TECHNICAL QUESTIONNAIRE – PHARMACY BENEFIT MANAGEMENT

1. Organizational History, Structure and References
2. Provide the following information for your company:

|  |  |
| --- | --- |
| Vendor Brand Name |  |
| Parent Co. Legal Entity Name |  |
| d/b/a (Name in Marketplace) |  |
| Year Established/Incorporated |  |
| NAIC Code |  |
| Industry Classification |  |
| Stock Ticker # |  |
| FEIN (Federal Employer Identification Number) |  |
| Tax Status |  |
| Public or Privately-Held |  |

1. Is your organization submitting a proposal for the administration of FCG’s self-insured medical plans pursuant to this RFP? If so, skip to question 5.
2. Provide a short description of your organization’s ownership/controlling interest structure (i.e., operating companies, wholly-or partially-owned subsidiaries, etc.). Provide information on all organizations with more than a 7.5% stake in your firm, including legal and financial arrangements with these organizations.
3. Provide a short description of your organization, the businesses in which it engages and the services it provides.
4. Provide the name, title, address, telephone, e-mail, and fax numbers of the contact person or persons from your company whom we may contact with questions regarding your response. These individuals must be authorized to negotiate contracts regarding the scope, terms and pricing outlined in the proposal.
5. How many people does your company presently employ on a full-time basis? Part-time? How many people does your company presently employ in the division or organizational unit responsible for PBM services on a full-time basis? Part-time?
6. Provide a brief overview of your organization and a general description of your PBM services, specifically those you provide for self-insured plan sponsors. Ensure your summary covers the following:
7. Describe the PBM plan services provided by your organization.
8. For how many years has your organization provided these services?
9. By what other names has your organization been known?
10. Have you acquired another organization/been acquired in the last five years or merged with another organization in the last five years? If so, please provide a brief summary of the transaction.
11. Has your firm entered into any alliances in the last five years? If so, please provide a brief summary of the relationship.
12. Has your company undergone a change in senior management in the last five years? Describe the changes in detail.
13. Describe any pending agreements to merge or sell your firm.
14. Identify any subcontractors that would provide services to FCG. Identify if any are small, minority-owned, or women-owned business enterprises. Confirm that FCG may approve any assigned personnel and subcontractors.
15. Indicate your total PBM client statistics by number of participants, as of September 30, 2019:

| **Number of Participants in Plan** | **Total No. of Plans** | **Total No. of Public Sector Plans** |
| --- | --- | --- |
| Under 1,000 |  |  |
| 1,000 to 5,000 |  |  |
| 5,001 to 10,000 |  |  |
| 10,001 to 25,000 |  |  |
| More than 25,000 |  |  |
| **Total** |  |  |

1. Provide at least three active and three terminated references (with 10,000 or more covered lives, at least one public sector client for each) for the PBM programs being proposed. Include the name of the key client contact, address, telephone number, email address, number of covered employees, and type of relationship (e.g. insurer, administrator, etc.). (Note: Offeror’s response to this request officially authorizes FCG to contact these employers to discuss the services which Offeror has provided and authorizes the employers to provide such information to FCG.)
2. Business Strategy
3. Describe your organization’s commitment to the PBM of your book of business. Please include:
4. Details on the percentage of your total revenues contributed by your PBM operations for 2016, 2017 and 2018;
5. Details on your organization’s investment in PBM technology;
6. Your strategy for building your PBM offerings; and
7. At least three (3) factors or qualities you believe differentiate your organization from competitors in the PBM vendor marketplace.
8. Describe what your company does to keep staff current with changes, innovations, legislation and technology in employee benefits. Include internal company resources such as databases, meetings, conferences and other external training sources. How will your company train staff regarding the FCG plan?
9. Describe any imminent plans to change your existing PBM services.
10. Contractual Issues, Ratings and Financial Solvency
11. When was your last audit completed? What areas were reviewed, and what were the findings?
12. Please provide copy of latest SAS-70 report as described under special provisions. This report will be required annually if contract is awarded.
13. Provide a copy of your company’s latest annual report, and most recent audited financial statement.
14. Provide information on any accreditations held by your organization, including current status and expiration.
15. If applicable, has the Examiner Team for the National Association of Insurance Commissioners (NAIC) designated your company as a first or second priority company in any of the last three (3) calendar years?
16. If applicable, include a copy of your firm’s most recent NAIC annual statement.
17. Please describe in detail the fiduciary responsibilities your firm is assuming under the proposed service agreement.
18. Provide your most recent financial ratings from all applicable ratings companies. Your rating must reflect an A. M. Best or Standard & Poor insurance rating of no less than A-.
19. Have there been any changes in your ratings in the last 2 years? If so, detail the changes and explain.
20. Provide a copy of the license issued by the Commonwealth of Virginia demonstrating your firm is licensed to provide PBM programs in Virginia.
21. Provide information on litigation experience during the past three years, including pending cases, awards and settlements (both in and out of court) that did or could result in judgments or settlements in excess of $100,000.
22. Has your company had a contract terminated for cause or non-renewed in the last five years? If so, by whom, and for what circumstances? Provide the name and telephone number of any clients that have terminated your company for cause in the last five years.
23. Describe the following as maintained by your organization:

