

ATTACHMENT O -1: MODULE 1 TECHNICAL REQUIREMENTS RESPONSE**A. Module 1 -Technical Requirements Response****Instructions:**

Vendor must respond to all questions and each part and subpart to each question in this Attachment O-1: Module 1 Technical Requirements Response. Vendor's response to each question must follow the corresponding question. The Vendor must confirm adherence to and describe its approach to meet the requirements of the Contract as indicated. This includes providing a detailed narrative, diagrams, exhibits, examples, sketches, description literature and/or detailed information specifically tailored for the Plan to demonstrate Vendor's ability to meet specifications of the PBM RFP. The Vendor's Response to Technical Evaluation Questions should clearly indicate the citation and/or location of exhibits, attachments, flows, etc. that supplement responses to this Attachment O-1: Module 1 Technical Requirements Response and demonstrate understanding and the ability to meet each specification. The Plan is not required to look for or consider information outside of the response for individual questions and requirements where the Vendor fails to clearly indicate the location of supplemental exhibits, attachments, flows, etc. Further, where indicated and applicable, Vendor must describe any limitations or issues it has with meeting the requirements of the Contract within its response to the Technical Evaluation Questions. While the Plan has not set page limits for responding to each question, Vendors should be mindful to avoid providing superfluous information that unnecessarily lengthens the response. The Plan reserves the right to validate information provided within Vendor's response.

Specific to Evaluation Question 29.f-h., to assist in responding to this question, the Plan is providing the following file: SHPNC Zip Code Census File 2025. For instructions on how to access the file, see Attachment A: Cost Proposal, Instructions for Data Access and Cost Proposal. The file provides data elements to support the pharmacy network geo access analysis. The file contains the following fields: (1) Member Zip Code; (2) Medicare Primary Indicator; (3) Primary RUCA Designation; and (4) Unique Member Count for each Zip Code. Using the file provided, provide a geo access evaluation for Vendor's proposed retail pharmacy network to address the State's requirements below. NOTE: This Zip code file is cross walked to the USDA RUCA code which categorizes Zip codes by metropolitan (M) or rural (R) designations (column 3)

Corporate Background and Conflicts of Interest

[illegible]

Evaluation Question – Background Checks	
2.	Vendor must confirm that it will meet the requirements set forth in Section 4.7 Background Checks and disclose the information requested in subsections a)- e).
<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed	

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Conflicts of Interest	
3.	Vendor must confirm that it will meet the requirements set forth in Section 4.16 Conflict of Interest and disclose the information requested in subsections a) - e).
<div><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</div> <p>Vendor's Response:</p>	

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Account Management

Evaluation Question – 100% Dedicated Resources	
4.	<p>Vendor must confirm that it will provide a dedicated team, i.e. 100% time is working solely on the Plan's account as required in Section 5.3.1.2.1.a. The team must include, at a minimum, the following roles:</p> <ul style="list-style-type: none">1) Account Manager2) Enrollment Data/EDI lead3) Project Manager(s) <p>Describe the resources, including experience, that will be provided to the Plan, and approach to meeting the requirements set forth in Section 5.3.1.2.1.a.</p>
<p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p> <p>Vendor's Response:</p> <p>The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.</p> <p><input type="checkbox"/> Vendor has no limitations or issues.</p> <p><input type="checkbox"/> Vendor has limitations or issues as described in the following response:</p>	

Evaluation Question – Up to 50% FTE Resources

5. Vendor must confirm that it will provide resources to the Plan on an as needed basis, up to 50% FTE as set forth in Section 5.3.1.2.1.b. The resources must include, at a minimum, the following roles:
- a. Account Executive
 - b. Part D Manager or Lead
 - c. Privacy Officer
 - d. Attorney
 - e. Dedicated resources with subject matter expertise in data analytics reporting, and modeling to support the Plan's needs during implementation and throughout the life of the Contract. The primary resource must have a deep understanding of the Vendor's data and industry trends to support complex analysis.
- Describe the resources, including experience, that will be provided to the Plan, and approach to meeting the requirements set forth in Section 5.3.1.2.1.b.

☐ Confirmed☐ Not Confirmed

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – North Carolina Presence

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| 6. | The Plan prefers its Vendors to have a strong North Carolina presence. Describe Vendors current and planned North Carolina operations. |
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Vendor's Response:

Evaluation Question – Plan Support

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| 7. | Vendor must confirm that it will meet the requirements set forth in Section 5.3.1.2.2. Vendor shall: |
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- a. Provide resources to meet with the Plan on a routine basis as established by the Plan.

☐ Confirmed

☐ Not Confirmed

- b. Mobilize a group of subject matter experts within one week of a Plan request so that the concept or project can be scoped and sized for implementation.

☐ Confirmed

☐ Not Confirmed

- c. Once a project or initiative is confirmed, assemble a project team and be ready to launch the project within two weeks.

