

REQUEST FOR INFORMATION
PHARMACY BENEFIT MANAGEMENT SERVICES

FOR

THE CITY OF ROCHESTER

March 1, 2019

Prepared By

Lawley
EMPLOYEE BENEFITS

Overview & Objectives

The City of Rochester (COR) desires to contract with an organization specializing in providing pharmacy benefit management programs. The organization must have prior experience directly related to the services requested in the RFP and must be able to demonstrate clearly their ability to:

- Offer state of the art prescription drug benefit management services
- Provide clinically and financially appropriate management programs that align and coordinate with COR's medical care management programs
- Provide transparency in contracting terms with drug manufacturers and pharmacy networks for both traditional and specialty drugs
- Provide competitive financial terms
- Provide excellent account management services to COR, including timely reporting
- Meet or exceed performance guarantees
- Provide reports and auditing facilities to validate all promises and guarantees
- Protect COR's resources as though they are your own
- Be responsive to requests of COR.

COR seeks to engage with a PBM who will: act as a strategic partner in high-value healthcare management -- taking risk for clinical and administrative performance; maximize purchasing economies; cost-effectively and seamlessly administer the Rx plan; and provide high-quality services to members.

Instructions

To assist The City of Rochester and Lawley, LLC, you are asked to submit formal proposals for the plan options requested.

For your proposal to be considered, you must be able to administer or insure these plans as outlined in the attached document.

Outlined below is other important bid information:

1. **Client:**

**City of Rochester
City Hall, Room 103A,
30 Church Street
Rochester, New York 14614**

2. **Questions and Proposal Submission**

*Questions concerning data or the questionnaire should be addressed to Lucas Pichette at Lpichette@lawleyinsurance.com.

To ensure that all Respondents have a clear understanding of the scope and requirements of this RFP, the City will respond to all timely questions submitted via e-mail to the Lawley Contact by the question deadline stated below. Questions and the responding answers will be sent via e-mail to all Respondents who have provided an e-mail address to the City Contact and will be posted on the City's web page for this RFP.

***Questions must be submitted on or before March 14, 2019. All questions will receive a corresponding answer with distribution to all RFP participants.**

The City will make every reasonable effort to keep Respondents informed about the RFP process. Notifications about Timeline date changes, amendments to the RFP and other information about the RFP will be sent by e-mail to Respondents who have provided an e-mail address to the City Contact and will be posted on the City's website for this RFP. The City's failure to provide such information shall not delay or invalidate the City's right to make a decision to award an agreement pursuant to this RFP.

Please submit all proposals to the Lawley office on April 4, 2019.

Lawley
Attention: Lucas Pichette
30 North Union Street
Rochester, New York 14607

Provide (1) electronic version and two (2) original proposals. If you are selected as a finalist, we may request additional original proposals.

**All electronic submissions must be in Microsoft Word/Microsoft Excel format to lpichette@lawleyinsurance.com. Please do not include any pdf documents.*

Do not contact The City of Rochester - its employees and/or staff. Contacting them directly will result in automatic elimination from the bidding process.

All communications by parties who have indicated an intent to submit or have submitted a proposal in response to this RFP ("Respondents"), including any questions or requests for clarifications, submission of the proposal, requests for status updates about the proposal selection process and any other inquiries whatsoever concerning this RFP shall be sent, in writing via email, to Lucas Pichette at Lawley.

3. **Confidentiality**

This RFP is considered confidential information. This request should not be shared, in any way, with any party who is not directly involved in the administration, sales or service process.

All media releases, public announcements or public disclosures regarding your participation in this RFP process will require the prior written approval of The City of Rochester.

4. **Compliance with the RFP**

All responses are to be prepared according to the RFP. **Any item(s) your company cannot accommodate are to be disclosed in writing.**

Any deviations from this request are to be discussed with Lawley in advance of the due date. **After a commitment has been made by The City of Rochester, the TPA will be held strictly responsible for all items contained in their proposal.**

5. **Effective Date**

The tentative effective date of the contract will be **January 1, 2020**

6. **Plan Designs**

Please provide your bid based on the plan designs provided.

