**PHARMACY BENEFIT MANAGER**

**Medicare Part D Questionnaire April 2017**

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. Is your Medicare PDP product wholly owned?
2. If your Medicare PDP product is not wholly owned, please provide 1) Legal definition of relationship, 2) the company's name, 3) the headquartered city and state of the company, 4) tenure of current relationship, and 5)Contractual term period of relationship.
3. Describe any differences in formularies between your commercial plans and your Medicare Part D plans.
4. Do you permit client review and allow client edits of all communications to retirees prior to release?
5. Describe how you honor repayment demands or requests for reimbursement that are made within the time period mandated by Medicare for recovery of improper payments.
6. Describe the training you provide to client's staff and other health vendors who could take calls from Medicare

retired members.

1. Describe any clinical programs over and above the minimum CMS requirements. Please provide as attachment with detailed information on each one, including cost, if any.
2. Will you allow clients to remove prior authorizations, quantity limits or step therapies on an individual drug level?
3. Do you provide both a fully insured rate and/or self funded rate for Medicare D group plans?
4. Compare and contrast self funded with fully‐insured with regard to your EGWP offering for the provisions in the

table below:

|  |
| --- |
| Does year end reconciliation on claim experience occur? |
| Who is responsible for distributing required communication per CMS rules including but not limited to Welcome Kit, |
| Annual Notice of Change, and Evidence of Coverage? |
| Who pays for co‐branding and customization costs for communications materials? |
| Who performs LIS premium subsidy administration? |
| Who takes the claim risk (distinguish between standard plan benefit and enhanced plan benefit)? |
| Who receives / retains rebates? |
| Who receives / retains subsidies from CMS? |
| Who is responsible for the eligibility process and dealing with CMS? |
| How is nonpayment of retiree premium handled and who takes the risk of claims incurred during period of non‐payment |
| if payment is never captured? |
| Who is responsible for reporting that may be requested by CMS? |
| Who is responsible for audits that may be requested by CMS? |
| Who is responsible for PDE reporting required by CMS? |

1. Do you allow clients to offer a customized formulary for its EGWP?
2. Describe how non‐Part D drugs are handled.
3. Do you allow clients to elect to cover non‐Part D drugs?
4. Do you allow clients to elect to cover non‐formulary drugs via a prior authorization exceptions process?
5. Do you allow clients to offer a customized network for its EGWP?
6. Do you allow clients to offer a customized specialty program for its EGWP?
7. Are you able to administer a supplemental wrap plan using a single transaction coordination of benefits through

one identification card?

1. Describe the assistance you provide in acquiring Health Insurance Claim Numbers (HICNs for Medicare retired members) and associated costs (if applicable).

**Retail Network:**

1. Is the retail network for your Medicare business different in participating pharmacy composition than your commercial business?
2. If the retail network for your Medicare business is different in participating pharmacy composition than your commercial business, please note any major composition differences.
3. How many CMS‐compliant retail pharmacy networks do you offer?

**Rebates:**

1. Is your company able to administer rebates at the point of sale if requested?
2. If your company is able to administer rebates at the point of sale, please confirm this will be provided at no cost to the client. If not, please provide fees.

**Part D Enrollment Process:**

1. Is your company able to automatically group‐enroll members into a Med D program?
2. Is the enrollment process automated for members who 'age in' to Medicare? If no, please describe the process.
3. Please provide your eligibility file layout requirements as an attachment to this question.

**PDP / EGWP Administration:**

1. Describe your process for handling eligibility feeds both to and from clients and CMS.
2. What is your resolution process for handling eligibility outliers?
3. What are your reporting capabilities with respect to utilization metrics? Please include your process for reporting of Part B drugs. Please provide example of full reporting package.
4. Please describe the elements of flexibility your Medicare Part D support brings to employer‐sponsored groups?
5. Are you willing to agree to a 2‐year commitment for Medicare Part D support?
6. Please indicate how your capabilities to match different employer‐sponsored PDP plan design and utilization management options might vary from current plan design and utilization management.
7. Are you able to manage and adhere to all mandated CMS policies and procedures regarding compliance, formulary submission, fraud, waste and abuse, and transition fills?
8. Are you capable of managing the coverage determinations, re‐determinations, appeals and grievance procedures and processes and be compliant with CMS?
9. Please provide a flow chart of your ERISA compliant prior authorization/appeals process.
10. Please provide an attachment outlining information on your MTM program, not limited to how retirees are identified and the specific program communication and timeline you adhere to.

**Low Income Subsidy (LIS) Program:**

1. How are LIS members reported to the employer plan sponsor?
2. Is your company willing to pass back Low Income Subsidy on behalf of the employer? If yes, is there a fee associated with this service?
3. If your company is willing to pass back Low Income Subsidy on behalf of the employer, please confirm there is no fee for this service. If there a fee associated with this service, please state in the Explanation.

**Operational / Billing:**

1. Does your organization offer Medicare B billing solution for mail service?
2. Does your organization offer Medicare B billing solution through the retail network?
3. Please confirm there is no additional charges for the Medicare B Billing solution. If there is a charge, please provide.
4. If a client wishes to coordinate benefits with Medicare B in the retail network, please confirm there is not a fee for this service. If there is a fee, please provide in Explanation.
5. Does your organization offer COB services for Medicare B drugs for the portion not covered by CMS? In other words, could you program the supplemental wrap to pick up the difference minus the retirees copay?
6. What is your STAR rating?
7. What is the minimum number of lives for a self‐insured plan without wrap?
8. What is the minimum number of lives for a self‐insured plan with wrap?
9. What customization is available for your B vs D determination process?

**Formulary ‐ Medicare Part D – General:**

1. How many CMS‐compliant Part‐D formularies do you offer?
2. Describe the differences between the CMS‐compliant Part‐D formularies you offer.
3. Does your organization contract with any other organization for formulary development and/or administration?
4. If your organization contracts with any other organization for formulary development and/or administration, please list 1) the organization and describe its role, 2) Fees that your organization pays for formulary development/administration, including formulary administration fees, and 3) The percent of rebates that are retained by the contracting organization.
5. How often are your CMS compliant Part D formularies reviewed?
6. Describe the committee(s)/team(s) involved in developing and managing your formularies?
7. Do you have a separate P&T Committee (from your commercial committee) that makes decisions or recommendations for the Part D formularies and coverage rules you offer?
8. What is the composition of your P&T Committee, and their credentials?
9. Describe the P & T Committee's formulary drug review and decision‐making process.
10. What are the criteria for evaluating an existing drug's formulary status?
11. What are the criteria for adding a drug to your formulary?
12. What are the criteria for deleting single‐source brand drugs from your Part‐D formulary?
13. Do you allow clients the option to delay single‐source brand deletions from the Part‐D formulary until the next plan year?
14. How do you communicate formulary changes to your clients and their members?
15. Describe your process for keeping abreast of current CMS rules and criteria for PDP formularies.
16. What percentage of your formulary consists of multi‐source brand drugs?
17. What percentage of your formulary are extended release versions of medications?
18. "Medicare Part D Formularies" ‐ Attach the formularies that you offer. If you have more than one file, use Winzip to combine the files and attach.
19. Will you allow the employer to perpetually grandfather retirees for tier changes and utilization management programs? (other than B vs D)