

4828 Z1

Appendix A FOR REFERENCE ONLY

Part I - Attachment B

State of Nebraska Health Insurance Performance Standards

RFP Number 3822Z1

<i>Measure Category</i>	<i>Measurement Criteria</i>
Implementation/Annual Enrollment	
Adherence to implementation timeline	Complete and timely adherence to measurement
Readiness of claims and customer service systems	Complete and timely adherence to measurement
Readiness of eligibility system	Complete and timely adherence to measurement
Completion of plan documents	Complete and timely adherence to measurement
Claims Administration	
Claims accuracy	97.5% of claims processed without payment errors
Financial accuracy	99.35% of claims processed without dollar errors
Turnaround time for claims	93% of claims paid within 15 business days 99% of claims paid within 30 days
Overpayment recoveries	85% recovery in 120 days
Customer Service	
Telephone call response time	85% of all calls answered within 30 seconds
First call resolution rate	95% resolved upon initial contact
Closure time for open inquiries	90% within 48 hours and 95% within 5 business days
Timeliness of web inquiries	90% within 24 hours
Timeliness of resolution for grievances, complaints and appeals	100% resolved within 30 calendar days
Member Satisfaction	
Member survey results	Executed and completed within the 3rd quarter of each plan year
Reporting	
Reporting	Completed with submission of accurate reports as follows: <ul style="list-style-type: none"> • Daily Reporting - By noon the following business day • Weekly Reporting - By end of day of the first business day of the following week • Monthly Reporting - By the 10th business day of the following month • Quarterly Reporting - By the 15th business day of the next month following the end of the quarter • Semi-Annual Reporting - By the end of the first full month following the end of the reporting period • Annual - Reporting - Within 45 business days of the end of the reporting period

Provider Networks	
Provider Discount Savings	The bidder shall provide the average medical provider discounts (based on allowed amounts) the bidder has under contract as the target network discount guarantee to be used as the basis for this financial penalty.

FOR REFERENCE ONLY

Questionnaire

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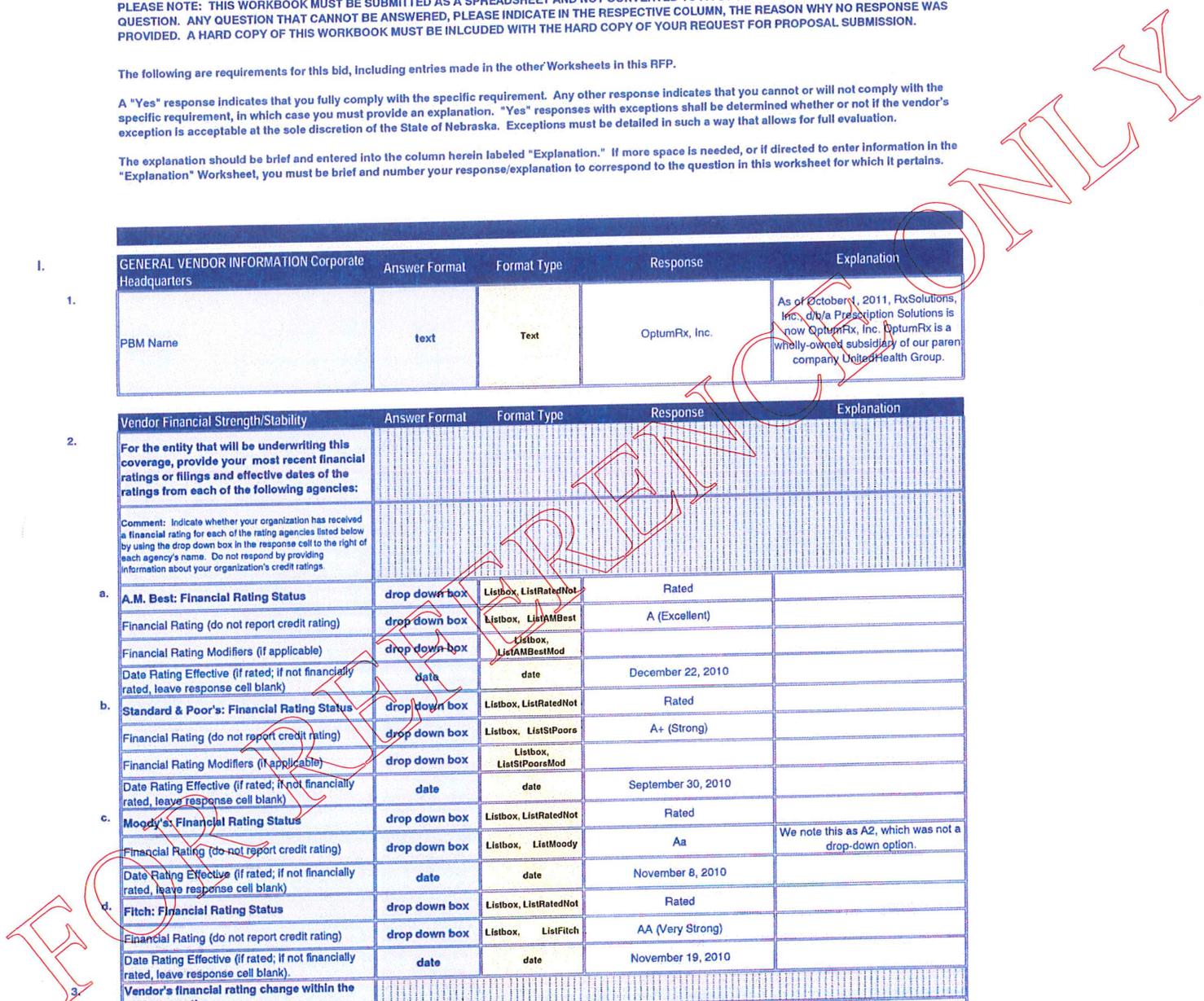
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GENERAL VENDOR INFORMATION Corporate Headquarters		Answer Format	Format Type	Response	Explanation
1.	PBM Name	text	Text	OptumRx, Inc.	As of October 1, 2011, RxSolutions, Inc. d/b/a Prescription Solutions is now OptumRx, Inc. OptumRx is a wholly-owned subsidiary of our parent company UnitedHealth Group.
2.	Vendor Financial Strength/Stability	Answer Format	Format Type	Response	Explanation
	For the entity that will be underwriting this coverage, provide your most recent financial ratings or filings and effective dates of the ratings from each of the following agencies:				
	Comment: Indicate whether your organization has received a financial rating for each of the rating agencies listed below by using the drop down box in the response cell to the right of each agency's name. Do not respond by providing information about your organization's credit ratings.				
a.	A.M. Best: Financial Rating Status	drop down box	Listbox, ListRatedNot	Rated	
	Financial Rating (do not report credit rating)	drop down box	Listbox, ListAMBest	A (Excellent)	
	Financial Rating Modifiers (if applicable)	drop down box	Listbox, ListAMBestMod		
	Date Rating Effective (if rated; if not financially rated, leave response cell blank)	date	date	December 22, 2010	
b.	Standard & Poor's: Financial Rating Status	drop down box	Listbox, ListRatedNot	Rated	
	Financial Rating (do not report credit rating)	drop down box	Listbox, ListSPoors	A+ (Strong)	
	Financial Rating Modifiers (if applicable)	drop down box	Listbox, ListSPoorsMod		
	Date Rating Effective (if rated; if not financially rated, leave response cell blank)	date	date	September 30, 2010	
c.	Moody's: Financial Rating Status	drop down box	Listbox, ListRatedNot	Rated	
	Financial Rating (do not report credit rating)	drop down box	Listbox, ListMoody	Aa	We note this as A2, which was not a drop-down option.
	Date Rating Effective (if rated; if not financially rated, leave response cell blank)	date	date	November 8, 2010	
d.	Fitch: Financial Rating Status	drop down box	Listbox, ListRatedNot	Rated	
	Financial Rating (do not report credit rating)	drop down box	Listbox, ListFitch	AA (Very Strong)	
	Date Rating Effective (if rated; if not financially rated, leave response cell blank)	date	date	November 19, 2010	
3.	Vendor's financial rating change within the past 12 months:				
a.	A.M. Best	drop down box	Listbox, ListRateChange	No Change	
b.	Standard & Poors	drop down box	Listbox, ListRateChange	No Change	
c.	Moody's	drop down box	Listbox, ListRateChange	No Change	
d.	Fitch.	drop down box	Listbox, ListRateChange	No Change	
4.	Provide an electronic copy of your company's most recent financial statement. If your company will not release this information, provide proof of ongoing financial stability. Name the file: [Your Organization's Name]_Financial Statement.	drop down box	Listbox, ListProvideNA	Provided	



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	Vendor Accreditations	Answer Format	Format Type	Response	Explanation
5.	Does your firm currently have URAC accreditation for:				
a.	Pharmacy Benefit Management	drop down box	Listbox, ListY/No/Explain	Yes	
b.	Specialty Pharmacy	drop down box	Listbox, ListY/No/Explain	Yes	
c.	Mail Service Pharmacy	drop down box	Listbox, ListY/No/Explain	Yes	
d.	Inception date of accreditation/certification	date	date	November 11, 2007	Drug Therapy Management 11/11/07 Pharmacy Benefits Management 11/11/07 Specialty Pharmacy 11/11/08 Mail Service Pharmacy 11/11/08
e.	Expiration date of accreditation/certification.	date	date	November 1, 2013	Drug Therapy Management 11/01/13 Pharmacy Benefits Management 11/01/13 Specialty Pharmacy 11/01/11 Mail Service Pharmacy 11/01/11
6.	NCQA Disease Management Program Accreditation	drop down box	Listbox, ListNCOADM/ACC	Accreditation Not Requested	Please see Explanation Tab
a.	Inception date of accreditation/certification	date	date		N/A
b.	Expiration date of accreditation/certification.	date	date		N/A
7.	List any other accreditations for which your organization has been certified:	text	Text	Our two mail service pharmacies have been accredited as Verified Internet Pharmacy Practice Sites (VIPPS) since 2005. The National Association of Boards of Pharmacy also accredits them as part of its Durable Medical Equipment, Prosthetics, Orthotics, and Supplies program.	Please see Explanation Tab for additional URAC Accreditation.

	Services Overview	Answer Format	Format Type	Response	Explanation
8.	If your organization is a healthcare organization, are you willing to offer PBM services on a stand-alone basis (e.g., unbundled from any other healthcare coverage)?				
a.	For Insured Employer Clients?	drop down box	Listbox, ListY/No/Explain	Yes	
b.	For self-insured Employer Clients?	drop down box	Listbox, ListY/No/Explain	Yes	

	Financial Offer - General	Answer Format	Format Type	Response	Explanation
9.	In the "Pricing - Transparent Model" Worksheet, you will quote a Transparent pricing offer on a post-AWP rollback basis, with a full pass-through of network discounts and fees and total rebates. In addition your offer must include annual minimum guarantees for all discounts and rebates, annual maximum dispensing fees, and administrative fees.	drop down box	Listbox, ListY/No/Explain	Yes	
	Indicate below that you have completed the pricing Worksheets Included in the RFP:				