7. **Proposed Funding /Service and Discount Guarantees**

A rate guarantee of three years with the ability to offer additional one year options is required. Please provide your company's service and discount guarantees and the amount of the premium rate you are willing to put at risk to meet these guarantees.

8. **Hold Harmless Provision**

The TPA/vendor shall indemnify, hold harmless, and save The City of Rochester and Lawley and their agents, officers and employees harmless from any liability of any nature or kind, including costs, expenses, and attorney's fees, for harm suffered by an entity or person as a result of the negligent, reckless, or willful acts or commissions by the TPA/vendor, its officers, agents or employees.

9. **Accuracy of Information in Specifications**

The information contained in these specifications is furnished for the convenience of the bidders. Each bidder must carefully examine these specifications and make whatever reasonable inquiries deemed necessary for underwriting and rating purposes.

If conditions or exposures are determined to be at variance with information contained herein, bidders are to use the information furnished (and subsequently by addenda only) for quotation purposes and submit adjustments to contemplate the variances. All bidders obtaining the specifications must make certain that each service provider furnished with the specifications is also furnished with subsequent addenda, if issued.

10. **Conditioned Bid and Recommendations**

Every bid must indicate the bidder's willingness to provide the service proposed at the price proposed without qualification. If acceptance of any contract is predicated upon compliance with certain recommendations, they must be clearly indicated in the bid together with an anticipated date of compliance. **If there are additional feasible recommendations that would result in cost savings, such recommendations should be separately stated together with the amount of savings for each.**

11. Deviations and Alternate Proposals

A declaration of *all* deviations from the specifications must be clearly stated in the Bidder's Questionnaire. Except for stated deviations, the service contract must provide all services in these specifications with no unusual limitations. The submission of specimen contracts shall not waive or modify the requirement to declare all deviations from these specifications.

12. Eligibility, Current Coverage and Plan Designs:

An Electronic medical census is included in the RFP.

Summary plan designs are included as an attachment to this RFP.

III. TIMELINE

The following schedule has been established for selecting a vendor:

RFP submitted via e-mail to carriers	March 1, 2019
Intent to bid	March 8, 2019
Deadline for carrier questions	March 14, 2019
Questions Responses	March 19, 2019
Deadline responses to Lawley	April 4, 2019
Lawley reviews responses with City of Rochester	Week of April 29, 2019
Finalist Presentations	Week of May 20, 2019
Business Awarded	June 7, 2019
Implementation Begins	June 21, 2019
Effective date	January 1, 2020

Any changes in the timeline are at the sole discretion of The City of Rochester (although we will try to remain on this schedule as closely as possible). Please note that all bidders are expected to have the appropriate staff available for the finalist meetings and on-site reviews during the weeks indicated above.

Agreement & Statement of Exceptions

RE: THE CITY OF ROCHESTER

I am an officer of _____ and/or have the authority to bind our company to any and all contractual agreements with the contract holder.

I have reviewed our response to the bid specifications and certify that it is an accurate representation of our organization, capabilities and proposed services **and is in agreement with the Request for Proposal requirements except as stated or referenced below** (or on the attached page).

We understand and agree that responses and promises made will become a part of the final agreement offered to COR.

Signature

Print Name

Title

Date

The City of Rochester Overview

The City of Rochester (“COR”) self-funded health insurance plan is governed and controlled by the City’s Labor Management Health Care Committee (“LMHCC”). Comprised of leadership from Management (4) and Labor (4), the LMHCC is accountable to Mayor Lovely Warren at managing and controlling the ultimate cost of health insurance for approximately **3,649** active/pre-65 and commercial post-65 retirees and **2,488** Medicare Advantage retirees.

