

***Attachment N***  
***Client History Form***  
***Arkansas Medicaid Pharmacy Program***  
***RFP # 710-24-0013***

## Attachment N

### Arkansas Medicaid Pharmacy Program (AMPP) Client History Form

*Instructions:* This form is intended to help the State gain a more complete understanding of each Respondent's Pharmacy solution experience. This form **must** be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this RFP, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Proposal Signature Page.

1. Please list every client (federal, district, state, county, American territory, tribe, or Canadian province) with an estimated population over 1 million as of 2020, where you (the prime contractor only) **served as the prime contractor** to implement, modify, or maintain a Pharmacy solution in the past eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition please state "none."

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2. Please list every client (federal, district, state, county, American territory, tribe, or Canadian province) with an estimated population over 1 million as of 2020, where you (the prime contractor only) **served as a subcontractor** for a contract to implement, modify or maintain a Pharmacy solution in the past eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract and the role you specifically served in relation to the broader contract. If there are no contracts which meet this definition please state “none.”

3. Please list every client (federal, district, state, county, American territory, tribe, or Canadian province) with an estimated population over 1 million as of 2020, where a **proposed subcontractor served as the prime contractor** to implement, modify, or maintain a Pharmacy solution in the past eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition please state “none.”

4. Please list every client (federal, district, state, county, American territory, tribe, or Canadian province) with an estimated population over 1 million as of 2020, where you (the prime contractor) **served as the prime contractor** for a contract to design, develop or implement software for a Pharmacy solution in the past eight (8) years. For each client, please specify the

organization/agency/division, not just the state, province, or political subdivision. Please briefly describe the system.

5. Please list every client (federal, district, state, county, American territory, tribe, or Canadian province) with an estimated population over 1 million as of 2020, where a **proposed subcontractor served as the prime contractor** for a contract to design, develop or implement software for a Pharmacy solution in the past eight (8) years. For each client, please specify the organization/agency/division, not just the state, province, or political subdivision. Please briefly describe the system.

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
*Use Ink Only.*

**Printed/Typed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_