

2018-154
Questionnaire

We ask that you provide responses to the following questions which we have broken down into several categories:

- Administrative Services
- Pharmacy Benefit Management services
- Plan Reporting
- Implementation Plan

1. **Administrative Services.** The following questions relate to your ability to meet Kitsap County's needs around claims adjudication, eligibility management, management of multiple plan options, customer service delivery and coordination with the County's other partners.
 - a. Are you willing to partner with the County to create performance guarantees around various tasks? Are you willing to place a portion of your administrative fees at risk for failure to meet these performance guarantees?
 - b. Kitsap County has contracted with BenefitFocus as its backroom administrator for a number of HR and Payroll functions. Will you be able to support an electronic interface between BenefitFocus (including any future potential partner) and your organization? Please specify your experience in working with BenefitFocus (if any) as well as experience you have had with similar interface challenges. Please share a list of companies that you are successfully exchanging files with.
 - c. Who will be primary group and representative contact for this account? Describe the functions of this role and what expectations we should have around service levels from this individual.
 - d. Would this person be the resource to contact for expediting specific customer service situations? What protocol would you establish for identifying and addressing these situations?
 - e. What are your normal PST Customer Service hours of operation and what are your current staffing protocols?
 - f. Provide a general profile of the experience level of your customer service team including turnover rates, and average tenure? Also please address the geographical location of your customer service team.
 - g. Is it typical protocol for customer service to intercede on behalf of members with pharmacists and physician offices?
 - h. What is your average monthly call volume? What is your call abandonment rate and percent of "first call" resolution?
 - i. Would County staff/plan consultant have a dedicated member within your organization to contact for expediting specific customer service situations?

What protocol would you establish for identifying and addressing these situations?

- j. Describe your billing process for both claims and administrative services. Include narratives on frequency, mechanics (push/pull), account reconciliation etc.
 - k. Are you able to collaborate claim file exchange with the medical plan carrier to promote efficient transfer of data for managing out of pocket expenses and stop loss filings?
2. **Pharmacy Benefit Management (PBM) services**. Following are questions pertaining to the PBM services you are proposing as part of the overall approach with the County. These questions are also intended for the “carve out” PBM service vendors.
- a. The contract structure you are proposing to provide PBM services. Are you offering a traditional or pass through contract?
 - b. Briefly describe the network approach included in your proposal for
 - Retail delivery
 - Mail order
 - Specialty medicationsPlease include the detailed pricing attached to each of these options in your response.
 - c. Please explain how rebates would be shared with the County. Please detail what is included in your definition of rebates, sharing provisions and timing.
 - d. Would you characterize your contract as a transparent approach? Please explain.
 - e. Will you agree to an audit provision in the contract? If so, please illustrate any specifications around your permission.
 - f. Will the County be permitted to replicate or near replicate its current formulary with your contract? If not, please detail the disruption to existing members.
 - g. Describe your formulary development approach and the frequency you make changes to your formulary.
 - h. What and how much notice would you provide to the County when your formulary changes. Please describe how you work with members who are impacted by such changes.
 - i. Please comment on the following clinical programs and whether or not they are or could be part of your offering to the County.
 - Step therapy and to whom it would apply
 - Mandatory generics
 - Mid-year formulary updates/price improvement adjustments
 - Quantity Limits and for what types of medications
 - Patient Assistance Programs/Coupon Programs
 - Drug Utilization Review programs
 - j. Will the County have control/discretion on the clinical programs being offered?
 - k. Do you have the ability to handle member drug appeals on behalf of the County?

- e. Do you have reports which can illustrate potential plan savings for formulary modifications?

4. **Implementation**

- a. Please provide a proposed overall implementation plan that includes the following:
 - Comprehensive systems testing and quality assurance audits, with results reported to County, prior to the contract effective date.
- b. Timing when vendor will be able to load, fully test and release the Plan benefit coding information for production for the 2020 plan year. Plan parameters shall include member cost share (e.g., copayments, maximums, etc.), plan limitations, (e.g. days supply, refills allowed, etc.), compensable medications (e.g., covered drugs, exclusions, etc.).
- c. If applicable, provide a detailed transition of care plan, which is intended to detail the means in which the vendor will assist members currently taking specialty medications, with a transition to the vendor's specialty medication program and services, to the extent that there is disruption.
- d. Please detail the ability to produce and send prescription drug ID cards for receipt by County members before January 1 of each plan year and time for new members to receive ID cards.