ADDENDUM I

DATE: November 12, 2021

FOR

REQUEST FOR PROPOSAL # 22025

SPECIALTY PHARMACY THERAPY MANAGEMTN SYSTEM

FOR

MU HEALTH CARE

DATED: OCTOBER 18, 2021

The above-entitled specifications are modified as follows and except as set forth herein remain unchanged and in full force and effect:

Addendum to RFP documentation

Modification 1: Submissions can be received via email.

Proposals must be submitted in the number and manner as specified below: **All submissions are requested via email to Kyla Rogers rogersk@umsystem.edu**

Submit two separate emails for each volume listed below, with the subject lines as follows: RFP#22025 Volume I and RFP#22025 Volume II

Volume I – Functional Section must be submitted electronically through email and contain:
- Response to Information for Respondents and General Conditions
- Mandatory Specification with vendor confirmation response
- Desirable Specifications and vendor response
- Any vendor related contract documentation that must be signed as part of doing business
- Any additional documentation requested from the University of Missouri Health Care
- **No pricing information should be included in Volume 1.**

Volume II – Financial Section must be submitted electronically through email and contain:
- Authorized Respondent Representation Form
- Request for Proposal Form (Pricing form with any supplemental pricing schedules, if applicable. Also include financial summary including additional costs, if any, for Desirable Specification Compliance, functional or technical.)
- Supplier Diversity Participation Form.
- Supplier Registration Information Form.
- Financial statements that may be required are also to be included in this section.

QUESTIONS AND ANSWERS: The following questions and answers are provided as a matter of information to clarify issues raised about the RFP. All responses are noted below in green.

Vendor Clarification Questions

1. What challenges are you solving for? How are the referrals being received and how are patients being engaged?
   - Patient activity management, compliance with accreditation standards and clinical support for specialty and ambulatory care disease states.
   - Patients are contacted by our Patient Medication Liaisons (advanced technicians) upon receipt of a prescription by our specialty pharmacy.
2. Can you share a workflow diagram?
   - Current workflow is a manual and separate set up from dispensing activity. Patient Management Program Policy addresses the specifics of each step in the process and will be reviewed in depth with the selected vendor for areas of improvement and adherence to accreditation standards
     - Patient Prescription -> patient enrollment in specialty management program -> clinical pharmacist review -> PML contacts patient -> clinician reviews and counsels' patient -> Patient receives medication -> PML contacts the patient for regular refills -> clinical pharmacist follows patient at regular intervals
3. Inventory mgmt. (some of these meds are sensitive with regards to storage/shelf life/who can handle them/equipment needed to dispense medication) so not sure if that information will be in the dispensing system and that would be fed into the Specialty Pharmacy Therapy Management System?
   - In the current state, medication inventory is handled in the dispensing system. No feed to the management system. Patient preferences and cold chain shipping may be noted in the patient profile of the management system and is not a discrete field or data element. Open to innovative ways of incorporating product specifics into the system.
4. Will home be a site of delivery and if so, same EMR?
   - N/A - Home Health and Home infusion are NOT offered by our specialty pharmacy program
5. Infusion requirements/protocols will be followed from the EMR I would imagine/assume? Example - premedication prior to administration, vitals monitoring protocols
   - See response to question 5
6. What documents are uploaded/stored and will that need to be fed into the Specialty Pharmacy Therapy Management System into fields. How do you plan on that feed happening?
   - Current state does not include any document uploads or data feeds. Open to innovative ways of incorporating product specifics into the system.
7. Re: clinical outcomes, assume those orders, and lab results will be managed in the EMR, and fed into the Specialty Pharmacy Therapy Management System
   - All clinical data is contained in the EMR and is manually entered into the Management System. Desire is for increased operability and functionality with reduction in double entry.
8. Is the scope for inpatients, an outpatient infusion center, home health care or all three?

- Scope is only for outpatient specialty pharmacy and will not include home health or home infusion.

9. How many EMRs or instances will this infusion center support?
    - Specialty Pharmacy supports one EMR (Cerner PowerChart) and one dispensing system (Cerner Retail Pharmacy). No infusion center.

10. How many employees at MU will touch the system (users/roles/personas), i.e., Patient Medication Liaisons (PMLs), support staff, IT counterparts?
    - Approximately 50 users with roles of PML, clinical pharmacist, pharmacy resident/student, data analyst, pharmacy supervisor and pharmacy manager

11. Will Providers need access to view the activities of the specialty pharma team? Any other support staff that will be using the system?
    - Current state, a separate clinical note is entered into the EMR. PMLs review the notes in the EMR and in the Management System and providers view notes only in the EMR.

12. As a part of the proposal (or phase) do the patients need access to their information and the ability to interact digitally with the Specialty Pharmacy team?
    - Patients currently utilize their medical record through the Health Connect Portal as part of the health system EMR. Digital interaction has not been explored but is desired within the restrictions/context of UM System regulations.

13. How many patients does the Specialty Pharmacy team manage annually?
    - Approximately 1100 specialty patients

14. Refill reminders - what do they use for this today, Marketing cloud (text, email, manual phone call?)
    - Current state - Management System prompts for the activity. PML manually uses an outbound phone call to reach the patient.

15. What middleware tools do you use to connect different enterprise technology systems? Is there anything in place?
    - EMR and Dispensing Data is centralized in an enterprise data warehouse (EDW)

16. We noticed there is an implementation overview requested, is there a services or consulting group that you typically work with (i.e., PwC, Deloitte, etc.)? We generally use System Integrators to implement the technology but can also use our professional services team.
    - Do not usually use an external resource for implementation, leverage vendor to support the client.

