

Alabama PEEHIP Prescription Drug Plan RFP 2016

1 PURPOSE/ INTRODUCTION

1.1 INTRODUCTION

Through the issuance of this Request for Proposal (RFP) the Public Education Employees' Health Insurance Plan (PEEHIP) is soliciting Proposals from qualified Bidders that can provide administrative only services for PEEHIP's self-funded Prescription Drug Plan. PEEHIP is seeking proposals for both its active and non-Medicare-eligible membership (commercial plan) and for its Medicare-eligible EGWP population. The effective date for the active and non-Medicare-eligible membership's Prescription Drug Plan is October 1, 2016. The effective date for the EGWP Prescription Drug Plan is January 1, 2017. If interested and able to meet these requirements, PEEHIP appreciates and welcomes your proposal.

The contract term for the active and non-Medicare-eligible membership is for a three-year period beginning October 1, 2016. The contract term for the Medicare-eligible EGWP population is for a three-year period beginning January 1, 2017. There will not be an extension of the contract period for either plan.

Four additional RFPs are being released separately from the Prescription Drug RFP. They are:

- Comprehensive Medical
- Flexible Spending Accounts
- Optional Dental, Vision, Hospital Indemnity, and Cancer
- Medicare Advantage (with and without Prescription Drug Plan)

Please note that Alabama PEEHIP has chosen to market the Medical, Prescription Drug, Flexible Spending Account (FSA), Optional Plans and Medicare Advantage (MA) coverages separately. This RFP is only for the commercial and EGWP prescription drug plans. Responses provided in this RFP should be for Prescription Drug Plans only. Any information, which is provided by respondents, which pertains to Medical, FSA, Optional Plans or MA coverages (unless explicitly requested within the RFP) will not be considered in evaluation of this RFP. This includes attempts by Bidders to provide fees that are contingent upon the additional award of business in connection with the Medical, FSA, Optional Plans or MA administration. If you are interested in proposing services for any of the four additional RFPs, you may do so independently under each distinct RFP.

Note that in the MA (with and without Prescription Drug Plan) proposal, PEEHIP is soliciting proposals for MA only coverage and for MA with Prescription Drug Plan coverage. As a result, the EGWP may be awarded to either the PBM that will administer the prescription drug benefits for the active and non-Medicare-eligible membership or the MA vendor.

PEEHIP reserves the right to award any service in whole or in part, if proposals suggest that doing so would be in PEEHIP's best interest. PEEHIP also reserves the right to issue no award or cancel or alter the procurement at any time. In addition, PEEHIP reserves the right to extend the proposed RFP period, if needed. Proposals containing the lowest cost will not necessarily be awarded as PEEHIP recognizes that factors other than costs are important to the ultimate selection of the provider or providers of their benefit plan.

Proposals provided in response to this RFP must comply with the submittal requirements set forth in later sections, including all forms and certifications, and will be evaluated in accordance with the criteria and procedures described herein. Based on the results of the evaluation, PEEHIP will award the contract to the most advantageous Proposer, based on the evaluation cost and capability factors set forth in the RFP. Any contract awarded hereunder shall be subject to the approval of the PEEHIP Board of Control and all appropriate PEEHIP and governmental officials in accordance with applicable state laws and regulations.

Please read the entire solicitation package and submit an offer in accordance with the instructions. All forms contained in the solicitation package must be completed in full and submitted along with the Technical Response and Price Proposal Worksheet, which combined, will constitute the offer. **This RFP and your**

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response, including all subsequent documents provided during this RFP process will become part of the contract terms and policy between the parties.

PEEHIP has retained Segal Consulting to assist in the evaluation of the proposals for completeness and responsiveness to the RFP and to review such proposals with them. Each proposal shall be evaluated in accordance with the selection criteria and other relevant factors listed below:

- Cost of the proposed benefits and/or services and any “value added” terms, conditions, and services
- Qualifications of the firm including financial capacity, staffing, and availability of staff to work with PEEHIP during Open Enrollment
- Proposer’s experience with comparable plans; commitment to such plans; experience offering such plans to public sector employers
- Proposer’s ability to provide exceptional prior authorization and other utilization management programs
- Proposer’s ability to educate and communicate with program participants
- Proposer’s ability to minimize enrollee disruption

All Proposers must meet the general conditions set forth in this RFP and are asked to respond only to the specific questions asked.

Please note that this RFP is copyrighted. All rights are reserved, and the RFP may not be reproduced, distributed, or used, except as the basis for your proposal, without the written permission of both PEEHIP and Segal.

2 GENERAL INFORMATION

2.1 BACKGROUND

PEEHIP was established in 1983 by the Alabama legislature to provide quality health care insurance benefits for employees of public institutions of education within the state of Alabama which provide instruction at any combination of grades K through 14, exclusively under the auspices of the State Board of Education, the Alabama Community College System Board of Trustees, or the Alabama Institute for Deaf and Blind. These health care benefits are available to all full-time, permanent part-time, and retired employees, and their eligible dependents.

Local employer units consist of all city school systems, county school systems, and community colleges in the state of Alabama. These entities are not allowed to opt out of the PEEHIP program. All 13 state four -year colleges and universities offer the PEEHIP program to their retirees, with only two institutions offering the program to the active population. However, others may join the program subject to meeting applicable requirements.

In addition to comprehensive medical coverage, PEEHIP currently provides prescription drug benefits, to approximately 283,000 active and retired members and dependents:

- MedImpact Healthcare Systems, Inc, (MedImpact) has provided pharmacy benefit management services to PEEHIP as of October 1, 2010 for both its commercial active and non-Medicare-eligible population and its Medicare-eligible Part D population
- Effective January 1, 2013, all Medicare-eligible retirees and Medicare-eligible dependents of Retirees covered under PEEHIP became automatically enrolled into the Medicare GenerationRx, a Medicare approved Part D Employer Group Waiver Plan (EGWP) sponsored by Transamerica Life Insurance Company. Note that Stonebridge Life Insurance Company merged into Transamerica Life Insurance Company on October 1, 2015. This change did not affect PEEHIP active members, non-Medicare

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eligible Retirees, covered dependents of active members or non-Medicare eligible Retirees, or members already enrolled in another Medicare Part D plan

- PEEHIP utilizes these third party administrators to process and pay prescription drug claims in accordance with contractual terms and benefit plan provisions. The prescription drug co-payment pricing structure is outlined in the Reference Documents section of the RFP

The following provides the approximate enrollment numbers for the PEEHIP active and non-Medicare-eligible population and its Medicare-eligible Part D population:

September 2015 contract counts:

	Active		Retiree Non Medicare		Retiree Medicare		Total		Total Contracts	Covered Member	Lives per Contract
	Single	Family	Single	Family	Single	Family	Single	Family			
Pharmacy	30,678	51,506	6,864	8,915	34,536	15,673	72,078	76,094	148,172	300,065	2.04

SCOPE AND OBJECTIVES

PEEHIP has high service expectations for the selected Bidder who will administer the prescription drug benefits. Accurate, consistent, timely, and comprehensive management reporting is also critically important. Specifically, PEEHIP is looking for a prescription drug plan administrator that will:

- Offer a competitive financial arrangement and guaranteed pricing terms
- Demonstrate ability and willingness to provide support for a custom formulary that drives utilization to the lowest net cost medications, network, and clinical management with strong emphasis on stringent Prior Authorization criteria that are effectively enforced, and other aggressive utilization management programs including quantity limits, step therapy and drug utilization review
- Demonstrate innovative and quality-oriented claims administration processes and procedures
- Provide superior account service to PEEHIP including dedicated resources and timely actionable reporting
- Provide best-in-class member services
- Provide seamless implementation of the program for PEEHIP and its members
- Partner with PEEHIP in identifying, recommending and implementing cost savings opportunities

A key objective is to ensure that members are able to obtain prescription drugs that are necessary to maintain their health and that those drugs are the most clinically appropriate and cost effective. Right drug, right quantity, right price. To that end PEEHIP seeks a PBM partner that will work collaboratively to establish and maintain aggressive clinical and utilization management that are customized to meet PEEHIP's needs. PEEHIP believes that an exceptional prior authorization program is the gate keeper to effective cost control. This entails aggressive enforcement of clinically appropriate, stringent prior authorization criteria. We expect our PBM to provide proactive, flexible, and expert support for all clinical programs including full disclosure of cost and rebate implications.

3 RESPONSE INSTRUCTIONS

3.1 INSTRUCTIONS FOR SUBMITTING OFFERS

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This document constitutes your invitation to bid. Please note that the entire RFP process will be conducted via the Internet, using the Proposal Technologies Network, Inc. application. Bid specifications are contained in the electronic RFP (eRFP), which can be found at Proposal Tech's website (www.proposaltech.com). You will need to log into the system using the username and password that are supplied to you in the invitation email.

To access the eRFP, your organization must first take the following actions:

1. Identify a primary contact for the RFP. If you will not be the primary contact, please ensure this communication is routed appropriately. This information has not been sent to any other parties within your organization. If you are unfamiliar with Proposal Tech's system, you may contact Proposal Tech at (877) 211-8316, and ask for Kevin Webb, ext. 82, to set up a training session. Training is optional.
2. The primary contact should access the website to initiate review and acceptance of the RFP.
3. Primary contacts will be responsible for granting RFP access to other individuals in their organizations. Multiple users from your organization may access the RFP simultaneously.

Detailed instructions for the completion and submission of your proposal will be found in the eRFP. Proposal Tech will be available to assist you with technical aspects of utilizing the system. Any questions regarding content should be submitted directly to Segal using the "Ask Questions" feature on the main RFP page.

All sections must be answered completely and, as outlined in the RFP, using Proposal Tech. It is not acceptable to use the term "See Attached" as a response to any of the questions, fee quotation forms, plan or network comparisons. Such a response may jeopardize your chances for consideration.

Please note that Reference Documents (i.e., enrollment, claims etc.) will only be provided to Proposers that have submitted a completed and signed Non-Disclosure Agreement (NDA) to the Solicitation Contact. NDAs will be provided on the Proposal Tech system for completion. Completed and signed NDA's should be emailed to Ms. Laine Ingle, at Lingle@segalco.com and NOT posted to the Proposal Tech site. NDA's posted to Proposal Tech will not be accepted.

Final submissions must be posted with Proposal Tech at www.proposaltech.com before the due date and time cited. Access to the eRFP will be locked after that time. Carriers will not be able to post or change their responses. Late proposals will not be considered.

3.2 QUESTIONNAIRE INSTRUCTION

PEEHIP and Segal Consultants will review and evaluate each proposal carefully. Many questions within the RFP system do not require lengthy responses. When a question does require a written response, please provide a response that is clear and concise. DO NOT answer any of the questions by referring to a prior answer or by referring to an attachment. Any such answers will not be considered and will constitute sufficient grounds for rejecting a proposal. ANSWERS TO THE QUESTIONS SHOULD BE AS SHORT AND CONCISE AS POSSIBLE TO FACILITATE OUR ANALYSIS AND TO AVOID CONFUSION.

3.3 BIDDERS CONFERENCE

A Bidders Conference Call will be held at 2 p.m. CST on February 26, 2016. All interested Bidders should plan to attend. It will be assumed that potential Proposer(s) attending this conference call have reviewed the RFP in detail and are prepared to bring up any substantive questions not already addressed in this RFP. The contact information for the conference call is:

Dial In: (877) 477-0014

Passcode: 545 870 0235#

3.4 PROPOSAL DELIVERY

The Bidder must provide copies of its proposal submission as follows:

1. Technical Proposal:

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Eight (8) hard copies, bound and tabbed, with one (1) marked "Original" with original signatures; and eight (8) electronic copies on eight (8) CDs, with one (1) designated as the "Original" version.

2. Price Proposal:

Eight (8) hard copies, bound and tabbed, with one (1) marked "Original" and having original signatures; and Eight (8) electronic copies on eight (8) CDs, with one (1) designated as the "Original" version.

3. Redacted Copy:

One (1) hard copy and one electronic copy in pdf, redacted for proprietary information.

The Technical Proposal and Price Proposal **must be labeled and packaged separately**. In the event of a discrepancy/conflict between the Proposal Tech submission and the Hard copy version, the Proposal Tech version will take precedence. In the event of a power failure or similar occurrence, the hard copy version will be used. In the event a document or section is omitted from the Proposal Tech version of the Bidder's response, PEEHIP reserves the right to accept the omitted document or section, if included, in the hard copy version. All documents should remain in their native formats. Copies should be addressed and mailed or delivered to the **Solicitation Contact**:

Ms. Laine Ingle

Senior Consultant

Segal Consulting

2018 Powers Ferry Rd, Ste. 850

Atlanta, GA 30339-7200

Complete Proposals should be submitted via the Proposal Tech website by **5:00 p.m. EST on March 24, 2016**. Hard copy proposals should be delivered to the address noted above. **Hard copy proposals will be accepted until 5:00 p.m. EST on March 25, 2016**. Proposals will **not** be accepted after these stated dates and times. PEEHIP reserves the right to reject any and all responses to this RFP.

Any questions regarding this RFP must be submitted electronically via the Proposal Tech website by March 2, 2016 at 5:00 p.m. EST.

3.5 KEY DATES

Event	Due Date
Release of RFP	February 22, 2016
Bidders Conference Call	February 26, 2016
Notification of Intent to Bid via the RFP system (by 5:00 pm EST)	March 1, 2016
Written Questions from Proposers Due Date	March 2, 2016
Response to Questions from Proposers Released	March 5, 2016
Electronic Bid Due Date (no later than 5:00 p.m. EST)	March 24, 2016
Hard Copy Bid Due Date (no later than 5:00 p.m. EST)	March 25, 2016
Notification of Finalist(s)	April 6, 2016
Finalist(s) Presentation(s) in Montgomery	Week of April 18, 2016
Anticipated Contract Award Date	May 1, 2016
Implementation Begins	May 15, 2016

3.6 SELECTION OF PARTNER

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All responding Bidders will be notified in writing within a reasonable length of time following the selection. Prior to the selection of a vendor partner, two or more vendors may be requested to make oral presentations in person to the evaluation committee. The proposal shall become the property of PEEHIP.

3.7 ECONOMY OF PREPARATION

Proposals should be prepared simply and economically and provide a concise description of the bidder's response to the requirements of this RFP. Emphasis should be on clarity. PEEHIP will not be responsible for any costs incurred by any Bidder in the preparation, submission, or presentation of a proposal.

3.8 NEWS RELEASES

News releases pertaining to this RFP, or to any services to which it relates, will be made only with prior written approval of PEEHIP, which may be withheld for any reason.

3.9 ADDENDA TO THE RFP

Any modifications made to the RFP prior to the proposal due date will be provided to all bidders via the Proposal Tech system described in this RFP.

3.10 SOLICITATION CONTACT

All questions regarding this RFP should be submitted to the **Solicitation Contact**, Ms. Laine Ingle, through the Proposal Tech website. Questions regarding technical issues with the website should be directed to Proposal Tech, by calling (877) 211-8316, ext. #4, and asking for support. Any questions that arise concerning this RFP may be directed to Ms. Laine Ingle via the Proposal Tech website only, **prior to 5:00 p.m. EST on March 2, 2015.**

3.11 DISCLOSURE OF PROPOSAL CONTENTS

Proposals and supporting documents are kept confidential until the evaluation process is complete and a contract has been awarded. Bidders should be aware that any information in a proposal may be subject to disclosure and/or reproduction under Alabama law. Designation as proprietary or confidential may not protect any materials included within the proposal from disclosure, if required by law. Bidders should mark or otherwise designate any material that it feels is proprietary or otherwise confidential by labeling the page as "confidential." Bidders shall redact this information in the redacted copy provided to PEEHIP pursuant to Section 3.4 Proposal Delivery. Bidders shall also state any legal authority as to why that material should not be subject to public disclosure under Alabama open records laws and is marked as proprietary information. Information contained in the price proposal may not be marked confidential. It is the sole responsibility of the Bidder to indicate information that is to remain confidential. If the Bidder identifies its entire proposal as confidential, PEEHIP may deem the proposal non-responsive and may reject it.

Bidder agrees to intervene in and defend any lawsuit brought against PEEHIP for its refusal to provide Bidder's alleged confidential and/or proprietary information to a requesting party. PEEHIP shall provide Bidder written notice of any such lawsuit within ten (10) days of receipt of service by PEEHIP. Bidder shall intervene within thirty (30) days of notice or will be deemed to have waived any and all claim that information contained in the proposal is confidential and/or proprietary and any and all claims against PEEHIP for disclosure of Bidder's alleged confidential and/or proprietary information.

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4 INTENT TO BID

4.1 If your company intends to submit a proposal for administration of PEEHIP's self-funded Prescription Drug Plans, and wishes to access the Reference Documents (e.g., plan information, demographics, etc.), please complete the Intent to Bid form and Non-Disclosure Agreement (NDA), and email both forms to Ms. Laine Ingle, at LIngle@segalco.com by March 1, 2016. The Intent to Bid and NDA forms may be downloaded from the Proposal Tech system for completion.

Reference Documents will be provided only to Proposers that have submitted a completed and signed NDA to Ms. Ingle.

Completed Intent to Bid and NDA forms must be submitted via e-mail. Forms posted to Proposal Tech will not be accepted.

5 INFORMATION REQUIRED FROM BIDDERS

5.1 QUALIFICATIONS OF THE FIRM - BUSINESS ORGANIZATION

5.1.1 State the full name and address of your organization.

Unlimited.

5.1.2 Indicate whether you operate as an individual, partnership, limited liability company, or corporation.

Unlimited.

5.1.3 State the name of the state in which you are formed or incorporated.

Unlimited.

5.1.4 State whether you are currently in good standing in the state in which you are formed or incorporated and provide a Certificate of Good Standing from that state.

Unlimited.

5.1.5 State whether you are licensed to operate in the State of Alabama.

Unlimited.

5.2 QUALIFICATIONS OF THE FIRM - PRIOR EXPERIENCE

5.2.1 To be considered a viable proposer, the following minimum requirements for prior experience must be met:

- Bidder must be currently providing prescription benefit management services to at least one state-wide public sector client with a minimum of 100,000 active lives and 20,000 Medicare EGWP lives
- Bidder must have a minimum of 1.2 million current lives under management
- Bidder must have a minimum of five (5) years of pharmacy benefit management experience
- Bidder must not have any bankruptcy filings within the last 5 years; and
- Bidder's senior officers, board members, or directors must not have any felony convictions.

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5.2.2 Please confirm that your organization meets the above minimum vendor requirements.

Single, Radio group.

1: Yes,

2: No

5.3 QUALIFICATIONS OF THE FIRM - MANPOWER

5.3.1 Identify lead sales and account management individuals by name and title and include a resume of each.

Unlimited.

