

# Lake County

## Purchasing Division

<http://doingbusiness.lakecountyil.gov/>

Waukegan Campus

Please note the submission location is:

## Lake County

### Attn: Purchasing Division

18 N. County Street – 9<sup>th</sup> Floor

Waukegan, IL 60085-4350

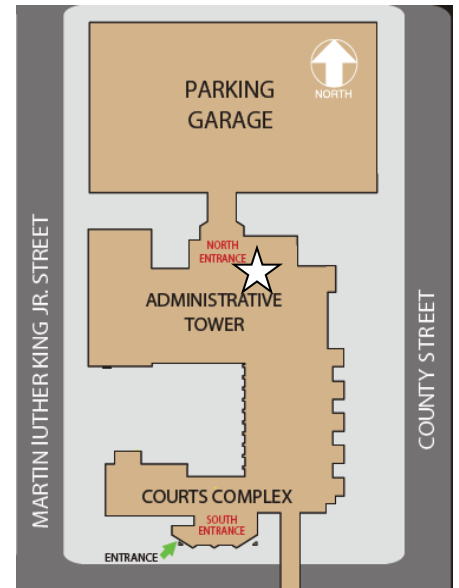
Contact information for Lake County Purchasing is:

#### Purchasing Division

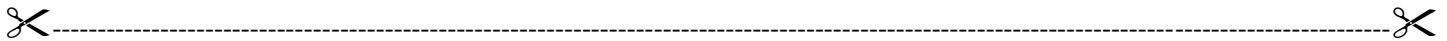
Phone 847-377-2992

Fax 847-984-5889

Email: [purchasing@lakecountyil.gov](mailto:purchasing@lakecountyil.gov)



ALL SUBMITTALS SHOULD BE LABELED ACCORDINGLY. PLEASE USE BELOW LABEL FOR YOUR CONVENIENCE.



<u>BID/RFP No.</u> RFP # 17089	Vendor Name: _____
<u>Buyer:</u> Susan Brines	Lake County
<u>Bid/RFP Description:</u> Pharmacy Benefit Manager Service	<b>ATTN: PURCHASING DIVISION</b>
	18 N. County Street – 9 <sup>th</sup> Floor
	Waukegan, IL 60085-4350
<u>BID/RFP Due Date*:</u> May 18, 2017	

\*Please note: Responses are due at the 9<sup>th</sup> floor reception desk and shall be time stamped by 2:00 p.m. CST on the required due date. Please allow sufficient time for parking, passing through security and arriving at the 9<sup>th</sup> floor.

Lake County, Illinois  
Request for Proposals # 17089  
Pharmacy Benefit Manager Service

Lake County is soliciting formal written proposals from Professional firms to provide Pharmacy benefit administrative services and claim administration through a Pharmacy Benefit Manager (PBM) or Insurance Carrier Rx program.

**GENERAL REQUIREMENTS:**

Proposers are to submit proposals, to be opened and evaluated in private. Submit one (1) marked Original, one (1) electronic unprotected copy on a USB flash drive, and one (1) redacted copy that can be used to comply with the Illinois Freedom of Information Act (FOIA). Please refer to the FOIA statute, 5 ILCS 140/1 *et seq.*, and specifically Section 7 therein, for an explanation of the information that may be redacted.

**SUBMISSION LOCATION:**

Lake County Purchasing Division  
18 N. County Street, 9th Floor  
Waukegan, IL 60085-4350

**SUBMISSION DATE & TIME:**

**May 18, 2017 at 2:00 p.m. local time**  
Proposals received after the time specified will not be opened.

**CONTACT / QUESTIONS:**

**All contact and questions regarding the Request for Proposal shall be with the Purchasing Division.** Should the proposer require additional information about this RFP, please submit questions on our website at <http://lakecountypurchasingportal.com> by selecting the RFP number and addendum link. Questions may also be submitted via email to [purchasing@lakecountyil.gov](mailto:purchasing@lakecountyil.gov). All questions shall be submitted by **May 11, 2017 at 2:00 p.m. local time.**

**CONTENTS:**

The following sections, including this cover sheet, shall be considered integral of this solicitation.

- \*Cover Sheet, pages 1 & 2
- \*General Terms and Conditions, pages 3 - 10
- \*General Information & Specifications, pages 11-13
- \*Submittal Requirements, page 14
- \*Fee Requirements, page 15
- \*Evaluation Criteria, page 16-17
- \*PBM Questionnaire, pages 18-28
- \*Addendum Acknowledgement, page 29
- \*General Information Sheet, page 30
- \*References, page 31
- \*Sustainability Statement, pages 32-33

Pharmacy Attachments:

Attachment A-Plan Design  
Attachment B-Member Census  
Attachment C-Pharmacy Claims Data  
Attachment D-Financial Exhibits Instructions  
Attachment E-Financial Exhibits

If your RFP includes any exceptions, proposers must insert an "X" in the following box indicating a submission with exceptions and provide separately a submission with noted exceptions.

☐

**NOTE TO PROPOSERS:** Any and all exceptions to these specifications MUST be clearly and completely indicated in the Proposer's response to the RFP. Failure to do so may lead the County to declare any such term non-negotiable. Proposer's desire to take exception to a non-negotiable term will not disqualify it from consideration for award.

1. NEGOTIATIONS

Lake County reserves the right to negotiate specifications, terms and conditions, which may be appropriate to the accomplishment of the purpose of this Request for Proposal (RFP).

2. CONFIDENTIALITY

Proposals are subject to the Illinois Freedom of Information Act (FOIA). As such all Proposers responding are asked to submit one redacted copy of their proposal that can be used by the County to respond to any future FOIA requests.

We do not disclose proposals or bids until an award or final selection is made.

Accordingly, please restrict your redactions to trade secrets and commercial or financial information where the trade secrets or information are proprietary, privileged or confidential, or where disclosure of the trade secrets or information may cause competitive harm.

If you do not provide a redacted copy, the Purchasing Department will determine what information should be redacted as proprietary, privileged or confidential in response to a FOIA request. A proposer who fails to provide a redacted copy of its proposal waives its right to maintain any claims against Lake County, its agents or employees for disclosure of this information.

3. RESERVED RIGHTS

Lake County reserves the right, at any time and for any reason, to cancel this RFP or any portion thereof, to reject any or all proposals, or to accept an alternate proposal. The County reserves the right to waive any immaterial defect in any proposal. Unless otherwise specified by the Proposer, the County has ninety (90) days to accept. The County may seek clarification from a Proposer at any time. Proposer's failure to respond promptly is cause for rejection. The County may require submission of best and final offers.

4. INCURRED COSTS

Lake County will not be liable for any costs incurred by respondents in replying to this RFP.

5. AWARD

Lake County reserves the right to award this contract based on the evaluation criteria set forth herein. Lake County reserves the right to make separate awards whichever is in the best interest of the County. Awards shall be made by the Lake County Board to the responsible Proposer(s) determined to be the most qualified and advantageous to the County.

6. INTENT

Lake County is seeking proposals from qualified proposers to provide a Pharmacy Benefit Plan to eligible employees and their dependents and retirees and their dependents.

