

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

1. FA 1 Attachment P-1: Plan Information AMENDMENT 10

Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.

Instructions: Complete each cell with the requested information. Items in the response column with the words "Choose an Item" contain a drop down list of options. Select a response from those options as applicable.

I. GENERAL PLAN INFORMATION

		Response
1.	Offeror's Legal Name	Click here to enter text.
2.	Plan Name	Click here to enter text.
3.	Address	Click here to enter text.
4.	City	Click here to enter text.
5.	State	Click here to enter text.
6.	Zip	Click here to enter text.
7.	Web Address	Click here to enter text.
8.	Operational Date	Click here to enter a date.
9.	Corporate Tax Status	Choose an item.
10.	Federal Employer Identification Number	Click here to enter text.
11.	Ownership/Controlling Interest	Click here to enter text.
12.	Commercial Group Membership	Click here to enter text.

II. PLAN DESIGN

Offerors must adhere to the proposed plan designs shown in "FA 1 Attachment P-3: Plan Designs" in preparing the quote.

		Select Response
1.	Confirm that the proposal is issued in accordance with the specifications, assumptions and information included in this Request for Proposal, the accompanying worksheets and standard services addressed in the Information Questionnaire. If "No," indicate deviations in "FA 1 Attachment P-2: Explanations and Deviations" worksheet.	Choose an item.
2.	Review and detail deviations from the proposed plan design shown in the worksheet, "FA 1 Attachment P-3: Plan Designs."	Choose an item.

III. PHARMACY DELIVERY SYSTEMS

1.	Describe the proposed geographical service area.	Click here to enter text.
2.	Provide a map of the proposed geographical service area. Label as "Response FA 1 Attachment P-1: Service Area Map."	Choose an item.
3.	Provide the website address (URL) for your provider directory and its password, if necessary.	Click here to enter text.

Participants' Access to Providers

The State would like to determine the availability of pharmacy providers to its employee population. Prepare GeoAccess® GeoNetworks® report(s) for the Pharmacy network that you are proposing, using census data provided by The State and the parameters in the table below. Provide access for the proposed network in two ways: 1) all employees currently in the Pharmacy Plan and 2) all employees. Note that it is important that you follow the exact parameters. Report output is required for those with access and those without access, based upon the stipulated parameters. The report output should show the average distance to each Pharmacy. See the section entitled "FA 1 Attachment P-5: Access to Pharmacies" for the required format of the output. In addition to the hard copy report, the data must be supplied in electronic format that has read/write capabilities. **Do not send the data in a read-only file.**

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Practice Specialty	Number of Providers Available	Miles from Employees Residence
Retail Pharmacy	1	10

		Select Response
1.	Has the GeoAccess® GeoNetworks® reporting been completed using the requested parameters?	Choose an item.
2.	Note the geo-mapping method used:	Choose an item.
3.	What version of GeoAccess® GeoNetworks® was used to create the Accessibility Analysis?	Click here to enter text.

IV. ADMINISTRATIVE AND OPERATIONAL ISSUES

1. List the location(s) of your service centers (separately identify customer service, claims and mail order centers if in different locations) that would be servicing the State members and the corresponding geographic areas/regions covered by the respective location. Use the **"FA 1 Attachment P-2: Explanations and Deviations"** worksheet if you need more space.

Service Center Location(s)	Geographic Region(s) Covered
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

		Select Response
2.	Attach a copy of your standard report suite, including a plan experience report, and performance metrics that would be provided to the State at the end of each quarter and the end of each fiscal year at no additional cost. At a minimum, your package should include those outlined in the Compliance Checklist and Attachment Q Standard Reports Formatting. Label as "FA 1 Response Attachment P-1: Management Reporting Package."	Choose an item.

V. REFERENCES

Complete the following tables with the requested reference information.

1. Please provide references for three clients (a minimum of 50,000 covered lives or your largest) for whom you currently provide similar prescription drug benefits administration, network and mail order services. Please include at least one public sector client if that client meets the covered lives criteria.

Information	Reference #1	Reference #2	Reference #3
Organization Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
Contact Person	Click here to enter text.	Click here to enter text.	Click here to enter text.
Title	Click here to enter text.	Click here to enter text.	Click here to enter text.
Telephone #	Click here to enter text.	Click here to enter text.	Click here to enter text.
E-mail Address	Click here to enter text.	Click here to enter text.	Click here to enter text.
Network Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
# Members Enrolled	Click here to enter text.	Click here to enter text.	Click here to enter text.
Effective Date of Contract	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Description of Services provided	Click here to enter text.	Click here to enter text.	Click here to enter text.

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2. Please provide three of your terminated employer clients of similar size (a minimum of 50,000 covered lives or your largest) for whom you offered prescription drug benefits administration network and mail order services

Information	Reference #1	Reference #2	Reference #3
Company Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
Contact Person	Click here to enter text.	Click here to enter text.	Click here to enter text.
Title	Click here to enter text.	Click here to enter text.	Click here to enter text.
Telephone #	Click here to enter text.	Click here to enter text.	Click here to enter text.
E-mail Address	Click here to enter text.	Click here to enter text.	Click here to enter text.
Network Name	Click here to enter text.	Click here to enter text.	Click here to enter text.
# Members Enrolled at Date of Termination	Click here to enter text.	Click here to enter text.	Click here to enter text.
Effective Date of Contract	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Termination Date of Contract	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Reason for Termination	Click here to enter text.	Click here to enter text.	Click here to enter text.

VI. CONTACT INFORMATION

Primary contact of person authorized to execute this proposal	
Name	Click here to enter text.
Title	Click here to enter text.
Address	Click here to enter text.
City	Click here to enter text.
State	Click here to enter text.
Zip Code	Click here to enter text.
Telephone #	Click here to enter text.
Cell Phone #	Click here to enter text.
E-mail Address	Click here to enter text.

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FA 1 Attachment P-2: Explanations and Deviations

Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.

Instructions: All deviations from the specifications of the Request for Proposal (RFP) must be clearly defined using this worksheet. Explanations must be numbered to correspond to the question number and section number to which it pertains. If additional space is required, submit a separate attachment labeled **“FA 1 Attachment P-2: Explanations and Deviations”** using the same table format. **Most importantly, keep all explanations brief.** In the absence of any identified deviations, your organization will be bound to the terms of the RFP.

Section # / Question #	Indicate Explanation or "Deviation"	Offeror Response
Click here	Choose	Click here to enter text.
Click here	Choose	Click here to enter text.
Click here	Choose	Click here to enter text.
Click here	Choose	Click here to enter text.
Click here	Choose	Click here to enter text.
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Click here	Choose	Click here to enter text.
Click here	Choose	Click here to enter text.
Click here	Choose	Click here to enter text.
Click here	Choose	Click here to enter text.
Click here	Choose	Click here to enter text.
Click here	Choose	Click here to enter text.
Click here	Choose	Click here to enter text.
Click here	Choose	Click here to enter text.
Click here	Choose	Click here to enter text.

Indicate if **“FA 1 Attachment P-2: Explanations and Deviations”** is provided:

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FA 1 Attachment P-3: Plan Designs

Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.

I. PLAN DESIGN CAPABILITIES

Please indicate your ability to administer the following plan provisions.

CAPABILITIES		
PD-1	Please indicate whether or not the Offeror is able and willing to support and administer the following:	
	a. Coinsurance at Retail	Choose
	b. Coinsurance at Mail	Choose
	c. Mixed copays at Retail (fixed dollar and percent)	Choose
	d. Mixed copays at Mail (fixed dollar and percent)	Choose
	e. 90 days supply at Retail	Choose
	f. Minimum/Maximum amounts with coinsurance	Choose
	g. Annual Out-Of-Pocket (OOP) maximums per person	Choose
	h. Annual Out-Of-Pocket (OOP) maximums per family/coverage unit	Choose
	i. Out-Of-Pocket (OOP) maximum per script	Choose
	j. Plan design integration with medical plan vendor(s)	Choose
	k. Coverage of OTC products	Choose
	l. First 2 fills free before cost sharing	Choose
	m. Copays specific to drug classes	Choose
	n. Copays based on previous drug trials (e.g., higher copay if claims history does not include trial of first-line/preferred drug/drug class)	Choose
	o. Copays based on place of service (e.g., incentives to use preferred retail pharmacies, specialty pharmacies, etc.)	Choose
	p. Copays dependent on participant's behavior (e.g., enrollment or stratification level in a disease management program).	Choose
PD-2	Please indicate whether or not the Contractor is able and willing to customize refill-too-soon edits.	Choose
PD-3	Please indicate whether or not the Contractor is able and willing to offer more than one formulary. <i>(Please note that the State is not requesting a proposal for more than one formulary at this time.)</i>	Choose
PD-4	Please indicate whether or not the Contractor is able and willing to support and administer the proposed benefit plan designs for both Non-SLEOLA and SLEOLA members, which is presented below in Section II: Current Plan Designs .	Choose
PD-5	Please indicate your acceptance that the State reserves the right to change any aspect of the plan design including, but not limited to, drugs to which Drug Utilization Review (DUR) is applied, the list of specialty medications in the Specialty Drug Management Program, new copayment structure, list of drugs eligible for the zero copay generics and prior authorization requirements, without a contract modification.	Choose
PD-6	The Contractor shall agree that copay and/or plan design may be changed by the State without contract modification, but by written direction to the Contractor. The Contractor will absorb the costs of programming these, or any, benefit changes.	Choose

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II. CURRENT PLAN DESIGNS

NON-SLEOLA PLAN DESIGN		
Actives and Non-Medicare Retirees		
RETAIL AND MAIL ORDER PHARMACIES		
Type of Drug	Up to 45 Day Supply (1 copay)	46 - 90 Day Supply (2 copays)
Generics	\$10	\$20
Preferred Brands	\$25	\$50
Other Brands	\$40	\$80
Out of Pocket Maximum		
	Active Employees	Non-Medicare Retirees
Single only coverage	\$1,000	\$1,500
Family coverage	\$1,500	\$2,000
SLEOLA PLAN DESIGN		
Actives Only		
RETAIL AND MAIL ORDER PHARMACIES		
Type of Drug	Up to 45 Day Supply (1 copay)	46 - 90 Day Supply (2 copays)
Generics	\$5	\$10
Preferred Brands	\$15	\$30
Other Brands	\$25	\$50
Out of Pocket Maximum		
All coverage tiers	\$700	

Notes for Non-SLEOLA and SLEOLA plan designs

1. If a Brand Name drug is purchased when a Generic was available, the member pays the generic copayment plus the difference in costs between the Generic and Brand Name drug.
2. The State reserves the right to change co-payments in the plan design without a contract modification but by way of written notice to the Contractor.
3. Specialty drugs can be obtained at a retail pharmacy.
4. The member's out-of-pocket expense is the minimum of Copay or U&C.

CURRENT PROSPECTIVE DRUG UTILIZATION REVIEW PROGRAMS	
<i>Applies to both SLEOLA and Non SLEOLA plan designs</i>	
Quantity Limits (or Managed Drug Limitations)	
Erectile Dysfunction	
PPIs	
Nasal Inhalers	
Sedative/Hypnotics	
Step Therapy	
COX-2 Inhibitors (Celebrex®)	
Prior Authorizations	
Growth Hormones	
Select ADHD/Narcolepsy, such as Adderall, Desoxyn, Dexedrine and Dextrostat	
Tretinoin Products, such as Altinac, Avita, Retin-A, Tretinoin	
Praluent, Repatha, and future approved PCSK9 drugs	

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ZERO COPAY FOR GENERICS PROGRAM
 Copays reduced to \$0 for the following generic drug classes (both retail and mail order pharmacies)
Applies to both SLEOLA and Non SLEOLA plan designs

Drug Class	Generic Drugs (examples)
HMG CpA Redictase Inhibitors (Statins)	simvastatin, pravastatin
Angiotensin Converting Enzyme Inhibitors (ACEIs)	lisinopril, lisinopril/HCTZ, enalapril, enalapril/HCTZ
PPIs	omeprazole
Inhaled Corticosteroids	budesonide
Selective Seritonin Reuptake Inhibitors (SSRIs)	fluoxetine, paroxetine, sertraline, citalopram
Contraception Methods	oral contraceptives, emergency oral contraceptives, diaphragm, levonorgestrel
Tobacco Cessation	bupropion

SPECIALTY DRUG MANAGEMENT PROGRAM
Applies to both SLEOLA and Non SLEOLA plan designs

The Specialty Drug Management Program is a program that is designed to ensure the appropriate use of specialty drugs. Many specialty drugs are biotech medications that may have the following characteristics: expensive, limited access, complicated treatment regimens, compliance issues, special storage requirements and/or manufacturer reporting requirements. Specialty drugs in this program will be automatically reviewed for step therapy, prior authorization, and quantity or dosage limits. These specialty drugs will be limited to a maximum 30-day supply per prescription fill. This list is subject to change without notice to accommodate new prescription medications and to reflect the most current medical literature.

Members only pay two copays for 90 days of specialty medication. Members will pay the 46 day-fill copay for the first two 30-day fills and receive the third 30-day fill with no member cost share (covered 100% by plan).

