5900 Southwest Parkway, Building 3
Austin, TX  78735
lford@tache.org

If additional information is needed, please contact:
José E. Camacho or Lynn Ford
Phone: (512) 329-5959

I hereby swear (or affirm) under the penalty of perjury:
a. That I am an officer or employee of the responding corporation having authority to sign on its behalf or a partner in the company;
b. That the attached response covering the contract for pharmaceutical reverse distributor service has been arrived at independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other supplier of materials, supplies, equipment or services described in the RFP, designed to limit fair or open competition;
c. That the contents of the RFP response have not been communicated by the Vendor or its employees or agents to any person not an employee or agent of the Vendor and will not be communicated to any such persons prior to the official opening of the responses; and
d. That I have fully informed myself regarding the accuracy of the statements made in this affidavit.

Date: ____________________________________________________________________________

Company Name: __________________________________________________________________

By: _____________________________________________________________________________
(Signature)

Name & Title: ____________________________________________________________________

Email: __________________________________________________________________________

Telephone Number: __________________________________________________________________
Texas Association of Community Health Centers, Inc. (TACHC) and 340B Better Request for Proposal: Pharmaceutical Reverse Distributor

QUESTIONNAIRE

GENERAL INFORMATION:

Complete legal name: ___________________________________________________________

Contact person: ________________________________________________________________

Contact person’s title: ___________________________________________________________

Business address: _______________________________________________________________

____________________________________________________________________________

Contact person’s telephone number: ______________________________________________

Contact person’s email: __________________________________________________________

Website: ______________________________________________________________________

Type of organization:  □ Individual    □ Partnership    □ Corporation    □ Association

   □ Other (please describe): ___________________________________________________

If incorporated, state of incorporation: ____________________________________________

Date organization was formed (month/year): _________________________________________

Describe organization and locations (include physical address, size of services provided for headquarters and any branch locations that will provide services and support outlined in the RFP): ________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
CONTRACT SPECIFICATIONS:

Is Proposer currently in the process of filing for bankruptcy? □ Yes □ No

Has Proposer filed for bankruptcy within the past five (5) years? □ Yes □ No

Is Proposer or any principal staff of Proposer excluded from participation in any state or federal health care program or the subject of any pending or threatened final adverse action, as such term is defined under 42 U.S.C. §1320a-7e(g) or any successor provision of law or regulation or have they been within the past five (5) years? □ Yes □ No

Does Proposer have a procedure to assure they will not arrange or contract with any person or entity who is excluded from participation in any state or Federal health care program, or is the subject of any pending or threatened final adverse action, as such term is defined under 42 U.S.C. §1320a-7e(g) or any successor provision of law or regulation? □ Yes □ No

Does Proposer acknowledge that if currently under any local or state or Federal investigation or suspension or debarment, its submission may not be considered? □ Yes □ No

Does Proposer have an established record of working with the 340B environment with a minimum of five (5) years of experience in providing pharmaceutical reverse distributor services? □ Yes □ No

Does Proposer accept the term of the contract, which includes firm pricing, for pharmaceutical reverse distributor services for 3 years? □ Yes □ No

Does Proposer acknowledge that no sub-contracts can occur without written notice to and written approval by TACHC? □ Yes □ No

Is it acknowledged that each TACHC member health center will have their own separate accounts and will pay directly to vendor, or any extensions thereof? □ Yes □ No

Does Proposer acknowledge that all TACHC member health centers will receive the same pricing regardless of their geographic location and size of their operation? □ Yes □ No

Does Proposer have an established relationship with TACHC’s sole and primary wholesaler: Cardinal Health (pharmaceutical distribution)? □ Yes □ No

Is Proposer able to provide the returned goods credits through Cardinal Health (pharmaceutical distribution)? □ Yes □ No
Is Proposer able to agree to comply with all applicable laws and regulations, including local, state and federal?  
☐ Yes ☐ No

Does Proposer possess necessary state and federal licenses, permits, registrations and insurance where they are required to provide the pharmaceutical reverse distributor service?  
☐ Yes ☐ No