The County is seeking proposals in an effort to achieve the following:

- Lower fixed/administrative costs
- Identify the most cost effective networks
- Identify the most competitive solution for implementing the proposed programs
- Provide quality benefits through efficient administration to employees

7. ADDITIONAL INFORMATION

**All contact and questions regarding the Request for Proposal shall be with the Purchasing Division.** Should the

Proposer require additional information about this RFP, please submit questions on our website at <http://lakecountypurchasingportal.com> by selecting the RFP number and addendum link. Questions may also be submitted via email to [purchasing@lakecountyil.gov](mailto:purchasing@lakecountyil.gov). All questions shall be submitted no less than seven (7) days prior to the RFP opening date. ANY and ALL changes to these specifications are valid only if they are included by written Addendum to all Proposers. No interpretation of the meaning of the plans, specifications or other contract documents will be made orally. Failure of any Proposer to receive any such addendum or interpretation shall not relieve the Proposer from obligation under this RFP as submitted. All addenda so issued shall become part of the RFP documents. Failure to request an interpretation constitutes a waiver to later claim that ambiguities or misunderstandings caused a Proposer to improperly submit a proposal.

8. ADDENDA

Addenda are written instruments issued by the Purchasing Division, prior to the date of receipt of proposals, which modify or interpret the RFP by additions, deletions, clarifications, or corrections. Prior to the receipt of proposals, addenda shall be distributed to all who are known to have received a complete RFP. After receipt of proposals, addenda shall be distributed only to applicants who submitted proposals and those Proposers shall be permitted to submit new or amended proposals, as detailed within the addenda. Each Proposer shall ascertain, prior to submitting a proposal that all addenda issued have been received and by submission of a proposal, such act shall be taken to mean that such Proposer has received all addenda and that the Proposer is familiar with the terms thereof and understands fully the contents of the addenda. Addenda can be accessed at:

<http://lakecountyil.gov/Finance/purchasing/Pages/BidsRFPs.aspx>

9. DISCUSSION OF PROPOSALS AND NEGOTIATION

Lake County may conduct discussions with any Proposer who submits a proposal. During the course of such discussions, the County shall not disclose any information derived from one proposal to any other Proposer. Lake County anticipates conducting negotiations with the successful Proposer. Your proposal should indicate any exceptions taken to this.

10. EXCEPTIONS

Any and all exceptions taken by Proposer to the terms of this RFP are to be identified in writing and included in the list of submittals.

11. CONTRACT TERM

Contract period shall commence upon execution of the contract and shall be in effect for the Lake County plan year beginning January 1, 2018, until December 31, 2020. Lake County reserves the right to extend this contract for three (3) additional, one (1) year periods, subject to acceptable performance by the Contractor. At the end of any contract term, Lake County reserves the right to extend this contract for a period of up to sixty (60) days for the purpose of getting a new contract in place. For any year beyond the initial contract year, this contract is contingent upon the appropriation of sufficient funds.

12. RESPONSIBILITY & DEFAULT

The Proposer shall be required to assume responsibility for all items listed in this RFP. The successful Proposer shall be considered the sole point of contact for purposes of this contract.

13. PAYMENT

Shall be made within thirty (30) days, in accordance with the Local Government Prompt Payment Act.

14. INTERPRETATION OR CORRECTION OF REQUEST FOR PROPOSALS

Proposers shall promptly notify the Purchasing Division of any ambiguity, inconsistency or error that they may discover upon examination of the RFP. Interpretation, correction and changes to the RFP will be made by written addendum. Interpretation, corrections or changes made in any other manner will not be binding.

15. LAW GOVERNING

This Request for Proposal and any contract resulting there from shall be governed by and construed according to the laws of the State of Illinois. Jurisdiction and venue shall be exclusively found in the 19<sup>th</sup> Judicial Circuit Court, State of Illinois.

16. TAXES

The County is exempt from paying certain Illinois State Taxes.

17. TERMINATION

The County reserves the right to terminate this contract, or any part of this contract, upon thirty (30) days written notice. In case of such termination, the Proposer shall be entitled to receive payment from the County for work completed to date in accordance with the terms and conditions of this contract. In the event that this Contract is terminated due to Proposers default, the County shall be entitled to purchase substitute items and/or services elsewhere and charge the Proposer with any or all losses incurred, including attorney's fees and expenses.

18. INDEPENDENT CONTRACTOR

The Contractor is an independent contractor and no employee or agent of the Contractor shall be deemed for any reason to be an employee or agent of Lake County.

19. NON-DISCRIMINATION

The Proposer shall comply with the Illinois Human Rights Act, 775 ILCS 5/1-101 et seq., as amended and any rules and regulations promulgated in accordance therewith, including, but not limited to the Equal Employment Opportunity Clause, Illinois Administrative Code, Title 44, Part 750 (Appendix A), which is incorporated herein by reference. Furthermore, the Proposer shall comply the Public Works Employment Discrimination Act, 775 ILCS 10/0.01 et seq., as amended.

20. RECORD KEEPING AND AUDITS

Contractor shall maintain adequate records in such a manner that they may be audited, by or on behalf of the County, in progress and/or for three years following completion of the contract.

21. INDEMNIFICATION

The Proposer agrees to indemnify, save harmless and defend Lake County, its agents, servants, and employees, and each of them against and hold it and them harmless from any and all lawsuits, claims, demands, liabilities, losses and expenses, including court costs and attorney's fees, for or on account of any injury to any person, or any death at any time resulting from such injury, or any damage to property, which may arise or which may be alleged to have arisen out of or in connection with the work covered by this contract. The foregoing indemnity shall apply except if such injury, death or damage is caused directly by the willful and wanton conduct of Lake County, its agents, servants, or employees or any other person indemnified hereunder.

22. INSURANCE

All Contracts may be subjected to change

The contractor must obtain, for the Contract term and any extension of it, insurance issued by a company or companies qualified to do business in the State of Illinois with an A.M. Best Rating of at least A-and provide the

County with a Certificate of Insurance 15 days before the start of the project, and thereafter annually for contracts/projects that will last more than one year. Insurance in the following types and amounts is necessary and/or where applicable:

Workers Compensation (Coverage A) and Employers Liability (Coverage B)

Workers Compensation Insurance covering all liability of the Contractor arising under the Worker's Compensation Act and Worker's Occupational Disease Act at limits in accordance with the laws of the State of Illinois. Employers' Liability Insurance shall be maintained to respond to claims for damages because of bodily injury, occupational sickness, or disease or death of the Contractor's employees, with limits listed below:

Employers Liability

- a) Each Accident \$1,000,000
- b) Disease-Policy Limit \$1,000,000
- c) Disease-Each Employee \$1,000,000

Such Insurance shall contain a waiver of subrogation in favor of Lake County.

Commercial General Liability Insurance

In a broad form on an occurrence basis shall be maintained, to include, but not be limited to, coverage for property damage, bodily injury (including death), personal injury and advertising injury in the following coverage forms where exposure exists:

- Premises and Operations
- Independent Contractors
- Products/Completed Operations
- Liability assumed under an Insured Contract/ Contractual Liability
- Personal Injury and Advertising Injury

With limits of liability not less than:

\$ 1,000,000 Each Occurrence

\$ 1,000,000 Products-Completed Operations

\$ 1,000,000 Personal and Advertising injury limit

\$ 2,000,000 General aggregate; the CGL policy shall be endorsed to provide that the General Aggregate limit applies separately to each of the contractor's projects away from premises owned or rented to contractor.

Automobile Liability Insurance (if applicable)

Automobile liability insurance shall be maintained to respond to claims for damages because of bodily injury, death of a person, or property damage arising out of ownership, maintenance, or use of a motor vehicle. This policy shall be written to cover any auto whether owned, leased, hired, or borrowed.