* Fidelity Bonds;
* Other coverage to meet federal, state, local or industry bonding requirements; and
* Professional Liability Insurance.

1. Does your liability coverage exceed $5 million per claim and $20 million aggregate and cover:

* Medical management decisions;
* Professional malpractice; and
* Provider contracting.

1. Plan Design
2. Using the table below, confirm that you can administer the following design components:

| **Design Element** | **Yes** | **No** | **Comments** |
| --- | --- | --- | --- |
| Co-insurance at Retail |  |  |  |
| Co-insurance at Mail |  |  |  |
| Mixed copays at Retail (fixed dollar + %) |  |  |  |
| Mixed copays at Mail (fixed dollar + %) |  |  |  |
| Min/Max amounts with co-insurance |  |  |  |
| Annual OOP maximums per person |  |  |  |
| OOP max per Rx |  |  |  |
| CDH Plans |  |  |  |
| Copays specific to drug classes |  |  |  |
| Copays based on previous drug trials (e.g., higher copay if claims history does not include trial of first-line/preferred drug/drug class) |  |  |  |
| Copays based on place of service (e.g., incentives to use preferred retail pharmacies, specialty pharmacies, etc.) |  |  |  |
| Copays based on the days supplied (e.g., a mail claim processed for a 30-day supply) |  |  |  |
| You are able and willing to limit specialty drugs to a 30-day supply via mail/specialty pharmacies |  |  |  |

1. Can your firm administer FCG’s current plan designs? Review and detail deviations from the basic plan design components.
2. Describe your experience with Consumer Driven Health Plans (CDHPs)? Health Reimbursement Accounts? Health Savings Accounts?
3. What percentage of your clients offered CDHP/HDHPs in 2018? Year-to-Date 2019? How many of those were public sector employers?
4. Describe your ability to integrate medical data from FCG’s health plan vendors.
   * What percentage of your clients offer Group Medicare Part D or EGWP?
5. Provide a copy of your formulary. If you have more than one formulary please provide all options with details of the differences.
6. Describe the discretion the FCG would have to add or eliminate items from your formulary.
7. Medical and Utilization Management
8. Describe how your firm promotes the use of generic drugs. How do you determine when a generic drug can be substituted? Do you automatically fill the prescription with a generic substitute if available?
9. Provide details on the following clinical and utilization management programs you may have available:

* Prior authorization programs (general);
* Prior authorization programs for “specialty drugs” or self-administered injectable medications;
* Therapeutic substitution programs;
* Step therapy protocols;
* Quantity limitations or dose duration programs;
* Other UM programs
* Controlled substance excessive use programs;
* Drug utilization review, Concurrent (CDUR);
* Drug utilization review, Retrospective (RDUR);
* Formulary Management;
* Medication adherence programs;
* Member profiling;
* Pharmacy profiling; and/or
* Physician profiling

1. How do you integrate medical and prescription drug claims data to enhance drug utilization review? Therapeutic management initiatives?
2. Describe the procedures in place to deal with situations where there is a suspicion

of fraud or abuse.

1. Will you allow FCG to "opt-out" of clinical or utilization management programs, which include but are not limited to therapeutic substitution programs.
2. How do you develop the list of drugs requiring prior authorization? Does your claims system use “smart rules” to more accurately determine compliance with prior authorization guidelines? What other approaches to coverage management do you typically implement for your clients? Please provide a list of the drugs that require prior authorization.
3. Can you transfer information regarding prior authorizations already in place for FCG participants under the prior pharmacy benefit programs? If yes, how would that data transfer be handled?
4. What health management programs do you have in place for specific disease conditions (such as asthma or depression)? How do you work with medical plan vendors to ensure appropriate referrals of participants to disease management programs that either of you may offer?
5. How do you work with medical plan insurers/administrators to improve quality of care control costs?
6. How do you communicate with participants about alternative medications or places of service when a change will result in savings for the participant or the plan? If print communications are utilized, provide samples.
7. Describe your decision-making philosophies regarding your clinical programs. For example, do you employ evidence- or value- based philosophies?
8. Describe your formulary criteria.
9. Describe how you handle situations where drug patents expire. When do you implement tier changes? How do you communicate tier changes for drugs with participants, pharmacies, medical providers and plan sponsors?
10. How do you promote compliance for participants in prescription drug use?
11. Describe how you utilize outcomes data (both savings and participant impact) at both the individual participant and aggregate plan levels? Do you provide aggregate outcomes data analytics to the plan sponsor?
12. Do you utilize a Pharmacy and Therapeutic Committee? If so, describe that body as it exists for your organization. Include such information as:

