Specialty RFP for West Virginia Public Employees Insurance Agency ("Client")

Financial Questionnaire

Proposing Company:

Instructions: Please respond ("Yes"/"No") as to whether you agree with the request noted below. A "Yes" response indicates that the terms you offer fully comply with the specific requirement. Any other response (e.g., "No") indicates that you **cannot** comply fully with the specific requirement. In those cases, please provide a brief explanation for why you cannot comply with the requests in full in the Explanation column.

#	Question	Response	Explanation
A	**AWP / MAC**		
1	Vendor agrees that all references to and inputs for AWP are based on current AWPs (those applicable on dates on/after September 26, 2009 - Post-AWP Rollback). Further, AWP discounts are applied directly to this AWP with no further adjustment.		
2	Vendor must grant Client access to Vendor systems to see the AWP's utilized for each specialty claim.		
3	The AWP used to price Client's claims must be from only one nationally recognized source (e.g., Medispan).		
4	The AWP used to price specialty pharmacy claims will be the actual NDC-11 submitted by the pharmacy as the one the pharmacy used to fill the prescription.		
5	All inputs for AWP will apply to the AWP applicable on the date of service of the prescription.		
6	The AWPs used in the guaranteed AWP discount calculation will be the same AWPs used to price the claims. See the requirements associated with the AWPs used to price the claims.		
7	You will not charge a higher AWP price per unit for any repackaged products assigned a different NDC number than the original manufacturer/labeler AWP price per unit for the same product (drug name, form and strength).		
8	In the event there are changes in the marketplace to the baseline measure used for the ingredient costs of drugs (e.g. AWP), the terms will be adjusted accordingly to provide an equivalent price.		
9	In the event there are changes in the marketplace to the baseline measure used for the ingredient costs of drugs (e.g. AWP), you will provide as much advanced notice as possible to Client and sufficient details to support any changes being proposed to the Client's contractual terms.		
10	In the event there are changes in the marketplace to the baseline measure used for the ingredient costs of drugs (e.g. AWP) and you propose changes to Client's contractual terms in order to account for the changes, changes will be agreed upon before any changes are made. If changes are not agreeable, either party has the right to terminate the agreement without financial consequences (e.g., loss of rebates earned but not yet paid).		
11	Does Vendor offer a MAC list for specialty medications? If so, which specialty medications are included on Vendor's MAC list?		
B	**DRUG CLASSIFICATION**		
1	Vendor will determine a product's brand or generic status using information available from only one nationally recognized source (e.g., Medispan). You agree you will not change this source throughout the duration of the contract, unless mutually agreed upon by Client.		

2	Vendor may not manipulate or change a product's brand or generic status retroactively for purposes of achieving pricing guarantees.		
C	**SPECIALTY PRICING**		
1	All specialty pharmacy claims must be priced using “lowest of logic" which means that claims will price at the lowest of the discounted ingredient price plus dispensing fee, the MAC plus dispensing fee, or the pharmacy’s U&C amount (including the pharmacy's sale price, if any). Pharmacies/Vendor will not be allowed to adjudicate based on a minimum copayment amount through the specialty pharmacy.		
2	Vendor will bill Client based on the lowest of logic: the lowest of (a) the discounted ingredient price plus dispensing fee less applicable Member Cost Share, (b) the MAC plus dispensing fee less applicable Member Cost Share or (c) the U&C amount less the applicable Member Cost Share.		
3	You agree to allow Client the flexibility to maintain the open specialty arrangement currently in place where specialty medications are provided by the specialty pharmacy offering the lowest cost.		
4	In the worksheet Specialty Drugs, along with the information provided, Vendor will add to the listing information about any claims for medications found within the claims history file provided that are on your specialty drug list but are not listed.		
5	In addition to applying a specialty drug list, you will offer a minimum average annual AWP discount guarantee for all specialty claims processed at the specialty pharmacy (the guaranteed rates are requested in the pricing offer worksheet).		
6	You will NOT pass along the cost of increases in mail shipping/postage rates to Client during the term of the agreement.		
7	The dispensing fee per claim listed for specialty pharmacy, if any, (in the Rx Pricing and Specialty Drugs worksheets) is not an average but the maximum amount that will apply per claim		
8	Vendor agrees that Client will not be responsible for any member contributions (e.g., deductible, coinsurance, copays) owed to Vendor. Collecting such fees will be the sole responsibility of Vendor.		
9	Specialty Pharmacy pricing terms (guaranteed discounts, dispensing fees and rebate guarantees) apply to all specialty pharmacy claims, regardless of days supply. No minimum charge or minimum days supply requirement should apply.		
10	Vendor agrees that Client may limit all specialty pharmacy claims to a 30-day supply (including those dispensed by your specialty pharmacy) with no modification to the pricing terms you are proposing for specialty medications in this RFP.		
11	Vendor has provided as the Explanation to this question the criteria you use to determine whether a medication is/will be considered to be a "specialty drug" during the term of the contract.		
12	Medications will only be added to Vendor's "specialty drug list" that meet the specific criteria you provided in this worksheet as the definition/criteria used to determine whether a medication is considered to be a specialty drug.		
13	Client will be provided at least 90 days advance notice of new medications being added to Vendor "specialty drug list" whenever feasible; Client reserves right to exclude the medication from coverage if the medication is in a category that is currently excluded (e.g., growth hormones).		
14	Vendor will maintain a list of specialty drugs that will be provided upon Client's request.		
15	Vendor will maintain a list of specialty drugs that includes effective and term dates.		

