

Invitation to Bid

20140912 PRESCRIPTION BENEFIT MANAGEMENT SERVICES

Responses to an Invitation to Bid will be received by the Purchasing Supervisor, Sumner County Board of Education, 1500 Airport Road, Gallatin, TN 37066 for 20140912 PRESCRIPTION BENEFIT MANAGEMENT SERVICES until 9:30 a.m. CDT, Thursday, September 11, 2014. Bid responses will be opened at that time, taken under advisement and evaluated. Should you have any questions please call Shawn Curtis, Human Resources Department at (615) 451-5200. All proposals are subject to the Board of Education's conditions and specifications which are available from Vicky Currey, Purchasing Supervisor (615) 451-6560. All bids can be viewed on line at www.sumnerschools.org.

NOTICE TO RESPONDENTS

Responses to an Invitation to Bid will be received by Purchasing Supervisor in the SUPPORT SERVICE FACILITY CONFERENCE ROOM, Sumner County Board of Education, 1500 Airport Road Gallatin, TN 37066. They will be received until 1:30 A.M. Local Time FRIDAY, SEPTEMBER 12, 2014 for 20140912 PRESCRIPTION BENEFIT MANAGER, at which time the responses will be opened, taken under advisement and evaluate. BIDS WILL BE POSTED ON www.sumnerschools.org

GENERAL REQUIREMENTS AND CONDITIONS

1. The Sumner County Board of Education reserves the right to accept or reject any and/or all responses in whole or in part, and to waive informalities therein.
2. Any responses received after the scheduled closing time for the receipt for responses will not be considered.
3. If a mistake is discovered after the responses received, only the Sumner County Board of Education may allow the respondent to withdraw the entire response.
4. Partial payments will not be approved unless justification for such payment can be shown. Terms will be net 30 days.
5. Payment will not be made until the said 20140912 PRESCRIPTION BENEFIT MANAGER are inspected and approved as meeting all speci

PROPOSAL REQUEST

Prescription Benefit Management Services

SUMNER COUNTY BOARD OF EDUCATION
SUMNER COUNTY, TENNESSEE

DEADLINE:

9:30am CDT, Thursday, September 11,
2014

Introduction

Sumner County Board of Education, or hereinafter known as "School System", is hereby requesting a proposal for Prescription Benefit Management Services.

General Information

I. Proposal Package

All sealed proposal packages must include the following, when applicable. Any sealed proposals shall be rejected as a non-conforming bid if any applicable item is missing.

- x Three (3) complete copies of proposal
- x Evidence of a valid State of Tennessee Business License and/or Sumner County Business License
- x Evidence of compliance with the Sumner County Board of Education Insurance Requirements, if work is performed on School System Property
- x Signed and completed Statement of Non-Collusion (Attachment 1)
- x Properly completed Internal Revenue Service Form W-9
- x Evidence of a company's safety program and, if supported, a drug testing program (Attachment 2) Drug-Free Workplace Affidavit
- x If bid is in excess of \$25,000, a certification of non-debarment must be completed (Attachment 3) Certification Regarding Debarment, Suspension, and Other Responsibility Matters
- x Certification By Contractor (Attachment 4)

NEW VENDORS

1. To comply with Internal Revenue Service requirements all vendors who perform any type of service are required to have a current IRS Form W-9 on file with the School System. At the time of requisition, the individual requesting a purchase order disbursement will be informed if it is a new vendor and if a form W-9 is required. If form W-9 is required for a new vendor, the department head shall forward a completed form W-9 to the finance department. It can be obtained from the Internal Revenue Service's website at www.irs.gov.
2. To comply with the Tennessee Lawful Employment Act, non-employees (individuals hired as independent contractors) must have on file any of the following documents.
 - x Valid Tennessee driver license or photo ID issued by department of safety
 - x Valid out-of-state driver license
 - x U.S. birth certificate
 - x Valid U.S. passport
 - x U.S. certificate of birth abroad
 - x Report of birth abroad of a U.S. citizen
 - x Certificate of citizenship
 - x Certificate of naturalization
 - x U.S. citizen identification card
 - x Valid alien registration documentation or proof of current immigration registration

3. In addition, for all vendors with annual purchases in excess of \$50,000 (if a business license is required), a business license must be on file in the finance department, or the requisitioner must submit a copy with the purchase order requisition form or the payment requisition form, as applicable.