* Membership, including the number of physicians, nurses and other PBM employees
* List of disciplines represented
* Roles, including formulary decisions, utilization management programs and coverage rules
* Data utilized in decision making, including Academy of Managed Care Pharmacy’s (AMCP) formulary submission process, data provided by employees, outcomes data, data provided by pharmaceutical manufacturers, pharmacoeconomical data, etc.

1. Does your Pharmacy and Therapeutic committee utilize the non-clinical considerations like participant impact and the costs of products, net of rebates, during their review for formulary representation?
2. Does the Committee accept funds from pharmaceutical manufacturers?
3. Does the Committee consider the costs of products, including rebates, during their review for formulary representation?
4. Discuss your prior authorization processes?
5. Describe the prior authorization denial process. How do you communicate with the treating physician? Member?
6. How do you communicate with physicians and other providers to enhance patient care?
7. Wellness and Health Promotion
8. Briefly describe your organization’s commitment to wellness and health promotion. List at least three (3) factors you believe differentiates your approach from that of your competitors.
9. Do you provide interactive informational / educational modules around key risk

factors for use by participants? Can you track and report on the completion of these modules by participants?

1. Participant Services

Onsite Support:

1. Are you willing to provide an on-site account management/claims administration resource to be located at FCG’s Government Center offices at no additional cost to FCG? (Note: FCG may choose to continue this service for the life of the contract or a lesser time period based on need.) If so, detail the duties, capabilities and system access this person would have?
2. Can you provide on-site health education programs? If so, please describe.
3. What other on-site services can you provide?

Service Center:

1. Provide the location, hours of operation, and time zone of the office(s) that will provide participant services for FCG’s account?
2. Is any portion of your Customer Service support provided offshore? If so, provide the number and percentage of calls handled offshore.
3. Do your customer service representatives have access to an application, which allows them to review alternative drug therapies (i.e., formulary status, generic alternatives available, etc.) and run "test claims" for participants who may request this information?
4. Please provide the following statistics for the Customer Service Center you are proposing for FCG:

|  |  |  |
| --- | --- | --- |
|  | **2017** | **2018** |
| Ratio of representatives to participants |  |  |
| Abandonment rate (%) |  |  |
| Average speed to answer (seconds) |  |  |
| Average time to resolve participant issues |  |  |

1. How do you define and measure First Call Resolution? Are you able to provide results on a customer specific level?
2. Approximately what percentage of claim inquiries can you completely resolve during a first call? Within 72 hours after the first call?
3. Provide details on the following:
   1. Software in place to track calls
   2. Silent call monitoring
   3. Taping of phone calls
   4. Recorded retrievable calls
   5. Long term storage of taped calls
4. Do you provide customer service or printed materials in languages other than English? If so, please explain how (e.g., onsite bilingual staff, AT&T language line, etc.) and for which languages?

Web Tools:

1. What information will a participant be able to access using your website or mobile apps? Please indicate if a tool is only available in one format or both. Specify whether the following are included:

* Drug pricing tools;
* Claims history;
* Alternative drug therapies (i.e., formulary status, generic alternatives available, etc.) and cost of each;
* Amounts the Plan and participant paid for their prescriptions;
* Email notification of next refill to participant;
* Cost comparison using mail order pharmacies;
* Health content; and
* Other decision support tools.
* Explain how this information can be displayed by participant (i.e. sorted and totaled by date, family member, pharmacy, cost, etc.)

1. Please describe any additional customer service features offered through your website or mobile apps to aide in customer service (i.e., live chat.)?
2. Do you provide a drug interaction database on your website or mobile apps? How would a participant be notified of a potential drug interaction?
3. Are you willing to provide guest access (i.e., via Web, flash, Cloud, etc.) to a demonstration version of your web portal? If so, provide details of how we might access this demonstration. If not, provide screen shots.
4. Describe the kinds of customization you offer customers.
5. How is content screened before being placed on your website or mobile apps? What criteria does the information have to meet? What sources are used for information?
6. How do you update information and ensure the accuracy of the content on an ongoing basis?
7. Describe your e-health portal’s ability to link to other health vendors used by the County.
8. Can you provide reporting on portal hits? What other portal reporting is available?
9. Are your website or mobile apps customizable for FCG participants? Provide details on the degree of customization available (i.e., branding, custom messaging, etc.)
10. Describe all mobile applications (i.e., smartphones, tablet, etc.) your organization can provide to participants.

