

# REQUEST FOR PROPOSAL 16-1119JE

## PHARMACY BENEFIT MANAGEMENT SERVICES

Manatee County, a political subdivision of the State of Florida (hereinafter "Manatee County" or the "County") will receive proposals from individuals, corporations, partnerships, and other legal entities authorized to do business in the State of Florida, to provide Pharmacy Benefit Management Services.

**DEADLINE FOR CLARIFICATION REQUESTS:** **March 28, 2016 at 5:00 PM** shall be the deadline to submit all inquiries, suggestions, or requests concerning interpretation, clarification or additional information pertaining to this Request for Proposal to the Manatee County Purchasing Division. This deadline has been established to maintain fair treatment for all potential bidders or Proposers, while ensuring an expeditious transition to a final agreement.

**TIME AND DATE DUE:** Proposals will be received until **April 8, 2016 at 4:00 P.M.** at which time they will be **publicly opened**. All interested parties are invited to attend this opening.

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**Important Note 1:** Due to the large file size, Prospective Proposers shall contact the Purchasing Division at the contact information listed below to receive Exhibit A – Paid Claim File and Exhibit C – Manatee Custom Formulary.

**Important Note 2:** A prohibition of Lobbying is in place. Please review paragraph A.17 carefully to avoid violation and possible sanctions.

### FOR INFORMATION CONTACT:

Jacob Erickson, Contracts Negotiator  
(941) 749-3053, Fax (941) 749-3034  
Email: jacob.erickson@mymanatee.org  
Manatee County Financial Management Department  
Purchasing Division

AUTHORIZED FOR RELEASE: 

## **SECTION A: INFORMATION TO PROPOSERS**

PROPOSERS MUST COMPLY WITH THE FOLLOWING INSTRUCTIONS TO BE CONSIDERED FOR SELECTION.

### **A.01 OPENING LOCATION**

These proposals will be publicly opened at Manatee County Purchasing Division, 1112 Manatee Avenue West, 8<sup>th</sup> Floor, Suite 803, Bradenton, Florida 34205, in the presence of County officials at the time and date stated on the cover sheet. All Proposers or their representatives are invited to attend.

### **A.02 PROPOSAL INFORMATION AND PROPOSAL DOCUMENTS**

Request For Proposals on <http://www.mymanatee.org>

Request For Proposal documents and the Notices of Intent to Award related to those Proposals are available for download in a portable document format (.PDF) file on the Manatee County web page on the Purchasing tab under "Bids and Proposals". You may access these files using Adobe Acrobat software. You may download a free copy of this software (Adobe) from the County's web page if you do not have.

Manatee County collaborates with the Manatee Chamber of Commerce on distributing solicitations using the Chambers website: <http://www.ManateeChamber.com>. This step is in addition to the posting on Manatee County Government web page.

Manatee County may also use an internet service provider to distribute Bids and Proposals. A link to that service <http://www.DemandStar.com>, is provided on this website under the Tab "MyDemandStar". Participation in the DemandStar system is not a requirement for doing business with Manatee County.

Note: The County posts the **Notice of Source Selection** prior to COMMENCING NEGOTIATIONS with the selected firms.

IT IS THE RESPONSIBILITY OF EACH PROPOSER, PRIOR TO SUBMITTING THEIR PROPOSAL, TO CONTACT THE MANATEE COUNTY PURCHASING DIVISION (see contact information on page one of this document) TO DETERMINE IF ADDENDA WERE ISSUED AND TO MAKE SUCH ADDENDA A PART OF THEIR PROPOSAL.

### **A.03 REQUIREMENTS FOR FORMAT AND DELIVERY OF PROPOSALS**

Any proposals received after the stated time and date will not be considered. It shall be the sole responsibility of the Proposer to have their proposal delivered to the Manatee County Purchasing Division for receipt on or before the stated time and date. If a proposal is sent by U.S. Mail, the Proposer shall be responsible for its timely delivery to the Purchasing Division. Proposals delayed by mail shall not

be considered, shall not be opened at the public opening, and arrangements shall be made for their return at the Proposer's request and expense.

Proposals must be submitted in the format specified in Section C hereof. The contents of each proposal shall be **separated and arranged with tabs in the same order as listed in the Subsections within Section C** identifying the response to each specific item thereby facilitating expedient review of all responses.

#### **A.04 CLARIFICATION & ADDENDA**

Each Proposer shall examine all Request for Proposal documents and shall judge all matters relating to the adequacy and accuracy of such documents. Any inquiries, suggestions or requests concerning interpretation, clarification or additional information pertaining to the Request for Proposal shall be made in writing through the Manatee County Purchasing Division. The County shall not be responsible for oral interpretations given by any County employee, representative, or agent. The issuance of a written addendum by the Purchasing Division is the only official method whereby interpretation, clarification or additional information can be given.

Addenda shall be posted on <http://www.mymanatee.org>.

It shall be the responsibility of each Proposer, prior to submitting their proposal, to contact the Manatee County Purchasing Division at (941)748-4501, ext. 3014 to determine if addenda were issued and to acknowledge receipt of same on the Proposal Signature page (Attachment A).

**DEADLINE FOR CLARIFICATION REQUESTS:** **March 28, 2016 at 5:00 PM** shall be the deadline to submit all inquiries, suggestions, or requests concerning interpretation, clarification or additional information pertaining to this Request for Proposal to the Manatee County Purchasing Division.

This deadline has been established to maintain fair treatment for all potential bidders or Proposers, while ensuring an expeditious transition to a final agreement.

#### **A.05 SEALED & MARKED**

Manatee County requires a total of seven copies of your proposal to be submitted in one sealed package. The contents of your sealed package shall include: **One signed Original (marked Original) and Five (5) Copies (each marked Copy) and One (1) Electronic copy.** The electronic copy shall be in a pdf format and submitted on a CD or USB flash drive which is non-returnable. ***All seven copies of your proposal shall be identical.***

Your entire proposal package shall be submitted in one sealed package addressed from your company (name and address) and clearly marked on the outside "**Sealed Proposal 16-1119JE Pharmacy Benefit Management Services**" and addressed to:

Manatee County Purchasing Division  
1112 Manatee Avenue West, Suite 803  
Bradenton, FL 34205

#### **A.06 LEGAL NAME**

Proposals shall clearly indicate the legal name, address and telephone number of the Proposer (company, firm, partnership, individual). Proposals shall be signed above the typed or printed name and title of the signer. The signer shall have the authority to bind the Proposer to the submitted proposal.

#### **A.07 PROPOSAL EXPENSES**

All expenses for making proposals to the County are to be borne by the Proposer.

#### **A.08 EXAMINATION OF OFFER**

The examination of the proposal and the Proposer generally requires a period of not less than ninety (90) calendar days from the date of the opening of the proposals.

#### **A.09 DISCLOSURE**

Upon receipt, all inquiries and responses to inquiries related to this Request for Proposal become "Public Records" and are subject to public disclosure consistent with Chapter 119, Florida Statutes.

Proposals become subject to disclosure thirty (30) days after the Opening or if a notice of intended award decision is made earlier than this time as provided by Florida Statute 119.071(1)(b). No announcement of review of the offer shall be conducted at the public opening. If the County rejects all offers and concurrently notices its intent to reissue the solicitation, initial offers are exempt until the County provides notice of its intended decision or, thirty (30) days after the opening of the new offers.

Pursuant to Florida Statutes 119.0701, to the extent successful Proposer is performing services on behalf of the County, successful Proposer must:

- a. Keep and maintain public records that ordinarily and necessarily would be required by the County in order to perform the service;
- b. Provide the public with access to public records on the same terms and conditions that the County would provide and at a cost that does not exceed the cost provided in F.S. Chapter 119, or as otherwise provided by law;

- c. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law, and;
- d. Meet all requirements for retaining public records and transfer, at no cost, to the County all public records in possession of successful Proposer upon termination of the awarded Agreement and/or PO and destroy any duplicate public records that are exempt or confidential from public records disclosure requirements. All records stored electronically must be provided to the County in a format this is compatible with the County's information technology systems.

#### **A.10 ERRORS OR OMISSIONS**

Once a proposal is submitted, the County shall not accept any request by any Proposer to correct errors or omissions in the proposal.

#### **A.11 DISQUALIFICATION DUE TO NON-RESPONSIVENESS**

Manatee County reserves the right to find that any proposal received which does not contain all of the information, attachments, verification, forms or other information, may be considered non-responsive and therefore be disqualified from eligibility to proceed further in the RFP process.

#### **A.12 RESERVED RIGHTS**

The County reserves the right to accept or reject any and/or all proposals, to waive irregularities and technicalities, and to request resubmission. Any sole response received by the first submission date may or may not be rejected by the County, depending on available competition and timely needs of the County. The County reserves the right to award the contract to a responsible Proposer submitting a responsive proposal, with a resulting negotiated agreement which is most advantageous and in the best interests of the County. The County shall be the sole judge of the proposal, and the resulting negotiated agreement that is in its best interest and its decision shall be final. Also, the County reserves the right to make such investigation as it deems necessary to determine the ability of any Proposer to perform the work or service requested. Information the County deems necessary to make this determination shall be provided by the Proposer. Such information may include, but shall not be limited to: current financial statements prepared by an independent CPA; verification of availability of equipment and personnel; and past performance records.