II. Responses

- x Proposal must include point-by-point responses to the RFP.
- x Proposal must include a list of any exceptions to the requirements.
- x Proposal must include the legal name of the vendor and must be signed by a person or persons legally authorized to bind the vendor to a contract.
- x If applicable, proposal must include a copy of the contract(s) the vendor will submit to be signed.
- x Any and all proposal requirements must be met prior to submission.
- x The bidder understands and accepts non-appropriation of funds provision of the Sumner County Government.
- x If noted in the section "proposal requirements" or requested, the contractor will be required to provide a reference list of clients that have current contract for services with their company.

III. Clarification and Interpretation of RFP

The words "must" and "shall" in this Request for Proposal indicate mandatory requirements. Taking exception to any mandatory requirement is grounds for rejection of the proposal. There are other requirements that the School System considers important but not mandatory. It is important to respond in a concise manner to each section of this document and submit an itemized list of all exceptions.

IV. Proposal Guarantee

Vendors must guarantee that all information included in their proposal will remain valid for a period of 90 days from the date of proposal opening to allow for evaluation of all proposals.

V. Related Costs

School System is not responsible for any costs incurred by any vendor pursuant to the Request for Proposal. The vendor shall be responsible for costs incurred in connection with the preparation and submission of its proposal.

VI. Insurance Requirements and Liability

Each bidder or respondent to the RFP who may have employees, contractors, or agents working on School System properties shall provide copies of current certificates for general and professional liability insurance and for workers' compensation of a minimum of \$250,000. The owner or principal of each respondent must also be insured by workers' compensation if they perform any of the services on School System properties. There will be no exceptions to the insurance requirement.

Specific Information

Anticipated Award Date: September 19, 2014

Proposed Effective Date: January 1, 2015

Term of Contract: 12 months

Sumner County Schools (Sumner) currently is in the first plan year of a newly established self insured health plan for its certified employees (active and retired). Prior to January 1, 2014 these employees were covered by the Tennessee Local Education Plan.

Sumner's classified employee (active and retired) are currently covered in a separate plan which also covers county government employees and retirees. Effective January 1, 2015 these classified employees will become covered by the same plan as for certified employees. This will add approximately 1,100 employees to the nearly 2,000 currently insured employee population.

Limited claims data is available due to the recent change for the certified employees. For classified employees, only summary claims data is available.

Sumner will accept proposals for the combined (certified and classified) population, and is also considering alternative proposals from the two medical carrier/TPAs (Cigna and BCBS) or providing PBM services for the employees who elect their medical network.

If requested, selected finalists may be required to participate in face to face interviews.

Thank you for your consideration of this RFP. After submitted proposals have been evaluated and the plan sponsor's decision is made, you will be informed of the outcome of this process.

Current employee benefits portal, where details about the plans are found:

<http://www.mysumnerbenefits.com/>

SECTION B

RESPONDENT INFORMATION

Company Name _____

Please list location(s) of the company offices and location of the office servicing the account.

Name, address and telephone number(s) of the Respondent's point of contact for a contract resulting from this RFP

Primary Contact

Fax Phone#:

Name:

E mail Address:

Title:

Address:

City:

State:

Zip:

Telephone#:

Fax Phone#:

E mail Address:

Secondary Contact

Name:

Title:

Address:

City:

State:

Zip:

Telephone#:

- x Patient Education
- x Prior Authorization
- x DUR, both Prospective and Concurrent
- x Medication Management
- x Up to 5 monthly electronic file feeds to associated vendors for deductible and out of pocket accumulation, care management, predictive modeling, et al.

All the above services should be covered under the fee stated above. However, some services may be offered as optional or ancillary and be covered by separate add on fees

- A. Outline all additional fees (beyond the administration fee) that will be added to the client's billing (for step edits, age edits, etc.). State whether these additional fees are optional or integrated into the standard offering of your PBM services. It is very important to represent the actual anticipated administrative fee.
- B. Detail all additional fees/charges not covered under basic fees (postage, printings, booklets, start up costs, etc.). Be sure to list all charges. We will utilize these fees quoted for inclusion in the executed contract. Variation from stated fees will eliminate the candidate Respondent.
- C. The fees presented in this information are binding during the life of this contract. Any unsolicited changes to these fees or additional fees may be grounds for termination. Does the Respondent comply with the conditions herein?
- D. Are reversals subject. (reversals)30006 Tc (this)T9 <0003>Tj /TT2 1 Tf .224 0 TD .0014 Tc (fto)Tj /TT1 1 Tf .8634

- D. What is the average turn around time for reimbursement of network pharmacies for claims incurred?
- E. Do you provide full, detailed accounting of each claim on your claims reconciliation file (CRF)? How frequently is it provided? Can the format be customized?

