**Instructions**: Provide detailed responses in the text boxes to the questions below. If additional attachments are required as specified below, submit the attachments in the order they are requested below. There is no page limit for this Appendix E – Technical Response to Questions or any associated attachments.

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| **Vendor Name** |  |

1. **Provide your list of physicians, by specialists that are available for the specialty clinical reviews and drug ratifications.**

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1. **How will you ensure access to and availability of a wide variety of specialists that are board certified and have experience treating the diseases and disorders of the cases or therapies they may be instructed to review?**

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1. **Provide your proposed work plan to provide timely reviews for routine and urgent reviews. Include the method(s) by which information will be transmitted between the Vendor and the physicians; and the Vendor and the Department which will ensure that information remains confidential according to applicable laws and State Medicaid policy.**

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1. **Describe you experience and capacity for providing review services.**

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1. **Provide a sample report that reflects the criteria referenced in Section 2.1.8.**

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