**A.13 APPLICABLE LAWS**

Proposer must be authorized to transact business in the State of Florida. All applicable laws and regulations of the State of Florida and ordinances and regulations of Manatee County will apply to any resulting agreement. Any involvement with any Manatee County procurement shall be in accordance with Manatee County Code Chapter 2-26.

**A.14 CODE OF ETHICS**

With respect to this proposal, if any Proposer violates, directly or indirectly, the ethics provisions of the Manatee County Purchasing Code and/or Florida criminal or civil laws related to public procurement, including but not limited to Florida Statutes Chapter 112, Part II, Code of Ethics for Public Officers and Employees, such Proposer will be disqualified from eligibility to perform the work described in this Request for Proposal, and may also be disqualified from furnishing future goods or services to, and from submitting any future bids or proposals to supply goods or services to, Manatee County.

By submitting a proposal, the Proposer represents to the County that all statements made and materials submitted are truthful, with no relevant facts withheld. If a Proposer is determined to have been untruthful in its proposal or any related presentation, such Proposer will be disqualified from eligibility to perform the work described in this Request for Proposal, and may also be disqualified from furnishing future goods or services to, and from submitting any future bids or proposals to supply goods or services to, Manatee County.

**A.15 COLLUSION**

By offering a submission to this Request for Proposal the Proposer certifies the Proposer has not divulged to, discussed or compared his proposal with other Proposers and has not colluded with any other Proposer or parties to this proposal whatsoever. Also, the Proposer certifies, and in the case of a joint proposal, each party thereto certifies, as to their own organization that in connection with this proposal:

- a. any prices and/or data submitted have been arrived at independently, without consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such prices and/or cost data, with any other Proposer or with any competitor;
- b. any prices and/or cost data quoted for this proposal have not been knowingly disclosed by the Proposer prior to the scheduled opening directly or indirectly to any competitor;
- c. no attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition;

- d. the only person or persons interested in this proposal as principal or principals is/are named therein and that no person other than therein mentioned has any interest in this proposal or in the contract to be entered into; and
- e. no person or agency has been employed or retained to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees.

#### **A.16 PUBLIC ENTITY CRIMES**

In accordance with Section 287.133, Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases or real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for Category Two for a period of 36 months from the date of being placed on the convicted vendor list.

In addition, Manatee Code of Laws Chapter 2-26 Article V prohibits the award of County contracts to any person or entity who/which has, within the past 5 years, been convicted of, or admitted to in court or sworn to under oath, a public entity crime or of any environmental law that, in the reasonable opinion of the Purchasing Official, establishes reasonable grounds to believe the person or business entity will not conduct business in a reasonable manner.

To ensure compliance with the foregoing, the Code requires all persons or entities desiring to contract with the County to execute and file with the purchasing official an affidavit, executed under the pain and penalties of perjury, confirming that person, entity, and any person(s) affiliated with the entity, does not have such a record and is therefore eligible to seek and be awarded business with the County. **Proposer is to complete Attachment B and submit with your proposal.**

#### **A.17 LOBBYING**

After the issuance of any Request for Proposal, prospective Proposers, or any agent, representative or person acting at the request of such Proposer shall not contact, communicate with or discuss any matter relating in any way to the Request for Proposal with any officer, agent or employee of Manatee County other than the Purchasing Official or as directed in the Request for Proposal. This prohibition includes the act of carbon copying officers, agents or employees of Manatee County on email correspondence. This requirement begins with the issuance of a Request for Proposal, and ends upon execution of the final Contract or when the Proposal has been canceled. Violators of

this prohibition shall be subject to sanctions as provided in the Manatee County Purchasing Code of Law Chapter 2-26.

**A.18 EQUAL EMPLOYMENT OPPORTUNITY**

In accordance with the provisions of Title VI of the Civil Rights Act of 1964 and Title 15, Part 8 of the Code of Federal Regulations, Manatee County hereby notifies all prospective Proposers that they will affirmatively ensure minority business enterprises will be afforded full opportunity to participate in response to this advertisement and will not be discriminated against on the grounds of race, color or national origin in consideration for an award of contract.

**A.19 AMERICANS WITH DISABILITIES ACT**

The Board of County Commissioners of Manatee County, Florida, does not discriminate upon the basis of any individual's disability status. This non-discrimination policy involves every aspect of the County's functions including one's access to, participation, employment, or treatment in its programs or activities. Anyone requiring reasonable accommodation for the **public meetings** specified herein (i.e. Information Conference or Proposal Opening), should contact the person named on the first page of this document at least twenty four (24) hours in advance of the activity to request accommodations.

**END SECTION A**



## **SECTION B: SCOPE OF SERVICES**

### **B.01 BACKGROUND INFORMATION**

Manatee County (the "County") desires to contract for Pharmacy Benefit Management (PBM) Services starting January 1, 2017. The County seeks a three year agreement with its PBM.

The County has a unique approach to health and disease management and desires a Proposer who is supportive of the model currently in place. Manatee County provides a comprehensive clinical team of professionals who work in an integrated fashion to support the health and welfare of the employees and their dependents. Onsite are Nurse Case Managers, Behavioral Health Staff, Registered Dietician, Clinical Pharmacist, Wellness Coaches and Fitness Specialists. The County expects the onsite Clinical Pharmacist to play a highly involved role in the administration of the Pharmacy Benefit, including full access to the PBM claim adjudication system in order to manage utilization and engage in prior authorization services.

The County has a transparent contract with the current PBM in addition to a separate direct contract with a retail Pharmacy that is used as the preferred pharmacy option. The County has designed its prescription plan to incentivize members to use the preferred pharmacy via lower out of pocket costs. This contract offers the County lower overall costs at point of sale and an increase in personalized customer service for our members. The PBM network is utilized as a wraparound network to our preferred pharmacy. Over 65% of all prescriptions are filled at the preferred pharmacies.

The County utilizes the PBM's formulary and clinical guidelines; however the current vendor supports some custom formulary management tools. The majority of the PA's and case management interventions are conducted by the County's in-house Clinical Pharmacist. As has been established with the current PBM, the County seeks to partner with vendors that understand and embrace the innovative model the County has in place and is willing to be a flexible, fully transparent collaborative partner with the County to add value and enhance services.

### **B.02 PURPOSE**

The County requests that all proposals submitted must include both a transparent and traditional fee with regard to network rates, dispensing fees, administrative and other fees, rebates, and margin. The County is interested in Proposers proposing with a broad network (all pharmacies are available to the plan where members can receive discounts on their medications) and narrow network (established preferred pharmacies, or a limited number of pharmacies where members can receive discounts on their medications).

The County will evaluate the proposals and determine which model best suits the County in terms of broad, narrow with or without the existing preferred pharmacy arrangement. If the current arrangement with a preferred pharmacy is maintained,

the County requires its contracted PBM to administer the Preferred Pharmacy Provider reimbursement at the agreed upon rates between County and the Preferred Pharmacy Provider, and apply the appropriate copay incentives to members; Employee Health Benefits (EHB) Division.

Manatee County utilizes Aetna as the Administrative Services Only (ASO) carrier for our self-funded medical plan. The medical plan was developed and implemented by Manatee County Government for the employees and their families and is entitled the YourChoice Health Plan.

County operates with an ACE Philosophy (Accountability, Civility and Ethics) and expects that all Proposers with the County operate with the same standard. Exceptional customer service and accountability towards the Employee Health Benefits staff and the members of the health plan plays a significant factor in the County's selection of Proposers to support the health plan.

The County has approximately 8,000 prescriptions being filled monthly for its 6,800 members with 3,100 members using the prescription benefit monthly. County pays approximately \$6 million annually on the pharmacy benefit. Generic utilization exceeds 84% of all prescriptions dispensed. Current PBM mail service pharmacy utilization is voluntary and is less than 1% of total prescription volume.

### **B.03 SCOPE OF SERVICES**

The following generally describes the "Scope of Services" that will be the Selected Proposer's responsibility:

- A. The Selected Proposer is required to possess the experience in the administration of the proposed services for accounts of similar size and complexity as being sought by County and as referenced in Section C.03a.
- B. The Selected Proposer will be a forward thinking organization focused on creative ways to improve clinical outcomes while partnering with the County to effectively manage the costs of prescription drugs.
- C. The Selected Proposer will maintain a toll-free phone number available for use by the Plan participants and Providers for claim questions and customer service.
- D. The Selected Proposer is required to allow the Plan's Clinical Pharmacist full access to the claim adjudication system from County location for the purpose of utilization management and prior authorizations
- E. The Selected Proposer is required to agree that all data belongs to the County.
- F. The Selected Proposer must have solutions currently in place to support the Affordable Care Act's Shared out of pocket procedures.

- G. The Selected Proposer is required to provide regional comparative data, in summary format, detailing the plans performance for cost and utilization as compared to other similarly sized and comparable municipalities, as well as comparative monthly reports at no cost to the County.
- H. The Selected Proposer will embrace the County's health management model and demonstrate forward thinking philosophy.
- I. The Selected Proposer shall provide the following:
- Pharmacy claims processing
  - Customer Service support
  - Plan Design advice
  - Mail-service pharmacy
  - Specialty pharmacy
  - Preferred Product Formulary that includes specialty products
  - Pharmacy and therapeutic (P&T) committee formulary development and review;
  - Pharmacy network management
  - Negotiation and administration of product discounts, including manufacturer rebates (unless using an alternative business model);
  - Generic substitution
  - Drug utilization review (DUR)
  - Clinical prior authorization and step therapy
  - Consumer and physician education
  - Disease management
  - Consumer adherence programs
  - Comprehensive reporting on costs and utilization
  - Access to the real-time claim adjudication system by Clinical Pharmacist on-site
  - Visible support of the County's health plan model and eagerness to offer additional opportunities to enhance the model.