General:

1. How do you measure participant satisfaction with customer services provided? If you have completed regular analyses of participant satisfaction, provide the results for 2017 and 2018.
2. Please provide a sample of your ID card. What features of the ID card are customizable to FCG?
3. Is it possible to issue a single ID card for FCG participants for both Medical and Pharmacy benefits? Provide examples of clients and health plans you have collaborated with and provided a single ID card approach.
4. Can employees communicate with the following via e-mail or direct messaging?

* Customer Service
* Claims Office
* Appeals Officers
* Other

1. Plan Sponsor Services
2. Detail the key roles within your organization that will have responsibility for the FCG account, including (but not limited to) relationship management, day-to-day operations lead, compliance, communications, systems, appeals, medical oversight, wellness, etc. Will the same team support PBM services for the county’s benefit plans? If no, provide this information for both service teams.
3. Provide the following information on each of your proposed key account resources:

|  |  |
| --- | --- |
| Name |  |
| Office Location |  |
| Years of Service with Your Organization |  |
| Number of Accounts |  |
| Number of Accounts with 10,000+ employees |  |
| Percentage of time to be dedicated to FCG |  |
|  |  |

1. Please provide a copy of your company’s standard forms that FCG will be required to sign prior to or as a result of the award notice (e.g. HIPAA, Business Associate Agreement). Along with the forms, please include the specific law or regulation that mandates the form.
2. Describe your plan for managing the FCG account, including periodic reviews of cost and utilization and recommendations for plan design changes with FCG representatives.
3. Provide a description of the consulting capabilities you can provide your clients in dealing with:

* Plan design;
* Competitive benchmarking;
* General compliance;
* Specific compliance issues surrounding Healthcare Reform;
* Other regulatory changes; and
* Other (please provide detail.)

1. Are these consulting capabilities provided at no charge? (If there is a charge for services, provide detail in the Cost Proposal section of your proposal.)
2. Describe the disaster recovery plan in effect for your eligibility and claims systems.
3. Provider Networks
4. Complete separate Pharmacy Disruption Report by indicating whether each pharmacy/provider participates in your proposed networks.

1. Describe the steps that you would be willing to take to recruit non-participating pharmacies that are highly utilized by FCG participants into your network.
2. Provide a geo-access report, including summary information, based on each of the below parameters using the FCG census. Separate reports should be provided for active employees and retirees. Note the geo-mapping methodology used.
3. Using your Broadest Network with the parameter of two (2) network pharmacies within 8 miles.
4. Using your Most Limited Network with the parameter of two (2) network pharmacies within 8 miles.
5. Provide the percent of participants with desired access (5 miles or less using the parameters stated above).
6. Do you measure participant satisfaction with pharmacies (surveys, complaints, requests for new providers, participant service audits, etc.)? If so, do you share this feedback with the pharmacies?
7. How is your organization linking technology with the pharmacy and provider community?
8. Attach description of technology enhancements and how this benefits the pharmacies, medical providers, FCG, and the patient?
9. Confirm that the provider contracts held by your organization do not provide for any type of remuneration to your organization, such as commission, finder's fee, rebate, or other financial benefit.
10. Is your organization a creditor of any provider in the network?
11. Are the Retail, Specialty, and Mail systems fully integrated so that a complete patient profile is accessible to all three types of providers?
12. Non-Retail Facilities

Mail Order Pharmacies:

1. Do you have your own mail order pharmacy operation or do you use another vendor?
2. Provide the total number of Mail Order facilities your organization uses nationwide.
3. Provide the information below on the proposed Mail Order Facility location(s) for FCG given the geographic locations of their employees, including:

* Primary Mail Order Facility Location(s):
* Address:
* Street Address
* City
* State
* Zip Code

1. Provide the following statistics for each facility as of September 30, 2019:

| ***Statistic*** | ***Result*** |
| --- | --- |
| Quarterly Dispensing Capacity |  |
| Number of Prescriptions Dispensed in the Most Recent Quarter |  |
| Ratio of Pharmacists to Pharmacy Technicians |  |
| Average Number of Prescriptions Dispensed per Pharmacist per Hour |  |
| Average turnaround time in the most recent quarter for prescriptions that: |  |
| * Required intervention (in days) |  |
| * Did not require intervention (in days) |  |

