

TECHNICAL PROPOSAL PACKET

SP-20-0093

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:			
Address:		AR Vendor # (if known)	
City:		State:	Zip Code:
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>			
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.			
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.			

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's proposal to be rejected.

Authorized Signature: _____ Title: _____

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

Authorized Signature: _____ **Title:** _____

SUBMISSION REQUIREMENTS

Per the Bid Solicitation, the following items **must** be submitted with the Prospective Contractor's proposal:

- ☐ *Proposal Signature Page*
- ☐ Responses to the *Information for Evaluation* section of the *Technical Proposal Packet*
- ☐ *Official Bid Price Sheet*

It is strongly recommended that the following items are also included as electronic copies with the Prospective Contractor's proposal:

- ☐ Four (4) additional copies of the *Technical Proposal Packet*
- ☐ One (1) additional copy of the *Official Bid Price Sheet*
- ☐ One (1) redacted copy the original *Technical Proposal Packet*, if applicable
- ☐ Signed EO 98-04: *Contract and Grant Disclosure Form*
- ☐ Prospective Contractor's *Equal Opportunity Policy*
- ☐ *Proposed Subcontractors Form*, if applicable
- ☐ Signed addenda, if applicable

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 ORGANIZATIONAL PROFILE	
A. Provide a brief overview of the history, structure, and ownership of your organization.	5 points
B. Discuss your organization's experience in providing PBM services over the past five (5) years similar in size and scope to those required by the RFP. Include experience providing services to public entities and experience in workers' compensation claims, including the percentage of your organization's business dedicated to workers' compensation claims, as applicable.	5 points
C. Provide a brief summary of (3) three accounts to which your organization has provided PBM services in the past two (2) years. Include the following information for each client: <ol style="list-style-type: none"> 1. Client business name and dates of services 2. Title, phone number, and email address of a contact person 3. Summary of the services provided 	5 points
D. Provide a resume, biographical sketch, and/or curriculum vitae for the key personnel, including the account manager and executive sponsor (if applicable), anticipated to be assigned to the Pharmacy Program.	5 points
E. Provide the method(s) by which your company measures client satisfaction, how your company ranks by these measurements, and provide your company's client retention rate.	5 points
F. Discuss significant changes in the ownership or structure of your company within the past three (3) years, including mergers and/or acquisitions, and discuss if your company anticipates significant changes in the future. Provide an explanation of these changes and how these changes will or may affect its service to PECD. If no significant changes have occurred or are anticipated, discuss your company's current organizational retention policy.	5 points
G. List all significant litigation and/or government action taken, proposed, or pending against your company within the past five (5) years that relates to providing PBM services. Include outcomes, explanations, and tell what actions your company has taken to remedy the matter(s). If no such litigation or action has been taken against your company, discuss practices and/or policies your company has in place to avoid such litigation or action.	5 points

E.2 ACCOUNT MANAGEMENT AND SUPPORT	
A. Discuss how your company plans to respond to PECD account management inquiries. Include your company's customer service call center hours of operation, avenues of communication (such as via toll-free telephone number, online live chat, email), and the experience and training of current staff.	5 points
B. Discuss your company's customer service call center procedures and metrics. Include how calls are initially answered (such as by a live operator or an automated system), the call center's average time to answer, and the call center's call abandonment rate.	5 points
C. Discuss the availability of specialists your company will provide, as needed by nurse case managers, claims examiners, and EBRx pharmacists, such as clinical pharmacists and pharmacist liaisons. Include hours those specialists will be available to PECD for phone consultations and quarterly formulary meetings.	5 points
D. Discuss training programs your company proposes to provide for PECD staff and claims examiners.	5 points
E. Discuss how your company proposes to provide stewardship meetings, including how often these meetings will be scheduled and a brief sample of information to be shared during these meetings.	5 points
F. Describe how your company will manage incomplete transmissions from a pharmacy.	5 points
G. Describe how your company will process refunds to PECD.	5 points
H. Describe how your company will handle prescription payment status calls from PECD and network pharmacies.	5 points
E.3 NETWORK AND PHARMACY PROGRAM MANAGEMENT	
A. Discuss the scope and size of your company's retail pharmacy network, both within Arkansas and nationally, including whether your company owns or leases the retail pharmacy network.	5 points
B. Discuss your company's retail pharmacy network penetration rate and the methods your company utilizes to increase network compliance.	5 points
C. Discuss your company's claims examiner access portal including how the portal is accessed and used, along with features accessible to users and supervisors such as, viewing medication histories by claim, allowing delegation of approvals, and allowing supervisors to view and manage medications awaiting approval, current delegations, and pending medications.	5 points
D. Discuss your company's adjudication process for authorizing prescriptions.	5 points
E. Discuss how your company proposes to provide notification to EBRx of pending medications needing authorization.	5 points