Disease	Specialty Drugs
Rheumatoid Arthritis	Cimzia, Enbrel, Humira, Kineret, Orenzia, Orthovisc, Remicade, Euflexxa, Hyalgan, Supartz, Synvisc
Multiple Sclerosis	Avonex, Betaseron, Copaxone, mitoxantrone, Novantrone, Rebif, Acthar HP, Tysabri
Blood Disorder	Aranesp, Arixtra, Epogen, Fragmin, Innohep, Lovenox, Nplate, Procrit, Leukine, Neulasta, Neupogen, Neumega, Proleukin, anti-hemophiliac agents
Cancer	Afinitor, Gleevec, Iressa, Nexavar, Revlimid, Sprycel, Sutent, Tarcva, Tassigna, Temodar, Thalomid, Treanda, Tykerb, Xeloda, Zolinza, Eligard, Plenaxis, Trelstar, Vantas, Viadur, Zoladex, Thyrogen, Aloxi IV, Anzemet IV, Kytril IV, Zofran IV
Hepatitis C	Alferon N, Copegus, Infergen, Intron A, Pegasys, Peg-Intron, Rebetol, ribasphere, ribavirin, Roferon-A
Osteoporosis	Forteo, Reclast

EXCLUDED

Anorectics (any drug used for the purpose of weight loss)
DESI drugs (drugs determined by the Food and Drug Administration as lacking substantial evidence of effectiveness)
Vitamins and minerals (except for prescription pre-natal vitamins)
Blood Glucose Meters
Pregnancy Termination Drugs (e.g., RU486, Mifeprex)
Aerochamber, Aerochamber with Mask and Nebulizer Masks
All Other Medical Supplies
Homeopathic Legend Products
Investigational Drugs
Non-ambulatory services
Worker's Compensation claims

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FA 1 Attachment P-4: Participating Pharmacies

Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.

Instructions: Please indicate the number of contracted pharmacies in your retail network for each of the counties listed below.

PHARMACY

County/ Metro Area	Number of Pharmacies	% of Total Pharmacies
Allegany County	Click here	Click here
Anne Arundel County	Click here	Click here
Baltimore City	Click here	Click here
Baltimore County	Click here	Click here
Calvert County	Click here	Click here
Caroline County	Click here	Click here
Carroll County	Click here	Click here
Cecil County	Click here	Click here
Charles County	Click here	Click here
Dorchester County	Click here	Click here
Frederick County	Click here	Click here
Garrett County	Click here	Click here
Harford County	Click here	Click here
Howard County	Click here	Click here
Kent County	Click here	Click here
Montgomery County	Click here	Click here
Prince George's County	Click here	Click here
Queen Anne's County	Click here	Click here
St. Mary's County	Click here	Click here
Somerset County	Click here	Click here
Talbot County	Click here	Click here
Washington County	Click here	Click here
Wicomico County	Click here	Click here
Worcester County	Click here	Click here

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FA 1 Attachment P-5: Access to Pharmacies

Instructions: Provide access for the proposed network in two ways: 1) all employees and Non-Medicare Retirees currently in the Pharmacy Plan and 2) all employees and Non-Medicare Retirees. Matches must be determined based on criteria outlined in **“FA 1 Attachment P-1: Plan Information Section III Pharmacy Delivery Systems.”** The census data needed to perform this mapping is available for download upon execution of the Non-Disclosure Agreement (see RFP Section 1.37).

Complete A and B below and provide the GeoAccess® GeoNetworks® report and label as **FA 1 Response Attachment P-5: GeoAccess® GeoNetworks® Report** in the following report format.

Zip Code	Average Distance to Pharmacies	Total Number of Employees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
SAMPLE FORMAT						

A. Provide subtotals for all employees/Non-Medicare retirees currently in the Pharmacy Plan by County of residence and by region of residence as shown in the table below:

Metropolitan/ Geographic Area	Average Distance to Pharmacies	Total Number of Employees /Non Medicare Retirees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
Allegany County	Click here	2505	Click here	Click here	Click here	Click here
Anne Arundel County	Click here	7035	Click here	Click here	Click here	Click here
Baltimore City	Click here	13169	Click here	Click here	Click here	Click here
Baltimore County	Click here	14988	Click here	Click here	Click here	Click here
Calvert County	Click here	789	Click here	Click here	Click here	Click here
Caroline County	Click here	719	Click here	Click here	Click here	Click here
Carroll County	Click here	2178	Click here	Click here	Click here	Click here
Cecil County	Click here	940	Click here	Click here	Click here	Click here
Charles County	Click here	692	Click here	Click here	Click here	Click here
Dorchester County	Click here	766	Click here	Click here	Click here	Click here
Frederick County	Click here	1417	Click here	Click here	Click here	Click here
Garrett County	Click here	494	Click here	Click here	Click here	Click here
Harford County	Click here	1	Click here	Click here	Click here	Click here
Howard County	Click here	3907	Click here	Click here	Click here	Click here
Kent County	Click here	513	Click here	Click here	Click here	Click here
Montgomery County	Click here	4193	Click here	Click here	Click here	Click here
Prince George’s County	Click here	6782	Click here	Click here	Click here	Click here
Queen Anne’s County	Click here	770	Click here	Click here	Click here	Click here
St. Mary’s County	Click here	898	Click here	Click here	Click here	Click here
Somerset County	Click here	964	Click here	Click here	Click here	Click here
Talbot County	Click here	532	Click here	Click here	Click here	Click here
Washington County	Click here	2384	Click here	Click here	Click here	Click here
Wicomico County	Click here	2808	Click here	Click here	Click here	Click here
Worchester County	Click here	851	Click here	Click here	Click here	Click here

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B. Provide subtotals for all employees/Non-Medicare retirees by County of residence and by region of residence as shown in the table below:

Metropolitan/ Geographic Area	Average Distance to Pharmacies	Total Number of Employees /Non Medicare Retirees	Employees Matched		Employees Not Matched	
			Number	Percent	Number	Percent
Allegany County	Click here	2807	Click here	Click here	Click here	Click here
Anne Arundel County	Click here	7914	Click here	Click here	Click here	Click here
Baltimore City	Click here	14703	Click here	Click here	Click here	Click here
Baltimore County	Click here	16847	Click here	Click here	Click here	Click here
Calvert County	Click here	869	Click here	Click here	Click here	Click here
Caroline County	Click here	789	Click here	Click here	Click here	Click here
Carroll County	Click here	2437	Click here	Click here	Click here	Click here
Cecil County	Click here	1047	Click here	Click here	Click here	Click here
Charles County	Click here	777	Click here	Click here	Click here	Click here
Dorchester County	Click here	870	Click here	Click here	Click here	Click here
Frederick County	Click here	1602	Click here	Click here	Click here	Click here
Garrett County	Click here	555	Click here	Click here	Click here	Click here
Harford County	Click here	3	Click here	Click here	Click here	Click here
Howard County	Click here	4398	Click here	Click here	Click here	Click here
Kent County	Click here	581	Click here	Click here	Click here	Click here
Montgomery County	Click here	4844	Click here	Click here	Click here	Click here
Prince George's County	Click here	8006	Click here	Click here	Click here	Click here
Queen Anne's County	Click here	879	Click here	Click here	Click here	Click here
St. Mary's County	Click here	1003	Click here	Click here	Click here	Click here
Somerset County	Click here	1094	Click here	Click here	Click here	Click here
Talbot County	Click here	626	Click here	Click here	Click here	Click here
Washington County	Click here	2660	Click here	Click here	Click here	Click here
Wicomico County	Click here	3167	Click here	Click here	Click here	Click here
Worchester County	Click here	969	Click here	Click here	Click here	Click here

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FA 1 Attachment P-6: Compliance Checklist

Representations made by the Offeror in this proposal become contractual obligations that must be met during the contract term.

Instructions: Complete each item with the requested information. Items in the response column with the words "Choose" contain a drop down list of options. Select a response from those options as applicable.

NOTE: If a Response/Explanation/Deviation is being provided, a "No" response must be selected and addressed in "FA 1 Attachment P-2: Explanations and Deviations."

Compliance Checklist		Offeror's Response
Administrative Requirements		
CC-1	<p>A Final Implementation Plan (FIP) shall be submitted to the State not later than two weeks following the contract award. This implementation plan, or FIP, shall be based on the Implementation Plan submitted in response to the Q-148 of FA 1 Attachment P-7: Questionnaire, and coordinated through and developed in conjunction with the State to assure that the Contractor is prepared to commence services to assure coverage beginning January 1, 2018.</p> <p>Both the proposed Implementation Plan and the FIP shall outline in detail all steps necessary to begin full performance of the contract on January 1, 2018, and shall specify expected dates of completion of all such steps and identify the persons responsible for each step. The FIP shall be accomplished in a manner to minimize interference with normal operation and services for both the State and the current carrier. Successful outcome to the FIP will be part of the contractual performance guarantees. Please see PG-16 of FA 1 Attachment P-9: Performance Guarantees for the amount at risk associated with this requirement.</p>	Choose
CC-2	<p>Account Manager</p> <p>a. The Contractor will assign a dedicated (but not necessarily exclusive) account manager as the primary contact for the State of Maryland's Employee Benefits staff.</p> <p>b. The account manager assigned by the Contractor will participate on the implementation team.</p> <p>c. If requested by the State, the account manager will be replaced with one that the State is allowed to interview.</p> <p>d. The State of Maryland reserves the right to accept or decline the Offeror's designated account manager for any reason at any time.</p>	Choose
CC-3	<p>The Contractor will assign a dedicated (but not exclusive) account management team.</p> <p>a. The account management team must include an on-site Account Services Representative, who will be exclusively dedicated to the State, and will have online access to the Contractor's systems.</p>	Choose
CC-4	The Contractor will assign a dedicated (but not exclusive) customer service team for the State.	Choose
CC-5	The Contractor will assign a designated (but not exclusive) eligibility manager for the State.	Choose
CC-6	The Contractor will assign a designated (but not exclusive) billing manager for the State.	Choose
CC-7	The Contractor will attend all quarterly meetings at the State offices in MD. <u>Meetings may be held less frequently than quarterly at the Contract Manager's discretion.</u> The discussion will include plan administration, operational performance, performance guarantees, customer service issues, claims utilization trends and any other concerns the State may have. See PG-5 in FA 1 Attachment P-9: Performance Guarantees .	Choose

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Compliance Checklist		Offeror s Response
CC-8	The Contractor agrees to offer support for the 2018 Open Enrollment Period (fall of 2017) and all subsequent open enrollments during the contract term. Contractor will provide services in accordance with PG-5 in FA 1 Attachment P-9: Performance Guarantees.	Choose
CC-9	The Contractor will share in the expenses for printing and mailing the State of Maryland Open Enrollment materials, including but not limited to the benefits guide and universal enrollment forms, the cost for which will be shared equally among all benefit plans, including medical, dental, prescription drug, flexible spending accounts, life insurance, and accidental death and dismemberment. For 2016 Open Enrollment, each State vendor's share was approximately \$25,408 per plan.	Choose
CC-10	The Contractor's Plan representatives will return all messages received from the State's Department of Budget and Management/Employee Benefits Division (whether voice mail, e-mail or other communication method) promptly. Messages received before noon will be replied to the same day. Messages received after noon will be replied to by noon of the following business day.	Choose
CC-11	The Contractor will permit all eligible participants, as determined by the State, to obtain prescription drug coverage.	Choose
CC-12	The Contractor will establish and staff a state-of-the-art customer service unit dedicated to the State's plan. Calls to this unit will be accepted and answered promptly by a live customer service representative 24 hours a day and 7 days a week. Participants (both in-state and out-of-state) can access this system directly to request and receive support for claims payments, eligibility, ID card status, pharmacy locations, benefit design questions, general questions or other pertinent data.	Choose
CC-13	The Contractor agrees that no administrative functions required under this contract may be performed offshore.	Choose
CC-14	During call center hours, as indicated above, the customer service phone intake system should be an automatic answering system that picks up within 30 seconds and directs Participants into a queue that will provide member a wait time until serviced, with an available opt-out to a live representative at any time during the call.	Choose
CC-15	The customer service operation must include the following:	
	a. Integrated member support for retail, mail order and specialty pharmacy claims.	Choose
	b. Knowledgeable staff available to answer questions on plan eligibility, plan benefits and claims procedures specific to the State Plan.	Choose
	c. The ability to assist participants who contact member services with only their name and/or Social Security number.	Choose
	d. The ability to maintain an eligibility file that identifies eligible participants as well as certain other pertinent information regarding participants.	Choose
	e. A procedure for handling emergency requests.	Choose
	f. Adequate and appropriate access to the customer service system for individuals with disabilities (e.g. TTY and online access for deaf, full-service phone access for blind).	Choose
g. The contractor will provide a member website that provides, at a minimum, the ability for the participant to locate a pharmacy, price a prescription specific to the State's plan design, and the pricing with the State for brand and generic at retail and mail, be offered savings opportunities, be offered a chance to communicate with a pharmacist or customer service representative, order a mail order refill, track a mail order shipment, and order a replacement card.	Choose	
CC-16	The Contractor shall have in place a State of Maryland specific website by September 1, 2017, through which members can access and view eligibility, plan benefits, pharmacy and formulary information online. This website will be linked to the State's internet home page.	Choose