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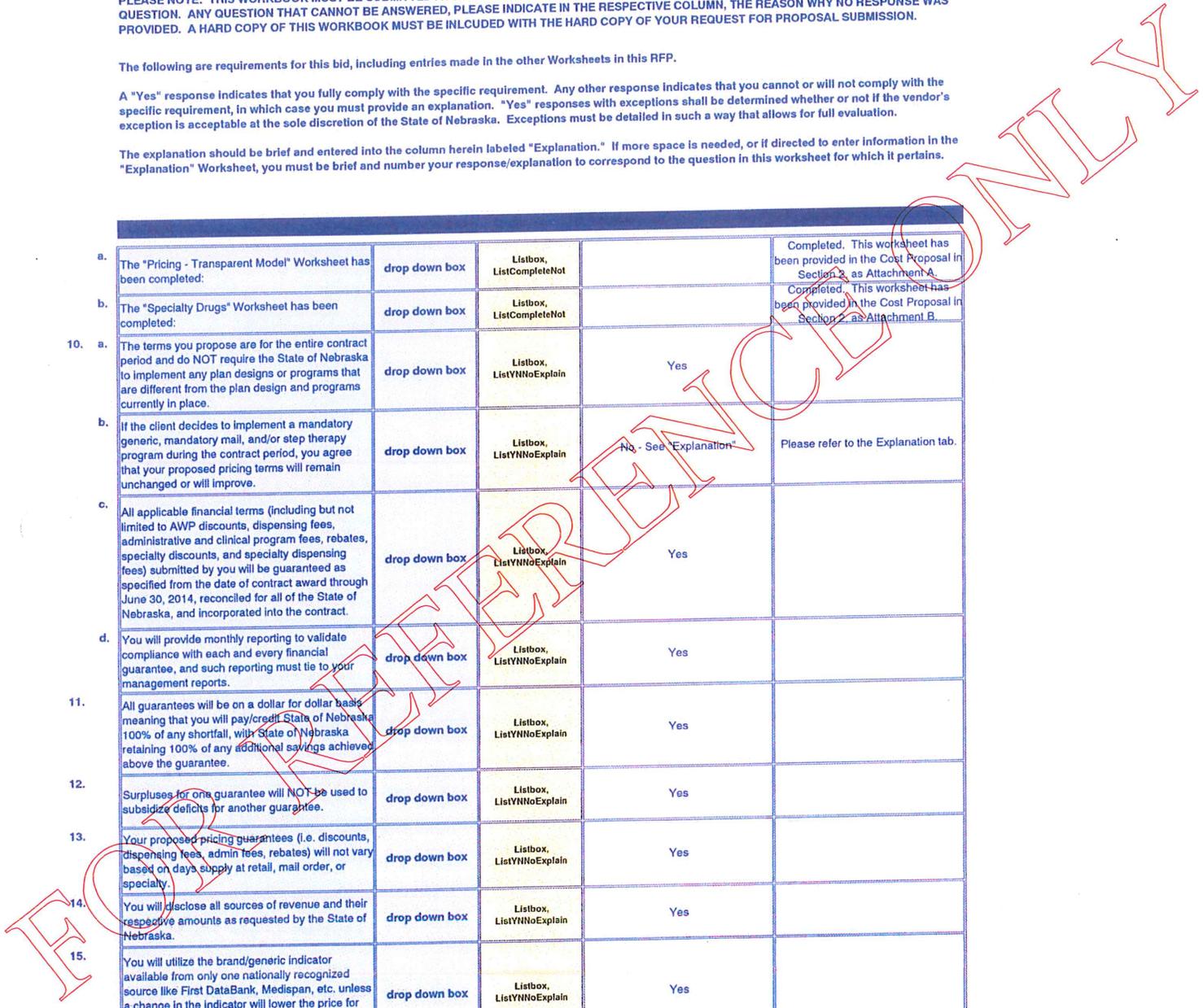
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a.	The "Pricing - Transparent Model" Worksheet has been completed:	drop down box	Listbox, ListCompleteNot		Completed. This worksheet has been provided in the Cost Proposal in Section 2, as Attachment A.
b.	The "Specialty Drugs" Worksheet has been completed:	drop down box	Listbox, ListCompleteNot		Completed. This worksheet has been provided in the Cost Proposal in Section 2, as Attachment B.
10. a.	The terms you propose are for the entire contract period and do NOT require the State of Nebraska to implement any plan designs or programs that are different from the plan design and programs currently in place.	drop down box	Listbox, ListYNNNoExplain	Yes	
b.	If the client decides to implement a mandatory generic, mandatory mail, and/or step therapy program during the contract period, you agree that your proposed pricing terms will remain unchanged or will improve.	drop down box	Listbox, ListYNNNoExplain	No - See "Explanation"	Please refer to the Explanation tab.
c.	All applicable financial terms (including but not limited to AWP discounts, dispensing fees, administrative and clinical program fees, rebates, specialty discounts, and specialty dispensing fees) submitted by you will be guaranteed as specified from the date of contract award through June 30, 2014, reconciled for all of the State of Nebraska, and incorporated into the contract.	drop down box	Listbox, ListYNNNoExplain	Yes	
d.	You will provide monthly reporting to validate compliance with each and every financial guarantee, and such reporting must tie to your management reports.	drop down box	Listbox, ListYNNNoExplain	Yes	
11.	All guarantees will be on a dollar for dollar basis meaning that you will pay/credit State of Nebraska 100% of any shortfall, with State of Nebraska retaining 100% of any additional savings achieved above the guarantee.	drop down box	Listbox, ListYNNNoExplain	Yes	
12.	Surpluses for one guarantee will NOT be used to subsidize deficits for another guarantee.	drop down box	Listbox, ListYNNNoExplain	Yes	
13.	Your proposed pricing guarantees (i.e. discounts, dispensing fees, admin fees, rebates) will not vary based on days supply at retail, mail order, or specialty.	drop down box	Listbox, ListYNNNoExplain	Yes	
14.	You will disclose all sources of revenue and their respective amounts as requested by the State of Nebraska.	drop down box	Listbox, ListYNNNoExplain	Yes	
15.	You will utilize the brand/generic indicator available from only one nationally recognized source like First DataBank, Medispan, etc. unless a change in the indicator will lower the price for the Plan or the Plan agrees that the change is acceptable.	drop down box	Listbox, ListYNNNoExplain	Yes	
16.	Multi-source ("MS") brands and generics will be defined as those available from more than one source.	drop down box	Listbox, ListYNNNoExplain	Yes	
17.	Single-source ("SS") brands and generics will be defined as those products that are only available from one source.	drop down box	Listbox, ListYNNNoExplain	Yes	
18.	Your standard policy is to ensure that "once a generic, always a generic." In other words, members will pay a generic copay for single-source and multi-source generics regardless of your drug-type classification policy.	drop down box	Listbox, ListYNNNoExplain	Yes	



Questionnaire

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19.	You use the "maintenance medication indicator" provided in a nationally recognized drug information source (e.g., First DataBank) to identify/define "maintenance medications" for purposes of a mandatory mail program (or a program that charges a penalty for refills obtained at retail pharmacies instead of mail).	drop down box	Listbox, ListY/No/Explain	Yes	
a.	If "yes," are you willing to provide a copy of your "maintenance drug list?"	drop down box	Listbox, ListY/No/Explain	Yes	
b.	List any deviations you have made from this maintenance indicator.	Text	Text	We voluntarily remove medications from these lists if and when the manufacturer has withdrawn the medications from the market, or if and when the FDA has withdrawn the medications due to safety concerns.	
c.	You remove medications from the "maintenance medications" that are on back-order or in short supply (e.g., Armour Thyroid).	drop down box	Listbox, ListY/No/Explain	Yes	We do this based on the State's plan design.
20.	Specify how your financial offer would change if State of Nebraska implements a full replacement HDHP (i.e., eliminates the current PPO)?	Text	Text	rebates would be affected if State of Nebraska implements a full replacement HDHP. Rebate guarantees would change to:	
21.	Regarding claims pricing/processing logic, please confirm the following:				
a.	The AWP used to price the claim must be from only one nationally recognized source like First DataBank, Medispan, etc.	drop down box	Listbox, ListY/No/Explain	Yes	
b.	Specify the source you will use as referenced above.	Text	Text	Medi-Span	
c.	The AWP used to price the claim will be the one associated with the actual NDC-11 submitted by the pharmacy, and used to fill the prescription. Note and include separately a list of any exceptions to this rule (e.g., compound prescriptions, etc.) if necessary as an explanation.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	Please refer to the Explanation tab.
d.	The actual package size used for dispensing will serve as the basis for AWP and discount calculations. This applies at retail, mail service and specialty.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	Please refer to the Explanation tab.
e.	You will not charge State of Nebraska a higher AWP price for any repackaged products assigned a new NDC number by a repackager, a manufacturer, or at mail order, than the original manufacturer/labeler AWP price for the same product (drug name, form, and strength).	drop down box	Listbox, ListY/No/Explain	Yes	At mail service, our standard process is to dispense and submit for payment prescriptions based on the original NDC and package sizes of 100 units for pills, capsules and tablets or 16-ounce quantities for liquids and creams (or the next closest package size if such

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EXPLANATION ONLY

f.	In the event there are changes in the marketplace to the benchmark (e.g., AWP) or methodology used to determine a drug's ingredient cost, you will notify State of Nebraska at least 90 days in advance of the effective date of any such change and provide a detailed analysis explaining your methodology and assumptions. The adjusted terms must be agreed upon before any changes are made. The terms will be adjusted accordingly to provide an equivalent ingredient cost. An independent audit firm must corroborate your findings.	drop down box	Listbox, ListY/No/Explain	Yes	We agree with this requirement as long as the official marketplace announcement occurs at least 90 days in advance of the effective date of any such change.
g.	The terms you propose are State of Nebraska-specific, not book of business averages.	drop down box	Listbox, ListY/No/Explain	Yes	
22.	Regarding pricing adjustments related to the AWP-Rollback, please respond to the following:				
a.	What adjustments have you made related to the AWP rollback, which took effect September 26, 2009?	text	Text	Optum Rx, Inc. uses the following AWP adjustment processes for all pricing (including, without limitation, guarantees) based on AWP that is provided to Client under the Agreement.	See Explanation Tab
b.	How are you planning to deal with the eventual "retirement of AWP"?	text	Text	We do not have immediate plans to adopt an index other than AWP, as published by Medi-Span, to price drugs dispensed by network pharmacies.	See Explanation Tab
23.	Regarding ingredient cost guarantees, please confirm the following:				
	Calculation of the discount guarantees may NOT include the following types of claims: compounds, powders, secondary COB, or D&O, or savings associated with any drug utilization review program, which includes but is not limited to switching from brands to generics, switching from non-preferred to preferred brands, switching from retail to mail, etc. Note: Zero-balance claims pricing logic is not allowed; thus, it may not be used in the calculation for discount guarantees.	drop down box	Listbox, ListY/No/Explain	Yes	

EXPLANATION ONLY

24.	Administrative Fees	Answer Format	Format Type	Response	Explanation
	Confirm that the following services are included in the base administrative fees quoted in the "Pricing - Transparent Model" Worksheet by responding "Yes". If any of these services are: 1. either not offered, and therefore, not included in the quote; or 2. included in the quote, but at an additional cost, please answer "no" and provide the additional fee in the appropriate "Pricing - Transparent Model" Worksheet.				
a.	Customized Messages	drop down box	Listbox, ListY/No/Explain	Yes	
b.	Checks/Remittance/Processing Charge (unless indicated otherwise)	drop down box	Listbox, ListY/No/Explain	Yes	
c.	Charges for on-line adjudication (paid, reversed and denied claims)	drop down box	Listbox, ListY/No/Explain	Yes	
d.	Mail service claims integration	drop down box	Listbox, ListY/No/Explain	Yes	

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e.	Specialty pharmacy claims integration	drop down box	Listbox, ListY/No/Explain	Yes	
f.	Toll-Free Numbers for Participants, Pharmacies and Providers	drop down box	Listbox, ListY/No/Explain	Yes	
g.	Member welcome packages including ID card production and delivery to household	drop down box	Listbox, ListY/No/Explain	Yes	
h.	Replacement ID cards (production and delivery to household)	drop down box	Listbox, ListY/No/Explain	Yes	
i.	Eligibility maintenance and support, including manual eligibility updates as needed	drop down box	Listbox, ListY/No/Explain	Yes	
j.	Hard copy of retail network listing when requested	drop down box	Listbox, ListY/No/Explain	Yes	A hard copy formulary booklet is included in the welcome packet. Members can also find formulary information via our Web site, www.myuhc.com, or by calling customer service. In addition, we are also willing to provide the State with an electronic file.
k.	Account management team and support	drop down box	Listbox, ListY/No/Explain	Yes	
l.	Designated implementation team and support	drop down box	Listbox, ListY/No/Explain	Yes	
m.	Support for open enrollment benefit fairs	drop down box	Listbox, ListY/No/Explain	Yes	
n.	Plan design set-up and maintenance	drop down box	Listbox, ListY/No/Explain	Yes	
25.	Clinical Programs:				
a.	Concurrent Drug Utilization Reviews (CDUR)	drop down box	Listbox, ListY/No/Explain	Yes	
b.	Drug utilization review, Retrospective (RDUR)	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	This is included in our quote and involves an additional fee that we have included in our pricing exhibits, included in the Cost Proposal in Section 2 as Attachment A . RX-Pricing, Transparent.
c.	Controlled substance excessive use programs	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	This is included in our quote and involves an additional fee that we have included in our pricing exhibits, included in the Cost Proposal in Section 2 as Attachment A . RX-Pricing, Transparent.
d.	Formulary management	drop down box	Listbox, ListY/No/Explain	Yes	
e.	Medication adherence programs (e.g., refill reminders)	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	This is included in our quote and involves an additional fee that we have included in our pricing exhibits, included in the Cost Proposal in Section 2 as Attachment A . RX-Pricing, Transparent.
f.	Communications to participants about lower cost alternatives (generics, mail, etc.) when available	drop down box	Listbox, ListY/No/Explain	Yes	Standard communications materials are included in the fee; custom communications materials are negotiable.
g.	Member access to web-based drug information	drop down box	Listbox, ListY/No/Explain	Yes	
h.	Member access to web-based patient claims history records	drop down box	Listbox, ListY/No/Explain	Yes	
i.	Appeals (first level, second level and urgent)	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	This is included in our quote and involves an additional fee that we have included in our pricing exhibits.

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j.	Prior authorization	drop down box	Listbox, ListYNNNoExplain	No - See "Explanation"	This is included in our quote and involves an additional fee that we have included in our pricing exhibits, included in the Cost Proposal in Section 2 as Attachment A . RX-Pricing, Transparent.
k.	Quantity duration/level limits	drop down box	Listbox, ListYNNNoExplain	Yes	
l.	Step therapy protocols.	drop down box	Listbox, ListYNNNoExplain	Yes	
m.	Disease Management programs	drop down box	Listbox, ListYNNNoExplain	No - See "Explanation"	This is included in our quote and involves an additional fee that we have included in our pricing exhibits, included in the Cost Proposal in Section 2 as Attachment A . RX-Pricing, Transparent.
26.	Data Reporting:				
a.	Access Charge	drop down box	Listbox, ListYNNNoExplain	Yes	
b.	Access to web-based reporting	drop down box	Listbox, ListYNNNoExplain	Yes	
c.	Hardware/Software access fees	drop down box	Listbox, ListYNNNoExplain	Yes	
d.	Member profiling	drop down box	Listbox, ListYNNNoExplain	Yes	
e.	Pharmacy profiling	drop down box	Listbox, ListYNNNoExplain	Yes	
f.	Physician profiling	drop down box	Listbox, ListYNNNoExplain	Yes	
g.	Standard Reporting Package	drop down box	Listbox, ListYNNNoExplain	Yes	
h.	Adhoc reports	drop down box	Listbox, ListYNNNoExplain	Yes	
27.	Member-Directed Materials:				
a.	Claim Forms (e.g., direct member reimbursement, home delivery pharmacy, etc.)	drop down box	Listbox, ListYNNNoExplain	Yes	
b.	Explanation of Benefits	drop down box	Listbox, ListYNNNoExplain	Yes	
c.	Hard Copy of Formulary (or preferred drug list)	drop down box	Listbox, ListYNNNoExplain	Yes	
d.	Communication and Marketing Materials	drop down box	Listbox, ListYNNNoExplain	Yes	
e.	State of Nebraska will pay administrative fees on a net 45 days basis.	drop down box	Listbox, ListYNNNoExplain	Yes	
28.	Dispensing Fees				
		Answer Format	Format Type	Response	Explanation
a.	The guaranteed average annual dispensing fee per claim is based on paid claims only, NOT claims that are reversed or rejected.	drop down box	Listbox, ListYNNNoExplain	Yes	
b.	U&C priced claims at retail will NOT be assessed a dispensing fee.	drop down box	Listbox, ListYNNNoExplain	Yes	
c.	Claims priced using the U&C price (or submitted price, etc.) will be NOT be included in the guaranteed average annual dispensing fee per claim.	drop down box	Listbox, ListYNNNoExplain	Yes	
d.	The dispensing fee per claim listed for mail, if any, is not an average but the maximum amount that will apply per claim.	drop down box	Listbox, ListYNNNoExplain	Yes	

Questionnaire

To Vendor: Use Column G to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" Worksheet to provide your detail explanation.

