# 1. Introduction

## Background

[Company Name] is a leading global bio-pharma company that discovers, develops, manufactures, and markets human therapeutics based on advances in cellular and molecular biology. Current products include [product names with trademarks].

**1.2 Purpose**

[Company Name] is seeking to engage a supplier that can partner with Company in the provision of (Medical Information, Clinical Trial Inquiries, Adverse Event and Product Quality Complaint Intake, Managed Care Inquiries) contact center services and other services for current products and potential future products.

We envision a partner that has extensive contact center experience, has capabilities for handling a variety of caller types and fluctuations in call volume, and has significant experience handling biologic therapies.

**1.3 Legend and Service Description**

**MI** – Medical Information – Healthcare professional contact center agents responding to unsolicited inquiries from healthcare professionals, patients, and other care-givers. Unsolicited inquiries may be on on-label or off-label, and may be about current or future products. All FDA regulations and guidance regarding handling Medical Inquiries would apply to the contact center operations.

**CT** – Healthcare professional and non-healthcare professional contact center agents responding to inquiries and managing discussion on the following topics.

* Compassionate Use or Early Access Programs
* Trial inquiry management
* Trial site location
* Trial inclusion and exclusion criteria
* Media campaign support
* Trial investigator assistance
* Advocacy group support

**AE/PQC** – Healthcare professional and non-healthcare professional contact center agents handling the intake for Adverse Event and Product Quality Complaint reports from all customer types, Company employees and vendors.

**MC** – Managed Care – Healthcare professional and non-healthcare professional contact center agents handling inquiries of a reimbursement nature from health plans, HMOs, PBMs, Medicare, Medicaid, compendia publishers, wholesalers or specialty pharmacies, P&T (Pharmacy and Therapeutic) committees.

**ALL** – All program types

# 2.1 Supplier Background and General Questions

1. Please provide a brief overview of your company, including year founded, number of clients, facilities, organizational structure, ownership (list principal owners), and key management biographies, and legal status (Corporation, Partnership, Sole Proprietorship, etc) – ALL
2. What is the nature of your company’s principal business? If applicable, identify the name of the firm that is your parent, or that you are a subsidiary of, or wholly owned by. What is your parent company’s principal business? Where is your company’s home office (Headquarters) located?– ALL
3. Have you had any litigation brought against your company based on your providing contact center services? If so, please provide detail. Have you ever, or are you currently, involved in litigation with a client involving services similar to those contemplated in this RFP? – ALL
4. Do you currently have any clients that may represent a conflict of interest? How would such a conflict be handled? – ALL
5. How many years has your company been involved in the operation of [SERVICE] contact centers? – ALL

# 2.2 Capabilities and Industry Experience

## Briefly list major trends and best practices evolving in the pharmaceutical contact center industry and explain how your company is in step with these trends. Please also include the methods and/or sources used to keep abreast of the pharmaceutical regulatory environment – ALL

# 2.3 Compliance information

1. Please provide an overview of your Quality System, as defined by the FDA, which is in place to support your [SERVICE] contact center operations - ALL
2. Has your contact center(s) been audited by FDA/MHRA/EMEA or other regulatory/governmental agency in the 3 past years? If yes, please summarize the results of the inspection. - ALL
3. How are your representatives monitored for quality assurance, compliance, and customer service skills? - ALL
4. Please describe how your organization complies with the requirements of HIPAA and the Privacy Rule. - ALL
5. Please describe how you have supported your clients in the management of the Sunshine Act requirements? – ALL
6. Please describe how your organization maintains compliance with the current regulations and guidance for [SERVICE]. – ALL