Retail Claims Processing

- A. Describe the retail pharmacy claims payment process from date of receipt to full adjudication of checks to providers. If the process is different for network and non network claims, discuss separately.
- B. How do you avoid duplicate payments of the same claim? If duplicate payments or overpayments are discovered, what are your procedures for recovery of the overpayments or duplicate payments?
- C. Describe your policy regarding lost/broken medication, early refills, and emergency medication fills.

D. Provide an /TT1 of your 8852j#083>Rj 0Tt2 Tc4 0008p1c1E 2 (enc <0003>Tj /TT2 1 Tf .2219 .00063 Tc6 0 Is

SECTION

ACCOUNTSERVICE

- A. Discuss how SumnerCountySchoolDistrict will be billed for retail network and mail order

SECTION

GENERIC DRUG MAXIMUM ALLOWABLE CHARGE (MAC) PROGRAM

- A. Describe your MAC program for generic substitution.
- B. Based on your latest data available, what is the effective discount from AWP of your MAC prices? Describe this generic pricing in terms of WAC.
- C. Provide the number of generic products for which you have a MAC price. What percentage of all generics dispensed does this represent?

SECTION

REPORTING

- A. What is your standard reporting cycle for client cost and utilization analysis, which includes subgroup analysis?
- B. What is your standard reporting cycle for written evaluations of cost and utilization, which includes recommendations for improvement?
- C. Are customized reports available at no cost?
- D. What is your turn around time for eligibility loads?
- E. Do you provide electronic invoicing? Please outline.
- F. What is the lag time between when the claims are incurred and the data is available? What day of the month do you provide the previous months' data?

SECTION

FORMULARY PROCEDURE

- A. Please provide an electronic copy in Microsoft Word format of your formulary (as of December 31, 2013) and label "Formulary.doc."
- B. For each of the medications below, indicate if the drug is on your formulary as of December 31, 2013.

x Nexium

x Cymbalta

label formulary (2013) TD 0 Tc <0003>2.1588(c)1.j /TT9 1 Tf -6.9399 -2.37s formulary

x Tektura

x Advair

x 2013.

SECTION

FORMULAR REBATES

- A. On what percentage of brand name drugs in your formulary are rebates paid?
- B. If Sumner County Schools were to begin with you on January 1, 2015, in which month of the same year would the first rebate check be received?
- C. How often are rebates calculated and paid?
- D. Are rebate eligible drugs on your formulary bundled? Explain.
- E. Provide samples of rebate reports to self funded clients.
- F. Confirm that 100% of the rebates (including specialty drug rebates) will be passed to Sumner County Schools. If this is not true, what % will be delivered?

Appendix A – Financial Summary

Instructions to Respondents Please provide guaranteed amounts in the table below. A standard MAC list (as described

STATEMENT OF NON-COLLUSION

The undersigned affirms that they are dully authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other respondent, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

Company _____

Address _____

Phone _____

Fax _____

Respondent (Signature) _____

Respondent (Print Name and Title) _____

Authorized Company Official (Print Name) _____

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in transactions under federal non-procurement programs by any federal department or agency;
2. Have not, within the three year period preceding the proposal, had one or more public transactions (federal, state, or local) terminated for cause or default; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three year period preceding the bid, been convicted or had a civil judgment rendered against it
 - A. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local) or a procurement contract under such a public transaction;
 - B. For the violation of federal or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or
 - C. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, under 18 U.S.C. § 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to five years, or both.

Name of Participant Agency

Name and Title of Authorized Representative

Signature of Authorized Representative Date

_____ I am unable to certify to the above statement. Attached is my explanation.

CERTIFICATION BY CONTRACTOR

I, the undersigned, certify that on behalf of Contractor, I am authorized to attest and obligate the above certification and to legally bind Contractor to these terms, conditions and obligations.

_____ Title

_____ Name

_____ Date

_____ Witness