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The explanation should be brief and entered into the column herein labeled "Explanation." If more space is needed, or if directed to enter information in the "Explanation" Worksheet, you must be brief and number your response/explanation to correspond to the question in this worksheet for which it pertains.

e.	You agree to measure, report and reconcile the dispensing fee guarantees at retail and mail order annually comparing actual dispensing fees with guaranteed dispensing fees.	drop down box	Listbox, ListY/No/Explain	Yes	
f.	You agree to pay/credit State of Nebraska 100% of any overpayment for each dispensing fee guarantee within 90 days from end date of each contract year (June 30) of each year with the State of Nebraska retaining 100% of any savings achieved below each maximum guarantee.	drop down box	Listbox, ListY/No/Explain	Yes	
g.	You agree not to pass any Increases in mailing/postage fees to State of Nebraska during the contract term.	drop down box	Listbox, ListY/No/Explain	Yes	

29.	Ingredient Costs - Retail	Answer Format	Format Type	Response	Explanation
a.	The ingredient cost for retail brand and generic drugs will be an amount equal to the lowest of the pharmacy's U&C price (including the pharmacy's sale price, if any), MAC (where applicable), or the proposed AWP discount percentage.	drop down box	Listbox, ListY/No/Explain	Yes	
b.	You will NOT charge a minimum copay (or other amount) for retail claims.	drop down box	Listbox, ListY/No/Explain	Yes	
c.	Retail claims will be processed such that members always pay the lowest of the contracted price, U&C price (including the pharmacy's sale price, if any), or the plan copayments/coinsurance. No claims will be subject to "Zero Balance Logic" or ZBL processing.	drop down box	Listbox, ListY/No/Explain	Yes	
d.	You will provide State of Nebraska a minimum aggregate retail brand AWP discount guarantee and a minimum aggregate retail generic AWP discount guarantee.	drop down box	Listbox, ListY/No/Explain	Yes	
e.	You agree to include all retail brand drugs (MAC'd brand drugs and non MAC'd brand drugs; multi-source brand and single-source brand drugs; and specialty drugs) in the retail brand AWP discount guarantee.	drop down box	Listbox, ListY/No/Explain	Yes	
f.	You agree to include all retail generic drugs (MAC'd generics and non MAC'd generics; multi-source and single-source generics; and all specialty generics) and generics dispensed through the specialty pharmacy in the retail generic AWP discount guarantee.	drop down box	Listbox, ListY/No/Explain	Yes	Generic rates exclude generic drugs during the exclusivity period as granted by the FDA, which is typically 180 days, or as authorized by the original patent holder. Generic discounts exclude high cost generic drugs with a monthly cost of at least \$500.
g.	You agree to measure, report and reconcile both guarantees annually comparing actual discounts realized with guaranteed discounts.	drop down box	Listbox, ListY/No/Explain	Yes	
h.	You agree to pay/credit the State of Nebraska 100% of any shortfall for each guarantee within 90 days from end date of each contract year (June 30) of each year with State of Nebraska retaining 100% of any additional savings achieved above each minimum guarantee.	drop down box	Listbox, ListY/No/Explain	Yes	
i.	In the "Pricing - Transparent Model" Worksheet, the percentage discounts you enter represent the guaranteed minimum average annual ("Effective") AWP Discounts.	drop down box	Listbox, ListY/No/Explain	Yes	

Questionnaire

To Vendor: Use Column Q to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" Worksheet to provide your detail explanation.

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i.	In the "Pricing - Transparent Model" Worksheet, the dispensing fees you enter represent the guaranteed maximum average annual Dispensing Fees.	drop down box	Listbox, ListY/No/Explain	Yes	
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	Ingredient Costs - Mail Service	Answer Format	Format Type	Response	Explanation
30. a.	Mail order prescriptions will always be processed such that members always pay the lower of the ingredient cost of the prescription or the plan copayment/coinsurance amount.	drop down box	Listbox, ListY/No/Explain	Yes	U&C is also factored in at mail-order lowest of ingredient cost, U&C, or copay will be charged to the member
b.	You will NOT charge a minimum copay for mail order claims.	drop down box	Listbox, ListY/No/Explain	Yes	
c.	You agree to provide State of Nebraska a minimum aggregate mail order brand AWP discount guarantee and a minimum aggregate mail order generic AWP discount guarantee.	drop down box	Listbox, ListY/No/Explain	Yes	
d.	You agree to include all mail brand drugs (MAC'd brand drugs and non MAC'd brand drugs; multi-source and single-source brands; and specialty drugs) in the mail brand AWP discount guarantee.	drop down box	Listbox, ListY/No/Explain	Yes	
e.	You agree to include all mail generic drugs (MAC'd generics and non MAC'd generics; multi-source and single-source generics) in the mail generic AWP discount guarantee.	drop down box	Listbox, ListY/No/Explain	Yes	Generic rates exclude generic drugs during the exclusivity period as granted by the FDA, which is typically 180 days, or as authorized by the original patent holder - Generic
f.	You agree to measure, report and reconcile these guarantees annually comparing actual discounts realized with guaranteed discounts.	drop down box	Listbox, ListY/No/Explain	Yes	
g.	You agree to pay/credit the State of Nebraska 100% of any shortfall for each guarantee within 90 days from end date of each contract year (June 30) of each year with State of Nebraska retaining 100% of any additional savings achieved above each minimum guarantee.	drop down box	Listbox, ListY/No/Explain	Yes	
h.	In the "Pricing - Transparent Model" Worksheet, the percentages you enter represent the guaranteed minimum average annual ("Effective") AWP Discounts.	drop down box	Listbox, ListY/No/Explain	Yes	
i.	In the "Pricing - Transparent Model" Worksheet, the dispensing fees you enter represent the guaranteed maximum average annual Dispensing Fees.	drop down box	Listbox, ListY/No/Explain	Yes	

	MAC Pricing	Answer Format	Format Type	Response	Explanation
31. a.	The MAC list at mail order will include the same list of drugs as at retail.	drop down box	Listbox, ListY/No/Explain	Yes	
b.	In addition, the MAC pricing schedule at mail will include more favorable pricing (i.e., lower per unit prices) than at retail for every drug.	drop down box	Listbox, ListY/No/Explain	No	We offer equally aggressive MAC pricing at both retail and mail.
c.	Your MAC pricing schedule at mail will include a comparable list of 300-400 low cost generics included in retail generic promotion programs at competitive pricing (i.e., pricing will match \$10 for 180 day supply).	drop down box	Listbox, ListY/No/Explain	Yes	

Questionnaire

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d.	You agree to notify the State of Nebraska of any changes in the MAC-list that negatively impact the amount that participants or State of Nebraska pays for the medication and provide information to support the reason for the change.	drop down box	Listbox, ListY/No/Explain	Yes	
e.	Indicate the number of months after patent expiration that drugs are added to your MAC list?	Text	Text	A generic product is typically added to our MAC within a month of its launch.	

	Specialty Drugs	Answer Format	Format Type	Response	Explanation
32.	a. You agree that specialty drugs must meet at least two of the first four criteria (b through e) below and the final criteria (f) in order to be placed on your specialty drug list.	drop down box	Listbox, ListY/No/Explain	Yes	
	b. Produced through DNA technology or biological processes	drop down box	Listbox, ListY/No/Explain	Yes	
	c. Targets a chronic or complex disease	drop down box	Listbox, ListY/No/Explain	Yes	
	d. Route of administration could be inhaled, infused, or injected	drop down box	Listbox, ListY/No/Explain	Yes	
	e. Unique handling, distribution and/or administration requirements	drop down box	Listbox, ListY/No/Explain	Yes	
	f. Requires a customized medication management program that includes medication use review, patient training, coordination of care and adherence management for successful use such that more frequent monitoring and training is required.	drop down box	Listbox, ListY/No/Explain	Yes	Based on the State of Nebraska's utilization, we can provide a wide range of medication management programs. Please refer to the Explanation tab for additional information.
33.	You will allow State of Nebraska the flexibility to determine if participants can fill specialty drug prescriptions at retail, and will include pricing for a voluntary option (open retail network (no retail refill limit) and a closed network option (retail lockout or retail refill limit). Please include pricing on "Specialty Drugs" Worksheet.	drop down box	Listbox, ListY/No/Explain	Yes	
34.	You will provide a current and complete list of Specialty Drugs with pricing as of the effective date of contract award. Only newly FDA-approved and launched drugs, and drugs not on the market as of the effective date of contract award may be considered for addition to the specialty pharmacy drug price list after this date. Your list will identify limited distribution drugs. Please provide list on "Specialty Drugs" Worksheet.	drop down box	Listbox, ListY/No/Explain	Yes	Our Specialty Drug list has been provided as requested and is included in the Cost Proposal in Section 2 as Attachment B.
	a. You may modify the list of Specialty Drugs and corresponding pricing terms on 60-days advance written notice to the State of Nebraska along with an explanation of the rationale for such modifications.	drop down box	Listbox, ListY/No/Explain	Yes	
	b. In making any such modifications, you will provide the State of Nebraska with a revised and complete list noting the effective date for each modification.	drop down box	Listbox, ListY/No/Explain	Yes	
	c. Additions to your list will be based on the agreed upon criteria for defining Specialty Drugs, unless approved by the State of Nebraska.	drop down box	Listbox, ListY/No/Explain	Yes	

Questionnaire

To Vendor: Use Column O to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" Worksheet to provide your detail explanation.

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d.	Your proposed specialty pricing will include varying ingredient cost discounts by drug with an overall effective discount guarantee for all brand specialty drugs.	drop down box	Listbox, ListY/No/Explain	Yes	
e.	Your annual overall effective discount guarantee for all brand specialty drugs will include new brand name drugs added to the list of Specialty Drugs each year.	drop down box	Listbox, ListY/No/Explain	Yes	
f.	Pricing for Specialty Drugs added to the list on or after the effective date of contract award shall be competitive in the marketplace and considered on an individual drug basis, and shall not automatically default to a minimum discount.	drop down box	Listbox, ListY/No/Explain	Yes	
g.	Your pricing for brand specialty drugs dispensed through your specialty pharmacy channel will be exclusive of rebates and will always be better than your aggregate pricing guarantee for brand retail network drugs (e.g., AWP-X%+\$Y dispensing fee).	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	Our pricing is exclusive of rebates. However, not all specialty drugs offered through mail are available at retail. Thus, we cannot apply the standard retail rates to these drugs. Also, our mail program has additional services which help reduce overall

	Rebates	Answer Format	Format Type	Response	Explanation
35. a.	"Rebates" for purposes of your offer will be defined as all revenue/financial benefits you receive from outside sources related to the State of Nebraska's utilization or enrollment in programs. These would include but are not limited to Formulary/Access Rebates, Market Share Rebates, Performance/Incentive Rebates, Rebate Administration Fees, Data Fees, Compliance Program Funding, Clinical Program support/funding, Therapeutic Intervention funding, Marketing Grants for Clinical Studies, Specialty Drug Rebates, Specialty Clinical/Case Management Funding, Specialty Compliance Program funding, Research, etc.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	Our standard contract definition of rebates is as follows: "Rebates" means any discounts, direct or indirect subsidies, rebates, other price concessions, and/or direct or indirect remunerations that Administrator receives from a Drug Manufacturer pursuant to a Rebate Agreement, which are contingent upon and are directly related to the projected or actual utilization of such Drug Manufacturer's Prescription Drugs by Members during the term of and under this Agreement. Without limitation, Rebates do not include any Purchase Discounts.
b.	You agree to pass-through 100% of the "total rebates" based on the definition above less a formulary management fee.	drop down box	Listbox, ListY/No/Explain	Yes	
c.	Specify your proposed formulary management fee	Text	Text	None, formulary management is included	
d.	Your offer will also include guaranteed minimum rebates per paid prescription at retail, mail order and specialty. You may provide different minimum rebate guarantees in each year of the contract.	drop down box	Listbox, ListY/No/Explain	Yes	
e.	Specify if the guaranteed rebates apply to all of the client's plan designs or if they vary by plan design. If they vary by plan design, explain which rebates apply to each plan design.	Text	Text	Rebate guarantees under our RFP and full replacement HDHP. Rebates on the RX-Pricing transparent tab apply to PPO plans. Full replacement HDHP rebates are listed in PPO above.	
f.	Rebates will not be contingent on a minimum days supply for retail, mail, or specialty claims. Your guaranteed minimum rebates per paid prescription apply to ALL retail claims, ALL mail claims, and ALL specialty claims regardless of the days supply.	drop down box	Listbox, ListY/No/Explain	Yes	
g.	You will report and pay guaranteed rebates on a quarterly basis within 90 days from the close of the quarter.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	We will pay guaranteed rebates on a quarterly basis within 180 days from the close of the quarter.

Questionnaire

To Vendor: Use Column Q to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" Worksheet to provide your detail explanation.