5.4 QUALIFICATIONS OF THE FIRM - AUTHORIZED OFFICIALS

5.4.1 Include the names, titles, e-mail addresses and telephone numbers of personnel of the organization authorized to execute the proposed contracts with PEEHIP.

Unlimited.

5.5 QUALIFICATIONS OF THE FIRM - COST AND PRICE ANALYSIS

5.5.1 The information requested in this Section and the RFP questionnaire is required to support the reasonableness of your proposed price. In the Price Proposal Worksheet, please adhere to the following:

-Reflect the details of the expected total contract cost for fiscal plan years 2017, 2018 and 2019

-PEEHIP desires to enter into a three-year contract for pharmacy benefit administration services, for plan years 2017 through 2019. Be specific regarding the following:

- Administrative fees Discounts from AWP and dispensing fees
- Rebates
- Fee basis for pharmacy benefit administration
- Minimum three-year fee guarantee
- Note: All “add-on” costs are estimated and documented in the Price Proposal Worksheet – Attachment 1

5.6 SCORING CRITERIA:

5.6.1 Proposals will be evaluated by a committee. Selection will be based on all factors listed below and others implicit within the RFP, and will represent the best performance and reasonable costs for PEEHIP. Oral presentations may be required as part of the evaluation criteria.

Technical Proposal Section	Maximum Points
Capabilities and Experience Administering Commercial and EGWP Plans	50
Conformance to PBM Requirements	50
Account Management Staffing Experience	25
Reporting Capabilities	10

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Eligibility Conformance to Requirements	10
Member Services	20
Clinical Management Programs	40
Prior Authorization Effectiveness	25
Specialty Drug Program Management	50
340B Program Capabilities	10
Implementation/Transition Capabilities	10
Performance Guarantees	50
Commercial – Network Access and Management, Formulary and Rebate Management, Plan Administration	50
EGWP – Network Access and Management, Formulary and Rebate Management, Plan Administration	50
HIPAA Compliance	100
Total Technical Proposal	500 points
Total Price Proposal	500 points
Total Proposal	1000 points

5.7 OTHER INFORMATION

5.7.1 Other documents and information that may be helpful in preparing your proposal may be accessed via the Internet as follows:

<http://www.rsa-al.gov/>- RSA home page

<http://www.rsa-al.gov/index.php/members/peehip/> - PEEHIP Home Page

<http://www.rsa-al.gov/index.php/employers/peehip/>- PEEHIP employers section of RSA web page

www.sos.alabama.gov - Secretary of State home page

<http://alisondb.legislature.state.al.us/alison/codeofalabama/1975/coatoc.htm> - Statutes establishing and governing PEEHIP – See Title 16, Chapter 25A

5.8 ADDITIONAL PROCUREMENT DOCUMENTS

5.8.1 The following documents, labeled Exhibits 1-8 in Proposal Tech, must be completed and submitted with your proposal:

1. State of Alabama Disclosure Statement (Required by Article 3B of Title 41, Code of Alabama 1975) – two pages
2. Sample PEEHIP State Contract
3. Business Associate Agreement
4. Immigration Compliance Certificate (submission must include entire E-Verify Memorandum of Understanding, verified by the U.S. Department of Homeland Security)
5. IRS Form W-9
6. Verification of adherence to the PEEHIP Statement on HIPAA Compliance Documentation. Please see the Business Associate Data Security Policy as a reference.
7. RSA Third Party Vendor Security Questionnaire
8. Trading Partner Agreement

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5.8.2 Please confirm you have downloaded, completed and uploaded all of the procurement documents listed above. If not, please explain.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

6 ASO AGREEMENT AND BIDDING REQUIREMENTS

PEEHIP requires that all Bidders agree to the minimum Administrative Services Only (ASO) Agreement and bidding requirements listed below. PEEHIP realizes that all Bidders may not meet every requirement, but expects that they can be substantially met. If a Bidder takes exception to any of these requirements, it must be so noted in the Bid Exceptions / Deviations Document of their proposal response. These requirements will also explicitly apply to any subcontractors used by the Bidder to deliver services to PEEHIP.

6.1 ASO AGREEMENT REQUIREMENTS

6.1.1 Indemnification: The proposing Bidder will indemnify PEEHIP from any claims arising from negligence or willful misconduct on the part of the Bidder's subcontractors/suppliers.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

6.1.2 Ownership of Data and Other Terms: PEEHIP will have sole ownership rights with the Bidder, of any required documents, voice response scripts, data and other materials developed for, or generated by, PEEHIP during the course of its agreement with the Bidder.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

6.1.3 Audit Rights: PEEHIP reserves the right to audit the operations of the Bidder, including the Bidder's internal control procedures and records, at any point during the life of the contract. Additionally, PEEHIP or its designated agent will be permitted to annually audit Bidder's performance under the contract, including, but not limited to, claims, rebates, customer service, banking and billing records. If an audit identifies performance guarantees are not being met, PEEHIP will expect the Bidder to pay for follow-up audits to confirm resolution of any problem(s) that are uncovered during the initial audit. PEEHIP reserves this right to audit for the duration of the agreement and for a period of three (3) years following expiration or termination thereof.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

6.1.4 Liability Coverage: Bidder will accept liability for any mistakes, errors, or omissions it makes in providing services to PEEHIP and its members.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

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6.1.5 Performance Standards: Bidder agrees to all performance standards and guarantees as outlined in the RFP(s) plus any additional standards and guarantees agreed to during contract negotiations.

Single, Radio group.

1: Confirmed,
2: Not confirmed: [500 words]

6.1.6 Performance Guarantees: Performance Guarantee documentation will be required on a consistent basis agreed upon by PEEHIP, to substantiate performance results that are reported. All measurements must be based on PEEHIP-specific data, not book of business.

Single, Radio group.

1: Confirmed,
2: Not confirmed [500 words]

6.1.7 Bidding Requirements: Bidder is compliant with all applicable state Department of Insurance regulations in all states where they are licensed to do business.

Single, Radio group.

1: Confirmed,
2: Not confirmed: [500 words]

6.1.8 Bidding Requirements: Bidder will provide a copy of the standard ASO Agreement that would be used as a basis for the agreement with PEEHIP.

Single, Radio group.

1: Confirmed,
2: Not confirmed: [500 words]

6.1.9 Bidding Requirements: Bidder will not provide or disclose any PEEHIP claims or member data to any outside third party without prior written approval by PEEHIP; and will not use that information, nor its association with PEEHIP, to further the business interests of its company.

Single, Radio group.

1: Confirmed,
2: Not confirmed: [500 words]

6.1.10 **UNIQUE MEMBER IDENTIFIER ADMINISTRATION REQUIREMENT:** Bidder must be able to accept, store, and report member-level detail, using the following data elements:

1. Social Security Number,
2. Individual Personal Identification number (PID), assigned by PEEHIP to each covered member (subscribers and dependents)
3. Subscriber Personal Identification number (PID), assigned by PEEHIP and reported for each covered member on an account
4. PEEHIP-assigned Contract Number, unique to the Vendor and the Plan (for EGWP members, both subscriber and covered dependent(s) will have a unique PEEHIP-assigned Contract Number)

PEEHIP stores and tracks member-level detail using SSNs and unique PEEHIP-assigned PIDs. ALL eligibility and member level reporting must include these unique identifiers. The Vendor must be able to accept and track each individual plan member based upon the SSN and PEEHIP-assigned member PID. The following chart provides an example of how the Unique Member Identifier should be structured.

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Contract Participants	Individual SSN	PEEHIP-assigned Individual PID	PEEHIP-assigned Subscriber PID	PEEHIP-assigned Contract Number
John Doe – Subscriber	XXX-XX-XXX1	12222222	12222222	98989898
Jane Doe – Spouse	XXX-XX-XXX2	22345678	12222222	98989898
Julie Doe – Child	XXX-XX-XXX3	32345678	12222222	98989898
Jack Doe – Child	XXX-XX-XXX4	42345678	12222222	98989898

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

6.1.11 If awarded the business, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

Single, Radio group.

1: Confirmed,

2: Not confirmed [500 words]

6.1.12 If awarded the business, this Agreement shall be governed by and construed in accordance with Alabama law, without giving any effect to the conflict of laws provision thereof.

Single, Radio group.

1: Confirmed,

2: Not confirmed [500 words]

6.1.13 If awarded the business, Bidder acknowledges that Bidder is an independent contractor, and neither Bidder nor Bidder's employees are to be considered employees of PEEHIP or entitled to benefits under the State of Alabama Merit System.

Single, Radio group.

1: Confirmed,

2: Not confirmed [500 words]

7 GENERAL PROPOSAL CONDITIONS

Below are the general conditions for submitting a proposal. By checking "Agree", the Bidder represents the proposal submission adheres to these conditions, unless otherwise noted in the proposal. Failure to meet any of these conditions may result in disqualification of proposal. This RFP and your response, including all subsequent documents provided during this RFP process will become part of the contract terms and policy between the parties.

7.1 Bidder acknowledges that contract start date is 10/1/2016 for the Prescription Drug Plan for the actives and early retiree populations (non-Medicare retirees).

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

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7.2 Bidder acknowledges that contract start date is 1/1/2017 for EGWP Prescription Drug Plan.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.3 Bidder agrees to respond in full to this proposal, including all requirements.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.4 Any award will be made to that Bidder whose proposal is deemed to be in the best interest of PEEHIP. PEEHIP reserves the right to reject any and all proposals.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.5 Any cost incurred by Bidder in preparing or submitting proposals, is the sole responsibility of the Bidder. Proposals will not be returned.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.6 Bidder will not be bound by oral explanations or instructions given during the competitive process or after the award of the contract. However, PEEHIP reserves the right to request that Bidder put any such oral explanations or instructions into writing and, once in written format, such documentation shall become part of Bidder's proposal for purposes of integration with the final agreement.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.7 Bidder agrees to be bound by its proposal for a period of at least 180 days, during which time PEEHIP and/or Segal may request clarification or correction of the proposal for the purpose of evaluation. Amendments or clarifications shall not affect the remainder of the proposal, but only the portion as amended or clarified.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.8 Any exceptions to terms, conditions, or other requirements in any part of these specifications must be clearly stated in the appropriate section of the proposal. Otherwise, it will be considered that all items offered are in strict compliance with the specifications.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.9 The proposal must be signed (electronic signature is acceptable) by a legal representative of the bidding firm, who is authorized to bind the firm to a contract in the event of the award. All rates, fees and terms presented will be legally binding.

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Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.10 All Bidder services must adhere to relevant federal and state laws and regulations.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.11 Any early termination provision contained in your contract may not be tied to financial provisions or penalties. Either party may terminate the contract without cause. However, PEEHIP must provide at least 30 days' notice while you will be required to provide at least 180 days' notice to PEEHIP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.12 Bidder agrees to provide completed Alabama Disclosure Statement, Immigration Compliance Certificate (entire E-Verify Memorandum of Understanding (MOU), verified by U.S. Office of Homeland Security), and IRS Form W-9 with submission of proposal.

Single, Radio group.

- 1: Agree, uploaded to Proposal Tech,
- 2: Disagree, explain: [Unlimited]

7.13 Bidder agrees that the MOU for E-Verify will match the EIN on the IRS Form W-9 or offer an explanation on company letterhead of why the numbers are different.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.14 Bidder agrees there will be no initial or ongoing commissions or finder's fees payable for any plan or services, as a result of this RFP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.15 There are NO additional fees (beyond those outlined in the Price Proposal Worksheet) or any other costs required to provide the services outlined in this RFP. Any mandatory fees must be clearly outlined in the Price Proposal Worksheet. Under no circumstances will PEEHIP be liable to Bidder for fees or other costs not disclosed in Bidder's written proposal.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.16 Bidder is charged with knowledge of PEEHIP's specific reservations of rights set out in this RFP, and PEEHIP's terms and conditions in sections 7.1.17 through 7.1.27, without any exception, shall become part of any contract awarded under this RFP. Bidder shall read the provisions listed below and respond with any exceptions.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

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7.17 Bidder agrees that PEEHIP will not indemnify the Bidder under the terms of the contract.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.18 Bidder agrees to abide by the following contract language: Contractor acknowledges that the terms and commitments contained herein shall not be constituted as a debt of the State of Alabama in violation of Article 11, Section 213 of the Constitution of Alabama, 1901, as amended by Amendment Number 26. It is further agreed that if any provisions of this Agreement shall contravene any statute or Constitutional provision or amendment, either now in effect or which may, during the course of this Agreement, be enacted, then that conflicting provision in the Agreement shall be deemed null and void. Contractor may not assign this Agreement or any interest herein or any money due hereunder without the expressed written consent of PEEHIP. Contractor's sole remedy for the settlement of any and all disputes arising under the terms of this Agreement shall be limited to the filing of a claim with the Board of Adjustment of the State of Alabama.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.19 Bidder agrees to abide by the following contract language: To the fullest extent permitted by law, the Contractor shall indemnify, defend, and hold harmless The Retirement Systems of Alabama, PEEHIP, the State of Alabama, and their affiliates, and their respective administrators, officers, directors, agents, and employees (the "Indemnitees"), from and against any and all claims, damages, losses, and expenses, including but not limited to attorney's fees, arising out of or resulting from the Contractor's performance of services under this Agreement and/or any other of the Contractor's acts and/or omissions under this Agreement. Without limiting the foregoing in any manner, the Contractor shall indemnify, defend, and hold harmless the Indemnitees from and against any and all claims, damages, losses and expenses, including but not limited to attorney's fees, (a) incurred as a result of the Contractor's violation of any law, rule or regulation; (b) arising out of, or related to, the Contractor's breach of warranty or representation; or (c) arising out of, or related to, the Contractor's negligent or willful misconduct.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.20 Bidder agrees to abide by the following contract language: Contractor acknowledges and agrees that, PEEHIP shall not indemnify or hold harmless Contractor, its affiliates, administrators, officers, employees, or agents. Contractor further acknowledges and agrees that PEEHIP shall not be liable to Contractor for any late fees, penalties, collection fees, or attorney fees.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.21 Bidder agrees to abide by the following contract language: Contractor acknowledges that, in the course of performing its responsibilities under this Agreement, Contractor may be exposed to or acquire information that is proprietary or confidential to PEEHIP or its members. Contractor agrees to hold such information in confidence and not to copy, reproduce, sell, assign, license, market, transfer, or otherwise disclose such information to third parties or to use such information for any purpose whatsoever, without the express written permission of PEEHIP, other than for the performance of obligations hereunder or as required by applicable state or federal law. For purposes of this Agreement, all records, financial information, specifications, and data disclosed to Contractor during the term of this Agreement, whether submitted orally,

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in writing, or by any other media, shall be deemed to be confidential in nature unless otherwise specifically stated in writing by PEEHIP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.22 Bidder agrees to abide by the following contract language: Contractor acknowledges that PEEHIP may be subject to Alabama open records laws or similar state and/or federal laws relating to disclosure of public records and may be required, upon request, to disclose certain records and information covered by and not exempted from such laws. Notwithstanding anything to the contrary contained in Contractor's proposal or in this final Agreement, Contractor acknowledges and agrees that PEEHIP may comply with those laws and any such compliance shall not be deemed a violation with any provision of Contractor's proposal or final Agreement.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.23 Insurance: Bidder shall maintain or obtain (as applicable), with respect to the activities in which Bidder engages pursuant to this Agreement, professional liability (errors and omissions) insurance and general liability insurance in amounts reasonable and customary for the nature and scope of business engaged in by such party. Bidder shall deliver to PEEHIP evidence of such insurance on or before the Effective Date and annually thereafter and name PEEHIP as an additional insured.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.24 Bidders must be licensed to do business in the State of Alabama where such license is required for the services proposed. If you have an application for license pending please provide a copy of the application. Such license must be in effect before January 1, 2016.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.25 Bidder agrees to provide a sample Administrative Services Agreement. Bidder is requested to upload the document to the Required Documents Section of this RFP. By accepting Bidder's proposal, PEEHIP is not agreeing to nor accepting the terms of Bidder's sample services agreement. PEEHIP reserves the right to negotiate the terms of Bidder's sample services agreement.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.26 PEEHIP requires that the contract be signed no later than two weeks following contract award. Please confirm that your firm will agree to meet this deadline.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.27 Bidder will execute and remain in full compliance with the attached Business Associate Agreement (BAA) with PEEHIP.

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Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.28 Bidder must notify PEEHIP within 30 days of purchase, acquisition and any other change in its ownership or partners or control affecting 10% or greater interest, any acquisition by it of 10% or greater interest in any subsidiary, and any new agreement with, by or between any affiliates that is relevant to the contract.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.29 Bidder acknowledges and agrees that Bidder has a continuing obligation to disclose any change of circumstances that will affect its qualifications as a Bidder.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.30 Bidder agrees to make changes in a timely manner in such instances where the Alabama Legislature or Federal Government enacts legislation that impacts PEEHIP and requires such changes.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.31 Bidder agrees that all reporting submitted by the Bidder must be reconciled to the billing.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.32 Bidder must provide detailed disclosure of all invoice line items to PEEHIP at each monthly billing cycle in electronic format prescribed by PEEHIP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.33 Bidder must be able to accept standard HIPAA compliant enrollment data electronically.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.34 Bidder agrees to utilize PEEHIP's Trading Partner Agreement related to the 834 file format to update the eligibility records on a daily basis. PEEHIP will provide the Trading Partner Agreement to the Bidder. Please review the PEEHIP 834 Reporting Mapping- Appendix A in the Reference Documents section.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.35 Bidder must have the capability to maintain eligibility files, and transmit and receive a reconciliation file to/from PEEHIP electronically, on a monthly basis, in PEEHIP's eligibility file format. PEEHIP will provide their file format to the Bidder.

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Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.36 PEEHIP tracks member level detail and eligibility using SSNs, PEEHIP-assigned Individual PIDs, PEEHIP-assigned Subscriber PIDs, and PEEHIP-assigned Contract Numbers. Confirm that all file transmissions will include member level detail using these same identifiers.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.37 Bidder agrees that PEEHIP owns its data and that such data will be considered proprietary and will not be shared, except at PEEHIP's request, with full knowledge and express written consent.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.38 Bidder must notify PEEHIP, in writing, immediately upon identification of system-related problems, programming problems or data transfer problems. Bidder must make every effort necessary to correct such problems within 48 hours regardless of the time or date in order to minimize any disruption to members.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.39 Upon termination of the contract, Bidder must provide historical data to succeeding Bidder or PEEHIP, as directed, at no additional charge. Bidder must provide, at no additional cost to PEEHIP, up to five (5) files of historical data, for the three previous contract years, to any new Bidder selected by PEEHIP no later than 90 days after notification of termination.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.40 Proposed fees must include payment of "run out" claims, if applicable. Run-out administration will be the responsibility of the then incumbent administrator, and will be handled FREE of any additional administration fees.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.41 All personnel/staff in the organization have completed HIPAA training. If yes, in the [Explanation] please indicate the frequency, or how often, this occurs (i.e. once annually, only once during new training orientation, etc.)