1. What are your standard hours of operation for your mail order operation?
2. What is your targeted standard for dispensing accuracy (i.e., the correct drug strength and dosage form)? Have you met this standard every quarter for the last 3 years? If not, why and what steps have you taken to remedy issues?
3. How do you notify participants about any issues with mail orders, including delays in filling prescriptions? Do you also notify prescribing providers about issues or delays?
4. If you send prescription orders back to participants that do not provide appropriate payments with their prescription order, indicate the dollar amount that triggers this process versus sending the order without the appropriate payment.
5. If requested, are you willing and able to provide participants with checks for monies owed back to them instead of maintaining credits at your mail facility?
6. Confirm that you will not require FCG to pay outstanding balances owed by membership.
7. Confirm that you will not require FCG to mandate use of the mail pharmacies.
8. Describe any assistance you are willing to provide to participants who are currently using the incumbent's mail to transfer their current mail-order prescriptions to your mail facility.

Specialty Pharmacy Services:

1. Provide the total number of Specialty pharmacies nationwide in your network.
2. What are you organization's Specialty Network requirements?
3. Confirm that you will not require FCG to mandate use of your Specialty pharmacy(ies).
4. Describe your shipping and handling policy for Specialty products.
5. Who is your primary shipping carrier?
6. Will your Specialty pharmacy ship to the participant’s choice of location (i.e., physician office, home, etc.)?
7. Will the actual package size be used for AWP basis for Specialty products?
8. Indicate if your organization receives educational funding or support from pharmaceutical manufacturers.

Internet Pharmacies:

1. Do you operate any Internet Pharmacies? If so, how many?
2. Do all of the Internet pharmacies that are offered have VIPPS certification?
3. Do you allow mail service prescription refills by the Internet using a credit card?
4. List the name of the internet pharmacies you offer.
5. Quality Control and Performance Guarantees
6. Describe the quality control process within your organization.
7. FCG intends to negotiate performance standards with the selected vendor. These are intended to encourage the vendor to perform at a high quality level in specific operational and administrative areas, relative to mutually agreed-upon performance norms. The vendor’s inability to meet mutually agreed-upon performance norms would result in a financial penalty. Confirm that you are willing to put fees at risk to guarantee performance.
8. Propose your performance guarantees for this contract? Do not include amounts at risk in this Technical proposal. Specify how performance guarantee statistics will be measured (e.g., client specific, office level, stratified sample, random sample, etc.)

Internal Audit Functions:

1. Indicate the percentage of your network pharmacies in your Broadest Retail Network for which:

* On-site audits are conducted
* Desk-top audits are conducted.

1. What percentage of onsite audit recoveries will be shared with the Plan?
2. Confirm that the same audits performed on your retail pharmacy network will be conducted on the:

* Mail Order Pharmacies utilized
* Specialty Pharmacies utilized.

Employer Audit Rights (External):