The LMHCC is well educated at the various plan management tools available to them which include plan participant accountability through an incentive based wellness strategy, provider accountability, reimbursements, utilization management, unit cost analysis and related. Selection criteria include but are not limited to disruption, network, data integration (eligibility and claims data), trend management, unit costs and related.

The effective date of coverage is from January 1st to December 31st each year.

The following information is provided to assist you in preparing a response to this RFP.

- The proposed effective date of the new contract(s) will be January 1, 2020. The plan year will operate on a 1/1 to 12/31 basis.
- Annual benefits re-enrollment occurs in November each year.
- These proposed benefits will be offered to all U.S. active employees and retirees.
- Commissions will be payable at a fixed dollar amount. Your rates and fees must not reflect any commissions in your proposal; the commission will be added later.
- The City of Rochester will not be responsible for any expenses incurred in the preparation of any proposal or presentation.
- All information presented in this RFP, including information subsequently disclosed by The City of Rochester during the proposal process, should be considered confidential.
- All information in this RFP will be binding and automatically become part of any future contractual obligation.
- The City of Rochester Healthcare Committee expects to choose one vendor.

PBM Philosophy & Case Study

In the space below or via an addendum not more than two pages long, please address the following three topics:

1. *State your organization's philosophy for managing drug trend and what sets you apart from your competition.*
2. *Explain why a partnership with COR is an exciting proposition for your enterprise and leadership team.*
3. *What is the most important thing for COR to commit to doing for COR to be a great strategic partner to you?*



About Your Company

Please provide a copy of your most recent audited financial statement

Please describe your ownership

Please outline, by type of business, the following:

- Membership
 - Health Plans
 - 2017
 - 2018
 - 2019 (projected)
 - Employers
 - 2017
 - 2018
 - 2019 (projected)
- Number of Clients
 - Health Plans
 - 2017
 - 2018
 - 2019 (projected)
 - Employers
 - 2017
 - 2018
 - 2019 (projected)
- Total Revenue
 - Health Plans
 - 2017
 - 2018
 - 2019 (projected)
 - Employers
 - 2017
 - 2018
 - 2019 (projected)

Questionnaire

Please respond to each of the following key areas for COR's partnership with a PBM. Please provide full answers, but also know that brevity is appreciated as you communicate key points. Fully address both traditional and specialty medications. Feel free to use exhibits in your responses if appropriate.

Strategic Alignment:

Please address the following:

- Willingness and approach to go at-risk/shared savings
 - On claims outcomes:
 - On administrative performance:
 - Sharing in both upside and downside:
 - Criteria for going at risk:
- Interest/willingness to co-innovate on managing underlying healthcare cost and quality, and accept COR input
- Ability to support COR sales efforts -- through case studies, references, and joint sales activity

Administration:

Please provide an overview of your capabilities and demonstrate your performance in the following areas: Claims processing capability and experience

- Account team/customer service capability and experience
- Data integration (TPA, care management systems, data warehouse, member portal)
- Employer data & reporting
- Please provide an implementation timeline.

Cost Management:

Please provide an explanation of your ability to impact costs as employers move from the traditional PBM programs to unique solutions you offer:

- What can COR expect in the following areas?
 - Typical/expected year 1 savings
 - Ongoing trend management
- How does your organization accomplish these savings, for example?
 - Pricing model

- Formulary development
 - Clinical and utilization programs, including UM, PA, step-therapy, substitution, etc.
 - Network pricing
- How is your organization controlling specialty pharmacy spend without denying coverage to members for whom such drugs are therapeutically appropriate?
- Describe any other unique approaches that you can provide to COR to control overall costs (copay assistance, 340b, value based plan designs, etc.)

Clinical Alignment:

Provide both philosophical and objective examples of your clinical program success for clients and controlling costs. Pay particular attention to specialty medications. Examples of control and alignment:

- Evidence-based formulary
- Robust, yet appropriate utilization management
- Ability to customize

Describe how you recommend your clinical professionals provide input to and support COR's clinical and care management strategies

1. Describe your drug safety review processes.
2. Please provide information about your specialty pharmacy capabilities.
3. How often is your formulary updated? How are changes communicated to employees?
4. What are your policies when a new specialty drug is approved?
5. Please explain all cost saving programs that you offer in detail.
6. Orphan Drugs – How are they managed?

