



Middlesex County Joint Health Insurance Fund
(MCJHIF)

Pharmacy Benefit Manager (“PBM”)

Request for Proposal

April 5, 2024

RFP Introduction and Overview

The Request for Proposal (“RFP”) is being issued by Remedy Analytics on behalf of MCJHIF. MCJHIF is requesting proposals from qualified Pharmacy Benefits Managers (PBMs) to administer and support MCJHIF’s prescription drug benefit program offered to employees and their dependents and retirees.

- The effective date is January 1, 2025.
- The term of the PBM Agreement will be three (3) years

MCJHIF Pharmacy Plan Information

- MCJHIF currently provides benefit plans to over 3,246 employees and their dependents (7,580 total lives) and 1,830 retirees.
- Active and early retirees are covered under a commercial benefit plan (“Actives”) and the post-65 retirees are covered under an Employer Group Waiver Program (“EGWP”).

Project Timeline (all dates/times are definite except where noted as estimated)

Event	Due Date
RFP Posted on MCJHIF Web Site	04/05/2024
PBM's Intent to Bid due	04/09/2024
Remedy grants access to the claims data file (only provided to PBMs who provide the Intent to Bid via email)	04/11/2024
PBM questions to Remedy on RFP due	04/17/2024
Responses to PBMs questions provided by Remedy (estimate)	04/24/2024
RFP responses from PBMs due	05/14/2024
PBM notified if selected as a Finalist (estimate)	07/01/2024
PBM Finalist Only: BAFO's due	TBD
PBM Finalists Only: Finalist presentations/interviews	TBD
PBM Finalists Only: PBM contract due (must include all terms, conditions, language and pricing agreed to in RFP response)	TBD
PBM Finalist Only: on-site visits at PBM offices (if requested by MCJHIF) (estimate)	TBD
MCJHIF Award of Business (estimate)	09/25/2024
Contract effective date	01/01/2025

Confidentiality

PBM confirms that this document be kept in strictest confidence and the RFP or your responses will not be shared outside of your organization. This RFP is only to be used by PBM bidder for purposes of responding to the bid and in preparation of your responses. This document may not be copied or reproduced for other purposes without prior written consent and will not be disclosed to third parties without MCJHIF's consent.

Proposal Instructions and Submission Requirements

Proposals must be received by Joe Pruiti via mail, courier or hand delivery by 10:00 a.m., Tuesday, May 14, 2024.

Late proposals will not be accepted.

Proposal response should be addressed to:

Joe Pruiti
Fund Treasurer
Middlesex County Joint Health Insurance Fund
75 Bayard Street 3rd Floor
New Brunswick, NJ 08903

Intent to Bid Form

PBM will provide an email to Dave Hissey and Lynn Collins with your intent to bid. Upon receipt of the written intent to bid, MCJHIF will release the data to the PBM.

d.hissey@naimc.com

l.collins@naimc.com

Incurring Costs to Prepare Proposal

All costs to prepare and submit a proposal response to this RFP are the sole responsibility of the PBM bidder. Any travel expenses are also the sole responsibility of the PBM. MCJHIF will not be liable for any costs incurred by PBM to respond to this RFP.

Proposal Conditions

- Any exceptions or disagreement to any requirements, terms or conditions must be clearly identified within the proposal response. If not clearly marked and identified, MCJHIF will consider PBM's agreement to the proposal requirements.
- **Respondents must offer a proposal for administration of an EGWP program to be considered for the Commercial plan.**
- MCJHIF will not accept any unsolicited price improvements
- MCJHIF reserves the right to discontinue negotiations with any PBM at any point within the RFP process
- Any proposal received after the specified due date will not be accepted
- PBM will keep all contents of the RFP in confidence and will not publicly release any information regarding MCJHIF or this RFP without MCJHIF's prior written approval

Introduction

Claim Detail File

A detailed de-identified claim data file, current formulary information, and current plan design information will be provided to bidders upon receipt of your intent to bid. Email requests can be sent to Dawn Reck at dawn.reck@remedyanalytics.com.

Utilization Statistics

MCJHIF	Commercial Lives	EGWP Lives
Component	2023	2023
Gross Cost	\$26.5M	\$21.8M
Total Rx's	100,000	64,900
Generic % (GFR)	83.2%	78%

Vendor Information

Vendors for Integration - Current Vendors:

- Eligibility System: peopleguru (AKA Unicorn HRO)
- COBRA Vendor: Alerus
- Diabetes Management: Abacus:
- Medical Plans: Aetna, Horizon, CIGNA, Oxford
- CVS Health Prudent Rx
- Buckingham Self-Funded Solutions

Data Exchange Requirements: Confirm that you will provide these claim files at no charge to MCJHIF.

Medical Carrier: Biweekly

Wellness Coaches: Biweekly

Remedy Analytics: Monthly claim history files

Remedy Analytics: Annual claim file to be delivered by February 15th of each subsequent calendar year of the contract (2/15/25, 2/15/26, 2/15/27)

General Information

- Confirm all agreed upon requirements, definitions, criteria, and methodologies will be included in the final contract with MCJHIF.
- Confirm you will provide a client ready contract that includes all agreed upon requirements, definitions, criteria and methodologies from this RFP within 2 weeks of request.
- Confirm your understanding that all contract legal terms, criteria, etc. must be agreed upon prior to any organization being selected as a finalist.
- Confirm there are conflicts of interest for you or for any individual within your organization that would prevent you from contracting with MCJHIF.
- Confirm you operate in New Jersey and that you will adhere to all applicable New Jersey laws and legislation regarding pharmacy benefit administration.
- Provide the location for your headquarters and all other office locations.
- When was your company founded? How long have you been providing PBM services?