Single, Radio group.

- 1: Agree, explain: [Unlimited] ,
- 2: Disagree, explain: [Unlimited]

7.42 You have attached a copy of your most recently completed HIPAA assessment in the Required Documents section of the RFP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

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7.43 Bidder will supply PEEHIP with the most recent copy of the completed HIPAA assessment every time one is completed.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.44 Bidder has attached a copy of its Information Security Policy and Procedures in the Required Documents section of the RFP. These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractor's or lines of business.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.45 If awarded the contract, PEEHIP or its agent or representative may, at any point during the Agreement, perform an on-site self-assessment based on HIPAA requirements.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.46 All employees at your organization have been trained on how to report a security incident or potential breach under HIPAA.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.47 Bidder must have the ability to accept "warm transfers" from PEEHIP's Member Services Call Center to Bidder's call center(s) at no additional cost to PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.48 Bidder must provide a dedicated implementation manager whose sole account is PEEHIP, who in coordination with the dedicated account manager and PEEHIP account management team, will effectively manage the implementation of this program. The dedicated implementation manager must continue to support PEEHIP a minimum of 45 days after the implementation date of October 1, 2016 for the active and early retirees prescription drug plan and the implementation date of January 1, 2017 for the EGWP plan, should PEEHIP desire. Such support includes, but is not limited to: weekly calls with PEEHIP and the designated Account Management team; maintenance of issue tracking logs; and issue resolution. This support must be provided as part of the base administrative fees with no additional cost to PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

7.49 Bidder has attached documents that indicate Bidder is in compliance with the PEEHIP Statement on HIPAA Compliance Document in the Additional Procurement Documents section of the RFP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

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7.50 All PEEHIP information disclosed during the proposal and contract term must remain strictly confidential unless disclosure is required by law.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.51 Bidder agrees to the specified eligibility rules established by PEEHIP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.52 No loss/No gain: No covered PEEHIP members shall lose or gain coverage as a result of Bidder change.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.53 Confirm PEEHIP or its designee will have the right to audit, with an auditor of its 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. PEEHIP's right to audit shall survive the termination of the agreement between the parties for a period of three (3) years.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.54 Affirm that the Bidder will not render or administer services off-shore and that all work performed will be in the contiguous United States.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.55 Submit required documentation to confirm financial viability in the Required Documents section of the RFP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7.56 Bidder must provide operational and system redundancy and disaster recovery procedures to ensure disruption-free service in the Required Documents section of the RFP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

8 PBM MINIMUM CONDITIONS

Alabama PEEHIP Prescription Drug Plan RFP 2016

8.1 General

8.1.1 Proposed fees must include transfer of claim accumulation information (copays, prior authorization records, open refills, MOOP accumulations, etc.) on an electronic file or media to any subsequent administrator at no charge.

Single, Radio group.

1: Confirmed,
2: Not confirmed: [500 words]

8.1.2 ID cards will be prepared and mailed to the home address of the EGWP participant (provided in the 834 eligibility file) at no additional fee. ID cards for commercial plan members will be mailed by the medical carrier which will include the medical and pharmacy information. PBM agrees to send timely notification letters to members and their prescribing physicians of drug formulary changes or other changes where there is a negative impact on the member at no additional fee. PBM agrees to send timely, quarterly Explanation of Benefits (EOBs) to Commercial participants within 30 days of the end of each quarter at no additional fee.

Single, Radio group.

1: Confirmed,
2: Not confirmed: [500 words]

8.1.3 All notification letters and other communications to members and prescribers will be subject to final approval by PEEHIP.

Single, Radio group.

1: Confirmed,
2: Not confirmed: [500 words]

8.1.4 Full financial accounting will be furnished within ninety (90) days of the end of each contract year.

Single, Radio group.

1: Confirmed,
2: Not confirmed: [500 words]

8.1.5 The administrator will be responsible for defending any litigation concerning erroneous claims administration.

Single, Radio group.

1: Confirmed,
2: Not confirmed: [500 words]

8.1.6 Local account service is desirable but not necessary. Preference may be given to vendors with an Alabama presence.

Single, Radio group.

1: Confirmed,
2: Not confirmed: [500 words]

8.1.7 PBM agrees to provide at least one-full time employee to work in the PEEHIP office at the PBM's expense. The full-time employee should be a member service representative whose primary responsibility is to answer member service calls (consistent with the responsibilities of other member service representatives not on-site), and who will also be available to work with PEEHIP management staff and have access to PEEHIP systems for the purposes of resolving claim and member issues. This person should be solely dedicated to PEEHIP. Please confirm and describe how your organization will train this employee to ensure high quality service to PEEHIP and its members.

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Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

8.1.8 All fees for the Commercial Plan must remain valid for the 36-month period beginning October 1, 2016. The Bidder must guarantee financial terms through September 30, 2019.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

8.1.9 All fees for the EGWP, must remain valid for the 36-month period beginning January 1, 2017. The Bidder must guarantee financial terms through December 31, 2019.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

8.1.10 Market Check: Bidder agrees that beginning eighteen (18) months from the initial Effective Date, PEEHIP may conduct a market check analysis of the pricing terms, which may include discount from AWP, dispensing fees, administration fees, and rebates, against the pricing then available to similarly sized or smaller plan sponsors and for similar pharmacy benefit management services. PEEHIP will submit to the PBM a market check report that evaluates and compares all major pricing elements and other information to demonstrate comparability of plans. The PBM will review the market check request and respond to PEEHIP within thirty (30) days of receipt of the market check report. If the market check report validates an aggregate annualized savings of greater than 1%, the parties will discuss, in good faith, revisions to the pricing terms. Any revisions to the pricing terms resulting from the parties' negotiations will be effective October 1 of the following year for the Commercial Plan and January 1 for the EGWP, but no sooner than thirty (30) days after completion of the market check report.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

8.1.11 Confirm that you will provide a dedicated clinical manager to PEEHIP, who will have full knowledge of all clinical programs in effect as well as all clinical programs offered by your organization. Confirm that the clinical manager will have sufficient resources to efficiently and effectively handle the work load, including organization support to initiate and maintain custom PA criteria.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

8.1.12 Confirm that you will provide a dedicated account manager to PEEHIP, who will be the primary day-to-day contact, have full knowledge of all operational aspects of the administration of the benefit. Confirm that the account manager will have sufficient resources to efficiently and effectively handle the work load.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

8.1.13 Confirm that a designated member service manager will be assigned to this account for the Commercial Plan.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

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8.1.14 Confirm that a designated member service manager will be assigned to this account for the EGWP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

8.1.15 Confirm that a designated enrollment analyst will be assigned to PEEHIP's account. The duties of the enrollment analyst are to monitor the inbound files from PEEHIP's medical plan carriers, manage discrepancy issues, and actively engage in relationships with the vendors.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

8.1.16 Confirm that you currently hold a contract with CMS as Medicare Part D Prescription Drug Plan, are providing EGWP benefits to current clients.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

8.1.17 Confirm that you are able to implement PEEHIP's Medicare Part D benefit, including the standard and enhanced benefit utilizing a single-card point-of-sale transaction system.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

8.1.18 Confirm that your organization and not a sub-contractor will administer critical functions or the complete administration of the Commercial program.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

8.1.19 Confirm that your organization and not a sub-contractor will administer critical functions or the complete administration of the EGWP program.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

8.1.20 Confirm that your organization will not use the names, home addresses or any other participant information obtained through the prescription drug benefit management program (both Commercial Plan and EGWP) for any purpose not directly related to services negotiated in the RFP, without the express written consent of PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

8.1.21 Confirm that upon termination of this Agreement your organization will not solicit any PEEHIP member or retiree for any services or products without the explicit written permission of PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

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8.2 PBM MINIMUM REQUIREMENTS

8.2.1 PEEHIP considers the following criteria to be the most critical, although not listed in order of importance, in selecting a PBM to provide and administer the pharmacy benefits and other requested services for PEEHIP and its members:

- Provide fully transparent, verifiable pass-through of retail pricing and formulary rebates
- Provide comprehensive drug coverage to plan participants in a manner to help manage PEEHIP's total healthcare costs
- Ability to duplicate PEEHIP's current plan designs, including adhering to and administering PEEHIP's custom formularies and maintenance drug list requirements, and utilization management programs
- Ability and willingness to meet PEEHIP's data and reporting requirements
- Offer a broad retail pharmacy network in accordance with PEEHIP's network access and provider requirements
- Deliver outstanding Medicare Part D EGWP administration to PEEHIP's Medicare eligible retirees and Medicare eligible dependents of retirees, including incorporation of PEEHIP's specific benefit design custom requirements consistent with CMS guidelines and regulations
- Provide comprehensive specialty pharmacy services, including managing a specialty pharmacy network that adheres to all of PEEHIP's requirements and best in class specialty services
- Securing competitive specialty pharmacy pricing so that PEEHIP would pay no more than the BEST retail discount and negotiating improvements continuously
- Aggressive multi-year pricing and performance guarantees, prescription drug pricing terms and provisions that are transparent and remain competitive throughout the term of the contract
- Ensure appropriate utilization management, safety and clinically effective programs are available to help manage spend and trend which includes clinically appropriate PA with stringent criteria and enforcement
- Supply PEEHIP with timely and meaningful reports and tools to support decision-making. These reports shall include but not be limited to: Monthly High Dollar Reports, Quarterly Hemophilia Reports, Monthly Prior Authorization Reports; Quarterly Executive Pharmacy Briefing (EPB) Reports, Annual EPB Reports; Quarterly and Annual PG Reports; Bi-weekly New Drug Reports
- Offer robust tools that provide PEEHIP and plan participants with timely and meaningful information about program choices
- Deliver near-seamless implementations of programs for PEEHIP and its members with minimal member disruption, and clear communication during the transition processes
- Offer a comprehensive fraud, waste and abuse program
- Consistently provide outstanding account management and member service.
- Is administered and managed by an organization with strong financial stability and a successful track record of managing programs similar to PEEHIP, as well as one with innovative, quality-oriented and cost-effective management programs

8.2.2 Confirm that you have the flexibility to administer a benefit in a manner that may differ from your standard procedure, in order to match how that benefit is currently administered under the PEEHIP plan.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

8.2.3 Confirm that you agree with the following definitions:

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AWP (Average Wholesale Price) - AWP will be based on date sensitive (i.e., point of sale), 11- digit NDC as supplied by a nationally recognized pricing source (e.g., MediSpan) for retail and specialty adjudicated claims. Indicate the pricing source you use.

Member Copay - Members will pay the lowest of the following: plan copay, plan discounted price plus dispensing fee, U&C, or retail cash price. Excess copayment retention is not permitted unless specifically specified by PEEHIP.

Pass Through - PBM agrees to pass-through 100% of all rebates to PEEHIP.

Rebates are defined as any and all revenue received by the PBM from pharmaceutical manufacturers or suppliers based on utilization of prescription drugs by PEEHIP participants as well as any and all proportional revenue received by the PBM from pharmaceutical manufacturers or suppliers on a book-of-business basis.

Paid Claims - Defined as all transactions made on eligible members that result in a payment to pharmacies or members from PEEHIP or member copays. (Does not include reversals and adjustments.) Each unique prescription that results in payment shall be calculated separately as a paid claim.

Member - All eligible employees, retirees, and their eligible dependents enrolled under PEEHIP prescription benefit program.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

8.2.4 Confirm that all fees or costs to administer the program are included in your pricing terms quoted in the Price Proposal Worksheet. Fees or costs that are not included in your bid will not be considered by PEEHIP.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

8.2.5 Confirm your company's willingness to supply PEEHIP with renewal information and/or proposed contract amendments at least 180 days prior to the renewal anniversary.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

8.2.6 Confirm that PEEHIP will be charged the generic price and the member charged the generic copay if a generic is out of stock and the brand is substituted.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

8.2.7 Please confirm that PEEHIP will have the ability to promptly suspend payments to pharmacies currently identified by PEEHIP and reported to PBM as engaging in suspicious dispensing practices and have these pharmacies removed from the PEEHIP network.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

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8.2.8 Confirm that you will set a maximum reimbursement dollar limits on all compounded claims and on all other claims and notify PEEHIP when the limit is exceeded.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [Unlimited]

8.2.9 Confirm that you will not bill PEEHIP for any uncollected participant's copays.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [Unlimited]

8.2.10 Confirm that members do not incur any additional costs for the delivery of specialty drugs.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [Unlimited]

8.2.11 Confirm that you will provide an annual electronic claims file in NCPDP format at **NO** charge to PEEHIP.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [Unlimited]

8.2.12 Confirm that you 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 PEEHIP.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [Unlimited]

8.2.13 Confirm that pricing will **NOT** be contingent on participation in any proposed clinical management or other programs not in effect prior to the contract effective date.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [Unlimited]

8.2.14 Confirm that all rebate revenue earned by PEEHIP will be paid to PEEHIP regardless of its termination status.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [Unlimited]

8.2.15 Please confirm that there are **NO** additional fees (beyond those outlined in the Price Proposal Worksheet) required to administer the services outlined in this RFP. Any mandatory fees, including clinical and formulary programs fees, must be clearly outlined in the Price Proposal Worksheet.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [Unlimited]

8.2.16 Confirm that you agree to load all current Prior Authorizations, open specialty refills and accumulator files that exist for current members from the existing PBM at **NO** charge to PEEHIP no later than the effective date.

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Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

8.2.17 Confirm that Minimum Brand and Minimum Generic Discount Guarantees for retail are defined as follows: (Aggregate Ingredient Cost/Aggregate AWP)

Aggregate Discounted Ingredient Cost prior to application of plan specific copayments will be the basis of the calculation.

Aggregate AWP will be from a single, nationally recognized price source for all claims. (Indicate suggested source.)

Dispensing Fees are not included in the Aggregate Ingredient Cost.

AWP discount guarantees MUST be measured and reconciled on a component (30 day brand, 30 day generic, 90 day brand, 90 day generic retail, rebates and specialty pharmacy program) basis only. Surpluses in one component will not be utilized to offset deficits in another component.

All guarantee measurements shall be calculated prior to the copayment being applied.

Both the Aggregate Ingredient Cost and Aggregate AWP from the actual date of claim adjudication will be used.

Aggregate AWP will be the date sensitive, 11-digit NDC of the actual product dispensed.

Both single-source and multiple source generic products are to be included in the generic guarantee measurement (regardless of the exclusivity period and/or number of manufacturers) and excluded from brand guarantee measurement.

The guarantee measurement includes zero-balance claims at the applicable discount prior to member cost share being applied and not at 100% discount.

Retail guarantees will exclude compounds, paper/direct claims, specialty claims, OTC claims, claims with ancillary charges, and claims from non-traditional pharmacies.

The guarantee measurement must exclude the savings impact from DUR programs, formulary programs, utilization management programs, and/or other therapeutic interventions.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

8.2.18 Confirm that retail discounts are on a post September 26, 2009 AWP rollback basis.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

8.2.19 Confirm that PEEHIP will be notified of any switch in 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 PEEHIP, PEEHIP will have the right to terminate the contract with no penalty.

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Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

8.2.20 Confirm that Maximum Brand and Generic Aggregate Dispensing Fee Guarantees for retail shall be defined as follows: (Aggregate Dispensing Fee charges applicable / Total number of applicable claims)

Aggregated Dispensing Fees will be the total of all dispensing fees charged on applicable claims before the application of plan cost sharing.

Dispensing Fees MUST be measured and reconciled on a component (brand, generic, retail, and specialty pharmacy program) basis only. Surpluses in one component may not be utilized to offset deficits in another component.

Compounds, defined Specialty claims, and OTC claims will be excluded from the calculation.

In no case will the dispensing fee be inflated to reflect fees not associated with the specific adjudication of said claim. In no instances will charges for dispensing fees be inflated to capture any amount due by a member or the plan.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

8.2.21 Confirm that specialty drug dispensing fees will remain constant throughout the contract term and will not be increased for any increases in postage charges.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

8.2.22 Confirm that guaranteed rebates per brand prescription will be based on all brand prescriptions dispensed, **not** on only brand formulary prescriptions dispensed.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

8.2.23 Confirm that rebates are guarantees on a minimum (i.e., not fixed) basis.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

8.2.24 Confirm that 100% of all rebates collected be passed through to PEEHIP.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

8.2.25 Confirm that over-performance of minimum rebate guarantees will not be used to offset shortfalls in other areas.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

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8.2.26 Confirm that rebates will not be withheld for execution of any contract amendments. PEEHIP is entering into a three-year agreement and does not require annual renewals/amendments signatures for payment of rebates.

Single, Radio group.

1: Confirmed,
2: Not confirmed: [Unlimited]

8.2.27 Confirm that all financial pricing components (discounts, dispensing fees, rebates) are subject to independent, electronic audit utilizing date sensitive AWP information on an NDC level from a nationally recognized pricing source (e.g., MediSpan). Specify the pricing source you use. Any shortfalls in any pricing category will be guaranteed on a dollar-for-dollar basis with 100% of any shortfall recouped by PEEHIP. Over performance in any category cannot be used to offset shortfalls in any other category. Categories are defined as retail generic discount; retail brand discount; retail dispensing fee; specialty generic discount; specialty brand discount; specialty dispensing fee; retail brand rebate guarantee; specialty rebate guarantee.

Single, Radio group.

1: Confirmed,
2: Not confirmed: [Unlimited]

8.2.28 Confirm your organization's ability and willingness to administer a variable copay program for select drugs or drug categories in order to leverage patient assistance programs to achieve reduced Plan costs for PEEHIP.

Single, Radio group.

1: Confirmed,
2: Not confirmed: [Unlimited]

8.2.29 Confirm that to the extent your organization receives reimbursement from pharmaceutical manufacturers in connection with an inflation or price increase protection arrangement, your organization will pass through all such amounts to the client. These payments will NOT be included as part of overall rebates for purposes of calculating minimum rebate guarantees.

Single, Radio group.

1: Confirmed,
2: Not confirmed: [Unlimited]

9 QUESTIONNAIRE - GENERAL INFORMATION, CAPABILITIES, AND EXPERIENCE

This section consists of questions, which are generally applicable to administration of the Commercial Plan and EGWP coverages, in aggregate. If any question does not apply to a particular coverage, please answer with "N/A".

