

ATTACHMENT O -3: MODULE 3 TECHNICAL REQUIREMENTS RESPONSE**A. Module 3 - Response to Technical Evaluation Questions****Instructions:**

Vendor must respond to all questions and each part and subpart to each question in this Attachment O-3: Module 3 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-3: Module 3 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.

Corporate Background and Conflicts of Interest

Evaluation Question – Corporate Background	
1.	Vendor shall provide a description of the company, its operations and ownership. The description must include the following information: <ul style="list-style-type: none">a. Name, address, telephone number, fax number, and email address of the legal entity with whom the contract is to be written;b. Description of corporate structure and legal status;c. List of board of trustees or board of directors and their organizational affiliations.
Vendor's Response:	

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:	

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).
<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed	
Vendor's Response:	

Account Management

Evaluation Question – 100% Dedicated Resources	
4.	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 7.3.1.2.1.a. The team must include, at a minimum, the following roles:

	1) Account Manager 2) Specialty Pharmacy Manager Describe the resources, including experience, that will be provided to the Plan, and approach to meeting the requirements set forth in Section 7.3.1.2.1. a.
<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed	
Vendor's Response:	

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 7.3.1.2.1.b. The resources must include, at a minimum, the following roles: <ul style="list-style-type: none"> 1) Account Executive 2) Project Manager(s) 3) Privacy Officer 4) Attorney 5) Network/Contracting Resource 6) Underwriter/Financial Analyst 7) 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. Describe the resources, including experience, that will be provided to the Plan, and approach to meeting the requirements set forth in Section 7.3.1.2.1.b.
<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed	
Vendor's Response:	

Evaluation Question – Up to 50% FTE Resources	
6.	Vendor must confirm that it will meet the requirements of Section 7.3.1.2.1.c and describe its approach to meeting that requirement. Include in your description resources that will be utilized under the contract outside of those identified in response to questions 1. and 2.
<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed	
Vendor's Response:	

Evaluation Question – North Carolina Presence	
7.	The Plan prefers a Vendor with a strong North Carolina Presence. Describe which, if any, of the resources dedicated to the Plan and which operational facilities to be utilized for performance of the Contract, are located in North Carolina.
Vendor's Response:	

Evaluation Question – Transparency (Answer only if also bidding on Modules 1 and/or 2).	
8.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.1.2.2. and describe its approach to each of the subsections of 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 – Systems and Resources

- | | |
|----|---|
| 9. | <p>Vendor must confirm that it will meet the requirements set forth in Section 7.3.1.2.3. and describe its approach to each of the subsections of the requirement. Response must specifically address the following:</p> <ul style="list-style-type: none">➤ For subsection b., an example of a recent custom program Vendor developed to support a client's unique need(s). This could include, but is not limited to, specialty pharmacy programs, or value enhancement strategies. |
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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 - Compliance

- | | |
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| 10. | <p>Vendor must confirm that it will meet the requirements set forth in Section 7.3.1.2.4. regarding compliance with laws and regulations and describe its 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. |
|-----|--|

☐ Confirmed

☐ Not Confirmed

Vendor's Response:

Evaluation Question – Plan Authority	
11.	Vendor must confirm its understanding and agreement with Section 7.3.1.2.5. 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.</div> <div><input type="checkbox"/> Vendor has limitations or issues as described in the following response:</div>	

Evaluation Question – Bias (Answer only if also bidding on Module 1 and/or 2).	
12.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.1.2.6. and describe its approach to each of the subsections of 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 – Therapeutic switching (Answer only if also bidding on Module 1 and/or 2).

13. Vendor must confirm that it will meet the requirements set forth in Section 7.3.1.2.7. and describe its approach to each of the subsections of 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:

Financial Requirements

Evaluation Question – Financial Requirements	
14.	<p>Vendor must confirm that it will meet the requirements set forth in Section 7.3.2.2.1. and describe its approach to each of the subsections of the requirement</p> <div style="padding: 10px;"><p>a. 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 Vendors book of business; or (b) providing pricing based on actual cost of good (e.g. acquisition cost plus a fixed fee), if such terms are more favorable than current rates.</p><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Confirmed</div><div><input type="checkbox"/> Not Confirmed</div></div><p>b. Provide comments on any Market Check analysis within ten (10) State Business Days of receipt of the Report from the Plan or its designee.</p><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Confirmed</div><div><input type="checkbox"/> Not Confirmed</div></div></div>

- c. Support the Plan's ability to conduct a Market Check as outlined in Section 7.3.2.2.1.a above and agree to amend the Contract as needed to implement new pricing terms as agreed by the Parties.