The Contractor's auto liability insurance, as required above, shall be written with limits of insurance not less than the following:

\$ 1,000,000 Combined single Limit (Each Accident)

Professional Liability – Errors and Omissions (if applicable)

The Engineers/Architects/Consultants for the plans of the project shall be written with limits of insurance not less than the following:

\$ 1,000,000 per claim per policy year

Coverage shall be provided for up to three (3) years after project completion. Policy is to be on a primary basis if other professional liability is carried.

Professional Liability – Cyber Liability (if applicable)

Cyber Liability Insurance for property damage to electronic information and/or data; first and third party risks associated with e-business, internet, etc., with limits of insurance not less than the following:  
\$ 1,000,000 per occurrence limit

Technology Errors and Omissions (if applicable)

The Contractor's Software Developer and/or IT Consultant for the plans, including developing and implementing technology for Lake County, or of the project, shall be written with limits of insurance not less than the following:  
\$ 1,000,000 per occurrence limit

Excess/ Umbrella Liability (if applicable)

The Contractor's Excess/ Umbrella liability insurance shall be written with the umbrella follow form and outline the underlying coverage, limits of insurance will be based on size of project:  
\$ 2,000,000 per occurrence limit (minimum, and may be higher depending on the project)

Liability Insurance Conditions

Contractor agrees that with respect to the above required insurance:

- a) The CGL policy shall be endorsed for the general aggregate to apply on a "per Project" basis;
- b) The Contractor's insurance shall be primary in the event of a claim.
- c) Contractor agrees that with respect to the above required insurance, Lake County shall be named as additional insured, including its agents, officers, and employees and be provided with thirty (30) days' notice, in writing by endorsement, of cancellation or material change;
- d) Lake County shall be provided with Certificates of Insurance and endorsements evidencing the above required insurance, prior to commencement of this Contract and thereafter with certificates evidencing renewals or replacements of said policies of insurance at least thirty (30) days prior to the expiration of cancellation of any such policies.
- e) Lake County uses *myCOLtracking.com* to electronically monitor compliance with Certificate of Insurance requirements. Contractors should work with their broker to register, access, and upload certificates evidencing the coverage required into *myCOLtracking.com*.
- f) A valid company email to receive login and password to *myCOLtracking.com* should be submitted to [purchasing@lakecountyil.gov](mailto:purchasing@lakecountyil.gov) re: *myCOLtracking.com* registration.
- g) Any hard copies of said Notices and Certificates of Insurance shall be provided to:

**Lake County  
Purchasing Division  
18 N. County 9th Floor  
Waukegan, Illinois 60085  
Attn: RuthAnne Hall, Lake County Purchasing Agent**

Failure to Comply: In the event the Contractor fails to obtain or maintain any insurance coverage required under this agreement, Lake County may purchase such insurance coverage and charge the expense to the Contractor.

**23. ASSIGNMENT**

The Proposer may not reassign any award made, as the result of this RFP, without prior written consent from the County.

**24. JURISDICTION, VENUE, CHOICE OF LAW**

This RFP and any contract resulting there from shall be governed by and construed according to the laws of the State of Illinois. Jurisdiction and venue shall be exclusively found in the 19th Judicial Circuit Court, State of Illinois.

**25. CHANGE IN STATUS**

The Proposer shall notify Lake County immediately of any change in its status resulting from any of the following: (a) Proposer is acquired by another party; (b) Proposer becomes insolvent; (c) Proposer, voluntary or by operation law, becomes subject to the provisions of any chapter of the Bankruptcy Act; (d) Proposer ceases to conduct its operations in normal course of business. Lake County shall have the option to terminate its Agreement with the Proposer immediately on written notice based on any such change in status.

**26. DISPUTE RESOLUTION**

All issues, claims, or disputes arising out of this Agreement shall be resolved in accordance with the Appeals and Remedies Provisions in Article 9 of the Lake County Purchasing Ordinance.

**27. NON-ENFORCEMENT BY THE COUNTY**

The Proposer shall not be excused from complying with any of the requirements of the Contract because of any failure on the part of the County, on any one or more occasions, to insist on the Proposer performance or to seek the Proposers compliance with any one or more of said terms or conditions.

**28. PRECEDENCE**

Where there appears to be variances or conflicts, the following order of precedence shall prevail: Lake County General Terms & Conditions, Lake County Request for Proposal Scope of Work, and the Proposal Response.

**29. PERSONAL EXAMINATION**

Proposers are required to satisfy themselves, by personal examination of the site as to work involved and the difficulties likely to be encountered in the performance of work under this Agreement. No plea of ignorance of conditions that exist now or hereafter, or of any conditions of difficulties that may be encountered in the execution of the work under this Agreement will be accepted as an excuse for failure to or omission on the part of the Proposer to fulfill in every respect all the requirements and specifications, nor will same be accepted as a basis for any claim for extra compensation.

The Proposer is responsible to investigate and gather all relevant and pertinent information prior to submitting a proposal. By submitting a proposal, the Proposer affirms that they have performed all due diligence and are aware of all critical factors that may affect the provision of the services as described in the RFP. Such critical factors may include but are not limited to; location, space, utilities, scope of operations, and any other conditions, which may affect the Proposer operations. No allowance will be made for not being familiar with existing conditions to be encountered.

**30. PRICING**

Pricing shall be included on Proposal Price Sheet found in attachment E.

**31. PROGRESS PAYMENTS**

Lake County shall make periodic payments to the proposer based upon actual progress within 30 days after receipt and approval of invoice. Said payments shall not exceed the amounts shown in the following schedule, and full payments for each task shall not be made until the task is completed and accepted by Lake County.



### 32. JOINT PURCHASING

The purchase of goods and services pursuant to the terms of this Contract shall also be offered for purchases to be made by other governmental units, as authorized by the Governmental Joint Purchasing Act, 30 ILCS 525/0.01, et seq. (the "Act"). All purchases and payments made under the Act shall be made directly by and between each governmental unit and the successful Proposer. The Proposer agrees that Lake County shall not be responsible in any way for purchase orders or payments made by the other governmental units. The Proposer further agrees that all terms and conditions of this Contract shall continue in full force and effect as to the other governmental units during extended terms. The credit or liability of each governmental unit shall remain separate and distinct. Disputes between Proposers and governmental units shall be resolved between the immediate parties.

The Proposer and the other governmental units may negotiate such other and further terms and conditions to this Contract ("Other Terms") as individual projects may require. To be effective, other terms shall be reduced to writing and signed by a duly authorized representative of both the successful Proposer and the other governmental unit.

The Proposer shall provide the other governmental units with all required documentation set forth in the solicitation including but not limited to: performance and payment bonds, Certificates of Insurance naming the respective governmental unit as an additional insured, and certified payrolls to the other governmental unit as required.

### 33. ECONOMIC OPPORTUNITY PROGRAM

Lake County launched a **Buy Local. Build Local. Work Local.** initiative in 2013 to increase the outreach and procurement opportunities for businesses located within Lake County, including women-owned businesses and minority-owned business enterprises (L/W/MBE). The overarching objective is to maximize participation from these businesses in the County's procurement process, in accordance with applicable law. The County will take all necessary and reasonable steps to assure that business enterprises defined as L/W/MBE shall have a fair opportunity to participate in County contracts. As part of its Economic Opportunity Program (EOP) commitment the County will make every effort to achieve the following objectives:

- (a) To ensure nondiscrimination in the award and administration of contracts;
- (b) To create a level playing field on which L/W/MBEs can compete fairly for contracts by providing any necessary training and assistance in bid preparation;
- (c) To ensure that the County's EOP is narrowly tailored in accordance with applicable law;
- (d) To establish a means for firms identifying themselves as L/W/MBEs to register for procurement opportunities and work cooperatively with contracted firms to report on measures that demonstrates the County's commitment to its EOP; and,
- (e) To help remove barriers to the participation of L/W/MBEs through notification of contract opportunities.