1. Confirm your agreement with each of the following:
2. The county has the right to audit any data necessary to ensure the Vendor is complying with all contract terms, which includes but is not limited to 100% of pharmacy claims data, which includes at least all NCPDP fields from the most current version and release; retail pharmacy contracts; data management, pharmaceutical manufacturer and wholesaler agreements; mail and specialty pharmacy contracts to the extent they exist with other vendor(s); approved and denied utilization management reviews; clinical program outcomes; appeals; information related to the reporting and measurement of performance guarantees; etc.
3. Audits will be at no charge except at a direct pass-through of any data retrieval fees, which may be required if data requested has already been stored
4. The county has the right to audit post termination
5. The county has the right to audit more than once per year if the audits are different in scope or for different services
6. The county has the right to perform additional audits during the year of similar scope if requested as a follow-up to ensure significant/material errors found in an audit have been corrected and are not recurring or if additional information becomes available to warrant further investigation.
7. Will you agree to provide reasonable cooperation with requests for information, which include but are not limited to the timing of the audit, deliverables, data/information requests and your response time to our questions during and after the process?
8. Will you also provide a response to all “findings” that receives within 30 days, or at a later date if mutually determined to be more reasonable based on the number and type of findings.
9. Will you agree to pay to the Plan 100% of any overpayments made by Plan as determined from an audit by a firm that the Plan chooses, and no later than 30 days after both parties have agreed to the Recoveries, subject to an compounding interest penalty of 1% per month.
10. Will you allow the county’s Benefits Consultant, Aon Hewitt, or any other party selected by FCG, to audit claims at any time, including, but not limited to, rebates and AWP savings.
11. Implementation
12. Provide a detailed project plan for the implementation process, assuming a January 1, 2021 effective date and open enrollment in the fall of 2020. Indicate target dates for plan design, completing any required programming interfaces, communications efforts with employees and retirees, training of your customer service staff, etc.
13. Describe any experience interfacing with the Human Capital Module of the SAP ERP system.
14. Enrollment, Eligibility and Data Transfers
15. Describe your ability to provide periodic electronic data feeds to other health plan vendors and to our claims analysis vendor. Each data feed could be unique in nature and would range from real time to weekly to quarterly transmission intervals. Is there a cost to these feeds?
16. Describe your ability to exchange accumulators for CDH plans and drugs that accumulate to a combined medical/Rx accumulator in real time with the medical vendor. Specify your experience with each of the major medical vendors in the industry and define real-time transfer for each.
17. Do you have the capability to produce unique IDs in lieu of social security numbers? Do you have the capability to utilize the unique IDs assigned by the county’s medical vendors to participants?
18. If electronic, what medium does your plan use to accept eligibility files (FTP, Internet, – email- encrypted, physical, modem transfer, or other)? Please explain how this process works for your organization.
19. Will your organization accept standard 834 eligibility files produced by the county’s SAP system?
20. What is your preferred method and format for receiving eligibility files?
21. Do you have any restrictions on the frequency of files sent for loading eligibility data?
22. How do you handle manual eligibility exception processes?
23. How quickly is eligibility updated after it is received from FCG? Can you commit to updating eligibility within one (1) business day of file receipt? If no, specify timing.
24. Describe the process for resolving discrepancies with the eligibility file. How are discrepancies communicated to the county?
25. How long are detailed eligibility activity records for each participant maintained online? How long are they stored in other media?
26. Do you have the ability to send claims directly to an outside flexible spending account vendor to initiate a distribution from an employee's flexible spending account?
27. Are you able and willing to send and receive claims data feeds to support medical management from other health plan vendors? Confirm that this service is included in your quoted fees.
28. Describe your capabilities for providing an electronic data interchange of information and billing with the FCG Workers’ Compensation program, the county's Third Party Administrator or other approved partners. Such interchanges would be necessary to efficiently operate and manage the Workers’ Compensation claim program. Is there an additional charge for establishing this interchange? (If so, please detail the fees in the Cost Proposal section.)
29. Communication and Education
30. Provide a detailed communications plan for rolling out your program to FCG employees and retirees.
31. How do you measure the effectiveness of your communications campaigns?
32. Please provide samples of communication materials to be used with the plan.
33. Confirm that FCG will have input to the design and content of any forms or communications, and that FCG will have final approval authority on all materials used in support of the programs.
34. Describe any educational programs you would be willing to offer employees and/or retirees on a periodic basis. (Include information on topics, frequency and delivery method.)
35. Confirm that your firm will provide support for FCG’s Open Enrollment period (typically held in the fall of each year.) Describe the scope of this support.
36. Provide copies of the following:

* Claim Forms (e.g., direct participant reimbursement, home delivery pharmacy, etc.)
* Explanation of Benefits
* Hard or electronic copies of Formulary (or Preferred Drug List)
* Member Welcome Packages, Communication and Marketing Materials

1. Describe how you currently use social media to communicate with participants and plan sponsors. How do you see your use of social media evolving over the next five (5) years?
2. Claims Administration
3. What is the proposed location of the office that will process claims for FCG claims?
4. For any months in 2018 and YTD 2019 that this location did not meet your organization’s internal service benchmarks, please provide data explaining which benchmarks were not met, in what month, why benchmarks were not met, and what actions were taken to address and improve in these areas?
5. Will you provide a dedicated or designated team of processors to handle the FCG account? If designated, how many other clients (and their size) will be handled by the team you are proposing for FCG?
6. What claims processing system(s) will be used to administer FCG’s claims? Is the system proprietary? How long has this system been operational? When was the last upgrade to this system?
7. Are you planning any major initiatives such as a system conversion in the next three years? If yes, please provide details.
8. Describe your capabilities around transferring from prior carriers, such as pre-authorization approvals and refill data. Is this service standard?
9. What is the targeted amount of time that your system is available to contracted pharmacies for claims processing versus scheduled hours of operation? How has your organization performed against this target?
10. Complete the following table for the office that will be used to pay FCG’s claims:

|  | **2018** | | **YTD 2019** | |
| --- | --- | --- | --- | --- |
|  | **Location Proposed** | **Company Standard** | **Location Proposed** | **Company Standard** |
| **Financial Accuracy:**  Total dollar amount of claims paid correctly divided by total dollars paid in sample |  |  |  |  |
| **Payment Accuracy:**  Total number of claims paid correctly without a financial error divided by total number of claims in sample |  |  |  |  |
| **Non-financial Accuracy:**  Total number of claims processed without a non-financial error divided by total number of claims processed |  |  |  |  |
| **Claims Payment Turnaround:** Average number of working days to pay “clean” claims |  |  |  |  |
| **Claims Payment Turnaround:** Average number of days to pay direct reimbursement claims |  |  |  |  |
| **EDI:**  % of total claims received electronically; includes claims converted to electronic media by scanning, optical character recognition, or intelligent character recognition |  |  |  |  |
| **EDI:** Response time for electronic transactions from contracted pharmacies |  |  |  |  |
| **Auto-adjudication:**  % auto-adjudication |  |  |  |  |