17. What are the main decision criteria for award?
    - Ability to meet mandatory criteria and performance on preferred criteria

18. What is the timeline with which you'd like/need a solution implemented?
    - 2022 implementation, preference for spring/early summer

19. What are the incremental benefits that need to be present in order to make a change? Could be technology, partnership-related, etc.
    - Reduction of double documentation and annual cost savings

20. What is the likelihood an award is made to multiple suppliers and if so, which components of the solution do you see those being for? The desire is for a single supplier to be awarded.

21. Can Client confirm the desired managed population and user based are just affiliated with the University and note ones within other states.

- o Patients are only residents of Missouri and affiliated with University of Missouri
22. Can Client provide the number of lives to be managed by the platform?
    - o Approximately 1100 patients
23. Can Client provide the number of users to be using the platform?
    - o Approximately 50 users
24. Can Client provide a list of the letters that the platform needs to have in the inventory as well as/ or the quantity if the list cannot be provided.
    - o No inventory management required
25. Can Client provide a list of the assessments that the platform needs to have in the inventory as well as/or the quantity if the list cannot be provided.
    - o Sufficient assessments to support refill management and clinical management of all specialty disease states. Current program offers over 30 specialty disease states and offers the ability to create custom assessments and activities
26. Can Client provide a list of the Reports that the platform needs to have in the inventory as well as/or the quantity if the list cannot be provided.
    - o Approximately 10 different reports are required for operational and clinical reporting
27. Can Client provide a list of the systems that the platform will be integrating or the quantity if a list cannot be provided.
    - o Cerner PowerChart
    - o Cerner Retail Pharmacy
28. Have expected or desired implementation timelines been defined (Start, Go-Live)? Are there any hard business objectives or business drivers that will help define implementation timelines, phasing, priorities? See response to question 18.
29. Knowing production PHI data is not to leave the Continental United States for any reason or circumstance; does Client have restriction on the inclusion of offshore Report Writers, System Configuration Analysts, Developers, Business Analysts and/or Quality Assurance Testers to be part of the implementation team. If any roles are to be onshore only, please specify.
    - o Defer to UM System Procurement
30. How many manufacturers, disease states and products do you currently provide pharmacy provider activities and services for?
    - o Over 15 specialty service lines and nearly all manufacturers
31. For which disease states and products do you provide such services?
    - o Refer to our specialty medication list, available online, at https://mailmissouri.sharepoint.com/:x:/s/SOMWebEditors-Ogrp/EXNi0VeV2uRBoILAOCP39HoBHCpVIxayUekbcPwcU6jUTw?rtime=RN3QygGm2Ug
32. Attachment A appears to be directed to suppliers that are non-diverse, AssureCare is a diverse supplier, so does Attachment A apply to Primary Diverse Suppliers? Attachment A will only apply if you utilize other diverse suppliers to provide the contracted services.
33. Is the University looking for the Supplier to provide clinical content or to support configuration of the University's content?
    - o Vendor provision of clinical content is a mandatory element
34. Please describe your clinical content requirements, including disease, drug-specific questions/assessments, standardized care plans, and specific clinical outcome metrics?

- Yes, to all of the above elements as well as patient counseling elements, drug specific and disease state specific care plans for initiation and ongoing monitoring.

35. Page 4 - in paragraph 6, Appropriation, you indicated that the Curators of the University of Missouri ("Curators") will be able to cancel the contract without cause with 30 days' notice. Is there any flexibility on this 30-day notice period? If there are exceptions to the Terms and Conditions, please redline and provide alternate language. All language modifications will be internally reviewed for consideration.

36. Page 8 - in paragraph 14, Inventions, Patents and Copyrights, if Framework develops software that is separate and part from the Framework platform solution, then this software could be the property of the University. However, any modifications or enhancements to the Framework software platform would remain the property of Framework MI, Inc. Please provide us with your thoughts on this matter. If there are exceptions to the Terms and Conditions, please redline and provide alternate language. All language modifications will be internally reviewed for consideration.

37. Page 12 - in paragraph 6, Contraction Termination for Cause, the 10-day contract violation cure period is very short depending on the situation. Framework would request a 30-day contract violation cure period. Please provide your thoughts on this matter. If there are exceptions to the Terms and Conditions, please redline and provide alternate language. All language modifications will be internally reviewed for consideration.

38. Page 15 - in paragraph 1, OBJECTIVE, you state that this RFP may be awarded to multiple suppliers. Can you explain under what circumstances you would foresee awarding a contract to multiple suppliers? See response to question 20.

39. Also, you propose that the awarded vendor will make the contract awarded accessible to any current and/or future affiliates of the University. Framework management is ok with this concept; please understand that the software pricing in a licensing contract would be based on the number of licensed users, and in a software as a service contract would be based on the number of prescriptions processed each month. Include all information pertaining to pricing options in the volume II pricing documentation, pg. 24.

40. Page 24 - Framework has three options to offer the University: a) Software License; b) Software license with source code; and 3) Software as a service. Would you like us to propose all three of these options for you in a format similar to Page 24? Yes, providing alternating pricing options in the format requested on page 24, pricing form.

41. Does the University have a Specialty Pharmacy that is up and running today? Yes

42. If the Specialty Pharmacy is operable, how many prescriptions are currently being processed each month? How many employees does the Specialty Pharmacy have that would be users of the Framework software?
    - 1500 specialty prescriptions per month
    - 50 users

43. Does the Specialty Pharmacy have a pharmaceutical manufacturer program? If it does, how many and what manufacturers?
    - Yes, some LDD access is in place with Pfizer Oncology, Biogen, Genzyme and BluePrint Medicines

44. Does the Specialty Pharmacy have contracts with health insurance companies (payers)? If it does, what payers?
    - Medicare, Medicaid Part D, Express Scripts and a PSAO contract through Access Health