



MIDDLESEX COUNTY JOINT HEALTH INSURANCE FUND

PHARMACY BENEFIT MANAGER

REQUEST FOR PROPOSAL

February 26, 2021

Middlesex County Joint Health Insurance Fund PBM RFP

1.1 General Notices

All general information pertaining to the PBM portions of Middlesex County Joint Health Insurance Fund (“MCJHIF”) RFP is covered in the beginning of the overall RFP for MCJHIF.

All data and information contained in this RFP shall be treated as confidential and shall not be disclosed to any third party.

2.1 Claim Detail File

A detailed de-identified claim data file, current formulary information, and current plan design information will be provided to bidders upon email request to Dawn Reck at dawn.reck@remedyanalytics.com.

2.2 Utilization Statistics – 2020 Total includes EGWP and Commercial lives as the EGWP was implemented on 1/1/21. The EGWP 2020 column represents the total EGWP utilization (included in the total as well).

MCJHIF	Total	EGWP	EGWP
Component	2020	2020	Jan. 2021
Gross Cost	\$40,928,075	\$15,154,749	\$1,149,723
Total Rxs	159,646	54,608	3,668
Generic % (GFR)	77.9%	73.2%	76.1%

Commercial lives in 2020 – 10,067

Commercial lives in 2021 – 8,628

EGWP lives in 2021 – 1,439

2.3 Vendors for Integration - Current Vendors:

- Eligibility vendor name: Unicorn
- COBRA vendor name:
- FSA vendor name:

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

Medical Carrier: Biweekly

FSA vendor: Biweekly

Consultant: Monthly claim history files

Consultant: Annual claim file to be delivered by February 15th of each subsequent calendar year of the contract (2/15/22, 2/15/23, 2/15/24)

2.5 Confirm all agreed upon requirements, definitions, criteria, and methodologies will be incorporated into the final contract with MCJHIF.

3 RFP Certification Form

3.1 This is covered in Section II of the RFP and will be applicable for the pharmacy proposal.

4.1 General Information

4.1.1 Confirm your understanding that all legal terms, criteria, etc. must be agreed upon prior to any organization being selected as a finalist.

4.1.2 Confirm there are no legal obligations or conflicts of interest for you or for any individual within your organization that would prevent you from contracting with MCJHIF.

4.1.3 Confirm you operate in New Jersey and that you will adhere to all applicable New Jersey legislation regarding pharmacy benefit administration.

4.1.4 Provide the name and business address for your corporate headquarters and for all office locations, as well as the business names and locations of your subsidiaries and subcontractors.

4.1.5 Provide information on any subcontractors utilized. List the name of the subcontractor, their locations, the type of services each subcontractor performs, and how long you have been working with each subcontractor. Also state if any of the services provided by each subcontractor are performed off-shore.

4.1.6 How long have you been providing PBM services?

4.1.7 What is the total number of PBM lives you manage?

4.1.8 What is the total gross PBM drug spend you manage?

4.1.9 What is the total number of PBM clients you manage?

4.1.10 Provide your estimated number of direct employees and percent turnover in each of the following categories:

Category	Number of Employees	2020 vs. 2019 Turnover Rate
Total Number of Employees		
Member Services Representatives		
Account Management		
Clinical Account Management		

4.1.11 Report your PBM book of business statistics by the market segments as listed below.

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

4.1.12 Describe any legal action taken against your PBM (including subsidiaries, affiliates and subcontractors) within the past three years. Provide the nature and current status of each.

4.2 Disaster Recovery Plans

4.2.1 Confirm you have a disaster recovery plan in place in the event of an emergency for the following (if you subcontract out any of the following services, provide responses for that entity as applicable):

	Response
Claims Processing	
Mail Service Pharmacies	
Specialty Pharmacies	
Operations and Systems Sites	
Offsite Storage of all claim history, eligibility, plan design	
Call Center Support for members, pharmacies, physicians	

5.1 Eligibility

5.1.1 Confirm you will not charge MCJHIF for use of your standard eligibility file layouts including the industry standard EDI834.

5.1.2 Confirm you will not charge for use of any non-standard eligibility file layouts.

5.1.3 Confirm you will accept eligibility feeds from multiple sources, in various formats, and varying schedules at no cost.

5.1.4 Confirm clean eligibility files received from MCJHIF or their vendor will be processed and eligibility updated into your system within 24 hours of receipt.