Successful Proposers are encouraged to work with Workforce Development to post any and all opportunities for employment on County contracts. Lake County's Workforce Development mission is to foster and ensure the economic prosperity of the Lake County community by maximizing the potential of businesses and workers. As such, Workforce Development provides a key resource for job seekers and employers.

State law mandates an open and competitive bidding process and requires that publicly procured contracts be awarded to the lowest responsible and responsive bidder with no demonstrated preference based on the bidder's location, race and gender.

### 34. REPORTING REQUIREMENTS FOR AWARDED CONTRACTS

All awarded vendors will identify and report the type of ownership— L/W/MBE, and/or not L/W/MBE for any work that they or their approved subcontractors will perform. In addition, Lake County requests that all awarded vendors provide an accounting of employees assigned throughout the term of the contract in regards to their home address and ethnicity. Lake County may use any data collected to report on potential of businesses and workers benefitting from County contracts.

35. LAKE COUNTY OWNERSHIP OF INFORMATION

All information pertaining to records, property, financial or other information acquired under the scope of this contract shall be strictly confidential and the sole property of Lake County. The Proposer shall return all information to Lake County upon termination, and/or request and shall not utilize any of the information for purposes outside of the scope of this contract or without express approval of Lake County. Upon County request, the Proposer must provide all Lake County data in a documented, standard format.

36. JOINT VENTURES & SUCCESSFUL PROPOSER MERGERS, ACQUISITIONS, DIVESTITURES OR CHANGE IN STRATEGY

In the event a joint venture is proposed, each party to the joint venture must meet all applicable requirements of the RFP. The party submitting the response shall be considered the sole contact for issues relating to this RFP. In the event of a merger, acquisition, divestiture or change in strategy, the successful proposer will state its commitment to continue to provide services.

37. OUT OF POCKET EXPENSES

All out-of-pocket expenses paid by the Proposer during the project will be incurred solely at the Proposers expense.

## PHARMACY BENEFIT SERVICES

### GENERAL INFORMATION & SPECIFICATIONS

April 2017

#### 1. INTENT

Lake County is soliciting formal written proposals from pharmacy benefit managers to provide an effective and comprehensive Prescription Drug Plan for Lake County employees, retirees and their dependent family members. Proposers are invited to propose two separate self-insured PDP options:

- 1.) Commercial Population bid
- 2.) EGWP-Retiree Population bid

#### 2. BACKGROUND

Lake County is located in northeast Illinois, between the Chicago and Milwaukee metropolitan areas. Lake County is home to about 703,000 residents. Lake County is committed to open government and transparency, and the County board's conservative fiscal policies have allowed the County to maintain fiscal stability and achieve AAA bond rating from Standard & Poor's and Moody's. Lake County is governed by a 21-member board and managed by a County Administrator.

Lake County is soliciting proposals for services of a pharmacy benefit manager (PBM) to administer the prescription drug benefits provided under the health insurance program, including administering self-funded EGWP Plan for Medicare Eligible.

The purpose of this Request for Proposal (RFP) is to determine if the County's current drug program offered by Express Scripts provides the most competitive pricing and best management of prescription drug costs in a manner that improves overall healthcare costs without sacrificing quality or customer service.

Lake County and all affiliated agencies employ approximately 2400 full and part time benefit eligible employees. The program(s) must be accessible to all employees and their immediate family members. Lake County employs a diverse workforce. We seek a consultant who has demonstrated experience in a multi-cultural environment, who can serve a population with different native language skills, varied physical, mental, and sensory abilities, and representing all age groups. The staff, sub-contractors, and referral resources of the provider should similarly reflect EEOC standards. Lake County's current prescription drug plan has been in place since 2014.

The County expects superior customer service. This superior service must be provided at both the participant level and Lake County Human Resources administration level.

Lake County recognizes the value participants place on prescription benefits and is seeking a way to maintain or improve upon those benefits while actively managing the associated costs.

#### 3. MINIMUM CRITERIA

To be considered a viable proposer, the minimum requirements must be met:

1. Vendor must have a minimum of 1,000,000 covered lives.
2. Vendor must have 1 government-related client with a minimum of 5,000 lives.
3. Vendor must have 1 client with a minimum of 150 retirees for which it has provided self-funded EGWP or EGWP plus Wrap administration.
4. Vendor must have been in business for minimum of 5 years.
5. Vendor must not have any bankruptcy filings within last 5 years.
6. Vendor's senior officers, board members or directors must not have any felony convictions.

Please confirm that your organization meets the above minimum vendor requirements.

#### 4. ACCOUNT MANAGEMENT

The Pharmacy Benefit Manager will provide the names and qualifications of the persons serving on the account management team for Lake County, including, but not limited to, the designated individuals requested below. If there will be different members on the account management team up to the time of implementation compared to post-implementation, please identify each individual and their role in the process.

Title*	Account Director	Account Manager	Implementation Manager	Pharmacist/Clinical Program Director
Name				
Responsibilities				
Education				
Experience				
Years with firm				
Years in current position				
Office location				
Number of clients				

**\*Account Director** – Ultimately responsible for the overall satisfaction of the account. This individual shall analyze utilization reports, benchmark plan efficiency and assess client needs to identify strategic opportunities and recommendations. This individual shall act as a client consultant.

**Account Manager** – Day-to-day operations manager that is in regular contact with the County regarding topics such as eligibility, plan design and Member issues. This individual ensures proper administration of the program.

**Implementation Manager** – Responsible for the implementation process and works directly with the account team to ensure proper implementation of the pharmacy program.

**Pharmacist/Clinical Program Director** – Provides clinical support, consultation, development and implementation of appropriate programs for the County population. This assigned pharmacist also reviews clinical reports, assesses clinical needs, develops solutions and responds to clinical inquiries. This individual helps establish the clinical strategy for the County program.

Members of the account management team are expected to respond to all account inquiries from County staff within one business day. Discuss how your organization will satisfy this requirement and indicate how this responsibility will be delegated amongst the assigned Account Team.

## 5. COMMUNICATIONS

The Pharmacy Benefit Manager will provide identification cards, brochures, and other material in support of communications with employees regarding the initial change in the program and on a regular basis, as needed.

## 6. REPORTS

The Pharmacy Benefit Manager will issue reports in electronic format to Lake County on a regular basis no less frequently than the end of each calendar quarter. The PBM will also provide within 90 days of the end of each calendar year an annual summary of the above.

Provide samples of the standard report package. These can be provided in an electronic format.

## 7. OTHER REQUIREMENTS

The Pharmacy Benefit provider must also:

- Be available for on-site administrative meetings upon request by Lake County
- Possess all applicable licenses
- Must have the ability to track Consumer Driven Health Plan participant costs and integrate with Health Savings Account balances

8. VALUE ADDED SERVICES

Lake County shall consider the ability of the proposer to provide additional services and program features in the award decision. Provide a description of the services available which exceed the minimum description of expectations. Include what materials and resources are available to members via the telephone, internet, print, or any other media. Also include whether or not services are extended to family members.