1. Provide a sample Explanation of Benefits (EOB). Do you have the capability to print customized messages on EOBs? Is there a charge to add communication messages?
2. Provide a copy of the procedures used for correcting underpayments.
3. Describe your process and procedures for recouping overpayments recovered by the plan. Is this function outsourced? If so, to whom? What amount of the recovery is retained by the entity performing this function and/or your firm? How quickly are overpayments received?
4. How do you determine the reasonable and customary cost allowance you will use for out-of-network claims?
5. Describe your quality assurance programs for claims processing
6. What is the minimum amount of time that claims data are stored on-line post- adjudication?
7. Confirm that your procedure, processes and systems comply with the Department of Labor's final claims procedure regulations, including the appropriate timeframes for adjudicating claims and notice of appeal decisions.
8. Describe how your organization handles appeals and grievances. Provide a copy of your standard appeal and grievance process and procedures.
9. Reporting
10. Describe the standard reports available to FCG on a periodic basis.
11. Do you provide a web-based reporting tool that allows for standard reporting by FCG? Ad hoc reporting?
12. What aggregate data is available online?
13. Specify server, workstation and network requirements for the proposed software.
14. Provide sample management report(s), utilization report(s), clinical reports, etc. that would be prepared for FCG.
15. Are the reports available in real-time and on-line via the Internet?
16. Can these reports be customized to further meet the county's needs? If so, is there an additional charge for customized reports?
17. Can separate reports be provided for each of the county’s strategic business units or agencies, for each plan type, if requested?
18. Confirm that standard reports will be available to FCG no later than 15 days after the end of the reporting period.
19. Retiree Drug Coverage

EGWP:

1. Provide a description of the programs you can provide that utilize the EGWP approach.
2. Can you provide a "one ID card" approach under your EGWP program, with the participant's payment at the pharmacy based on the design of the Wrap plan? If not, please describe the adjudication process for the claim at the pharmacy from the retiree's and pharmacist's perspectives.
3. Describe the tracking of TrOOP balances under the EGWP approach.
4. Describe the plan reporting capabilities for the EGWP approach. Attach samples of standard reports available. Can reports be customized to fit FCG’s needs at no charge?
5. Do you offer programs that will cover Medicare Part B drugs under the EGWP? If so, will you submit those claims directly to Medicare on behalf of participants? Describe your programs available for purchase.
6. How do you provide "participant friendly" Medicare Part B/D determinations in order to avoid delays at the pharmacy (e.g. coverage under Wrap, retroactive B vs. D determination, etc.)?
7. Under your programs, who is responsible for distributing required communication per CMS rules including but not limited to:

* Pre-Notification mailing of pending group enrollment and ability to opt-out;
* Exhibit and Event Letters;
* Welcome Kit Package;
* Transition Supply Services;
* Formulary Changes;
* Formulary 60-Day Notice;
* Excluded Provider;
* Medication Therapy Management (MTM);
* Annual Notice of Change (ANOC); and
* Explanation of Benefits (EOB)?

1. If you assume responsibility for the communications required under CMS rules, provide samples.
2. Will you provide the following communications as part of your services:

* Coverage gap management (education, approaching gap alert)
* Targeted retail to mail conversion for maintenance Rx
* Day One renewing participant (mail order, generic awareness)
* Therapy-specific generic education (options awareness, encourage physician discussion)
* Generics launch (new generic for major brand name medication)
* Other (please detail)?

1. Will you provide co-branding and customization costs for communications materials?
2. With regard to Transition Supply, Formulary 60-Day Notice, and Formulary Changes, which formulary (Standard EGWP or customized under the Wrap plan) drives the notification process?
3. Describe the assistance (vendor) you are willing to provide in acquiring missing Health Insurance Claim Numbers (HICNs) for Medicare retired participants.
4. Describe how you will handle retroactive claim adjustments when a participant hits the Medicare Part D TrOOP limit.
5. Describe the training you will provide to FCG staff and other health vendors who could take calls from Medicare retired participants.
6. Will you permit FCG to review all communications to retirees prior to release?
7. Will you perform low income subsidy (LIS) premium subsidy administration?
8. Banking
9. Explain your banking system fully, including your audit trails and bank reconciliation systems.
10. Include a description of your preferred banking arrangement. Be certain to address the following:
    1. Who sets up the bank account and pays the banking charges?
    2. How are funds to be remitted?
    3. Do you require the employer to maintain an impress balance?
    4. What is the frequency of bank account funding?
    5. What is the timing on claim funding? (if applicable)
    6. Is there funding for claims through any bulk payment arrangement? (if applicable)
    7. What are the reconciliation procedures?
    8. Is the funding on a checks cleared or checks written basis? (if applicable)
    9. Will you allow FCG flexibility to use its own bank accounts?
11. Are any alternative banking arrangements available? If so, briefly describe them.
12. What type of financial reports will be generated in conjunction with the banking