9.1 REFERENCES

9.1.1 Please provide references of four (4) current clients of similar size and industry for which you provide similar services.

-At least one of these references must be a state-level plan; and

-At least one of these references must cover at least 150,000 members.

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-The same customer can satisfy both of these requirements.

Commercial Plan – Actives and Early Retirees	Reference 1	Reference 2	Reference 3
a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of eligible employees	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Number of participating employees/subscribers	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Description of services	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Effective date of contract	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

9.1.2 Provide three current customer references for the EGWP Plan. At least one of these references must have a minimum of 50,000 eligible employees. PEEHIP is interested in working with carriers that have at least 2 years of experience with and a history of providing EGWP benefits to public sector plans of similar size. Provide the following for each reference:

EGWP	Reference 1	Reference 2	Reference 3
a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

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b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of eligible employees	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Number of participating employees/subscribers	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Description of services	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Effective date of contract	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
k. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

9.1.3 Provide this same information for two (2) recently terminated Commercial Prescription Drug Plan customers. Include the reason the engagement was terminated.

Commercial Plan – Actives and Early Retirees	Reference 1	Reference 2
a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of eligible employees	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Description of services	<i>Unlimited.</i>	<i>Unlimited.</i>

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e. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Effective date of contract	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>
k. Reason for termination	<i>Unlimited.</i>	<i>Unlimited.</i>

9.1.4 Provide this same information for two (2) recently terminated EGWP customers. Include the reason the engagement was terminated.

EGWP	Reference 1	Reference 2
a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of eligible employees	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Description of services	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>
g. Effective date of contract	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>

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i. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>
k. Reason for termination	<i>Unlimited.</i>	<i>Unlimited.</i>

9.2 COMPANY OVERVIEW

9.2.1 Please provide the following information for the proposed administrator of the Commercial Plan and the EGWP.

	Your Company	Parent Company
Legal Company Name	<i>500 words.</i>	<i>500 words.</i>
Corporate Office Address	<i>500 words.</i>	<i>500 words.</i>
Telephone Number	<i>500 words.</i>	<i>500 words.</i>
Company URL (web address)	<i>500 words.</i>	<i>500 words.</i>

9.2.2 Provide the location of the Bidder's office(s) that would be responsible for managing the PEEHIP contract(s). If they differ for the Commercial Plan and the EGWP, please describe.

Unlimited.

9.2.3 Please complete the following table:

	Response
Year PBM Established	<i>500 words.</i>
Total Lives Covered (2015)	<i>500 words.</i>
Percent Lives Covered from Top 10 Clients	<i>500 words.</i>
Total Client Drug Spend (2015)	<i>500 words.</i>

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Total Number of Retail Claims Processed (2015)	500 words.
Total Number of Mail Order Claims Processed (2015)	500 words.
Total PBM Employees (2015)	500 words.

9.2.4 Does your organization (or affiliate or subsidiary) provide services to pharmaceutical manufacturers? If so, please describe.

Unlimited.

9.2.5 Provide the names of all subcontractors along with type of services they will provide, the number of years your firm has utilized the subcontractor, and the contractual relationship between subcontractor and your company. Please use the table provided below.

	Name and Address	Type of Service(s)	Years Utilizing this Contractor	Contractual Relationship	For which plan – Commercial or EGWP - will this Subcontractor be used?	Comments
1.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Commercial Plan, 2: EGWP, 3: All of the above, 4: Other, please describe in comments	<i>Unlimited.</i> Nothing required
2.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Commercial Plan, 2: EGWP, 3: All of the above, 4: Other, please describe in comments	<i>Unlimited.</i> Nothing required
3.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Commercial Plan, 2: EGWP, 3: All of the above, 4: Other, please describe in comments	<i>Unlimited.</i> Nothing required
4.	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Unlimited.</i> Nothing required	<i>Single, Pull-down list.</i> 1: Commercial Plan, 2: EGWP, 3: All of the above, 4: Other, please describe in comments	<i>Unlimited.</i> Nothing required
5.	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Single, Pull-down list.</i> 1: Commercial Plan,	<i>Unlimited.</i>

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Nothing required	Nothing required	Nothing required	Nothing required	2: EGWP, 3: All of the above, 4: Other, please describe in comments	Nothing required
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9.2.6 Does your organization (or affiliate, subsidiary, or sub-contractor) perform any activities outside the U.S.? If so, describe the activity(ies) and whether the task(s) are central to the scope of services or are support activities.

Unlimited.

9.2.7 Describe your process for vetting the privacy, security, HIPAA compliance, and readiness of your sub-contractors.

Unlimited.

9.2.8 Has your organization experienced recent merger or acquisition activity? If so, please describe. Has your organization recently undergone any workforce realignments? If so, please describe. Are there any anticipated changes in ownership or business developments, including but not limited to mergers, stock issues, and the acquisition of new venture capital? Please explain.

500 words.

9.2.9 Describe any staff relocations, computer system changes/upgrades, program changes, or telephone system changes in process at this time or proposed within the next 12-24 months.

500 words.

9.2.10 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.

Unlimited.

9.2.11 What are the most recent ratings for your company by the following rating entities?

	Rating	Date
A.M. Best	<i>10 words.</i>	<i>To the day.</i>
Fitch	<i>10 words.</i>	<i>To the day.</i>
Moody's	<i>10 words.</i>	<i>To the day.</i>
Standard and Poor's	<i>10 words.</i>	<i>To the day.</i>

9.2.12 If any rating has changed within the past 12 months, from any of the rating agencies, please explain.

500 words.

9.2.13 Is your organization:

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Single, Radio group.

- 1: Privately held,
- 2: Publicly traded,
- 3: A Mutual Holding Company,
- 4: Other. Please describe: [Unlimited]

9.2.14 What fidelity and surety insurance or bond coverage do you carry or would you recommend to protect PEEHIP? Specifically, describe the type and amount of the fidelity bond, which would protect PEEHIP in the event of a loss. If your answer differs for the Commercial Plan and the EGWP, please explain.

500 words.

9.2.15 Confirm that you will provide the most recent 2 years of your firm's audited financial statements. Provide the requested financial statements as an attachment to your proposal.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed

9.3 EXPERIENCE

9.3.1 Confirm that your company can administer prescription drug benefits for a Commercial population of PEEHIP's size.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, please explain: [500 words]

9.3.2 Confirm that your company can administer prescription drug benefits for an EGWP population of PEEHIP's size.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, please explain: [500 words]

9.3.3 Provide statistics regarding your Commercial Plan benefits business for your entire book of business. Provide statistics further split as requested in the grid, below. Commercial Plan - Actives and Early Retirees:

	Total Client Members	Client Members in Alabama	Total Number of Employer Clients	Public Sector Members	Number of Public Sector Clients	Number of Clients with 100,000+ Members
2015	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2016	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

9.3.4 Provide statistics regarding your EGWP benefits business for your entire book of business. Provide statistics further split as requested in the grid, below. EGWP:

	Total Client Members	Client Members in Alabama	Total Number of Employer Clients	Public Sector Members	Number of Public Sector Clients	Number of Clients with 50,000+ Members

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2015	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2016	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

9.3.5 Provide your organization's 2015 year-end membership for each of the following:

	2015 Year End Membership
Commercial Plan – Actives and Early Retirees	<i>Integer.</i>
EGWP	<i>Integer.</i>

9.3.6 How many new clients did your organization add effective January 1, 2016?

	2016 New Groups
Commercial Plan – Actives and Early Retirees	<i>Integer.</i>
EGWP	<i>Integer.</i>

9.3.7 What percentage of your 2015 total client membership renewed for the 2016 plan year?

	2016 Total Group Member Percentage Renewed
Commercial Plan – Actives and Early Retirees	<i>Integer.</i>
EGWP	<i>Integer.</i>

9.4 STAFFING

9.4.1 Confirm that you will be available and participate in PEEHIP's Open Enrollment communications campaign for both the Commercial population and the EGWP population. Describe your involvement and how you will assist members in learning about their benefit options. Please describe your strategies to educate the Commercial population and the EGWP population separately. Note that Open Enrollment is scheduled to begin each July 1 and end on September 10.

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Single, Radio group.

1: Confirmed: [Unlimited] ,
2: Not confirmed: [Unlimited]

9.4.2 Commercial Plan – Actives and Early Retirees

Confirm that your organization will conduct on-site, state wide educational sessions for PEEHIP's eligible members and dependents of eligible members, Medicare-eligible retirees and dependents of Medicare-eligible retirees (if needed) beginning no later than each July 1, and throughout the remainder of the Open Enrollment Period.

Single, Radio group.

1: Confirmed: [Unlimited] ,
2: Not confirmed: [Unlimited]

9.4.3 EGWP

Confirm that your organization will conduct on-site, state wide educational sessions for PEEHIP's eligible members and dependents of eligible members, Medicare-eligible retirees and dependents of Medicare-eligible retirees (if needed) beginning no later than each July 1, and throughout the remainder of the Open Enrollment Period.

Single, Radio group.

1: Confirmed: [Unlimited] ,
2: Not confirmed: [Unlimited]

9.4.4 Describe your company's timelines and deadlines for Open Enrollment (system updates due to plan changes or file formats, new divisions, manual work arounds, dates for last pre-OE updates, OE file updates, etc.).

Unlimited.

9.4.5 Every year, there will be approximately 16 retiree district meetings as well as approximately 12 local county retiree meetings conducted on an annual basis. Please confirm that at least one EGWP representative from the PEEHIP account team will be available to attend and, if requested, present at these meetings.

Single, Radio group.

1: Confirmed: [Unlimited] ,
2: Not confirmed: [Unlimited]

9.4.6 Confirm your understanding and agreement that ALL on-site staff will be subject to a background check.

Single, Radio group.

1: Confirmed: [Unlimited] ,
2: Not confirmed: [Unlimited]

9.4.7 Please provide the following information:

- a. A statement of whether the Bidder or any of the Bidder's employees, agents, independent contractors, or subcontractors have been convicted of, pled guilty to, or pled nolo contendere to any felony, and if so, an explanation providing relevant details.
- b. A statement of whether there is any concluded or pending litigation against the Bidder or Bidder's employees related to a contract engagement; and if such litigation exists, an attached opinion of counsel as to whether the pending litigation will impair the firms performance in a contract under this RFP
- c. A statement of whether the Bidder or any of the Bidder's business associates have reported a HIPAA breach involving 500 or more individuals in a given state or jurisdiction.
- d. A statement on how Bidder vets employees and\or contract personnel to ensure workforce clearance procedures are followed under HIPAA.

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e. A statement as to whether, in the last ten years, Bidder or any of its subcontractors has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details.”

Unlimited.

9.5 MEMBER SERVICES

9.5.1 Commercial Plan – Actives and Early Retirees

Confirm that you will provide a Member Services toll-free telephone line 24 hours a day, 7 days a week.

Single, Radio group.

1: Confirmed: [Unlimited] ,

2: Not confirmed: [Unlimited]

9.5.2 EGWP

Confirm that you will provide a Member Services toll-free telephone line 24 hours a day, 7 days a week.

Single, Radio group.

1: Confirmed: [Unlimited] ,

2: Not confirmed: [Unlimited]

9.5.3 Is there a Pre-Enrollment information line available during Open Enrollment as well as an Information line available throughout the year?

	Response
Commercial Plan – Actives and Early Retirees	<i>500 words.</i>
EGWP	<i>500 words.</i>

9.5.4 How are calls "after hours" of operation handled?

	Response	Comments
Commercial Plan – Actives and Early Retirees	<i>Single, Radio group.</i> 1: Voice mail, 2: No service, 3: Full service – 24/7, 4: Some extended hours for calls, 5: Other, please specify in comments	<i>500 words.</i> Nothing required
EGWP	<i>Single, Radio group.</i> 1: Voice mail, 2: No service, 3: Full service – 24/7, 4: Some extended hours for calls, 5: Other, please specify in comments	<i>500 words.</i> Nothing required

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9.5.5 Confirm each of the following:

Member Services	Commercial Plan – Actives and Early Retirees	EGWP
a. Bidders will operate a dedicated member services unit with a toll-free dedicated member services telephone line to answer questions from PEEHIP’s members.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
b. Proposers will have special telephone features for the hearing impaired.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
c. Resources will be available to assist non-English speaking callers through a translation service.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
d. All calls will be recorded and kept for 24 months and made available for PEEHIP’s review upon request.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
e. Member Service Representatives (MSR) will warm or soft transfer members to other service areas or vendors including PEEHIP, if necessary.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
f. Members will easily be able to opt out of the Interactive Voice Response (IVR) to speak with a live MSR.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed

9.5.6 Please provide the geographic location of the Member Service unit(s) that will be servicing PEEHIP's members. Will this service be outsourced? If so, provide the name of the outsourcer. If your answer differs for the Member Services until serving the Commercial population from the Member Services unit servicing the EGWP population, please describe.

Unlimited.

9.5.7 How large is your Member Service department? How many employees work exclusively in this department? If there are different departments that will service the Commercial population and the EGWP population, please explain.

Decimal.

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9.5.8 For the Member Services call center(s) indicated above please fill out the following table for 2015:

Member Services	Commercial Plan – Actives and Early Retirees	EGWP
Number of calls handled:	<i>10 words.</i>	<i>10 words.</i>
Percent of calls handled by live representative:	<i>10 words.</i>	<i>10 words.</i>
Percent of calls abandoned:	<i>10 words.</i>	<i>10 words.</i>
Average speed of answer (live representatives only):	<i>10 words.</i>	<i>10 words.</i>
Average wait time to speak to a pharmacist:	<i>10 words.</i>	<i>10 words.</i>
Number of member service representatives:	<i>10 words.</i>	<i>10 words.</i>
Number of member service pharmacists:	<i>10 words.</i>	<i>10 words.</i>
Number of supervisors, trainers, and management staff:	<i>10 words.</i>	<i>10 words.</i>
Member service representative turnover percentage:	<i>10 words.</i>	<i>10 words.</i>
Member service representative call average talk time:	<i>10 words.</i>	<i>10 words.</i>
Percent of member calls recorded:	<i>10 words.</i>	<i>10 words.</i>

9.5.9 Describe how MSR performance is measured, how often calls are monitored or reviewed for quality, and the process used to provide feedback and coaching.

Unlimited.

9.5.10 Describe the criteria MSRs use to determine when to transfer a call to a pharmacist.

Unlimited.

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9.5.11 Commercial Plan – Actives and Early Retirees

Can the MSRs access claims status online real-time?

Single, Radio group.

1: Yes,

2: No: [500 words]

9.5.12 EGWP

Can the MSRs access claims status online real-time?

Single, Radio group.

1: Yes,

2: No: [500 words]]

9.5.13 Commercial Plan – Actives and Early Retirees

Can MSRs make adjustments to claims during a call real-time?

Single, Radio group.

1: Yes,

2: No: [500 words]

9.5.14 EGWP

Can MSRs make adjustments to claims during a call real-time?

Single, Radio group.

1: Yes,

2: No: [500 words]

9.5.15 Commercial Plan – Actives and Early Retirees

Confirm that Member Services will provide services for selecting and/or locating network pharmacies.

Single, Radio group.

1: Confirmed: [Unlimited] ,

2: Not confirmed: [Unlimited]

9.5.16 EGWP

Confirm that Member Services will provide services for selecting and/or locating network pharmacies.

Single, Radio group.

1: Confirmed: [Unlimited] ,

2: Not confirmed: [Unlimited]

9.5.17 Describe your ability to provide PEEHIP's staff with call monitoring capability, for live and/or recorded calls, remotely and onsite. If recorded calls, confirm that you will allow PEEHIP to select a sampling on a weekly basis. Please describe your organization's system capabilities for enabling PEEHIP staff to hear a specific call made to your call center, if PEEHIP can provide the date, time, and MSR involved. If your response differs between the Commercial and EGWP Plans, please explain.

Unlimited.

9.5.18 Describe the escalation process for Member Service satisfaction and complaints. If your response differs between the Commercial Plan and the EGWP, please explain.

Unlimited.

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9.5.19 Describe the escalation process for urgent drug claim issues where claims are rejecting at the pharmacy and members need immediate assistance and resolution. If your response differs between the Commercial Plan and the EGWP, please explain.

Unlimited.

9.5.20 Describe your initial internal and external appeals and grievances processes and guidelines for the Commercial Plan.

Single, Radio group.

- 1: Confirmed: [Unlimited] ,
- 2: Not confirmed: [Unlimited]

9.5.21 Confirm you will handle all initial internal and external appeals in accordance with ACA and CMS requirements and guidelines for Commercial and EGWP plans. Describe how you will comply with this requirement.

Single, Radio group.

- 1: Confirmed: [Unlimited] ,
- 2: Not confirmed: [Unlimited]

9.5.22 Confirm you will handle any and all grievances in accordance with CMS requirements and guidelines for the EGWP Plan. Describe how you will comply with this requirement.

Single, Radio group.

- 1: Confirmed: [Unlimited] ,
- 2: Not confirmed: [Unlimited]

9.5.23 Confirm that you will mail ID cards, via surface mail, to all covered Members within ten (10) business days following the enrollment period for the EGWP plan. Confirm that you will mail ID cards to newly enrolled EGWP Members within ten (10) business days of enrollment. Confirm that you will re-issue the member ID card within five (5) business days of notification that a member has lost a card, or for any reason that results in a change to the information disclosed on the member ID card such as a name change.

Single, Radio group.

- 1: Confirmed: [Unlimited] ,
- 2: Not confirmed: [Unlimited]

9.5.24 Confirm that you will issue new member ID cards to all covered members for the EGWP as required by PEEHIP, including when a member has a name change or the contract number on the ID card is changed for reasons such as a HIPAA breach, at your expense.

Single, Radio group.

- 1: Confirmed: [Unlimited] ,
- 2: Not confirmed: [Unlimited]

9.5.25 Confirm your ability to provide an EGWP member ID card that, at a minimum, includes the following information:

ID Card Information	EGWP
The subscriber member's name;	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
PEEHIP-assigned Contract Number;	<i>Single, Pull-down list.</i> 1: Confirmed,

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	2: Not confirmed
Bidder's toll-free eligibility and applicable co-payments and deductibles for services;	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
The effective date of coverage.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
List any elements not currently included.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed

9.5.26 Do you use an outside vendor to print the EGWP ID cards? If yes, what security measures do you have in place to prevent a breach?

500 words.

9.5.27 If your organization has experienced a security breach, describe the breach and how your organization achieved resolution.

Unlimited.

9.5.28 Do you issue hard-copy network directories?

Single, Radio group.