5.1.5 Confirm MCJHIF and/or their authorized designee will have access to an on-line, real-time eligibility system and will have the ability to add new members, update and/or terminate existing eligibility records.

5.2.1 Call Center

5.2.1.1 Confirm you will assign a dedicated toll free number for MCJHIF's members at no additional cost.

5.2.1.2 Confirm that there is a single toll free number for all member inquiries for retail, mail, specialty, clinical, plan design, coverage, and member appeals, etc.

5.2.1.3 Confirm if EGWP members will be using the same toll free number as the Commercial members of MCJHIF?

5.2.1.4 Provide the number of call centers and hours of operation for each location you operate.

5.2.1.5 Provide your BOB statistics for calendar year 2020 for Average Speed of Answer and Call Abandonment Rate for Specialty, Mail and Retail.

5.2.1.6 Confirm you record 100% of member calls.

5.2.2 Member Website

5.2.2.1 Confirm that members will have access to, view and/or download the following:

	(Yes/No)
Eligibility look up and verification	
Claims history	
EOB's	
Formulary information and tier status for each medication	
Plan Design/Copays/Ded/MOOP, including the ability to price a medication 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 cards	
Mail service and Specialty order forms	
Claim reimbursement forms	
Drug prices	
Prior authorization documentation and request submissions	
Appeal documentation and request submissions	

5.2.2.2 Describe the key features of your member website and mobile app.

5.2.3 Member Materials

5.2.3.1 Confirm that the following materials are included in the member welcome packet.

	Included in member packet (Yes/No)
Welcome letter	
Benefit and plan design Information in ACA compliant format	
Mail service enrollment form	
HIPAA privacy notification	
List of preferred, non-preferred, and excluded (formulary) drugs	
Pharmacy directory and listing of closest available pharmacies	
Information on reviews/appeals and rights	

5.2.3.2 Confirm ID cards and member materials can be customized by MCJHIF at no cost.

5.2.3.3 Provide sample member communications for both Commercial and EGWP.

5.3 Appeals

5.3.1 Confirm you are compliant with the provisions and response times for all reviews and appeals as required by the ACA.

5.3.2 List the Independent Review Organizations (IRO's) you work with.

5.4 Account Management

5.4.1 Confirm MCJHIF will have the right to change any member of the account team at their requested.

5.4.2 Provide locations and biographies on the members of the proposed account management team.

5.4.3 How many clients and lives do the proposed Account Executive, Account Manager and Clinical Account Manager currently have?

5.4.4 What were the overall client satisfaction scores for proposed Account Executive, Account Manger and Clinical Account Manager last year?

5.4.5 Provide references (three active and three terminated clients) for the proposed account team.

5.5 Benefit Fair and Open Enrollment Participation

5.5.1 Confirm you will provide at least one member of the account team and/or clinical attendee to participate in all MCJHIF's benefit fairs at no cost.

5.5.2 Confirm you will have a pre-implementation website available to MCJHIF at no charge during open enrollment.

5.5.3 Confirm that that pre-implementation website will have claim pricing/testing available for formulary coverage and tier placement, network access, and copay information.

5.6 Claim Processing

5.6.1 Confirm you adhere to all NCPDP requirements for claim processing and record transmission.

5.6.2 Confirm you can provide both standard and custom POS edits at no cost.

5.6.3 Describe the details and duration of any claim processing system downtime in the past 12 months.

5.7 Coordination of Benefits (COB)

5.7.1 Confirm you can administer COB at the point of sale.

5.7.2 Describe the process you follow for subrogation claims. (e.g. Medicare, Medicaid, VA, etc.)

6.1 Retail Network

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

6.1.2 Confirm all chains are in the retail pharmacy network being proposed for MCJHIF.

6.1.3 Confirm the number of pharmacies in your proposed retail 90 pharmacy network.

6.1.4 List all chains included in your retail 90 pharmacy network.

6.1.5 Confirm your agreements with network pharmacies require the submission of the low cost generic price (i.e. \$4 generic program) in the U&C field.

6.1.6 List the network accessibility standards that will be guaranteed throughout the contract term. List standards separately for Commercial and EGWP plans.

6.1.7 Define your credentialing criteria for network pharmacy participation. How often do you re-credential your network?

6.1.8 How many pharmacies were removed from your network within the past 12 months?

6.1.9 Confirm MCJHIF is able to customize the network.

6.1.10 Confirm that you are compliant with all state laws regarding reimbursements and pricing transparency.

6.2 Mail Service Program

6.2.1 Confirm that your mail service pharmacies can dispense in all 50 states and that they meet all federal and state pharmacy requirements.