- Provide statistics on the following:

Market Segment	Total # of Clients	Total # of Lives	Total Gross Drug Spend
Clients greater than 10,000 lives			
Government/Public Entities			
EGWP			
Total BOB			

- List the name of all subcontractors utilized including their locations, the services each subcontractor performs, and how long you have been working with each subcontractor. Confirm if any of the services provided by any subcontractor are performed off-shore.
- Confirm you will accept responsibility for any actions taken by each subcontractor.
- Confirm that client has can choose not to have any services provided off-shore.
- Provide statistics for the following:

Category	Number of Employees	2023 Turnover Rate
Total Number of Employees		
Member Services Representatives		
Client Account Management (Account Management and Clinical Management)		

- List any accreditations you have received (ex. NCQA,URAC)

- Describe any litigation (including subsidiaries, affiliates and subcontractors) within the past three years.
- Confirm if any employees are represented by a union. If yes, provide details.
- List the amount of Insurance you have in place for
 - General Liability
 - Professional Liability
 - Errors & Omissions
 - Employee Fraud/Dishonesty
 - Cyber Liability
 - Tech Liability
 - Malpractice Liability
 - Fiduciary Liability
 - Other
- Confirm you have a disaster recovery plan and business continuity plan in place in the event of an emergency for the following:

	Response
Claims Processing	
Mail Service Pharmacies	
Specialty Pharmacies	
Operations and Systems Sites	
Call Centers	

Eligibility

- Confirm you will not charge MCJHIF for use of any industry standard eligibility file layouts (ex- EDI 834) or any PBM standard file layouts you utilize.
- Confirm you will not charge the MCJHIF for use of any custom eligibility file layouts.
- Confirm there are no limits on the number of eligibility vendors, formats or frequency of eligibility files that can be provided.
- Confirm all eligibility files received will be processed and eligibility updated into your system within 24 hours of receipt of a loadable file.

- Confirm MCJHIF and/or their authorized designee will have access to your on-line, real-time eligibility system and will have the ability to add new members, and update and/or terminate existing eligibility records.
- Confirm you will accept manual update requests at no cost.
- Confirm that MCJHIF will not be liable for any claims processed after 24 hours of your receipt of a termination eligibility record for that member.

Member Services and Call Center

- Confirm you will assign a unique toll free number for MCJHIF's members.
- Confirm members call into a single toll free number for all questions and inquiries related to the pharmacy benefit.
- List the hours of operation of each call center location.
- Provide your BOB statistics for Average Speed of Answer and Call Abandonment Rate for the last calendar year for Specialty, Mail and Retail.
- Confirm you record 100% of member calls.
- Confirm MCJHIF will have access to these recorded calls (upon request).
- Confirm you have language translation software services available.
- Describe the training (both initial and ongoing) in place for member service representatives.
- Confirm if your member service representatives work remotely/virtually or if they are on-site in a call center.

Member Website and Mobile Apps

- Confirm that members will have access to the following:

	Website (Yes/No)	App (Yes/No)
Eligibility verification		
Claims history (minimum of 24 months)		
EOB's		
Formulary information and tier status		
Coverage information including: Plan Design/Copays/Ded/MOOP at retail, mail, specialty		
Pharmacy locator		
Mail Service/Specialty refill ordering and order status checking		
Access to live customer service and pharmacists for questions and clinical support		
ID card information		
Mail service/Specialty order forms		
Claim reimbursement forms		
Drug pricing for retail, mail, specialty		
Prior authorization documentation and request submission		
Information on OTC alternatives or lower cost alternatives		
Appeal documentation and request submissions		
Other features (please list)		

- Provide an overview of the key features of your member website.
- Provide an overview of the key features of your mobile app.

Member ID Cards and Communication Materials

- List all communication materials and information that are provided to a new member.
- Confirm ID cards and any member materials can be customized by MCJHIF at no cost.
- Provide a sample of all standard member communications.

Client Account Management

- Provide names, locations, and work experience for each member of the proposed account team.
- How many clients and lives do the proposed Account Executive, Account Manager and Clinical Account Manager currently have?
- Confirm MCJHIF will have the right to change any member of the account team at the client's request.
- What were the overall client satisfaction scores for proposed Account Executive, Account Manager and Clinical Account Manager last year?
- Provide references (three active and three terminated clients) for the proposed account team.

Benefit Fair and Open Enrollment Participation

- Confirm you will provide at least one member of the account team to participate in all of MCJHIF's benefit fairs at no cost.
- Confirm you will have a pre-implementation website available to MCJHIF at no charge during open enrollment.
- Confirm that that pre-implementation website will have claim pricing available for formulary coverage and tier placement, clinical and UM edits, eligibility status, cost share (copay, deductible, out of pocket), and network access.
- Confirm you will have phone lines open and call centers staffed to take MCJHIF member calls at least 30 days prior to the effective date.
- Confirm the member website will be live at least 30 days prior to the effective date.