D	REBATES		
1	Based on Vendor serving as the rebate aggregator, is Vendor willing to offer minimum guaranteed rebates per specialty drug dispensed on the pharmacy and medical benefit? If so, what guarantees is Vendor willing to offer Client?		
2	If Vendor is willing to offer minimum guaranteed rebates, Vendor agrees to pay Client a guaranteed rebate credit equal to the greater of 100% pass through of actual total rebates or minimum guaranteed rebate per specialty drug dispensed.		
3	If Vendor is willing to offer minimum rebate guarantees, rebates received by Vendor from manufacturers after the annual reconciliation for claims included in true-up period shall be credited to Client along with the next scheduled rebate payment		
4	**Provide a disclosure of all pharmaceutical manufacturer contract provisions by completing the table below. Please provide additional revenue sources if not captured in the table below.**		
a	Formulary/Access rebates		
b	Market Share rebates		
c	Performance/Incentive rebates		
d	Data fees		
e	Rebate administration fees		
f	Compliance program funding		
g	Clinical program support/funding		
h	Therapeutic intervention funding		
i	Specialty drug rebates/point of service discounts		
j	Specialty clinical/case management funding		
k	Specialty compliance program funding		
l	Other		
E	**CREDITS & ALLOWANCES**		
1	Vendor confirms that it has completed the "Credits & Allowances" worksheet with the monies offered for the credits and allowances, as well as noted any associated qualification terms in the worksheet as requested.		

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Commercial Specialty Drugs

Proposing Company:

Instructions: Provide the information requested based on proposed Specialty Drug List and the pricing that you offer the Client. Note: "Non-Exclusive" means that vendor will negotiate pricing on a drug-by-drug basis with specialty pharmacies. Provide information based on your most up-to-date Specialty Drug Listing.

Drug Information			Specialty List		Non-exclusive Specialty Pharmacy Pricing			
	NDC	Drug Name	Brand/ Generic	Yes/No	Discount % off AWP		Disp Fee Per Claim	
					Retail	Specialty	Retail	Specialty
1								

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Admin & Program Fees

Proposing Company:

Instructions: Please propose in section A an all inclusive administrative fee on a per member per month basis to cover all the services listed below and requested throughout the questionnaire. If each individual service is included in your proposed all inclusive administrative fee, respond "Yes" in column D. If any of these services are either: (1) not offered, and therefore, not included in the quote; or (2) included as part of the services, but at an additional cost, please answer "No" in column D and provide the fee and cost basis in the associated columns under "Additional Fee" (if applicable) and/or provide an explanation about your answer.