6.2.2 How many dispensing pharmacies do you own and what is the location of each?

6.2.3 How many mail service pharmacies are in your network that you do not own? Provide a list of the pharmacies.

6.2.4 What is your average turnaround time for prescriptions requiring some type of intervention/Prior authorization? (i.e. time between your receipt of member's prescription and the medication being shipped out) What is your average turnaround time for prescriptions requiring no intervention?

6.2.5 Confirm you will notify members of any delays in the shipping and delivery of their medications that exceeds a 2 day delay.

6.2.6 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.

6.2.7 Provide your dispensing accuracy rate for 2019, and 2020.

	Accuracy Rate
2019	
2020	

6.2.8 Provide your intervention rate for 2019, and 2020.

	Intervention Rate
2019	
2020	

6.2.9 Confirm you extend credit limits to members who do not send copays or send incorrect amounts. List the credit limit amount.

6.2.10 Confirm you will not MCJHIF for any uncollected mail or specialty member copays.

6.2.11 Confirm if you automatically prorate a member's copay if a prescription is dispensed for less than a 90 day supply.

6.2.12 Confirm if you have an auto refill program at Mail and/or Specialty. Confirm that MCJHIF and/or their members can choose not to implement this.

6.3 Specialty Fulfillment

6.3.1 Do you own your own Specialty pharmacies? List number and locations of each along with dispensing capacity and current dispensing volume.

6.3.2 Confirm that your Specialty pharmacy and all clinical staff meets all federal and state pharmacy requirements.

6.3.3 How many specialty pharmacies do you contract with 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?

6.3.4 Confirm you will not reclassify drugs from Specialty to non-Specialty (or vice versa) throughout the term of the agreement without MCJHIF's prior approval and consent.

6.3.5 Confirm the Specialty drug list and pricing will only be updated after providing a minimum of 90-days prior written notice to MCJHIF. Confirm you will provide upon request a updated 11 digit NDC excel Specialty drug list.

6.3.6 Confirm that all claims for Specialty medications will be limited to 30-day supplies or less.

6.3.7 What Specialty medications are not available through your Specialty pharmacies (e.g. limited distribution)? How are prescriptions for these medications handled?

6.3.8 Confirm the member is contacted and provides their approval prior to the dispensing any Specialty medication refill.

7.1 Formulary

Note any differences in program offerings between commercial and EGWP plans in your responses below

7.1.1 How many voting members are on your Pharmacy and Therapeutics (P&T) Committee? How many are voting members? How many are non-voting members? What are their areas of specialty?

7.1.2 How many members of the P&T Committee are your employees?

7.1.3 Confirm if your P&T committee receives any funding or financial support of any kind from pharmaceutical manufacturers.

7.1.4 How many standard formularies do you offer? List the name of each formulary and provide a brief description of each formulary you offer.

7.1.5 How many drugs are excluded from any of your formularies listed above? How many entire drug classes are excluded from any of your formularies listed above?

7.1.6 Are any generics placed on a tier other than the lowest tier? (i.e. Tier 2 or Tier 3 or excluded on your formulary)? List the drugs.

7.1.7 Confirm MCJHIF's ability to customize the formulary.

7.1.8 Describe your strategy for coverage and formulary status of single source generics, authorized generics, and Biosimilars as they become available to the market.

7.1.9 Using the claim detail provided, provide a disruption analysis of the current formulary compared to your proposed open (no exclusions) formulary. Include the number of Rx's and number of unique members that would have any copay changes.

7.1.10 List overall brand spend with price protection, including total traditional brand spend with price protection and total specialty brand spend with price protection.

7.1.11 Confirm (and describe the clinical outcomes based requirement within your pharma rebate contracts.

7.2 Patient Assistance Programs/Copay Assistance Programs:

7.2.1 Do you accept manufacturer coupons/copay assistance at all pharmacy channels (Retail, Mail, Specialty)?

7.2.2 If you accept manufacturer coupons/copay assistance, how do you integrate the value of the coupon into MCJHIF plan design (e.g. MOOP, deductible, etc.)?

7.2.3 How do you help clients maximize the copay assistance available in order to lower their plan costs?

7.2.4 Describe the patient assistance programs that you offer.

7.3 Utilization Management

7.3.1 Provide a list of all of your standard UM programs for both Active and EGWP plans along with a brief description of each program. Include all prior authorization, quantity/day supply limit, step therapy, DUR edits available.