Member Service & Technology:

Outline your approach to best in class member service. Outline examples of the tools available and the impact they can have on quality or cost.

- Describe your capabilities and technology in the areas of
 - Website
 - Mobile app functionality and user
 - Phone system

- Discuss your approach to member service:
 - Phones
 - Cultural Training
 - Representative Background
 - Education
 - Training
 - Tenure
 - Website and Apps
 - Please provide examples of communications that you can provide to encourage employees to use lower cost alternatives
 - Please provide a sample of your welcome kit.
 - Please provide examples of communications that you can provide to encourage employees to use lower cost alternatives.

Operations

		Agree/Disagree
1.	In the space provided please describe the Account Management team that will be assigned to support COR	Mark as Exhibit #2
2.	Call Center staff will be available for members 24/7/365	
3.	No mandatory plan designs, and COR may make changes to existing designs at any time.	
4.	Can administer embedded deductibles and OOP maximums and integrated medical and Rx accumulators	
5.	Can administer sophisticated VBID plans that dictate different point of purchase copays and coinsurance, including a care plan compliance flag provided by COR's platform	
6.	One-time Implementation Allowance to be offered to offset implementation expenses the COR may incur. Please indicate dollar amount per member.	
7.	PBM agrees to provide a monthly claims and eligibility feed to business partners at no charge.	
8.	The PBM acknowledges that it is compliant with the electronic Data Interchange ("EDI"), Privacy and Security Rules of the Health Insurance Portability and Accountability Act ("HIPAA"), and will execute the appropriate Business Associate Addendum ("BAA"). PBM also agrees that in the event of a privacy violation or data breach, that the PBM will notify the Client and the impacted members to a breach and provide any required remedies.	
9.	The PBM agrees to provide online, real time, claim system access to the Client or its designee, including access to historical claims data for up to three years following termination of the agreement. Is there a quantity access limit on claims system access?	
10	Plan Design- Each group requires that all plan designs are loaded and tested 60 days prior to the effective date.	
11	ID Cards and Communication Materials- the Client requires that you provide these at no additional cost with approval prior to sending to members. Mailings will be included at no charge for postage.	
12	Standard Reports- you agree to provide standard reports, ad hoc reports and online access for the Client and business partners on a monthly, quarterly, and annual basis at no additional charge.	
13	Mail Order Transfer Files- At implementation, bidder agrees to transition open mail order and specialty refills from the incumbent vendor at no additional cost.	

14	In the event of PBM contract termination, you will provide all transition files at no cost. This includes, but is not limited to, all necessary pre-and post-termination (1) Open Mail Order Refill Transfer Files, (2) Clinical Prior Authorization Files, (3) Historical Claims Files, and (3) Member Account Balance Files. These files will be detailed in the contract with the timeframes for their provision.	
15	<p>PBM agrees that the Client will have FULL audit rights as follows:</p> <ul style="list-style-type: none"> a) Claim-level detail to verify that PBM is billing exactly the amount it is reimbursing to network providers. b) Full access to all pharma manufacturer contracts and rebate-level detail to verify 100% of all pharma manufacturer rebates, monies and financial benefits are passed through in full to the Client. c) Full access to all provider reimbursement contracts for all networks, including retail, 90-day retail, mail order and specialty. 	

Preferred Contract Requirements

For all pricing responses the following assumptions are to be made. If you deviate from these assumptions, please document your deviation along with an explanation of why this was done.