9. PROJECT TIMELINE

To ensure that that Lake County is able to implement the proposed solution, the proposers should indicate their ability to meet the deadlines indicated below:

Action Item	Proposed Schedule
Issue RFP	April 18, 2017
Deadline for submission of questions	May 11, 2017
RFP Opening	May 18, 2017
Shortlist Presentation (if necessary)	June 12-16, 2017
Contract Negotiations	June 19-23, 2017
County Board Approval	August 8, 2017
Contract Execution	January 1, 2018

**\*This timeline is subject to change.**

**1. DETAILED SUBMITTAL REQUIREMENTS**

Each Proposer's Proposal should clearly and accurately demonstrate specialized knowledge and experience required for consideration. Submissions should provide straightforward, concise information that satisfies the requirements noted in this RFP. Expensive binding, elaborate displays and the like are discouraged. Emphasis should be placed on brevity, conformity to the RFP instructions, selection criteria identified herein, and completeness and clarity of content. Lake County recommends organizing submissions using tab dividers in the order indicated below to help insure that each proposal achieves the proper emphasis, and will facilitate review and evaluation. Including but not limited to the following:

**Tab 1.0 - Executive Summary**

Provide a brief history of your organization, providing the following information: how many covered lives were provided service over the last 12 months. Identify if your company is controlled by another organization. Identify if you are undergoing a change in basic structure of ownership. Identify if there are any company initiatives, either current or planned, over the next 18 to 24 months, which will impact the delivery of services to the County during the contract period. Examples include system changes or migrations, call center opening/closing, network re-contracting. List the states that you are licensed in to provide out-of-state services, and the status of your licensing within these states.

**Tab 2.0 – Resumes of Key Personnel**

Resumes of Key Personnel of the proposed team for the Project (one page per person maximum). Indicate, at a minimum, name, position, years of experience, years with firm, educational background and project experience. In addition, an organization chart depicting the relationship between your parent company and subsidiaries, if applicable and the roles of the key personnel in your organization.

**Tab 3.0 - References**

Provide Lake County with at least three clients that have terminated within the last twenty-four (24) months. The reason for termination must be other than due to merger or acquisition activity. These accounts should be similar to the County in industry and demographics to the extent possible.

**Tab 4.0 – Action Plan**

Provide Lake County with a detailed action plan for program implementation, assuming contracted is awarded by August, 2017 for startup of January 1, 2018.

**Tab 5.0 – Sample Documentation/Reports**

- Communication Material, including member welcome kit and ID card
- Billing Statement
- Management Reports
- Information Kit
- EOB
- Last audited financial statement, and CPA audited financial statements for the past three years
- Geo access analysis using standard measurement parameters including network activity

**Tab 6.0 – Completed Financial Worksheets (Attachment E)**

**Tab 7.0 – Response to Questionnaire Pharmacy Benefit Manager**

**Tab 8.0 – Response to Questionnaire Medicare D**

**PHARMACY BENEFIT MANAGER  
FEES & REQUIREMENTS**

**April 2017**

Contact Information	PBM/Carrier Response
PBM/Carrier Name	
PBM/Carrier Contact Name for RFP	
PBM/Carrier Contact Details for RFP (Phone number and Email Address)	
Submission Requirements	PBM/Carrier Response
<u>Contract Language</u> <i>The contract language proposed for LAKE COUNTY must be provided in the final bid submission. The sample contract MUST contain the contract language and definitions that are proposed to be implemented for LAKE COUNTY.</i>	Agree/Disagree
<u>Client claims data to be provided monthly for no charge</u> <i>PBM/Carrier, upon being selected as the winning vendor, agrees to provide client's full claims file to Gallagher Healthcare Analytics (HCA) for no charge. At no time will LAKE COUNTY nor Gallagher Healthcare Analytics (HCA) be invoiced nor charged for this monthly claims file.</i>	Agree/Disagree
<u>MAC list with unit cost pricing to be provided with bid submission</u> <i>The MAC list proposed for LAKE COUNTY must be provided with the Rx RFP bid submission.</i>	Agree/Disagree
<u>MAC list updates</u> <i>PBM/Carrier agrees that any changes to the MAC list will be submitted to LAKE COUNTY and to Gallagher Healthcare Analytics no less than quarterly.</i>	Agree/Disagree
<u>Payment of Consulting Fees for PBM Sourcing</u> <i>PBM/Carrier, upon being selected as the winning vendor, agrees to directly pay Gallagher Healthcare Analytics (HCA) \$30,000 for the consulting services provided during this procurement process. At no time will LAKE COUNTY be invoiced this fee. All fees have been fully disclosed to LAKE COUNTY. Payment will be sent within 30 days of award of contract.</i>	Agree/Disagree
<u>Payment of Prescription Drug Claims Audit Fees</u> <i>PBM/Carrier, upon being selected as the winning vendor, agrees to directly pay Gallagher Healthcare Analytics (HCA) \$30,000 for one prescription drug claim audit. The audit will be conducted within the second year of contract. At no time will LAKE COUNTY be invoiced for these fees. All fees have been fully disclosed to LAKE COUNTY. Payment will be sent within 30 days of audit completion.</i>	Agree/Disagree
Intent to Bid Authorization	PBM/Carrier Response
Name of PBM/Carrier Contact Authorized to provide consent to the bidding requirements as listed above.	
Signature of Authorized Contact	
Date Signed	

The County will conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this procurement effort. All proposals will be evaluated by how well the proposal satisfies the described/stated needs, rather than how exactly the proposal matches the strictest interpretation of the terminology and design concepts stated herein. Newly emerging technologies, additional features, and the ability of the proposed solutions to adapt will be a consideration.

### **Evaluation Organization**

- a. An Evaluation Committee will be established to score and evaluate the submitted proposals.
  - Contract Scoring and Financial Analysis: 60 Points (10 for qualitative assessment of contract terms and 50 points for financial modeling)
  - Questionnaire Responses: 30 points
  - Comparison of Unit Cost of Top Drugs: 5 points
  - Comparison of Mac List: 5 points
- b. The Evaluation Committee may include members from Lake County, Lake County Health Department, and Lake County Forest Preserve District. The Committee will be responsible for the proposal evaluation (including corporate reference checks).

### **Evaluation of the Proposals**

Lake County will evaluate the Proposers response and the extent to which it meets the requirements delineated in this RFP. All proposals submitted in response to this RFP will be scored based on the evaluation factors identified:

Evaluation Factors:

- Understanding and ability to meet and/or exceed the scope of services
- Experience with government employers
- Experience in providing Employee Assistance Programs
- Project Plan
- Contract Review and Financial Scoring of Commercial and EGWP Plans

### **Short List**

The evaluation factors will be used to assist the evaluation committee in determining a short list. Proposers will be notified by the County if they have been selected for the short list. Please note, Lake County reserves the right to not short list any and all Proposers if it is not in the best interest of the County.

### **Interview**

Lake County reserves the right, as part of the evaluation process, to ask for additional materials, interview, or schedule site visits to any locations serviced by Proposers. Site visits may be scheduled or unscheduled as determined by the County. If applicable, the County shall contact Proposers to arrange an interview.

### **Additional Investigations**

The County reserves the right to make such additional investigations as it deems necessary to establish the competence and financial stability of any firm submitting a proposal.

### **Best and Final Offer**

The County reserves the right to request a Best and Final Offer (BAFO) if additional information or modified terms are necessary for the Evaluation Committee to complete its evaluation and ranking. A BAFO will not be used solely to reduce pricing. If a BAFO is requested, all short-listed proposers, or if the short list process is not used, all qualified Proposers



will be provided an opportunity to submit a modified Response. Only one BAFO request will be issued by the County. The information received from the BAFO will be used by the Evaluation Committee to re-evaluate and re-rank the Proposers.

Responses to this Request for Proposal (RFP) should set forth the specific manner in which the Proposer will satisfy each requirement noted in this RFP. Please do so by responding to the following items in a brief narrative response. Proposers may include supplementary narrative describing the general conceptual approach to the delivery of specific services and any other information they believe is relevant.