7.3.2 For each clinical program or edit you describe above, list what fee (if any) is associated with each.

7.3.3 Confirm MCHJIF 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.

7.4 Safety and Quality Initiatives

7.4.1 Describe programs available to promote safety and quality (e.g. Fraud, Waste, and Abuse).

7.4.2 List and provide all opioid management programs available and indicate which are provided at no additional charge and which have an additional fee.

7.6 E-prescribing and Electronic Medical Record (EMR) Integration

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

7.6.2 List the EMR companies you work with.

7.7 Compounds

7.7.1 Provide a list of all edits and clinical programs available for compound medications.

7.7.2 Describe your pricing methodology for compound drug adjudication.

7.7.3 Provide a list of all edits and clinical programs available for kits and packs.

8.1 Data Ownership and Access

8.1.1 Confirm MCJHIF has complete ownership of their pharmacy claim data and all claim data elements.

8.1.2 Confirm you will provide MCJHIF and/or MCJHIF's authorized designee with both on-line access and claim file detail for all pharmacy claim data at no cost.

8.2 Data Security and HIPAA Compliance

8.2.1 Confirm compliance with all HIPAA requirements and regulations for eligibility transmissions, claim processing, data transfers, data storage and member service.

8.2.2 Confirm if any subcontractors have access to PHI. Confirm you will be responsible for any subcontractor breaches in HIPAA compliance and data security.

8.2.3 What HIPAA violations have occurred in the past 5 years?

8.2.4 Confirm all employees go through HIPAA training and certification and re-certification.

8.3 File Management

8.3.1 Confirm that paid, reversed, and rejected claims are provided to MCJHIF and/or their authorized designee on claim detail files.

8.3.2 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.

8.4 Analytics and Reporting

8.4.1 Confirm that access to your on-line reporting tool will be provided at no cost to MCJHIF and/or their authorized designee.

8.4.2 Confirm that hard copy reports will be provided at no cost to MCJHIF

8.4.3 Confirm you will provide any analysis and cost projections needed to support MCJHIF with collective bargaining, plan changes, and or other benefit change considerations.

8.5 Transition and Vendor Change Management

8.5.1 Confirm no upfront, initial deposit will be required from MCJHIF.

8.5.2 Confirm you will conduct pre-implementation testing of all plan designs and clinical programs, and will provide MCJHIF and/or their authorized designee with the outcomes and results of your testing.

8.5.3 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.

8.5.4 Confirm you have a separate installation department to handle the implementation and transition to your PBM?

9.1 Integration

9.1.1 Confirm your ability to integrate and exchange data with MCJHIF's current vendors listed in Sections 2.3 and 2.4 on-line and in real time.

9.1.2 Confirm your ability to accommodate both embedded and non-embedded accumulators.

9.2 ACA/Health Care Reform

9.2.1 Confirm you will support MCJHIF to comply all ACA requirements.

9.2.2 Provide your standard ACA preventative drug list in excel and at an NDC11 level.

10.1 Employee Group Waiver Program (EGWP)

10.1.1 Confirm you can administer an EGWP for clients and can provide all EGWP services for MCJHIF.

10.1.2 Describe your EGWP capabilities and experience, including the number of lives and number of clients in your EGWP.

10.1.3 Provide your book-of-business PDE error rate for 2019 and 2020.

10.1.4 How you determine, designate and adjudicate drugs as either Part B vs D?

10.1.5 Confirm that your EGWP complies with all CMS requirements.

10.1.6 Describe your process in place for retirees when going from phase to phase (deductible, initial coverage, coverage gap, and catastrophic).

10.1.7 Confirm your EGWP is in good standing with CMS and you are able to enroll new plans.

10.1.8 Provide details of any CMS sanctions imposed on your EGWP in the past 3 years and list the corrective actions taken as a result.

10.1.9 Confirm you will process: LIS premium and LICCS refunds and reimbursements , CGDP, and direct subsidies, and reinsurance to members and clients, according to CMS requirements at no cost.

10.1.10 Provide an overview of your EGWP MTM program.

10.1.11 Confirm the star rating your EGWP holds with CMS.

10.1.12 Explain your EGWP formulary development and maintenance process. Provide a copy of your EGWP formulary proposed for MCJHIF.

10.1.13 Describe the medication transition fill process for new EGWP members. How are members notified? Include the transition supply allowed for each situation and each type of facility (i.e. long term care vs. retail).