☐ Confirmed

☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Carve Outs	
8.	Vendor must confirm the requirements set forth in Section 5.3.1.2.3. allowing the Plan to carve out services from the Contract.
<p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p> <p>The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.</p> <p><input type="checkbox"/> Vendor has no limitations or issues.</p> <p><input type="checkbox"/> Vendor has limitations or issues as described in the following response:</p>	

Evaluation Question - Compliance	
9.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.1.2.4. regarding compliance with laws and regulations and describe its

	<p>approach to meeting those requirements. The response must specifically include the following:</p> <ul style="list-style-type: none">a. How the Vendor is ensuring compliance with Section 204 reporting, the No surprises Act and the Price Transparency Rules.b. Identify Vendor's North Carolina government affairs team and all contract lobbyists used currently and for the last five years.
<p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p> <p>Vendor's Response:</p> <p>The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.</p> <p><input type="checkbox"/> Vendor has no limitations or issues.</p> <p><input type="checkbox"/> Vendor has limitations or issues as described in the following response:</p>	

Evaluation Question – Transparency	
10.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.1.2.5. and describe its approach to meeting those requirements. The response must specifically identify which, if any, of the following revenue categories will be used to support the Plan's program:

- | | |
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| | <ul style="list-style-type: none">a. Core/base administrative feesb. Clinical program feesc. Margin or mark-up on retail drugsd. Margin or mark-up on mail order non-specialty drugse. Margin or mark-up on mail order specialty drugsf. Retention of other pharmaceutical manufacturer revenueg. Revenue from the sale of client data on a client-specified or aggregated basish. Retail network transaction fees from retail pharmaciesi. Alternative funding programs such as variable copay programs for specialty, providing high-cost drugs outside of the standard specialty delivery program, etc.j. Any other revenue sources |
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☐ Confirmed

☐ Not Confirmed

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Plan Authority	
11.	Vendor must confirm its understanding and agreement with Section 5.3.1.2.6. of the RFP.
<div> <input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed </div> <p>The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.</p> <div> <input type="checkbox"/> Vendor has no limitations or issues. <input type="checkbox"/> Vendor has limitations or issues as described in the following response: </div>	

Claims Operations and Appeals

Evaluation Question – Requirements	
12.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.2.2.1.
<p>a. Vendor shall have a state-of-the-art claims payment systems to interface with retail, Specialty, and mail-order pharmacies.</p> <div> <input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed </div> <p>b. Vendor's systems must be configurable to receive and administer formularies, prior authorizations, step therapy, custom pharmacy</p>	

override messaging, and quantity limit programs developed by the Plan or another Plan vendor.

☐ Confirmed

☐ Not Confirmed

c. Vendor's claim adjudication systems shall accept real-time eligibility and accumulator records at a rate of 50 transactions per second or faster.

☐ Confirmed

☐ Not Confirmed

d. Vendor shall maintain an Affordable Care Act preventive drug list that can be configured in Vendor's system(s) to ensure Plan members have access to these medications at no cost.

☐ Confirmed

☐ Not Confirmed

e. Vendor shall adjudicate claims using "lower of" logic (Plan's negotiated Discount price plus Dispensing Fee or MAC or the pharmacy's Usual and Customary amount or retail cash price plus Dispensing Fee). There will not be a minimum charge.

☐ Confirmed

☐ Not Confirmed

f. Vendor will not adjudicate claims based on Brand/Generic algorithm.

☐ Confirmed

☐ Not Confirmed

g. Vendor shall provide retrospective DUR Services for any or all members designated by Plan. Upon request from the Plan, Vendor shall review the utilization and propose retrospective DUR services and other interventions to the Plan.

☐ Confirmed

☐ Not Confirmed

h. Vendor shall provide a secure portal for prescribing physicians to complete PAs.

☐ Confirmed

☐ Not Confirmed

- i. Vendor shall adjudicate over the counter (“OTC”) claims per Plan’s coverage requirements.

☐ Confirmed☐ Not Confirmed

- j. Vendor shall adjudicate all claims submitted regardless of the amount of such claim, including zero (\$0) dollar pay claims.

☐ Confirmed☐ Not Confirmed

- k. Vendor shall pay Vendor(s) responsible for Specialty and Mail Order Pharmacy Services no later than ten (10) days after receipt of electronic claims submission.

☐ Confirmed☐ Not Confirmed

- l. Vendor shall support a twenty-four (24) hour turnaround time for all PAs and as required, have a process in place to immediately remove Prior Authorizations consistent.

☐ Confirmed☐ Not Confirmed

- m. Vendor shall allow customization of refill-too-soon thresholds at retail and mail and provide documentation on emerging best practices.

☐ Confirmed☐ Not Confirmed

- n. Vendor can administer “Dispense as Written” (DAW) rules.

☐ Confirmed☐ Not Confirmed

- o. Vendor shall update NDC-11 AWP prices at least weekly with data from Medi-Span, or similar data source, to adjudicate all claims.

☐ Confirmed☐ Not Confirmed

- p. Vendor shall allow providers to process Compound claims electronically at an individual NDC-level for each component's NDC, and price claim accordingly.

☐ Confirmed

☐ Not Confirmed

- q. Vendor shall monitor and deny claims from debarred prescribers and other prescribers deemed not eligible to prescribe.

☐ Confirmed

☐ Not Confirmed

- r. Vendor shall accept and adjudicate paper claims, including foreign claims.

☐ Confirmed

☐ Not Confirmed

- s. Vendor shall adjudicate paper claims based on the pharmacy submitted rate less the applicable copay or coinsurance/deductible.