Administrative Fee (Services Included)		"Yes"/"No"	Fee		Explanation
A	"All-inclusive" Administrative Fee		($)	Cost Basis	
1	Fee to cover all services listed below and requirements stated throughout RFP				
B	General		($)	Cost Basis	
1	Invoicing & Payment Collections				
2	Claims Administration (if applicable)				
3	Annual Drug Pricing Negotiations and Management				
4	Re-adjudication of Claims Monthly to Confirm Appropriate Discounts Were Applied				
5	Site of Care Management				
6	Toll-Free Numbers for Participants, Pharmacies and Providers				
7	Customer Service Support for Patients				
8	Utilization management programs / clinical management				
9	Concurrent Drug utilization Reviews (CDUR)				
10	Network contracting / management (retail, specialty)				
11	Rebate contracting / aggregation / management (as applicable)				
12	Administrative Reviews (e.g., refill-too-soon overrides, vacation supplies)				
13	Addition of additional groups / account structures post implementation				
14	Manual/Hard copy eligibility submissions/updates as needed				
C	Internal Auditing				
1	On-site audits of pharmacies in your networks (specialty pharmacies)				
2	Desk-top audits of claims				
3	Pre-implementation audits (comprehensive systems testing and quality assurance audits)				
D	Data Management / Reporting				
1	Information/data exchanges with other vendor partners to coordinate shared member deductibles and/or out-of-pocket maximums				
2	Information/data exchanges with other vendor partners necessary to comply with all regulation requirements				
3	Outbound Claims Data Files (production and delivery) to outside organizations				
4	Inbound Claims Data Files (intake and uploading for use) from outside organizations				
5	Web-Based Reporting: Access for five users and the training to each for its use				
6	Eligibility system: Access to all users directed by Client and the training for its use				
7	Standard Reporting Package				
8	Reasonable ad hoc reporting requests (up to 50 hours per year)				

9	Member profiling (e.g., reporting on high cost claimants)				
10	Intake and use of 12-months of historical paid claims data to help transition from another specialty management vendor				
11	Intake and use of prior authorization approval file(s) to help transition from another specialty management vendor				
12	Intake and use of Open Refill file(s) that includes specialty pharmacy prescriptions to help transition from another specialty management vendor.				
13	Intake and use of Participant Address Files if needed in order to send targeted communications during a transition from another specialty management vendor.				
14	Production and delivery of 12-months of historical paid claims data if requested to help Client transition to another specialty management vendor				
15	Production and delivery of Prior Authorization Approval file(s) if asked to help Client transition to another specialty management vendor				
16	Production and delivery of Open Refill files that include specialty pharmacy prescriptions if asked to help Client transition to another specialty management vendor.				
17	Production and delivery of a Participant Address File if needed in order to send targeted communications during a transition from another specialty management vendor.				

E	**Plan Design Administration**				
1	Administration of the current plan design and adjustment of member cost share to maximize the value of patient assistance programs (see "Exhibit 1 - West Virginia Public Employees Insurance Agency 2015 SPD")				
F	**Clinical Programs**	**"Yes"/"No"**	**($)**	**Cost Basis**	
1	Administration of the current utilization management rules (see "Exhibit 1 - West Virginia Public Employees Insurance Agency 2015 SPD")				
a	Precertifications				
b	Quantity Limits				
c	Step Therapies				
2	Administration of the Vendor proposed utilization management rules (if different from current rules)				
a	Precertifications				
b	Quantity Limits				
c	Step Therapies				
3	Retrospective DUR program that provides information to prescribers about patients and their claims that may indicate potential fraud, misuse or abuse.				
a	Retrospective DUR using pharmacy data only				
b	Retrospective DUR using pharmacy plus medical data				
c	Retrospective DUR using pharmacy plus medical plus laboratory data				
4	Retrospective DUR program that provides information to prescribers about safety issues (e.g., drug-drug interactions; gaps in care; potential medication non-adherence)				
a	Retrospective DUR using pharmacy data only				
b	Retrospective DUR using pharmacy plus medical data				
c	Retrospective DUR using pharmacy plus medical plus laboratory data				
5	First Level Appeal Determinations				
6	Second Level Appeal Determination				
7	IRO Appeals Fee (per appeal reviewed)				
G	**Other**	**"Yes"/"No"**	**($)**	**Cost Basis**	
1	Installation or Set-up Charges, if any				
2	Up Front Deposit (If required, provide explanation)				
3	Ad-hoc reporting after 50 hours per year (Per Hour)				
4	**Other Program Fees/Costs** [Note: If more space is needed than the explanation provides, please include an attachment that outlines any additional programs fees and costs not captured in this worksheet; entitle the attachment "Financial - Additional Program Fees Supplement."				