1: Yes,

2: No

9.5.29 Indicate whether your Member Website provides the following:

Member Website Capabilities	Commercial Plan – Actives and Early Retirees	EGWP
Pharmacy directory and search capability	<i>Yes/No.</i>	<i>Yes/No.</i>
Directions to pharmacy provided by Map Quest or other mapping/direction applications	<i>Yes/No.</i>	<i>Yes/No.</i>
Ability to review enrollment status/changes	<i>Yes/No.</i>	<i>Yes/No.</i>
Ability to review a history of prescriptions, including copayments	<i>Yes/No.</i>	<i>Yes/No.</i>
Ability to see a summary of PEEHIP's plan design	<i>Yes/No.</i>	<i>Yes/No.</i>
Ability to print ID cards and request replacement cards	<i>Yes/No.</i>	<i>Yes/No.</i>

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Ability to contact member services online	Yes/No.	Yes/No.
Information about diseases and conditions	Yes/No.	Yes/No.
Contact information for PEEHIP, its other vendors, and links to their websites	Yes/No.	Yes/No.
On-line access to forms	Yes/No.	Yes/No.
Up to date PEEHIP-specific formularies with tier rankings	Yes/No.	Yes/No.

9.5.30 Confirm that you will include PEEHIP's logo throughout your portal and that online tools can be customized, as requested by PEEHIP.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

9.5.31 Describe all internet and mobile application tools available to members. How often is the Internet directory updated? If your response differs between the Commercial Plan and the EGWP, please explain.

Unlimited.

9.5.32 Do you provide a drug cost look-up tool on your member website that provides both the plan copay and full drug cost? If your response differs between the Commercial Plan and the EGWP, please explain.

Unlimited.

9.5.33 Does your drug look-up tool on your member website capture retailer's U&C price? If not, would you be willing to develop this capability or provide a link to this information? If your response differs between the Commercial Plan and the EGWP, please explain. Does your drug look-up tool on your member website show copay cost and plan cost for alternative drugs to any given drug that is searched?

Unlimited.

9.5.34 How many toll free numbers are available to PEEHIP and its members to handle claims or other member service issues?

Unlimited.

9.5.35 Will separate toll free numbers be required for the retail and specialty programs?

Single, Radio group.

- 1: Yes,
- 2: No

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9.5.36 Confirm that you will provide all correspondence to members required by CMS regarding enrollment, terminations and compliance issues.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

9.5.37 Describe your organization's member satisfaction surveys and provide the most recent results.

500 words.

9.6 ACCOUNT MANAGEMENT/CLIENT SERVICES

9.6.1 Please provide contact information for the Account Executive that will be assigned to this engagement.

	Commercial Plan – Actives and Early Retirees	EGWP
Company Name	<i>100 words.</i>	<i>100 words.</i>
Contact Name	<i>100 words.</i>	<i>100 words.</i>
Contact Title	<i>100 words.</i>	<i>100 words.</i>
Address	<i>100 words.</i>	<i>100 words.</i>
Office Number	<i>50 words.</i>	<i>50 words.</i>
Mobile Number	<i>50 words.</i>	<i>50 words.</i>
e-Mail Address	<i>100 words.</i>	<i>100 words.</i>

9.6.2 Identify the key account management and clinical services team you propose to work on both the Commercial Plan and the EGWP and provide an organization chart, including names and titles, of management and key personnel that will be responsible for account management. Please provide separate organization charts if the teams for the Commercial Plan and the EGWP are different. Some positions may be dedicated and others may be designated. Please describe your definitions for “Dedicated” and “Designated” and indicate which positions are Dedicated vs. Designated.

1000 words.

9.6.3 Provide a resume for each member of the Commercial Plan and EGWP account management and clinical services team(s) listed in the organization chart, detailing their experience with administering the Commercial

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and EGWP Plans, years of PBM experience, description of their role, and the percentage of time each team member will dedicate to this account.

500 words.

9.6.4 indicate whether PEEHIP will be allowed to meet with proposed new account team members in advance and approve of any such account team changes for the following three positions of the Commercial Plan and EGWP team(s) - (1)account executive, (2)day-to-day account manager, and (3)clinical account manager.

Unlimited.

9.6.5 Please describe your firm's turn-over rate, as it pertains to Implementation, Account Management, and Member Services staff.

Unlimited.

9.6.6 Confirm that the primary contact will be dedicated 100% to PEEHIP's account and, whether this would entail additional cost/fees.

Unlimited.

9.6.7 Will PEEHIP's administrative staff have on-line access to:

	Commercial Plan – Actives and Early Retirees	EGWP
View enrollment information?	<i>100 words.</i>	<i>100 words.</i>
Update enrollment information?	<i>100 words.</i>	<i>100 words.</i>
View claim information?	<i>100 words.</i>	<i>100 words.</i>

9.6.8 Confirm PEEHIP will have the authority to override the Bidder regarding decisions on individual medication choices of members (excluding EGWP).

Single, Radio group.

1: Confirmed: [Unlimited],

2: Not confirmed: [Unlimited]

9.6.9 Confirm that you will provide an account executive and a backup account staff member that will handle ALL service matters related to the operation of the program for the Commercial Plan and the EGWP. Confirm that you will provide a dedicated Account Manager.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

9.6.10 Confirm that PEEHIP's account executive or back up account staff member will respond to all PEEHIP inquiries within one business day for the Commercial Plan and the EGWP.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

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9.6.11 Describe your firm's process to escalate problems or concerns through the corporate structure to facilitate resolution of issues.

500 words.

9.6.12 Discuss how your firm will track this requirement and report your findings to PEEHIP.

Unlimited.

9.6.13 Confirm that you will provide separate annual score cards to PEEHIP for the Commercial Plan and the EGWP, so that PEEHIP can assess Bidder's performance. Please upload a sample of your annual score card.

Single, Radio group.

1: Confirmed, uploaded to Proposal Tech [Unlimited] ,

2: Not confirmed [Unlimited]

9.6.14 Confirm that your team will attend onsite Quarterly meetings with PEEHIP to present current plan and service performance, address any recent issues/challenges encountered, suggest potential savings opportunities, and discuss other pertinent topics to be identified prior to each meeting. At a minimum, PEEHIP requests that an account team member and the clinical pharmacist closely involved in the daily operations of the PEEHIP account and an executive-level team member with oversight responsibility attend all quarterly meetings. The mid-year and year-end meetings are expected to provide more robust, detailed plan metrics, observations, and consultative discussion.

Single, Radio group.

1: Confirmed [Unlimited] ,

2: Not confirmed [Unlimited]

9.6.15 Confirm that your team will attend PEEHIP's Board meetings at your expense.

Single, Radio group.

1: Confirmed,;

2: Not confirmed [Unlimited] .

9.6.16 Do your services include legislative updates to plan sponsors?

Single, Pull-down list.

1: Yes – included in Standard Fees,

2: Yes – for Additional Charge,

3: No

9.6.17 Confirm that your Account Team will provide regular information concerning industry developments or new services and will provide articles and other communications at a frequency determined by PEEHIP for inclusion in newsletters and websites.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

9.7 BENEFIT ADMINISTRATION

9.7.1 For the Commercial Plan, Bidder must be willing to administer PEEHIP's custom formulary/PDL (provided in the Reference Documents section of the RFP) with no changes, and agrees that all pricing and guarantees must be based on PEEHIP's formulary.

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Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.7.2 With respect to the EGWP, PEEHIP requires that the vendors who submit a bid must agree to submit PEEHIP's custom EGWP formulary on PEEHIP's behalf during the CMS required timeframe, and agrees that all pricing and guarantees for the EGWP must be based on PEEHIP's formulary. This not only includes drug coverage, but also includes formulary placement and mirroring the Commercial Plan Clinical rules and utilization programs as closely as possible consistent with CMS regulations. Vendors agree to work with Segal to ensure the formulary is CMS compliant and meets PEEHIP's needs. Additionally, Vendor agrees to customize the enhanced benefit to allow for coverage of Non Part D and Non Formulary drugs as well as any other special programs PEEHIP wishes to implement. Please confirm your agreement.

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.7.3 No new drug therapies are to be covered until approved by PEEHIP. PEEHIP does not allow coverage of new drugs for the first 180 days. If a new drug is added to the formulary, it is not to be automatically assumed PEEHIP will provide coverage of that particular drug. It must be approved by PEEHIP.

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.7.4 With respect to the Commercial Plan AND EGWP, Bidder agrees to administer a Retail-90 program in accordance with PEEHIP's requirements. Under this program Eligible Members will be permitted to obtain a ninety (90) day supply of certain maintenance medications at select retail Participating Pharmacies that have signed up for this program, and the first fill for new medications through this program is for a 30 days supply. If an Eligible Member requests a ninety (90) day supply of a Covered Benefit from a Pharmacy that is not a Participating Pharmacy, the Claim will reject. PEEHIP's maintenance drug list shall be used for the Retail-90 Rx program. Changes to the maintenance drug list shall not incur an additional charge. Only PEEHIP has the authority to make changes to the maintenance drug list.

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.7.5 Bidder will not modify any operational or clinical program or process during the term of this contract without the prior notification and approval of PEEHIP. Single, Radio group. 1: Yes, 2: No. Explanation: [Unlimited]

Unlimited.

9.7.6 For the Commercial Plan, Bidder agrees to maintain a system that will accept/store the appropriate eligibility information regarding coordination of benefits, electronically adjudicate claims as primary or secondary and report same to PEEHIP on a monthly basis.

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.7.7 For the Commercial Plan, Vendor agrees to store additional group information that is transmitted on the 834 file so that claims are processed correctly as primary or secondary (an 834 Reporting Mapping is included as an attachment for review).

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Single, Radio group.

- 1: Yes,
- 2: No. Explanation: [Unlimited]

9.7.8 Confirm you will allow PEEHIP to remove and/or add prior authorizations, quantity limits or step therapies on an individual drug level.

Single, Radio group.

- 1: Yes,
- 2: No. Explanation: [Unlimited]

9.7.9 Confirm that you will provide PEEHIP’s medical, FSA, and wellness vendors with monthly claims files for the purposes of patient care and utilization management and also to coordinate member out-of-pocket costs tracking and administration.(

Single, Radio group.

- 1: Yes,
- 2: No, please explain: [500 words]

9.7.10 Confirm that claims must be received by the PBM within 365 days of the incurred date to be eligible for payment.

	Commercial Plan – Actives and Early Retirees Target	Commercial Plan – Actives and Early Retirees Average Statistics	Comments
Confirm that claims must be received by the administrator within 365 days of the incurred date to be eligible for payment.	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed, explain in comments	<i>Single, Radio group.</i> 1: Confirmed, 2: Not confirmed, explain in comments	<i>Unlimited.</i> Nothing required

9.7.11 Describe your process for handling exceptions (i.e., claims received after claims filing deadline).

	Commercial Plan – Actives and Early Retirees Target	EGWP
Process for handling exceptions (i.e., claims received after claims filing deadline).	<i>Unlimited.</i>	<i>Unlimited.</i>

9.8 REPORTING TO PEEHIP

9.8.1 Describe your standard web portal and member services utilization reports (i.e., number of hits and calls and the nature of the members' inquiries) and provide examples.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

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9.8.2 Vendor will be expected to provide robust reporting to PEEHIP monthly for both the Commercial and EGWP, at no charge to PEEHIP. Please provide samples of the Standard Reports for both the Commercial Plan AND EGWP that are INCLUDED in your quote. These samples should be uploaded in the Response Documents section of the RFP with your response. Please confirm that you have provided the requested documents.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

9.8.3 Vendor must collect and report statistics and/or summaries on a monthly, quarterly and annual basis as specified by PEEHIP. The reports may be standardized reports provided by the Vendor. If the reports do not adequately meet PEEHIP requirements, the Vendor must customize the reports to PEEHIP's specifications as part of the base administrative fees with no additional cost to PEEHIP. PEEHIP's requirements may change from time- to-time during the life of the contract.

Single, Radio group.

- 1: Yes,
- 2: No. Explanation: [Unlimited]

9.8.4 Vendor shall maintain records in such a manner that allow reporting of claims submitted by providers. No less than monthly, Vendor must provide PEEHIP with a series of management reports, no later than 10 business days following the last calendar day of each month. These reports will, at a minimum, provide a summary of activity and results from the previous month, year including at least the following:

- Demographic overview of utilization and dollars spent;
- Claim performance summary broken down by integrated, non-integrated and by network for each benefit plan tier;
- Claims summary broken down cost change over time (trends);
- Claims summary illustrating cost by member by plan;
- Utilization by maintenance medications, generic dispensing and formulary compliance;
- Utilization of top therapy classes, top drugs by cost and top drugs by claim volume;
- Specialty drugs by class, trends, cost, utilization and disease;
- Clinical programs for utilization management;
- Industry highlights, Vendor capability updates and plan administration recommendations.
- New drug reports – bi-weekly basis
- High Dollar reports – monthly basis
- Hemophilia reports – quarterly basis
- Prior Authorization approval rates reports – monthly
- Drug Price Inflation reports - monthly

Single, Radio group.

- 1: Yes,
- 2: No. Explanation: [Unlimited]

9.8.5 All routine reports identified shall be broken down as follows; future reporting break outs may also be requested by any other parameter for analysis.

- Employee
- Retiree<65
- Retiree > 65
- Dependent of Employed Account
- Dependent < 65 on Retired Account
- Dependent > 65 on Retired Account
- COBRA

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Single, Radio group.

- 1: Yes,
- 2: No. Explanation: [Unlimited]

9.8.6 Vendor must offer comprehensive onsite or web-based training for the online reporting tool as part of the base administrative fees with no additional cost to PEEHIP.

Single, Radio group.

- 1: Yes,
- 2: No. Explanation: [Unlimited]

9.8.7 Vendor must allow unlimited access to its point-of-sale system for all staff as designated by PEEHIP to view adjudication of claims, including real-time viewing of prior authorization status and documentation used in approval/denial of the PA, real-time viewing of submitted claims (denied and adjudicated) and various reference screens. The materials must be viewable and printable from the site by PEEHIP.

Single, Radio group.

- 1: Yes,
- 2: No. Explanation: [Unlimited]

9.8.8 Vendor must provide unlimited user IDs to access the web-enabled online reporting tools as part of the base administrative fees with no additional charge to PEEHIP.

Single, Radio group.

- 1: Yes,
- 2: No. Explanation: [Unlimited]

9.8.9 Confirm that your organization will provide claim line detail for ALL claims. PEEHIP intends to maintain this data as part of their internal data warehouse as it does the rest of their covered population.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed [Unlimited]

9.8.10 Confirm that your organization will provide this data in a mutually agreed upon format by the 3rd working day of the month following the reporting month.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed [Unlimited]

9.8.11 Confirm that claims line detail for ALL claims will include member level detail using SSNs, PEEHIP-assigned Individual PIDs, PEEHIP-assigned Subscriber PIDs, and PEEHIP-assigned Contract Numbers.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed [Unlimited]

9.8.12 Confirm that you will provide a rebate reconciliation report (actual to guarantee) quarterly within 45 days of the quarter end and annually within 90 days after the end of each contract year?

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed [Unlimited]

9.8.13 Please complete the following table:

	Commercial Plan – Actives and Early	EGWP	Comments
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	Retirees		
Confirm that PEEHIP will be provided sufficient information regarding the previous year’s renewals to audit them for accuracy and compare them to actual experience.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, please explain in comments	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, please explain in comments	<i>Unlimited.</i> Nothing required

9.9 ELIGIBILITY

9.9.1 Confirm you will utilize PEEHIP's Trading Partner Agreement related to the 834 file format to update the eligibility records on a daily basis. PEEHIP will provide the Trading Partner Agreement to the Bidder.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, please explain: [500 words]

9.9.2 PEEHIP will handle all enrollments and cancellations, and transmit that data in an 834 file, daily, to the Bidder for processing. Confirm that you will electronically accept and process on a daily basis the ASC X12 Benefit Enrollment and 834 Maintenance (834) transaction provided file format sent to you by PEEHIP daily.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, please explain: [500 words]

9.9.3 Confirm that you will update eligibility data daily within 24 hours from receipt of data for both the Commercial Plan and the EGWP.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, please explain: [500 words]

9.9.4 Confirm that you will stop an eligibility upload in the event that established error thresholds are exceeded both the Commercial Plan and the EGWP.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, please explain: [500 words]

9.9.5 Describe how you propose to notify PEEHIP in the event an eligibility upload is aborted for both the Commercial Plan and the EGWP.

500 words.

9.9.6 If a conflict is found, confirm that the conflict information will be reported back to PEEHIP within one business day so PEEHIP can correct and retransmit their records.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, please explain: [500 words]

9.9.7 Will the previous file(s) be reinstated for both the Commercial Plan and the EGWP?

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500 words.

9.9.8 Confirm that you will provide direct same day confirmation that the eligibility file was received, properly loaded, processed, and that this confirmation will include the date of receipt, both the Commercial Plan and the EGWP.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

9.9.9 Describe the procedures to ensure files are received and processed daily for both the Commercial Plan and the EGWP. What safeguards are in place to detect missing files?

Unlimited.

9.9.10 Are options available to PEEHIP to make changes to eligibility in between regularly-scheduled data file submissions? For example are you able to accept multiple files in one day. If yes, please describe.

Single, Radio group.

1: Yes [500 words] ,

2: No

9.9.11 Confirm that, for both the Commercial Plan and the EGWP, your organization will store member level detail using SSNs, PEEHIP-assigned Individual PIDs, PEEHIP-assigned Subscriber PIDs, and PEEHIP-assigned Contract Numbers and will include it on any member-level reporting back to PEEHIP.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

9.9.12 Confirm that your organization will generate a reconciliation eligibility file monthly or on demand for both the Commercial Plan and the EGWP and that this file will contain, at a minimum, the member's SSNs, PEEHIP-assigned Individual PIDs, PEEHIP-assigned Subscriber PIDs, and Bidder-assigned Contract Numbers, demographics, enrollment date, and termination date.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

9.9.13 Confirm that you will be responsible for certifying participant eligibility for both the Commercial Plan and the EGWP through your on-line system.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

9.9.14 Does your system allow for direct and remote access manual data entry and correction of eligibility data by authorized PEEHIP staff?

Single, Radio group.

1: Yes,

2: No

9.9.15 Describe the process for manual entry and safeguards in place (i.e., authorization to make manual entries, audit tracking of who made changes, etc.)

Unlimited.

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9.9.16 Describe what, if any, situations occur in which your system cannot function electronically. Describe how manual overrides are handled in each of those situations.

Unlimited.