☐ Confirmed

☐ Not Confirmed

- t. Vendor shall ensure all state and federal licensure, record-keeping, access, provider payments, and consumer protection requirements are adhered to and that there shall be no fees, pass through or otherwise, to the Plan for implementing any new federal or state mandated requirement.

☐ Confirmed

☐ Not Confirmed

- u. If the Plan includes a cash pay benefit outside of the benefit, the Vendor shall track the non-financial portions of the claim.

☐ Confirmed

☐ Not Confirmed

- v. Vendor shall process any federal and state (e.g., Medicaid, Military, or Veteran Affairs) reimbursement claims without additional fees to the Plan.

☐ Confirmed

☐ Not Confirmed

- w. Vendor shall have a robust internal audit processes to ensure Plan Designs are accurately configured and formularies are updated appropriately prior to claims adjudication.

☐ Confirmed

☐ Not Confirmed

- x. Vendor shall support the Plan's right to use an auditor(s) of the Plan's choice to perform an Annual Plan Design Audit to ensure the appropriate copays, deductible and coinsurance were applied based on the Formulary, Tier Structure and Plan Design in place at the time the claim was incurred.

☐ Confirmed

☐ Not Confirmed

- y. Vendor has or shall implement a quality improvement program that, at a minimum, ensures compliance with applicable law and supports Healthcare Effectiveness Data and Information Set ("HEDIS"), National Committee for Quality Assurance ("NCQA"), Pharmacy Quality Alliance (PQA), URAC, and other external review program expectations to the extent they are applicable to the Plan. In addition, Vendor shall offer additional quality improvement programs to Plan to support attainment of quality targets, as requested by Plan.

☐ Confirmed

☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Integration with other Vendors	
13.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.2.2.2. and describe its capabilities for each subsection. The response must specifically address the following: Vendor shall identify any potential Plan partners or vendors for which Vendor is unwilling to integrate or share data of any kind.
<div><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</div> <div>Vendor's Response:</div> <div>The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.</div> <div><input type="checkbox"/> Vendor has no limitations or issues.</div> <div><input type="checkbox"/> Vendor has limitations or issues as described in the following response:</div>	

Evaluation Question - Audits	
14.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.2.2.3. and describe its approach to meeting the requirements. Vendor must specifically address each subsection within the requirement.
<div><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</div>	

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – COB CMS	
15.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.2.2.4. and describe its approach to meeting the requirements. Vendor must specifically address each subsection within the requirement.
<div><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</div> <p>Vendor's Response:</p>	

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

- ☐ Vendor has no limitations or issues.
- ☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – System Access

- | | |
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| 16. | Vendor must confirm that it will meet the requirements set forth in Section 5.3.2.2.5. and describe its approach to meeting the requirements. Vendor must specifically address each subsection within the requirement. Include in the description all areas for which Vendor will and will not collaborate on data-sharing, logic sharing, and program information sharing. Any areas where Vendor does not articulate the lack of willingness to share data will be taken as the Vendor's commitment to fully share. |
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☐ Confirmed

☐ Not Confirmed

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

- ☐ Vendor has no limitations or issues.
- ☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Coordination with TPA for RX Appeals	
17.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.2.2.6. and describe its approach to meeting the requirement. Vendor must specifically address each subsection within the requirement.
<div><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</div> <p>Vendor's Response:</p> <p>The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.</p> <div><input type="checkbox"/> Vendor has no limitations or issues.</div> <div><input type="checkbox"/> Vendor has limitations or issues as described in the following response:</div>	

Financial Terms

Evaluation Question – Claims Adjudication and Transparency	
18.	Vendor must confirm that it will meet each of the requirements set forth in Section 5.3.3.2.1-9. Vendor shall:
<p>1. Reject all claims for repackaged NDCs, regardless of dispensing pharmacy. All claims will be paid based on the original manufacturer NDC.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>2. Apply MAC pricing consistently across all applicable distribution channels, including retail, 90-day retail, and mail-order/specialty channels (if applicable). The composition of GPIs included on the MAC lists will be the same across all distribution channels. If Vendor is also selected for module 3, the MAC pricing that applies to products distributed by mail (including specialty) shall be equal to or better (e.g., deeper discounts) than the MAC pricing that applies at retail pharmacies. Variation of MAC pricing among retail Participating Pharmacies shall be minimized to limit Member disruption.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>3. Review and adjust MAC pricing at least monthly, report all MAC prices to the Plan and notify the Plan prior to materially changing any MAC methodology and will not make changes greater than 3% per month on total Ingredient Cost charges for the overall MAC. In the event the prices for any individual drug on the MAC list increases by greater than 5%, Vendor will identify the drug and cost increase and provide to the Plan the rationale for the increase no less than 45 days in advance of the proposed change date. No changes above these thresholds will be made unless mutually agreed to.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	

4. Charge the Plan and/or Members (through Cost Share) Dispensing Fees and Ingredient Cost Charges for all claims on a pass-through pricing basis reflecting the actual amounts charged by Participating Pharmacies at the time such Claims are submitted by Participating Pharmacies.

☐ Confirmed☐ Not Confirmed

5. Represent and warrant that (except as expressly provided under the Contract) it will not receive any spread, mark-up, margin (direct or indirect), compensation, remuneration or other consideration from any claims.