☐ Confirmed☐ Not Confirmed

- d. Meet with the Plan on a quarterly basis to review the NDC-Level Price List for all new-to-market drugs and all other drugs that represent a significant share of the Plan's utilization or cost. The Plan and Vendor will discuss in good faith the NDC Mail Price List, and add drugs to the list, and revise minimum guaranteed discounts for each drug on the list to ensure they are optimal relative to the marketplace.

☐ Confirmed☐ Not Confirmed

- e. For new-to-market drugs, apply a default discount guarantee off AWP, as indicated in Attachment A-3 Module 3 Cost Proposal Response, until a specific minimum guaranteed discount is negotiated at the quarterly meeting.

☐ Confirmed☐ Not Confirmed

- f. For drugs that are not included on the NDC Level Price List apply a default discount guarantee off AWP, as indicated in Attachment A.

☐ Confirmed☐ Not Confirmed

- g. Facilitate carve-out of any drug to an alternative Specialty Pharmacy or vendor selected by the Plan if the Vendor's pricing exceeds benchmarks, including but not limited to (a) pharmacy's actual acquisition cost; (b) Wholesale Acquisition Cost (WAC); (c) National Average Drug Acquisition Cost (NADAC); or (d) other industry-standard benchmarks (e.g. Average Manufacturer Price (AMP) or state survey data). Exceedance shall be determined on a per-drug or per-claim basis and is subject to audits by the Plan or its designee. Facilitation includes, at no additional cost to the Plan: (a) providing sixty (60) days' notice of any price changes that could trigger carve-out; (b) transferring prescription data, member history, and inventory as needed; (c) coordinating seamless

transitions to minimize member disruption (e.g. no gaps in access); and (d) complying with Plan directives within thirty (30) days of notice. The Plan reserves the right to initiate carve-outs upon evidence of exceedance.

☐ 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:

Mail and Specialty Pharmacy Services

Evaluation Question – Technology and Operations	
15.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.3.2.1. and describe its approach to each of the subsections of the requirement. For subsection a., include in the description the Vendor's online, call center, and if applicable brick and mortar service model. For subsection b., include in the description how it will determine Medicare primacy for Plan Members. For subsection f., Vendor must identify any

	drugs that cannot be sourced including any sourcing shortfalls in meeting expected Member demand.
<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 – Processing, Fulfillment, and Delivery	
16.	Vendor must confirm that it will meet each requirement set forth in Section 7.3.3.2.2.
<p>a. Products that result in a higher Plan Member copay shall not be substituted. If a substitution must occur, the Plan Member shall be charged the original or lower copay.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	

b. Plan will not be responsible for delinquent or unpaid member copays.

☐ Confirmed

☐ Not Confirmed

c. Vendor shall always maintain at a minimum URAC pharmacy accreditation and adopt other accreditation standards as appropriate.

☐ 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 – Care Management and Coordination	
17.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.3.2.3 and describe its approach to each of the subsections of the requirement
<div><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</div> <div>Vendor's Response:</div>	

☐ 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 - Audits

18. Vendor must confirm that it will meet the requirements set forth in Section 7.3.3.2.4. and describe its approach to meeting the requirement. The response must specifically include the following:

- Frequency and impacts of Vendor audits.

☐ 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 Audit Cooperation	
19.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.3.2.5.
<p>a. Vendor shall cooperate with the Plan in any audit it conducts of the Vendor. Such cooperation includes providing systems access to the Auditor and all data needed to complete the audit as determined by the Plan.</p> <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>	

Member Experience

Evaluation Question – Call Center	
20.	Vendor must confirm that it will meet each requirement set forth in Section 7.3.4.3.
<p>1. Vendor shall 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>	

2. Vendor shall add additional resources to the call center as required to meet increased demand during peak call periods, such as during Open Enrollment.

☐ Confirmed

☐ Not Confirmed

3. Vendor shall have a dedicated toll-free number for Plan Members.

☐ Confirmed

☐ Not Confirmed

4. Vendor has a 24/7/365 Interactive Voice Response (IVR) systems with basic eligibility, benefit, and claim status information for Plan Members.