9.9.17 Bidder will provide data feeds that will include patient identifier for the purpose of shared account balances (e.g., deductible, out-of-pocket expenses) as well as disease management or health management vendors as requested by PEEHIP. Such material will be provided in a HIPAA-compliant format directly to the designated vendor(s) contracted PEEHIP within the required time intervals, but no later than the 15th of each month for the prior month's claims experience. PEEHIP will not incur file transfer charges should the PEEHIP wish to move PBM services to another vendor according to the provisions set forth in this RFP.

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.9.18 With respect to the EGWP, Vendor shall provide PEEHIP data files that detail, at a minimum, the monthly direct subsidy payments, and member eligibility. Provide PEEHIP with a detail of the standard data files you typically provide for EGWP.

Single, Radio group.

1: Attached,

2: Not Attached. Explanation: [Unlimited]

9.9.19 Vendor will share, on a timely basis, information gained in the claims adjudication process as requested by PEEHIP and if directed by PEEHIP, with any other third party claims administrator employed by PEEHIP at no charge.

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.9.20 Vendor will be responsible for sending claims to Medical PPO Administrator on a daily basis in the format provided by PEEHIP, and agrees there will be no additional fees to establish the interface and/or any other IT services in the initial set-up or to accept changes to the file layout during the term(s) identified as part of the award.

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.9.21 Vendor will be responsible for sending data to the current FSA Administrator on a daily basis at no charge, and agrees there will be no additional fees to establish the interface and/or any other IT services in the initial set-up or to accept changes to the file layout during the term(s) identified as part of the award.

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.9.22 Vendor must provide necessary data files to respond to government requests or respond to class action lawsuits free of charge for the length of the contract. Such services must be provided at standard programmer bill rates after the contract has terminated.

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

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9.9.23 Vendor must provide all necessary administration changes and/or claims reporting required by any Federal or State legislation (current or future) to receive monies or comply with legislation at the request of PEEHIP and at no additional cost to PEEHIP.

Single, Radio group.

- 1: Yes,
- 2: No. Explanation: [Unlimited]

9.9.24 Vendor must process paper claims for the life of the contract and for a period of 12 months after the contract term date, unless otherwise mutually agreed to between the Vendor and PEEHIP.

Single, Radio group.

- 1: Yes,
- 2: No. Explanation: [Unlimited]

9.9.25 Vendor must agree to input sufficient information for each claim and provide the following data elements on a service-specific level. The following electronic files/media must be provided to PEEHIP at the end of each month.

	Response
Eligibility Pharmacy Electronic File/Media Layout (should be a historical file with one record for each eligibility period of each covered member)	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed
Pharmacy Claims Electronic File/Media Layout (should contain one record for each line item of the claim submitted)	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not Confirmed

9.9.26 Please confirm you can fully comply with the data requirements listed above.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not Confirmed

9.9.27 Confirm that there will be no minimum participation requirements both the Commercial Plan and the EGWP.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, please explain: [500 words]

9.10 CLINICAL MANAGEMENT PROGRAMS

9.10.1 For each program, confirm that you can and will administer PEEHIP’s clinical and other programs as described in the Member Handbook and as specified by PEEHIP management.

Also, please explain how you administer these programs. If your program differs, please fully describe the differences here (not on the Exception appendices) and state why you believe your program is superior. If these programs differ for the Commercial and EGWP plans, please describe. Please specify if any additional fees apply in your response below and in your response to the Price Proposal Worksheet.

The clinical and other programs include:

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- Prior authorization (PA). PEEHIP requires stringent prior authorization criteria that is clinically appropriate and based on the manufacturer's full prescribing information. PA requests are required to be submitted in writing and not via the telephone. Chart documentation is required. The following benchmark guidelines should be considered in the development of the PA criteria:
 - **Age** – Is the drug only FDA approved for certain age groups? (i.e., only adults, over 12, under 65, etc.)
 - **Physician specialty** – Should the use of this drug be reserved for certain physician specialists? (i.e., Hep C drugs should only be prescribed by specialists)
 - **Diagnosis** – only include FDA approved indications for acceptable diagnoses for use in the criteria.
 - **Measurable markers** – Are specific labs, genetic tests, tests in general used in the diagnosis of the specific condition the drug is treating? If so, those values with documentation should be required as part of the criteria. (i.e., hematocrit for anemia, right heart catheterization for PAH, etc.)
 - **Previous therapies** – Are there any drugs that should be taken first-line or before the use of the requested drug is considered appropriate? (i.e., methotrexate before a biologic for RA) Documentation should be required.
 - **Concomitant therapies** – Are there any drugs that should be taken in combination with the drug being requested? (i.e., methotrexate with Remicade)
 - **Duration of therapy** – when specific treatment durations or thresholds are outlined in the treatment guidelines or package labeling, they should be incorporated. (i.e., Hep C drugs indicated for 12 weeks)
- 1. Who are the representatives on your P&T Committee? What are their affiliations? Do these members accept grant money from drug manufacturers?
- 2. Step therapy. PEEHIP requires preferring the lowest net cost drugs such as generics over higher cost brand drugs.
- 3. Quantity limits. PEEHIP requires FDA recommended quantity limits.
- 4. Benefit maximums for certain categories

Affordable Care Act (ACA) Compliance

- 5. Maximum Out of Pocket Amounts

Exclusions

- 6. Erectile dysfunction drugs
- 7. Weight management drugs, drugs used for cosmetic purposes, over-the-counter drugs (OTC), medical foods, drugs administered by dentists, hospital administered drugs, physician administered drugs where the cost to PEEHIP is lower under the medical benefit, compounds containing bulk chemical powder drugs, and various drugs PEEHIP as identified for exclusion where the efficacy does not warrant the high cost and which there are cheaper therapeutic alternatives
- 8. Others as allowed under ACA

Unlimited.

9.10.2 Confirm that Bidder will administer/enforce these programs based on PEEHIP's protocols.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

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9.10.3 As Plan Sponsor, PEEHIP requires the flexibility to administer their plan to both mitigate excess cost and the benefit their membership. Confirm your willingness/ability to work with PEEHIP to strongly enforce PEEHIP's PA protocols on all drugs that require PA.

Unlimited.

9.10.4 Describe your drug utilization review (DUR) process and indicate which point-of-sale edits can be overwritten and which are "hard" rejects.

Unlimited.

9.10.5 Provide a sample DUR report you produce and make available to clients.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

9.10.6 Confirm that you will abide by PEEHIP's refill guidelines, described in the Member Handbook.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed, explain: [Unlimited]

9.10.7 Describe your policies for lost medication, vacation supplies, and overseas supplies for prescription early refills and confirm that you can administer PEEHIP's current refill too soon policies

Unlimited.

9.10.8 What was your overall average DUR savings as a percentage of plan cost in 2015?

Percent.

9.10.9 Briefly summarize the DUR edits that detect fraud and/or abuse.

Unlimited.

9.10.10 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, and include in the Price Proposal Worksheet. Also provide a complete description and samples of any documents used.

Unlimited.

9.10.11 Do you require a DEA or other identifier to be indicated to fill a controlled substance drug? If so, how is the requirement enforced?

Single, Radio group.

- 1: Yes, explain: [Unlimited] ,
- 2: No

9.10.12 Provide a listing of all non-specialty therapeutic categories for which your organization currently maintains and recommends prior authorization. Please provide in Excel.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

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9.10.13 Provide a listing of all specialty therapeutic categories for which your organization currently maintains and recommends prior authorization. Please provide in Excel.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

9.10.14 Provide a listing of all therapeutic categories (non-specialty and specialty) for which your organization currently maintains and recommends step therapy. Please include both the preferred and targeted drugs within each category and provide in Excel.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

9.10.15 Provide a listing of all drugs for which your organization currently maintains and recommends quantity level and quantity per copay limits and a listing of all drugs preferred by your organization. Please include the limit amount for each drug and provide in Excel.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

9.10.16 Provide a sample client management report that details clinical rule activity and savings.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

9.10.17 Describe concisely the prior authorization and step therapy process including all steps required by the participant and also indicate if any part of the process is performed by a sub-contractor or third party.

Unlimited.

9.10.18 Describe concisely how prior authorization and step therapy criteria are established and the sources relied upon to determine such criteria, and distinguish any differences between commercial plan and EGWP.

Unlimited.

9.10.19 Does your pharmacy and therapeutics committee approve all prior authorization and step therapy rules? Do you require chart notes documentation of diagnosis, applicable lab tests, and adequate trial/failure of first line therapies? Who are the representatives on your organization's P&T Committee? What are their affiliations? Do these members accept grant money from drug manufacturers?

Unlimited.

9.10.20 Do you maintain variable criteria for prior authorization and step therapy? In other words, can rules be set-up to achieve more or less aggressive results?

Unlimited.

9.10.21 What are the results of these programs? Do you track savings and the return on investment of these programs? For your book-of-business, what is the PA approval rate, average amount paid per prescription, and the ROI by therapeutic class for 2015 and by specialty and non-specialty drugs? What percentage of the drugs on your specialty drug list require prior authorization?

Percent.

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9.10.22 For your book-of-business, what is the % savings and ROI in 2015 for step therapy?

Unlimited.

9.10.23 For question number 21 and 22 above, please concisely explain the methodology used to determine savings including the period of time used to project savings.

Unlimited.

9.10.24 Do you support current clients with customized prior authorization and/or step therapy rules? If so, briefly describe the process and circumstances for such support.

Unlimited.

9.10.25 Indicate your willingness to provide proactive and expert support to maintain custom clinical rules (prior authorization, step therapy, and quantity limits) to PEEHIP and briefly describe such support.

Unlimited.

9.10.26 Describe your willingness to establish custom clinical management rules that are more stringent than used for other plan sponsors.

Unlimited.

9.10.27 How do manufacturer rebate agreements impact the establishment of prior authorization and step therapy rules?

Unlimited.

9.10.28 For drugs used to treat Hepatitis-C does your prior authorization rule take into account metavir scores? Please explain.

Unlimited.

9.10.29 Do your current manufacturer rebate agreements prohibit severity of illness criteria based on metavir score for Hepatitis-C drug prior authorization rules?

Single, Radio group.

1: Yes,

2: No

9.10.30 Indicate your willingness to implement a prior authorization rule based on severity of illness for Hepatitis-C drugs.

Unlimited.

9.10.31 Do you administer generic-only step therapy rules for proton-pump inhibitors, statin cholesterol reducers, anti-depressants, and anti-hypertensive drugs. Please answer for each category separately.

Unlimited.

9.10.32 Please concisely describe any "smart PA" rule capabilities you utilize e.g. claim look-back to expedite the prior authorization or step therapy process and to reduce member disruption.

Unlimited.

9.10.33 Provide your detailed prior authorization and step therapy rule criteria for the following categories:

- HMG Cholesterol
- PPI Gerd/Ulcer

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- SSRI and SNRI anti-depressants
- PCSK9 Cholesterol
- Rheumatoid Arthritis
- Multiple Sclerosis
- Hepatitis-C

Unlimited.

9.10.34 Please concisely describe any circumstances in which a pharmacist may override a prior authorization or step therapy rule.

Unlimited.

9.10.35 Describe any processes you utilize in order to simplify the prior authorization process for provider approval.

Unlimited.

9.10.36 Are you able to send multiple prior authorization requests for different drugs and different patients in a single communication? Please describe.

Unlimited.

9.10.37 How are your clients kept informed of changes to clinical management rules?

Unlimited.

9.10.38 What is the communication process to participants and providers in the case of a claim denial for prior authorization?

Unlimited.

9.10.39 Are there any elements of your clinical management programs that differentiate your organization from competitors? Please briefly describe.

Unlimited.

9.10.40 Describe your PA, step therapy and quantity level limit program capabilities. Please attach a list of drug categories for which such programs can be applied.

Unlimited.

9.10.41 Does your PA rule for drugs used to treat Hepatitis-C (Harvoni) take into account severity of illness? Please provide a copy of the complete criteria.

Single, Radio group.

1: Yes, copy attached,

2: No

9.10.42 Describe your EGWP prior authorization rules for the PCSK-9 category of cholesterol reducing drugs, including specific criteria for approval. PEEHIP has excluded PCSK-9 drugs under the commercial plan.

Unlimited.

9.10.43 Are there any clinical utilization management features, capabilities or processes that differentiate your organization from competitors, and if so, please provide a succinct description.

Unlimited.

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9.10.44 Provide a sample of your client clinical management performance report.

Unlimited.

9.10.45 Do you monitor individual physician prescribing patterns? If so, what action is taken with physicians who have a high degree of non-compliance, to improve their compliance?

Single, Radio group.

1: Yes, explain: [Unlimited] ,

2: No

9.10.46 Provide a copy of any physician score card or other reporting that is provided to clients.

Single, Pull-down list.

1: Attached,

2: Not provided

9.11 PRESCRIPTION REIMBURSEMENT ISSUES

9.11.1 What is your proposed source for AWP data?

Unlimited.

9.11.2 How often are AWP prices updated in your adjudication system?

Unlimited.

9.11.3 What percent of your network pharmacy contracts include the “lesser of retail price, MAC price, or discounted price” provision?

Percent.

9.11.4 How do you guarantee that PEEHIP always receives this lowest price? What procedures are established to ensure that the pharmacy is in compliance with this provision?

Unlimited.

9.11.5 Confirm that members pay the lowest of the discounted AWP price, U&C, and copay at retail pharmacies

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

9.11.6 Confirm that PEEHIP will pay the lowest of the discounted AWP price, U&C, and MAC price.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

9.11.7 Confirm that you will guarantee on a dollar-for-dollar basis that the average, realized AWP discounts for brand and generic drugs and quoted dispensing fees will be no less than those quoted at Retail for the life of the contract.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

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9.11.8 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.

Unlimited.

9.11.9 Explain in detail how network pharmacies' U&C prices are captured and reported.

Unlimited.

9.11.10 Do you maintain multiple contracts with individual pharmacies at varying reimbursement rates? If yes, explain.

Single, Radio group.

1: Yes, explain: [Unlimited] ,

2: No

9.11.11 What percentage of generic drugs are on your MAC list (measured as percent of all generic GCNs)?

Percent.

9.11.12 How many MAC lists does your organization maintain? If more than one, please explain how multiple lists are used.

Unlimited.

9.11.13 Confirm that retailers provide the lower of the discounted plan cost plus dispensing fee, member cost, U&C, or retail price for plan adjudication?

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

9.11.14 Define your electronic process for determining a product's brand or generic status for retail claims using First DataBank and/or Medi-Span definitions. Specify your pricing source used.

Unlimited.

9.11.15 Confirm that you agree that single-source generics will be counted as generics for the purposes of the generic discount guarantee calculation?

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

9.11.16 How often are your retail network provider contracts renegotiated?

Unlimited.

9.11.17 Is it possible for a retail pharmacy to submit NDC numbers for adjudication that contain AWP prices designed to maximize their discounted ingredient costs? If not, please indicate why.

Single, Radio group.

1: Yes,

2: No, explain: [Unlimited]

9.11.18 How do you ensure that submitted NDCs at retail are indicative of pharmacy drug purchasing patterns?

Unlimited.

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9.11.19 Does your organization share in any financial remuneration that retail pharmacies receive from drug manufacturers or other sources?

Single, Radio group.

1: Yes,

2: No

9.11.20 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.

Unlimited.

9.11.21 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.

Unlimited.

9.12 340B Program

9.12.1 Describe how your organization adjudicates and prices 340B prescription drug claims.

Unlimited.

9.12.2 Describe how the cost and associated discount and/or fees of medications under 340B is disclosed to PEEHIP.

Unlimited.

9.12.3 How do you ensure that prescriptions obtained under 340B are not billed to PEEHIP at a greater cost?

Unlimited.

9.12.4 Describe your organization's capabilities to leverage the 340B Program in order to reduce prescription costs for PEEHIP and include any plan sponsor requirements as well as strategies to maximize savings.

Unlimited.

9.12.5 Does your organization currently administer 340B claims on behalf of Covered Entities or Providers? If so, please describe.

Unlimited.

9.12.6 Confirm that your organization will disclose the 340B contract it holds with any Covered Entities and Covered Providers.

Unlimited.

9.13 SPECIALTY PHARMACY PROGRAM

9.13.1 Provide your organization's definition and qualification criteria of a specialty drug.

Unlimited.

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9.13.2 Confirm your understanding that Alabama prohibits exclusive specialty pharmacy arrangements by any-willing-provider statute.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

9.13.3 PEEHIP expects each participating specialty pharmacy to strictly meet financial, service, and quality standards determined and maintained by the PBM. Please describe such standards and how your organization will ensure that only qualified providers are included.

Unlimited.

9.13.4 Please describe any existing specialty pharmacy networks your organization currently maintains.

Unlimited.

9.13.5 Describe how your organization notifies clients of the pricing terms for new specialty drugs including how far in advance such notice is provided.

Unlimited.

9.13.6 Confirm that you are able to administer PEEHIP's current customized Specialty formulary. PEEHIP's current formulary is provided in Appendix E.

Unlimited.

9.13.7 Are your proposed guarantees for your retail program contingent upon PEEHIP's purchase of your specialty drug program?

Single, Radio group.

1: Yes,

2: No

9.13.8 Does your firm utilize courier services for specialty product delivery? If so, detail these services and procedures and detail how courier service vehicles maintain temperature control.

Single, Radio group.

1: Yes, explain: [Unlimited] ,

2: No

9.13.9 Do you currently have a specialty/biotech drug P&T committee? If yes, explain the role, function, and structure and how it differs from your traditional P&T Committee.

Single, Radio group.

1: Yes, explain: [Unlimited] ,

2: No

9.13.10 Confirm that you will administer PEEHIP's current Specialty Pharmacy program's clinical rules for specialty drugs by drug including stringent PA criteria and step therapy. Provide a copy of your PA guidelines. Confirm ability and willingness to develop and manage stringent qualification criteria for a specialty pharmacy network.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

9.13.11 Confirm that all specialty drugs will be limited to no more than thirty (30) days' supply.

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Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [Unlimited]

9.13.12 Do you limit certain specialty drugs to less than thirty (30) days' supply for a patient's initial prescription? If yes, please indicate which drugs and the days' supply limit.

Single, Radio group.

1: Yes, explain: [Unlimited] ,

2: No

9.13.13 Describe your quantity limit rules for specialty drugs and include a list of the quantity limits by drug.

Unlimited.

9.13.14 Describe Bidder's COB procedures through the network of specialty pharmacy providers for non-Medicare eligible members who may have primary coverage through another employer

Unlimited.

9.13.15 Provide the customer and Member Service operation hours of your specialty pharmacy program.

Unlimited.

9.13.16 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.

Unlimited.

9.13.17 Provide a concise description of the member support services your organization provides to members who utilize oncology specialty drugs.

Unlimited.