## **END SECTION B**

## **SECTION C: FORM OF PROPOSAL**

This section identifies specific information which must be contained within each proposal. The contents of each proposal shall be **separated** and **arranged with tabs** in the same order as listed in **Sections C.01, through C.16**, identifying the response to each specific item.

The information that you provide shall be used to determine those Proposers with perceived ability to perform the Scope of Services as stated in this Request for Proposal which may overall best meet the needs of Manatee County. A review with those Proposers reasonably susceptible of being selected for award may be conducted for the purposes of clarification of both ability and benefit to Manatee County. See Section D. Selection.

### **C.01 ADMINISTRATIVE SUBMITTAL**

- a. Proposal Signature Form (Attachment A).
- b. Public Contracting and Environmental Crimes Certification (Attachment B).

### **C.02 MINIMUM QUALIFICATIONS (Licensing) TO BE CONSIDERED**

To qualify for any consideration, the Proposer(s) must present proof of any licensing or certification which will be required by law to perform the services set out in the scope of services required in this RFP.

The Proposer must present certification that they are HIPAA compliant signed by an officer of the Proposer.

Proposals may be presented by a single business entity, a joint venture, or partnership.

Prior to any consideration of the responses to the criteria in this Request for Proposal, Proposers are to document in their Proposals they have the following experience:

#### **MINIMUM EXPERIENCE TO BE CONSIDERED**

Proposers shall have substantial, current and verifiable experience in performing or overseeing the performance of the services described within the scope of services set forth herein. In the event more than one entity is joining in making this proposal, each entity shall set forth its respective experience and qualifications for those areas the entity intends to perform.

If subcontractors are to be used in your proposal given to meet the minimum qualifications detail the business entities, description of the service provided, and responses in the same level of detail and tabbed order as instructed in this Request for Proposal for the Proposer.

To validate experience, expertise and capabilities, Proposers shall provide the following details for each of the Proposer(s)' relevant past performance of similar projects:

- a. Name and location of the Client and the project, the year of performance and the date the project was fully operational and accepted. The specific details of the project including the components and subcontractors utilized.

Specify the name, title and telephone number for the Clients contract manager for the project;

- b. Names of your firm's staff and their direct involvement in the project;
- c. Names and telephone numbers of the persons representing the individual agencies with which the identified key staff directly worked; and
- d. Governmental agency, if any, which verified compliance with its requirements or standards, and the names and telephone numbers of the key persons with direct knowledge of this process to achieve compliance.

After Manatee County staff validates the Minimum Qualifications have been met, those Proposals found to be in compliance will be considered by the evaluation committee.

### **C.03 INFORMATION TO BE SUBMITTED REGARDING PROPOSER(S)**

Note: Tabs are required to identify each item defined in this Section.

- C.03.1 Provide a description of each Proposers' **background and size**. Provide a general statement of qualifications to include Proposers' professional credentials, legal status, and experience in providing the service enumerated in this Request for Proposal.

- C.03.2 Identify each **principal of the firm and other "key personnel"** who will be professionally associated with the County. Do not include personnel that will not have a key role in providing services. Describe their respective areas of expertise.

For each identified person, provide the following:

- Full Name
- Title
- Professional credentials
- Area of expertise, individual's roles and duties in providing services
- Office address
- Email address
- Telephone number
- Personalized resumes which identify the qualifications, training and experience of each key personnel

- C.03.3 **Provide authorization for a County auditor and/or financial analysts to have access to your financial records at the primary location of the business entity** explained in response to item C.03.F, or such other location as may be agreed, for the purposes of verifying your financial representations, review and assessment of the historical and current financial capacity of your business entity and its expected ability to meet ongoing financial obligations to the County as proposed in this proposal to County. The County will be able to audit your organization with an independent auditor of the County choice on an annual basis if the County desires. Please confirm that Manatee reserves the right to audit claims records, billing records, pharmacy contracts, rebates, and rebate contracts. If Proposer requires the auditor to sign a confidentiality agreement, please include a copy of this agreement with your RFP response. Manatee requires that audit discrepancies will be settled within 90 days of audit report. The County's audit and /or financial analyst agents will report their findings in a summary report to the County Purchasing Official, which will be placed in the proposal files for subsequent use and review.
- C.03.4 Provide an **explanation of the Proposers' legal capacity** to perform all parts of the scope of services. Include a description of corporate or other structure and governance, and detail the legal, financial, and technical capabilities of Proposer(s) relevant to performing the scope of services. If more than one Proposer is teaming up to file a proposal, any prior work any two or more joint proposers have done before should be detailed.
- C.03.5 List litigation including pending claims or if settled the outcome(s) against your organization (or parent) in the past five years. Please list any consent decrees and or disciplinary actions that have been issued or pending from any State or federal regulatory agency or group.
- C.03.6 Disclose **any ownership interest in other entities** involved in these services which might reasonably be selected to perform work under the scope of services set forth in this Request for Proposal. This ownership disclosure shall be included, whether such ownership occurs by the Proposer through a parent, subsidiary or holding company or any other form of business entity. Submit entity names and the percent of ownership for each.
- C.03.7 Provide a list of **five (5) references** with knowledge of your firm's experience in providing the services as described in the Request for Proposal and contract performance. References shall be employees in senior level management positions. Include the name of the entity, a description of the contract project, the dates of service and the name(s) and telephone number(s) of the contact persons. This reference list shall be for three (3) Governmental and two (2) Private clients that you have provided PBS services for in the past five (5) years.

- C.03.8 County will provide current plan design along with a claims re-pricing file that will include twelve months of claims data including NDC #, quantity dispensed, date of dispensing, retail/mail indicator, patient copayment, DAW code and the day's supply. Interested proposers should request an electronic version of the claim file for the purpose of re-pricing.

Please utilize the paid claim file to conduct a re-pricing exercise with the County's own data. County ***requires the proposed rates for a broad network, narrow network, and with keeping the existing preferred network in place. A listing of the preferred pharmacies by Pharmacy ID will be provided with the claim file.***

- C.03.9 Submit a narrative **explaining the direct economic benefit to County to be realized by selecting Proposer(s).** Please include a discussion of the employment, subcontracting, and support services contracting which would be procured within County.
- C.03.10 **Local Office, Procurement, Hiring.** Gaining maximum economic impact is paramount. Proposer(s) should therefore describe whether the managing office will be located within the County, and detail what plans and policies will be adopted to help ensure County citizens receive preferential consideration for employment, and Proposers located within the County will be used as suppliers of goods and services needed to perform the Scope of Services.
- C.03.11 Provide confirmation that proposer's firm, if selected, will have the manpower and equipment necessary to render the program fully operational on January 1, 2017.
- C.03.12 Provide a statement of your firm's willingness to provide a multi-year rate guarantee.
- C.03.13 Provide information of your demonstrable reporting capabilities. Proposer shall include sample reports.
- C.03.14 Provide a statement as to your transparency and disclosure of all fees as a requirement of the County and a separate statement for the Proposer's traditional fee, if submitted.

#### **C.04 ACCOUNT IMPLEMENTATION / MANAGEMENT**

Note: Tabs are required to identify each item defined in this Section.

- C.04.1 Proposer shall provide the names and positions of the account team that would be assigned to the County, if different than shown in C.03E. Include their roles and responsibilities along with a brief biography, including experience as it pertains to prescription benefits and experience working with clients in the public sector.

- C.04.2 Proposer shall describe their implementation process and timeline. Confirm that implementation is included in your pricing. What are your data requirements relative to a "history file"? Describe in detail your organization's transition support, including any implementation credits, for the County if your organization is selected.
- C.04.3 Does Proposer perform client and member surveys? If yes, please provide your most recent two years' survey results for each.
- C.04.4 Proposer should provide a Formulary Disruption Analysis using the current County Formulary and a claims file identifying the number of members and claims impacted.
- C.04.5 The County anticipates providing a file of existing Prior Authorizations, and Step Edits currently in place for members. Proposer to describe their experience with utilizing these files to facilitate a smooth implementation and minimize member disruption by grandfathering these situations into the Proposer's claims processing system using the NCPDP Prior Authorization Transfer Standard report V2.0.
- C.04.6 Proposer to confirm the implementation team will be the same team that will be manage the account after implementation, if not provide further explanation and specifically identify employees that will be assigned to the County post implementation.
- C.04.7 Proposer to provide their recommendation as to the frequency and content of meetings with the Account Management Team and the County.
- C.04.8 Proposer shall describe your Account Management services available to the County.
- C.04.9 In the event that the County begins utilizing an onsite clinic, what resources does your organization have to help implement onsite pharmacy services? For example electronic dispensing machines, pharmacy licensing services, etc.
- C.04.10 Will your company sign a "most favored customer" commitment with the County stating that if you negotiate or offer a better price or discount, or a better business arrangement to another client of similar size, who has a similar program, your company must also offer it to the County?
- C.04.11 Will your company sign a fiduciary commitment agreement with the County stating that all decisions are made solely and exclusively with the best interests of the County and its plan members – with the understanding that violation is considered a material breach?