	Preferred Requirements	Agree/Disagree
1.	Generic drugs include all generic products as identified by MediSpan. Single source generics are not to be excluded for purposes of guarantees. Generic drugs cannot be reclassified as Brand Name drugs.	
2.	Brand name drugs include all single source and multi-source brand name drugs.	
3.	All claims will receive the lesser of AWP discount, U&C or MAC.	
4.	Each channel and drug type must have an overall effective rate discount and guarantee. No cross application of any kind will be allowed for purposes of guarantee reconciliation.	
5.	The Average Wholesale price used must be the 11-digit NDC on the day dispensed. This applies to retail and mail claims. All pricing will be based off the most recent edition of the MediSpan Pricing Guide. The AWP will be expressed and measured in post-settlement terms.	
6.	Mail order claims will be dispensed at mail order pricing regardless of days supply.	
7.	Specialty pharmacy will not be a requirement for any pricing terms proposed.	
8.	All financial guarantees are on a dollar for dollar basis	

9.	Definitions:	
	A. Member Copay - Members will pay the lowest of the following: plan copay, plan price plus dispensing fee, U&C, or retail cash price.	
	B. Rebates - Compensation or remuneration of any kind received or recovered from a pharmaceutical manufacturer attributable to the purchase or utilization of covered drugs by eligible persons, including, but not limited to, incentive rebates categorized as mail order purchase discounts; credits; rebates, regardless of how categorized; market share incentives; promotional allowances; commissions; educational grants; market share of utilization; drug pull-through programs; implementation allowances; clinical detailing; rebate submission fees; and administrative or management fees. Rebates also include any fees that PBM receives from a pharmaceutical manufacturer for administrative costs, formulary placement, and/or access.	
	C. The Client's eligibility and claim data - All eligibility and claims records are the sole property of the Client, and must be made available upon request of the Client and its representatives. Selling of data to outside entities <u>must be approved in advance</u> , reported on a monthly basis and all income derived must be disclosed and shared per agreement with the Client. Even if PBM has not "sold" the data, they are NOT free to use the data for analyses that they publish or provide at a fee to outside industries.	
	D. Paid Claims - Defined as all transactions made on eligible members that result in a payment to pharmacies or members from the Clients or member copays (Does not include reversals and adjustments). Each unique prescription that results in payment shall be calculated separately as a paid claim.	
	E. Member - All eligible employees and their eligible dependents enrolled under the Client prescription benefit program.	
10	The PBM contract will provide 150-days advance notice of renewal terms, which shall then be subject to negotiation and written agreement between the parties.	

11	The Client will not be held responsible for time or miscellaneous costs incurred by the PBM in association with any audit process including all costs associated with provision of data, audit finding response reports, or systems access, provided to the Client or its designee by the PBM during the life of the contract. Note: This includes any data required to transfer the business to another vendor and money collected from lawsuits and internal audits.	
12	The PBM agrees to a 30-day turnaround time to provide its response to claims audit findings.	
13	The PBM will NOT implement or administer or allow any program that results in the conversion from lower discounted ingredient cost drug products to higher ingredient cost drug products without the prior written consent of the Client or its designee.	
14	No pricing terms will be contingent on participation in any proposed clinical management programs, group medical or behavioral health programs, or any other programs proposed by you or any other vendor.	
15	PBM agrees to notify the Client and their members at least 60 days prior to the addition of a drug to specialty drug list and at least 90 days prior to a deletion of a drug from the specialty drug list.	
16	All rebate revenue earned by the Client will be paid to the Client regardless of their termination status.	
17	There are NO additional fees (beyond those outlined in the financial section) required to administer the services outlined in this Proposal. Any mandatory fees, including clinical and formulary programs fees, must be clearly outlined in the Financial Section.	
18	The Client or its designee will review and approve all member communication materials before distribution to members.	
19	The PBM agrees to notify the Client or its designee in advance when a formulary drug is targeted to be removed from the formulary. The PBM must provide a detailed disruption and financial impact analysis at the same time.	
20	All fees include the cost of claims incurred/filled during the effective dates of this contract regardless of when they are actually processed and paid (run-out).	
21	The PBM agrees to provide up to 12 separate monthly data transmissions per year and an annual electronic claims file in NCPDP format at NO charge to the Client.	