Is Proposer capable to process all returned goods (including CII-CV, hazardous Pharmaceuticals and samples) according to all applicable federal, state and local regulatory guidelines?  
☐ Yes ☐ No

Can Proposer provide, at a minimum, reports of various data information, including: detailed regulatory reports required to document the waste classification, waste disposal and collection and application of credits from the pharmaceutical manufacturers?  
☐ Yes ☐ No

Is Proposer able to maintain an accessible reporting system (web-based required) with the following capabilities:
   a. Capability of each health center to routinely download data of HIPAA-compliant electronic information;
   b. Download reports in electronic data format that can be directly imported and saved by each health center; and
   c. Real-time, online access to system?  
☐ Yes ☐ No

Can Proposer acknowledge that TACHC and/or the health center will have the right to audit, with full cooperation by the Proposer, the services and pricing provided to validate compliance with program requirements and contractual guarantees?  
☐ Yes ☐ No

Is Proposer able to agree to indemnify each participating health center for any loss that is the result of an act or omission on the part of the Proposer?  
☐ Yes ☐ No

Can Proposer agree to meet all requirements of the Healthcare Information Portability and Accountability Act (HIPAA), established federal and state and local guidelines, and pre-determined compliance dates, including privacy and confidentiality requirements that limit the non-consensual use and release of protected health information through electronic communications, oral communications and paper records?  
☐ Yes ☐ No

Is Proposer able to keep all health center information confidential and secure? This includes, but is not limited to, financial, quality, demographic, proprietary information, pharmacy pricing information, wholesaler information, etc.  
☐ Yes ☐ No

Does Proposer agree that health center data is not for resale?  
☐ Yes ☐ No
Is Proposer able to adopt and effectively implement a written compliance plan acceptable to TACHC to ensure compliance with all applicable federal, state, and local law. Implementation of the compliance plan shall, at a minimum, include regular mandatory compliance training sessions for all personnel (employees and otherwise) providing services directly or indirectly to TACHC and its member health centers? □ Yes □ No

Can Proposer maintain the health center’s data for the term of the contract and for seven (7) years thereafter (the data is to remain the sole property of the health center and the data is not available to be sold)? □ Yes □ No

Can Proposer secure and maintain, at its own expense, general and professional liability insurance in the amounts of $1,000,000 per occurrence and $3,000,000 in an annual aggregate as well as workers compensation coverage to insure against claims for damages by any participating health center? □ Yes □ No

Does Proposer have a conflict of interest to establishing a contract with TACHC or its member health centers? If yes, please explain in detail the conflict. □ Yes □ No

Is Proposer certified as a HUB or MBE or WBE or DBE source? If yes, please attach certification. □ Yes □ No

The contract terms and conditions identified in this RFP will form the contract resulting from this RFP and the vendor’s submission will be incorporated into the contract. Please identify whether there are any requested exceptions to deviations.

□ I do not request any exceptions or deviations to the state contract terms.

□ I request the following exceptions or deviations to the stated contract terms: ______________

____________________________________________________________________________

____________________________________________________________________________

For the remainder of this questionnaire, all questions must be answered. Additional documents may be attached to further explain responses.
PRODUCT/SERVICE INFORMATION:
Please describe the type of service your organization provides:

1. Mail-In and/or On-Site Services:
   a. Are boxes and shipping labels provided at no cost? If no, at what cost?
   b. Is there a preferred shipping company? If so, who?
   c. Can the paperwork be obtained from a secure website? If not, how is paperwork obtained?
   d. Is an Estimated Return Value (ERV) up front able to be provided? If yes, is offer for all products (expired and in-dated) or only for select products? Specify and elaborate.
   e. How is ERV reconciled against the actual credit issued?
   f. What is the turnaround time between when ERV is provided to when an actual credit is issued?
   g. What is the process for returning items for destruction only (no credit)?
   h. Is proof of incineration provided? If so, how soon after destruction will Proof of Destruction paperwork be available?
   i. Is incineration provided by vendor? If not, what is name of sub-contractor who provides incineration service? No sub-contracting is allowed without written notice and written approval by TACHC.