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h.	A surplus in the guaranteed rebates for one channel cannot be used to fund a shortfall in guaranteed rebates in another channel.	drop down box	Listbox, ListY/No/Explain	Yes	
i.	You will provide an annual reconciliation of the percent pass-through of rebates and minimum guaranteed rebates.	drop down box	Listbox, ListY/No/Explain	Yes	
j.	At year end, you will reconcile the rebate pass-through percent against the guaranteed rebates and provide documentation of your calculation and the result to State of Nebraska within 150 days after the end of each contract year.	drop down box	Listbox, ListY/No/Explain	Yes	
k.	Any resulting credit will be made to the State of Nebraska automatically within 150 days after the end of each contract year without written request.	drop down box	Listbox, ListY/No/Explain	Yes	
l.	Any rebates received from manufacturers after the reconciliation will be applied to the next annual reconciliation and will be clearly noted.	drop down box	Listbox, ListY/No/Explain	Yes	
m.	What is the percent of total gross spend (after discounts, dispensing fees and tax) that you estimate will be offset by your rebate offer?	percent, 0	Percentage, 0	Estimated: Year 1- 9%, Year 2- 8%, Year 3- 7%	
n.	You agree to pay the State of Nebraska all rebates received within 24 months after the termination of the agreement.	drop down box	Listbox, ListY/No/Explain	Yes	
o.	You will accept full responsibility for negotiating and maintaining all rebate contracts with pharmaceutical manufacturers and submitting the appropriate files for rebate collections. This also includes follow up with the manufacturer to ensure timely collection of rebates (i.e. you will receive as close to 100% of the rebates earned by the State of Nebraska within 120 to 150 days of the close of each contract year)	drop down box	Listbox, ListY/No/Explain	Yes	

36.	Clinical Programs - Savings & Reporting	Answer Format	Format Type	Response	Explanation
a.	You agree that clinical programs included in your financial proposal will have no shared savings and the fee will not be based on the Plan's average membership.	drop down box	Listbox, ListY/No/Explain	Yes	
b.	All proposed clinical programs will be guaranteed dollar-for-dollar, and State of Nebraska will receive 100% of any/all savings achieved in excess of any minimum guaranteed savings within 90 calendar days from the end of each contract year.	drop down box	Listbox, ListY/No/Explain	Yes	
c.	All proposed utilization management programs will have a positive ROI for the entire time period they are in place.	drop down box	Listbox, ListY/No/Explain	N/A	We have provided a clinical guarantee as part of this proposal. Please see our cost proposal in Section 2 of the Cost Proposal binder for details.
d.	You will provide the methodology for calculating ROI prior to the start of the program and will not change methodology during the life of the program without prior State of Nebraska consent.	drop down box	Listbox, ListY/No/Explain	Yes	
e.	Any savings achieved in excess from one clinical program will not be used to subsidize short falls in savings resulting from any other clinical program in any contract year.	drop down box	Listbox, ListY/No/Explain	Yes	

Questionnaire

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f.	You will exclude savings from Concurrent DUR and administrative edits, including but not limited to "refill too soon", from any clinical savings guarantee.	drop down box	Listbox, ListY/No/Explain	Yes	
g.	You will provide quarterly performance reporting (activity and savings/outcomes) for all clinical programs within 30 days from the close of each quarter.	drop down box	Listbox, ListY/No/Explain	Yes	
h.	The reporting must clearly outline the performance of each individual clinical edit separately in addition to summary level reporting.	drop down box	Listbox, ListY/No/Explain	Yes	
i.	Savings assumptions must be based on the State of Nebraska-specific utilization and not on book of business measures.	drop down box	Listbox, ListY/No/Explain	Yes	
j.	Savings reported will be direct savings associated with the pharmacy benefit and will not include any inferred medical savings.	drop down box	Listbox, ListY/No/Explain	Yes	
k.	You will provide a fixed fee per letter, if any, to provide and mail communications pieces to participants to help them lower costs (e.g., switching to generics, mail, etc.).	drop down box	Listbox, ListY/No/Explain	Yes	
l.	There are no other programs for which the Plan will be charged that is not disclosed as "Other Program Fee(s)/Cost(s)" in the "Pricing - Transparent Model" Worksheet.	drop down box	Listbox, ListY/No/Explain	Yes	

	Implementation Allowance / Credit	Answer Format	Format Type	Response	Explanation
37. a.	You agree to provide an implementation allowance in the "Pricing - Transparent Model" Worksheet	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	We are happy to provide an implementation allowance if we are chosen as a finalist.
b.	Payment of the implementation allowance does not require the State of Nebraska to submit receipts for services; instead, the payment will be provided automatically 60 days after implementation.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	We are happy to provide an implementation allowance if we are chosen as a finalist.

	Performance Guarantees	Answer Format	Format Type	Response	Explanation
38.	The State of Nebraska is requesting performance standards on financial and service performance results with the selected vendor to encourage the vendor to provide superior performance. Vendor's failure to meet the performance guarantee(s) would result in a financial penalty. Please indicate your concurrence below.				
a.	Confirm your willingness to offer performance guarantees.	drop down box	Listbox, ListY/No/Explain	Yes	Please see Section 3 of the Cost Proposal for our proposed performance guarantees.
b.	You agree to provide quarterly reports (or other frequency as mutually defined) to validate compliance with the service and performance guarantees. Reports will be provided automatically without a written request requirement.	drop down box	Listbox, ListY/No/Explain	Yes	

Questionnaire

To Vendor: Use Column Q to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" Worksheet to provide your detail explanation.

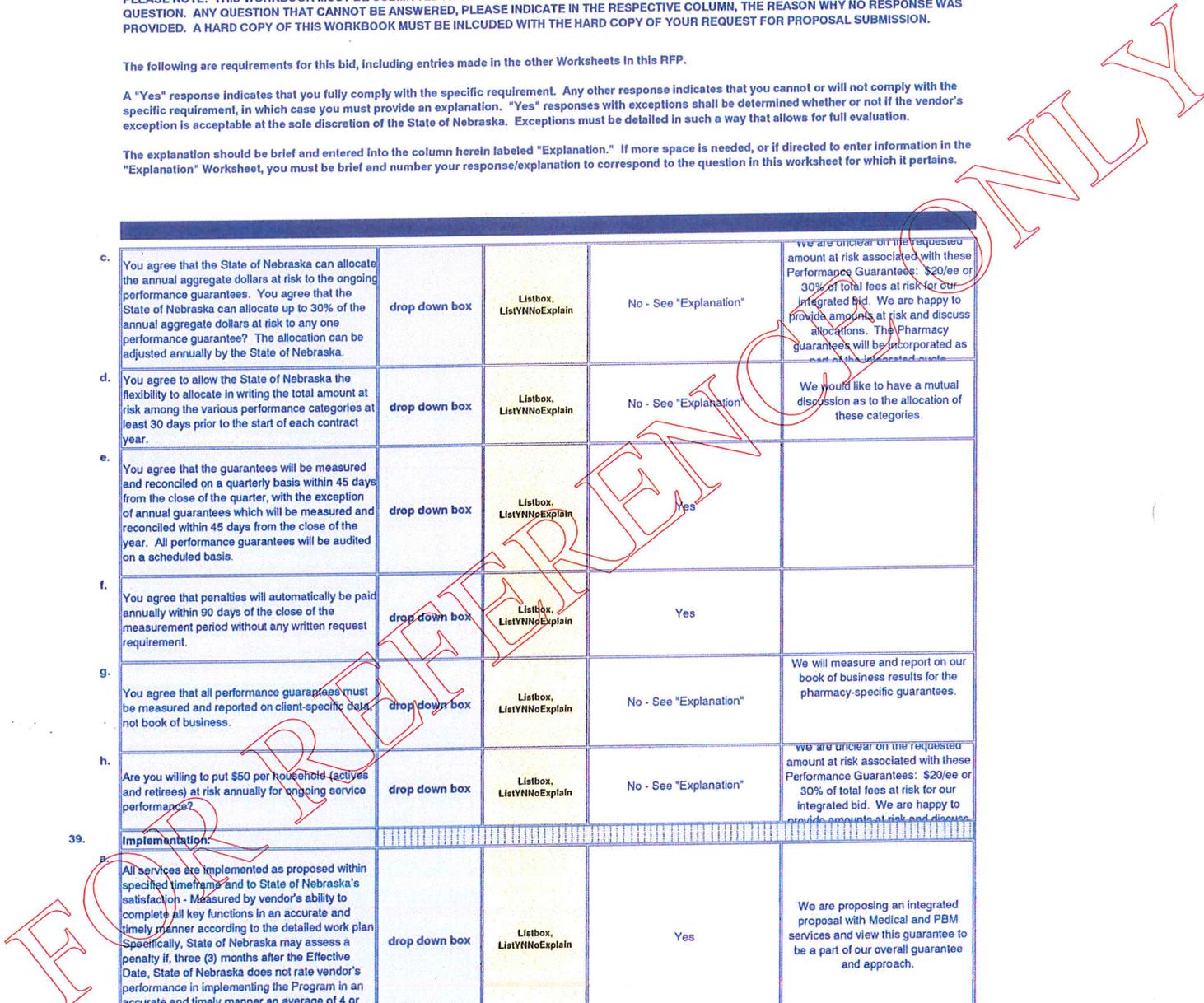
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c.	You agree that the State of Nebraska can allocate the annual aggregate dollars at risk to the ongoing performance guarantees. You agree that the State of Nebraska can allocate up to 30% of the annual aggregate dollars at risk to any one performance guarantee? The allocation can be adjusted annually by the State of Nebraska.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	we are unclear on the requested amount at risk associated with these Performance Guarantees: \$20/ee or 30% of total fees at risk for our integrated bid. We are happy to provide amounts at risk and discuss allocations. The Pharmacy guarantees will be incorporated as part of the integrated quote.
d.	You agree to allow the State of Nebraska the flexibility to allocate in writing the total amount at risk among the various performance categories at least 30 days prior to the start of each contract year.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	We would like to have a mutual discussion as to the allocation of these categories.
e.	You agree that the guarantees will be measured and reconciled on a quarterly basis within 45 days from the close of the quarter, with the exception of annual guarantees which will be measured and reconciled within 45 days from the close of the year. All performance guarantees will be audited on a scheduled basis.	drop down box	Listbox, ListY/No/Explain	Yes	
f.	You agree that penalties will automatically be paid annually within 90 days of the close of the measurement period without any written request requirement.	drop down box	Listbox, ListY/No/Explain	Yes	
g.	You agree that all performance guarantees must be measured and reported on client-specific data, not book of business.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	We will measure and report on our book of business results for the pharmacy-specific guarantees.
h.	Are you willing to put \$50 per household (active and retirees) at risk annually for ongoing service performance?	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	we are unclear on the requested amount at risk associated with these Performance Guarantees: \$20/ee or 30% of total fees at risk for our integrated bid. We are happy to provide amounts at risk and discuss
39.	Implementation:				
a.	All services are implemented as proposed within specified timeframe and to State of Nebraska's satisfaction - Measured by vendor's ability to complete all key functions in an accurate and timely manner according to the detailed work plan. Specifically, State of Nebraska may assess a penalty if, three (3) months after the Effective Date, State of Nebraska does not rate vendor's performance in implementing the Program in an accurate and timely manner an average of 4 or better on a scale of 1 to 5 (5 being the best).	drop down box	Listbox, ListY/No/Explain	Yes	We are proposing an integrated proposal with Medical and PBM services and view this guarantee to be a part of our overall guarantee and approach.
b.	Benefit Set Up - Guarantee that upon receipt of final sign-off from the State of Nebraska of plan parameters, you will load, fully test, and release the plan benefit coding information for production within 6 weeks of State of Nebraska's final sign off. Plan parameters shall include but not be limited to member cost share (e.g. integrated deductible, copayments, maximums, etc.) plan limitations (e.g. days supply, refills allowed, refill-too-soon, etc.) dispensable medications (e.g. covered drugs, exclusions, etc.)	drop down box	Listbox, ListY/No/Explain	N/A	Please see Section 3 of the Cost Proposal for our proposed performance guarantees.



Questionnaire

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c.	ID Card Production & Mailing - Accurate ID cards will be mailed at least 10 days prior to the effective date of contract award.	drop down box	Listbox, ListY/No/Explain	Yes	We are proposing an integrated proposal with Medical and PBM services and view this guarantee to be a part of our overall guarantee and approach.
d.	Pre-Implementation Audit - Vendor will fully support auditor requests for pre-implementation audit and will schedule on-site portion of audit at least 15 days prior to the effective date of contract award.	drop down box	Listbox, ListY/No/Explain	Yes	We are proposing an integrated proposal with Medical and PBM services and view this guarantee to be a part of our overall guarantee and approach.
e.	Are you willing to put \$20 per household (actives and retirees) at risk for implementation service performance?	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	We are proposing an integrated proposal with Medical and PBM services and view this guarantee to be a part of our overall guarantee and approach.
40.	Ongoing Service: The following lists ongoing service performance guarantees.				
a.	Pharmacy Network Access - At least 95% of participants shall reside within 5 miles of a network pharmacy	drop down box	Listbox, ListY/No/Explain	Yes	
	Will Measure and Report Monthly	drop down box	Listbox, ListY/No/Explain	Yes	
b.	Retail direct reimbursement claims timeliness of processing and response - At least 97% of retail direct reimbursement claims processed for payment or rejected and responded to within 5 business days	drop down box	Listbox, ListY/No/Explain	Yes	97% in average of 5 days and 99.9% in an average of 10 days.
	Will Measure and Report Monthly	drop down box	Listbox, ListY/No/Explain	Yes	\$5,000
c.	Mail order turnaround time for prescription drugs requiring no intervention (Non-Protocol or Clean Rx) - 95% shipped within 2.0 business days (measured in business days from the date the prescription drug claim is received by the vendor (either via paper, phone, fax, or internet) to the date it is shipped).	drop down box	Listbox, ListY/No/Explain	Yes	Measured in whole business days from the date a prescription order is received by OptumRx (either via mail, phone, fax, or Internet) to the date the prescription order is shipped. Calculated by taking the total number of whole days to ship divided the total number of prescription orders. Measured in whole business days.
	Will Measure and Report Monthly	drop down box	Listbox, ListY/No/Explain	Yes	\$5,000
d.	Mail order turnaround time for prescription drugs requiring administrative/clinical intervention (Protocol Rx) - 100% of prescriptions requiring administrative/clinical intervention will be shipped within 5 business days (measured in business days from the date the prescription drug claim is received by the vendor (either via paper, phone, fax, or internet) to the date it is shipped).	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	Within an annual average of 5 business days 85% shipped for intervention (Problem) prescription orders. Measured in whole business days from the date a prescription order is received by OptumRx (either via mail, phone, fax, or Internet) to the date the prescription order is shipped. Calculated by taking the total number of whole days to ship divided the total
	Will Measure and Report Monthly	drop down box	Listbox, ListY/No/Explain	Yes	\$5,000