F.	<p>Discuss the workflow your company proposes for handling each of the following scenarios, including how the initial pre-authorization request will be handled:</p> <ul style="list-style-type: none"> • Medication not on the formulary • Medication prescribed by an unauthorized physician • Medication not on formulary and issued by an unauthorized physician • Medication prescribed on a denied claim • Medication not on formulary and on a denied claim • Medication prescribed on a closed claim • Medication not on the formulary and on a closed claim 	5 points
G.	Describe your company's First-Fill program.	5 points
H.	Discuss your company's proposed use of prescription drug cards. Include details regarding initial, replacement, and expedited issuance, and include text messaging services available to Claimants.	5 points
I.	Describe how your company handles third-party billing, including guaranteed processing time from receipt of the third-party bill.	5 points
J.	<p>Discuss the process your company proposes for handling mail order drugs. Include the following information:</p> <ul style="list-style-type: none"> • Location of your company's mail service facility • Mail service turn-around time (days in-house and total days) • Preferred method of accepting prescription orders • A sample order form • Additional savings rate for mail order 	5 points
K.	Discuss clinical intervention programs your company proposes using to control utilization and increase patient safety.	5 points
L.	Describe the protocol for how PECD should notify your company of surgery date(s) and anticipated new medications.	5 points
M.	Describe how your company handles late-in-the-day and late-Friday new medications.	5 points
N.	Describe your company's Samaritan fill protocol.	5 points
O.	Describe how your company will provide confirmation of prescription approvals and denials to PECD.	5 points
P.	Discuss your company's knowledge of Arkansas Workers' Compensation Commission's Pharmacy Benefit Rule 40 and how your company plans to comply with this rule.	5 points

Q.	Describe how your company will handle phones calls from PECD regarding the status of a prescription.	5 points
E.4 IMPLEMENTATION		
A.	Discuss your company's plan for completing implementation by the Go-Live Date. Include a timetable of implementation activities your company proposes for the Implementation Period and a biographical sketch or resume for each member of the implementation team.	5 points
B.	Discuss the information your company proposes to import regarding prescription history including the data fields your company plans to import the length of history your company plans to import.	5 points
C.	Discuss your company's plan for handling Claimants who are currently receiving workers' compensation benefits as of the award date of a resulting contract. Include the transition activities required to avoid interruption of pharmacy benefits.	5 points
D.	Discuss your company's plan for handling Claimants whose claims predate the Arkansas Workers' Compensation Commission's Pharmacy Benefit Rule 40.	5 points
E.	Discuss your company's communication strategy for introducing the Pharmacy Program to Entities.	5 points
E.5 REPORTING		
A.	Describe the standard reporting package your company will provide to PECD. Include samples of the reports referenced.	5 points
B.	Describe the self-service reports your company will make available to PECD via the secure portal and how PECD and EBRx personnel will access the secure portal.	5 points
C.	Describe custom reporting services your company will make available to PECD. Include additional data analytics capabilities your company offers.	5 points
E.6 TECHNOLOGY AND SECURITY		
A.	In addition to a secure portal, what additional online capabilities does your company offer?	5 points
B.	Describe the procedures and safeguards your company has in place for PHI, NPPI, and confidential information. Including applicable Utilization Review Accreditation Commission (URAC) accreditations.	5 points
C.	Describe your company's information systems platform and indicate whether it is proprietary, purchased, or leased.	5 points
D.	Describe your company's EDI capabilities, including your company's electronic billing capabilities.	5 points

E.	Discuss your company's options for billing frequency, including which option your company prefers and/or proposes for PECD.	5 points
F.	Discuss your company's methods to ensure the security of data transmissions.	5 points
G.	Describe disaster recovery procedures for your company's claims and network systems.	5 points
H.	<p>List all instances in the past six (6) months whereby your company's technology systems were unavailable to network pharmacies for more than ten (10) continuous minutes. Include outcomes, explanations, and tell what actions your company too to remedy the outages(s).</p> <p>If no such outages have occurred, discuss practices and/or policies your company has in place to avoid such outages.</p>	5 points
E.7 DATABASE PRICING AND PERFORMANCE STANDARDS		
A.	Discuss the drug database pricing reference your company will use for retail and mail pharmacy programs under a resulting contract and how often your company's pricing is updated.	5 points
B.	In addition to those specified in the RFP, discuss performance standards your company proposes under a resulting contract and how your company will manage compliance with those performance standards.	5 points
C.	Discuss how your company will handle rebate revenue collected by your company on formulary drugs related to PECD's utilization data.	5 points