Claim Processing and Adjudication System

- Confirm you adhere to all NCPDP requirements and standards for claim processing.
- Confirm you can provide both standard and custom POS edits at no cost to the client.

- List any claim processing system downtime in the past 12 months.
- Confirm that claims submitted for a repackaged NDC will reject.
- Provide the name and key features of your claim adjudication platform.
- Describe how claims filled outside of the US are processed and paid.
- Confirm you can administer COB at the point of sale.

340B Claim Processing

- How are 340B eligible prescriptions identified?
- What requirements do you have for your participating pharmacies regarding the identification and submission of 340B claims?
- Describe the process in place to identify 340B claims for rebate reconciliation and payments.
- Confirm only claims documented to be paid at 340B pricing may not be eligible for rebates.
- Confirm your Pharmacy Network contracts mandate the pharmacy submit 340B indicators on each claim the submission clarification code field, submission type code field and basis of cost determination field.
- Confirm you require all pharmacies in your Pharmacy Network to submit all necessary transactions (N1 transaction as example) to confirm 340B claim status.
- Confirm network status is audited for compliance to 340b claim submissions and will be penalized and/or removed from the network for any with noncompliance.
- Confirm if Vendor owned/preferred Specialty Pharmacy is a 340B contracted provider that 340B pricing will be passed through to clients.

Retail Network

- Confirm your proposed retail pharmacy network contains at least 65,000 participating pharmacies.

- Confirm all chains (national and regional) and all PSAO's are in the pharmacy network being proposed for MCJHIF.
- Confirm the number of pharmacies in your proposed 90 day retail pharmacy network.
- Confirm all major chains are included in your retail 90 network.
- Confirm you offer a retail 90 network with mail pricing. Provide the retail pharmacy anchor chain included in the network.
- Confirm you will not remove any chain (national or regional) or PSAO from MCJHIF's network without their prior written approval.
- Confirm you require the submission of their low cost generic price programs (i.e. \$4 generic program) in the U&C field and that you perform routine audits of your network to confirm compliance.
- Confirm you do have any gag clauses in your network agreements.
- Confirm you do not have any DIR provisions in your network agreements.
- Confirm if you contract directly with retail pharmacies or if you use a separate entity/vendor for contracting.
- List any pharmacies removed from your standard network in the last 12 months. List the reasons why each pharmacy was removed.
- List the network accessibility standards that will guaranteed throughout the contract term.
- Define your credentialing criteria for network pharmacy participation. How often do you re-credential your network?
- Confirm MCJHIF is able to customize the network upon their request.
- Confirm that you are compliant with all state laws regarding reimbursements and pricing transparency.

- Using the claim file provided, perform a disruption analysis and identify any pharmacies not in your proposed network. List the number of members and claims filled at a pharmacy that is not in your proposed network. Conduct a separate analysis for both the proposed Retail 30 and Retail 90 networks.
- Confirm that your MAC price on individual drugs will be competitive with the market price including U&C prices and Discount Card (ex. GoodRx) prices.
- Confirm that individual MAC prices at Mail Service and Specialty will always be equal to or lower (better) than the retail and/or retail Specialty MAC price.

Mail Service Pharmacy

- Confirm that your mail pharmacies meet all federal and state dispensing requirements.
- How many mail pharmacies do you own and what is the location of each?
- How many mail pharmacies are in your network that you do not own? Provide a list of the pharmacies.
- Confirm that MCJHIF may contract with any external mail service provider (if requested) and has the option to not utilize the mail facility you own.
- Confirm you will notify members of any delays in the shipping and delivery of their medications that exceeds a 2 day delay.
- Confirm you will authorize a short term retail supply at no cost to member or to the plan for any urgent prescriptions needed as a result of a mail service error or delay in shipping.
- Confirm your average turnaround time for dispensing a prescription not requiring any intervention.
- Confirm your average turnaround time for dispensing a prescription that requires intervention?
- What percent of claims require some type of intervention?
- Confirm your mail pharmacy dispensing accuracy rate for 2023.
- Confirm you will not hold a prescription for members who do not send copays or send incorrect amounts. Provide the credit limit amount allowed.

- Confirm you will not charge the MCJHIF for any uncollected mail or specialty member copays.
- Do you have an auto refill program at Mail? If yes, confirm either MCJHIF and/or member can choose not to implement this.

Specialty Pharmacy

- Do you own your own Specialty pharmacies? List number and locations of each.
- Confirm that your Specialty pharmacies meet all federal and state dispensing requirements.
- How many specialty pharmacies are in your network that you do not own? Provide a list of the pharmacies.
- What percent of specialty Rx's are filled at pharmacies you do not own?
- Confirm the Specialty drug list and pricing will only be updated after providing a minimum of 90-days prior written notice to MCJHIF.
- Confirm that MCJHIF may contract with any external specialty pharmacy provider (if requested) and is not required to utilize the specialty facility you own.
- What Specialty medications are not available through the Specialty pharmacies you own (e.g. limited distribution)? How are prescriptions for these medications handled?
- Confirm the member is contacted and provides approval prior to dispensing for every Specialty medication refill.
- Confirm you will not remove any therapy class from your Specialty Drug List during the term of MCJHIF's contract.
- Using the claim file provided, list all medications considered Specialty and on your Specialty Drug List.
- Confirm if you have any drug classes where some, but not all medications within that drug class are on your Specialty Drug List. List those classes and the drugs.
- Confirm if you offer any clinical guarantees/ROI for your Specialty drug classes. List those classes and the applicable guarantees.