☐ Confirmed☐ Not Confirmed

6. Pass through 100% of negotiated discounts, fees, and payments (including, but not limited to, dispensing fees, click fees, access fees, or market share payments) with retail and 90-day retail network pharmacies (i.e., Vendor shall not retain spread or any other pharmacy payments as a revenue source).

☐ Confirmed☐ Not Confirmed

7. Provide quarterly reporting within ten (10) business days on year-to-date performance compared to the guarantees for Minimum Brand Effective Rate Guarantees, Minimum Generic Effective Rate Guarantees, Maximum Brand Aggregate Dispensing Fee Guarantees, and Generic Aggregate Dispensing Fee Guarantees.

☐ Confirmed☐ Not Confirmed

8. Allow the Plan, or designated third-party, to conduct annual market assessments, otherwise known as Market Checks, prior to and during the Contract term to determine the continued competitiveness of administrative service fees, pricing terms, financial guarantees, and dispensing fees to ensure that the Plan is receiving best-in-class pricing,

taking into account factors such as plan size, utilization patterns, population mix, plan design, and service scope. If the Plan determines that pricing is less favorable than what is available in the competitive market, Vendor shall adjust the Plan's pricing to maintain best-in-class guarantees within ninety (90) days of the completion of the annual Market Check, retroactive to the beginning of the Contract year. Such adjustments may include, but are not limited to: (a) matching pricing terms offered to comparable clients in Vendor's book of business; or (b) providing pricing based on actual cost of goods (e.g., acquisition cost plus a fixed fee), if such terms are more favorable than current rates.

☐ Confirmed☐ Not Confirmed

9. Provide comments on Market Check analysis within ten (10) State Business Days of receipt of the Report from the Plan or its designee.

☐ Confirmed☐ Not Confirmed

10. Support the Plan's ability to conduct a Market Check as outlined in Section 5.3.3.2.6. above and agree to amend the Contract as needed to implement new pricing terms as agreed by the Parties.

☐ Confirmed☐ Not Confirmed

11. Collaborate and coordinate with vendors selected for modules 2 and 3 to ensure seamless integration and compliance with all financial requirements. This includes, but is not limited to, maintaining consistent pricing structures (e.g. MAC pricing parity across channels).

☐ Confirmed☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Enrollment, Group Set-Up, and EDI

Evaluation Question – Enrollment and EDI	
19.	Vendor must confirm that it will meet each of the requirements set forth in Section 5.3.4.2.1. Vendor shall:
	<p>a. Automatically load Plan Member enrollment from the industry standard, custom 834 HIPAA X12 5010 file received from the Plan's EES vendor.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p> <p>b. Have a pass-through rate of at least ninety-nine percent (99%) on accurate transactions received electronically from the Plan's EES vendor.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p> <p>c. Load daily enrollment files received from the Plan's EES vendor within twelve (12) hours of receipt. An EDI schedule for daily files will be developed as part of the implementation and incorporated into the Contract via an ADM which can be updated as needed during the life of the Contract.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>

- d. Process enrollment updates manually for Plan Members requiring immediate enrollment and benefits. The request to load manually may come from the Plan or a Plan Vendor.

☐ Confirmed ☐ Not Confirmed

- e. Notify the Plan immediately when any event or condition is discovered that adversely affects Member enrollment.

☐ Confirmed ☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Plan Member ID Numbers	
20.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.4.2.2. and describe its approach to meeting the requirement. Vendor must specifically address each subsection within the requirement.
<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed	

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Enrollment and Termination Dates	
21.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.4.2.3. and describe its approach to meeting the requirement. Vendor must specifically address each subsection within the requirement.
<div><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</div> <p>Vendor's Response:</p>	

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Enrollment Audits

22. Vendor must confirm that it will meet each requirement set forth in Section 5.3.4.2.4. Vendor shall:

- a. Complete a monthly audit of the Plan's membership with the Plan's EES vendor that includes reporting on metrics of any mismatches and automated correction of those identified mismatches to align with the Plan's EES vendor's records within two (2) calendar days of receipt of the audit file.

☐ Confirmed

☐ Not Confirmed

- b. Manually update any enrollments that cannot be enrolled automatically via the EDI or Audit files.

☐ Confirmed

☐ Not Confirmed

- c. Participate in multi-vendor calls on an as needed basis to determine and track root-causes of enrollment errors and implement process or technical changes to address Vendor deficiencies.

☐ Confirmed

☐ Not Confirmed

d. Confirm an audit schedule during the implementation that will be incorporated into the Contract via an ADM and updated at a minimum, on an annual basis.

☐ Confirmed

☐ Not Confirmed

e. Implement other audits with the Plan or other Plan Vendors, as requested by the Plan.

☐ Confirmed

☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Eligibility Update Access	
23.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.4.2.5. and describe its approach to meeting the requirement. Vendor must include in the description a screenshot of the enrollment views the Plan and/or Plan vendors will have in the Vendor's system.
<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed	

☐ Confirmed

☐ Not Confirmed

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Group Set up

24.	Vendor must confirm that it will meet each requirement set forth in Section 5.3.4.2.6. Vendor shall:
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- a. Support the Plan's Group set-up structure which includes more than four hundred (400) Groups.

☐ Confirmed

☐ Not Confirmed

- b. Set-up new Groups throughout the year within five (5) calendar days of the Plan's request.