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CC-17	The Contractor will provide representatives, who will be trained on the State-specific benefit plans, to attend all Benefit Fairs in accordance with PG-5 in FA 1 Attachment P-9: Performance Guarantees .	Choose
CC-18	The Contractor will mail paper claims forms to participants within two Business Days from the date of request.	Choose
CC-19	The Contractor shall allow the State or its designee the right to audit, with an auditor of the State's choice, with full cooperation of the selected PBM, on an annual basis, the services and pricing (including rebates) provided in order to verify compliance with all program requirements and contractual guarantees. The State's right to audit shall survive the termination of the agreement between the parties for a period of three (3) years.	Choose
CC-20	The Contractor shall provide the State at least the following audit access, in addition to any other rights specified in the RFP, and any audit right specified in the RFP, the Technical Proposal, and the Financial Proposal:	Choose
	a. to audit any data necessary to ensure the Contractor is complying with all contract terms, such audit rights to include but not be limited to: 100% of pharmacy claims data, which includes at least all NCPDP fields from the most current version and release; retail pharmacy contracts; data management and pharmaceutical manufacture agreements (<u>The number of and which manufacturer agreements to be audited shall be determined by the State's designated auditor.</u>); approved and denied utilization management reviews; clinical program outcomes; appeals; and information related to the reporting and measurement of performance guarantees;	Choose
	b. to audit post termination;	Choose
	c. to audit more than once a year if the audits are different in scope or for different services;	Choose
	d. to perform additional audits during the year of similar scope if requested as a follow-up to ensure significant or material errors found in an audit have been corrected and are not recurring, or if additional information becomes available to warrant further investigation; and	Choose
	e. to submit to an annual audit of contractual compliance;	Choose
	f. The Contractor shall pay to the State 100% of any overpayment(s) made, along with any liquidated damages assessed, as determined from an audit no later than 30 days after the Contractor has been made aware of the overpayment.	Choose
	g. The Contractor shall cooperate with requests for information, which includes but is not limited to the timing of the audit, deliverables, data/information requests and your response time to questions during and after the process. The Contractor shall also provide an initial response to all findings that the Contractor receives within 30 days and any subsequent responses within two weeks, or at a later date if mutually determined to be more reasonable based on the number and type of findings.	Choose
CC-21	The Contractor agrees to have an annual audit performed by an independent audit firm of its handling of the Department's critical functions and/or sensitive information, which is identified as Insurance Claims Processing Services (collectively referred to as the "Information Functions and/or Processes"). Such audits shall be performed in accordance with audit guidance: <i>Reporting on Controls at a Service Organization Relevant to Security, Availability, Processing Integrity, Confidentiality, or Privacy (SOC 2)</i> as published by the American Institute of Certified Public Accountants (AICPA) and as updated from time to time, or according to the most current audit guidance promulgated by the AICPA or similarly-recognized professional organization, as agreed to by the Department, to assess the security of outsourced client functions or data (collectively, the "Guidance"). Copies of such audits will be provided to DBM annually.	Choose

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CC-22	In the event that the Contractor discovers or receives recoveries (e.g. overpayments, mispayments, etc.) from third parties (e.g. pharmacies) as part of audits or other activities, the Contractor shall remit such recoveries to the State to the extent such recoveries are attributable to the State Plan within thirty days of receipt by PBM. Such payments shall not be reduced by contingency fees or other fees charged by an auditor or other recovery service.	Choose
CC-23	The Contractor shall develop and administer a fraud/abuse detection and controlled substance management program that will notify the State quarterly (May 1, August 1, November 1, and February 1) of any suspected fraud and the steps the Contractor has taken to remedy/investigate. This program should include, at a minimum, the following parameters:	Choose
	a. analysis of claims information against standard benchmarks to identify utilization patterns associated with abuse or fraud;	Choose
	b. tracking of members for multiple quarters to identify aberrant utilization patterns;	Choose
	c. prescriber and pharmacy communication and outreach to rule out abuse or fraud;	Choose
	d. tracking and reporting law enforcement agency contacts and involvement;	Choose
	e. ability to implement prescriber and/or pharmacy limits (lockdown) to control dispensing and coverage; and	Choose
	f. identification of medications and drugs that are susceptible to abuse or fraud.	Choose
CC-24	The Contractor shall provide, upon request of the State, a description of each drug utilization review (DUR) program available to the State, the protocols for each program, a complete list of medications subject these programs and the additional cost to the State, if any, for the implementation of any such programs.	Choose
CC-25	The Contractor will provide clinical resources to the State to help in interpreting pharmacy data and developing cost management strategies.	Choose
CC-26	The Contractor will produce and mail Identification (ID) cards to the homes of each Member. ID cards must be in the member's possession at least 10 Business Days before the program initial effective date and throughout the contract term for new members within 3 Business Days of notification by the State.	Choose
	a. The Contractor will produce ID cards which are compliant with current NCPDP standards, and include the following information:	Choose
	i.) the name of the entity administering the pharmacy benefits;	
	ii.) the group number applicable to the employee/retiree;	
	iii.) the name, an identification number for the employee/retiree, which is not be the employee/retiree's SSN;	
	iv.) the bank identification number necessary for electronic billing;	
	v.) the effective date of the coverage evidenced by the card; and	
	vi.) copayment information for generic and brand name prescription drugs.	
CC-27	The Contractor shall market the Maryland Rx Purchasing Pool program to potential Purchasing Pool participants.	Choose
Communication Requirements		
CC-28	The Contractor will use a unique identification number (that is not a Social Security number) on all Participant communications, including, but not limited to, membership cards, EOBs, etc. The Contractor shall maintain a crosswalk between the participants Social Security number and the unique identifier.	Choose
CC-29	The Contractor will assist the State as requested in the development of benefit summaries and other communication materials for participants.	Choose
CC-30	All organization materials must be coordinated with and approved by the State prior to distribution, including paper claims form(s) as necessary.	Choose
CC-31	The Contractor will, with prior approval from the State, provide ongoing	Choose

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	communications to participants on issues pertinent to the pharmacy benefits program.	
CC-32	The Contractor shall ensure network pharmacies provide free information to members on general health information such as adverse drug events, medication safety and storage, poison control and child safety.	Choose
CC-33	The Contractor shall abide by Md. Ann. Code, Insurance Art. §15-1633 through §15-1635. In addition, at the participant's request, the Contractor will provide disclosures to individual participants when the individual participant is subject to other drug switching or drug substitution transactions, whether the transaction occurs at retail, mail order or specialty pharmacy; such disclosures should include:	
	a. the name of the drugs involved in the switch or substitution;	Choose
	b. the cost savings associated with the switch or substitution at the time of the substitution;	Choose
	c. any differences in the individual participant's copayments or other out-of-pocket expenses;	Choose
	d. the circumstances under which the originally prescribed drug will be covered;	Choose
	e. notification that the participant may decline the drug switch or drug substitution if the originally prescribed drug remains on the participant's formulary and the participant is willing to pay the difference in the copayment amount; and	Choose
	f. a toll-free telephone number the participant may use to communicate with the Contractor.	Choose
CC-34	The Contractor agrees to have a process for resolving participant complaints in place and operable on the date of contract commencement. The State expects that an expeditious, written resolution will normally be mailed to the participant within 10 Business Days of receipt of the complaint.	Choose
Retail Pharmacy Network Requirements		
CC-35	The Contractor will provide initial and on-going contracting with a sufficient number of national chains and regional/local pharmacies to ensure appropriate access for State participants.	Choose
CC-36	The Contractor will notify the State prior to anticipated major changes to the network. The State reserves the right to accept or decline proposed changes to the network and set the effective date of such changes.	Choose
CC-37	Contractor agrees that it will NOT implement or administer or allow any program that results in the conversion from lower discounted ingredient cost drug products to higher ingredient cost drug products without the prior written consent of the State or its designee.	Choose
CC-38	The Contractor will provide up-to-date listings and participant support services live and on-line for selecting and/or locating network pharmacies.	Choose
CC-39	The Contractor will notify plan participants, in writing, with at least 45 days advance notice (or as much time as is feasible if the terminating Pharmacy gives the Contractor less than 45 days' notice), in the event that the contract for a participant's network pharmacy (or pharmacy chain) terminates for any reason. For the purposes of this requirement, plan participant shall mean a member who has had a prescription filled within the last 30 calendar days or a member has an active refill on file with the affected pharmacy.	Choose
CC-40	The Contractor will be responsive to requests by the State to recruit additional pharmacies for the network, on a general, regional, or specific basis.	Choose
CC-41	The Contractor will annually conduct on-site audits for a minimum 3% of Maryland based retail pharmacies and a minimum of 1% of all retail pharmacies nationwide. The audits shall be based upon the Standard Claims Processed Threshold of 500 claims or more. The Contractor will share the results of the audit with the State within 6 months	Choose

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	of the end of the plan year	
CC-42	The Contractor has a network of retail pharmacies that have agreed to discount their charges for 90 day supplies of maintenance medications. The Contractor must provide this network through the entire term of the contract, including term extensions.	Choose
CC-43	The Contractor agrees to apply MAC pricing to Retail Pharmacy 90-Day Network. The MAC price must be the same MAC as the Retail Network or better on an individual drug basis.	Choose
Mail Order Pharmacy Requirements		
CC-44	The Contractor shall provide mail order and specialty pharmacy services, and all mail order and specialty pharmacies must be registered with the State of Maryland, as required by INS §15-1610 and HG §12-403 even if such operations are not located within the State of Maryland.	Choose
CC-45	The Contractor shall accept electronically submitted Mail Order prescriptions.	Choose
CC-46	The Contractor agrees prescriptions purchased via mail order will never be more expensive than those obtained via retail pharmacies (<u>Retail Drugs priced at U&C are excluded from the requirement</u>).	Choose
CC-47	The contractor agrees that it will not repackage prescriptions or otherwise change the NDC for any prescription or OTC products dispensed at mail order.	Choose
CC-48	The Contractor agrees the member will be charged the lesser of the cost of the drug or the copayment when contractual cost of drug is less than the copayment.	Choose
CC-49	The Contractor will communicate any delays beyond three (3) days in delivery of mail order and/or specialty prescriptions to the member.	Choose
CC-50	The Contractor will send prescription orders to members that do not provide appropriate payments with their prescription order, up to three times the plans highest copayment for each enrollee. After the ceiling is reached, the Contractor may implement standard accounts receivable policies and procedures.	Choose
CC-51	If requested, the Contractor will provide participants with notification of any credits/overpayments on their accounts.	Choose
CC-52	The Contractor will not require the State to pay outstanding balances owed by the member.	Choose
CC-53	The Contractor will not require the State to implement programs that encourage use of the mail or specialty pharmacy. Further, unless requested and implemented within the State's plan design, there shall be no limits placed on mail order or specialty pharmacy use.	Choose
CC-54	If requested, the Contractor will provide participants who are currently using another mail order facility with a toll-free 800 number that may be called to provide the Contractor with the necessary information to transfer the member's current mail order prescriptions to the Contractor's mail order facility.	Choose
Data Processing and Interface Requirements		
CC-55	The Contractor will ensure that the State data will not be sold or shared with another organization without the prior written authorization of the State and unless compliant with HIPAA as an action by the Plan. Fees from pharmaceutical manufacturers that are to offset the costs associated with FDA required programs for utilization of certain Specialty Pharmacy medications, are exempt from this requirement.	Choose
CC-56	The Contractor agrees to load all current Prior Authorizations, open mail order refills, open specialty refills and accumulator files that exist for current members from the existing PBM at NO charge to the State no later than the date of implementation of management by the selected PBM.	Choose
CC-57	The Contractor will provide at least six (6) months' notice of any significant planned systems upgrades or changes, including but not limited to claims, customer service,	Choose

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	eligibility and corporate operating systems.	
CC-58	The Contractor will accept electronic transfer of eligibility data in a format indicated by the State or Participating Pool Participant and including cloud based transfers.	Choose
CC-59	The Contractor will accurately convert State data files, including the State master enrollment file and any other relevant files to the Contractor's data system.	Choose
	a. File transfers between the Contractor and the State shall be exchanged using a secure protocol like SCP/SFTP or another method approved by the State of Maryland, Department of Information Technology.	Choose
	b. File transfers with other entities shall be exchanged in a secure, encrypted and mutually agreed upon format.	Choose
CC-60	The Contractor will maintain eligibility records for all participants.	Choose
CC-61	The Contractor will maintain eligibility reconciliations between Contractor files and the State's eligibility files.	Choose
CC-62	The Contractor shall process and/or update eligibility immediately for a Member, if requested. In addition, the Contractor shall also provide the State or its designee with both the ability to make real time updates to the Contractor's eligibility database and the ability to verify eligibility.	Choose
CC-63	For Purchasing Pool Participants, the Contractor shall maintain flexibility to deal with Pool Participant-specific eligibility data requirements and variations such as: member ID numbers varying in length; alpha-numeric ID numbers; incorporating client-specific departments, classes or product coding.	Choose
CC-64	The Contractor will retain records for a minimum of seven years or in excess of the period required by the Contract, if required by state and/or federal regulations.	Choose
CC-65	If requested, the Contractor will accept from the incumbent mail and specialty pharmacies a claims file which will be used to transfer member's current mail and specialty pharmacy prescriptions.	Choose
CC-66	If requested, upon termination the Contractor will provide the new Contractor with a claims file which will be used by the new Contractor to transfer member's current mail and specialty pharmacy prescriptions.	Choose
CC-67	The Contractor agrees to transfer to the State, within 30 days of notice of termination, all required data and records necessary to administer the prescription drug plans subject to state and federal confidentiality considerations. The transfer may be made electronically, in a file format to be determined based on the mutual agreement between the State and the provider of services.	Choose
Reporting Requirements		
CC-68	The Contractor will respond to requests made by either the State or its benefits consultant regarding State-specific financial and statistical files, prescription processing, member services, network adequacy, patient management, and drug utilization reports. Contractor to acknowledge requests within one business day with an expected timeline for completion and delivery to the State or its benefits consultant.	Choose
CC-69	The Contractor will provide, on a monthly basis, a full file of all claim activity to the State's data warehouse vendor. This file will include member Social Security numbers and will be in the format specified in Attachment G: Claims Data Record Layout. This file format will be agreed upon between data warehouse and contractor after contract award.	Choose
CC-70	The Contractor agrees to deliver the required management information reporting in a format specified by the State that provides utilization, claims reporting, rebates, and administrative services data by subgroup to the State of Maryland. The required subgroups are: Active, Satellite, Direct Pay, State retirees under 65, and State retirees 65 and over. The Contractor also agrees to provide monthly claims and enrollment in these	Choose