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Credits & Allowances

Proposing Company:

Instructions: Complete the grid below based on the monies you are including as part of your offer for each line item. All amounts and applicable credits and allowances must be in accordance with your responses to the RFP Questionnaire.

Credits & Allowances			
A	**Specifications**	**Response**	**Explanation**
A1	Implementation Credit: Vendor will provide funds (as requested later in Section "Proposed Amounts" within this worksheet), which will be funds that the West Virginia Public Employees Insurance Agency may use to offset "Implementation expenses," and at no point will West Virginia Public Employees Insurance Agency be required to pay for used or unused portions of the credit offered by your organization.		
	If "yes" to A1) above, please answer "yes"/"no" as to whether the West Virginia Public Employees Insurance Agency may use the implementation credit to offset each potential expense item/service listed below (for which invoices/receipts are presented):		
a	File format conversion charges		
b	Claims history files from incumbent Vendor		
c	Prior authorization files from incumbent Vendor		
d	Open Refill files from incumbent Vendor		
e	Other Vendor transition costs		
f	Fees and expenses from West Virginia Public Employees Insurance Agency-engaged consultants associated with this RFP project		
g	Fees and expenses for West Virginia Public Employees Insurance Agency-elected third party firm pre/post-implementation audit		
A2	Administrative Credit: Vendor will provide funds (as requested later in Section "Proposed Amounts" within this worksheet), which will be funds that the West Virginia Public Employees Insurance Agency may use to offset "ongoing expenses," and at no point will West Virginia Public Employees Insurance Agency be required to pay for used or unused portions of the credit offered by your organization.		
	If "yes" to A2) above, please answer "yes"/"no" as to whether the West Virginia Public Employees Insurance Agency may use the administrative credit to offset each potential expense item/service listed below (for which invoices/receipts are presented):		
a	Report customizations		
b	Programming fees		
c	Clinical fees		
d	Member letters		
e	Physician letters		
f	Explanation of Benefits (EOBs)		
g	Fees and expenses from West Virginia Public Employees Insurance Agency-engaged consultants associated with this RFP project		
h	Fees and expenses for third party ongoing reviews/audits or any other consulting services		

A3	Pre/Post-Implementation Audit: Vendor agrees to pay up to the amount listed in Section "Proposed Amounts" within this worksheet for West Virginia Public Employees Insurance Agency's or West Virginia Public Employees Insurance Agency's designated third party's fees and out-of-pocket expenses related to performing an Implementation Audit and at no point will West Virginia Public Employees Insurance Agency be required to pay for used or unused portions of the audit credit offered by your organization.			
B	**Proposed Amounts ($) (Note: Indicate if proposed amount is total, PMPM, PEPM, etc.)**	**Year 1**	**Year 2**	**Year 3**
B1	**Implementation:** Total dollar amount provided for Implementation services as defined above in Section A.			
B2	**Administrative:** Total dollar amount provided for administrative services as defined above in Section A.			
B3	**Pre or Post-Implementation Audit:** Total dollar amount provided for performing a pre-implementation audit as defined above in Section A.			
B4	**Annual Claims Audit:** Total dollar amount provided for performing an annual claims audit as defined above in Section A.			
C	**Performance Guarantees (Note: Indicate if proposed amount is total, PMPM, PEPM, etc.)**	**Year 1**	**Year 2**	**Year 3**
C1	**Implementation Performance Guarantees:** Total dollar at risk for the Implementation Performance Guarantees as noted in this RFP (worksheet, "Comm Performance Guarantees").			
C2	**Ongoing Performance Guarantees:** Total dollar at risk for the Ongoing (annual) Performance Guarantees as noted in this RFP (worksheet, "Comm Performance Guarantees").			
D	**Other**			
D1	**Additional Credits/Allowances:** [Please add as applicable]			