- Confirm you apply MAC pricing on Specialty Generic medications.
- Confirm if you have any therapy classes where certain but not all drugs within that therapy class are considered Specialty.
- Confirm if you have any drugs or drug classes on your Specialty drug list that would not be required to be filled at your PBM owned specialty pharmacy if a client has an exclusive specialty plan design.
- Confirm that all New to Market Specialty drugs will be added to your Specialty drug list and formulary within 6 months of product entry to the market.
- Confirm if DAW penalties (member pay the difference penalties) will be applied to Multi-source Specialty Brands when a client has implemented a DAW program strategy for their plan.

Formulary Information

- How many members are on your Pharmacy and Therapeutics (“P&T”) Committee? How many of them are voting members? How many non-voting members? What are their areas of specialty?
- How many voting members of the P&T Committee are your employees?
- Confirm if your P&T committee receives any funding or financial support from pharmaceutical manufacturers.
- How many standard formularies do you offer? Provide a brief description of each formulary you offer including the type of formulary (ex. Open vs. Exclusion), number of excluded medications, number of preferred brands, etc.
- How many entire drug classes are excluded from any of your formularies listed above?
- Are any generics placed on a tier other than the lowest tier? (i.e. Tier 2 or Tier 3 or excluded on your formulary)? If yes, list those drugs and confirm if the multisource brand is given preferred status.
- Confirm if Biosimilar medications are preferred products on your formulary.
- Are Brand or Generic copays assigned to non-Specialty Biosimilar Drugs?
- Confirm MCJHIF's ability to customize the formulary (if requested).

- Using the claim history file provided, provide a disruption analysis to your proposed formulary. Include the number of Rx's and number of unique members disrupted by both tier changes and/or exclusions.
- Provide detailed analysis of the drug mix changes that will occur if MCJHIF moves from current formulary to your proposed formulary.
- Describe your formulary process and placement strategy including use of any external sources for decision making (ex. ICER).
- Confirm that MCJHIF is not required to offer rebates at the Point of Sale.
- Confirm you contract directly with Manufacturers or if you utilize a rebate aggregator.
- Confirm if you have rebate contract for biosimilars.
- Confirm if you have rebate contracts for multi-source brands.
- Confirm if you have rebate contracts for generics.
- Confirm if you have rebate contracts for any non-preferred brands.
- Confirm if you have rebate contracts for LDDs.
- Confirm if your rebate contracts have restrictions on the UM and clinical criteria that can be applied to brand medications?
- Confirm that “hyper-inflated”, high cost/low value products (ex. Duexis, Vimovo) are excluded from your formularies.
- Confirm that 100% of inflation protection/price protection dollars are considered Rebates and included in your guarantees.
- How do you ensure your formulary choices on products with both high WAC/AWP vs low WAC/AWP options will result in the lowest net cost being provided to clients?
- Confirm Vendor will provide clients with NDC level reporting (including rebates) to demonstrate lowest net cost is being achieved with your high WAC/AWP vs low WAC/AWP formulary choices.
- If Vendor’s formulary includes both originator Specialty products and the lower cost biosimilars, describe how use of the lower cost options will be encouraged.

- Discuss how digital health solutions are incorporated into your formulary strategy.

Patient Assistance Programs/Copay Assistance Programs

- Do you accept manufacturer coupons/copay assistance programs at all pharmacy channels (Retail, Mail, Specialty)?
- Describe the patient assistance programs, copay assistance/maximization programs, and/or alternative funding programs that you offer.
- Confirm if you offer an in-house solution or if you use a 3rd party vendor for any copay assistance and/or patient assistance programs you offer.
- List any external 3rd parties you work with for patient assistance programs.
- Confirm you will allow MCJHIF to utilize any 3rd party vendor (if requested) for patient assistance, copay assistance and/or alternative funding programs.
- Confirm that the value of any coupons, copay assistance, patient assistance, and/or variable copay programs does not count toward any Discount and/or Rebate guarantee calculations.
- Confirm if both non-Specialty and Specialty products are covered under Vendor's Copay Assistance program.
- Provide an NDC-11 Excel list of all products covered under Vendor's Copay Assistance program.
- Confirm an updated NDC-11 list of all products covered under Vendor's Copay Assistance program will be provided to client and/or their authorized designee on a quarterly basis.
- Confirm if Vendor's Copay Assistance program can be implemented for:
 - High Deductible Plans (CHDP/HDHP)
 - HDHP with an HRA
 - HDHP with an HAS
- Confirm if you Vendor's Copay Assistance program requires client to have an exclusive/mandatory specialty program in place.
- Confirm that discount and rebate guarantees will not be impacted by a client implementing a copay assistance program.

Clinical Programs

- List all of your standard UM programs along with a brief description of each program. Include all prior authorization, quantity/day supply limit, step therapy, DUR edits, RDUR edits available.
- For each clinical program or edit you describe above, list what fee (if any) is associated with each.
- List any DM programs you offer, including any 3rd party vendor programs you work with.
- Confirm MCJHIF can grandfather members on any medications impacted by UM programs for up to 90 days without any impact to the financial and/or Rebate guarantees.
- List any drugs/drug classes you are willing to offer clinical ROI guarantees.