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	specified subgroups.	
CC-71	The Contractor will cooperate fully with any disease management vendor under contract by the State, including coordination of care management activities and transmission of data to and from the medical plan vendor in a mutually acceptable format, at no additional cost.	Choose
CC-72	The Contractor agrees to provide reporting and share required data with the State and its Contractors to support plan management and the development/support of the Wellness and Disease Management program, as well as any future strategic initiatives.	Choose
CC-73	The Contractor will provide ad-hoc reporting at no additional charge.	Choose
CC-74	The Contractor agrees to provide online access to all standard reports to the State and its Consultants.	Choose
CC-75	The Contractor agrees to provide the required disclosures and reports as specified in Md. Ann. Code, Insurance Art. § 15-1623 and § 15-1624.	Choose
CC-76	The State requires a number of regular monthly, quarterly, bi-annual, and annual reports. The Contractor will provide these reports electronically to both the State and the State's benefit consultant by 6:00 p.m. on the 10th business day of the month following the end of the calendar month/quarter/mid-year/year unless otherwise specified.	
	Monthly Reports include:	
	a. The Contractor will provide, on a monthly basis, a paid claim report showing paid claims by pharmacy type (retail, mail order, or specialty), number of enrolled employees/retirees, number of enrolled participants (including employees/retirees and their dependents) for the following groups: Active employees, Direct Pay, Satellites, Retirees under age 65, and Retirees over age 65.	Choose
	b. The Contractor will provide a MBE Report in accordance with RFP Section 3.7 MBE Reports and FA 1 Attachment D: Minority Business Enterprise Forms .	Choose
	Quarterly Reports include:	
	a. The Contractor will self-report on each of the Performance Guarantee measurements as the "Quarterly Plan Performance Measurement Report Card" to the State on a fiscal quarterly basis, in accordance with PG-7 in FA 1 Attachment P-9: Performance Guarantees and in FA 1 Attachment Q-8 .	Choose
	b. The Contractor will provide the data elements shown in FA 1 Attachment Q-1 to Q-9: Standard Reporting Formats to the State and the State's benefits consultant on a calendar quarter basis, in the format requested.	Choose
	c. The Contractor will provide a report explaining any unusual trend results (high/low relative to the market).	Choose
	d. The Contractor will provide full disclosure of all revenue sources of the PBM related to the State's Plan (see RFP Section 3.2.1.1.1).	Choose
	e. The Contractor will provide reports that include details of at least the following received directly or indirectly in connection with the State plan and the Maryland Rx Program: i.) Prescription Pricing Components (e.g. retail, mail and specialty pharmacy AWP, AWP discounts, dispensing fees, etc.); ii.) Manufacturer payments (e.g. formulary rebates, administrative fees, educational grants, detailing payments, bonuses, etc.), including amount and source; iii.) Administrative fees or payments from labelers or wholesalers (discounts, rebates, grants, detailing payments, bonuses, etc.) including amount and source (not including the acquisition cost of products dispensed from the Contractor's mail service and specialty pharmacies); and	Choose

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iv.) Outreach and outcomes of any other arrangement(s) from which the PBM may profit (not including the acquisition cost of products dispensed from the Contractor's mail service and specialty pharmacies).	
f. To the extent applicable to the plan design in place, the Contractor will provide full disclosure and quarterly reports of utilization management programs (e.g. prior authorization, drug limitation, etc.) including (at least) affected drugs, costs, savings, outcomes, and number of affected members.	Choose
g. The Contractor will provide full disclosure quarterly reports of drug intervention, drug substitution and drug repackaging that occurs directly or indirectly in connection with the State Plan and the Maryland Rx Program, including at least the following: i.) drug name, dosage, strength and NDC code of the drug prior to substitution, intervention or repackaging; ii.) drug name, dosage, strength and NDC code of the drug after substitution, intervention or repackaging; iii.) the price of each drug; iv.) therapeutic basis or cost savings for the intervention or substitution; v.) the manufacturer of each drug; vi.) the labeler or packager of each drug; vii.) the aggregate number of interventions, substitutions or repackaging during the reporting period; and viii.) whether the Contractor has received any compensation from any source related to any drug intervention or substitution.	Choose
h. The Contractor will provide a quarterly statement executed by the senior executive staff that verifies that no improper drug substitutions occurred during the prior quarter.	Choose
i. The Contractor will provide the State and the State's consultant the necessary data for testing whether or not improper drug substitution occurred during the prior quarter.	Choose
j. The Contractor will provide the State and the State's consultant the necessary reporting that demonstrates any changes in treatment patterns within a specific therapeutic class.	Choose
k. Based on the results of the Contractor's internal claims auditing, the Contractor will provide a report summarizing the percent of retail claims paid with no errors. It is the State's expectation that the Contractor will maintain an accuracy rate of at least 99.99%.	Choose
l. The Contractor will provide benchmarking data on pharmacy costs and utilization.	Choose
m. The Contractor will provide full disclosure quarterly updates <u>to their list of Specialty Drugs as defined by RFP Section 1.2.76</u> , which needs to be submitted initially with the <u>Final Implementation Plan (see CC-1) of its specialty drug list</u> in the format shown in FA 1 Attachment F-5: Specialty Drug List . The Contractor will list separately those specialty drugs added to the list and those specialty drugs deleted from the list. Included with the list of specialty drug additions or deletions noted in each of these quarterly updates, the Contractor shall provide the following: i.) The decision process used to make such changes; ii.) The procedure used to notify those impacted by the specialty drug list changes; iii.) Projected member impact and outcome of specialty drug list changes (e.g. number of participants, costs, savings, etc.) by drug; and iv.) Any arrangements of the Contractor to encourage appropriate use and/or otherwise manage the utilization of the specialty drug in question, including a description of outreach efforts and outcomes.	Choose

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	Bi-Annual Reports include:	
	a. The Contractor will report on fraud investigations and audit activity twice a year, at six-month intervals.	Choose
	Annual Reports include :	
	a. The Contractor will provide a report list of approved participants in any Drug Utilization Review (DUR) program including at least the following data elements: i.) Unique participant identifier; ii.) Description of the intervention / DUR program; iii.) Source of the intervention referral (i.e. pharmacy, EBD staff, claims data, etc.); iv.) Date of approval for DUR program; v.) Length of DUR authorization; vi.) Financial impact to the State for the specific intervention;	Choose
	b. The required report(s) as described in Md. Ann. Code, Insurance Art. § 15-1624.	
	c. The Contractor will provide a renewal report to the State by August 1st of each year, which includes the following: i.) Projection of incurred claim costs for renewal year; ii.) Estimate of IBNR reserves at end of current year, including the most recent 36 months of incurred/paid triangular reports; iii.) Complete documentation of the methodology and assumptions used to develop the projected costs; and iv.) Disclosure of supporting data used in calculations, including monthly paid claims and enrollment, large claims analysis, trend analysis, demographic analysis, etc.	Choose
	d. The Contractor will provide annual recommendations for formulary changes and preferred drug list changes, listing changes in the list of drugs that are included in the second (i.e. "preferred") tier and third (i.e. "non-preferred") tier, identifying changes by name, dosage, and NDC number;	Choose
	e. The Contractor will provide full disclosure annual updates of formulary management information, including at least the following: i.) Maximum allowable cost (MAC) list changes, identifying changes by drug name, dosage and NDC number for both the mail and retail MAC lists; (Note: If the MAC lists are the same for both mail and retail, only one set of changes need be provided.) ii.) The procedure used to make such changes; iii.) The procedure used to notify those impacted by the formulary or PDL changes; iv.) Projected member impact and outcome of formulary changes (e.g. number of participants, costs, savings, etc.) by drug; and v.) Any arrangements with prescribing providers, medical groups, pharmacy providers, individual practice associations, or other persons associated with activities of the Contractor to encourage formulary compliance or otherwise manage prescription benefits, including a description of outreach efforts and outcomes. vi.) <u>Commercial plan that mirrors the Medicare Part D Prescription Drug Event (PDE) report for the EGWP plan in that the report will show, on a claim by claim basis, what was reimbursed to the pharmacy on the State's behalf and what was added on to the claim as a form of administration fee.</u>	Choose
Claims Processing		
CC-77	The Contractor will provide an integrated system for processing retail, mail order and specialty pharmacy claims.	Choose
CC-78	The Contractor will promptly process and fill all prescriptions submitted by the State's	Choose

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	plan members. The Contractor must provide all prescription fulfillment and processing services for all covered members and must include in its proposal a complete description of its claims handling capabilities.	
CC-79	The Contractor agrees that all claims will be paid in accordance with FA 1 Attachment P-3: Plan Design in the Request for Proposal.	Choose
CC-80	The Contractor shall agree that the State will determine whether to accept or decline any changes to the Preferred Drug List and the implementation date of such changes.	Choose
CC-81	The Contractor will assume claim fiduciary responsibilities, including appeals, for claim adjudication and defense of any drug utilization review (DUR) program decisions.	Choose
CC-82	The Contractor will obtain the advice and consultation of qualified experts (internal or external, as needed) to review unusual charges or claims at no additional cost to the State.	Choose
CC-83	The Contractor will process claims in accordance with PG-9, PG-10 , and PG-11 in FA 1 Attachment P-9: Performance Guarantees .	Choose
CC-84	The Contractor has procedures in place for recovery of claims processing errors identified in, but not limited to, vendor audits, State Contractor audits, eligibility audits, or pharmacy audits. The Contractor also agrees to recover these payments and refund to the State of Maryland, if applicable. Such payments shall not be reduced by contingency fees, other fees charged by an auditor or other recovery service, or offset by performance overages or rebates.	Choose
CC-85	The Contractor agrees to provide claims eligibility audit response files to the Department's Audit Unit within 14 days of receipt of error report from the Department.	Choose
CC-86	Drug Substitutions and Therapeutic Interchanges a. The Contractor shall comply with INS § 15-1634 in conducting therapeutic interchanges. (Please see reporting requirements related to drug substitutions generally, including therapeutic interchanges.)	Choose
	b. The Contractor shall conduct a therapeutic interchange for (as defined in INS § 15-1601) the drug prescribed with another drug only if interchange complies with all applicable state and federal laws (such as, in Maryland, INS §§ 15-1633 through 15-1639). (For the purposes of INS § 15-1633, in the case of an individual enrolled in a plan sponsored by another Purchasing Pool Participant, savings must accrue to the Purchasing Pool Participant or individual member in that Purchasing Pool Participant's plan.)	Choose
CC-87	Generic Drugs a. The contractor will apply and maintain a broad and comprehensive MAC list used consistently at retail and mail order.	Choose
	b. The Contractor will provide a Generic Dispensing Rate guarantee including any requirements to the State, including the measurement protocol, and the results of performance relative to the performance guarantee.	Choose
	c. The Contractor agrees that the dispensing fee used to calculate cost will be the same as the dispensing fees used to determine contractor adherence with all performance guarantees.	Choose
CC-88	Rebates a. The Contractor agrees that all Pharmaceutical manufacturer payments (as defined in RFP Section 3.2.1.1 F), including rebates, fees, discounts, grants or payments of any kind that are associated with the State's pharmacy benefit program are to be considered a rebate and are to be passed through to the State. Discounts from wholesalers and manufacturers applied to the acquisition cost of products dispensed from the Contractor's mail service and specialty pharmacies are not to be considered "rebates" for purposes of this Administrative Requirement.	Choose