**C.05 ELIGIBILITY / PLAN DESIGN**

**Note:** Tabs are required to identify each item defined in this Section.

Eligibility information is provided by Aetna on a monthly basis. Full file eligibility is provided. Terminations are identified as eliminations from the file. Manatee, through its medical carrier has the ability to provide advance notice of many terminations, such as retirements. Please describe your eligibility process to manage future terminations as well as other means to minimize coverage for services after termination. Provide answers and other information for the following:

- C.05.1 What is your process for online eligibility updates? Are the updates in real time or is there a delay?
- C.05.2 Will you accept eligibility provided in the current format available from Aetna? The eligibility format is found in Exhibit D – Aetna Format.
- C.05.3 The County expects that the Medical ID number is utilized as the eligibility for the Prescription Benefit via the eligibility feed from the Medical carrier. We do not desire to have the PBM provide a separate ID card for Rx coverage, but that the Group number, Bin and PIN are included on the medical ID Card. Confirm agreement.
- C.05.4 Confirm your ability to support individual eligibility as opposed to family plans. For example, all County members of the health plan have their own unique ID number.
- C.05.5 Confirm your firm can pass onto a patient Dispense as Written penalties when their annual out-of-pocket maximum is exceeded for the year.
- C.05.6 Confirm your firm can administer an additional Out-of Pocket Maximum per prescription for Specialty Medications.
- C.05.7 Confirm that your system can exclude medications from the maximum out of pocket via the prior authorization process. Confirm your firm can exclude certain medications from the out of pocket maximum in situations where product is not covered (e.g. cosmetics, OTCs) but where the claim is adjudicated at a 100% patient copay to utilize the network discount.
- C.05.8 Confirm your firm can administer a Preferred Provider Organization (PPO) type benefit design such as the one the County currently offers for preferred and non-preferred pharmacies.
- C.05.9 County employs value based benefit designs for select members. Confirm that your firm can accept eligibility files that change/update benefit designs for value-based copays for clinical programs.
- C.05.10 Describe the efforts of your firm to comply with the shared out of pocket rules derived from the Affordable Care Act (ACA). Particularly detail the process your firm has in place to ensure that the pharmacy data is shared

with the medical carrier in order to adhere to the ACA regulation. Discuss automation of this process and access to real-time data at the point of sale. Specifically describe the process you have in place to manage the shared out of pocket with Aetna as a medical carrier.

## **C.06 CUSTOMER SERVICE**

Note: Tabs are required to identify each item defined in this Section.

Proposer to provide the following:

- C.06.1 List the location of the customer service center(s) that will serve the County and your customer service hours.
- C.06.2 Describe your services for patients in languages other than English.
- C.06.3 Describe your recommended approach for handling inquiries from the County members and their families. Describe the Interactive Voice Response (IVR) calling tree process. How many levels are planned before members are able to reach a customer service representative?
- C.06.4 Describe the resources that are available to your customer service representatives to ensure that the information provided to members is specific to the County's custom networks, custom authorizations, etc.
- C.06.5 Describe on-line services available to County members through your website.
- C.06.6 Describe your backup power supply procedure in the event of a power failure. Describe your disaster recovery plan.

## **C.07 CLAIMS ADJUDICATION**

Note: Tabs are required to identify each item defined in this Section.

Proposer to provide the following:

- C.07.1 Please describe your claims processing system for adjudicating the County prescription claims. Is the claims processing software proprietary or licensed? If licensed, please provide the name of software provider.
- C.07.2 What drug data source(s) is used to determine the Average Wholesale Price (AWP) for retail, mail order, and specialty when processing pharmacy claims? Please confirm that the same data source is used for claims processing, client invoicing, client reports, and guarantee reporting. If not, please describe differences in detail.
- C.07.3 What is the frequency of AWP update? Is there a specific date/time?

- C.07.4 What is the drug data source of AWP pricing used when billing the County? Please confirm the data source and frequency of updates is the same used in the claims processing system to pay pharmacies.
- C.07.5 Please describe your claims submission window for electronically submitted claims. Also, describe your claims submission window for reversed claims.
- C.07.6 Please describe your paper claims process. In what situations will you process paper claims? What options are available to the County for paper claims processing?

## **C.08 CLINICAL SUPPORT / FORMULARY**

Note: Tabs are required to identify each item defined in this Section.

Proposer to provide the following:

- C.08.1 Describe your organization's Pharmacy & Therapeutics (P&T) Committee. Is the P&T Committee your own or is it outsourced? If outsourced, what organization runs the Committee? Include detail on how the P&T Committee is structured, what are the qualifications of its members, frequency of the P&T Committee meeting and the Committee's role in formulary development and maintenance including the timing requirements of the Committee to review new medications?
- C.08.2 What formulary are you proposing to County? Describe the strategic intent and limitations of this formulary. Please complete a formulary disruption analysis using the included Exhibit C - Manatee Custom Formulary from the current formulary.
- C.08.3 Do you own your own Formulary or is it outsourced? If outsourced, identify the Formulary provider.
- C.08.4 How often is the Formulary changed or updated?
- C.08.5 How will the County be notified of formulary changes?
- C.08.6 Do you charge a Formulary Management Fee?
- C.08.7 Would the County be able to customize or make changes to your proposed Formulary? Describe the process.
- C.08.8 Describe how your formulary identifies specialty drugs, if tiers are utilized for specialty products, and if there are excluded specialty products.
- C.08.9 Could your system support generic copay tiering based on a flat dollar amount? For example Drug A costs less than the \$50 threshold, and

processes at Generic Tier 1. Drug B costs more than the \$50 threshold and processes at Generic Tier 2.

- C.08.10 With new specialty categories, such as PCSK9 and Hepatitis C, what is the timeliness of rebate contracting and identifying a preferred product(s)? Please provide a recent example.
- C.08.11 Confirm that you will provide an online formulary look up tool to County members. Please indicate whether that formulary tool can be accessed without the use of a username and password for the member or provider.
- C.08.12 The YourChoice Health Plan has a foundation of preventative care and supportive services to assist members in achieving a healthy lifestyle (Behavioral Health, Diabetes, Fitness and Wellness, Tobacco Cessation). Describe the services and/or programs that your organization offers that will enhance the YourChoice Health Plan.
- C.08.13 Describe clinical programs offered to the County that are included in your base services. Does the County retain all savings derived from these programs?
- C.08.14 Describe clinical programs offered to the County at an additional fee. How is the fee assessed? Does the County retain all savings derived from these programs? Please provide an expected ROI for investment in these programs.
- C.08.15 Describe any additional unique clinical programs your organization provides including your opioid management program.
- C.08.16 Is the pricing or rebate guarantees offered to the County predicated upon adoption of any clinical programs? If yes, please describe in detail.
- C.08.17 Describe your prospective and retrospective Drug Utilization Review (DUR) programs.
- C.08.18 How will you support the County's efforts towards maximizing generic utilization, choosing lowest cost brands and overall cost containment?
- C.08.19 Describe your clinical efforts to help Manatee control costs by analyzing the lowest net cost to the County after network discounts, rebates, and copayments. Is there a report available to meet this need?
- C.08.20 Confirm your agreement to allow the County's on-site clinical pharmacist on-line, real time access to the full claim adjudication system in order to administer prior authorizations and provide case management activities for the employees. Access would include: visibility to whether claims are paid, rejected or reversed. Access to claims transaction detail including pharmacy, patient, and provider info, days' supply, dispensed quantity, GPI, NDC, approved cost, U&C, dispensing fee, copay, plan paid, etc.

Access to price information including cost type (AWP, MAC, etc.), price source (Medispan, etc.), and the percentage rate the claim is processing. Live access to manually enter prior authorizations including editing copays, days supply, formulary status, etc. within the prior authorization system. Ability to do prior authorizations on compound medications and ability to manually edit eligibility.

- C.08.21 Which internet browsers and version is your pharmacy claims system compatible with (Internet Explorer iOS, Google Chrome, etc.)?

## **C.09 PHARMACY NETWORK**

Note: Tabs are required to identify each item defined in this Section.

- C.09.1 How many pharmacies are in your proposed network-broad and narrow?
- C.09.2 Please list any national or Florida regional chains that are excluded from your proposed network (broad and narrow).
- C.09.3 Please provide a list of retail pharmacies located in Manatee County that are NOT in your proposed network.
- C.09.4 Provide the discount off of AWP (Average Wholesale Price) in post rollback figures and the dispensing fee for members of the Your Choice Health Plan for the following using three (3) different network scenarios for sections C.09.1-C09.5. The County will be considering each scenario by comparing them with the current preferred pharmacy provider arrangement to determine the best possible solution for the County.
1. Broad Pharmacy Network
  2. Proposer's Narrow Network. (Please provide specific listing of pharmacies included in the Narrow Network)
  3. Narrow network using County's preferred pharmacies (Winn Dixie and Pelots {local independent pharmacy}) with a PBM wrap around network.
- C.09.5 Retail 31 – Claims with less than 31 day supply
1. Brand Discount from AWP
  2. Single Source Generic Discount from AWP\*
  3. Generic Discount from AWP (Non-MAC) maximum allowable cost
  4. MAC - AWP Generic Effective Rate discount (GER)
  5. Dispensing fee/claim

C.09.6 Retail 90 - Claims with 31-90 day supply

1. Brand Discount from AWP
2. Single Source Generic Discount from AWP\*
3. Generic Discount from AWP (Non-MAC)
4. MAC - AWP Generic Effective Rate discount (GER)
5. Dispensing Fee/Claim

C.09.7 Mail Service Pricing

1. Brand Discount from AWP
2. Single Source Generic Discount from AWP\*
3. Generic Discount from AWP (Non-MAC)
4. MAC - AWP Generic Effective Rate discount (GER)

C.09.8 Specialty Pharmaceuticals\*\*

1. Brand Discount from AWP
2. Single Source Generic from AWP\*
3. Generic Discount from AWP (Non-MAC)
4. Dispensing Fee/Claim

C.09.9 Compound Pricing

1. Describe Proposers process for managing and approving compound prescription claims.

**\*Single Source Generic is defined as a drug with only one FDA approved abbreviated New Drug Application (ANDA) generic, excluding Authorized Generics.**

**\*\*Specialty drug network pricing should be exclusive of rebates, i.e. County expects a separate rebate quote for Specialty Drug products**

C.09.10 Please provide a standard Pharmacy Network contract.