9.13.18 Does your organization receive medical claim records from clients' medical carriers, and if so, how is this information utilized?

Single, Radio group.

1: Yes, explain: [Unlimited] ,

2: No

9.13.19 Provide a brief recommendation of how you would propose to collaborate with PEEHIP's medical carriers to optimize patient care and utilization of specialty drugs.

Unlimited.

9.13.20 Describe your current capabilities to administer a variable copay plan design to leverage available specialty drug manufacturer patient assistance programs.

Unlimited.

9.13.21 What are the requirements and/or obstacles for PEEHIP in order to establish a variable copay plan design by the initial effective date?

Unlimited.

9.13.22 For the variable copay plan design, do you have the capability to include (or exclude) the portion of cost funded by the manufacturer from a member's out-of-pocket maximum?

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Unlimited.

9.13.23 Does your organization have the capability to accept member out-of-pocket information to utilize during a non-calendar year implementation?

Single, Radio group.

1: Yes,

2: No

9.13.24 PEEHIP requires that specialty drug pricing (discount and dispensing fee) provided through the specialty pharmacy is equal to or better than the best available retail price. Please describe how your organization will meet this requirement and provide validating reporting.

Unlimited.

9.13.25 Describe your network and process for limited distribution drugs and include a listing of such drugs and their distributors.

Unlimited.

9.13.26 What differentiates your company and capabilities from other specialty drug management organizations?

Unlimited.

9.14 FINANCE AND BANKING

9.14.1 Confirm you will provide invoices/billing on a monthly basis.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

9.14.2 Please provide samples of a detailed Commercial invoice and a detailed EGWP invoice.

Single, Radio group.

1: Provided,

2: Not provided, please explain: [500 words]

9.14.3 Currently, PEEHIP can remit payment for an invoice via check or EFT only. Confirm that you are able to accept both payment formats.

Single, Radio group.

1: Confirmed,

2: Not confirmed, please explain: [500 words]

9.14.4 Sales tax will be included at the point of sale, only when required by a state's law and will be charged to the participant and not PEEHIP. Prescription drugs are not subject to sales tax in Alabama.

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.14.5 Confirm that any pharmaceutical provider tax is not passed to either PEEHIP or PEEHIP member.

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Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.14.6 Full plan accounting will be furnished within ninety (90) days of the end of each contract year.

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.14.7 Vendor will request refunds from providers with respect to a claim incurred after the cancel date for up to 2 years from the incurred date. If the claim is adjudicated improperly, there is no time limit for the Vendor to request refunds from the provider.

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.14.8 Vendor agrees to provide PEEHIP with the necessary information so that PEEHIP can review and approve refunds on a monthly basis from Members who have received any prescriptions after cancel date .

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.14.9 Vendor agrees to provide PEEHIP with a copy of the billing for the situations above along with a spreadsheet detail so that records can be **updated in the Great Plains** invoicing system and appropriate members can be placed on claim hold. PEEHIP requires the Administrator to exercise a Claim Hold process. Claims are to be held (not processed) when certain scenarios arise, as specified by PEEHIP in the 834 file. Please confirm you will be able to administer the Claim Hold process in a timely manner, including the hold and release of the claim, as PEEHIP requires.

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

9.14.10 Confirm that you will accept fiduciary responsibility for claim processing?

Single, Radio group.

1: Yes. Additional cost: [500 words] ,

2: No

9.14.11 If so, please confirm that your proposed administrative fee is all-inclusive and there are no additional fees associated with this service.

500 words.

10 COMMERCIAL PLAN

10.1 PLAN DESIGN

PEEHIP is requiring Bidders to replicate the current Commercial plan, in both the benefit design and in the administration of the custom formularies and clinical management programs, for the active members, early

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retirees and their dependents. PEEHIP must be notified of any variations from the current clinical and other programs. If no variations from the current programs are identified within your response, PEEHIP will assume the Commercial pharmacy benefit plan can be duplicated exactly. A summary of current pharmacy benefits is attached in the PEEHIP Member Handbook or a specified in this RFP- Attachment B.

10.1.1 Confirm you will replicate the current plan design and administration for the Commercial Plan. If not, indicate any deviations on the Bid Exceptions and Deviations form housed on the Proposal Tech site. If no variations are noted on this form, it will be assumed that your organization can administer the current plan exactly as it is currently managed.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [Unlimited]

10.1.2 Confirm that your retail network includes pharmacies that provide 90 day supply prescription for maintenance drugs.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [Unlimited]

10.2 NETWORK ACCESS AND MANAGEMENT

10.2.1 Confirm that mail order pharmacies will not be allowed in the PEEHIP network.

Unlimited.

10.2.2 Explain how you identify mail order pharmacies from retail pharmacies.

Unlimited.

10.2.3 Confirm that your Commercial proposal is based on your broadest network.

Unlimited.

10.2.4 Indicate whether you are willing to solicit a more aggressive pharmacy network and describe how the process would work.

Unlimited.

10.2.5 What is the current number of retail pharmacies in your network?

Unlimited.

10.2.6 List any pharmacy chains excluded from your proposed retail pharmacy network.

Unlimited.

10.2.7 Perform and provide a GeoAccess analysis based on your contracted pharmacy network for Commercial plans and using the Census File provided in Attachment 3. Provide this separately for independent pharmacies and chain pharmacies. The access standards in the table below will be utilized in the analysis.

Provider Type	Urban / Suburban Enrollees	Rural Enrollees
Pharmacies	2 in 5 miles	2 in 20 miles

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Single, Pull-down list.

- 1: Attached,
- 2: Not provided

10.2.8 Describe your contracting strategy for independent pharmacies and how discounts differ between independent pharmacies and chain pharmacies.

Unlimited.

10.2.9 What is the number of contracted independent pharmacies in your network in the state of Alabama?

Unlimited.

10.2.10 Describe your organization's approach for credentialing providers and pharmacies to participate in your network (your recruitment strategy).

Unlimited.

10.2.11 Provide your pharmacy turnover percentages for calendar years 2013, 2014 and 2015. Calculate turnover percentages for each category. So that each Proposer calculates the turnover rate in the same manner, follow these instructions:

- a. Provide the number of contracted pharmacies as of the first day of each calendar year quarter for each quarter of 2013, 2014, and 2015. Average the numbers of each year to obtain the average number of pharmacies contracted for the year.
- b. Provide the number of pharmacies, which were under contract at any point during 2013, 2014, and 2015 and were no longer under contract as of the last day (December 31) of that year, i.e., the total number of separations during 2013, 2014, and 2015.
- c. Calculate the turnover rate as the total number of separations for the year divided by the average number of contracted pharmacies for the year

Pharmacy Turnover – 2013	Pharmacy Turnover - 2014	Pharmacy Turnover – 2015
<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

10.2.12 Provide the number of participating retail pharmacies that were terminated from the network in the past 24 months:

⁺ when the termination is initiated by the PBM

⁺⁺ when the termination is initiated by a pharmacy

Termination Rates	# of Pharmacies	% of Pharmacies	Reasons for Terminations
By Your Organization ⁺	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
By Pharmacy ⁺⁺	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

10.2.13 Confirm that PEEHIP will receive a 90-day notice, when possible, of any event or negotiation that may cause a disruption in the retail pharmacy network access.

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Unlimited.

10.2.14 An Excel file named Rx Providers - Attachment 4 - contains a pharmacy utilization file representative of the Rx utilization experience for PEEHIP's Commercial population. For each pharmacy listed, please indicate if the pharmacy is in the network (i.e., a participating provider) for the plan(s) you are proposing. Note for pharmacy providers, separate columns will be used to indicate if the pharmacy is a chain or an independent.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

10.2.15 Which of the following elements are included in your pharmacy selection process?

1. Require unrestricted licensure
2. Review malpractice coverage and history
3. Require full disclosure of current litigation and other disciplinary activity
4. Require signed application/agreement
5. Require current DEA registration
6. On-site review of pharmacy location and appearance
7. Review hours of operation and capacity of network pharmacies to handle the added volume PEEHIP would generate
8. On-site electronic access to patient data

Unlimited.

10.2.16 Provide the percentage of pharmacies in your proposed network that satisfy the above criteria elements.

Percent.

10.2.17 Describe the process in place to ensure that members/PEEHIP are credited for prescriptions filled but not obtained (Return to Stock situations).

Unlimited.

10.2.18 Do your retail network agreements allow pharmacies to utilize manufacturer coupon and other programs to circumvent plan design incentives and disincentives?

Single, Radio group.

- 1: Yes,
- 2: No

10.2.19 If manufacturer coupons and other such programs are allowed, what actions does your organization take to support clients' cost management objectives?

Unlimited.

10.2.20 Bidder must perform on-site audits of at least 3% of the contracted network pharmacies on an annual basis, returning 100% of audit recoveries from PEEHIP's utilization for pharmacies with at least 500 claims processed annually.

Single, Radio group.

- 1: Yes,
- 2: No. Explanation: [Unlimited]

10.2.21 Vendor agrees to pass through 100% of PEEHIP-related audit recoveries identified through Bidder's internal daily and ongoing retail network pharmacy audit compliance procedures.

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Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

10.2.22 Bidder must implement measures to recover overpayments made to pharmacies or members and employ a mechanism to ensure PEEHIP receives credit for these overpayments. Details of threshold recovery levels will be finalized at the time of contract award.

Single, Radio group.

1: Yes,

2: No. Explanation: [Unlimited]

10.2.23 List the specific network management processes currently in place to avoid fraud and abuse.

Unlimited.

10.2.24 Confirm your organization's capability and willingness to exclude from the network providers identified by the Federal Office of Inspector General (OIG) exclusion list for both the commercial and EGWP groups.

Unlimited.

10.2.25 Confirm your organization's capability and willingness to exclude from the network providers identified by the Alabama State Medicaid Agency exclusion list for the commercial group only.

Unlimited.

10.3 FORMULARY AND REBATE MANAGEMENT

10.3.1 Confirm that you are able to administer PEEHIP's current customized Commercial Plan formulary. PEEHIP's current formulary is provided in Appendix F.

Unlimited.

10.3.2 Describe the formulary and rebate management support services you can provide and how the process would be managed.

Unlimited.

10.3.3 Do your manufacturer agreements contain provisions that limit the amount the manufacturer can raise the AWP price of prescription drugs each year? If yes, please describe.

Unlimited.

10.3.4 Describe the reporting will you provide to PEEHIP to demonstrate such manufacturer price limit agreements provide meaningful benefits to PEEHIP.

Unlimited.

10.3.5 Confirm you will provide rebate reporting by therapeutic category and by manufacturer on a quarterly basis and down to the NDC level.

Unlimited.

10.3.6 Confirm that you will provide advance notification to effected physicians and members for negative formulary changes (drug moving to non-preferred or non-covered) or when new prior authorization or step therapy rules are implemented.

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Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

10.3.7 Indicate whether your organization utilizes a rebate aggregator, and if so, please indicate the organization.

Single, Radio group.

1: Yes, indicate organization: [Unlimited] ,

2: No

10.4 IMPLEMENTATION

10.4.1 Provide an Implementation Project Plan for the Commercial Plan. Include a detailed timetable assuming a Notice of Contract Award by May 1, 2016 for an October 1, 2016 Program 'go-live' date. Note that PEEHIP's Open Enrollment period begins each July 1. Development of communications is expected to commence upon Contract Award to assist PEEHIP with any communications necessary prior to Open Enrollment. At a minimum, the implementation Project Plan for the Commercial must provide specific details regarding the following:

- Identification and timing of significant responsibilities and tasks
- Names, titles, and implementation experience of key implementation staff and time dedicated to PEEHIP during implementation
- Identification and timing of PEEHIP's responsibilities
- Transition requirements with the incumbent vendors
- Staff assigned to attend and present (if required) at open enrollment/education sessions Member communication plan – including development and assistance to PEEHIP, prior to Open Enrollment, and on-site Open Enrollment meetings.
- Data and timing requirements from current carriers to ensure transition of care and prior-authorization data is appropriately transferred

Unlimited.

10.4.2 Confirm that the Implementation Project Plan with timetable will be submitted to PEEHIP within 5 (five) business days of receiving Notice of Contract Award.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

10.4.3 Confirm that at least sixty (60) days prior to October 1, 2016 effective date, PEEHIP will have a readiness review. The readiness review will include verification (by PEEHIP or its agent) that PEEHIP's benefits have been properly loaded into your claims processing system. PEEHIP will provide the Bidder with a summary of findings as well as areas requiring corrective action.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

10.4.4 Are you willing to provide a one-time implementation allowance to fund, as approved by PEEHIP, implementation support, pre-implementation audits, readiness assessments, communication plans, outside printing costs, etc., for the Commercial Plan? What dollar amount are you willing to provide?

500 words.

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10.4.5 Identify the implementation team you propose to work on this account and provide an organization chart defining the implementation team roles. Include names and titles for the entire proposed implementation team including key positions and support staff.

Unlimited.

10.4.6 Please provide resumes and experience and qualifications for each individual, listed in the organization chart and the percentage of time each team member will dedicate to this account.

Unlimited.

10.4.7 Confirm that all PEEHIP EGWP members will have a valid ID card in hand prior to January 1, 2017.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

10.4.8 Confirm your organization will provide a Final Report detailing all implementation activities and final enrollment when complete.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

10.4.9 Does your Implementation Team conduct pre-implementation testing?

Single, Radio group.

- 1: Yes,
- 2: No

10.4.10 What source is used as reference for plan design, set-up, account structure, eligibility rules, rates, etc.?

Multi, Checkboxes.

- 1: Internal document - paper,
- 2: Internal document - electronic,
- 3: Client plan document,
- 4: Client SPD,
- 5: Combination, please specify: [500 words] ,
- 6: Other, please specify: [500 words]

10.4.11 Who has access to your common reference materials for plan design, account structure, rates, etc.?

Multi, Checkboxes.

- 1: Claims Office Staff,
- 2: Account Manager,
- 3: Customer Service Representatives,
- 4: Member Service Representatives,
- 5: Underwriting Staff,
- 6: Contract Department Staff,
- 7: Disease Management Program Staff,
- 8: Client,
- 9: Other, please specify: [500 words]

10.4.12 Do you have a process or policy to confirm your internal reference source or sources are consistent with PEEHIP's (Employee Communication Materials, Open Enrollment Information, SPD and/or plan document)? If so, please describe.

Unlimited.

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10.5 COMMUNICATION AND EDUCATION

10.5.1 Bidder will prepare ID cards for EGWP members, and other plan descriptive material, as requested. ID cards will not contain member Social Security numbers, and other key health care provider identifiers for the convenience of the participants AND will be mailed directly to the home residence of the participant (provided in the 834 file) prior to the January 1, 2017, at no cost to PEEHIP.

Single, Pull-down list.

- 1: Agree,
- 2: Disagree

10.5.2 For the Commercial Plan, Bidder must provide timely quarterly EOB statements to PEEHIP members at no additional charge.

Single, Radio group.

- 1: Yes,
- 2: No. Explanation: [Unlimited]

10.5.3 Please complete the following table:

	Response
a. Describe how your organization can effectively communicate with and educate PEEHIP's active members and early retirees in the Commercial Plan.	<i>Unlimited.</i>
b. What is your communication and education strategy and why do you think that strategy is the right one?	<i>Unlimited.</i>
c. How will you implement that strategy?	<i>Unlimited.</i>

10.5.4 Please complete the following table:

	Response
a. Please list all communication and educational materials you will provide to the PEEHIP membership.	<i>Unlimited.</i>
b. Provide samples of communication and educational materials, including a sample of an employee brochure and payroll stuffers.	<i>Single, Pull-down list.</i> 1: Attached, 2: Not provided

10.5.5 Confirm each of the following:

Customized Communications	Response

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a. Confirm that letters can be customized with PEEHIP's logo as requested by PEEHIP.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
b. Confirm that PEEHIP will be provided an opportunity to review and approve all communication materials (including letters, brochures, electronic, website, etc.) prior to being sent to members and providers.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed

10.5.6 How often are communication materials provided (i.e., Replenished throughout year for new hires, focused meetings, etc.)?

Unlimited.

10.5.7 Identify your standard communication materials and indicate those that can be customized at no additional charge and those that require an additional charge. Indicate amount of fee if there is an additional charge.

	Included in Fee	Response
Maintain member eligibility files	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Certify member claim eligibility	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Handle all claim investigations	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Direct claim handling/maintaining claim files	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Notification and administration of disputed and denied claims and claims appeals	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Provide claim forms to members	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Run-out claim adjudication in the event of termination of your contract	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required

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General letters/correspondence sent to participants	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Provide claims accumulator data at contract termination.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Toll Free Access	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Internet Member and PEEHIP staff Access	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Annual Benefit Statements	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
HIPAA Privacy Notices	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
HIPAA Creditable Coverage Certificates	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Medicare D Creditable Coverage Certificates	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required

10.6 PERFORMANCE GUARANTEES

10.6.1 PEEHIP is interested in negotiating standards of performance results with the selected Bidder to encourage the Bidder to provide superior performance. Bidder's failure to meet the performance guarantee(s) would result in financial penalties. Please review and complete Attachment 2 - Performance Guarantees. Higher assessments than required are encouraged.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

10.6.2 Confirm your agreement with the proposed service level targets and associated guarantees for the Commercial Plan.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed

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11 EGWP

11.1 PLAN DESIGN

11.1.1 PEEHIP is requiring Bidders to mirror the current plan design and formulary, in both the benefit design and in the administration of the EGWP for the Medicare-eligible retirees and dependents of Medicare-eligible retirees. Bidders should replicate the plan design as close as possible and not alter the benefits structure in any way. PEEHIP also requires bidders to offer clinical and other programs comparable to those outlined below. PEEHIP must be notified of any variations from the current clinical and other programs. If no variations from the current clinical and other programs are identified within your response, PEEHIP will assume the EGWP can be duplicated exactly. A summary of current EGWP benefits is attached in the PEEHIP_Member_Handbook_Appendix B.

Unlimited.

11.1.2 Confirm you will replicate the current plan design and administration for the EGWP Plan as closely as possible consistent with CMS regulation. If not, indicate any deviations on the Bid Exceptions and Deviations form housed on the Proposal Tech site. If no variations are provided on this form, it will be assumed that your organization can administer the current EGWP design exactly as it is currently managed.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [Unlimited]

11.1.3 Describe whether you have the flexibility to administer a benefit in a manner that may differ from your standard procedure, in order to match how that benefit is currently administered under the PEEHIP plan.

Unlimited.

11.2 NETWORK ACCESS AND MANAGEMENT

11.2.1 Confirm that your EGWP proposal is based on your broadest network.

Unlimited.