Reviews & Appeals

- Confirm you are compliant with the provisions and response times for all reviews and appeals as required by the ACA.
- Confirm MCJHIF can perform their own reviews if requested.
- List the Independent Review Organizations (IRO's) you work with.
- Confirm MCJHIF can contract with their own IRO's if requested.

Clinical Safety and Fraud Waste and Abuse

- Describe programs available to promote safety and quality (e.g. Fraud, Waste, and Abuse).
- Confirm which programs are available at no cost and which have an additional fee?
- Confirm if you are a member of any FWA groups such as NHCAA.
- List and provide all opioid management programs available and indicate which are provided at no cost and which have an additional fee.

Electronic Medical Record (EMR) Integration

- Confirm that you work with an EMR companies, (e.g. EPIC or Cerner) to provide prescription drug information, such as formulary information, prior authorization criteria, drug pricing, lower cost alternatives, etc. to the Prescribers.
- List EMR companies you work with.

Compound Medication Administration

- Provide a list of all edits and clinical programs available for compound medications and kits and packs.
- Describe your pricing reimbursement methodology for compound drugs.
- Confirm that bulk chemicals are not allowed to adjudicate without a prior authorization.
- Confirm that kits/packs are excluded from coverage.

Data Ownership and Data Access

- Confirm MCJHIF has complete ownership of their pharmacy claim data and all claim data fields and elements.
- Confirm you will provide MCJHIF and/or MCJHIF's authorized designee with both on-line access to claims data and historical claim files for all pharmacy claim data at no cost.
- Confirm that paid, reversed, and rejected claims are provided to MCJHIF and/or their authorized designee on claim detail files.
- Confirm that MCJHIF and/or MCJHIF's authorized designees will receive up to 10 claim files and at a frequency determined by MCJHIF at no additional cost.
- Confirm rebate reporting will be provided at an NDC 11 level including claim number and date of service for each claim included in the minimum brand guarantees.
- Confirm that upon request from client/broker, PBM will provide stop loss reporting to the client/broker, at no cost to the client, on a monthly basis.

- Confirm you will create and provide the files and data necessary for MCJHIF to comply with Transparency in Coverage/No Surprises Act at no cost.
- Confirm you will provide the following additional files and reports on a monthly basis at no cost.

Compound Claims Detail	
Reject Claims	
Prior Auth Info/Claims	
Key Indicator Report (Quarterly Utilization Statistics)	
Copay Assistance	
Alternative Funding	
Rebate Reports at NDC level	
Eligibility Aggregate Membership Counts	
Point Solution program data and enrollment information	
MAC list and pricing	
Specialty drug list with LDD designation at NDC level	

Data Security and HIPAA Compliance

- Confirm compliance with all HIPAA requirements and regulations for eligibility transmissions, claim processing, data transfers, data storage, and member service.
- List any subcontractors with access to PHI. Confirm you will be responsible for any subcontractor breaches in HIPAA compliance and data security.
- Have you had any HIPAA violations or data breaches in the past 5 years?
- Describe the processes and training in place to ensure HIPAA compliance.

- Provide a copy of your security and privacy policies and your incident response plan.
- Confirm that CUSTOMER can provide an annual risk assessment in IT/security at no cost to client.
- Confirm all employees go through annual HIPAA compliance training.
- Confirm if you sell any client data.

Transition and Vendor Change Management

- Confirm you will provide pre-implementation testing of all MCJHIF's plan designs and clinical programs, and you will provide MCJHIF and their authorized designee, with the outcomes and results of your testing.
- Confirm that the MCJHIF can create custom test scenarios as part of a pre-implementation audit.
- Confirm in the event of a termination, you will provide all files necessary for MCJHIF to complete a transition to a new PBM vendor at no cost to MCJHIF. Transition files provided at no cost would include but not be limited to Eligibility files, Open Refill Files for Mail and Specialty, Claim history files, PA/Override files, Accumulator files, and any other information reasonably requested by MCJHIF.
- Confirm that you will assist MCJHIF with the development of any SPDs, Benefit Summaries and other member materials that outline and explain the pharmacy benefit.
- Provide a sample timeline and project plan for a new client installation.

Integration with other Vendors

- Confirm your ability to integrate and exchange data with all of the MCJHIF's current vendors.
- List all of the 3rd party vendors/carriers that you currently have established connectivity for accumulator integration and/or data integration.

ACA/Health Care Reform

- Confirm you comply with all ACA requirements.
- Provide your standard ACA preventative drug list at an NDC 11 level.

EGWP

- Confirm you can administer an EGWP for MCJHIF.
- List the number of EGWP lives and number of EGWP clients.
- Confirm if you subcontract out any EGWP services.
- Confirm that you can administer the MCJHIF's current EGWP plan design.
- Confirm that you do and will continue to comply with all CMS requirements for an EGWP.
- Describe EGWP experience and support you can provide to clients.
- Confirm your EGWP is in good standing with CMS and you are able to enroll new plans.
- List any CMS sanctions on your EGWP in the past 5 years.
- Provide your CMS star rating for the past 5 years.
- Confirm your BOB PDE rate for 2023.
- Confirm all EGWP member communications meet CMS requirements.
- Provide a sample of all EGWP member communications you provide.
- Confirm that you will handle the administration, collection and remittance of all payments, subsidies, and fees (ex. – LICS, LIPS, LEP, CGDP, Catastrophic Reinsurance, fees, etc.) on behalf of MCJHIF.
- Confirm that you exclude any claims submitted by a provider on the OIG's List of Excluded Individuals and Entities.