Questionnaire

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e.	<p>Mail order dispensing accuracy - At least 99.99% or greater. Dispensing Accuracy Rate means (f) the number of all mail order prescriptions dispensed in a contract quarter less the number of those prescriptions dispensed in such contract quarter which are reported and verified as having been dispensed with the incorrect drug, strength, form, patient name, directions, packing non-conformance, or address causing medication to be delivered incorrectly divided by (i) the number of all mail order prescriptions dispensed in such contract quarter.</p>	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	99.9% of mail order and specialty pharmacy prescriptions dispensed accurately with no errors. Based on OptumRx's internal quality review. Calculated as all claims audited and found to be without error of any form, divided by all claims audited.
	Will Measure and Report Monthly	drop down box	Listbox, ListY/No/Explain	Yes	\$5,000
f.	<p>Claims processing accuracy (retail, mail, and specialty) - >99.9% Retail >99.99% Mail >99.99% Specialty Based on vendor's internal quality review. Calculated as all claims audited and found to be without adjudication error of any kind (i.e. any claim processing inaccuracy that results in an incorrect charge to the State of Nebraska or its plan members), divided by all claims audited.</p>	drop down box	Listbox, ListY/No/Explain	No	99.9% of retail claims will be paid with no errors. Based on OptumRx's internal quality review. Calculated as all claims audited and found to be without error of any form, divided by all claims audited.
	Will Measure and Report Monthly	drop down box	Listbox, ListY/No/Explain	Yes	\$5,000
g.	<p>Member service telephone response time - 90% answered by a live voice within 20 seconds or less The amount of time that elapses between the time a call is received into a member service queue to the time the phone is answered by a Customer Service Representative (CSR). Measurement excludes calls routed to IVR.</p>	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	80% answered in an average of 30 seconds or less. The amount of time that elapses between the time a call is received into a customer service queue to the time the phone is answered by a live Customer Service Advocate (CSA).
	Will Measure and Report Monthly	drop down box	Listbox, ListY/No/Explain	Yes	\$5,000
h.	<p>Member service call abandonment rate - 3% or less of calls will be abandoned (i.e. caller hangs up) before call is answered by CSR. Calculated as the number of calls that are not answered divided by the number of calls received. Measurement excludes calls routed to IVR and includes calls abandoned within the first 20 seconds.</p>	drop down box	Listbox, ListY/No/Explain	Yes	We agree to 3% or less calls abandoned. However, in regard to calls routed, we agree to 30 seconds. Percentage of calls that are not answered by OptumRx (caller hangs up before call is answered).
	Will Measure and Report Monthly	drop down box	Listbox, ListY/No/Explain	Yes	\$5,000
i.	<p>Member service first call resolution - At least 95% of all calls will be resolved at first point of contact. Calculated as the total calls to vendor minus total number of unresolved calls divided by the total number of calls received. Measurement excludes calls routed to IVR.</p>	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	93% of Client calls resolved during initial CSA call. Defined by the number of ensuing calls by the same member with the same "reason for call" within a five day period. Calculated as the percent of calls resolved divided by the total number of calls answered by a CSA.
	Will Measure and Report Monthly	drop down box	Listbox, ListY/No/Explain	Yes	\$5,000

Questionnaire

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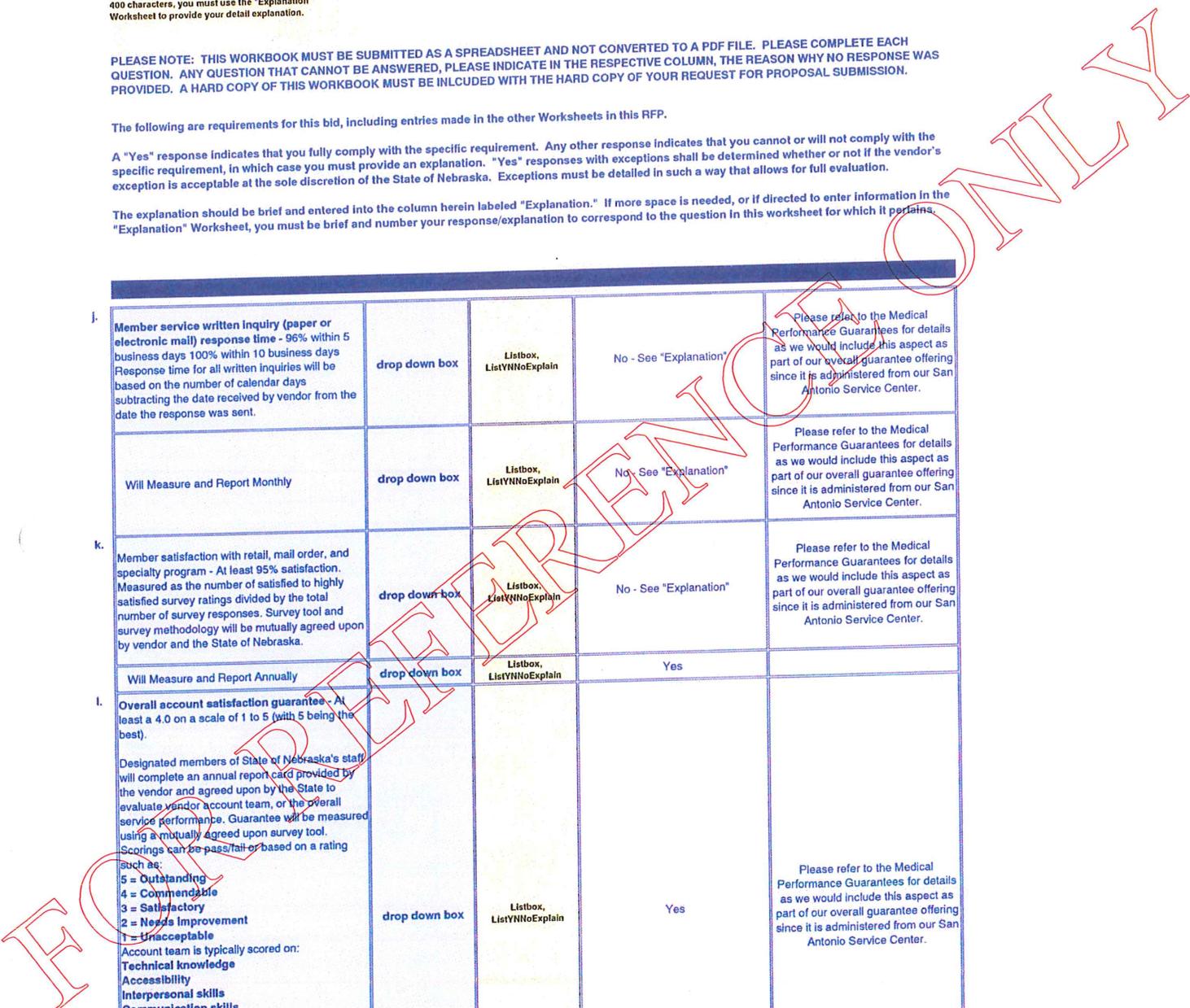
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j.	Member service written inquiry (paper or electronic mail) response time - 96% within 5 business days 100% within 10 business days Response time for all written inquiries will be based on the number of calendar days subtracting the date received by vendor from the date the response was sent.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	Please refer to the Medical Performance Guarantees for details as we would include this aspect as part of our overall guarantee offering since it is administered from our San Antonio Service Center.
	Will Measure and Report Monthly	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	Please refer to the Medical Performance Guarantees for details as we would include this aspect as part of our overall guarantee offering since it is administered from our San Antonio Service Center.
k.	Member satisfaction with retail, mail order, and specialty program - At least 95% satisfaction. Measured as the number of satisfied to highly satisfied survey ratings divided by the total number of survey responses. Survey tool and survey methodology will be mutually agreed upon by vendor and the State of Nebraska.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	Please refer to the Medical Performance Guarantees for details as we would include this aspect as part of our overall guarantee offering since it is administered from our San Antonio Service Center.
	Will Measure and Report Annually	drop down box	Listbox, ListY/No/Explain	Yes	
l.	Overall account satisfaction guarantee - At least a 4.0 on a scale of 1 to 5 (with 5 being the best). Designated members of State of Nebraska's staff will complete an annual report card provided by the vendor and agreed upon by the State to evaluate vendor account team, or the overall service performance. Guarantee will be measured using a mutually agreed upon survey tool. Scorings can be pass/fail or based on a rating such as: 5 = Outstanding 4 = Commendable 3 = Satisfactory 2 = Needs Improvement 1 = Unacceptable Account team is typically scored on: Technical knowledge Accessibility Interpersonal skills Communication skills Overall performance Vendor's overall service may be scored on such dimensions as: Proactiveness in communication of issues and rec Timeliness and accuracy of reports Responsiveness to day to day needs Adequacy of staffing and training Ability to meet performance standards	drop down box	Listbox, ListY/No/Explain	Yes	Please refer to the Medical Performance Guarantees for details as we would include this aspect as part of our overall guarantee offering since it is administered from our San Antonio Service Center.
	Will Measure and Report Annually	drop down box	Listbox, ListY/No/Explain	Yes	



Questionnaire

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m.	Annual benefit plan review - You will maintain a documented quality control and pre-implementation document and provide it to the State of Nebraska for review and approval at least 15 days prior to implementation of any benefit or program change. Vendor will conduct an annual benefit plan review within 60 days of each plan year to coincide with the State of Nebraska's plan implementation of benefit plan modifications. If such reviews identify any systems set in error by vendor, then vendor will reconcile such errors on a dollar for dollar basis, and shall pay the State of Nebraska's penalty amount at risk	drop down box	Listbox, ListYNNNoExplain	Yes	
	Will Measure and Report Annually	drop down box	Listbox, ListYNNNoExplain	Yes	
n.	Timeliness of reporting - Vendor will deliver standard financial and clinical reports within 15 calendar days from the close of each reporting period.	drop down box	Listbox, ListYNNNoExplain	No - See "Explanation"	Our reports are delivered within 15 business days.
	Will Measure and Report Quarterly	drop down box	Listbox, ListYNNNoExplain	Yes	

II. TECHNICAL QUESTIONNAIRE		Answer Format	Format Type	Response	Explanation
BENEFIT COVERAGE/PLAN DESIGN					
1.	Confirm your firm's ability to administer the following plan designs even though some may not be part of the current benefit design, but may be considered in the future:				
a.	The proposed plan design (see the "Plan Design" Worksheet)	drop down box	Listbox, ListYNNNoExplain	Yes	Additionally, we have recommendations which can provide further cost-savings. Please refer to "Explanation" tab for more information on these programs.
b.	Co-insurance at Retail	drop down box	Listbox, ListYNNNoExplain	Yes	
c.	Co-insurance at Mail	drop down box	Listbox, ListYNNNoExplain	Yes	
d.	Mixed copayments at Retail (fixed dollar and coinsurance)	drop down box	Listbox, ListYNNNoExplain	Yes	
e.	Mixed copayments at Mail (fixed dollar and coinsurance)	drop down box	Listbox, ListYNNNoExplain	Yes	
f.	Coinsurance with Min/Max amounts per Rx	drop down box	Listbox, ListYNNNoExplain	Yes	
g.	Annual OOP maximums per person	drop down box	Listbox, ListYNNNoExplain	Yes	
h.	OOP max per Rx	drop down box	Listbox, ListYNNNoExplain	Yes	
i.	Therapeutic Class "MAC's"	drop down box	Listbox, ListYNNNoExplain	Yes	
j.	Reverse copays (i.e. Client pays fixed amount, member pays the rest)	drop down box	Listbox, ListYNNNoExplain	Yes	
k.	Greater than four tiers	drop down box	Listbox, ListYNNNoExplain	Yes	
l.	Coverage of OTC products	drop down box	Listbox, ListYNNNoExplain	Yes	
m.	Waive copays for the first x-number of fills	drop down box	Listbox, ListYNNNoExplain	Yes	
n.	Value based design with reduced or waived copays for certain drug classes	drop down box	Listbox, ListYNNNoExplain	Yes	

Questionnaire

To Vendor: Use Column G to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" Worksheet to provide your detail explanation.

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o.	Copays based on previous drug trials (e.g., higher copay if claims history does not include trial of first line/preferred drug/drug class)	drop down box	Listbox, ListY/No/Explain	Yes	
p.	Copay incentives based on place of service (e.g., preferred retail pharmacies, specialty pharmacies, etc.)	drop down box	Listbox, ListY/No/Explain	Yes	
q.	Copays dependent on participant's behavior (e.g. enrollment or stratification level in a disease management program)	drop down box	Listbox, ListY/No/Explain	Yes	
r.	Copay proration at retail, mail and specialty based on days supply (e.g., apply retail copay for a specialty claim with a 30-day supply)	drop down box	Listbox, ListY/No/Explain	Yes	
s.	Limit specialty drugs to a 30-day supply via mail/specialty pharmacies	drop down box	Listbox, ListY/No/Explain	Yes	

Eligibility					
2.	You will accept electronic reporting of enrollment from at least two sources. (Current eligibility comes electronically from State of Nebraska on a weekly basis.) You must accept various file formats, media and schedules, including daily or even real-time updates at no additional cost.	drop down box	Listbox, ListY/No/Explain	Yes	
3.	You will also be capable of supporting manual updates and off-cycle files, which may arise from new acquisitions or strike situations.	drop down box	Listbox, ListY/No/Explain	Yes	
4.	You will provide immediate on-line real-time manual eligibility updates for urgent requests by the State of Nebraska staff.	drop down box	Listbox, ListY/No/Explain	Yes	
5.	You must capture the 9 digit SSN, the 8 digit alphanumeric State of Nebraska ID, and generate a bidder specific member ID in your eligibility system.	drop down box	Listbox, ListY/No/Explain	Yes	
6.	Based on the eligibility files you receive, you will:				
a.	Add coverage for members who have joined the plan within 48 hours of receipt of eligibility data	drop down box	Listbox, ListY/No/Explain	Yes	
b.	Update member information (e.g., address changes) within 48 hours of receipt of eligibility data	drop down box	Listbox, ListY/No/Explain	Yes	
c.	Notify appropriate party of eligibility issues within 24 hours of receipt of eligibility data	drop down box	Listbox, ListY/No/Explain	Yes	

ID Cards					
a.	If requested, you will produce and send prescription drug ID cards for receipt by State of Nebraska members 7 days before the effective date of each contract or plan year.	drop down box	Listbox, ListY/No/Explain	Yes	Provided we receive accurate eligibility data within 10 business days. Members may also print a temporary ID card through our member portal, myuhc.com.
b.	You will produce and send prescription drug ID cards for distribution to new State of Nebraska members within 4 business days or less of receipt of clean eligibility and enrollment files.	drop down box	Listbox, ListY/No/Explain	Yes	Provided we receive accurate eligibility data within 10 business days. Members may also print a temporary ID card through our member portal, myuhc.com.
c.	If related to PBM errors or PBM initiated charges, you will be responsible for cost to reproduce ID cards (including priority shipping).	drop down box	Listbox, ListY/No/Explain	Yes	