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Compliance Checklist		Offeror s Response
	b. The Contractor agrees that the rebate process, including the agreements with the Pharmaceutical Manufacturer, can be audited by the State or the State's designated representative.	Choose
	c. The Contractor agrees to reimburse the State <u>all rebates received on a quarterly basis to be paid no later than 90 days following the end of the reporting period.</u> no less than the guaranteed rebate yield on a quarterly basis to be paid no later than 90 days following the end of the reporting period. <u>Payment must include all rebates received for the quarter up to 10 Business Days before the rebate payment is due to the State.</u> <u>Payment of the greater of actual rebates or the minimum guarantee each quarter is due within 90 days.</u> An annual reconciliation will occur no later than 120 days following the end of the fiscal year.	Choose
Payment Specifications		
CC-89	The Contractor will conform to the State's payment procedures for claims as outlined below.	
	a. The Contractor will invoice processed claims <u>on a weekly basis or 4 times a month</u> for the Commercial plan, with claims broken out by Participant subgroup (active, retired, Satellite Account, Direct Pay). Invoices will be sent to the State by 10:00 a.m Local Time each Monday (or next State business day if Monday is a holiday) for claims processed the prior week. Invoices received after 10:00 a.m. will be processed for payment within 48 hours of receipt. For the EGWP Plan the Contractor will invoice processed claims twice monthly. The first invoice will cover the period from the 1st-15th of each month and the second invoice will cover the period from the 16th through the end of the month.	Choose
	b. The Contractor agrees to accept payment via the State's normal transmittal process. Payments are generally released within 7 Business Days after receipt of proper invoice.	Choose
	c. The Contractor will submit for each claim invoiced, a file layout with claims detail established via the State Personnel System's (SPS) processing system. The file containing these records must equal the amount invoiced and be submitted within 48 hours of invoice submission.	Choose
	d. The Contractor agrees to accept adjustments based on the reconciliation of State's invoice amount and file layout established via the State Personnel System's (SPS) processing system. Applicable adjustments will be made to a subsequent invoice.	Choose
CC-90	The Contractor will conform to the State's payment procedures for payment of administrative fees as outlined below.	
	a. The Contractor agrees to accept monthly payments of PMPM administration fees for EGWP members based on the State's deduction report data (calculated by the State).	Choose
	b. The Contractor agrees to accept monthly payments of PEPM administration fees for non-EGWP members based on the State's deduction report data (calculated by the State).	Choose
	c. The Contractor agrees to accept payment processed through normal State transmittal process (i.e., transmittal sent to Annapolis, EFT transfer to Contractor). Payment is usually made by the 27th of each month.	Choose
	d. For any recoveries as a result of fraud investigations and audits, the Contractor will pay the State via using one of the following methods: i.) a separate check payment and provide documented substantiation; or ii.) claim reversals/credits for which recoveries flow through to the State in the invoice, and for which the Contractor will provide detail reports that specific all document such reversals/credits in order to fulfill the State's accounting requirements.	Choose

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Compliance Checklist		Offeror s Response
	e. The Contractor agrees that the only compensation to be received by or on behalf of its organization in connection with this Plan shall be that which is paid directly by the State.	Choose
	f. The Contractor agrees that, upon contract termination or expiration, the cost of any work required by a new administrator to bring records in unsatisfactory condition up to date shall be the obligation of the new administrator and such expenses shall be reimbursed by the Contractor within three (3) months of the end of the contract term.	Choose
CC-91	The Contractor must process the State prescriptions and pay any pharmacy fees using its own resources and will be reimbursed by the State.	Choose
CC-92	The Contractor will confirm bank transfers as they occur.	Choose
Special Provisions		
CC-93	The Contractor agrees to provide necessary legal defense in the event of litigation resulting from Contractor error, omission, etc.	Choose
CC-94	The Contractor agrees to cover all costs associated with legal defense in the event of such litigation.	Choose
CC-95	All claim records and eligibility data used by the Contractor in its role as claim administrator shall remain the property of the State as plan sponsor and plan administrator.	Choose
CC-96	The Contractor agrees that the State will be notified of any change to the AWP source at least 180 days prior to the change. In the event that the AWP source change is not determined by a third party to be price neutral for the State, the State will have the right to terminate the contract with no penalty.	Choose
CC-97	The Contractor agrees to allow the State to conduct a market check before the first contract year to analyze the competitiveness and financial terms of this contract.	Choose
CC-98	The Contractor agrees to allow the State to conduct a market check during the initial contract term, and one market check during each optional renewal period to preserve the competitiveness and financial terms of this contract.	Choose
CC-99	The Contractor agrees to prepare and file all legal documents necessary to implement and maintain the plan, including policies, amendments, contracts, required state filings, and development of booklet/certificate formats.	Choose
CC-100	The Contractor agrees to retain records in excess of the period required by the contract if required by State or Federal regulations.	Choose
CC-101	The Contractor agrees to monitor federal and state legislation affecting the delivery of prescription drug benefits under the plan and to report to the State on those issues in a timely fashion prior to the effective date of any mandated plan changes or changes in PBM regulation.	Choose

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FA 1 Attachment P-7: Questionnaire

NOTE: Answers that are not concise and directly relevant may receive a lower valuation.

Question		Offeror s Response
GENERAL		
Q-1	Describe the Offeror’s experience in providing pharmacy benefit management services.	Click here to enter text.
Q-2	Provide the Year the PBM was established.	Click here to enter text.
Q-3	Provide the number of years administering pharmacy benefits.	Click here to enter text.
Q-4	Provide the number of years administering pharmacy benefits in the State of Maryland.	Click here to enter text.
Q-5	Provide the percent of lives covered by the Offeror’s largest 10 Clients.	Click here to enter text.
Q-6	Provide the total number of PBM Employees.	Click here to enter a date.
Q-7	Does your organization (or affiliate or subsidiary) provide services to pharmaceutical manufacturers?	Choose an item.
	If yes, please describe.	Click here to enter text.
Q-8	Has your organization acquired, been acquired by, or merged with another organization in the past 24 months.	Choose an item.
	If yes, please describe.	Click here to enter text.
Q-9	Do you anticipate any major structural changes to your organization over the next 24 months?	Choose an item.
	If yes, please describe.	Click here to enter text.
Q-10	Do you plan to expand, close, or relocate major facilities over the next 24 months? Answers will be kept confidential.	Choose an item.
	If yes, please describe.	Click here to enter text.
Q-11	Do you plan to change any key operational systems such as claims processing, eligibility, or member service over the next 24 months? Answers will be kept confidential.	Choose an item.
	If yes, please describe.	Click here to enter text.
Q-12	Does your organization (or affiliate, subsidiary, or sub-contractor) perform any activities outside the U.S.?	Choose an item.
	If yes, please describe.	Click here to enter text.

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Question		Offeror s Response
Q-13	Please describe any known investigations of your organization by Federal or State government agencies or offices that have been announced, are underway, are pending, or have been settled with the past 24 months. Answers will be kept confidential.	Click here to enter text.
Q-14	Has your organization worked with client purchasing pools?	Choose an item.
	If yes, please provide a brief description of your experience working and promoting purchasing pools and how your organization will help the State in promoting this purchase pool.	Click here to enter text.
Q-15	Please provide a list of all anticipated direct and indirect sources of revenue (other than administrative and dispensing fees) that the Offeror will receive related to the State of Maryland’s Plan.	Click here to enter text.
Q-16	Please provide a copy of your organization’s last two year ending audited financial statements, or best equivalent report.	Submit a copy of copy of your organization’s last two year ending audited financial statements as “FA 1 Response Attachment P-7: Financial Audit Statements.”
Q-17	Please provide a description of the benefits that will accrue to the State of Maryland economy as a direct or indirect result of the Offeror’s performance of this contract resulting from this RFP (DO NOT INCLUDE FINANCIAL INFORMATION/TOTALS).	Click here to enter text.
Q-18	Provide a copy of your most recent <i>financial</i> ratings and complete the following table.	Submit a copy of your most recent <i>financial</i> ratings and label as “FA 1 Response Attachment P-7: Financial Ratings”
	1. A.M. Best	
	Current Financial Rating	Click here to enter text.
	Date of Rating	Click here to enter text.
	Prior Financial Rating	Click here to enter text.
	Date of rating	Click here to enter text.
	2. Standard & Poor’s	
	Current Financial Rating	Click here to enter text.
	Date of Rating	Click here to enter text.
	Prior Financial Rating	Click here to enter text.
	Date of rating	Click here to enter text.
	3. Fitch	
	Current Financial Rating	Click here to enter text.
Date of Rating	Click here to enter text.	

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Question		Offeror s Response
	Prior Financial Rating	Click here to enter text.
	Date of rating	Click here to enter text.
Q-19	Provide a profile of your Pharmacy business for each of the most recent two calendar years.	
	Calendar Year 2014	
	Total Pharmacy premium volume	Click here to enter text.
	Total number of Pharmacy clients	Click here to enter text.
	Total number of Pharmacy participants covered	Click here to enter text.
	Number of Pharmacy public sector clients	Click here to enter text.
	Average size of Pharmacy public sector clients	Click here to enter text.
	Number of Pharmacy public sector participants	Click here to enter text.
	Number of Pharmacy claims handled	Click here to enter text.
	Number of Pharmacy plans terminated	Click here to enter text.
	Average size of terminated Pharmacy plans	Click here to enter text.
	Calendar Year 2015	
	Total Pharmacy premium volume	Click here to enter text.
	Total number of Pharmacy clients	Click here to enter text.
	Total number of Pharmacy participants covered	Click here to enter text.
	Number of Pharmacy public sector clients	Click here to enter text.
	Average size of Pharmacy public sector clients	Click here to enter text.
	Number of Pharmacy public sector participants	Click here to enter text.
	Number of Pharmacy claims handled	Click here to enter text.
	Number of Pharmacy plans terminated	Click here to enter text.
Average size of terminated Pharmacy plans	Click here to enter text.	
Customer Services		
Q-20	Describe the structure, number of representatives, qualifications and average years of experience of the member service unit that will be assigned to the State Plan.	
	Structure	Click here to enter text.
	Number of representatives	Click here to enter text.
	Qualifications	Click here to enter text.
	Average years of experience	Click here to enter text.

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Functional Area 1 (FA 1)

Question		Offeror s Response
Q-21	What is the most recent annual turnover rate of the member services unit that will be assigned to the State Plan?	Click here to enter text.
Q-22	How many dedicated or designated (but not exclusive) customer service representatives (CSR) (call center) will be assigned to the State?	Click here to enter text.
	If yes, please describe your approach and its significance to the State and its members.	Click here to enter text.
Q-23	For the call center(s) indicated above please provide the following for 2015:	
	Number of calls handled:	Click here to enter text.
	Percent of calls handled by live representative:	Click here to enter text.
	Percent of calls abandoned:	Click here to enter text.
	Average speed of answer (live representatives only):	Click here to enter text.
	Average wait time to speak to a pharmacist:	Click here to enter text.
	Number of customer service representatives:	Click here to enter text.
	Number of customer service pharmacists:	Click here to enter text.
	Number of supervisors, trainers, and management staff:	Click here to enter text.
	Customer service representative turnover percentage:	Click here to enter text.
	Customer service representative call average talk time:	Click here to enter text.
	Percent of customer calls recorded:	Click here to enter text.
Q-24	Describe concisely how member service staff will be trained and prepared, in advance, to support State members.	Click here to enter text.
Q-25	Describe concisely your overall training program and requirements for new CSRs including initial, subsequent, and ongoing training and development.	Click here to enter text.
Q-26	Describe concisely how CSR performance is measured, how often calls are monitored or reviewed for quality, and the process used to provide feedback and coaching.	Click here to enter text.

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Functional Area 1 (FA 1)

Question		Offeror s Response
Q-27	Will the same call center(s) be used for both active and EGWP retirees?	Choose an item.
	If no, please briefly explain.	Click here to enter text.
Q-28	Describe concisely your process and contingency plans to shift call volume to another location in case of natural disaster or technical malfunctions.	Click here to enter text.
Q-29	Which of the following member functions do you provide via the Internet?	
	Eligibility Status Changes	Choose an item.
	Pharmacy Directory	Choose an item.
	Plan Design Details	Choose an item.
	Claim Status	Choose an item.
	Order I.D. cards	Choose an item.
	Other	Click here to enter text.
Q-30	Please describe all internet and mobile application tools available to members.	Click here to enter text.
	How often is the Internet directory updated?	Click here to enter text.
Q-31	Do you provide a drug cost look-up tool on your member website that provides both the plan copay and full drug cost?	Click here to enter text.
Q-32	Does your drug look-up tool on your member website capture retailer's U&C price?	Choose an item.
	If no, would you be willing to develop this capability or provide a link to this information?	Choose an item.
Q-33	Will separate toll free numbers be required for the mail order program?	Choose an item.
	For the specialty program?	Choose an item.
Q-34	Are bilingual services available; either on the website or customer service telephone line?	Click here to enter text.
Q-35	Please briefly describe any recent changes to your customer service systems.	Click here to enter text.
	Are there any future changes scheduled at this time?	Choose an item.
	If yes, please briefly describe those.	Click here to enter text.
Q-36	Please describe in detail your company's quality assurance programs.	Click here to enter text.

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Functional Area 1 (FA 1)

Question		Offeror s Response
Q-37	Please describe in detail your company's procedures for handling complaints by providers and complaints and grievances by members.	Click here to enter text.
Client Services		
Q-38	For each member of the clinical services and account management team that you propose to support the State's account, please provide their name, title, location, years of PBM Experience, description of their role and the expected percentage of their time that will be dedicated to the State.	Click here to enter text.
Q-39	For these critical account team members (#1 account executive, #2 day-to-day account manager, and #3 clinical account manager) please indicate whether the State will be allowed to meet with proposed new account team members in advance and approve of any such account team changes.	Click here to enter text.
Q-40	Please provide a sample management report that would be reviewed by the account team on a regular basis.	Submit a sample Management Report and label as " FA 1 Response Attachment P-7: Management Report. "
Q-41	Please provide a sample of the standard reporting package you will delivering to the State in addition to those required Attachment P-9: Performance Guarantees and Attachment Q: Standard Reports Formatting.	Submit a sample Reporting Package and label as " FA 1 Response Attachment P-7: Reporting Package. "
Q-42	Please describe concisely the process of how an escalated member issue communicated from the State's administrative staff to the account management team is handled, and include the role of each individual involved.	Click here to enter text.
Q-43	Will the State's administrative staff have on-line access to:	
	View enrollment information	Choose an item.
	Update enrollment information	Choose an item.
	View claim information	Choose an item.
Network Structure / Access		
Q-44	Confirm that your proposal is based on your broadest network.	Choose an item.
Q-45	Are you willing to solicit a more aggressive pharmacy network?	Choose an item.