# 2.4 Process and Resources

1. What is your average lead-time to set up and implement a [SERVICE] contact center supporting [#] brands from start to finish? Please provide a high level implementation plan. – MI, MC, AE/PQC
2. Please explain the different degrees and advanced degrees (e.g., college-degree, RN, RPh, PharmD, MD/DO) you have deployed in your contact centers. Please provide a numerical breakdown of the numbers of each of these degrees currently deployed. - ALL
3. Please provide your recruiting process for hiring and retaining contact center agents (RN, RPh, PharmD). What is your company’s average time to recruit and fill a new contact center position? ALL
4. What is the turnover for healthcare professional agents and non-healthcare professional agents? Turnover for this RFP in accordance with the International Customer Management Institute (ICMI) would be defined as an agent leaving the company’s contact center operations for any reason (poor performance, new position, advancement, etc.) in a given month divided by the total number of agents employed in the contact center times 12 months. *Example – The Company has 100 agents. During January, 1 agent was promoted to supervisor, 1 left the company for poor performance, and 1 agent took a lateral move to sales. All three agents were replaced. 1 of the 3 has completed training and 2 are still in training. The turnover rate is 3 of 100 or 3% times 12 months – Turnover rate of 36%.* - ALL
5. Please describe your company's process for training new call center representatives. How long do candidates typically spend in classroom training? How much on floor training is received before going live? Describe your process for ongoing training updates [BY SERVICE] - ALL
6. Please describe your company's employee coaching and development process. What is your process in dealing with personnel/performance issues? What is your reward and recognition process? - ALL
7. What is your staffing ratio of employee to contractor? What percentage of your representatives has over 2-years of experience in the pharmaceutical field? What is the average tenure of your representatives? – ALL
8. Are the contact center representatives dedicated or shared? – ALL
9. Please describe how your contact center utilizes service level? How do you ensure that the service levels are maintained? How often do you report service level metrics to your client? Are there metrics other than service level that you use to monitor the operational performance of your call center? - ALL
10. Explain the management and support staff structure of the contact center. What is the ratio of supervisors to agents? Managers/Directors to supervisors? - ALL
11. Are there any limitations/complications regarding remote monitoring by Company or their designee? Do you support unannounced customer monitoring? Please explain. - ALL
12. Please describe any portion of your services that your company outsources. Will there be partnerships with other companies in providing services? - ALL

# 2.5 Technology

1. What technology do you deploy to manage your contact center operations? - ALL
2. Describe your ability to accept and transmit call files to and from your database to Company or a third party vender? How do you ensure files are transmitted properly? Do you have experience in sharing data real time with other 3rd party suppliers? - ALL
3. How are operational reports developed and distributed? How frequent are reports generated? Please provide a summary of reports you offer and examples of each - ALL
4. How are customer insights reports developed and distributed? How frequent are reports generated? Please provide a summary of reports you offer and examples of each. What reporting tools are used? - ALL
5. Please describe your disaster recovery plan and longer term contingency plan? How often is the plan tested and tests documented? - ALL
6. What medical information contact center applications do you utilize? MI
7. What is your experience/willingness in accessing/using client software/databases/systems? ALL

# 2.6 Account and Contract Management

1. How do you structure account teams? Do you provide an account person to oversee the project? Is that account person dedicated full time to one account or used across various accounts? ALL

# 3. RFP Submission Terms and Conditions

## 3.1 General Terms and Conditions

3.1.1 Responses must conform to the requirements in this RFP.

3.1.2 Supplier shall bear the cost for preparation, submission, and/or presentation of their response, including the proposal, any subsequent RFP, and any other related RFP deliverables, together with all associated expenses.

3.1.3 Proposal Due Date is [Month Day, Year, Time of Day, Time Zone abbreviation].

3.1.4 Responses submitted become the property of [Company Name].

* + 1. All material in this RFP is considered CONFIDENTIAL and shall not be used by Supplier for any reason other than responding to this RFP.
		2. Supplier shall take all responsibility for any errors or omissions in their response.
		3. All questions regarding this RFP should be directed to [Contact Name] via email to [Contact Email Address] with a copy (CC:) to [2nd Company Contact Name] at [2nd Contact Email Address], unless otherwise directed.
		4. During the week of [Month Day, Year], [Company Name]’s Confidential Disclosure Agreement will be sent to the Supplier and should be signed, in accordance with instructions to be provided, and returned with the response to the RFP.

## Award

3.2.1 [Company Name] will select the supplier candidates to continue our selection process for a contact center supplier based on responses to this RFP and supplier’s signed Confidential Disclosure Agreement.

3.2.2 RFP responses will be reviewed subject to the following considerations:

* Supplier’s organizational strength
* Completeness of the response
* Range of available skills
* Quality of Supplier’s skills
* Experience and proven results

## Sequence of Events

The dates\* for this sourcing exercise and related activities are as follows:

|  |  |
| --- | --- |
| Confidential Disclosure Agreements (CDA) sent to Suppliers | [Date Information] |
| RFP sent to Suppliers | [Date Information] |
| RFP written responses due to [[Company Name] | [Date Information] |
| RFP delivered to Selected Semi-Finalists | [Date Information] |
| RFP response due to [[Company Name] | [Date Information] |
| Site visits by [Company Name]Team | [Date Information] |
| Final Selection (two Finalists, minimum) | [Date Information] |
| Contract / pricing negotiations  | [Date Information] |
| Date of Award | [Date Information] |
| Tentative date for Supplier to begin work | [Date Information] |