

**VENDOR QUESTIONS AND ANSWERS**  
**R-04-07-0956**  
**Pharmacy Drug Dispensing Fee Survey**  
**Q & A period: February 4, 2004- February 17, 2004**

**Final Question and Answer Document**

# **DRAFT**

**Paul E. Huelskamp, Business Manager, Government & Mid-Atlantic Region**  
**NRC+Picker Group**  
**February 14, 2004**

**Q1.** Paragraph 1.3: Reference is made in this paragraph and in other sections of the RFP to "previous experience" and the 2002 survey. Is a report from this survey available for review (note: a search of your web site did not produce such a report)?

**A1.** **Yes, but not electronically. ALL interested vendors MAY fax their requests for a copy of this report, along with their return fax numbers and contact information, to B. Reid at fax 614-466-2908 and the results will then be provided via fax.**

**This fax option may be used EXCLUSIVELY for the purpose of requesting this survey report. The fax number provided may not be used to request any other information or to ask other questions regarding this RFP project. Vendors are cautioned to refer to the Communications Prohibited section (Section 1.8 of the RFP).**

**Q2.** Paragraph 1.7: We have received the 2002 Survey from your vendors library and reviewed the instrument. Do you require the same format for the 2004 instrument in terms of a three column layout and boxes around each question, or may alternate formats be provided? Also, can you estimate how many (if any) questions will be added to or subtracted from the survey instrument? Of those questions added to the 2004 survey how many will have an open-ended or written response option?

**A2.** **Alternate formats may be provided. We are sensitive to space limitations, but three or four open-ended questions are anticipated.**

**Q3.** Paragraph 2.3.B: Can an electronic data set be provided instead of mailing labels? Our survey management system will print the pharmacy name and address on the survey.

**A3.** **No, only printed labels are provided.**

- Q4.** Paragraph 2.3.B: Based on your 2002 survey, could you tell us what your response rate was by mailing steps (first survey, second surveys - if applicable)?
- A4. The initial mailing had a 9% response. Another mailing got a 1-2% response.**
- Q5.** Paragraph 2.3.B: For your calculation of a 95% confidence interval, do you require this level of confidence for state-wide results or do you require this level of confidence at other organizational levels such as region or by contiguous state? If by region/contiguous state, could you provide a listing of regions and the number of pharmacies in each region?
- A5. It is your job to ascertain whether your survey results in the desired confidence interval. We will give the winning submitter about 2600 labels consisting of Ohio Medicaid providers in Ohio and five contiguous states who had submitted a claim within the past 12 months. There will be no breakdown.**
- Q6.** Paragraph 2.3.B: Do you anticipate including a cover letter with the survey? If yes, do you require a color logo?
- A6. Yes and yes.**

**THIS CONCLUDES THE FINAL QUESTION & ANSWER DOCUMENT  
FOR ODJFS RFP#: R-04-07-0956.**