C.09.11 Define Brand Drug.

- C.09.12 Define Generic Drug.
- C.09.13 Define Specialty Drug.
- C.09.14 Define Specialty Generic.
- C.09.15 Please confirm that you will process claims using the price for the 11 digit national drug Code (NDC) submitted by the pharmacy. Are you able to exclude re-packagers and unit dose products with higher per unit pricing?
- C.09.16 Confirm that your definition of a Single Source Generic is a drug with only one FDA approved (ANDA) generic, excluding Authorized Generics.
- C.09.17 Confirm you will provide the dispensing pharmacy's usual and customary cash price to the County members if lower than the proposed network pharmacy rates for retail, mail and specialty.
- C.09.18 Will there be exceptions to the rates quoted above? If yes, please describe in detail the exceptions and expected frequency. Identify the claims on the re-pricing file that are priced as exceptions and the estimated percentage and dollar difference.
- C.09.19 How is the dispensing fee billed for Usual and Customary claims (U&C)?
- C.09.20 Describe the MAC list(s) proposed for the County? How many items are on the MAC list? What percent of generic claims are reimbursed at MAC rate? Is there more than one MAC list anticipated to support the County? If yes, please describe process and why the need for multiple MAC lists.
- C.09.21 Describe your methodology for determining MAC pricing? How often is MAC list(s) updated? If more than one MAC list is maintained, are similar updates made at the same time? How long should the County expect before a new multi-source product is added to the MAC list after patent expiration?
- C.09.22 The County requires an all in generic effective rate (GER) discount from AWP. Please provide your guarantees for each year of the three year agreement.
- C.09.23 Will you agree to use the following definition in your contract if a pass-through price is accepted? Pass-Through Pricing – The term "Pass-Through Pricing" shall mean PBM's agreement that the only revenue that PBM shall derive under this Agreement is a fully disclosed Management Fee and any additional Administrative Fees agreed to by Plan. Pass-Through Pricing shall also mean that PBM agrees that it shall not derive any revenues whatsoever from spreads between amounts charged to Plan and amounts paid to Participating Pharmacies, and PBM agrees to disclose and pass-through to Plan all Financial Benefits obtained from all

Pharmaceutical Manufacturers to include any financial benefits received by PBM that are classified as any other type of revenue other than a rebate. (e.g. admin fee, formulary fee, etc.).

- C.09.24 Confirm whether, upon request, you will share with the County the contract agreements you have with respective pharmacies for transparent pass through clients.
- C.09.25 Will a County member pay the lower of the AWP Discount, U&C price, MAC, or the copay? Or is the pharmacy allowed to collect the full copay if it is higher? If the pharmacy is allowed to collect the full copayment is this for select pharmacy chains? If yes, please identify these chains.
- C.09.26 Please confirm that there is no "minimum price" that is charged to the County or members for prescription products.
- C.09.27 What is the payment frequency for the pharmacy network? Please describe the process and timing for a typical month.
- C.09.28 Describe your pharmacy audit processes. Describe the procedures you have in place to detect fraud, waste and abuse. For a situation involving a County member, what percentage of recovered monies is shared with the County?
- C.09.29 How does your claim adjudication system address copay coupons for members? The County has seen that pharmacy companies or disease specific groups offer copay coupons for some brand drugs, but often that value is higher than the member's maximum copay and the additional savings of the coupon does not reduce the plan paid cost. What means do you have to maximize the value of copay coupons and savings for the plan and member? The County seeks to maximize the manufacturer copayment offer, not impact the patient final out-of-pocket expense, and minimize the amount the County pays for the product.
- C.09.30 Concerning the use of copay coupons, does your system have the capability to block the use of copay coupons at the PBM level? At the pharmacy level? At the GPI level?
- C.09.31 Utilizing the Paid Claim File (Exhibit A) complete a re-pricing exercise using the rates proposed and return a copy of the file identifying how you classify each NDC as a brand, single source generic, multi-source generic, or specialty drug. Also identify any claim that has been priced with an exception pricing schedule(s).
- C.09.32 Can your organization offer 340b pricing for patients receiving prescriptions from qualified providers at qualified pharmacies? If yes, please explain



how this process could benefit Manatee County, specifically how the County could take advantage of 340b pricing and how that discount would come back to the County.

## **C.10 REBATES**

Note: Tabs are required to identify each item defined in this Section.

- C.10.1 Describe the Rebate program offered for the County, including estimated rates per 30 day retail claim and 90 day retail, mail service claim, and specialty claim in a three tier benefit. Provide a timeline beginning with the utilization of a rebateable product and ending with the receipt of a rebate check by County. Include all data transactions that occur so that the County understands your process.
- C.10.2 On what basis are rebates paid? Per claim basis, on a “per brand”, or “per rebateable brand”? Is there a minimum guarantee for each year of the Agreement? How does the County benefit from price protection clauses in current and future rebate agreements? What percentage of rebates collected over the minimum guarantee is shared with the County? Describe with both traditional and pass through proposals how you manage the rebates. What percentage of the total rebate is retained by your organization?
- C.10.3 Does your organization hold direct contracts with brand manufacturers or is this an outsourced function? If outsourced, please describe the rebate aggregator and rebate process.
- C.10.4 Provide rebate rates and guarantees for each year of the agreement.
- C.10.5 Describe rebate process for specialty drugs obtained at a retail pharmacy, Mail service pharmacy, Specialty Pharmacy, and Specialty Pharmacy not owned by your organization? Does the specialty drug rebate differ based on the pharmacy that dispenses the product? If yes, please describe the differences for the County.
- C.10.6 Please provide sample rebate report showing amount paid, payment period, and available detail to ascertain how rebate guarantee performance is being measured. Confirm you provide the net amount per claim.

## **C.11 SPECIALTY PHARMACY**

Note: Tabs are required to identify each item defined in this Section.

- C.11.1 Describe your organization's specialty pharmacy program(s) to ensure appropriate use and management of specialty drugs. Examples of programs include Prior authorization, case management, site of care, limited distribution drugs, etc.

- C.11.2 Describe your company's long and short term solutions to managing the specialty cost with employers, particularly an employer like the County who has integrated, comprehensive onsite disease management programs in place. Please provide your specialty drug spend growth trend over the last three years and your predicted growth for the next three years.
- C.11.3 Provide your definition of a specialty drug product.
- C.11.4 Is the specialty pharmacy owned by your organization, or is it a subcontracted service? If subcontracted, please describe the specialty partner organization(s) and the type of relationship with your organization? Please describe any specialty pharmacy accreditations.
- C.11.5 If subcontracted, describe the interface between customer service centers, with a focus on how to check the status of a pending prescription delivery.
- C.11.6 The County currently utilizes local Florida Specialty Pharmacy providers for certain products and disease states. Please state your organization's ability and willingness to work with other specialty pharmacy providers. Will you permit them to join your pharmacy network to serve County members? Confirm you will permit a County contracted Preferred Pharmacy Partner to dispense specialty medications.
- C.11.7 Do pharmaceutical manufacturers financially support your compliance, data provision and patient support programs? If yes, are those fees retained by your organization and/or shared with the County? If shared, is this a separate payment to the County?
- C.11.8 Specify any other source of revenue that your organization receives from Specialty drug manufacturers, including funding for any of your clinical programs.
- C.11.9 Describe your specialty formulary including a tiered formulary based upon rebateable products. Describe the tactics used to drive specialty drug formulary compliance.
- C.11.10 Describe your organization's ability to evaluate specialty drugs that have been dispensed under the County's medical benefit. If claims detail is provided, can the medical claims be submitted for rebates?
- C.11.12 Describe your organization's strategies to determine whether a specialty drug is effective for patients. How do you transition a patient that isn't responding to the specialty drug prescribed? Describe specific categories and programs that manage these situations.
- C.11.13 Describe your organization's strategy and philosophy pertaining to biosimilars.
- C.11.14 Describe your organization's strategy and timing to make a formulary

decision when new specialty drugs are introduced.

- C.11.15 Describe your organization's outcomes based contracting programs as they apply to specialty drugs. Explain how the County would benefit from these manufacturer arrangements.
- C.11.16 Describe your organization's support for Limited Distribution Specialty Products where your pharmacy is not a current provider pharmacy. Detail any efforts to assist Manatee in finding the lowest cost, high quality provider in these situations.