**GENERAL INFORMATION**

1. What do you consider to be your most distinguishing factor, i.e., what sets you apart from other PBMs?
2. Please describe your company's ownership structure, including whether you are publicly or privately held.
3. Is your company for-profit or not-for-profit? If not-for-profit, under which IRS code do you operate?
4. How many employees does your company have?
5. Please indicate the location of your company headquarters, as well as the location and function of any other offices/facilities (e.g., mail order, specialty, compounding, local service offices, etc.).
6. How many members do you serve? Please break this out by segment (e.g., employer groups, health plans, public sector, Medicare Part D, etc.).
7. How many total claims did you process in the last calendar year (i.e., annual claim volume)?
8. What is the total dollar amount of drug spend you manage per year?
9. What is the total amount of money you received from drug manufacturers in the last calendar year? Split by rebates and all other monies (please indicate).
10. Are any drug manufacturers, distributors, or pharmacy organizations in an ownership, day-to-day management, or board of director positions with your company?
11. What company/individuals maintain equity in your PBM?
12. Are you a member of any pharmacy coalitions? If so, please list them.
13. How long has your PBM been in the business of managing prescription drug benefits?
14. Does your organization subcontract for any of the PBM services you provide (e.g., claims processing, utilization management (including prior authorization and/or step therapy), information technology, mail order, specialty pharmacy, plan/formulary design, clinical programs, 340b, call center, etc.)?
15. How many registered pharmacists do you employ? How many are Pharm. D's? Please indicate the number of pharmacists according to the following areas: executive, clinical, account management, mail order, specialty, and other (list).
16. Are you a licensed TPA? If so, in what state(s)?
17. Do you sell, distribute or provide any claims data and client information to outside vendors? If so please describe.
18. Is your PBM or any part of your PBM in the process of being sold, merged or disbanded?
19. Does your PBM carry an Errors & Omissions policy?

- If yes, who is the carrier and what is the expiration date of the policy?
  - What are the policy limits and deductible?
  - Is the contract a claims-made policy?
20. Do you carry a comprehensive general liability policy?
- If yes, who is the carrier and what is the expiration date?
  - What are the policy limits and deductible?
21. Does your company carry a fidelity bond?
- If yes, who is the underwriter?
  - What is the expiration date of the policy?
  - What are the limits and coverage for the policy?
  - What is the deductible?
  - What are the co-annual aggregate funds held for all clients?
22. Have claims been made against any of these policies within the past two years?

#### PLAN DESIGN

1. Are the following plan design elements available?
- Calendar year deductible.
  - Calendar year deductible followed by percentage copay.
  - Calendar year deductible followed by percentage copay with an out-of-pocket maximum (single and family).
  - Flat dollar copay generic, percentage copay brand.
  - OTC drugs coverage as tier one or tier two.
  - Copay based on lifestyle changes (e.g., cholesterol levels, weight loss, etc.).
  - Three-tier generic copay: flat dollar for generic, flat dollar or percentage for single-source, flat dollar or percentage for multi-source.
  - The greater of a flat dollar amount or percentage copay (e.g., greater of \$10 or 20%).
  - Cash-and-carry reimbursement (managed indemnity).
  - 100% member copay at the point of sale (discount card).
  - Four-tier program with specialty Rx.
  - Five-tier program for lifestyle drugs.
  - Separate deductibles within therapy classes.
  - Copay based on quantity for certain products (e.g., bottles of insulin, pain meds, PRN drugs, or any other medication where the dose may vary each day).

- Mail order Copays at 2x retail, 2.5x retail, and 3x retail available? Which do you recommend and why?
2. Can certain drugs be limited to a specific diagnosis?
  3. Can certain drugs be limited to certain quantities and certain length of therapy?
  4. Can your pre-authorization and step-therapy programs be customized to target specific drugs?
  5. Is your pre-authorization process administered in-house or by a third party? If so, who?
  6. Do you have administrative pre-authorizations and clinical pre-authorizations? How are they different? What are the charges for each?
  7. Can you administer plans that include Non-Federal Legend (OTC) drugs? Can you place on the first, second, or third tier?
  8. Do you have the ability to provide a Coordination of Benefit (COB) provision? Please explain. Are there any charges for this process?
  9. If a drug is denied or not covered, explain how medical necessity is determined and then managed.
  10. Describe your paper claim process.
  11. Describe your generic strategy and specific programs you have to encourage their use. How will you increase generic fill rates to take advantage of the multiple products going generic over the next three years?
  12. Have you ever been asked to implement a plan design that you could not accommodate? What was it and why couldn't you put it in place?

## MAIL SERVICES

1. Does your company own your mail order prescription drug service?
2. Is your mail-order pharmacy fully integrated with your retail network? If not, how is it integrated with your retail program?
  - Is the mail service plan integrated with your retail program for utilization review and reporting?
  - Is the mail service plan integrated with your retail program and eligible for formulary rebates?
3. What is the capacity of your mail order services? At what level of capacity are you currently?
4. Explain your disaster plan for your mail operation including your process should the mail facility not be able to process prescriptions.
5. Where is your mail service facility(ies) located?
6. What is the guaranteed turnaround time for "clean" prescriptions? Explain how the turnaround time is calculated (e.g., date stamp on receipt, when it arrives in pharmacy, etc.).
7. What is the average turnaround time for "non-clean" prescriptions (i.e., those requiring additional interaction)?
8. How many prescriptions go through your mail system each year?
9. Please provide prescription accuracy percentages for your mail service program for the past two years.
10. What methods do you use to ensure dispensing accuracy?
11. What is the threshold for reaching refill eligibility? Explain why you use this threshold. Can it be specified by the

client?

12. How do you determine days-supply on topical products, insulin, PRN medications, and any other medication where the dose can vary?
13. What is the standard minimum and maximum days-supply available through your mail order program? Can you fill a 35-day prescription at mail and retail?
14. Do you have a U&C in the mail service? Is there a U&C with a 90 day at retail program?
15. Does your mail service re-package any medications and then use a different NDC to increase reimbursement?

#### FORMULARIES AND REBATES

1. How is your prescription formulary developed and administered?
2. Are the formularies based on the lowest cost prescriptions available? If not, describe how the financials are calculated into the preferred and non-preferred products.
3. Please describe your formulary options including:
  - A “closed” or generic-only formulary.
  - An “open” formulary.
  - Any other types of limited or special formularies.
4. Do all drug manufacturers whose products are listed as preferred in your formulary provide rebates? What percentage of preferred products have rebates?
5. Do any non-preferred products get rebates? What percentage?
6. What percentage of total formulary products has rebates?
7. How are the rebates shared with the plan sponsor? Please list the options.
8. Can you administer point-of-sale rebates?
9. Explain the structure and function of your Pharmacy and Therapeutics (P&T) Committee. How often does the committee meet and how often are therapy classes reviewed?
10. How do you report rebates to the client? Are audits available? If so, how are they done? Are audits performed at the drug level or only to the aggregate level?
11. What personnel are chiefly in charge of formulary management at your company? What are their credentials/qualifications?
12. How long after plan inception are the first rebate dollars paid and in what intervals thereafter?
13. Are rebates paid per unit? If so, are retail and mail prescriptions paid at the same level? If not, explain why.
14. Can custom formularies be developed for clients? What are the requirements? Will this custom formulary affect rebate rates? How would they be guaranteed?
15. Do you share rebates on specialty (injectable) medications? If so, please indicate either the number of product rebate contracts or the percentage by dollar volume of specialty products that are rebate eligible.
16. Do you guarantee rebate dollars per claim for both retail and mail?