Questionnaire

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B. Overrides					
a.	Currently, State of Nebraska allows a vacation override of 1 additional fill per retail and mail order Rx per member per year. You must have the ability to override retail and mail order prescriptions and provide up to a 30 day and a 180 day supply, respectively for overseas travel/vacation.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation" We would like to discuss the State's plan design further to determine its overall pharmacy strategy.	
b.	The State of Nebraska reserves the ability to provide the final override. Please state your ability to comply.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation" The State can perform one-time overrides when necessary.	
9. Retail Networks					
a.	Please complete the "Network Access" Worksheet included in this Workbook and indicate if it has been completed.	drop down box	Listbox, ListComplete/Not	Complete. The response drop down box is locked and we were unable to provide our response in the appropriate cell. This has been included as Attachment H in Section 4 of the Technical Proposal.	
b.	Are you willing to create a custom retail network with fewer participating pharmacies without compromising member access (at least 95% of participants shall reside within 5 miles of a network pharmacy)?	drop down box	Listbox, ListY/No/Explain	Yes	
10. Mail Service					
	Answer Format		Response	Explanation	
a.	Provide the total number of Mail Order facilities nationwide.	number, 0	Number, 0	2	We own and operate two state-of-the-art mail service facilities located in Carlsbad, California, and Overland Park, Kansas. Our mail service pharmacies have been accredited as Verified Internet Pharmacy Practice Sites since 2005. We were one of only four PBMs in the nation to receive accreditation from URAC for both Mail Service and Specialty Pharmacy in October 2008.
b.	You will communicate via a telephone call or email any delays beyond two days in the delivery of prescriptions to the participant	drop down box	Listbox, ListY/No/Explain	Yes	
c.	You agree to arrange and pay for a short-term retail supply of a delayed or incorrectly processed mail order prescription caused by your organization. In addition, you agree not to charge the State of Nebraska members for expedited delivery of the mail order prescription if the prescription delay is caused by your organization.	drop down box	Listbox, ListY/No/Explain	Yes	
d.	In the event of a natural disaster or national emergency, you will continue to fill all prescription requests, proactively obtaining any necessary overrides to facilitate this process, and provide members with expedited delivery to convenient locations.	drop down box	Listbox, ListY/No/Explain	Yes	

Questionnaire

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e.	You will assure that 100% of mail order prescriptions will be imaged and entered when received at mail service (including Specialty prescriptions). You will assure that you will be able to electronically track 100% of all mail order prescriptions (including Specialty) throughout the filling process, on a timely basis, from the point of prescription is received until it is shipped to the member.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	100% of mail order prescriptions are scanned into our high resolution document imaging system upon receipt and managed electronically through the entire dispensing process. We link images to each member for ease of retrieval. Our order imaging and tracking processes create an audit trail that helps us track all prescriptions and identify any
f.	You assure that, within 24 hours, you will contact prescribers and/or members via a telephone call or email for 100% of incomplete mail order prescriptions (including Specialty) that require additional information.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	For incomplete mail order prescriptions that require additional information, we will contact members and physicians within 48 hours of receipt.
g.	You will provide both email and telephone voicemail capabilities to communicate to members their mail order has been received and the date the order has been shipped to members.	drop down box	Listbox, ListY/No/Explain	Yes	We offer tracking options so that members may confirm that their mail order prescription has been received and when applicable, shipped. Members who call our customer service phone number can obtain tracking status for orders delivered by
h.	You will have the capability to accept early refill orders and suspend or "queue" these orders in your system until the earliest refill date for processing.	drop down box	Listbox, ListY/No/Explain	Yes	
i.	You will have the capability to accept major credit cards and store credit card number(s) by member account for future mail order prescriptions. You must have the capability to advise members 30 days in advance of the date their credit card number is doing to expire.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	We do not advise members when their credit cards expire.
j.	If requested, will you provide members with checks for monies owed to them instead of maintaining credits at your mail facility?	drop down box	Listbox, ListY/No/Explain	Yes	We provide members with refunds for monies owed by way of the original tender instead of maintaining credits at our mail facility.
k.	What is your standard floor limit for accepting prescription orders from members without the correct payment?	dollar, 0	dollar, 0	\$75	We will either charge the order to the member's credit card (if on file) or fill the prescription if it falls under our \$75.00 threshold and collect the
l.	You will not require State of Nebraska to pay outstanding balances owed by membership.	drop down box	Listbox, ListY/No/Explain	Yes	We confirm that we will not require the Authorities to pay for outstanding balances owed by membership.
m.	State of Nebraska shall have the right to advise you in writing to change the floor limit for all members or just those with unpaid balances after 120 days of dispensing.	drop down box	Listbox, ListY/No/Explain	Yes	We have the ability to adjust the floor limit, for example we can ship the medication and bill the member. However, we are unable to adjust the floor limit based on unpaid or aged balances.
n.	You will not require the State of Nebraska to mandate use of the mail pharmacies.	drop down box	Listbox, ListY/No/Explain	Yes	Participation in our Mail Order service is not mandatory
o.	If requested, you will provide members who are currently using the incumbent's mail facility an 800 number that may be called to provide you the information necessary to transfer their current mail-order prescriptions to your mail facility.	drop down box	Listbox, ListY/No/Explain	Yes	
p.	If requested, you are willing and able to prorate copays at mail order for claims that are processed for less than or equal to a 60 day supply.	drop down box	Listbox, ListY/No/Explain	Yes	
q.	You will guarantee receipt in 2 business days mail order prescriptions from the date shipped.	drop down box	Listbox, ListY/No/Explain	Yes	

Questionnaire

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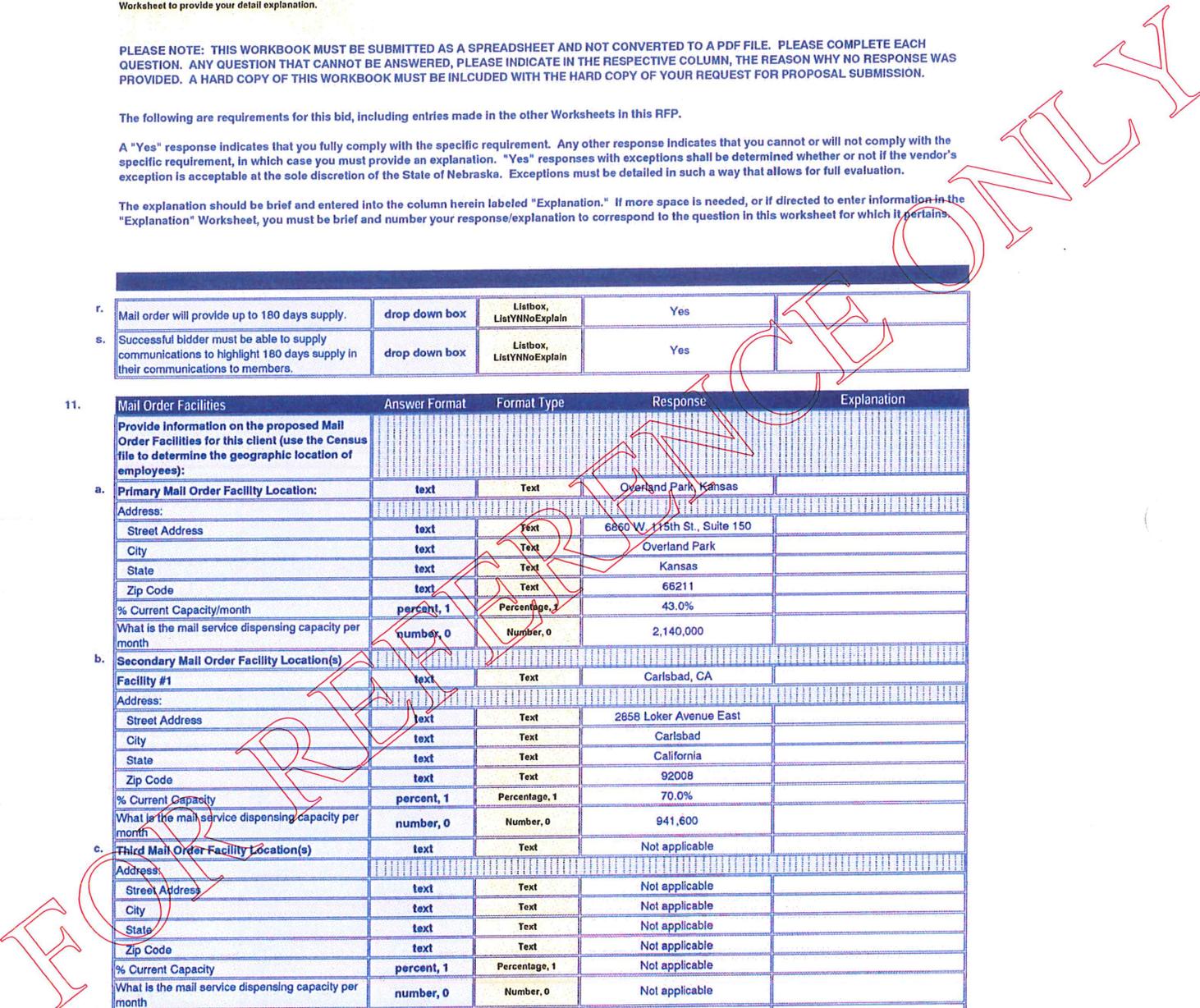
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r.	Mail order will provide up to 180 days supply.	drop down box	Listbox, ListY/No/Explain	Yes	
s.	Successful bidder must be able to supply communications to highlight 180 days supply in their communications to members.	drop down box	Listbox, ListY/No/Explain	Yes	

11.	Mail Order Facilities	Answer Format	Format Type	Response	Explanation
	Provide information on the proposed Mail Order Facilities for this client (use the Census file to determine the geographic location of employees):				
a.	Primary Mail Order Facility Location:	text	Text	Overland Park, Kansas	
	Address:				
	Street Address	text	Text	6860 W 115th St., Suite 150	
	City	text	Text	Overland Park	
	State	text	Text	Kansas	
	Zip Code	text	Text	66211	
	% Current Capacity/month	percent, 1	Percentage, 1	43.0%	
	What is the mail service dispensing capacity per month	number, 0	Number, 0	2,140,000	
b.	Secondary Mail Order Facility Location(s)				
	Facility #1	text	Text	Carlsbad, CA	
	Address:				
	Street Address	text	Text	2858 Loker Avenue East	
	City	text	Text	Carlsbad	
	State	text	Text	California	
	Zip Code	text	Text	92008	
	% Current Capacity	percent, 1	Percentage, 1	70.0%	
	What is the mail service dispensing capacity per month	number, 0	Number, 0	941,600	
c.	Third Mail Order Facility Location(s)	text	Text	Not applicable	
	Address:				
	Street Address	text	Text	Not applicable	
	City	text	Text	Not applicable	
	State	text	Text	Not applicable	
	Zip Code	text	Text	Not applicable	
	% Current Capacity	percent, 1	Percentage, 1	Not applicable	
	What is the mail service dispensing capacity per month	number, 0	Number, 0	Not applicable	
d.	Fourth Mail Order Facility Location(s)	text	Text	Not applicable	
	Address:				
	Street Address	text	Text	Not applicable	
	City	text	Text	Not applicable	
	State	text	Text	Not applicable	
	Zip Code	text	Text	Not applicable	
	% Current Capacity	percent, 1	Percentage, 1	Not applicable	
	What is the mail service dispensing capacity per month	number, 0	Number, 0	Not applicable	



Questionnaire

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FOR REVIEW ONLY

e.	What are your standard hours of operation?	text	Text	Our mail service facilities standard hours of operation are Monday through Friday as follows: Overland Park, Kansas - 8 a.m. to 4:30 p.m. Central Time Carlsbad, California - 5:30 a.m. to 11 p.m. Pacific Time	
12.	Service Statistics for all Mail Order Facilities (not just the ones proposed for this client):				
a.	Quarterly Dispensing Capacity	number, 0	Number, 0	9,244,800	
b.	Number of Prescriptions Dispensed in the Most Recent Quarter	number, 0	Number, 0	4,785,615	
c.	Ratio of Pharmacists to Pharmacy Technicians	X:XX	Text	1:6:1	
d.	Average Number of Prescriptions Dispensed per Pharmacist per Hour	number, 1	Number, 1	26.5	
13.	Average turnaround time in the most recent quarter for prescriptions that:				
a.	Required intervention (in days)	number, 2	Number, 2	3.6	
b.	Did not require intervention (in days)	number, 2	Number, 2	2.4	
14.	Specialty Pharmacy Services				
a.	How do you define specialty drugs?	Text	Text	We define specialty drugs as biotech products, orphan drugs, high-cost drugs, infused oral or injectable drugs, drugs that require frequent monitoring by a clinician, and drugs for chronic diseases. Please refer to the Explanation Tab for our further definition regarding specialty drugs.	
b.	Provide the total # of Specialty pharmacies nationwide in your network	number, 0	Number, 0	2	We own and operate two specialty pharmacies, in Carlsbad, California and Overland Park, Kansas. Our specialty pharmacies have received certification from the Utilization Review Accreditation Commission (URAC) and the Inventory Information Approval
c.	You will not require the State of Nebraska to mandate use of your Specialty pharmacy(ies).	drop down box	Listbox, ListY/No/Explain	Yes	
15.	Describe your shipping and handling policy for Specialty products. Indicate your primary shipping carrier.	text	Text	Our Patient Care Coordinators (PCC) schedule a convenient delivery time with the member. All injectable orders ship overnight, with deliveries scheduled Tuesday through Friday. Injectables requiring cold storage ship in insulated coolers with cold packs. This ensures refrigeration for at least 36 hours. We pack temperature-sensitive medications to ensure stability.	UPS is our primary carrier for overnight delivery. Other orders may ship with FedEx or USPS Express Mail. The shipping department analyzes the member's geographical destination and selects the carrier who most efficiently and reliably performs within that region. We ship orders in nondescript packaging to obscure the prescription drug contents.
16.	Will your Specialty pharmacy ship to members choice of location (i.e., physician office, etc.)?	drop down box	Listbox, ListY/No/Explain	Yes	We offer significant savings and flexibility in delivering medications to members or to a physician's office for
17.	Indicate if your organization receives educational funding or support from pharmaceutical manufacturers.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	We contract with pharmaceutical manufacturers for rebate purposes only
a.	Describe exactly how these monies are used.	Text	Text	N/A	