☐ Confirmed

☐ Not Confirmed

- c. Provide enrollment and claims reporting at the individual Group level and at the aggregate level. The information required to aggregate the Groups is documented in the Group List Attachment 3: State Health Plan Group

Structure and shall be provided with notification of new groups joining the Plan and will be addressed during implementation.

☐ Confirmed

☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Medicare Enrollment

- | | |
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| 25. | <p>Vendor must confirm that it will meet the requirements set forth in Section 5.3.4.2.7. and describe its approach to meeting the requirement. Vendor must specifically address each subsection within the requirement. Vendor must include in its description:</p> <ul style="list-style-type: none">• For subsection a., whether the Vendor has ever managed client enrollment where the Medicare members were not segregated into their own group.• For subsection b., a screen shot of what is displayed in Vendor's systems regarding Medicare Primacy data.• For subsection c., a screen shot of what is displayed in Vendor's systems regarding Medicare Primacy data. |
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☐ Confirmed

☐ Not Confirmed

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Split Contracts	
26.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.4.2.8. and describe its approach to meeting the requirement. Vendor must specifically address each subsection within the requirement.
<div><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</div> <p>Vendor's Response:</p>	

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Open Enrollment

27. Vendor must confirm that it will meet the requirements set forth in Section 5.3.4.2.9. Vendor shall:

a. Participate in End-to-End Testing with Plan Vendors prior to open enrollment. Testing will include production and test data.

☐ Confirmed

☐ Not Confirmed

b. Support an open enrollment period that generally lasts about three (3) weeks, but may be longer, during a time period chosen by the Plan.

☐ Confirmed

☐ Not Confirmed

c. Support multiple open enrollments in one (1) Plan Year, if requested by the Plan.

☐ Confirmed

☐ Not Confirmed

d. Receive and process Plan Member elections from the Plan's EES vendor either during the open enrollment period via the daily Change Files or after open enrollment using a Full File. The type of file shall be determined by the Plan during the initial implementation and shall be re-evaluated annually as part of

open enrollment planning.

☐ Confirmed

☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Claims Payment Eligible Members Only	
28.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.4.2.10. and describe its approach to meeting the requirement. Vendor must specifically address each subsection within the requirement.
<p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p> <p>Vendor's Response:</p>	

☐ Confirmed

☐ Not Confirmed

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Network

Evaluation Question	
29.	<p>Vendor must confirm that it will meet the requirements set forth in Section 5.3.5.2.1.</p> <p>Vendor shall:</p> <p>a. Currently have and must maintain a statewide retail pharmacy network that fully supports Plan Members.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p> <p>b. Currently have and must maintain a national network that fully supports Plan Members that live and travel throughout the United States and US territories.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p> <p>c. Ensure, through its contracts with pharmacies, that Plan Members are charged the lessor of the cost of the drug or the copay when the cost of the drug is less than the copay.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>

- d. Provide at least sixty (60) days advance written notification to the Plan of the removal of any pharmacy from the network. Vendor shall notify impacted Plan Members within thirty (30) days of termination.

☐ Confirmed ☐ Not Confirmed

- e. Provide the Plan a quarterly directory of pharmacies within the network, including pharmacy name, address, telephone number, NCPDP ID, and National Provider Identification number.

☐ Confirmed ☐ Not Confirmed

- f. Meet an overall network accessibility requirement of a minimum of ninety-eight percent (98%) of all participating Plan Members having a participating retail pharmacy located within a ten (10) mile radius of their residence zip code on the first day of the Contract and maintain that level through the duration of the Contract.

☐ Confirmed ☐ Not Confirmed

- g. Meet an urban network accessibility requirement of a minimum of ninety-eight percent (98%) of all participating Plan Members residing in a metropolitan zip code having a participating retail pharmacy located within one mile of their residence zip code on the first day of the Contract and maintain that level through the duration of the Contract.

☐ Confirmed ☐ Not Confirmed

- h. Meet a rural network accessibility requirement of a minimum of ninety-five percent (95%) of all participating Plan Members residing in a rural zip code having a participating retail pharmacy located within fifteen (15) miles of their residence zip code on the first day of the Contract and maintain that level through the duration of the Contract.

☐ Confirmed ☐ Not Confirmed

- i. Provide retail and all contracted pharmacies/pharmacists with clinical tools to track and document Plan Member education, case management, and outcome studies.

☐ Confirmed ☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Additional Support as Requested by the Plan

30. Vendor must confirm that it will meet the requirements set forth in Section 5.3.5.2.2. and describe its approach to meeting the requirement. Vendor must address each subsection within the requirement. The response must specifically include in the description any limitations to geographic coverage or other issues.

☐ Confirmed

☐ Not Confirmed

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Member Experience

Evaluation Question – Call Center	
31.	Vendor must confirm that it will meet the requirements regarding a Plan Member call center as set forth in Section 5.3.6.2.1. Vendor shall:
<p>a. Provide a dedicated Plan Member call center with hours of operation from at least 8:00 a.m. ET to 5:00 p.m. ET., each State Business Day, to respond to Plan Member Inquiries.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>b. Add additional resources to the call center as required to meet increased demand during peak call periods, such as during Open Enrollment.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>c. Have and maintain a dedicated toll-free number for Plan Members.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>d. Have a 24/7/365 Interactive Voice Response (IVR) systems with basic eligibility, benefit, and claim status information for Plan Members.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	

- e. Answer the phones with a greeting and closing that is mutually agreed to by the Plan which identifies the call center agent as a representative for the Plan.

