

**Attachment B**

**Bidder Questionnaire**

**Request for Proposal Number 5928 Z1**

**Bidder Name** \_\_\_\_\_

<b>Liaison Duties</b>	
1	Describe bidder's experience billing insurance plans, Medicare Part D and in performing as the liaison on behalf of individuals for said plans. Describe bidder's experience and knowledge of the Nebraska Medicaid Program SMAC (Nebraska Medicaid State Maximum Allowable Cost) listing.
Bidder's Response:	
2	Describe the bidder's experience in providing reports requested by customers and experience in providing assistance with Adverse Drug Reaction reporting.
Bidder's Response:	
<b>Pharmacy Duties</b>	
3	Describe bidder's plan to provide medications in 14 day sealed cassettes.
Bidder's Response:	
4	Describe the bidder's plan to provide medications in a manner described in the RFP upon receiving the contract with BSDC.
Bidder's Response:	
5	Describe bidder's plan to provide Emergency Kits with monthly checks.
Bidder's Response:	
6	Describe bidder's plan to provide daily delivery of medication and supplies.
Bidder's Response:	
7	Describe bidder's plan to provide 'stat-medication' for emergency situations.
Bidder's Response:	
8	Describe bidder's plan to provide flexible repackaging of 'vacation medications' on short notice.

Bidder's Response:	
9	Describe bidder's plan to provide credits for unused medications.
Bidder's Response:	
10	Describe the bidder's ability to be available 24/7/365 on call with standard two hour response time.
Bidder's Response:	
11	Describe bidder's ability to provide Medication Administration Records/Physician Order forms.
Bidder's Response:	
<b>CHART REVIEWS</b>	
12	Describe the bidder's ability and experience in providing a Licensed Pharmacist to review charts within a week of receiving the request for review.
Bidder's Response:	