2. Mail-In Service:
   a. Is mail-in service available?
   b. Describe the mail-in service for controlled, non-controlled and sample pharmaceutical items.
   c. List the paper documents provided and/or needed with detail explanation on how the health center makes a request to receive: DEA 222 form, shipping label, return authorization form, service level expectation, etc.
   d. What is the standard turnaround time for mail-in processing?

3. On-Site Service:
   a. Is on-site service available?
   b. Can a printed inventory of all the products being processed for return during the on-site service be created?
   c. Will vendor package and label the items to be ready for shipment?
   d. Will vendor make arrangements for the boxes to be picked up for shipping?
   e. Is there a preferred shipping company? If so, who?
   f. What type of documentation is left by the team upon completion of service? Does this include an Estimated Return Value?
   g. Is a completed DEA 222 form provided at the end of the service? If so, is there a cost for the completed DEA 222 form?
   h. What is the standard turnaround time for on-site processing?
   i. What is the response time, from the time of request to the provision of service?
   j. If a health center is in need of an emergency service, how quickly (hours/days) before a service technician can be on site?
   k. What is the 'Dress Code' policy for technicians?

4. Are there products and/or solutions available to render products into waste at the health center? If so, is it approved by The Joint Commission and/or NCQA and DEA? What is the cost?
PRODUCT TYPES:
1. What products are accepted to process for a return credit?
   a. Prescription pharmaceuticals
   b. OTCs
   c. OTCs with alcohol
   d. Repackaged items
   e. Sundries (shampoo, sunscreen, lotion, etc.)
   f. Prescription pharmaceutical or OTC samples
   g. Compounding chemicals
   h. Compounded pharmaceuticals
   i. Vaccines
   j. Expired and in-dated products?
2. Are prepaid shipping labels, boxes, etc. provided?
3. Is there a means for processing products that do not have a UPC?
4. Is there a means of managing a whole or a partial of a NDC on a single item (for example, injectable vials packaged as a flat of 25 vials)?
5. How is an item handled if it is not in the member supplied catalog?

CONTROLLED SUBSTANCES:
1. Are controlled substances able to be processed for credit?
   a. C-II
   b. C-III
   c. C-IV
   d. C-V
2. Are full and partials of controlled substance able to be processed for return?
3. Describe the process when returning C-II's.
4. Are prepaid shipping labels, boxes, etc. provided?
5. When and how does the member health center receive form DEA 222 for on-site service?
6. Describe the security measures taken and provided for shipping and processing controlled substances.
7. How are controlled substances tracked throughout the return and credit process?
8. What is the control process when narcotics are received at the processing facility?
9. Is proof of incineration of controlled substances provided? If so, how soon after destruction will Proof of Destruction paperwork be available?
10. Is incineration provided by vendor? If not, what sub-contractor provides incineration service? No sub-contracting is allowed without written notice and written approval by TACHC.

IN-DATED ITEMS:
1. Are in-dated items held so that they may possess a future potential return value? If so, please explain the process and how data integrity is retained?
2. Are there dating or dollar value restrictions when in-dated items are held? Is there an additional fee for holding in-dated items until they are eligible for a return value?
3. When an in-dated product is processed for return, how is the Estimated Returnable Value determined?
DATA:
1. Is an online pharmaceutical returns report available?
2. Is an online service for management reports available? Please list and describe the types of reports.
3. Is online tracking of return(s) provided?
4. Is there an online consolidated list of items processed per cycle for each TACHC member available?
5. How soon after the on-site service visit is the data available?
6. How are the categories of data for the various types of transactions differentiated: returnable, in-dated, recall, non-returnable, etc.?

RETURNS PROCESSING:
1. How often is each cycle posted and returns data available (monthly, bi-monthly, quarterly, etc.)? Is there a unique ID assigned for each cycle?
2. For items that qualify for a manufacturer's return, is there a detailed return report provided?
3. For items that do NOT qualify for a manufacturer's return, is there a detailed return report provided?
4. For controlled substances, is there a detailed return report provided?
5. If an item has been damaged due to handling issues, is a credit able to be processed (for example, a refrigerated item that spoiled due to a broken refrigerator)?