☐ Confirmed

☐ Not Confirmed

- f. Customize the IVR script with a Plan-specific greeting and prompts, and transfers to other Plan Vendors.

☐ Confirmed

☐ Not Confirmed

- g. Make and receive warm and cold transfers to/from other Plan Vendors who may be required to resolve the Plan Members' issues.

☐ Confirmed

☐ Not Confirmed

- h. Respond to emails, and other forms of communication received from Plan Members in accordance with performance guarantees.

☐ Confirmed

☐ Not Confirmed

- i. Provide non-English speaking services for callers who may need assistance in other languages.

☐ Confirmed

☐ Not Confirmed

- j. Offer Telecommunication Device for the Deaf (TTY) Services, for Plan Members that need them.

☐ Confirmed

☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question- Call Tracking and Recording	
32.	<p>Vendor must confirm that it will meet the requirements set forth in Section 5.3.6.2.2.</p> <p>Vendor shall:</p> <p>a. Record and track all Plan Member calls, including date of initial call, date inquiry closed, representative who handled the call, if and where the call was referred for handling, reason for call (issue), what was communicated to the Plan Member.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p> <p>b. Provide copies of recorded calls to the Plan within two (2) State Business Days of the request.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p> <p>c. Provide detailed copies of all call notes to the Plan within two (2) State Business Days of the request.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p> <p>d. Provide reports, based on call reason type, to the Plan upon request.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p> <p>e. Provide the Plan with a copy of its Customer service professionals' call process(s) and quality guidelines that shall be reviewed and used as a part of the Plan's audit procedure prior to the implementation of call audits.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p> <p>f. Support ongoing call audits by the Plan as outlined in Attachment 4 "PBM Call Audit Expectations" which can be amended by the Plan via an ADM.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>

- g. Have and maintain a call audit program to measure the accuracy of the information provided to Plan Members who call Vendor.

☐ Confirmed

☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question- Escalation Team

- | | |
|-----|--|
| 33. | Vendor must confirm that it will meet the requirements set forth in Section 5.3.6.2.3. and describe its approach to meeting the requirement. Vendor must address each subsection within the requirement. |
|-----|--|

☐ Confirmed

☐ Not Confirmed

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question- Member Portal

34. Vendor must confirm that it will meet the requirements set forth in Section 5.3.6.2.4. and describe its approach to meeting the requirement. Vendor must address each subsection within the requirement. The response must specifically include the following:

- Screenshots as appropriate
- For subsection i., the description of all Services available to Plan Members via the mobile application
- Describe any other web Services available to the Plan and Plan Members at no additional cost.

☐ Confirmed

☐ Not Confirmed

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question- Custom Communication

35. Vendor must confirm that it will meet each requirement set forth in Section 5.3.6.2.5.

Vendor shall:

a. Develop, print, and mail customized pharmacy welcome packets, annual Preferred drug lists, and other materials, as requested by the Plan.

☐ Confirmed

☐ Not Confirmed

b. Co-brand letters or other materials Vendor sends to Plan Members with the Plan's logo.

☐ Confirmed

☐ Not Confirmed

c. Customize the content of any letters or other materials Vendor sends and/or displays to Plan Members per the Plan's request.

☐ Confirmed

☐ Not Confirmed

d. Notify Plan Members in writing of any process or other changes no less than thirty (30) calendar days prior to implementation of the change(s).

☐ Confirmed

☐ Not Confirmed

- e. Develop and implement new communication materials for Plan Members to support any programs implemented for the Plan.

☐ Confirmed

☐ Not Confirmed

- f. Suppress specific Plan Member communications, upon request by the Plan.

☐ Confirmed

☐ Not Confirmed

- g. Conduct customized annual Plan Member satisfaction surveys and present the results to the Plan within forty-five (45) days of the close of the reporting period.

☐ Confirmed

☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

TPA and Other Vendor Integration

Evaluation Question - Integration	
36.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.7.2.1. and describe its approach to meeting the requirements. Vendor must address each subsection within the requirement.
<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed	

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Project Management and Integrated Testing

Evaluation Question – Initial Implementation Requirements	
37.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.8.2. and describe its approach to meeting the requirements. Vendor must address each subsection within the requirement.
<div><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</div> <p>Vendor's Response:</p>	

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question-Ongoing Testing and Implementation

38. Vendor must confirm that it will meet the requirements set forth in Section 5.3.8.4.1. Vendor shall:

- a. Oversee any initiatives requested by the Plan including annual open enrollment testing through its dedicated project manager.

☐ Confirmed

☐ Not Confirmed

- b. Develop Solutions Documents, Implementation Plans, Test Plans, Deployment Plans, and Close Out Documentation for each work stream derived from the Plan's Business Requirements on an ongoing basis and as requested by the Plan. These documents shall be mutually agreed upon by Vendor, the Plan, and any impacted Plan Vendor. The Plan's Contract Administrator regarding day-to-day activities is authorized to sign these documents for the Plan.