11.2.2 Indicate whether you are willing to solicit a more aggressive pharmacy network and describe how the process would work.

Unlimited.

11.2.3 What is the current number of retail pharmacies in your network?

Unlimited.

11.2.4 List any pharmacy chains excluded from your proposed retail pharmacy network.

Unlimited.

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11.2.5 Perform and provide a GeoAccess analysis based on your contracted pharmacy network for the EGWP and the Census File provided in Appendix 5. Provide this separately for independent pharmacies and chain pharmacies. The access standards in the table below will be utilized in the analysis.

Provider Type	Urban / Suburban Enrollees	Rural Enrollees
Pharmacies	2 in 5 miles	2 in 20 miles

11.2.6 Describe your contracting strategy for independent pharmacies and how discounts differ between independent pharmacies and chain pharmacies.

Unlimited.

11.2.7 What is the number of contracted independent pharmacies in your network in the State of Alabama?

Unlimited.

11.2.8 Describe your organization's approach for credentialing providers and pharmacies to participate in your network (your recruitment strategy).

Unlimited.

11.2.9 Provide your pharmacy turnover percentages for calendar years 2013, 2014 and 2015. Calculate turnover percentages for each category. So that each Proposer calculates the turnover rate in the same manner, follow these instructions: a. Provide the number of contracted pharmacies as of the first day of each calendar year quarter for each quarter of 2013, 2014, and 2015. Average the numbers of each year to obtain the average number of pharmacies contracted for the year. b. Provide the number of pharmacies, which were under contract at any point during 2013, 2014, and 2015 and were no longer under contract as of the last day (December 31) of that year, i.e., the total number of separations during 2013, 2014, and 2015. c. Calculate the turnover rate as the total number of separations for the year divided by the average number of contracted pharmacies for the year

Pharmacy Turnover – 2013	Pharmacy Turnover - 2014	Pharmacy Turnover - 2015
<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

11.2.10 Provide the number of participating retail pharmacies that were terminated from the network in the past 24 months:

+ when the termination is initiated by the PBM

++ when the termination is initiated by a pharmacy

Termination Rates	# of Pharmacies	% of Pharmacies	Reasons for Terminations
By Your Organization+			
By Pharmacy++			

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11.2.11 An Excel file named Rx Providers - Attachment 6 - contains a pharmacy utilization file representative of the Rx utilization experience for PEEHIP's EGWP population. For each pharmacy listed, please indicate if the pharmacy is in the network (i.e., a participating provider) for the plan(s) you are proposing. Note for pharmacy providers, separate columns will be used to indicate if the pharmacy is a chain or an independent.

Unlimited.

11.2.12 Which of the following elements are included in your pharmacy selection process? Please provide the percentage of pharmacies that satisfy the following criteria elements: a. Require unrestricted licensure b. Review malpractice coverage and history c. Require full disclosure of current litigation and other disciplinary activity d. Require signed application/agreement e. Require current DEA registration f. On-site review of pharmacy location and appearance g. Review hours of operation and capacity of network pharmacies to handle the added volume PEEHIP would generate h. On-site electronic access to patient data

Percent.

11.2.13 Describe the process in place to ensure that members/PEEHIP are credited for prescriptions filled but not obtained (Return to Stock situations).

Unlimited.

11.2.14 Do your retail network agreements allow pharmacies to utilize manufacturer coupons and other programs to circumvent plan design incentives and disincentives?

Single, Radio group.

1: Yes,

2: No

11.2.15 If manufacturer coupons and other such programs are allowed, what actions does your organization take to support clients' cost management objectives?

Unlimited.

11.2.16 List the specific network management processes currently in place to avoid fraud and abuse.

Unlimited.

11.3 FORMULARY AND REBATE MANAGEMENT

11.3.1 Confirm that you are able to provide PEEHIP's current customized EGWP formulary. PEEHIP's current EGWP formulary is provided in Appendix G.

Unlimited.

11.3.2 Are there any CMS filing limitations that would impact PEEHIP's current EGWP formulary? If yes, please explain in detail and include in your pricing.

Unlimited.

11.3.3 Indicate whether your organization is willing to support a custom PEEHIP formulary and describe the support services you can provide and how the process would be managed.

Unlimited.

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11.3.4 Do your manufacturer agreements contain provisions that limit the amount the manufacturer can raise the AWP price of prescription drugs each year? If yes, please describe.

Unlimited.

11.3.5 Describe the reporting will you provide to PEEHIP to demonstrate such manufacturer price limit agreements provide meaningful benefits to PEEHIP?

Unlimited.

11.3.6 Do you have a formulary appeal process in place to address member concerns regarding formulary alternatives or provider indications of medical necessity? If yes, explain this process.

Single, Radio group.

1: Yes,

2: No

11.3.7 Do you agree to provide rebate reporting by therapeutic category and by manufacturer on a quarterly basis?

Single, Radio group.

1: Yes,

2: No

11.3.8 When do formulary changes typically occur? Do you agree to limit formulary deletions to once per year?

Unlimited.

11.4 EMPLOYER GROUP WAIVER PLAN (EGWP) ADMINISTRATION

11.4.1 Confirm that your firm is currently a CMS approved Medicare Part D Prescription Drug Plan that can contract with plan sponsors to establish and manage EGWPs.

Unlimited.

11.4.2 Confirm that your organization can administer an EGWP plan effective January 1, 2017, and therefore would not be on the same fiscal year as the commercial plan.

Unlimited.

11.4.3 Please state and explain your preference as to whether or not the contract for EGWP services would be a stand-alone contract or would be a scope of services section to the Commercial contract.

Unlimited.

11.4.4 Please indicate whether any EGWP functions are sub-contracted to other organizations. If so, please describe. (Reminder: The entire EGWP program cannot be sub-contracted.)

Unlimited.

11.4.5 Will Member Services for EGWP retirees be handled by a separate unit or by the same unit that supports the Commercial plan?

Single, Radio group.

1: Yes,

2: No

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11.4.6 Other than Member Services, please describe any other services that will be handled by a separate unit from the one that handles active employees (e.g. account service, billing, etc.).

Unlimited.

11.4.7 How will your organization handle split contracts (one Medicare, one non-Medicare)? The Medicare member will be covered by the EGWP but the non-Medicare member cannot be. What will the communication process be between your units/departments to guarantee that no member inadvertently loses coverage due to communication issues? Will you maintain the non-Medicare member as a separate contract holder under the non-Medicare plan even if that member is the spouse?

Unlimited.

11.4.8 Confirm that your P&T Committee meets CMS' requirements for objectivity and validity. Who are the representatives on the PBM's P&T Committee? What are their affiliations? Do these members accept grant money from drug manufacturers? Confirm your PA criteria for EGWP will be as stringent as PEEHIP requires for commercial plan PAs and as allowed by CMS.

Unlimited.

11.4.9 Confirm that you will provide all CMS required filings related to formulary, medication therapy management (MTM), and other clinical programs on a timely basis.

Unlimited.

11.4.10 Confirm that you will provide all CMS required filings related to certification of compliance to all waste, fraud, and abuse requirements.

Unlimited.

11.4.11 Confirm that you will process low-income premium subsidy refunds to members and the Plan as well as low-income cost sharing refund requests to the members.

Unlimited.

11.4.12 Provide a description of your MTM program including the processes for enrollment, targeting, intervention, and outcomes reporting.

Unlimited.

11.4.13 Provide your book-of-business prescription drug event (PDE) error rate for 2014 and 2015.

Unlimited.

11.4.14 Describe the transition process you will utilize for members who are currently using non-formulary prescription drugs, drugs requiring PA, step therapy, and quantity level limits.

Unlimited.

11.4.15 Describe the enrollment/disenrollment process and include detail regarding the timing of when enrollment/disenrollment changes go into effect.

Unlimited.

11.4.16 Confirm that your organization will provide daily enrollment of members, detailed and summary claim reports, disclosure of subsidies, reinsurance, CGDP reimbursements, and rebates (even if only estimated pending approval), and utilization by category (, retail, brand, generic, etc.).

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Unlimited.

11.4.17 How frequently will the reporting package be provided? How long after each month will they be available?

Unlimited.

11.5 IMPLEMENTATION

11.5.1 Provide an Implementation Project Plan for the EGWP. Include a detailed timetable assuming a Notice of Contract Award by May 1, 2016 for a January, 1 2017 Program 'go-live' date. Note that PEEHIP's Open Enrollment period begins each July 1. Development of communications is expected to commence upon Contract Award to assist PEEHIP with any communications necessary prior to Open Enrollment. At a minimum, the Implementation Project Plan must provide specific details regarding the following: · Identification and timing of significant responsibilities and tasks · Names, titles, and implementation experience of key implementation staff and time dedicated to PEEHIP during implementation · Identification and timing of PEEHIP's responsibilities · Transition requirements with the incumbent vendors · Staff assigned to attend and present (if required) at open enrollment/education sessions Member communication plan - including development and assistance to PEEHIP, prior to Open Enrollment, and on-site Open Enrollment meetings. · Data and timing requirements from current carriers to ensure transition of care and prior-authorization data is appropriately transferred

Unlimited.

11.5.2 Confirm that the Implementation Project Plan with timetable will be submitted to PEEHIP within 5 (five) business days of receiving Notice of Contract Award.

Unlimited.

11.5.3 Confirm that at least sixty (60) days prior to January 1, 2017 effective date, PEEHIP will have a readiness review. The readiness review will include verification (by PEEHIP or its agent) that PEEHIP's benefits have been properly loaded into your claims processing system. PEEHIP will provide the Bidder with a summary of findings as well as areas requiring corrective action.

Unlimited.

11.5.4 Are you willing to provide a one-time implementation allowance to fund, as approved by PEEHIP, implementation support, pre-implementation audits, readiness assessments, communication plans, outside printing costs, etc., for the EGWP? What dollar amount are you willing to provide?

Single, Radio group.

1: Yes,

2: No

11.5.5 Identify the EGWP implementation team you propose to work on this account and provide an organization chart defining the implementation team roles. Include names and titles for the entire proposed implementation team including key positions and support staff.

Unlimited.

11.5.6 Please provide resumes and experience and qualifications for each individual, listed in the organization chart and the percentage of time each team member will dedicate to this account.

Percent.

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11.5.7 Confirm that all PEEHIP EGWP members will have a valid ID card in hand prior to January 1, 2017.

Unlimited.

11.5.8 Confirm your organization will provide a Final Report detailing all implementation activities and final enrollment when complete.

Unlimited.

11.5.9 Does your Implementation Team conduct pre-implementation testing?

Single, Radio group.

1: Yes,

2: No

11.5.10 What source is used as reference for plan design, set-up, account structure, eligibility rules, rates, etc.?

Multi, Checkboxes.

1: Internal document - paper,

2: Internal document - electronic,

3: Client plan document,

4: Client SPD,

5: Combination, please specify: [500 words],

6: Other, please specify: [500 words]

11.5.11 Who has access to your common reference materials for plan design, account structure, rates, etc.?

Multi, Checkboxes.

1: Claims Office Staff,

2: Account Manager,

3: Customer Service Representatives,

4: Member Service Representatives,

5: Underwriting Staff,

6: Contract Department Staff,

7: Disease Management Program Staff,

8: Client,

9: Other, please specify: [500 words]

11.5.12 Do you have a process or policy to confirm your internal reference source or sources are consistent with PEEHIP's (Employee Communication Materials, Open Enrollment Information, SPD and/or plan document or as specified by PEEHIP management)? If so, please describe.

Unlimited.

11.6 COMMUNICATION AND EDUCATION

11.6.1 Bidder will prepare CMS required Welcome packets, ID cards, and other plan descriptive material, as requested. ID cards will not contain member Social Security numbers, and other key health care provider identifiers for the convenience of the participants AND can be mailed directly to the home residence of the participant prior to the contract effective date, at no cost to PEEHIP.

Unlimited.

11.6.2 Please identify your standard communication materials versus and indicate those that can be customized at no additional charge and those that require an additional charge. Indicate amount of fee if there is an additional charge

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	Response
a. Describe how your organization can effectively communicate with and educate PEEHIP's Medicare-eligible EGWP members	<i>Unlimited.</i>
b. What is your communication and education strategy and why do you think that strategy is the right one?	<i>Unlimited.</i>
c. How will you implement that strategy?	<i>Unlimited.</i>

11.6.3 Please complete the following table:

	Response
a. Confirm that you provide all CMS required member communications.	
b. Please list all communication and educational materials CMS requires you to provide	<i>Unlimited.</i>
c. What do you provide above and beyond what CMS requires?	<i>Unlimited.</i>
d. Provide samples of communication and educational materials.	<i>Single, Pull-down list.</i> 1: Attached, 2: Not provided

11.6.4 Confirm each of the following:

Customized Communications	Response
a. Confirm that letters can be customized with PEEHIP's logo as requested by PEEHIP.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed
b. Confirm that PEEHIP will be provided an opportunity to review and approve all communication materials (including letters, brochures, electronic, website, etc.) prior to being sent to members and providers.	<i>Single, Pull-down list.</i> 1: Confirmed, 2: Not confirmed

11.6.5 How often are communication materials provided (i.e., Replenished throughout year for new hires, focused meetings, etc.)?

Unlimited.

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11.6.6 Please identify standard communication services included in your proposal.

	Included in Fee	Response
	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Maintain member eligibility files	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Certify member claim eligibility	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Handle all claim investigations	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Direct claim handling/maintaining claim files	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Notification and administration of disputed and denied claims and claims appeals	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Provide claim forms to members	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Run-out claim adjudication in the event of termination of your contract	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
General letters/correspondence sent to participants	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Provide claims accumulator data at contract termination.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Toll Free Access	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required

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Internet Member and PEEHIP staff Access	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
HIPAA Privacy Notices	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
HIPAA Creditable Coverage Certificates	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required
Medicare D Creditable Coverage Certificates	<i>Single, Pull-down list.</i> 1: Yes, 2: No, additional fee	500 words. Nothing required

11.6.7 Do you publish a member newsletter for EGWP members? Provide a copy of the most recent member newsletter.

Single, Radio group.

1: Yes. Copy is attached,

2: Yes. Copy is not attached, explain: [Unlimited],

3: No

11.7 PERFORMANCE GUARANTEES

11.7.1 PEEHIP is interested in negotiating standards of performance results with the selected Bidder to encourage the Bidder to provide superior performance. Bidder's failure to meet the performance guarantee(s) would result in financial penalties. Please review and complete Attachment 2 - Performance Guarantees. Higher assessments than required are encouraged.

Single, Pull-down list.

1: Attached,

2: Not provided

11.7.2 Confirm your agreement with the proposed service level targets and associated guarantees for the EGWP.

Single, Radio group.

1: Confirmed,

2: Not confirmed

12 BID EXCEPTIONS AND DEVIATIONS

12.1 If your bid does not fully comply with the specifications in this RFP, please upload and complete the Bid Exceptions and Deviations Document, for both the Commercial Plan and the EGWP, for which you will list exceptions and/or deviations.

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Single, Pull-down list.

- 1: Bid does not fully comply - Document Attached,
- 2: Bid does fully comply - Document Not Attached

13 RESPONSE DOCUMENTS

13.1 Please complete the PEEHIP Price Proposal Worksheets - Attachment 1

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

13.2 Please complete the Performance Guarantees - Attachment 2

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

13.3 Please complete the Commercial Plan GeoAccess Analysis - Attachment 3

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

13.4 Please complete the Commercial Plan Provider Disruption - Attachment 4

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

13.5 Please complete the EGWP GeoAccess Analysis - Attachment 5

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

13.6 Please complete the EGWP Provider Disruption - Attachment 6

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

14 REFERENCE DOCUMENTS

14.1 Note: The Reference documents will only be provided to Proposers that have submitted a completed and signed Non-Disclosure Agreement (NDA) to the solicitation contact. NDAs will be provided on the Proposal Tech system for completion. Completed and signed NDA's should be emailed to Laine Ingle at Lingle@segalco.com and NOT posted to the Proposal Tech site.

PEEHIP 834 Reporting Mapping– Appendix A

PEEHIP Member Handbook 2015-16 – Appendix B

Census – Appendix C

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Historical Claims and Enrollment/Membership – Appendix D

Specialty Formulary – Appendix E

Commercial Formulary – Appendix F

EGWP Formulary – Appendix G

15 REQUIRED DOCUMENTS

15.1 Sample Administrative Services Agreement.

Single, Pull-down list.

1: Attached,

2: Not provided

15.2 Copy of your most recently completed HIPAA Assessment.

Single, Pull-down list.

1: Attached,

2: Not provided

15.3 Copy of your Information Security Policy and Procedures. Note: These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractor's or lines of business.

Single, Pull-down list.

1: Attached,

2: Not provided

15.4 Proof of Errors and Omissions (E&O) Insurance.

Single, Pull-down list.

1: Attached,

2: Not provided

15.5 Most recent 2 years of your firm's Audited Financial Statements.

Single, Pull-down list.

1: Attached,

2: Not provided

15.6 Operational and System Redundancy Procedures. Note: These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractor's or lines of business.

Single, Pull-down list.

1: Attached,

2: Not provided

15.7 Disaster Recovery Procedures. Note: These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractor's or lines of business.

Single, Pull-down list.

1: Attached,

2: Not provided

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15.8 Account Team Organization Charts for the Commercial Plan and the EGWP.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

15.9 Account team resumes for the Commercial Plan and the EGWP.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

15.10 Annual Score Card samples for the Commercial Plan and the EGWP.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

15.11 Sample claim forms for the Commercial Plan and the EGWP.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

15.12 List of standard reports, including description and frequency for the Commercial Plan and the EGWP.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

15.13 Sample of your client clinical management performance report.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

15.14 Any physician score card or other reporting that is provided to clients.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

15.15 A listing of all non-specialty therapeutic categories for which your organization currently maintains and recommends prior authorization.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

15.16 A listing of all specialty therapeutic categories for which your organization currently maintains and recommends prior authorization.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

15.17 A listing of all therapeutic categories (non-specialty and specialty) for which your organization currently maintains and recommends step therapy.

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Single, Pull-down list.

- 1: Attached,
- 2: Not provided

15.18 A listing of all drugs for which your organization currently maintains and recommends quantity level and quantity per copay limits and a listing of all drugs preferred by your organization.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

15.19 sample client management report that details clinical rule activity and savings.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

15.20 Sample monthly invoices for the Commercial Plan and the EGWP.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

15.21 Sample Implementation Plan and time-table for the Commercial Plan and the EGWP.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

15.22 Sample communications materials for the Commercial Plan and the EGWP.

Single, Pull-down list.

- 1: Attached,
- 2: Not provided

Q&A Questions and Answers