Questionnaire

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FOR INTERNAL USE ONLY

18.	Describe the contracts you have in place to provide drugs that you do not buy and dispense. Include limited and closed distribution drugs and drug categories where you do not hold distribution rights or contracts.	Text	Text	Due to confidentiality provisions, we are unable to describe our manufacturer and distributor contracts. We subcontract with two vendors for the limited distribution of a small number of drugs which include:	
19.	Briefly describe your Specialty clinical management capabilities, including the UM programs offered.	text	Text	We offer clinical, case, and utilization management programs through our Specialty Pharmacy. Our comprehensive utilization management programs includes case review and prior authorization, step therapy, medication adherence, risk management and copay assistance referral programs.	Please refer to Explanation Tab for a brief description of our clinical management capabilities. Please also see Attachment N in Appendix E for additional information
20.	Do your Specialty pharmacies have access to complete patient profiles (i.e., are the Specialty, Retail and Mail systems fully integrated so that a complete patient profile is accessible)?	drop down box	Listbox, ListY/No/Explain	Yes	Our claims processing system maintains a profile on each member for all retail and mail service prescriptions. Member profiles are built through eligibility file feeds and by each online claims transmission.
21.	You will allow the State of Nebraska the flexibility to determine if participants can fill specialty drug prescriptions at retail, and will include pricing for a voluntary option (open retail network/no retail refill limit) and a closed network option (retail lockout or retail refill limit).	drop down box	Listbox, ListY/No/Explain	Yes	
22.	Pricing for Specialty Drugs added to the list on or after the effective date of contract award shall be competitive in the marketplace and considered on an individual drug basis, and shall not automatically default to a minimum discount.	drop down box	Listbox, ListY/No/Explain	Yes	
23.	Briefly describe your specialty patient support services. When and how are patients identified, contacted, and monitored?	Text	Text	Our high-touch approach to supporting members using specialty medications includes direct assistance with all medication issues, including education and support regarding side effects. Please refer to the Explanation Tab for a brief description of our patient support services.	
24.	Briefly describe how you improve the compliance of participants receiving specialty pharmacy products. Include methods used to measure compliance, reports for documentation, frequency of measurement, and any costs associated.	Text	Text	Medication compliance is crucial to the effectiveness of a member's treatment program for a chronic disease. Please refer to the Explanation tab for a brief description of our efforts to increase specialty medication compliance.	
25.	How do you confirm appropriateness of therapy?	Text	Text	We confirm the appropriateness of therapy through our case review and case management process.	
26.	Confirm that any or all UM programs can be suppressed.	drop down box	Listbox, ListY/No/Explain	Yes	
27.	Describe the standard reporting, including new and/or critical patient alerts, available as part of your specialty program?	Text	Text	Please refer to the Explanation Tab for a brief description of our specialty standard reports.	
28.	Do your Specialty pharmacies have access to complete patient profiles (i.e., are the Specialty, Retail and Mail systems fully integrated so that a complete patient profile is accessible)?	drop down box	Listbox, ListY/No/Explain	Yes	

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29.	If a Specialty drug package is lost, stolen, or not delivered, you will not charge the client or client participant for the Specialty Drug.	drop down box	Listbox, ListY/No/Explain	Yes	
Channel Management - Internal Audits					
30.	Indicate the percentage of your network pharmacies in your Broadest Retail Network for which:	Answer Format	Format Type	Response	Explanation
a.	On-site audits are conducted	percent, 1	Percentage, 1	4.8%	Please refer to the Explanation Tab for further details on our auditing methodology.
b.	Desk-top audits are conducted.	percent, 1	Percentage, 1	43.0%	Please refer to the Explanation Tab for further details on our auditing methodology.
31.	You agree to share 100% of retail network audit recoveries with the Plan.	drop down box	ListYes/No	Yes	
32.	Confirm that the same audits performed on your retail pharmacy network will be conducted on the:				
a.	Mall Order Pharmacies utilized	drop down box	Listbox, ListY/No/Explain	Yes	
b.	Specialty Pharmacies utilized.	drop down box	Listbox, ListY/No/Explain	Yes	
QUALITY AND CLINICAL PROGRAMS					
33.	You have the capability to integrate medical and prescription drug claims data to enhance:	Answer Format	Format Type	Response	Explanation
a.	Concurrent Drug Utilization Reviews (i.e., drug-disease interactions)	drop down box	Listbox, ListY/No/Explain	Yes	Through our concurrent drug utilization review (DUR) programs, we integrate medical data into our online pharmacy claims system. This integration enables us to identify potentially inappropriate utilization and drug-related problems, identify members who may benefit from our clinical interventions, and optimize drug therapy and member health outcomes.
b.	Therapeutic management Initiatives (i.e., prior authorization programs)	drop down box	Listbox, ListY/No/Explain	Yes	Our claims system automatically searches the member's medical and drug profile to determine if a drug meets the required criteria.
c.	Compliance programs	drop down box	Listbox, ListY/No/Explain	Yes	
d.	Gaps in (Omissions in) care	drop down box	Listbox, ListY/No/Explain	Yes	
Comment: If you charge a fee for this service, disclose the fee in the "Explanation" column or Worksheet, if you require more space.					
34.	Clinical program offering includes:				
a.	Evidenced-based approach	drop down box	Listbox, ListY/No/Explain	Yes	We utilize evidence-based data in our P&T discussions; we do not use information or data prepared directly by pharmaceutical companies.

Questionnaire

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b.	Compliance (poor adherence)	drop down box	Listbox, ListY/No/Explain	Yes	We offer programs to promote appropriate utilization and improved member health outcomes while helping to reduce medical costs incurred by members who do not adhere to prescribed therapy. We provide refill reminder phone calls, text messages, and other outreach targeted at members who need to refill chronic medications.
c.	Funding from pharmaceutical manufacturers	drop down box	Listbox, ListY/No/Explain	No	We contract with pharmaceutical manufacturers for rebate purposes only
d.	Information available via the web	drop down box	Listbox, ListY/No/Explain	Yes	We offer an array of resources through www.uhc.com for our clients and members which help manage nearly every aspect of benefits administration online and in real-time increasing efficiency and cost savings. Please refer to the Explanation tab for details.
e.	Outcomes data (savings and member impact)	drop down box	Listbox, ListY/No/Explain	Yes	The business analyst and clinical pharmacist assigned to the State's account are tasked with providing timely interpretation of results and strategic solutions for controlling utilization patterns and overall pharmacy and health care costs.
35.	You will only communicate with participants about alternative medications or places of service when a change will save both the participant and the State of Nebraska money before the application of rebates.	drop down box	Listbox, ListY/No/Explain	Yes	
36.	You will allow the State of Nebraska the ability to "opt-out" of clinical programs, which include but are not limited to therapeutic substitution programs.	drop down box	Listbox, ListY/No/Explain	Yes	
37.	If requested, you will allow "grandfathering" of copays (formularly tier levels) for current utilizers for a specified period of time.	drop down box	Listbox, ListY/No/Explain	Yes	
38.	You are willing and capable of providing reporting specific to the activity and outcomes associated with all of the utilization management tools and programs you answered "yes" in the question directly above as frequently as the plan requests.	drop down box	Listbox, ListY/No/Explain	Yes	
39.	Provide the number of programs available for the following specific types:				
a.	Prior authorization programs	number, 0	Number, 0	142	
b.	Prior authorization programs specific for "specialty drugs"/self-administered injectable medications	number, 0	Number, 0	85	
c.	Quantity limitation or dose duration programs	number, 0	Number, 0	1,154	
d.	Step therapy protocol programs	number, 0	Number, 0	102	
40.	How often are your clinical programs reviewed to ensure they remain up-to-date?	text	Text	Our clinical programs are reviewed annually to ensure they remain up-to-date.	

Pharmacy & Therapeutic Committee Answer Format Format Type Response Explanation

Questionnaire

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41.	Pharmacy & Therapeutic Committee employs:				
a.	Academy of Managed Care Pharmacists's formulary submission process	drop down box	Listbox, ListY/No/Explain	Yes	
	Data provided by one or more of your employees	drop down box	Listbox, ListY/No/Explain	Yes	Clinical pharmacists on our formulary management team provide our P&T Committee with clinical research data, including monograph reviews, for evaluation and consideration of a medication on our formulary.
b.	Multi-disciplinary approach	drop down box	Listbox, ListY/No/Explain	Yes	
c.	Outcomes data	drop down box	Listbox, ListY/No/Explain	Yes	
d.	Pharmaceutical manufacturer representatives or their prepared data in decision-making	drop down box	Listbox, ListY/No/Explain	No	
e.	Pharmacoeconomical data.	drop down box	Listbox, ListY/No/Explain	Yes	
42.	You utilize a Pharmacy & Therapeutic Committee to develop and maintain:				
a.	Your formulary(ies)	drop down box	Listbox, ListY/No/Explain	Yes	
b.	Utilization management programs and coverage rules.	drop down box	Listbox, ListY/No/Explain	Yes	
43.	Provide the following information concerning the Pharmacy & Therapeutic Committee:				
	Frequency of meetings	drop down box	Listbox, ListFrequency	Quarterly Semi-Annually (twice a year)	Our P&T Committee meets at least quarterly. Ad hoc meetings are scheduled as required to address special issues (e.g., drug warnings/recalls).
a.	Number of physicians	number, 0	Number, 0	11	
c.	Number of pharmacists	number, 0	Number, 0	4	
d.	Number of nurses	number, 0	Number, 0	0	
e.	Number of PBM employees	number, 0	Number, 0	2	
f.	Do PBM employees have voting rights?	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	Only non-employee members, and members with no affiliation to OptumRx, have a vote on the committee.
g.	List disciplines represented	text	Text	Our P&T Committee comprises at least 15 members. They bring a broad range of academic and clinical expertise: - An ethicist - Two pharmacists - Licensed physicians that may represent the following disciplines and medical specialties: * Academic research * Family practice * Gastroenterology * Geriatrics * Hematology/oncology * Infectious disease * Internal medicine * Obstetrics/gynecology * Pediatrics * Pharmacoeconomics * Psychiatry * Women's health	

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44.	The Committee considers the non-clinical considerations like member impact and the costs of products, net of rebates, during their review for formulary representation.	drop down box	Listbox, ListY/No/Explain	Yes	
45.	The Committee accepts funds from pharmaceutical manufacturers.	drop down box	Listbox, ListY/No/Explain	No	
46.	The Committee considers the costs of products, including rebates, during its review for formulary representation.	drop down box	Listbox, ListY/No/Explain	Yes	
47.	Your formulary always follows the recommendations of the P&T Committee.	drop down box	Listbox, ListY/No/Explain	Yes	

48.	Customer Service	Answer Format	Format Type	Response	Explanation
a.	You will provide the State of Nebraska a dedicated toll-free telephone line with live caller support through a designated member service team (including member service representatives and supervisors) available 24 hours a day, seven days a week, 365 days a year.	drop down box	Listbox, ListY/No/Explain	Yes	
b.	IVR and web support will be available through the dedicated toll-free telephone line 24 hours a day, seven days a week, 365 days a year.	drop down box	Listbox, ListY/No/Explain	Yes	
c.	The member service team will be knowledgeable of the State of Nebraska's specific pharmacy benefit programs to respond to member questions.	drop down box	Listbox, ListY/No/Explain	Yes	
d.	Member/provider service representatives will always have access to a pharmacist in the event the call requires the attention of a clinician.	Text	Listbox, ListY/No/Explain	Yes	
e.	Your customer service representatives will offer the name and phone number of the "manager/supervisor" for escalated issues if requested.	drop down box	Listbox, ListY/No/Explain	Yes	
f.	You (or your designee at your expense) will perform a client-specific (versus book-of-business) member satisfaction survey at least once annually.	drop down box	Listbox, ListY/No/Explain	Yes	
g.	The hours of operation for the call center is 24 hours a day, 7 days a week.	drop down box	Listbox, ListY/No/Explain	Yes	
h.	You are able and willing to customize messaging for the State of Nebraska-specific plan design issues.	drop down box	Listbox, ListY/No/Explain	Yes	
i.	How many languages does your call center support?	number, 0	Number, 0	Through Language Line, we support over 170 languages.	
j.	Do you currently provide versions of your member site in multiple languages that offer the same functionality as the English version?	drop down box	Listbox, ListY/No/Explain	Yes	
k.	Your customer service representatives have access to an application that allows them to review alternative drug therapies (e.g., formulary status, generic alternatives available, etc.) for members requesting this information.	drop down box	Listbox, ListY/No/Explain	Yes	
l.	Your customer service representatives have access to an application that allows them to run "test claims" (to obtain prices) for members requesting this information.	drop down box	Listbox, ListY/No/Explain	Yes	
m.	Is some or all of your Customer Service support provided offshore?	drop down box	Listbox, ListY/No/Explain	No	

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ONLY

49.	If so, provide the following statistics on your offshore calls:			
a.	# handled offshore	number, 0	Number, 0	Not applicable.
b.	% handled offshore	percent, 1	Percentage, 1	Not applicable.
50.	You measure Customer Service turnover.	drop down box	Listbox, ListYNNNoExplain	Yes
If "yes," provide the following statistics:				
a.	% turnover during last six months (include turnover due to promotions, resignations and terminations).	percent, 1	Percentage, 1	12.6%
b.	% turnover during last 12-month period (include turnover due to promotions, resignations, and terminations).	percent, 1	Percentage, 1	12.6%
c.	Definition of turnover	Text	Text	The annualized turnover rate is calculated by taking the total turnover during the 12 months, and then dividing that result by the total average census for the 12-month period.