reconciliations and editing/auditing procedures? Please show examples.

1. How frequently do you invoice clients for claims? Are invoices sent electronically? What kind of documentation accompanies each invoice?
2. Confirm that you can provide separate invoicing and payment processes for PBM claims and administrative services for FCG’s employee benefit program and for FCG’s Workers’ Compensation Program.
3. Privacy
4. Are you HIPAA security and privacy compliant? Please describe your procedures to handle protected health information.
5. Describe the security procedures that are in place from the perspective of both physical security and network security to safeguard county and participant information and other documents.
6. Describe your security procedures to include physical plant, electronic data, hard copy information, and employee security.
7. Explain your point of accountability for all components of the security process.
8. Describe the results of any third party security audits in the last five (5) years.
9. How do you maintain a secure environment for communicating and transacting business with plan participants, physicians, pharmacies, and plan sponsors? Briefly summarize your patient privacy policy.
10. How do you address privacy concerns of the participants when conducting initial participant outreach?
11. What are the mechanisms for passing protected health information (PHI) electronically between FCG and your organization?
12. What is the process to obtain patient consent?
13. Please describe how you maintain compliance with HIPAA standards.
14. What information is stored offsite with other vendors?
15. Please identify any HIPAA breaches that occurred during 2018 and YTD 2019, as well as the reason for the breach, the result of the breach and subsequent actions to address the breaches.
16. What is your HIPAA notification process when a breach occurs?
17. Complete the following table, indicating whether you agree with each statement regarding your HIPAA compliance efforts:

|  | ***Yes*** | ***No*** | ***Comments*** |
| --- | --- | --- | --- |
| Offeror certifies that it reports to the national Healthcare Integrity and Protection Databank (HIPDB) as required and, as may be necessary, submits inquiries to the HIPDB to determine whether any final adverse legal actions have been taken against its members. |  |  |  |
| Offeror certifies that, if it conducts Standard Transactions, it is in full compliance with HIPAA's administrative simplification standards relating to electronic data interchange (EDI). |  |  |  |
| Offeror will not require that enrollment and eligibility information electronically transmitted by FCG to Offeror comply with EDI. |  |  |  |
| The Offeror agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by organization available to the Secretary of the Department of Health and Human Services for purposes of the Secretary of the Department of Health and Human Services determining organization’s compliance with the privacy rules. |  |  |  |
| The Offeror adopts and implements written confidentiality policies and procedures in accordance with applicable law to ensure the confidentiality of participant information used for any purpose. |  |  |  |
| The Offeror will not use or further disclose protected health information (PHI) other than as permitted or required by the Business Associate Agreement or as required by law. |  |  |  |
| The Offeror agrees to use appropriate safeguards to prevent the unauthorized use or disclosure of the PHI. Offeror agrees to report to the plan sponsor any unauthorized use or disclosure of the PHI. |  |  |  |
| The Offeror agrees to mitigate, to the extent practicable, any harmful effect that is known to Offeror of a use or disclosure of PHI by Offeror in violation of the requirements of the federal privacy rule. |  |  |  |
| The Offeror agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by the Offeror agrees to the same restrictions and conditions that apply to Offeror with respect to such information. |  |  |  |
| The Offeror agrees to provide access to PHI in a "designated record set" in order to meet the requirements under 45 CFR §164.524. |  |  |  |
| The Offeror agrees to make any amendment(s) to PHI in a "designated record set" pursuant to 45 CFR §164.526. |  |  |  |
| The Offeror agrees to document such disclosures of PHI and information related to such disclosures as would be required to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528. |  |  |  |
| The Offeror agrees to (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits, (ii) report to the plan sponsor any security incident (within the meaning of 45 CFR § 164.304) of which Offeror becomes aware, and (iii) ensure that any vendor employee or agent, including any subcontractor to whom it provides PHI received from, or created or received by the vendor agrees to implement reasonable and appropriate safeguards to protect such PHI. |  |  |  |