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Functional Area 1 (FA 1)

Question		Offeror s Response
	If yes, describe how the process would work, taking into account the State Pharmacy Access Act shown in Section IV, and what the expected result would be.	Click here to enter text.
Q-46	What is the current number of retail pharmacies in your network?	Click here to enter text.
Q-47	How many of these pharmacies are located in Maryland?	Click here to enter text.
Q-48	What percentage of your retail pharmacies are independent pharmacies?	Click here to enter text.
Q-49	List any pharmacy chains excluded from your proposed retail pharmacy network.	Click here to enter text.
Q-50	List any locations throughout the United States that are not covered by your proposed network.	Click here to enter text.
Q-51	Provide the number of participating retail pharmacies that were terminated from the network in the past 24 months:	
	a. Termination is initiated by the PBM	Click here to enter text.
	b. Termination is initiated by a pharmacy	Click here to enter text.
Q-52	Please provide the percentage of pharmacies that satisfy the following criteria elements for those included in your pharmacy selection process:	
	Require unrestricted licensure	Click here to enter text.
	Review malpractice coverage and history	Click here to enter text.
	Require full disclosure of current litigation and other disciplinary activity	Click here to enter text.
	Require signed application/agreement	Click here to enter text.
	Require current DEA registration	Click here to enter text.
	On-site review of pharmacy location and appearance	Click here to enter text.
	Review hours of operation and capacity of network pharmacies to handle the added volume the State would generate	Click here to enter text.
On-site electronic access to patient data	Click here to enter text.	

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Functional Area 1 (FA 1)

Question		Offeror s Response
Q-53	Describe the process in place to ensure that members are credited for prescriptions filled but not obtained (Return to Stock situations).	Click here to enter text.
Q-54	List the specific network management processes currently in place to avoid fraud and abuse.	Click here to enter text.
Q-55	Do you conduct field audits on the pharmacies within you network?	Choose an item.
	If yes, please briefly describe the audit process including the percentage of pharmacies, audited and frequency of audits.	Click here to enter text.
	Are mail order and specialty pharmacies included in your audits?	Choose an item.
	Please provide the results of your organization’s field audits in the most recent two years the audits were completed.	Submit results of field audits and label as “FA 1 Response Attachment P-7: Field Audit Findings Report.”
	Please briefly describe the process/action steps for pharmacies that are placed on probation.	Click here to enter text.
Prescription Reimbursement Processes and Procedures		
Q-56	What is your proposed source for AWP data?	Click here to enter text.
Q-57	How often are AWP prices updated in your adjudication system?	Click here to enter text.
Q-58	What percent of your network pharmacy contracts include the “lesser of retail price, MAC price, or discounted price” provision?	Click here to enter text.
Q-59	How many generic classes are included on your organization’s MAC list?	Click here to enter text.
Q-60	How do you guarantee that members always receive the lowest price?	Click here to enter text.
	What procedures are established to ensure that the pharmacy is in compliance with this provision?	Click here to enter text.
Q-61	Will members pay the lowest of the discounted AWP price, U&C, and copay at retail pharmacies?	Choose an item.

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Functional Area 1 (FA 1)

Question		Offeror s Response
Q-62	Describe the timing and process you use to reconcile actual and guaranteed pricing terms and indicate when a true-up payment will be made, if necessary, in relation to the end of each contract year.	Click here to enter text.
Q-63	Explain how network pharmacies' U&C prices are captured and reported.	Click here to enter text.
Q-64	Do you maintain multiple contracts with individual pharmacies at varying reimbursement rates?	Choose an item.
	If yes, explain.	Click here to enter text.
Q-65	Will the retailers provide the lower of the discounted plan cost plus dispensing fee, member cost, U&C, or retail price for plan adjudication?	Choose an item.
Q-66	Define your electronic process for determining a product's brand or generic status for both retail and mail order claims using First DataBank and/or Medi-Span definitions.	Click here to enter text.
Q-67	Do you agree that single-source generics will be counted as generics for the purposes of the generic discount guarantee calculation?	Choose an item.
Q-68	How often are your retail network provider contracts renegotiated?	Click here to enter text.
Q-69	Is it possible for a retail pharmacy to submit NDC numbers for adjudication that contain AWP prices designed to maximize their discounted ingredient costs?	Choose an item.
	If no, please indicate why.	Click here to enter text.
Q-70	How do you ensure that submitted NDCs at retail are indicative of pharmacy drug purchasing patterns?	Click here to enter text.
Q-71	Does your organization share in any financial remuneration that retail pharmacies receive from drug manufacturers or other sources?	Choose an item.

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Question		Offeror s Response
Q-72	Specify if you are able to readily provide a detailed listing of all of the various ingredients that are included in multi-ingredient compound claims and confirm multi-ingredient compounds can take a specified cost-share.	Choose an item.
Q-73	Describe what procedures or management tools your organization has in-place to manage the cost of compound drugs and to prevent overcharging of plan sponsors.	Click here to enter text.
Mail Order		
Q-74	Complete the following for your proposed mail order facility.	
	Where will the mail-order facility (facilities) location for the State be?	Click here to enter text.
	Number of full-time Clinicians/ Pharmacists on staff at facility?	Click here to enter text.
	Number of part-time Clinicians/ Pharmacists on staff at facility?	Click here to enter text.
	Number of Registered Pharmacists?	Click here to enter text.
	Number of Pharmacy Technicians?	Click here to enter text.
	Number of Other staff? (specify)	Click here to enter text.
Q-75	Which companies are used for delivery services?	Click here to enter text.
	If mail order services are provided by a sub-contracted company, you must submit a Subcontractor Information Form in "FA 1 Attachment P-8: Subcontractors Questionnaire."	
Q-76	Describe your process for ordering refills by mail, phone, fax, and the Internet.	Click here to enter text.
Q-77	What percentage of refills are currently received:	
	by mail	Click here to enter text.
	by phone	Click here to enter text.
	by fax	Click here to enter text.
	by internet	Click here to enter text.
Q-78	How far in advance may participants order a refill? As an example, provide the point for a 90-day supply prescription.	Click here to enter text.
Q-79	Describe your process of filling/ordering prescriptions, refills, and split-prescriptions.	Click here to enter text.

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Question		Offeror s Response
Q-80	Does your mail order facility have auto refill?	Choose an item.
	If yes, please confirm members will have the ability to turn auto refill ON and OFF via the website and via phone.	Click here to enter text.
Q-81	If mail order pricing is based on fixed package sizes of 100s, provide an example and estimate to demonstrate the cost of this pricing methodology compared to discounts based on the actual package size from which the dispensed drug originated (e.g., bulk bottle of 5,000 tablets).	Click here to enter text.
Q-82	Will you agree that all mail order discount guarantees will be based on lowest listed NDC level AWP cost?	Choose an item.
	If no, state your suggested pricing basis.	Click here to enter text.
Q-83	Does your organization, or your associated facilities, repackage drug products for use in filling mail order prescriptions?	Choose an item.
	If yes, does the AWP for repackaged drugs match the AWP of the same package size of the source labeler?	Choose an item.
	If no, describe how you establish the AWP for your repackaged NDC's.	Click here to enter text.
Q-84	Can refills be phoned in?	Choose an item.
Q-85	Can members speak to a pharmacist if requested?	Choose an item.
	If yes, describe the phone prompts a member would need to follow in order to speak to a pharmacist.	Click here to enter text.
Q-86	Can refill payments be made by credit card or HRA debit card?	Choose an item.
Q-87	How many calendar days advanced notice must a claimant provide in order to guarantee that their supply is received before the existing supply is depleted?	Click here to enter text.
Q-88	Describe your policy on too-early refills, vacation, and emergency supplies. Outline your process for prescriptions which are ordered prior to the first available refill date.	Click here to enter text.

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Functional Area 1 (FA 1)

Question		Offeror s Response
Q-89	Provide the mail order performance statistics, over the past three years, for the facilities being proposed:	
	Mail Facility Name	Click here to enter text.
	Average turn-around time (no intervention required)	Click here to enter text.
	Average turn-around time (intervention required)	Click here to enter text.
Q-90	Explain the process for providing the State participants with a short-term retail prescription supply in the case of delayed delivery of their mail order prescription.	Click here to enter text.
Q-91	What criteria are used to determine whether or not a short-term retail supply is authorized?	Click here to enter text.
Q-92	Under what circumstances is the member contribution not waived for the short-term retail supply?	Click here to enter text.
Q-93	How are participants notified when a mail order prescription is delayed due to the following circumstances?	
	A prescription requiring clarification from the physician or physician's agent (e.g., missing quantity, illegible drug name).	Click here to enter text.
	A clean prescription where the delay is due to operational, capacity, or drug supply issues.	Click here to enter text.
	A clean prescription where the delay is a result of a therapeutic switch intervention.	Click here to enter text.
Q-94	Describe online integration, if any, with retail pharmacies to ensure non-duplication and to identify potential adverse interaction.	Click here to enter text.
Q-95	What are your contingency plans and procedures for providing backup service in the event of strike, natural disaster, or backlog?	Click here to enter text.
Q-96	How do you propose notifying members when prescriptions are received, mailed, etc.? (Explain and note availability of phone, email, and other types of contact.)	Click here to enter text.
Q-97	Describe the process for notifying members of the following:	
	The expiration date of their prescription.	Click here to enter text.

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Question		Offeror s Response
	Their next refill date and the number of refills remaining.	Click here to enter text.
	Prescriptions not on the formulary and/or non-preferred.	Click here to enter text.
	Generic substitution availability/savings intervention communications.	Click here to enter text.
Q-98	Do you bill members before or after a prescription is filled?	Choose an item.
Q-99	How do you ensure that no more than three (3) refills are dispensed at mail order regardless of how many refills have been authorized by the prescriber on the initial prescription? Include a brief description of your quantity control procedures.	Click here to enter text.
Q-100	Does your organization currently own its own Mail Order Facility?	Choose an item.
Q-101	Please describe your organization’s process for maintaining credits or issuing payments to participants for account credits on file.	Click here to enter text.
Specialty Pharmacy Program		
Q-102	Please provide location information on Specialty Pharmacy if different than Mail Order Facility.	Click here to enter text.
Q-103	Is your specialty pharmacy part of a specialty pharmacy network?	Choose an item.
Q-104	Does your organization own a specialty pharmacy?	Choose an item.
Q-105	Please provide your organization’s definition and qualification criteria of a specialty drug.	Click here to enter text.
Q-106	Describe how your organization notifies clients of the pricing terms for new specialty drugs including how far in advance such notice is provided.	Click here to enter text.
Q-107	Can your organization implement a separate plan design for specialty drugs that would include generic, preferred brand, and non-preferred brand tiers?	Choose an item.

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Question		Offeror s Response
Q-108	Are your proposed rebate guarantees for your retail/mail program contingent upon the State's purchase of your specialty drug program? Please do not provide actual rebate guarantees in your response.	Choose an item.
Q-109	Does your firm utilize courier services for specialty product delivery?	Choose an item.
	If yes, detail these services and procedures and detail how courier service vehicles maintain temperature control.	Click here to enter text.
Q-110	Do you limit certain specialty drugs to less than 30 days' supply for a patient's initial prescription?	Choose an item.
	If yes, please indicate which drugs and the days' supply limit.	Click here to enter text.
Q-111	Please describe your quantity limit rules for specialty drugs and include a list of the quantity limits by drug.	Click here to enter text.
Q-112	Provide the customer and member service operation hours of your specialty pharmacy program.	Click here to enter text.
Q-113	Provide a concise description of your member service pharmacist support for specialty drugs, including how many pharmacists provide member support, the hours of their availability and any specialized expertise they hold.	Click here to enter text.
Q-114	Provide a concise description of the member support services your organization provides to members who utilize oncology specialty drugs.	Click here to enter text.
Q-115	Provide a brief recommendation of how you would propose to collaborate with the State's medical carriers to optimize patient care and utilization of specialty drugs.	Click here to enter text.
Q-116	Please indicate any specialty drug categories for which you recommend clients limit coverage to the pharmacy benefit only.	Click here to enter text.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

Question		Offeror s Response
Q-117	Describe what procedures or management tools your organization has in-place to manage the use of manufacturer coupons for high cost drugs.	Click here to enter text.
Clinical Capabilities		
Q-118	Please briefly describe your drug utilization review (DUR) process and indicate which point-of-sale edits can be overwritten and which are “hard” rejects. Include a list of your point-of-sale edits.	Click here to enter text.
Q-119	Please provide your detailed utilization management program list, including specific drugs names in each program.	Submit utilization management program list label as “FA 1 Response Attachment P-7: Utilization Management Program List”
Q-120	Provide a sample DUR report you produce and make available to clients.	Submit a sample DUR Report and label as “FA 1 Response Attachment P-7: DUR Report”
Q-121	Please describe the “look-back” period utilized for the refill-too-soon edit and indicate whether it includes only the previous claim or cumulative historical claims.	Click here to enter text.
Q-122	Please describe your policies for lost medication, vacation supplies, and overseas supplies for prescription early refills.	Click here to enter text.
Q-123	What was your overall average DUR savings as a percentage of plan cost in 2015?	Click here to enter text.
Q-124	Briefly summarize the DUR edits that detect fraud and/or abuse.	Click here to enter text.
Q-125	In addition to point-of-sale edits, describe any other tools or programs that are available to detect, prevent, and resolve fraud and/or abuse? Indicate whether such programs are optional and whether they entail a separate fee. Also provide a complete description and samples of any documents used in a separate section of your bid.	Click here to enter text.
Q-126	Do you require a DEA or other identifier to be indicated to fill a controlled substance drug?	Choose an item.
	If yes, how is the requirement enforced?	Click here to enter text.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