## **C.12 MAIL SERVICE PHARMACY**

- C.12.1 Provide detail regarding your Mail Service Pharmacy addressing at minimum the following:
  - 1. Does your organization own its mail service facility? Please list the location of the mail facility that will service the County members. If subcontracted, please provide an overview of your subcontracted mail service provider.
  - 2. Describe how your organization defines turnaround time, including criteria for starting and dispensing?
  - 3. The County seeks a lowest cost of therapy approach. Will you agree to not drive mail utilization to higher ingredient cost products? If not, please describe specific situations where this would occur.
  - 4. Confirm postage charges are included in your mail order pricing.

## **C.13 REPORTING**

Note: Tabs are required to identify each item defined in this Section.

- C.13.1 Describe your standard reporting package proposed for the County as part of your service offering. Provide detail on the frequency of standard reporting (monthly vs. quarterly, etc.).
- C.13.2 Do you provide on-line claims analysis and data analytics tools for the County to create their own queries and reports? Please describe the functionality of this software and describe any additional costs for online reporting.
- C.13.3 How are one time ad-hoc reporting requests handled? Describe how any costs for ad-hoc reports are handled and expected turnaround time.
- C.13.4 How are regularly provided custom reporting requests handled? Describe how any costs for regularly provided custom reports are handled and expected turnaround time.

- C.13.5 Are you able to provide stop loss reporting to the County's Insurer? Please describe and describe any associated costs.
- C.13.6 The County requires a full "paid claims file" be provided by the Proposer on a monthly basis for use in the County's data warehouse. Describe your ability to provide claims history on a monthly basis and any associated costs. The prescription claims data is the exclusive property of the County. The County expects that they will be apprised of any opportunities for the PBM to sell the County data, however, the data shall not be sold unless the County approves, and any revenue generated from the sale shall be returned directly to the County.
- C.13.7 Confirm if provided with the data, your firm can report on various segments of our population (Actives, retirees, salaried, hourly, division).

#### **C.14 SAMPLE MATERIALS**

**Note:** Tabs are required to identify each item in this Section.

The County would like to review current examples of materials and documents used in servicing similar clients. Please provide an electronic file whenever possible.

- C.14.1 Please provide samples of the following with your proposal:
1. Standard Administrative Services Agreement for the services proposed.
  2. Organizational Chart.
  3. Implementation Schedule to accommodate a January 1, 2017 start date. Where possible, identify both the County and your organization's responsibilities during the implementation process.
  4. Plan setup questionnaire detailing information needed for set up of the County within your system(s).
  5. Formulary disruption and pharmacy network disruption communications to members.
  6. Sample billing invoice.
  7. Sample standard reports and sample quarterly and annual reporting.
  8. Clinical programs available to the County.

**C.15 FEES**

Note: Tabs are required to identify each item in this Section.

Manatee County expects full transparency with a PBM and expects a trusting partner in all aspects, including fees and revenue sources. As an effort to confirm this culture of doing business, ensure in responding below that full disclosure is provided in terms of any and all forms of revenue or compensation to the PBM.

- C.15.1 Please provide rates for each year of the three year agreement.
- C.15.2 Please describe your administrative fees and any other potential charges or incidentals charges that the County may incur. Please specify basis for fees (per paid claim, all transactions, etc.). Detail the services/products that comprise that administrative fee.
- C.15.3 Please outline any fees your organization charges for mailing communications.
- C.15.4 Please outline any additional fees that your organization charges for customized communications.
- C.15.5 Please outline any additional fees for ad hoc report requests, IT programming, etc.
- C.15.6 Does your organization charge a fee (Y/N) for:
  - 1. Rejected or denied claims
  - 2. Reversed claims
  - 3. If yes, how are these claims identified and what is the charge?
- C.15.7 Manatee County seeks to administer its own Prior Authorization criteria for many products. When this occurs, are there any fees to County?
- C.15.8 Describe any fees for Prior Authorizations not administered by the County.
- C.15.9 Does your organization charge for Clinical Services provided? If yes, describe the process.

**C.16 PERFORMANCE GUARANTEES**

Note: Tabs are required to identify each item defined in this Section.

- C.16.1 Describe performance guarantees proposed and penalties your organization will pay the County if quoted service levels are not met.

Please indicate which guarantees are specific to the County, which are “line of business”, and which are “across all business lines”. The County has a preference for performance guarantees that are specific to the County and not the “line of business”. Indicate the measurement period for the guarantee. At a minimum, the County suggests inclusion of:

1. Implementation: The initial group structure, benefit plan design will be entered into the PBM system by 60 days prior to implementation date.
2. Eligibility: Participant eligibility will be loaded 60 days prior to the start date and new eligible members will be loaded in the system w/in 2 days of receipt.
3. Customer Service Center Guarantees
4. Mail Service Turnaround times
5. Claims processing accuracy
6. Reports availability
7. Meeting guarantees
8. Member satisfaction guarantee
9. Account management satisfaction guarantee
10. Pricing Guarantees: AWP, MAC, rebates, dispensing fee etc.
11. Implementation performance guarantee based upon County survey of performance.

**END SECTION C**

## **SECTION D: SELECTION**

### **D.01 EVALUATION FACTORS**

Evaluation of proposals will be conducted by an evaluation committee. The evaluation committee's goal will be to identify the proposal which will overall best meet the needs of Manatee County as determined from the proposals received and subsequent investigation by the County. The committee will consider the information requested in Section C for each responsive proposal submitted to ascertain the perceived ability of the proposer(s) to perform the scope of services as stated in this Request For Proposal. Once all proposals have been reviewed pursuant to the criterion in Section C, the evaluation committee will determine from the responses to this Request For Proposal and subsequent investigation as necessary, the proposer(s) most qualified to be selected to negotiate an agreement.

Unless noted, no weight is assigned to the evaluation factors.

### **D.02 RELATIVE IMPORTANCE OF EVALUATION FACTORS**

Unless noted, no weight will be assigned to the Evaluation Factors stated above.

### **D.03 PRELIMINARY RANKING**

An evaluation committee shall determine from the responses to this Request for Proposal and subsequent investigation as necessary, the Proposer(s) most qualified to be selected to negotiate an agreement.

### **D.04 REVIEW OF PROPOSERS AND PROPOSALS**

In-person reviews may be conducted with responsible Proposers who are deemed reasonably susceptible of being selected for award, for the purposes of assuring full understanding of: (a) conformance to the solicitation requirements, (b) the abilities of the Proposer, and (c) the proposal submitted.

Proposers shall be available for presentations to and interviews with the evaluation committee, upon reasonable notification from the Purchasing Division. The date(s) and time(s) of any such presentations / interviews shall be determined solely by the County, and may be closed to the public in the discretion of the Purchasing Official, and to the extent permitted by law.

### **D.05 SELECTION FOR NEGOTIATION**

The evaluation committee will make a recommendation to the County Administrator as to the proposer which the County should enter into negotiations. The County Administrator will act upon that recommendation and, if accepted, the successful Proposer will be invited to enter negotiations led by the Purchasing Division.

**D.06 AWARD**

Award of an agreement is subject to the successful negotiations and the approval of either the County Administrator or the Board of County Commissioners (as provided for in the current Purchasing Code and Procurement Procedures).

**END SECTION D**



## **SECTION E: NEGOTIATION OF THE AGREEMENT**

### **E.01 GENERAL**

The following general terms and conditions apply to the proposal submitted for consideration and the subsequent negotiations:

- a. The proposal will serve as a basis for negotiating an agreement, but not compel adherence to its terms or conditions.
- b. Upon submission, all proposals become the property of the County which has the right to use any or all ideas presented in any proposal submitted in response to this Request for Proposal whether or not the proposal is accepted.
- c. All products and papers produced in the course of this engagement become the property of the County upon termination or completion of the engagement.

### **E.02 AGREEMENT**

The selected Proposer shall be required to negotiate an agreement, in a form and with provisions acceptable to Manatee County.

Negotiated Agreements may or may not include all elements of this RFP or the resulting successful proposal where alternative terms or conditions become more desirable to the County, and the parties agree to such terms.

The parties will negotiate the term of the agreement, and the circumstances in which it may be renewed, assigned or terminated.

The parties will negotiate matters of insurance, liability, record-keeping, auditing, and all other relevant contractual matters.

**END SECTION E**

## ATTACHMENT A

### PROPOSAL SIGNATURE FORM RFP 16-1119JE

The undersigned represents that by signing the proposal, that he/she has the authority and approval of the legal entity purporting to submit the proposal, and that all of the facts and responses set forth in the proposal are true and correct. If the proposer is selected by the County to negotiate an agreement, the undersigned certifies that the proposer's negotiators will negotiate in good faith to establish an agreement to provide the services described in the Scope of Services of this Request for Proposal.