COMPLIANCE WITH REGULATIONS:
1. Are unique IDs assigned for each cycle?
2. Is vendor licensed to do business in all states that require pharmaceutical reverse distributors to be licensed?
3. Is vendor accredited by the National Association Boards of Pharmacy as a Verified Accredited Wholesale Distributor? If yes, please provide a copy of such accreditation.
4. Provide a copy of the DEA Registration.
5. Has DEA ever conducted an audit? If yes, please explain and what was the outcome.
6. Has DEA ever cited vendor for violations of regulations or have any of the principals, officers or managers been convicted of violating DEA regulations during the last 3 years? If yes, please attach an explanation for the circumstances.
7. Are all services in compliance with DEA, DOT, EPA, FDA, OSHA, PDMA, RCRA, VAWD with NABP, and state boards of pharmacy, where required, relating to the returns goods industry? Provide copies of applicable numbers, certificates, registrations, memorandums, etc.
8. Has there been any regulatory action in the past 3 years from any federal or state agency? If yes, please explain and what was the outcome?

INDEMNIFICATION AND INSURANCE:
1. Are you able to indemnify members against any EPA violations in the disposal of their products?
2. Is the disposition of waste handled directly? If not, what sub-contractor provides service? No sub-contracting is allowed without written notice and written approval by TACHC.
3. Where is the incinerator(s) located?
4. What is the generator status?

RECONCILIATION:
1. How is member informed of the applicable credits they are due to receive?
2. How long from when the product has been processed at facility before the member is able to receive credits?
3. How are credits issued?

ACCOUNT MANAGEMENT:
1. Minimum requirements:
   a. An assigned account representative for TACHC and each member health center;
   b. Five (5) years of experience providing pharmaceutical reverse distributor services to similarly-sized and similar scope of membership profile;
   c. Adequate size of an account management team;
   d. Customer service capability to respond quickly to TACHC’s and a health center’s concerns regarding quality of service, continuity of care and any other issues; and
   e. Well-developed plan with adequate resources.
2. Provide an organizational chart identifying the account management structure that will support the TACHC 340Better pharmacy program and its member health centers.
3. Identify key team members for the TACHC 340Better pharmacy program, including the account manager.

<table>
<thead>
<tr>
<th>Name of Team Member</th>
<th>Project Assignment</th>
<th>Degrees, Certifications, Licenses, etc.</th>
<th>Years of Experience</th>
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4. Describe how you would manage a transition process if a current TACHC 340Better member has a current pharmaceutical reverse distributor and requests to switch to the proposed program. Include the process for transferring data and/or communication materials. Include milestones and events in the transition process and the resources that will be provided to support the process.
5. Describe in detail the account support services to successfully partner with TACHC and the health centers.
6. Describe in detail the training provided to successfully partner with TACHC and the health centers.
7. Describe how you would manage ongoing pharmaceutical reverse distributor activities for a 340B program at a health center.
8. Describe your customer service program and philosophy.

**CORPORATE EXPERIENCE AND REFERENCES:**

1. Describe your experience with providing pharmaceutical reverse distributor services to health center’s 340B programs.
2. Describe projects (including tasks, products and results) that were completed for 340B eligible entities (preferably community health centers) within the past five (5) years.
3. Describe the pharmaceutical reverse distributor services provided by the proposed project team during the past five (5) years related to a 340B program. Include the client for whom work was performed, a brief description of the services provided and other client-related metrics.
4. Provide five (5) references (preferably community health centers) for pharmaceutical reverse distributor services performed within the past five years that is similar in nature to that described in this RFP. By providing the reference information you are consenting to allow TACHC to contact the listed references.