51.	Web-Capabilities	Answer Format	Format Type	Response	Explanation
a.	Provide a sample of the website screenshots in an electronic file and name the file [Your Organization Name]_Sample Website Screens.	drop down box	Listbox, ListProvideNA	Provided	Please refer to our brochure "Your Pharmacy Benefit Online - Resource Guide for Members" included as Attachment O in Appendix E.
52. Participants will have access to a web-based application, which allows them to review:					
a.	Claims history.	drop down box	Listbox, ListYNNNoExplain	Yes	
b.	Alternative drug therapies (i.e., formulary status, generic alternatives available, etc.) and cost of each.	drop down box	Listbox, ListYNNNoExplain	No - See "Explanation"	At this time, participants are not able to view the cost of each.
c.	Retail pharmacy locator.	drop down box	Listbox, ListYNNNoExplain	Yes	
d.	Compare price of a medication at retail versus mail order.	drop down box	Listbox, ListYNNNoExplain	Yes	
e.	Price a medication (including retail pricing from local retail pharmacies)	drop down box	Listbox, ListYNNNoExplain	Yes	
53. The website has the following services/capabilities:					
a.	Email notification of next refill to participant	drop down box	Listbox, ListYNNNoExplain	Yes	Refill reminders provided via email.
b.	PBM will have the ability to develop and maintain custom websites for the State of Nebraska plan members, as well as pre-member websites for prospective members.	drop down box	Listbox, ListYNNNoExplain	Yes	

Client Service					
54.	Please provide a copy of an Implementation Plan. Name the file: [Your Organization's Name]_Implementation Plan	drop down box	Listbox, ListProvideNA	Provided	
55.	Please provide a copy of your company's standard forms that State of Nebraska will be required to sign prior to the notice to proceed (e.g. HIPAA, Business Associate Agreement). Along with the forms, please include the specific law or regulation that mandates the form. Name the file: [Your Organization's Name]_Standard Forms.	drop down box	Listbox, ListProvideNA	Provided	

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56.	Please provide a complete set of materials you would use to communicate pharmacy services provided to State of Nebraska's employees. Name the file: [Your Organization's Name]_Sample Employee Communication Materials.	drop down box	Listbox, ListProvideNA	Provided	
57.	You will ensure communications sent to participants are specific to the State of Nebraska's plan designs and are pre-approved by the State.	drop down box	Listbox, ListYNNNoExplain	Yes	
58.	You are able and willing to customize refill-too-soon edits.	drop down box	Listbox, ListYNNNoExplain	Yes	
59.	In the event of a change in vendors, you agree to administer all runout claims for 12 months.	drop down box	Listbox, ListYNNNoExplain	Yes	
60.	You will agree to invoice the State of Nebraska monthly for administrative fees.	drop down box	Listbox, ListYNNNoExplain	Yes	

	Account Management	Answer Format	Format Type	Response	Explanation
61.	Will the account team be dedicated or designated? Explain how you determined the proposed staff levels.	drop down box	Listbox, ListYNNNoExplain	No - See "Explanation"	Designated. Our staffing model is adjustable based on workload to meet customer needs.
62.	Describe each team member's current client base and work load. How will other responsibilities be transitioned?	text	Text	Plase see our Summary of Proposed Personnel/Management Approach provided as Attachment I in Section 3 of the Technical Proposal binder.	
63.	You will coordinate with the State of Nebraska for management of the SPD. This includes, but not limited to, reviewing changes to the SPD, making sure that you administer the plan as reflected in the SPD, and communicating any plan/clinical program changes to the State of Nebraska for inclusion in the SPD.	drop down box	Listbox, ListYNNNoExplain	Yes	
64.	The State of Nebraska's satisfaction with the account manager will be measured how often during the contract period.	text	Text	Annually	
65.	If requested by the State of Nebraska, the account executive or manager will be replaced with one that Client is allowed to interview.	drop down box	Listbox, ListYNNNoExplain	Yes	
66.	The account manager will participate on the implementation team.	drop down box	Listbox, ListYNNNoExplain	Yes	
67.	Using the "Acct Management Plan" Worksheet, describe your plan for managing the account, including periodic reviews of cost and utilization and recommendations for plan design changes from the State of Nebraska's representatives.	drop down box	Listbox, ListProvideNA	Provided	

	Funding	Answer Format	Format Type	Response	Explanation
68.	The state will be invoiced no more frequently than weekly for claim reimbursements	drop down box	Listbox, ListYNNNoExplain	Yes	
69.	The state will not prefund claims, but will pay within 3 business days by ACH transfer after receipt of the invoice	drop down box	Listbox, ListYNNNoExplain	Yes	

	Implementation Support - if applicable	Answer Format	Format Type	Response	Explanation
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70.	You will provide a designated implementation team for the State of Nebraska, that will include an implementation manager and the account manager; they will provide assistance during the transition/implementation process and participate in regularly scheduled status meetings (at least weekly) with the State of Nebraska.	drop down box	Listbox, ListY/No/Explain	Yes	
71.	You will maintain an implementation project plan and issue log documenting all implementation issues, actions, due dates and responsible parties. Implementations must be supported year round as required by the State of Nebraska.	drop down box	Listbox, ListY/No/Explain	Yes	
72.	You agree to accept and load all open mail order and specialty pharmacy refills, prior authorization histories, and at least six months of historical claims data at no additional cost to the State of Nebraska during the implementation process.	drop down box	Listbox, ListY/No/Explain	Yes	
73.	You can provide alternative approaches to minimize the need for members to request new prescriptions during transition.	drop down box	Listbox, ListY/No/Explain	Yes	We offer three easy ways to transfer data.

	Client Audit Requirements	Answer Format	Format Type	Response	Explanation
74.	The State of Nebraska requires conduct audits as follows. Confirm your agreement with each of the following:				
a.	Right to audit any data necessary to ensure your firm is complying with all contract terms, which includes but is not limited to 100% of pharmacy Right to 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.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	Please refer to Explanation tab.
b.	Right to audit 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	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	Please refer to Explanation tab.
75.	Your firm agrees to pay the Plan 100% of any overpayments made by the 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 a compounding interest penalty of 1% per month.	drop down box	Listbox, ListY/No/Explain	Yes	
76.	You will allow any other party selected by client, to audit claims at any time, including, but not limited to, rebates, ingredient cost discounts, and dispensing fees.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	Please refer to Explanation tab.

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77.	The State of Nebraska, will conduct a quality review of the plan design to be loaded in the claims system(s) prior to implementation (or as soon thereafter as reasonably possible). As the selected pharmacy benefit provider, you agree to pay the cost of this review, up to \$50,000. You will provide all necessary support to enable the State's consultant to review claims in a test environment that mirrors the plan information present in the "live" claims processing system. If this review cannot be supported remotely and requires an on-site meeting, you will be responsible for travel costs up to \$3,000. All costs associated with this review shall not be included in your pricing offer.	drop down box	Listbox, ListY/No/Explain	Yes	
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	Systems - General	Answer Format	Format Type	Response	Explanation
78.	Claims data are stored on-line for a minimum of 36 months post adjudication.	drop down box	Listbox, ListY/No/Explain	Yes	
79.	If requested, you will accept from the incumbent a claims file that you can use to transfer current prior authorization approvals.	drop down box	Listbox, ListY/No/Explain	Yes	
80.	If requested, you will accept from the incumbent a refill file that you can use to transfer prescriptions to your mail and specialty pharmacy.	drop down box	Listbox, ListY/No/Explain	Yes	Controlled substances cannot be transferred electronically. These medications will require the initiation of a new prescription.
81.	What is your policy on selling clients' pharmacy data? The State of Nebraska requires prior written approval before allowing a vendor to sell or release State of Nebraska data.	drop down box	Listbox, ListY/No/Explain		Our policy is not to disclose any of our clients data to outside sources without prior written approval. There are no circumstances under which we would ever sell client data.
82.	Will you accept electronic or other type files from a selected medical carrier?	drop down box	Listbox, ListY/No/Explain	N/A	We are only proposing an integrated medical/pharmacy bid.

	Data Feeds/Exchange	Answer Format	Format Type	Response	Explanation
83.	You agree to provide periodic electronic data feeds at no additional cost to a minimum of 4 unique vendors. Each data feed could be unique in nature and would range from real time to weekly to quarterly transmission intervals.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	We have provided our external PBM interface fee. We are happy to discuss what the needs of the three other vendor feeds would consist of if we are deemed as a finalist in order to respond to this question as a yes. We would also like to have an

	Liability/Regulatory	Answer Format	Format Type	Response	Explanation
84.	Vendor will act as plan fiduciary, if requested.	drop down box	Listbox, ListY/No/Explain	Yes	
85.	The vendor maintains executed contracts with all providers participating in the retail network.	drop down box	Listbox, ListY/No/Explain	Yes	

	Contractual	Answer Format	Format Type	Response	Explanation
86.	The vendor agrees not to appoint any agent, general agent, or broker, nor authorize payment of any kind to a party not approved in writing by the State of Nebraska.	drop down box	Listbox, ListY/No/Explain	Yes	

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87.	Please include a copy of a sample employer contract that includes all exclusions and limitations that the vendor expects will apply to the State of Nebraska. Name the file: [Your Organization's Name]_Sample Employer Contract.	drop down box	Listbox, ListProvideNA	Provided	Please refer to our sample Administrative Services Agreement, provided as Attachment A in Appendix E of the Technical Proposal.
88.	The vendor selected during this proposal process will be responsible for incurred claims up to the termination date of the contract, regardless of paid date. In the event the contract awarded during this marketing is subsequently terminated. The replacement vendor will have the responsibility to pay claims incurred after the termination date of the contract. (Applicable to fully-insured coverages)	drop down box	Listbox, ListYNNNoExplain	Yes	
89.	Upon termination of the contract, you will provide all necessary documentation, claims files, prescription history and other data needed for the successful transition of the program, to the appointed vendor, within a mutually agreed upon reasonable timeframe and at no additional cost to the State of Nebraska. This includes, but is not limited to, all open mail order and specialty pharmacy refills, prior authorization histories, accumulators used in all plan options and at least six months of historical claims data.	drop down box	Listbox, ListYNNNoExplain	Yes	
Compliance - General					
		Answer Format	Format Type	Response	Explanation
90.	You and your subcontracted vendors will comply with all ERISA, HIPAA and DOL regulations, around member services, complaints, appeals, timeliness of responses and confidentiality. Any fines related to non-compliance will be your sole responsibility.	drop down box	Listbox, ListYNNNoExplain	Yes	
91.	You maintain a dedicated individual or staff responsible for resolving HIPAA issues.	drop down box	Listbox, ListYNNNoExplain	Yes	
92.	Your processes, systems and reporting will be in full compliance with federal and state requirements, and compliant with HIPAA for acceptance of claim transactions in the applicable industry standard NCPDP format. Any fines related to non-compliance will be your sole responsibility.	drop down box	Listbox, ListYNNNoExplain	Yes	
Compliance - Privacy and Confidentiality					
		Answer Format	Format Type	Response	Explanation
93.	You agree 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.	drop down box	Listbox, ListYNNNoExplain	Yes	

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94.	You will adopt and implement written confidentiality policies and procedures in accordance with applicable law to ensure the confidentiality of member information used for any purpose.	drop down box	Listbox, ListY/No/Explain	Yes	
95.	You will agree not to use or further disclose protected health information (PHI) other than as permitted or required by the Business Associate Agreement or as required by law.	drop down box	Listbox, ListY/No/Explain	Yes	
96.	You agree to use appropriate safeguards to prevent the unauthorized use or disclosure of the PHI. Vendor agrees to report to the plan sponsor any unauthorized use or disclosure of the PHI.	drop down box	Listbox, ListY/No/Explain	Yes	
97.	You agree to mitigate, to the extent practicable, any harmful effect that is known to vendor of a use or disclosure of PHI by vendor in violation of the requirements of the federal privacy rule.	drop down box	Listbox, ListY/No/Explain	Yes	
98.	You agree to provide access to PHI in a "designated record set" in order to meet the requirements under 45 CFR §164.524.	drop down box	Listbox, ListY/No/Explain	Yes	
99.	You agree to make any amendment(s) to PHI in a "designated record set" pursuant to 45 CFR §164.526.	drop down box	Listbox, ListY/No/Explain	Yes	
100.	You agree 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.	drop down box	Listbox, ListY/No/Explain	Yes	
101.	The vendor 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 vendor 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.	drop down box	Listbox, ListY/No/Explain	Yes	

	Medicare Part D	Answer Format	Format Type	Response	Explanation
102.	You are able to provide the following assistance and reporting to the State of Nebraska related to its Medicare Part D Retiree Drug Subsidy:	drop down box	Listbox, ListY/No/Explain		
a.	You will provide all standard reporting to the State of Nebraska at no charge. (If no, provide pricing in pricing section.)	drop down box	Listbox, ListY/No/Explain	N/A	We are not offering a retiree quote at this time.
b.	If requested, you will provide all standard reporting to CMS on behalf of the State of Nebraska at no charge. (If no, provide pricing in pricing section.)	drop down box	Listbox, ListY/No/Explain	Yes	We are not offering a retiree quote at this time.

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c.	If requested, you will provide notice of creditable coverage to members at no charge. (If no, provide pricing in pricing section.)	drop down box	Listbox, ListY/No/Explain	Yes	We are not offering a retiree quote at this time.
d.	You will assist the State of Nebraska in the course of any CMS audit.	drop down box	Listbox, ListY/No/Explain	Yes	We are not offering a retiree quote at this time.
e.	You will provide reports separating out the Part D population for reporting purposes.	drop down box	Listbox, ListY/No/Explain	Yes	We are not offering a retiree quote at this time.
f.	You will comply with CMS guidance and include language in your contract in compliance with CMS guidance.	drop down box	Listbox, ListY/No/Explain	Yes	We are not offering a retiree quote at this time.
103.	Please suggest performance guarantees in regards to the above Medicare Part D questions.	text	Text	N/A	We are not offering a retiree quote at this time.
a.	Performance Guarantees for Medicare Part D in Worksheet, [Your Organization Name]_Medicare Part D Performance Guarantees.	drop down box	Listbox, ListProvideNA	Not Provided	We are not offering a retiree quote at this time.

	Medicare Part B COB	Answer Format	Format Type	Response	Explanation
104.	Do you currently offer a real-time Medicare Part B COB solution at mail order?	drop down box	Listbox, ListY/No/Explain	Yes	Our claims system is fully capable of facilitating electronic point-of-service claims processing and accommodates coordination of benefits (COB) for multiple payers and benefit structures (including claims that are covered under Medicare Part B or Part D), through our mail service pharmacy or at a retail pharmacy.
a.	Is there an additional fee for this? If so, provide the additional fee in the "Pricing - Transparent Model" Worksheet.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	This is included in the fee we are quoting.
105.	Are all of your mail order pharmacies, including specialty pharmacies, enrolled as Medicare Part B Suppliers?	drop down box	Listbox, ListY/No/Explain	Yes	
a.	If no, are some of your mail order pharmacies, including specialty pharmacies, enrolled as Medicare Part B Suppliers?	drop down box	Listbox, ListY/No/Explain	N/A	
b.	If so, how many?	number, 0	Number, 0	N/A	
106.	If some or all of your pharmacies are Medicare Part B Suppliers, which classes of drugs and supplies are currently dispensed to Medicare Part B members?	text	Text	Diabetes Testing Supplies (Including Insulin), Respiratory Medications, Nebulizer Compressors, Compressor Accessories (i.e. kits, cups, masks)	
107.	Do you have edits in place at retail to identify Medicare Part B eligible members and reject their claims with messaging to pharmacies that the claims should be submitted to Medicare Part B?	drop down box	Listbox, ListY/No/Explain	Yes	These edits include instructions to the dispensing pharmacist that the claim may be paid under Part B. We have developed a library of Part B vs D guidelines that help determine the coverage allowed based on CMS.
a.	Is there an additional fee for this? If so, provide the additional fee in the "Pricing - Transparent Model" Worksheet.	drop down box	Listbox, ListY/No/Explain	No - See "Explanation"	This is included in the fee we are quoting.