22	The PBM will provide monthly claims information to the Client and/or its designee(s) to help identify the prevalent health risks within its participant population, predict the financial impact of those risks, and target them for intervention through utilization review, case management, and disease management services.	
23	The PBM mail order service must notify individual participating members and the Client or its designee prior to substituting products that will result in higher member copay.	
24	All guarantee measurements shall be calculated prior to the copayment being applied.	
25	Both the Aggregate Ingredient Cost and Aggregate AWP from the actual date of claim adjudication will be used.	
	A. Aggregate AWP will be the date sensitive, 11-digit NDC of the actual product dispensed.	
	B. The guarantee measurement must exclude the savings impact from DUR programs, formulary programs, utilization management programs, and/or other therapeutic interventions.	
	C. Any shortfall between the actual result and the minimum guarantee will be paid, dollar-for-dollar.	
	D. Measurement will be performed annually via independent audit utilizing date sensitive AWP derived from a single, nationally recognized price source for all claims.	
	E. Dispensing Fees MUST be measured and reconciled on a component (brand, generic, retail, mail order, and specialty pharmacy program) basis only.	
	F. Rebates are guaranteed for the life of the contract as well as any extension of the underlying agreement. All rebate guarantees are measured and reconciled on a component basis (retail, mail, specialty) and no cross application of guarantees is allowed.	
26	The PBM agrees to a review and negotiate the pricing applied to newly introduced generics drugs annually.	

27	The PBM shall indemnify, defend and hold harmless the Client, its officers, directors, employees and agents from and against any and all claims, actions, demands, costs and expenses, including reasonable attorney fees and disbursements, as a result of a breach by the PBM of any of its obligations under this Agreement or arising out of the negligent act or omission or willful misconduct of the PBM or its employees or agents.	
28	The PBM must agree that in the event of a dispute between the parties, about the payment or entitlement to receive payment, or any administrative fees hereunder, the PBM and the Client shall endeavor to meet and negotiate a reasonable outcome of said dispute. In NO event shall PBM undertake unilateral offset against any monies due and owed the Client, whether from manufacturer rebates, credit adjustment or otherwise.	

Please provide a DRAFT Agreement for review by COR. **Mark as Exhibit #3**

Financial

All answers here are based on answers provided in the Preferred Contract Requirements in prior section. Please note there will be no Best and Final Pricing updates. Provide your best pricing with this proposal.

Administrative Fees:

Please complete the table below. Express all fees on a PMPM basis.

ADMINISTRATIVE FEES	RESPONSE		
	Year 1	Year 2	Year 3
Retail Administrative Fee	\$ pmpm	\$ pmpm	\$ pmpm
Mail Administrative Fee	\$ pmpm	\$ pmpm	\$ pmpm
Services to be included in fees above:	Indicate "Included", or the additional fee that will be charged		
<i>Toll Free Phone Lines</i>			
<i>Monthly Data Feeds to /Designee(s)</i>			
<i>Prospective /Concurrent/Retro DUR</i>			
<i>Standard Reports</i>			
<i>Ad Hoc Reports</i>			
<i>COB Program</i>			
<i>Mandatory Mail Program</i>			
<i>Dose Optimization Program</i>			
<i>Prior Authorization Program</i>			
<i>Step Therapy Program</i>			
<i>Quantity Limitations</i>			
<i>Custom System Overrides</i>			
<i>Annual EOB Statements</i>			
<i>Retro Termination Letters</i>			
<i>Group Coding</i>			
<i>Drug Notification Letters</i>			
<i>Formulary Administration/Management</i>			
<i>ID Cards</i>			
<i>Pharmacy Directories</i>			
<i>Standard 1st level appeals processing</i>			

ADMINISTRATIVE FEES	RESPONSE
<i>Overrides</i>	
<i>Audit Recovery Fees</i>	
Other Services and Fees – Please list separately and include as <u>Exhibit 2</u>	

PRICING REQUIREMENTS

COR is interested in a “true” pass through arrangement, additionally we would like you to propose an option where the rebates are applied to the brand discounts and then reconciled annually (fully describe reconciliation). Please provide these options in the pricing section.