17. Do you guarantee rebate dollars per-brand claims only or rebates per-member per-month or any other rebate formula?
18. Do you accept any rebate administration fees? If so, what is the average percentage?
19. Do you accept any commissions, therapeutic interchange fees, communication fees, or any other fees or payments from pharmaceutical companies?

#### PHARMACY NETWORK

1. Please describe the different pharmacy network options you offer (e.g., broad, limited, exclusive, etc.) including the name of the network, the number of pharmacies, and any major exclusions (e.g., national pharmacy chains, other categories, etc.).
2. Do you offer a 90-day supply at retail program? Please include your average pricing for this program including rebates.
3. Explain how out-of-network claims are processed. If extra charges apply, please explain.
4. Can pharmacies access your service representatives 24 hours/day? If not, what hours are available?
5. Is a pharmacist available 24 hours a day?
6. Explain any IVR system and how it works with the pharmacies.
7. Do all network pharmacies have the same contract rates? If not, explain how contracts are negotiated and developed.
8. Can you develop custom networks? Please describe and indicate any contract differences.
9. Can you manage an in-network and out-of-network plan design for pharmacies?
10. What percentage of your pharmacy network is online (i.e., connected electronically for claims adjudication)? If not 100%, please explain.
11. How many claims do you process per month? What is your capacity?
12. Do you run geo-access models to determine the percentage of members within a given radius?
13. In the last year where client data is available, what percent of claims were rejected?
14. Please give historic data on rejected claims for the last two years by category and give the percentage for each as a percent of all claims submitted.
15. Can a client request a pharmacy be added to the network? If so, how long does it take to become fully operational where prescriptions can be filled under the client's plan?
16. What is the mechanism for plan members to request network pharmacy additions? Is there a phone number?
17. How frequently are pharmacies paid? How are they paid?
18. Do you re-negotiate pharmacy contracts? How long is the normal pharmacy contract? How does a new contract affect your existing clients if there is an increase in discounts?
19. How do you manage the quality of services provided by your network pharmacies?
20. How does a client report a network service issue?

21. How often are pharmacies reviewed?
22. How many pharmacies were removed from your network last year and why?
23. Do you participate in pharmacy withholds? If so, are copies of pharmacy remittances available for audit?
24. Do you conduct pharmacy audits? If so, what percentage of claims and/or pharmacies are audited on an annual basis? What is the average amount recovered in an audit?
25. Does your company hire external auditors? How do they charge for the service?
26. How are financial recoveries that result from an audit distributed?
27. Are you a Pharmacy Services Administrative Organization (PSAO)? If so, in what state are you domiciled?
28. Is the employer (plan sponsor) held harmless for negligence on the part of the participating pharmacy?
29. With which transaction company does your network contract?
  - ENVOI
  - NDC
  - GCC
  - Argus
  - Other
30. Are all switching charges paid by the pharmacies? Are there any exceptions?
31. Do you utilize a U&C clause in your contracts with network pharmacies? If so, do the claims still adjudicate through the system? Is the payer charged a dispensing fee?
32. Describe how you work with the network pharmacies to increase generic utilization. Describe any incentives or fees paid to the network pharmacies to increase utilization.
33. Under any circumstances does the patient get penalized if the pharmacy is out of stock of a generic under your mandatory generic program?

#### MEMBER SERVICES

1. Does your plan have a 24-hour toll-free number for member services? If not, what are your hours of operation?
2. Does your call center use an IVR system or does a live person answer?
3. Does the mail order program offer an online tool to order refill prescriptions? Explain how it functions. Does the program offer e-mail reminders on prescription refills?
4. Can members review their preferred drug listing (formulary) online?
5. Does the member get a comparative list of medications to those they are taking that indicates lower-cost alternative products? Does the program show the cost savings for the member? For the plan? Is this available online? Is this available via a letter to member or via a letter to the physician?
6. Please describe your Web-service capabilities for members.
7. Do you have a mobile app available? Please describe its capabilities. Is it integrated with the same platform that is used for Web services?

8. How do you support and encourage members to engage with pharmacy price transparency tools?
9. Are all member service calls handled in the United States? If not, indicate the location of the call center(s) that are used from another country.

#### CLIENT SERVICE

1. How will your account team ensure superior service to the client?
2. How often will your account team present information to the client with respect to program performance and cost/quality-improvement opportunities?
3. How will you keep the client informed on an ongoing basis of trends, threats, and opportunities pertaining to prescription drug management?

#### ELIGIBILITY/MAINTENANCE

1. Which medical carriers do you interact with for eligibility and accumulators? List the carriers that are real time, daily batch, weekly batch, monthly batch, etc. Are there any carriers that you cannot interface with? If so, why?
2. Do you offer online eligibility maintenance for all clients?
  - Is there a charge?
  - Is there a charge for hard copy maintenance?
  - Explain how it works.
  - How often can changes be made?
3. How do you ensure that terminated members are removed from coverage? Will the client be held accountable for any charges if a terminated member receives benefits?
4. Are employees and dependents listed separately? Can their pharmacy utilization be reported separately?
5. How do you manage multiple dependents with the same birthday (e.g., twins, triplets, etc.)?
6. Since eligibility is determined online at the point-of-sale, do you have a toll-free 800 number the member can call if there is problem?
7. Are dependents listed by name on the pharmacy card, or is only the employee listed on the card?
8. How often is membership updated? Can membership be updated online by the client? Can this be done daily?
9. Are there any charges for membership cards? How many are included initially?
10. Can you do a combination medical/Rx card? Is there an additional charge for this?
11. Can you put the plan sponsor name and logo on the Rx card? Is there an additional charge for this?
12. What is the charge for replacement cards?
13. What is the maximum number of Rx cards allowed per family without additional card production charges?
14. Can integrated ID cards be developed with a Medicare Part D plan?
15. Can you report Rx savings each month within the billing statement?



## REPORTING SERVICES

1. What are your reporting capabilities? Please attach a portfolio of available reports. Each report should have a short description.
2. Which reports are provided as standard? How often are they generated?
3. What is the fee for non-standard report production? Is this fee generated on a fixed cost per report or billed on an hourly basis? Please provide examples of non-standard reports.
4. How long does it take to receive non-standard reports? What is the process to request a non-standard report?
5. Do you have a Web-based portal for clients to access reports? Please describe the services it offers, along with the following:
  - How many people can be granted access? Is there a limit and/or a charge?
  - Can the client request their consultant have online accessibility?
  - Are there any special computer specifications needed to access online reports?
6. How often are reports provided and can they be reported by division, location, department, or union subdivision within a single employer group at no additional charge?
7. Are paper and electronic claims all included in the reports?
8. Does the client have the ability to access your database in real time for purposes of adds/deletes, tracking plan experience, utilization patterns, and other available plan information?
9. How is this capability provided? Is there any additional charge to the client? What is the minimum size group for this service?
10. How can client reports be provided? Are CD and paper available? Is there any additional charge for this? How often are reports generated?
11. How is data benchmarked for the client? Are there geographic and demographic benchmarks?
12. Is your reporting system capable of reporting single/couple/family membership participation on a month-to-month basis?
13. Do you track and monitor prescription utilization outliers?
  - Physicians
  - Pharmacists

## DRUG UTILIZATION REVIEW

1. Please describe your clinical cost management programs including programs that target specific disease states, therapeutics classes, or particular medications.
2. Do you report clinical savings each month? Can you guarantee savings?
3. Do you provide administrative prior authorization as part of the basic package?
4. Do you provide clinical prior authorizations and what is the charge for this service?
5. Do you have step therapy programs? Please describe how the program works.