Question		Offeror s Response
Q-127	Please describe your prior authorization, step therapy and quantity level limit program capabilities and also please attach a list of drug categories for which such programs can be applied.	Click here to enter text.
Q-128	Does your prior authorization rule for drugs used to treat Hepatitis-C (Harvoni or Viekira Pack) take into account severity of illness?	Choose an item.
	If yes, please provide a copy of the complete criteria.	Submit your prior authorization criteria and label as “FA 1 Response Attachment P-7: Hepatitis-C Prior Authorization Criteria”
Q-129	Are there any clinical utilization management features, capabilities or processes that differentiate your organization from competitors?	Choose an item.
	If yes, please provide a succinct description.	Click here to enter text.
Q-130	Provide a sample of your client clinical management performance report.	Submit a sample Clinical Management Performance Reports as “FA 1 Response Attachment P-7: Clinical Management Performance Report”
Q-131	Do you include compliance and adherence therapy as a part of your standard package?	Choose an item.
Q-132	Do you report on outcomes for specialty drug management programs (ROI, Clinical Results, etc.)?	Choose an item.
Q-133	Do you monitor individual physician prescribing patterns?	Choose an item.
	If yes, what action is taken with physicians who have a high degree of non-compliance to improve their compliance?	Click here to enter text.
Q-134	Provide a sample of a physician score card or other reporting that is provided to clients.	Submit a sample Physician Score Card/Client Reporting as “FA 1 Response Attachment P-7: Physician Score Card/Client Reporting”
Q-135	Please provide sample Member communication materials, including request letters for clinical programs, switching programs and sample EOBs.	Submit a sample of member communication materials and label as “FA 1 Response Attachment P-7: Member Communications Materials”
Q-136	Please provide a detailed description of how your organization determines which drugs are preferred versus non-preferred.	Click here to enter text.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

Question		Offeror s Response
Q-137	Briefly describe methods you currently have in place to influence prescribing behavior, if any.	Click here to enter text.
	Can the State opt-in/out of these programs?	Choose an item.
Q-138	Does your organization currently have a managed injectable program?	Choose an item.
	If yes, please briefly describe this program.	Click here to enter text.
Formulary and Rebate Management		
Q-139	Provide a copy of your current proposed formulary (Please attach both electronic and hard copy). Note: You must match the State's current formulary for at least the first year of the contract. <u>For the first Contract year, the Contractor will grandfather a Participant taking a maintenance medication or who started a course of medication under the State's Formulary in the preceding calendar year, allowing the Participant to continue use of the maintenance medication or course of medication pursuant to the State's Formulary for the preceding calendar year until the end of the first Contract Year or until the Participant finishes the course of medication, whichever is shorter. Participants who start new courses of medication in the first Contract Year would be subject to the Contractor's Formulary as proposed and accepted in its Technical Proposal.</u>	Submit a copy of proposed Formulary as "FA 1 Response Attachment P-7: Proposed Formulary"
Q-140	Are any generic drugs considered "non-preferred" on your proposed formulary (i.e., subject to the "non-preferred" copay)?	Choose an item.
	If yes, please describe in detail and provide examples.	Click here to enter text.
Q-141	Does your formulary currently exclude any prescription drugs from coverage?	Choose an item.
	If yes: a. provide a list of those excluded from coverage.	Click here to enter text.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

Question		Offeror s Response
	b. indicate the notification process for any future changes to the exclusion list, including the amount of advanced notification you will provide to the State and its employees and the form the notification will take.	Click here to enter text.
	If no:	
	a. Will you confirm that no such future exclusions will be required during the term of this contract?	Choose an item.
Q-142	Do your manufacturer agreements contain provisions that limit the amount the manufacturer can raise the AWP price of prescription drugs each year?	Choose an item.
	If yes, please describe.	Click here to enter text.
Q-143	What reporting will you provide to the State to demonstrate such manufacturer price limit agreements provide meaningful benefits to the State?	Click here to enter text.
Q-144	Do you have a formulary appeal process in place to address member concerns regarding formulary alternatives or provider indications of medical necessity?	Choose an item.
	If yes, explain this process.	Click here to enter text.
Q-145	When do formulary changes typically occur?	Click here to enter text.
	Do you agree to limit formulary deletions to once per year?	Choose an item.
Eligibility		
Q-146	Will your organization allow the State to have direct access to your eligibility systems for review and input purposes?	Choose an item.
Q-147	Is eligibility processed in real-time with the claims system?	Choose an item.
	If no, please provide the delay time.	Click here to enter text.
Q-148	Briefly describe the process for correcting data in the event of a data feed with "bad data."	Click here to enter text.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

Implementation and Account Management		
Q-149	Please provide a detailed implementation schedule for active employees, non-Medicare retirees, and EGWP participants assuming an Open Enrollment of October, 2017, and a January 1, 2018 effective date. The Open Enrollment period would require, but is not limited to, telephone customer service support and support at open enrollment meetings.	Submit a detailed Implementation Plan and label as “FA 1 Response Attachment P-7: Implementation Plan”
Q-150	Please include the name, title and duties of each individual that would be a part of the implementation team.	Click here to enter text.
Q-151	Include an organizational chart identifying the names and expertise of each member.	Submit an Organizational Chart and label as “FA 1 Response Attachment P-7: Organizational Chart for Implementation Team”
Q-152	Provide an organizational chart identifying the names, functions and reporting relationships of key people directly responsible for account support services to the State Plan. It should also document how many account executives and group service representatives will work full-time on the State account and how many will work part-time on the State account. Provide resumes for key personnel.	Include Organizational Chart and Resumes of Account Management Team and label as “FA 1 Response Attachment P-7: Account Management Team Organizational Chart and Resumes”

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

Q-153	<p>Describe account management support, including the mechanisms and processes in place to allow the State personnel to communicate with account service representatives, hours of operation, types of inquiries that can be handled by account service representatives, and a brief explanation of information available online. The State requires identification of an account services manager to respond to inquiries and problems, and a description of how the Offeror's customer service and other support staff will respond to subscriber or client inquiries and problems. The management plan should include the names, resumes and description of functions and responsibilities for all supervisors and managers who will provide services to the State Plan with respect to this contract.</p>	<p>Include the Offeror's description of account management support in a Microsoft Word document and label as "FA 1 Response Attachment P-7: Account Management Plan"</p>
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IT SYSTEMS

Q-154	<p>Describe the systems that will be used to process the States' billing, enrollment and claims data.</p>	
	Claims Administration	
	System "trade name"	Click here to enter text.
	System organization	Click here to enter text.
	Date system put in place	Click here to enter text.
	Number of system upgrades since inception	Click here to enter text.
	Billing System	
	System "trade name"	Click here to enter text.
	System organization	Click here to enter text.
	Date system put in place	Click here to enter text.
	Number of system upgrades since inception	Click here to enter text.
	Member Services	
	System "trade name"	Click here to enter text.
	System organization	Click here to enter text.
	Date system put in place	Click here to enter text.
	Number of system upgrades since inception	Click here to enter text.
	Eligibility/Enrollment System	
	System "trade name"	Click here to enter text.
	System organization	Click here to enter text.
	Date system put in place	Click here to enter text.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

	Number of system upgrades since inception	Click here to enter text.
Q-155	Are there any electronic system changes planned for the contract term? If Yes, describe.	Choose an item. Click here to enter text.
Q-156	Is there a contingency plan(s), procedure and system in place to provide backup service in the event of strike, natural disaster or backlog? If yes, describe.	Choose an item. Click here to enter text.
Q-157	How often are the systems backup and disaster recovery systems tested?	Click here to enter text.
Q-158	When were the systems last tested and what were the results?	Click here to enter text.
Q-159	What system down time have you experienced during the most recent 12 months?	Click here to enter text.
Q-160	How long are records maintained?	Click here to enter text.
Q-161	How quickly can the State's services be replaced in the event of permanent disaster to both the hardware and software?	Click here to enter text.
ELECTRONIC COMMERCE		
Q-162	Elaborate on the tools and ways members can communicate with the carrier, including use of technology and social media.	Click here to enter text.
Q-163	Describe your organization's experience in managing web based educational media for clients, including the technology used and content developed. Describe your ability to support emerging technologies in particular mobile applications.	Click here to enter text.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

FA 1 Attachment P-8a: Subcontractors Questionnaire

Representations made by the Offeror in this proposal become contractual obligations which must be met during the contract term.

Instructions: Complete one " **FA 1 Attachment P-8: Subcontractors Questionnaire**" for each subcontractor the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

Subcontractor's Name

[Click here to enter text.](#)

Subcontractor's MDOT Number

[Click here to enter text.](#)

Will this Subcontractor also perform required functions for FA 2?

[Choose an item.](#)

Question		Offeror s Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	Click here to enter text.
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	Click here to enter text.
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If Yes, identify the outside organizations that receive these service fees and explain the nature of the relationship.	Click here to enter text.
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Furnish a copy of all such policies for review.	Click here to enter text.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

FA 1 Attachment P-8b: Subcontractors Questionnaire

Representations made by the Offeror in this proposal become contractual obligations which must be met during the contract term.

Instructions: Complete one "FA 1 Attachment P-8: Subcontractors Questionnaire" for each subcontractor the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

Subcontractor's Name

Click here to enter text.

Subcontractor's MDOT Number

Click here to enter text.

Will this Subcontractor also perform required functions for FA 2?

Choose an item.

Question		Offeror s Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	Click here to enter text.
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	Click here to enter text.
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If Yes, identify the outside organizations that receive these service fees and explain the nature of the relationship.	Click here to enter text.
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Furnish a copy of all such policies for review.	Click here to enter text.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

FA 1 Attachment P-8c: Subcontractors Questionnaire

Representations made by the Offeror in this proposal become contractual obligations which must be met during the contract term.

Instructions: Complete one "FA 1 Attachment P-8: Subcontractors Questionnaire " for each subcontractor the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

Subcontractor's Name

Click here to enter text.

Subcontractor's MDOT Number

Click here to enter text.

Will this Subcontractor also perform required functions for FA 2?

Choose an item.

Question		Offeror s Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	Click here to enter text.
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	Click here to enter text.
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If Yes, identify the outside organizations that receive these service fees and explain the nature of the relationship.	Click here to enter text.
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Furnish a copy of all such policies for review.	Click here to enter text.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

FA 1 Attachment P-8d: Subcontractors Questionnaire

Representations made by the Offeror in this proposal become contractual obligations which must be met during the contract term.

Instructions: Complete one "FA 1 Attachment P-8: Subcontractors Questionnaire" for each subcontractor the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

Subcontractor's Name

Click here to enter text.

Subcontractor's MDOT Number

Click here to enter text.

Will this Subcontractor also perform required functions for FA 2?

Choose an item.

Question		Offeror s Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	Click here to enter text.
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	Click here to enter text.
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If Yes, identify the outside organizations that receive these service fees and explain the nature of the relationship.	Click here to enter text.
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Furnish a copy of all such policies for review.	Click here to enter text.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

FA 1 Attachment P-8e: Subcontractors Questionnaire

Representations made by the Offeror in this proposal become contractual obligations which must be met during the contract term.

Instructions: Complete one "FA 1 Attachment P-8: Subcontractors Questionnaire" for each subcontractor the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

Subcontractor's Name

Click here to enter text.

Subcontractor's MDOT Number

Click here to enter text.

Will this Subcontractor also perform required functions for FA 2?

Choose an item.

Question		Offeror s Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	Click here to enter text.
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	Click here to enter text.
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If Yes, identify the outside organizations that receive these service fees and explain the nature of the relationship.	Click here to enter text.
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Furnish a copy of all such policies for review.	Click here to enter text.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

FA 1 Attachment P-8f: Subcontractors Questionnaire

Representations made by the Offeror in this proposal become contractual obligations which must be met during the contract term.

Instructions: Complete one "FA 1 Attachment P-8: Subcontractors Questionnaire" for each subcontractor the Offeror proposes to have perform any of the required functions under this contract. Clearly indicate if a proposed subcontractor is a MBE certified by the State of Maryland, if responding for an MBE subcontractor.

Subcontractor's Name

Click here to enter text.

Subcontractor's MDOT Number

Click here to enter text.

Will this Subcontractor also perform required functions for FA 2?

Choose an item.

Question		Offeror s Response
SQ-1	Provide a brief summary of the history of the subcontractor's company and information about the growth of the organization on a national level and within the State of Maryland.	Click here to enter text.
SQ-2	Specifically what role will the subcontractor have in the performance of the Contract?	Click here to enter text.
SQ-3	Explain the process for monitoring the performance of the subcontractor and measuring the quality of their results.	Click here to enter text.
	List any services for which the subcontractor will be solely responsible and describe how the subcontractor will be monitored and managed.	Click here to enter text.
SQ-4	Describe any significant government action or litigation taken or pending against the subcontractor's company or any entities of the subcontractor's company during the most recent five (5) years.	Click here to enter text.
SQ-5	Explain the subcontractor's organization's ownership structure, listing all separate legal entities in chart format. Describe all major shareholders/owners (10% or greater ownership) and list their percent of total ownership.	Click here to enter text.
SQ-6	Does the subcontractor have contractual relationships with third party administrators/organizations in which the subcontractor pays service fees or other fees that you (the Offeror) are directly or indirectly charged for?	Choose an item.
	If Yes, identify the outside organizations that receive these service fees and explain the nature of the relationship.	Click here to enter text.
SQ-7	What fidelity and surety insurance, general liability and errors and omissions or bond coverage does the subcontractor carry to protect its clients? Describe the type and amount of each coverage that would protect this plan. Furnish a copy of all such policies for review.	Click here to enter text.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

FA 1 Attachment P-9: Performance Guarantees

Representations made by the Offeror in this proposal become contractual obligations which must be met during the contract term.