		RESPONSE
1.	Provide pricing for broadest retail network as well as 90-day retail network	
2.	All claims will be adjudicated and billed at the lower of your network rate offer, U&C or MAC on a claim by claim basis	
3.	In the space provided, describe how the Brand Guarantee will be calculated	
4.	In the space provided, describe how the Generic Guarantee will be calculated	
5.	Any shortfall in the guarantee will be paid to Clients within 45 days of the close of the contract year with no limit to financial exposure.	
6.	Any performance in excess of the guarantee will be retained by the Client. No cross application of funds will be allowed	
7.	In order to ensure timely and predictable rebates to the Clients, please confirm that you will pay 100% of rebates, along with a minimum guarantee, of all brand claims on a quarterly basis.	

Retail Network

	30 Day Supply	90 Day Supply
Network Name		
Number of Pharmacies		
Network Access Fee (if applicable)		
Generic – Network Rate; AWP Discount		
Generic – Minimum Annual Overall Effective Rate; AWP Discount Guarantee		
Brand – Network Rate; AWP Discount		
Brand – Minimum Annual Overall Effective Rate; AWP Discount Guarantee		
Dispensing Fee Per Rx		

Mail Service

	Any Day Supply
Network Pharmacy Name	
Generic – Network Rate; AWP Discount	
Generic – Minimum Annual Overall Effective Rate; AWP Discount Guarantee	
Brand – Network Rate; AWP Discount	
Brand – Minimum Annual Overall Effective Rate; AWP Discount Guarantee	
Dispensing Fee Per Rx	

Specialty

	Retail	Specialty Pharmacy
Network Pharmacy Name		
Specialty Generic – Network Rate; AWP Discount		
Specialty Generic – Minimum Annual Overall Effective Rate; AWP Discount Guarantee		
Specialty Brand – Network Rate; AWP Discount		
Specialty Brand – Minimum Annual Overall Effective Rate; AWP Discount Guarantee		
Dispensing Fee Per Rx		

Rebates – Per Brand Rx

	Open Formulary	Exclusionary Formulary	Highly Managed Formulary
Retail 30			
Retail 90			
Mail			
Specialty Retail			
Specialty Network Pharmacy			

Please provide a brief explanation and philosophy of each formulary model.

Performance Guarantees

Please indicate in the table below the service levels you are willing to commit to and the dollars you are willing to put at risk for each category. If you are proposing a different at-risk model that achieves the same objectives, please specify. COR is interested in unique approaches to guarantees. We are assuming operational excellence so quantitative guarantees along with overall plan satisfaction are of interest to COR.

PERFORMANCE GUARANTEE CATEGORY	Guaranteed Service Level & Amount at Risk Per Member
Customer Service:	
A. Average Speed of Answer	
B. First Call Resolution	
Account Management: To be assessed via annual survey with an agreed upon minimum acceptable score. Please attach sample proposed survey as Exhibit 4	
Mail Service:	
A. Accuracy	
B. Turnaround Time – Clean	
C. Turnaround Time - Intervention	
Benefit Set up Accuracy	
Implementation:	
A. Establish Group Structure and Benefit Plan Design	
B. Timely Load of Initial Eligibility	
C. Timely distribution of ID cards	
D. Timely establishment of toll free #	
E. Timely distribution of member communications	
F. Overall Accuracy	
G. Implementation Allowance	
Generic Fill Rate	
Guaranteed annual increase in Generic Fill Rate	

Case Study:

Please include as **Exhibit 1**, one to two case studies for an organization with similar objectives to COR. State the problem/opportunity, your solution, financial impact, and account/member satisfaction.

References

Please provide 3 references that have organization with similar objectives to COR.