10.1.14 Provide an overview of the enrollment, late enrollment, disenrollment process, reporting and timing.

10.1.15 How do you notify MCJHIF of any CMS regulation changes or of required changes that impact MCJHIF and members? How much lead time is provided to MCJHIF and members?

10.1.16 Describe the process to ensure that you will only pay claims on CMS authorized prescribers. What is the process for providing a one time exception fill for retirees? Include the process for notifying retirees and pharmacies that the prescriber is not registered with CMS.

10.1.17 Provide a description of your internal monitoring and oversight to ensure your EGWP is in full compliance with CMS. How often is the client provided with results?

10.1.18 Confirm you will provide all CMS required communications and letters (Ex-enrollment/disenrollment notification, LIS Riders, LEP attestations, EOBs, EOCs, ANOC, Welcome packets, Transition fill letters, HIPAA notices, transition letters, formulary information, MTM, coverage determination/redeterminations, grievances, appeals, and mail service order forms).

10.1.19 Confirm you will provide the following clinical services (FWA, MTM, CDUR, RDUR, Formulary Management, Transition fills, clinical reviews, coverage determinations, appeals, grievances) according to CMS requirements.

11.1 Client Audit Rights

11.1.1 Confirm you agree to provide unrestrictive audit rights to MCJHIF or their authorized designee of all aspects of the service agreement between you and MCJHIF.

11.1.2 Confirm that on an annual basis that internal audits are conducted on all aspects of your systems, claim processing, fulfillment, and all operations. Attach your most recent report (SOC/ISO).

11.1.3 Confirm MCJHIF and/or their authorized designee will have the right to audit all aspects of the PBM contract performance and your adherence to contractual terms.

11.3 PBM Network Audit

11.3.1 Confirm you audit your mail service pharmacies and that your audit criteria as rigorous as your retail network pharmacy audit protocol.

11.3.2 Confirm you audit your Specialty pharmacies and that your audit criteria is as rigorous as your retail network pharmacy audit protocol.

11.3.3 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?

11.3.4 Confirm that 100% of all pharmacy audit recoveries will be provided back to MCJHIF.

11.4 Client Invoicing

11.4.1 Complete the following chart:

Component	Invoice Frequency	Payment Terms
Claims		
Administrative Fees		
EGWP Fees		
Misc. & Ancillary Fees (ex.- mailings, IT, etc.)		
Clinical Program Fees		

11.5 Termination Triggers

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

Provide responses for a Traditional bid for all portions of this Section 12 for the Commercial Population and for a Pass Through bid for all portions of this Section 12 for the EGWP population

12.1 Pricing Proposal:

12.1.1 Confirm all proposed discounts and fees are guaranteed for the term of contract.

12.1.2 Confirm you will provide MCJHIF and/or their authorized designee with a copy of the MAC list and prices in an excel format at a frequency requested at no cost.

12.1.3 Confirm that all mail prescriptions will be included in the mail discount guarantees and mail rebate guarantees.

12.1.4 Confirm that MCJHIF will not be required to provide Point of Sale (POS) rebates for the term of the contract.

12.1.5 Confirm that you will provide an annual market check conducted by MCJHIF or their authorized designee .

12.1.6 Confirm the MCJHIF and their members will always be charged the lower of the discounted cost (AWP discount or MAC), U&C price , or member copayment for all claims at all pharmacies and at all pharmacy channels.

12.1.7 Provide your definitions for the following contractually required terms:

- Administrative Fee
- 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 or Rebates
- Secondary Claim or COB
- Single Source Generic
- Specialty Drugs
- Total Ingredient Cost
- Usual and Customary or U&C

- Zero Balance Due or ZBD

12.2 Discount and Fee Guarantee Criteria and Methodology

12.2.1 Confirm that the 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, and specialty retail and specialty mail drugs.

12.2.2 Confirm that any Administrative Service and/or Administrative Fee Guarantees will be calculated, measured, reported and reconciled separately (no offsets).

12.2.3 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.

12.2.4 Confirm that Rebates will be paid to MCJHIF within 90 days of the close of each calendar quarter.

12.2.5 Confirm that GDR guarantees will be calculated, measured, reported and reconciled separately (no offsets) for retail, mail, and Specialty retail and Specialty mail.

12.2.6 Provide a GDR guarantee at retail, mail, and Specialty for each year of the contract term.

12.3 Pricing Charts

12.3.1 Confirm that all pricing components listed in charts below will be guaranteed, reviewed, audited, measured, reported and reconciled separately with no offset between any of the individual price components.