Print or Type Proposer's Information Below:

\_\_\_\_\_  
Name of Proposer

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Web Address

\_\_\_\_\_  
Print Name & Title of Authorized Officer

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date Signed

Acknowledge Addendum No.	_____	Dated:	_____
Acknowledge Addendum No.	_____	Dated:	_____
Acknowledge Addendum No.	_____	Dated:	_____

## ATTACHMENT B

### PUBLIC CONTRACTING AND ENVIRONMENTAL CRIMES CERTIFICATION

#### SWORN STATEMENT PURSUANT TO ARTICLE V, MANATEE COUNTY PURCHASING CODE

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

This sworn statement is submitted to the Manatee County Board of County Commissioners by \_\_\_\_\_,  
[print individual's name and title]

\_\_\_\_\_ For \_\_\_\_\_  
[name of entity submitting sworn statement]

whose business address is: \_\_\_\_\_

and (if applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_. If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:

I understand that no person or entity shall be awarded or receive a county contract for public improvements, procurement of goods or services (including professional services) or a county lease, franchise, concession or management agreement, or shall receive a grant of county monies unless such person or entity has submitted a written certification to the County that it has not:

(1) been convicted of bribery or attempting to bribe a public officer or employee of Manatee County, the State of Florida, or any other public entity, including, but not limited to the Government of the United States, any state, or any local government authority in the United States, in that officer's or employee's official capacity; or

(2) been convicted of an agreement or collusion among bidders or prospective bidders in restraint of freedom of competition, by agreement to bid a fixed price, or otherwise; or

(3) been convicted of a violation of an environmental law that, in the sole opinion of the County's Purchasing Director, reflects negatively upon the ability of the person or entity to conduct business in a responsible manner; or

(4) made an admission of guilt of such conduct described in items (1), (2) or (3) above, which is a matter of record, but has not been prosecuted for such conduct, or has made an admission of guilt of such conduct, which is a matter of record, pursuant to formal prosecution. An admission of guilt shall be construed to include a plea of nolo contendere; or

(5) where an officer, official, agent or employee of a business entity has been convicted of or has admitted guilt to any of the crimes set forth above on behalf of such an entity and pursuant to the direction or authorization of an official thereof (including the person committing the offense, if he is an official of the business entity), the business shall be chargeable with the conduct herein above set forth. A business entity shall be chargeable with the conduct of an affiliated entity, whether wholly owned, partially owned, or one which has common ownership or a common Board of Directors.

For purposes of this Form, business entities are affiliated if, directly or indirectly, one business entity controls or has the power to control another business entity, or if an individual or group of individuals controls or has the power to control both entities. Indicia of control shall include, without limitation, interlocking management or ownership, identity of interests amount family members, shared organization of a business entity following the ineligibility of a business entity

under this Article, or using substantially the same management, ownership or principles as the ineligible entity.

Any person or entity who claims that this Article is inapplicable to him/her/it because a conviction or judgment has been reversed by a court of competent jurisdiction, shall prove the same with documentation satisfactory to the County's Purchasing Director. Upon presentation of such satisfactory proof, the person or entity shall be allowed to contract with the County.

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR MANATEE COUNTY IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT ANY CONTRACT OR BUSINESS TRANSACTION SHALL PROVIDE FOR SUSPENSION OF PAYMENTS, OR TERMINATION, OR BOTH, IF THE CONTRACTING OFFICER OR THE COUNTY ADMINISTRATOR DETERMINES THAT **SUCH PERSON OR ENTITY HAS MADE FALSE CERTIFICATION.**

\_\_\_\_\_  
[Signature]

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_ by \_\_\_\_\_.

Personally known \_\_\_\_\_ OR Produced identification \_\_\_\_\_  
[Type of identification]

\_\_\_\_\_  
Notary Public Signature      My commission expires \_\_\_\_\_.

\_\_\_\_\_  
[Print, type or stamp Commissioned name of Notary Public]

**Signatory Requirement** - In the case of a business entity other than a partnership or a corporation, this affidavit shall be executed by an authorized agent of the entity. In the case of a partnership, this affidavit shall be executed by the general partner(s). In the case of a corporation, this affidavit shall be executed by the corporate president.

**EXHIBIT A – PAID CLAIM FILE**

Due to the large file size, Prospective Proposers shall contact the Purchasing Division at the contact information listed below to receive Exhibit A – Paid Claim File.

**FOR INFORMATION CONTACT:**

**Jacob Erickson, Contracts Negotiator**

**(941) 749-3053, Fax (941) 749-3034**

**Email: [jacob.erickson@mymanatee.org](mailto:jacob.erickson@mymanatee.org)**

**Manatee County Financial Management Department**

**Purchasing Division**

## **EXHIBIT B1 – PRESCRIPTION BENEFITS 2015**

<b>Your Choice Prescription Benefit Plan for 2015</b>			
	<b>Network Pharmacies (90 day permitted, except specialty)</b>	<b>Non Network Pharmacies (30 day max)</b>	<b>Mail Order</b>
<b>Generic Medications Tier 1</b>	\$ 0 copay (0-90 day)	The greater of \$10 or 20% coinsurance	The greater of \$12.00 or 15%
<b>Brand Medications Tier 2</b>	The greater of \$15 or 25% coinsurance	The greater of \$20 or 30% coinsurance	The greater of \$38.00 or 25%
<b>Non-Formulary Medications Tier 3</b>	The greater of \$40 or 45% coinsurance	The greater of \$50 or 55% coinsurance	The greater of \$100 or 50%
<b>Specialty Medications Specialty Tier 4</b>	25% coinsurance Max \$150 copay	25% coinsurance Max \$150 copay	25% Coinsurance, Max \$150
<p><b>*The cost of the medication is the higher of the copay or the coinsurance. With a maximum member cost of \$100 per month for Tiers 1-3 and a maximum member cost per prescription of the greater of \$150 or the manufacturer's coupon for Tier 4</b></p> <p><b>Coinsurance typically prevails. Maximum Out of Pocket -\$1400 per member/\$2,800/family for Tier 1-3.</b></p>			

## **EXHIBIT B2 – PRESCRIPTION BENEFITS 2016**

<b>Your Choice Prescription Benefit Plan for 2016</b>			
	<b>Network Pharmacies (90 day permitted, except specialty)</b>	<b>Non Network Pharmacies (30 day max)</b>	<b>Mail Order</b>
<b>Generic Medications Tier 1</b>	\$5 copay (1-30 days) \$10 (31-60 days) \$15 (61-90 days)	The greater of \$15 or 20% coinsurance	The greater of \$18.00 or 15%
<b>Brand Medications Tier 2</b>	The greater of \$15 or 25% coinsurance	The greater of \$20 or 30% coinsurance	The greater of \$38.00 or 25%
<b>Non-Formulary Medications Tier 3</b>	The greater of \$40 or 45% coinsurance	The greater of \$50 or 55% coinsurance	The greater of \$100 or 50%
<b>Specialty Medications Specialty Tier 4</b>	25% coinsurance Max \$150 copay	25% coinsurance Max \$150 copay	25% Coinsurance, Max \$150
<p><b>*The cost of the medication is the higher of the copay or the coinsurance. With a maximum member cost of \$100 per month for Tiers 1-3 and a maximum member cost per prescription of the greater of \$150 or the manufacturer's coupon for Tier 4</b></p> <p><b>Coinsurance typically prevails. Maximum Out of Pocket -\$1400 per member/\$2,800/family for Tier 1-3.</b></p>			

**EXHIBIT C – MANATEE CUSTOM FORMULARY**

Due to the large file size, Prospective Proposers shall contact the Purchasing Division at the contact information listed below to receive Exhibit C – Manatee Custom Formulary.

**FOR INFORMATION CONTACT:**

**Jacob Erickson, Contracts Negotiator**

**(941) 749-3053, Fax (941) 749-3034**

**Email: [jacob.erickson@mymanatee.org](mailto:jacob.erickson@mymanatee.org)**

**Manatee County Financial Management Department**

**Purchasing Division**



## **EXHIBIT D – AETNA FORMAT (CURRENT)**

### **2000 BYTE MEA EXTRACT RECORD**

The attached document gives a layout of the 2000 byte Record. Please pay special attention to the **NOTES** at the bottom of Page 5 since they outline some differences between the Extract Layout and the Layout of the 2000 byte Customer Input file.

Field Name	Picture	Start	End	Field Definition
Record Type	X(3)	1	3	Value will be '010' on all Records.
Enrollee Social Security Number	9(9)	4	12	Last 9 bytes of Enrollee SSN.
Reserved	X(3)	13	15	Space fill.
Member Social Security Number	9(9)	16	24	The 9 byte Social Security Number of the Member (either Enrollee or Dependent).
Reserved	X(5)	25	29	Space fill.
Alternate ID	9(10)	30	39	Enrollee Alternate ID. This field will be spaces on Dependent Records.
Health Insurance Claim Number	X(12)	40	51	Enrollee or Dependent HIC Number.
Last Name	X(20)	52	71	Enrollee or Dependent Last Name. For Enrollees, this field will consist of all characters before the comma. For Example, if the Enrollee Name is JOHNSON,JOHN W this field would contain JOHNSON
First Name	X(15)	72	86	Enrollee or Dependent First Name. For Enrollees, this field will consist of all characters After the Comma and Before the first space. For Example, if the Enrollee Name is JOHNSON,JOHN W this field would contain JOHN
Middle Initial	X(1)	87	87	Enrollee or Dependent Middle Initial. For Enrollees, this field will consist of the first character after the space. For Example, if the Enrollee Name is JOHNSON,JOHN W this field would contain W
Name Prefix	X(2)	88	89	Space fill.
Name Suffix	X(3)	90	92	Space fill.
Relationship Code	X(2)	93	94	For Enrollees, this field will be '01'. For Expanded Dependents, the Translations are: 'W' = '02' 'H' = '03' 'S' = '04' 'D' = '05' 'A' = '06' 'B' = '07' 'P' = '08' 'Q' = '09' 'Y' = '10' 'X' = '11' 'M' = '12' 'N' = '13' Any other Relationship Code will reflect as spaces on the 2000 byte Record.
Gender Code	X(1)	95	95	Sex Code of the Enrollee or Dependent. Sex Code of '1' will be translated to 'M'. Sex Code of '2' will be translated to 'F'. Any other Sex Code will reflect as spaces on the 2000 byte Record.
Birth Date	9(8)	96	103	Enrollee or Dependent Birthdate. Format is YYYYMMDD
Special Characteristics	9(1)	104	104	Dependent Special Characteristics. This field will be spaces on the Enrollee Record. Values are: 0 = Not reported 1 = Attends school 2 = Depends upon employee for support 3 = Dependent on disability