Offeror will report results on all performance measurements quarterly per the requirements of the Report Card in **FA 1 Attachment Q-8: Quarterly Plan Performance Measurement Report Card**. Performance results will also be audited annually by the State’s contract auditor.

NOTE: It is critical to the success of the State’s programs that services be maintained in accordance with the schedules agreed upon by the State. It is also critical to the success of the State’s programs that the Contractor operates in an extremely reliable manner. It would be impracticable and extremely difficult to fix the actual damage sustained by the State in the event of delays or failures in claims administration, service, reporting, and attendance of Contractor personnel on scheduled work and provision of services to the citizens of the State. The State and the Contractor, therefore, presume in the event of certain delay(s) or failure(s), the amount of damage which will be sustained from the delay or failure will be the amount set forth below, and the Contractor agrees in the event of any such failure of performance, the Contractor shall pay such amount as liquidated damages and not as a penalty. The State, at its option for amount due the State as liquidated damages, may deduct such from any money payable to the Contractor or may bill the Contractor as a separate item.

NOTE: Items in the response column with the words "**Willing to Comply**" contain a drop down list of options including Yes or No. Select a response from those options as applicable. All "No" responses must be addressed in "**FA 1 Attachment P-2: Explanations and Deviations.**"

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by the State and/or contract auditors)	Liquidated Damages*	Willing to Comply
PG-1	Telephone Call Availability Measurements must be the State-specific or for only the service center handling the State account.	98% of <u>Average speed of</u> telephone calls are answered by a live service representative within 30 seconds. The representative must have knowledge of the State account and be able to address the member's issue/question. Time over which standard is measured: Quarter	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Frequency of report: Quarterly	0.10% of admin fees for each percentage point, or fraction thereof, below 98%. <u>second over 30.</u>	Choose an item.
PG-2	Telephone Call Abandonment Rate Measurements must be State	Abandonment rate of less than 3%. Time over which standard is	Quarterly Plan Performance Measurement Report Card (Report	0.10% of admin fees for each percentage point, or fraction thereof, over 3%.	Choose an item.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by the State and/or contract auditors)	Liquidated Damages*	Willing to Comply
	specific or for only the service center handling the State account.	measured: Quarter.	Card to be submitted by the Offeror). Frequency of report: Quarterly		
PG-3	Processing of Enrollment Eligibility Update Information	Plan will process electronic interchange of the State enrollment information by 5:00PM of the second business day after receipt. If information is received after 12:00PM, record as having been received as of the next business day. Time over which standard is measured: Quarter	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Vendor to maintain log for review by the State's contract auditor. Frequency of report: Quarterly	0.20% of admin fees for each calendar day, or portion thereof, of delay.	Choose an item.
PG-4	Accuracy of Processing Enrollment Eligibility Information	Plan will process electronic interchange of the State enrollment with at least 98% accuracy. Time over which standard is measured: Quarter	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Vendor to maintain log and system generated reports for review by the State's contract auditor. Frequency of report: Quarterly	0.20% of admin fees for each percentage point, or fraction thereof, under 98%.	Choose an item.
PG-5	Contractor attendance at the State plan management meetings and the State-sponsored open enrollment trainings/fairs and	Attendance by plan representatives at 100% of meetings scheduled by the State, for 100% of the meeting's duration. Representative	Sign-in sheets at meetings or minutes of the State meetings. Frequency of report: Quarterly	0.05% of admin fees for each scheduled meeting date that vendor fails to attend.	Choose an item.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by the State and/or contract auditors)	Liquidated Damages*	Willing to Comply
	State-sponsored wellness program events and activities.	must arrive early enough to have their table set-up prior to meeting start time. Display must be organized and include appropriate covering of table. Representative must have detailed plan knowledge, interact with members, and exhibit professional appearance and behavior. Time over which standard is measured: Quarter			
PG-6	Account Management	Plan representatives will return all messages received from DBM (whether voice mail, e-mail or other communication method) promptly. Messages received before 12 Noon will be replied to the same day. Messages received after 12 Noon will be replied to by 12 Noon of the following business day. Time over which standard is measured: Quarter	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Vendor to maintain log for review by the State’s contract auditor. Frequency of report: Quarterly	0.01% of admin fees for each delayed response.	Choose an item.
PG-7	Delivery of Quarterly Plan Performance Measurement Report Card and Utilization Reports	Delivery or report including actual performance and supporting documentation for each Performance	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the	0.20% of admin fees for each week, or fraction thereof that Report Card is not received.	Choose an item.

ATTACHMENT P: TECHNICAL PROPOSAL - PHARMACY BENEFIT MANAGEMENT SERVICES

Functional Area 1 (FA 1)

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by the State and/or contract auditors)	Liquidated Damages*	Willing to Comply
	to the State and the State’s Consultant.	Guarantee to the State and the State’s consultant by 6:00 pm on the following dates**: First Quarter (Jan –Mar) Due: May June 1st Second Quarter (Apr – Jun) Due: August September 1st Third Quarter (Jul – Sep) Due: November December 1st Fourth Quarter (Oct – Dec) Due: February March 1st	Offeror). Date-stamp of receipt by the State. Frequency of report: Quarterly		
PG-8	Delivery of Rate Renewal Reports	Delivery to the State and to the State’s actuarial consultant of reports required for annual rate renewal process by 6:00PM March 1 of each contract year. At a minimum, the renewal reports must include (but not be limited to) the following: Projection of incurred claim costs for renewal year. Estimate of IBNR reserves at end of current year; including the most recent 36 months of incurred/paid triangular reports. Complete documentation of the methodology and assumptions	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Date-stamp of receipt by the State and verification of completeness of required documentation. Frequency of report: Annually	0.20% of admin fees for each week, or fraction thereof, the rate renewal reports are not received or are incomplete.	Choose an item. Choose an item. Choose an item. Choose an item.

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	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by the State and/or contract auditors)	Liquidated Damages*	Willing to Comply
		utilized to develop the projected costs.			
		Disclosure of supporting data used in the calculations, including monthly paid claims and enrollment, trend analysis, demographic analysis, etc.			Choose an item.
		Substantiation of any proposed increase in fixed costs via a thorough analysis of activities and costs covered by those fees.			Choose an item.
		Explanations for any unusual trend results (high relative to the market, low relative to the market).			Choose an item.
PG-9	Claims Standards Financial Accuracy Measures the gross dollars paid incorrectly (overpayments plus underpayments) subtracted from total paid claim dollars, divided by total paid claim dollars within the audit sample	99% of claim dollars processed accurately.	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Measured by the State’s independent auditor as part of the annual claims audit. Criteria as defined by the State’s independent auditor. Measured to two (2) decimal places. Frequency of report: Quarterly	2% of admin fees if below 99% but at least 97%. 4% of admin fees if less than 97%.	Choose an item.
PG-10	Claims Standards	97% of claims with benefit payments	Quarterly Plan Performance	2% of admin fees if below 97% but at	<u>N/A</u>

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	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by the State and/or contract auditors)	Liquidated Damages*	Willing to Comply
	Payment Accuracy Measures the number of incorrect drafts of payments made on behalf of the State, subtracted from the total draft or payment transactions, divided by the total draft or payment transactions.	are processed accurately.	Measurement Report Card (Report Card to be submitted by the Offeror). Measured by the State's independent auditor as part of the annual claims audit. Criteria as defined by the State's independent auditor. Measured to two (2) decimal places. Frequency of report: Quarterly	least 95%. 4% of admin fees if less than 95%.	
PG-11	Claims Standards Processing Time	95% of all claims are adjudicated within 10 Business Days; and 98% of all claims are adjudicated within 20 Business Days.	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Measured by the State's independent auditor as part of the annual claims audit. Criteria as defined by the State's independent auditor. Measured to two (2) decimal places. Frequency of report: Quarterly	3% of admin fees if performance is less than standard.	Choose an item.

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Functional Area 1 (FA 1)

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by the State and/or contract auditors)	Liquidated Damages*	Willing to Comply
PG-12	Employee Satisfaction	A 90% or higher member satisfaction rate. Time over which standard is measured: Annual	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Measured through a random sample of 10% of all members enrolled in each respective Plan and assessed by the State's annual Customer Satisfaction Survey. Survey results of the State's annual Customer Satisfaction Survey. Frequency of report: Annually	1% of admin fees due as of the month following the survey analysis.	Choose an item.
PG-13	Provision of Draft Plan Documents Certificate/ Evidence of Coverage Document	Draft Plan Document including all required updates provided to the State at least three months prior to the first day of the plan year.	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Receipt date as documented by vendor and confirmed by State. Frequency of report: Annually	\$500 per calendar day for the first three days the document is not received. \$1,000 per calendar day for each day the document is not received for the fourth day and beyond.	Choose an item.
PG-14	Provision of Final Plan Documents Certificate/ Evidence of Coverage Document	Final Plan Document including all required edits and in a format ready for posting to State intranet is returned to the State no later than 45 days prior to the	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Receipt date as	\$500 per calendar day for the first three days the document is not received. \$1,000 per calendar day for each day the document is not	Choose an item.

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	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by the State and/or contract auditors)	Liquidated Damages*	Willing to Comply
		start of the plan year.	documented by vendor and confirmed by State. Frequency of report: Annually	received for the fourth day and beyond.	
PG-15	Automated Claim and Website System Availability	Except for scheduled downtime of no more than an average of two (2) hours per week, the automated claims system will be available 24 hours a day, 7 days per week. 99.9% or greater	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Measured by the State's independent auditor as part of the annual claims audit. Criteria as defined by the State's independent auditor. Frequency of report: Quarterly	1% of admin fees if performance is less than standard.	Choose an item.
PG-16	All services shall take effect/go live and be fully operational on the initial go live date, January 1, 2018.	All functions of the Program will be implemented, tested and ready to go live on January 1, 2018.	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Measured by the State's independent auditor as part of the implementation audit. Criteria as defined by the State's independent auditor. Measured to two (2) decimal places. Frequency of report: Annually	5% of admin fees if performance is less than standards.	Choose an item.
PG-17	All services shall take effect and be fully operational by	All functions of the Program will be implemented,	Quarterly Plan Performance Measurement	2% of admin fees if performance is less than standards.	Choose an item.

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Functional Area 1 (FA 1)

	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by the State and/or contract auditors)	Liquidated Damages*	Willing to Comply
	each annual go-live date(s).	tested and ready to go for each annual go-live date.	Report Card (Report Card to be submitted by the Offeror). Measured annually by the State’s independent auditor as part of the implementation audit. Criteria as defined by the State’s independent auditor. Measured to two (2) decimal places. Frequency of report: Annually		
PG-18	Provider Turnover	The turnover rate of less than 3% annually for the Pharmacy network.	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Self-reported and confirmed by the State. Frequency of report: Quarterly	3% of admin fees	Choose an item.
PG-19	Mail Order Dispensing Turnaround Time- For Prescriptions not requiring intervention	95% of prescriptions dispensed within 2 Business Days and 100% within <u>4 an average of 3</u> Business Days.	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Measured by the State’s independent auditor as part of the annual claims audit. Criteria as defined by the State’s independent auditor.	1% of admin fees	Choose an item.

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	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by the State and/or contract auditors)	Liquidated Damages*	Willing to Comply
			Frequency of report: Quarterly		
PG-20	Mail Order Dispensing Turnaround Time- For Prescriptions requiring intervention	95% of prescriptions dispensed within 4 Business Days and 100% within 7 <u>an average of 6</u> Business Days Dispense or return all	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Measured by the State’s independent auditor as part of the annual claims audit. Criteria as defined by the State’s independent auditor. Frequency of report: Quarterly	1% of admin fees	Choose an item.
PG-21	Paper RX Claims Turnaround	95% of prescriptions reimbursed within 10 Business Days and 100% of <u>prescriptions reimbursed</u> within 15 <u>14</u> Business Days.	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Measured by the State’s independent auditor as part of the annual claims audit. Criteria as defined by the State’s independent auditor. Frequency of report: Quarterly	1% of admin fees	Choose an item.

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	Performance Indicator	Standard/Goal	Reporting Measurement (subject to audit by the State and/or contract auditors)	Liquidated Damages*	Willing to Comply
PG-22	Rebate Payments	Agrees to reimburse the State all rebates received on a quarterly basis to be paid no later than 90 days following the end of the reporting period. Payment must include all rebates received for the quarter up to 10 Business Days before the rebate payment is due to the State. <u>Payment of the greater of actual rebates or the minimum guarantee each quarter is due within 90 days.</u> An annual reconciliation will occur no later than 120 days following the end of the fiscal year.	Quarterly Plan Performance Measurement Report Card (Report Card to be submitted by the Offeror). Receipt date as documented by vendor and confirmed by State. Frequency of report: Quarterly	2% of admin fees	Choose an item.

*Determination of results and any applicable damages will be conducted by the State’s contract auditor.

Note: If due date for any PG falls on a state / vendor holiday or a weekend, document is due on the next business day.