☐ Confirmed

☐ Not Confirmed

- c. Support both Unit Testing and End-to-End Testing for new initiatives, Plan Design changes, and Vendor changes, prior to deployment. To support testing, Vendor shall not only have the technical and business resources, but also the appropriate test environments with access for the Plan. As mentioned above,

the Test Plan shall be mutually agreed upon by Vendor, the Plan, and impacted Plan Vendors.

☐ Confirmed

☐ Not Confirmed

- d. Allow the Plan and the Plan's EES vendor access to view enrollment in Vendor(s)' test systems to confirm test results.

☐ Confirmed

☐ Not Confirmed

- e. Support and participate in End-to-End Testing that may be required to support enhancements developed by other Plan Vendors.

☐ Confirmed

☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Data and Reporting

Evaluation Question – Data Access and Transparency	
39.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.9.2.2. Vendor shall provide:

- a. Uncompromising visibility into all financial and operational relationships, including complete disclosure of all revenue streams and granular revenue reporting.

☐ Confirmed

☐ Not Confirmed

- b. Full, unredacted access to all claims, financial, and operational data, including but not limited to claims files, financial records, pharmacy contracts, MAC lists, remittance data, and utilization data.

☐ Confirmed

☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Data Files

40. Vendor must confirm that it will meet the requirements set forth in Section 5.3.9.3.1. Vendor shall:

- a. Provide a custom claims file to the Plan, or Plan vendor and partners, on an interval to be determined during the implementation. While the file shall be based on the Vendor's standard file format, additional custom items, such as, but not limited to, tier codes, may be required. Custom identifiers will be required as detailed below. The details of the file shall be documented in a Business Requirement Documents (BRD) similar to Attachment 5: Pharmacy Benefit Manager Data File Requirements BRD.

☐ Confirmed

☐ Not Confirmed

- b. Provide complete claims-level data for all dispensing channels, including retail, mail order, and specialty pharmacy, with all fields for financial, clinical, and operational analysis.

☐ Confirmed

☐ Not Confirmed

- c. Include fields indicating which claims are included and excluded from financial guarantees (including those provided by other vendors) and the reason for inclusion/exclusion in the Claims data.

☐ Confirmed

☐ Not Confirmed

- d. Include reference files and data dictionaries with thorough field descriptions.

☐ Confirmed

☐ Not Confirmed

- e. Include a control file with each data file, utilizing a SHA512 Hash Checksum algorithm to verify data integrity.

☐ Confirmed

☐ Not Confirmed

- f. Deliver files encrypted to the Plan's secure sFTP server.

☐ Confirmed

☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Data Matching and Identifier Requirements	
41.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.9.4.1. Vendor shall:
<p>a. Include consistent and complete identifiers in all Data Files that enable accurate matching of Plan Members and transactions across systems and data sources, including but not limited to: the Plan's Third-Party Administrator (TPA), Enrollment and Eligibility Services (EES) vendor, and other Plan vendors.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>b. Use the unique member identifier provided by the Plan's EES vendor as the primary key for all member-level data and shall not substitute or overwrite this identifier with a vendor-generated ID.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>c. Ensure that all identifiers are consistently formatted and populated across all Data Files, including claims, eligibility, rebate, utilization management, and specialty pharmacy files.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>d. Provide a crosswalk or mapping file upon request to support reconciliation between vendor-specific identifiers and Plan-standard identifiers.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>e. Include in all Data Files and systems the following identifiers to support cross-vendor and cross-file matching:</p> <ol style="list-style-type: none"> 1) Unique Member Identifier: The unique ID assigned by the Plan's EES vendor (not a vendor-generated ID). 2) Member SSN (if available and permitted): For matching legacy records and supporting audits. 3) Medicare Beneficiary Identifier (MBI): For Medicare primary members. 4) Group ID: To support group-level reporting and aggregation. 5) Plan Design ID: To distinguish between benefit structures. 6) Claim Number: Unique identifier for each claim, consistent across all files referencing the same transaction. 	

- 7) Transaction Control Number (TCN): If used, to support reconciliation across systems.
- 8) Date of Birth and Gender: For validation and matching where needed.
- 9) Enrollment Span ID or Effective Date: To align claims and eligibility records.
- 10) File Source and File Type Identifiers: To distinguish between file types and support audit trails.

☐ Confirmed☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Data Accuracy and Validation

- | | |
|-----|---|
| 42. | <p>Vendor must confirm that it will meet the requirements set forth in Section 5.3.9.5.1.a. and describe its approach to meeting the requirements. The response must specifically describe how it will perform and document accuracy testing for every Data File and report delivered, including:</p> <ul style="list-style-type: none">• Reconciling claims totals against corresponding invoices (total paid amounts must match within 0.5% variance; explanations required for deviations).• Reconciling claims totals against each financial guarantee.• Cross-checking enrollment data against source files for accuracy.• Providing evidence of testing (e.g., audit logs, reconciliation reports) with each submission or upon request within five (5) business days. |
|-----|---|

☐ Confirmed☐ Not Confirmed

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Retention and Access

43. Vendor must confirm that it will meet the requirements set forth in Section 5.3.9.6.1. Vendor shall:

a. Retain records for ten years from the date that services were provided.

☐ Confirmed

☐ Not Confirmed

b. Provide access to such records and its facilities at any time during reasonable business hours during the ten-year holding period referred to above and agree to assist the Plan in the examination and assessment of such records.