Field Name	Picture	Start	End	Field Definition
Medicare Eligibility	9(1)	105	105	Enrollee or Dependent Medicare Eligibility. 0 = No Medicare Coverage 1 = Eligible for Aetna Primary Benefits 2 = Eligible for Medicare Primary Benefits
Mailing Address 1	X(30)	106	135	First 30 bytes of Enrollee or Dependent First Street Address.
Mailing Address 2	X(30)	136	165	First 30 bytes of Enrollee or Dependent Second Street Address.
City	X(20)	166	185	First 20 bytes of Enrollee or Dependent City.
State	X(2)	186	187	Enrollee or Dependent State.
Zip Code	X(9)	188	196	Enrollee or Dependent Zip Code.
Reserved	X(5)	197	201	Space fill.
Home Phone Number	X(10)	202	211	10 byte Home Phone (leading digit will be dropped).
Work Phone Number	X(10)	212	221	10 byte Work Phone (leading digit will be dropped). This field will be spaces on all Dependent Records.
Hire Date	9(8)	222	229	Although Hire Date is not currently being moved from the 2000 byte Customer input to the 1200-byte MEA/ELR Record, if present on MEA, Hire Date will appear on the 2000 byte Extract Record. Date will be in YYYYMMDD format. This field will be spaces on all Dependent Records.
Reporting Field	X(10)	230	239	ELR Special Customer Code. This field will be spaces on all Dependent Records.
Division Code	X(15)	240	254	Division Code. This field will be spaces on all Dependent Records.
Work Location Zip Code	X(9)	255	263	Enrollee Work Location Zip Code. This field will be spaces on all Dependent Records.
Reserved	X(65)	264	328	Space fill.
Reserved	X(318)	329	646	Space fill.
Employee CUMB ID	X(15)	647	661	Employee CUMB ID. First byte of this field will be populated with a 'W'. Field will appear on both enrollee and dependent records. Left justify and space fill.
Dependent CUMB ID	9(15)	662	676	Dependent CUMB ID. Field will appear only on dependent records. This field will be spaces on all Enrollee records. Left justify and space fill.
Sequence	9(5)	677	681	Sequence Number. Unique sequence number assigned to the member. This field will appear on both enrollee and dependent records. Left justify and space fill.
Tobacco Usage Ind	X(1)	682	682	1 byte Tobacco usage. T, N, U or spaces
Reserved	X(40)	683	722	Space fill.
HMO Benefit Segment	X(250)	723	972	Space fill.
Non-HMO Benefit Usage Flag	X(3)	973	975	Space fill.
ELR Number	X(3)	976	978	Space fill.
Reserved	X(2)	979	980	Space fill.
Control Number	X(7)	981	987	7 byte Enrollee or Dependent Control Number.
Suffix	9(3)	988	990	3 byte Enrollee or Dependent Suffix Number.
Account	X(5)	991	995	5 byte Enrollee or Dependent Account Number.
Plan ID	X(5)	996	1000	3 byte Enrollee Plan Number followed by two spaces. Enrollee Plan will be moved to any corresponding Dependent Records.
Effective-Date	9(8)	1001	1008	If Member is Active, this field will be completed with the Effective Date from MEA in YYYYMMDD format. If the Member is Terminated (Inactive), this field will be zeros.
Coverage Termination Date	9(8)	1009	1016	If Member is Terminated (Inactive), this field will be completed with the Effective Date from MEA in YYYYMMDD format. If the Member is Active, this field will be zeros.

Field Name	Picture	Start	End	Field Definition
Original Effective Date	9(8)	1017	1024	Original Coverage Effective Date of Enrollee or Dependent. NOTE: Although this field is NOT on the 2000 byte input file, since it is often requested on extracts, it has been included on the 2000 byte Output file.
Reserved	X(1)	1025	1025	Space Fill.
Reserved	X(1)	1026	1026	Space Fill.
Claim Office	X(3)	1027	1029	Enrollee Claim Office. This field will be moved to any corresponding Dependent Records.
Network ID	9(5)	1030	1034	Enrollee or Dependent Network ID. This could be a DMO, EC or MC Network depending on the Benefits associated with the Enrollee's CSA/Plan.
Primary Physician Provider Number	9(11)	1035	1045	Enrollee or Dependent Medical PCP. Field will be Left Justified with trailing spaces.
Pre-Seen by Primary Care Physician/Provider Cap Office	9(1)	1046	1046	Enrollee or Dependent Medical PCP Pre-Seen Indicator. Values = 0 = No 1 = Yes
Dental Provider Number	9(11)	1047	1057	Enrollee or Dependent Dental PCD. Field will be Left Justified with trailing spaces.
Pre-Seen by Dental Provider	9(1)	1058	1058	Enrollee or Dependent PCD Pre-Seen Indicator. Values = 0 = No 1 = Yes
In Network Medical Coinsurance	9(7)	1059	1065	Enrollee In Network Medical Coinsurance Amount (dollars and cents). This field will be spaces on all Dependent Records.
Earnings Type	9(1)	1066	1066	Enrollee Earnings Frequency. This field will be zeros on all Dependent Records.
Earnings	9(7)	1067	1073	Enrollee Earnings Amount (whole dollars). Field will be zeros on Dependent Records.
Other Coverage (COB)	X(2)	1074	1075	Enrollee or Dependent Coordination of Benefits. Values are: 00 = Not Reported 01 = No Coverage 02 = Coverage unspecified 03 = Member has other coverage with Blue Cross/Blue Shield. 04 = Member has other coverage with Medicare/Champus. 05 = Member has other coverage with an HMO. 06 = Member has other coverage with an employer sponsored plan. 07 = Member has other coverage with a commercial insurance company 08 = Member has other coverage with Medicaid. 09 = Other
OON Medical Coinsurance	9(7)	1076	1082	Enrollee Out of Network Medical Coinsurance Amount (dollars and cents). This field will be zeros on all Dependent Records.
OON Medical Deductible	9(7)	1083	1089	Enrollee Out of Network Medical Deductible Amount (dollars and cents). This field will be zeros on all Dependent Records.
OON Family Coinsurance	9(7)	1090	1096	Enrollee Out of Network Family Coinsurance Amount (dollars and cents). This field will be zeros on all Dependent Records.
OON Family Deductible	9(7)	1097	1103	Enrollee Out of Network Family Deductible Amount (dollars and cents). This field will be zeros on all Dependent Records.
In Network Medical Deductible	9(7)	1104	1110	Enrollee In Network Medical Deductible Amount (dollars and cents). This field will be spaces on all Dependent Records.
Reserved	X(1)	1111	1111	Space fill.

Field Name	Picture	Start	End	Field Definition
In Network Family Coinsurance	9(7)	1112	1118	Enrollee In Network Family Coinsurance Amount (dollars and cents). This field will be spaces on all Dependent Records.
Reserved	X(1)	1119	1119	Space fill.
Prior Coverage Indicator	X(1)	1120	1120	Indicator which indicates Prior Coverage if any. Field will be spaces on all dependent records. Values are: Medical: 0=Yes 1=No Dental: 2=Yes 3=No
Reserved	X(1)	1121	1121	Space fill.
Late Entrant Indicator	X(1)	1122	1122	Enrollee or Dependent Late Entrant Indicator. Values are: 0 or Space = Enrollee/dependent is not a late entrant 1 = Enrollee/dependent is a late entrant
In Network Family Deductible	9(7)	1123	1129	Enrollee In Network Family Deductible Amount (dollars and cents). This field will be spaces on all Dependent Records.
Reserved	X(4)	1130	1133	Space fill.
Provider Cap Office	X(11)	1134	1144	Provider Cap Office
COBRA-COC-Exp-Date	9(8)	1145	1152	COBRA continuation of coverage expiration date. Format = CCYYMMDD
COBRA-COC-Evnt-Date	9(8)	1153	1160	COBRA continuation of coverage Event date. Format = CCYYMMDD
COBRA-COC-Lth-Cnt	9(2)	1161	1162	COBRA continuation of coverage Length count
Reserved	X(838)	1163	2000	Space fill

## NOTES:

- This Extract/Reformat will only pick up Expanded Dependents. Basic Dependents will not be displayed on the 2000 byte Extract. There is one exception to this: IF an Enrollee has Expanded and Basic Dependents, both may get picked up on the Extract.
- A separate 2000 byte Record will be created for each CSA under which the Enrollee/Dependents are insured. For example, if an Enrollee has both Medical and Dental coverage under separate CSAS, two 2000 byte Records will be created for the Enrollee and any applicable Dependents.
- Since the Extract can be requested at different levels (Customer, Control, CSA, ELR etc.), the ELR ID in positions 493-495 of the Record will always be spaces.
- Original Coverage Effective Date will be moved to positions 534-541 of the 2000 byte Record. This is not a field which is submitted by the Customer, but it is often requested on extracts so it has been included on the output file.
- This Extract file will only contain MEA Data... it will Not contain any HMO information.