- Confirm you will administer CMS compliant clinical programs (ex- formulary, MTM, reviews/appeals, coverage determinations, DUR, UM, etc.).
- Confirm you will manage all aspects of eligibility for an EGWP (ex- MBI submissions, enrollment, disenrollment, late enrollment, PDEs, error resolution, transaction response reports,etc.)
- Confirm you have a medication transition fill process for new EGWP members.
- List all services and support that the EGWP administrative fee includes.
- Confirm that all WRAP claims (claims not covered by CMS) will be included in the Commercial Discount, Dispensing Fee and Rebate guarantees.

Auditing

- Confirm you agree to provide unrestrictive audit rights to MCJHIF or their authorized designee of all aspects of the PBM service agreement between you and MCJHIF .
- Confirm you will provide MCJHIF or their authorized designee with all requested claim fields and data files to support an audit and to validate compliance.
- Confirm there are no restrictions on the timing of when audits can be conducted or the number of audits allowed.
- Confirm that MCJHIF will have unrestricted access to participating pharmacy agreements and invoice payments, manufacturer contracts and invoices, NCPDP 835 fields and files for audits.
- Confirm that on an annual basis that internal audits are conducted on all aspects of your systems, claim processing, fulfillment services, and operations. (e.g. SOC/ISO). Attach your most recent report.
- Confirm you audit your mail service pharmacies and that your audit criteria is as rigorous as your retail network pharmacy audit protocol.
- Confirm you audit your Specialty pharmacies and that your audit criteria is as rigorous as your retail network pharmacy audit protocol.

- What percent of Retail network, Mail, and Specialty pharmacies are audited each year? How many and what percentage are done onsite? How many and what percentage are done via desktop audits? What percent of pharmacies were identified as non-compliant last year?
- Confirm that 100% of all pharmacy audit recoveries will be provided back to MCJHIF.
- Describe your network audit processes and procedures.

Client Invoicing

Complete the following chart:

Component	Invoice Frequency	Payment Terms
Claims		
Administrative Fees		
Misc. & Ancillary Fees (ex.- mailings, IT, etc.)		
Clinical Program Fees		
EGWP/RDS Fees		
Copay Assistance Program Fees		
Point Solution Program Fees		

Termination Rights

- Confirm that MCJHIF may terminate the agreement without cause and without penalty upon 90 days prior notice.

Required Definitions

Provide your definitions for the following contractually required terms:

- 340B Claim
- Administrative Fee
- Affiliate
- Authorized generic
- Average Wholesale Price" or "AWP
- Biosimilar
- Brand Drug

- Compound
- Copayment
- Covered Product
- Dispensing Fee
- Generic Drug
- Generics under Exclusivity
- Gross Drug Cost
- House Generic
- Inflation Protection
- Limited Distribution Specialty Drugs or LDD
- Limited Supply Generic
- MAC or MAC list
- Multi-source Generics
- Net Ingredient Cost
- New to Market Specialty Drugs
- Over the Counter or OTC
- Patent Litigated Generics
- Pass-through
- Pharmacy Submitted Cost
- Prescription Drug Claim
- Rebate
- Secondary Claim or COB
- Single Source Generic
- Specialty Drugs
- Total Ingredient Cost
- Usual and Customary or U&C
- Zero Balance Due or ZBD

Pricing and Performance Guarantees

- Confirm pricing is based on an open and exclusion formulary based on what is in place today for both lines of business. Provide the name of your proposed formulary.
- Confirm you will provide a price offer for a Traditional Price Model.
- List all of the programs, services and reporting included in the EGWP fee above.
- Confirm that your proposal is based on a fully transparent, pass through price model for the EGWP line of business, where the admin fee is your only source of revenue.

- Confirm all proposed discounts and fees will be guaranteed for the term of the contract.
- Confirm that all mail prescriptions for all quantities and day supplies dispensed will be included in the mail discount guarantee and mail rebate guarantees.
- Confirm that you will provide an annual market check conducted by MCJHIF or their authorized designee.
- Confirm Vendor will not alter, revise, add or delete any contract language as part of their market check offer and only financial price point improvements will be provided.
- Provide the proposed annual market check provision language.
- Confirm that Point of Sale (POS) rebates will be optional and will not be a requirement for MCJHIF to implement for the term of the contract.
- Confirm the MCJHIF and members will always be charged the lower of the discounted cost (AWP discount or MAC), U&C price, Discount Card price, or member copayment for all claims at all pharmacies and at all pharmacy channels.
- Confirm that the Discount and Dispensing Fee Guarantees will be calculated, measured, reported, and reconciled separately (no offsets) for retail brand, retail generic, retail 90 brand, retail 90 generic, mail brand, mail generic, specialty retail brand, specialty retail generic, mail specialty brand, and specialty mail generic drugs.
- Confirm that each Administrative Service and/or Administrative Fee Guarantees will be calculated, measured, reported and reconciled separately (no offsets).
- Confirm that the Rebate Guarantees will be calculated, measured, reported, and reconciled separately (no offsets) for all brands for retail, retail 90, mail, specialty retail, and specialty mail.
- Confirm that Rebates will be paid to MCJHIF within 90 days of the close of each calendar quarter.
- Confirm that PBM's compliance with any state or federal laws affecting PBM's reimbursement to pharmacies will not result in an adjustment to any pricing guarantees during the term of the contract.