☐ Confirmed

☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question - Reporting

44. Vendor must confirm that it will meet the requirements set forth in Section 5.3.9.7.1.

- a. Vendor shall provide monthly, quarterly, annual, and ad hoc reports in formats compatible with Plan systems and analytics tools. These will be custom reports. The report formats, delivery dates and layouts will be developed during implementation. The ongoing, Standard Reports and corresponding delivery schedule will be documented in Attachment 6: Standard Reports and incorporated into the Contract via an ADM. The report formats will be memorialized via a BRD(s). The types, frequency and formats of the reports can be modified throughout the lifetime of the Contract to support changing business needs.

The types of Standard Reports include, but are not limited to, the types of reports outlined below and in Attachment 6: Standard Reports:

- 1) UM reports that include DUR, PAs, fraud/waste/abuse metrics, and other UM data.
- 2) Safety Monitoring reports
- 3) Medicare COB Reports
- 4) Monthly claims triangles, retail pricing model by line of business, eligibility and accumulator services, pharmacy network utilization, and member engagement metrics.
- 5) Reports on discount guarantee performance no less than quarterly, as well as annual reporting with discount guarantee performance and reconciliation of any amounts owed to the Plan due to underperformance.
- 6) Monthly MAC lists.

☐ Confirmed

☐ Not Confirmed

b. Vendor shall provide a weekly membership report that includes, but is not limited to, the information below. The specific data elements will be determined during implementation. Due to size, this report will be delivered by the Vendor to the Plan's SharePoint:

- 1) Group Number
- 2) All internal and external Member Identification numbers
- 3) Member number
- 4) Coverage effective date
- 5) Coverage expiration date
- 6) Current benefit effective date
- 7) Current benefit expiration date
- 8) Member First Name
- 9) Member Last Name
- 10) Member SSN
- 11) Member date of birth
- 12) Member tier
- 13) Member benefit identifier code(s)
- 14) Member date of birth
- 15) Medicare primary flag
- 16) Medicare Coverage
 - a. Medicare A
 - b. Medicare B
- 17) Medicare effective date
- 18) Medicare expiration date
- 19) RDS Indicator (if applicable)

☐ Confirmed ☐ Not Confirmed

c. Vendor will add or modify reports during the contract term as requested by the Plan.

☐ Confirmed ☐ Not Confirmed

d. Vendor will provide the methodology and data logic used to produce all standard and custom reports and how that logic corresponds to the Data Files that Vendor shall provide to the Plan on an ongoing basis.

☐ Confirmed ☐ Not Confirmed

- e. Vendor will work collaboratively with Plan staff, consultants, and auditors to ensure reporting meets evolving needs and supports strategic decision-making.

☐ Confirmed ☐ Not Confirmed

- f. Vendor shall produce non-complex ad hoc reports [can be compiled within four (4) hours] within two (2) State Business Days of request and more complex ad hoc report request within five (5) State Business Days to support the Plan's responsibilities to the Board of Trustees and/or North Carolina General Assembly.

☐ Confirmed ☐ Not Confirmed

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Optional Services

Evaluation Question – Part D Administration	
45.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.10.2.1. and describe its approach to meeting the requirements should the optional service be exercised. Vendor must address each subsection within the requirement.
<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed	

Vendor's Response:

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Work Site Vaccination Clinics	
46.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.10.3.1. and describe its approach to meeting the requirements. Vendor must address each subsection within the requirement.
<div><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</div> <p>Vendor's Response:</p>	

The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.

☐ Vendor has no limitations or issues.

☐ Vendor has limitations or issues as described in the following response:

Evaluation Question – Other Optional Services

- | | |
|-----|---|
| 47. | List and describe any other optional Services as described in Sections 5.3.10.4. and 5.3.11.1 that Vendor can offer as part of this Contract, including any Conditional Services, by completing the table below. The Plan may elect to utilize one or more of these optional Services through the procurement process or an Amendment to the Contract. The pricing for any optional Service must be included in Vendor's Cost Proposal. |
|-----|---|

Optional services Table:

Optional Service	Conditioned on Award of Multiple Modules- Yes or No. If yes, indicate which additional Module or Modules must be awarded to exercise the Option, e.g. Yes – Modules 2 and 3.	Description of Service. Include in the description any dependencies or limitations.	Projected Member utilization/participation in the Service

Transition of Services

Evaluation Question	
48.	Vendor must confirm that it will meet the requirements set forth in Section 5.3.12.2. and describe its approach to meeting the requirements. Vendor must address each subsection within the requirement.
<div><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</div> <div>Vendor's Response:</div> <div>The Vendor must describe any limitation(s) or issue(s) with the meeting the requirements.</div> <div><input type="checkbox"/> Vendor has no limitations or issues.</div> <div><input type="checkbox"/> Vendor has limitations or issues as described in the following response:</div>	

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Multiple Module Efficiencies

Evaluation Question – Multiple module efficiencies. (Only respond if also bidding on Module 2 and/or 3.)	
49.	<p>Identify and describe the benefits to the Plan if Vendor is awarded multiple modules under the procurement. Include in the response ways in which operations could be more efficient or effective, member experience could be improved, and how compliance with technical requirements would be impacted. Specifically identify which modules must be awarded to achieve the described benefit.</p> <p>Vendor Response:</p>