12.3.2 Confirm guarantees will be calculated, measured, reported and reconciled annually individually within 90 days of the end of the year.

12.3.3 Confirm discount guarantees, dispensing fee guarantees, administrative fee guarantees, rebate guarantees, and GDR guarantees are based on current plan design and assumes all current clinical edits and programs remain in place (no additional programs considered).

12.3.4 Confirm pricing is based on an open formulary (no exclusions).

12.3.5 Confirm which formulary was used as the basis for the price quote below. Confirm this formulary will not be switched to an alternate formulary over the term of the PBM Agreement without the approval of MCJHIF.

12.3.6 Confirm you will provide a price offer for a Traditional Price Model for the commercial population and a Pass Through Price Model for the EGWP population.

12.3.7 Confirm that generic discount guarantee will include all generic drugs.

12.3.8 Complete the pricing chart below for MCJHIF. Pricing must be based on the current plan design, formulary type, broad network, and utilization. **Provide separate chart for a Traditional price offer for the Commercial population and a Pass Through price offer for the EGWP population.**

Pricing Component	Broadest Retail Network	Retail90 Network	Mail Service	Specialty Retail	Specialty Mail Service
Administrative fee (paid claims only)					
Consumer-driven/high deductible program administrative fee					
All other Administrative fees (list and describe)					
Brand AWP Discount (include ZBD)					
Brand AWP Discount (exclude ZBD)					
Brand Dispensing Fee					
Generic AWP Discount (include ZBD)					
Generic AWP Discount (exclude ZBD)					
Generic Dispensing Fee					
Biosimilar AWP Discount (include ZBD)					
Biosimilar AWP Discount (exclude ZBD)					
Biosimilar Dispensing Fee					
Rebate per Brand claim					
Rebate percentage share					

12.3.9 Provide in detail all methodologies, caveats, assumptions and conditions for your financial proposal for Discounts, Dispensing Fees, Rebates and Administrative Fees.

12.3.10 Confirm that Rebate guarantees will include the greater of the minimum per Brand claim regardless of the day supply, or Rebate percentage share as noted above.

12.3.11 List any and all fees for any services or programs not listed in the chart above.

12.3.12 List any and all EGWP services and programs that you provide along with any fees associated with each service or program.

12.3.13 Provide your proposed subsidy savings analysis with your submission

12.4 Specialty Pricing

12.4.1 Provide your proposed Specialty Drug list by NDC and include individual product pricing for both retail and mail for these medications. Designate on this list which Specialty Drugs are considered Limited Distribution Drugs (LDD).

12.4.2 Confirm ALL specialty medications will be included in the Overall Effective Discount (“OED”) Guarantees for Specialty.

12.4.3 Confirm ALL specialty medications will be included in the Specialty Rebate Guarantees.

12.4.4 Provide a list of any Limited Distribution Specialty medications that your Specialty pharmacy does not have access to.

12.5 Allowances

12.5.1 Provide the amount of the ongoing allowance you will provide to MCJHIF and list all programs, services and items that can be used towards this allowance.

12.5.2 Provide the amount of the implementation allowance you will provide to MCJHIF and list all the programs, services and items that can be used towards this allowance.

12.5.3 Provide the amount of the pre-implementation allowance that you will provide to MCJHIF.

12.5.4 Provide the amount of the annual audit allowance that you will provide to MCJHIF.

12.6 Performance Guarantees

12.6.1 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.

12.6.2 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.

12.6.3 Confirm that all performance on all guarantees will be reported to MCJHIF on a quarterly basis and reconciled annually.

12.6.4 Confirm that any amounts due to MCJHIF for missed performance guarantees will be paid to MCJHIF within 90 days after the close of each contract year.

12.6.5 Confirm that all performance guarantees will be specific to MCJHIF and not based on your book of business averages.

QUESTIONS

Please direct questions to:

Dawn Reck with a copy to Dave Hissey or Lynn Collins

dawn.reck@remedyanalytics.com d.hissey@naimc.com l.collins@naimc.com

North American Insurance Management Corporation
6 Dickinson Drive
Bldg. 300, Ste. 302
Chadds Ford, PA 19317
610-388-0600

All proposals must be submitted in accordance with the attached Standardized Submission Requirements and Selection Criteria established by the Middlesex County Joint Health Insurance Fund as its Fair and Open Public Solicitation Process for Professional Services.