- Confirm that the Discount and Dispensing Fee Guarantees calculations will include ZBD claims; and will exclude U&C claims, Compound claims, Secondary claims, member submitted claims, Subrogation claims, reversal claims, rejected claims, and adjustment claims.
- Confirm that any discount guarantees or Rebates exclude the value of any variable copay/copay assistance programs offered by PBM.
- Confirm that all claims including ZBDs will be included in both the calculation as well as the reconciliation and payment of all financial guarantees.
- Confirm DAW penalty amounts and/or mandatory generic penalty amounts charged to the Member will not be used as a reduction in ingredient cost for discount calculation purposes.
- Confirm brand claims with DAW penalty amounts and/or mandatory generic penalty amounts will be included in rebate minimum guarantees.
- Confirm guarantees will be calculated, measured, reported and reconciled annually individually within 90 days of the end of the year.
- Confirm discount and fee guarantees are based on current plan design and assumes all current clinical edits and programs remain in place.
- Confirm Rebate guarantees are based on current plan design and assumes all current clinical edits and programs remain in place.
- Confirm Specialty rebates are based on a plan design that allow up to a 30 days' supply for specialty medications.
- Confirm specialty rates and rebates are based on an open Specialty network for EGWP and an exclusionary Specialty network for the commercial line of business..
- Confirm that generic discount guarantees will include ALL generic drugs. List any drugs/drug types excluded from generic discount guarantees.
- Confirm that Plan Sponsor shall receive 100% of all Rebate amounts received by PBM on Plan Sponsor's utilization, irrespective of formulary placement, whether on formulary or not, whether the claim is excluded from the Rebate guarantees, whether the claim is a Brand drug claim or a Generic drug claim, or whether or not Plan Sponsor met all Rebate criteria. For the avoidance of doubt, if PBM receives the Rebate amounts, then 100% of such amounts received shall be paid to Plan Sponsor.

- Confirm the rebate guarantees will include ALL brand drugs for all day supplies. List any drugs/drug types excluded from minimum rebate guarantees.
- Confirm Rebates include any and all remuneration and monies received by any GPO, manufacturer, and/or rebate aggregator.
- Based on the financial offer, confirm if the Insulin list price and rebate reductions have been accounted for in your proposed pricing. Confirm the type of adjustment in your pricing proposal as it pertains to drug list price reductions. Choose from the following:
 - o The discount guarantees AND minimum rebate guarantees reflect the lower list price and lower rebates offered by pharma.
 - o Only discount guarantees reflect the lower list price offered by pharma.
 - o Only minimum rebate guarantees reflect the lower rebates offered by pharma.
 - o Adjustments to drug list prices are not accounted for in the proposed pricing guarantees
- Provide the adjustment dollar amount that Vendor is estimating on the minimum rebate guarantees will be as a result of the ARPA required drug list price reductions.
- Provide the dollar amount that Vendor is estimating the ingredient cost reduction will be as a result of drug list price reductions.
- Complete the pricing chart below for MCJHIF. Pricing must be based on the current plan design, formulary type, broad network, and utilization. Pricing must be a fully transparent, pass-through offer for every price component for the EGWP line of business.

Commercial Line of Business.

Administrative fee (paid claims only)					
EGWP fee					
Any other Fees (list and describe)					
Brand AWP Discount (include ZBD)					
Brand Dispensing Fee					
Generic AWP Discount (include ZBD)					
Generic Dispensing Fee					

Biosimilar AWP Discount (include ZBD)					
Biosimilar Dispensing Fee					
Limited Distribution Drug AWP Discount					
Limited Distribution Drug Dispensing Fee					
Rebate per Brand claim					
Rebate percentage share					

EGWP Line of Business.

Pricing Component	Broadest Retail Network	Retail90 Network	Mail Service	Specialty Retail	Specialty Mail Service
Administrative fee (paid claims only)					
EGWP fee					
Any other Fees (list and describe)					
Brand AWP Discount (include ZBD)					
Brand Dispensing Fee					
Generic AWP Discount (include ZBD)					
Generic Dispensing Fee					
Biosimilar AWP Discount (include ZBD)					
Biosimilar Dispensing Fee					
Limited Distribution Drug AWP Discount					
Limited Distribution Drug Dispensing Fee					
Rebate per Brand claim					
Rebate percentage share					

- List any fees for any services or programs not listed in the chart above.