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<th>Reference 1</th>
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<td><strong>Address:</strong></td>
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<td><strong>Point of Contact:</strong></td>
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<td><strong>POC Phone Number:</strong></td>
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<td><strong>POC Email Address:</strong></td>
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<td><strong>Description of Services Provided:</strong></td>
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<td><strong>Project Budget Cost:</strong></td>
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Reference 4
Entity Name: _________________________________________________________________
Address: ______________________________________________________________________
Point of Contact: __________________________________________________________________
POC Phone Number: __________________________________________________________________
POC Email Address: __________________________________________________________________
Description of Services Provided: __________________________________________________________________
Project Budget Cost: ___________________________________________________________________

Reference 5
Entity Name: _________________________________________________________________
Address: ______________________________________________________________________
Point of Contact: __________________________________________________________________
POC Phone Number: __________________________________________________________________
POC Email Address: __________________________________________________________________
Description of Services Provided: __________________________________________________________________
Project Budget Cost: ___________________________________________________________________

REPORTING AND MANAGEMENT:
1. What is the process for making custom reports available to a health center and/or TACHC? Are there any charges for these reports? If so, describe these charges.
2. Describe the standard reports you provide to the health centers and TACHC, including purpose, data elements, frequency, distribution date and format. Include examples of the reports.
3. Provide a diagram (flow chart or other visual) of the entire transaction process.

INFORMATION SYSTEMS:
1. Provide an overview of your HIPAA security policies and practices. Include a description of any special hardware or software that will be needed to use the system and describe the features and capabilities of the systems.
2. Describe the disaster recovery/back-up processes used to maintain the continuity of the health center’s and TACHC’s data.
3. Describe the process for setting up a health center staff to use the services such as resetting passwords, reporting issues, trouble-shooting, etc.
4. Describe the process for when a health center has an existing pharmaceutical reverse distributor and how the migration to the proposed system works.
5. Indicate if your system has the following capabilities and describe how the feature works:
   a. Web-based? □ Yes □ No
   b. Compatible with Microsoft Office 2010 suite? □ Yes □ No
   c. Is system HIPAA compliant? □ Yes □ No
   d. Does your website utilize SSL? □ Yes □ No
COST/FEES:
1. Please describe the costs and fees associated with the pharmaceutical reverse distributor service. Please describe the cost structure (including the basis of the fees, as well as the costs or any contract minimums). Include all cost elements and additional charges. **ALL SERVICES NEED TO BE DESCRIBED IN DETAIL.**

<table>
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<tr>
<th>Services</th>
<th>Cost for Product Eligible for Credit</th>
<th>Cost for Product Not Eligible for Credit</th>
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<tbody>
<tr>
<td>Mail-in service fee</td>
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<tr>
<td>On-site service fee</td>
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<td>Full on-site service (Includes scanning and printout of non-scheduled and scheduled products prior to leaving facility)</td>
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<td>Credit tracking</td>
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<tr>
<td>Walking shelves at pharmacy for expired medications</td>
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<tr>
<td>Non-hazardous disposal fee</td>
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<td>Hazardous disposal fee</td>
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<tr>
<td>Scheduled drug processing fee</td>
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<tr>
<td>Non-scheduled drug processing fee</td>
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<tr>
<td>Preparation of DEA 222 and 41 forms</td>
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<td>Internet access to tracking &amp; management tool</td>
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<tr>
<td>Recovery of Federal Excise Tax</td>
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<tr>
<td>Credit exception recovery</td>
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<tr>
<td>Schedule waste handling program</td>
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<tr>
<td>Services</td>
<td>Cost for Product Eligible for Credit</td>
<td>Cost for Product Not Eligible for Credit</td>
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<td>----------------------------------------------</td>
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<tr>
<td>Non-schedule waste handling program</td>
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<tr>
<td>Recall processing</td>
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<tr>
<td>In-date aging</td>
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<tr>
<td>Shipping fees from member to reverse distributor</td>
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<tr>
<td>Shipping fees from reverse distributor to crediting manufacturers</td>
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<tr>
<td>Controlled substance handling fee</td>
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<tr>
<td>Destruction or disposal fee</td>
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</tbody>
</table>

**ALL SERVICES NEED TO BE DESCRIBED IN DETAIL**

2. Describe and price of any additional services not mentioned above:

<table>
<thead>
<tr>
<th>Services</th>
<th>Cost for Product Eligible for Credit</th>
<th>Cost for Product Not Eligible for Credit</th>
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</thead>
<tbody>
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</tbody>
</table>

3. How are fees assessed?
4. How is payment for service processed?
5. What is the frequency of billing?
6. Are there any set up fees to use the service? If yes, please provide detail.
7. Are there any minimum costs to use the services? If yes, please provide detail.