6. Can you do a step therapy program within a specific therapy class?

#### IMPLEMENTATION & ADMINISTRATION

1. What is the shortest lead time you can implement a group?
2. What mediums do you accept for plan enrollment?
3. Do you require a deposit? If so, how much?
4. Can the deposit requirement be waived? What are the requirements for this?
5. Please explain your billing procedures.
  - How frequently are clients billed?
  - What charges do billings encompass?
6. Can a plan sponsor be issued separate billings for employee subdivisions, such as locations, divisions, union/non-union, etc.?

#### SPECIALTY PHARMACY

1. Describe your specialty pharmacy program including its integration with your traditional mail and retail programs. How would you integrate with the client's medical plan?
2. Do you own or outsource your specialty pharmacy? What is the name of the specialty operation and where is it located?
3. If you outsource your specialty pharmacy, what is the name of the company and where is it located? Describe your relationship with the outside specialty pharmacy. Do they have more than one pharmacy. Why did you choose this company to service specialty prescriptions?
4. What are the hours of operation for dispensing specialty medications? What are the hours of operation for the clinical pharmacist or other medical personnel responsible for questions?
5. Can the prior authorizations relating to specialty drugs be customized?
6. Are rebates collected and shared on specialty drugs? What is the average percentage rebate for specialty drugs? Does that change if through an exclusive network?
7. Are biosimilars (generic specialty drugs) subject to a MAC list?
8. How many copay tiers can you manage for specialty drugs? What do you recommend?
9. Describe the quality control process of your specialty pharmacy operation in the drug delivery and information delivery process.
10. Describe how you handle international shipments.
11. Describe how you handle lost shipments.

#### THIRD PARTY FEES

1. Do you pay fees or provide reimbursement to any of the following?
  - Physicians-formulary compliance and/or generic Rx rate.

- General agents, marketing fees, or survey fees.
- Insurance agents, brokers, or consultants.
- Commissions.
- Pharmacy consultant service fees.
- Marketers.
- Pharmaceutical manufacturers.
- Pharmacies (other than dispensing fees).
- Insurers or TPAs.
- Switch operators (e.g., Envoy, NDC, etc.).
- Electronic processors.

If so, please explain the fee/reimbursement structure.

#### **MAXIMUM ALLOWABLE COST (MAC) PROGRAM**

1. How is MAC pricing established?
2. Are various MAC pricing levels available or do you have only one set of MAC pricing? If more than one explain why.
3. Of the total generics available on the market what percentage of those are on your MAC list.
4. How many drugs are on your MAC list? Define by number of GPIs and NDCs.
5. How is your MAC list updated? How frequently?
6. What is your MAC program baseline discount? Do you guarantee?
7. How often does your MAC pricing baseline change? Be Specific.
8. Do you use a maximum reimbursement amount and is it different than a MAC? Explain how.
9. In your MAC program, explain how DAW-1 and DAW-2 prescriptions are expensed to the plan participant under:
  - A mandatory generic program
  - A non-mandatory generic program

#### **Required Exhibits**

Please provide electronic copies of the following materials.

- Sample group performance reports
  - Executive
  - Standard
  - Ad hoc

- Sample member communications
- Sample implementation timeline (by task)
- Most recent Annual Report



**Addendum Acknowledgement RFP # 17089**

The undersigned acknowledges receipt of the following addendum(s):

ADDENDUM #	SIGNATURE

*I have examined and carefully prepared the submittal documentation in detail before submitting my response to Lake County.*

Submittal Number: 17089

Company Name: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Authorized Representative: Signature

Authorized Representative: Print

Date: \_\_\_\_\_

It is the vendor's responsibility to check for addendums, posted on the website at <http://lakecountypurchasingportal.com> prior to the submittal due date. No notification will be sent when addendums are posted unless there is an addendum within three business days of the submittal due date.

If the submittal has already been received by Lake County, vendors are required to acknowledge receipt of addendum via email to [purchasing@lakecountyil.gov](mailto:purchasing@lakecountyil.gov) prior to the due date.

Submittals that do not acknowledge addendums may be rejected.

All responses are to be submitted in a sealed envelope. Envelopes are to be clearly marked with required submittal information.

**PHARMACY BENEFIT MANAGER  
GENERAL INFORMATION SHEET**

**April 2017**

**AUTHORIZED NEGOTIATORS:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

**BUSINESS ORGANIZATION:** (check one only)

\_\_\_\_\_ Sole Proprietor: An individual whose signature is affixed to this proposal.

\_\_\_\_\_ Partnership: State full names, titles, and addresses of all responsible principals and/or partners on attached sheet.

\_\_\_\_\_ Corporation: State of incorporation: \_\_\_\_\_

\_\_\_\_\_ Non-profit Corporation

\_\_\_\_\_ 501c3-- U.S. Internal Revenue Code

By signing this proposal document, the proposer hereby certifies that it is not barred from responding on this contract as a result of a violation of either Section 33E-3 or 33E-4 of the Illinois Criminal Code of 1961, as amended.

\_\_\_\_\_

Business Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Print or Type Name

\_\_\_\_\_

Date

**PHARMACY BENEFIT MANAGER****REFERENCES****April 2017**

List below other similar size clients for who you have provided similar services.

Agency Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Dates of Service \_\_\_\_\_  
# of Employees \_\_\_\_\_

Agency Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Dates of Service \_\_\_\_\_  
# of Employees \_\_\_\_\_

Agency Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Dates of Service \_\_\_\_\_  
# of Employees \_\_\_\_\_

Agency Name: \_\_\_\_\_  
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City, State, Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Dates of Service \_\_\_\_\_  
# of Employees \_\_\_\_\_

The County of Lake is committed to green and sustainable practices and good environmental stewardship. Consequently, we are asking Proposers to provide a Statement of Sustainability to ensure our Proposers are also incorporating sustainability into their firms' practices.

## **INSTRUCTIONS**

On the following Sustainability Statement form, provide a clear description of your firm's sustainable practices, policies, or procedures. These practices may include, but may not be limited to, the following categories and examples:

Waste Minimization within your office or facilities, such as a recycling programs, double-sided copying, electronic internal communications (i.e. memos), use of recycled-content materials and reusable cups, limiting printing, electronic document management, instituting green purchasing policies, using green cleaning supplies and practices, or reducing packaging in materials you procure or supply.

Energy Efficiency within your office, facilities, or firm, such as lighting retrofits, photo-sensor switches for lighting, effective use of daytime lighting, using Energy Star rated appliances or equipment, using an alternative fuel or having efficient fleet policies, an anti-idling policy, or indoor temperature management (i.e. turning the thermostat up in the summer and down in the winter).

Water Efficiency within the office, facilities, or firm, such as faucet or fixture retrofits, switching from individual bottled water to office water coolers or drinking fountains, and installing drought-tolerant landscaping.

Staff encouraged to adopt sustainable practices and supported by your firm through public transit benefits, bicycle accommodations, telecommuting options, support for green seminar attendance, becoming US Green Building Council LEED accredited, or creating an internal "green team."

Education of your staff about green practices, education of your business peers about your green accomplishments, education of your community by your sustainability, or notice of any environmental awards your firm has achieved.

CONTINUE TO NEXT PAGE



## SUSTAINABILITY STATEMENT

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Attach additional sheets if necessary.

### Waste Minimization

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### Energy Efficiency

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### Water Efficiency

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### Staff

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### Education

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