- List any drug and/or claim type exclusions from any of the discount guarantees listed in the chart above.
- Provide all financial methodologies, caveats, assumptions and conditions for your financial proposal for Discounts, Dispensing Fees, Rebates and Administrative Fees.
- Confirm that Rebate guarantees will include the greater of the minimum per brand claim regardless of the day supply, or Rebate percentage share listed above.
- Confirm the name of the formulary that was used for the basis of the rebate guarantees listed above.
- List all of the programs, services and reporting included in the EGWP fee above.
- List any and all sources of revenue you will receive.
- Provide your proposed Specialty Drug list by NDC and include individual product pricing for retail and mail for these medications.

Confirm ALL specialty medications filled will be included in the Overall Effective Discount (“OED”) Guarantees for Specialty including New to Market, LDDs, Biosimilars and vaccines.

- Confirm ALL specialty medications filled will be included in the Specialty Rebate Guarantees (100% share and minimum brand guarantees) including new to market medications, LDDs, Biosimilars, and vaccines.
- Provide an NDC 11 list of all medications on your proposed Specialty Drug List.
- Provide an NDC 11 list of all medications on your Limited Distribution Specialty List. Indicate on this list which Limited Distribution Specialty medications your Specialty pharmacy does not have access to and/or cannot dispense.
- Provide a list of all medications on your Limited Distribution Specialty List.
- Provide a list of any Limited Distribution Non-Specialty medications Vendor owned Mail pharmacy does not have access to and cannot dispense.
- Confirm you will not remove any drug classes from your Specialty Drug List during the term of the Agreement with MCJHIF.
- Confirm if HIV drug class is on your Specialty Drug List.

- Confirm if transplant mediations ore on your Specialty Drug List.
- Confirm if PCSK9 mediations ore on your Specialty Drug List
- Confirm any New to Market Specialty medications will be included in Specialty OEDs within 6 months of entry into the market.
- Provide the claim counts for the brands in the CY 2023 data your PBM is seeing and predicting for the 2025-2027 period as well as the rebate guarantee amounts and rebate payments (100%) you are forecasting.

Commercial Line of Business

Brand Claim Counts	Baseline Data	Year 1	Year 2	Year 3
Category				
Retail 30 Brand				
Retail 90 Brand				
Mail Brand				
Retail Specialty				
Mail Specialty				
Total Claim Counts				
Rebate Forecast (Guaranteed Payments)				
Category				
Retail 30 Brand				
Retail 90 Brand				
Mail Brand				
Retail Specialty				
Mail Specialty				
Total Rebate Forecast				
Rebate Forecast (100% Payments)				
Category				
Retail 30 Brand				
Retail 90 Brand				
Mail Brand				
Retail Specialty				
Mail Specialty				
Total Rebate Forecast				

EGWP Line of Business

Brand Claim Counts	Baseline Data	Year 1	Year 2	Year 3
Category				
Retail 30 Brand				
Retail 90 Brand				
Mail Brand				
Retail Specialty				
Mail Specialty				
Total Claim Counts				
Rebate Forecast (Guaranteed Payments)				
Category				
Retail 30 Brand				
Retail 90 Brand				
Mail Brand				
Retail Specialty				
Mail Specialty				
Total Rebate Forecast				
Rebate Forecast (100% Payments)				
Category				
Retail 30 Brand				
Retail 90 Brand				
Mail Brand				
Retail Specialty				
Mail Specialty				
Total Rebate Forecast				

13.3.15 Provide the expected claim costs (Gross Cost prior to Copays and not inclusive of Rebates) your PBM is predicting for the 2025-2027.

Commercial Line of Business

Brand Claim Counts	Year 1	Year 2	Year 3
Category			
Retail 30 Brand			
Retail 30 Generic			
Retail 90 Brand			
Retail 90 Generic			
Retail Brand Specialty			
Retail Generic Specialty			
Mail Brand			
Mail Generic			
Mail Brand Specialty			
Mail Generic Specialty			

EGWP Line of Business

Brand Claim Counts	Year 1	Year 2	Year 3
Category			
Retail 30 Brand			
Retail 30 Generic			
Retail 90 Brand			
Retail 90 Generic			
Retail Brand Specialty			
Retail Generic Specialty			
Mail Brand			
Mail Generic			
Mail Brand Specialty			
Mail Generic Specialty			

Allowances and Performance Guarantees

- Provide the amount of the ongoing annual allowance you will provide and list all programs, services and items that can be used towards this allowance. Provide separate allowances for the Commercial and EGWP lines of businesses.

- Provide the amount of the implementation allowance you will provide and list all programs, services and items that can be used towards this allowance. Provide separate allowances for the Commercial and EGWP lines of businesses.
- Provide the amount of the pre-implementation audit allowance that you will provide to client. Provide separate amounts for the Commercial and EGWP lines of businesses.
- Provide the amount of annual audit allowance that you will provide. Provide separate amounts for the Commercial and EGWP lines of businesses.
- Provide the amount of any annual credits you are willing to provide. Provide separate amounts for the Commercial and EGWP lines of businesses.
- List each performance guarantee you are willing to offer MCJHIF and provide a description of the performance standard, guarantee threshold, and the amount you are willing to put at risk. Provide separate amounts for the Commercial and EGWP lines of businesses.
- List each implementation performance guarantees are you willing to offer MCJHIF and provide a description of the performance standard, guarantee threshold, and the amount you are willing to put at risk. Provide separate amounts for the Commercial and EGWP lines of businesses.
- Confirm that all performance guarantees will be MCJHIF specific and not based on your book-of-business achievement.