☐ Confirmed

☐ Not Confirmed

5. Vendor shall 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

6. Vendor shall customize the IVR script with a Plan-specific greeting and prompts, and transfers to other Plan Vendors.

☐ Confirmed

☐ Not Confirmed

7. Vendor shall 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

8. Vendor shall receive emails from Plan Members and respond to their inquiries.

☐ Confirmed

☐ Not Confirmed

9. Vendor shall provide non-English speaking Services for callers who may need assistance in other languages. Include in the description what languages are available.

☐ Confirmed

☐ Not Confirmed

10. Vendor shall offer Telecommunication Device for the Deaf (TTY) Services, for Plan Members that need them. Include in the description other Services Vendor may offer for this population.

☐ Confirmed

☐ Not Confirmed

11. Vendor shall have a process for receiving, handling, and resolving member complaints and issues.

☐ 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	
21.	Vendor must confirm that it will meet each requirement set forth in Section 7.3.4.5. Vendor will:
1.	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.

☐ Confirmed

☐ Not Confirmed

2. Provide copies of recorded calls to the Plan within two (2) State Business Days of the request.

☐ Confirmed

☐ Not Confirmed

3. Provide detailed copies of all call notes to the Plan within two (2) State Business Days of the request.

☐ Confirmed

☐ Not Confirmed

4. Provide reports, based on call reason type, to the Plan upon request.

☐ Confirmed

☐ Not Confirmed

5. 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.

☐ Confirmed

☐ Not Confirmed

6. Have 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 – Point of Contact	
22.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.4.7.1. and 7.3.4.7.2. and describe its approach to meeting the requirements.
<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>	

Other Vendor Integration

Evaluation Question – Other vendor integration	
23.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.5.2.1 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>	

Project Management and Integrated Testing

Evaluation Question – Initial Implementation	
24.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.6.2.1. 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 – Ongoing testing and implementation requirements	
25.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.6.4. 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:

Data and Reporting

Evaluation Question – Data Access and Transparency	
26.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.7.2.1. Vendor shall:
<p>a. Provide full, unredacted access to all claims, financial, and operational data, including but not limited to claims files, financial records, remittance data, and utilization data.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p> <p>The Vendor must describe any limitation(s) or issue(s) with 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 – Data Files	
27.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.7.4.1. Vendor shall:
<p>a. Provide a custom data file to the Plan 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 and dispensing, shipping and copay assistance information will be required. The details of the file shall be documented in a Business Requirement Documents (BRD) similar to Exhibit 5, Pharmacy Benefit Manager Data Files BRD.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>b. For claims data, include fields indicating which claims are included and excluded from financial guarantees (including those provided by other vendors) and the reason for inclusion/exclusion.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>c. Include reference files and data dictionaries with thorough field descriptions.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>d. Include a control file with each data file, utilizing a SHA512 Hash Checksum algorithm to verify data integrity.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>e. Deliver files encrypted to the Plan's secure sFTP server.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	

The Vendor must describe any limitation(s) or issue(s) with 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

28. Vendor must confirm that it will meet the requirements set forth in Section 7.3.7.5.1. Vendor shall:

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.

☐ Confirmed

☐ Not Confirmed

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.

☐ Confirmed

☐ Not Confirmed

c. Ensure that all identifiers are consistently formatted and populated across all data files, including claims, eligibility, rebate, utilization management, and specialty pharmacy files.

☐ Confirmed

☐ Not Confirmed

d. Provide a crosswalk or mapping file upon request to support reconciliation between vendor-specific identifiers and Plan-standard identifiers.

☐ Confirmed

☐ Not Confirmed

e. Include in all Data Files and systems the identifiers needed to support cross-vendor and cross-file matching. The Plan recognizes that some of the identifiers listed below may not be transferred to the Vendor. The final list will be determined during the implementation.

- 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 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	
29.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.7.6.1. and 2. and describe its approach to meeting the requirements.
<div><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</div> <div>Vendor Response:</div> <div>The Vendor must describe any limitation(s) or issue(s) with 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 – Retention and Access	
30.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.7.7.1. and 2. Vendor shall:
<div>1. Retain records for ten years from the date that services were provided.</div> <div><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</div>	

2. 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:

Reporting Requirements

Evaluation Question- Standard Reports	
31.	<p>Vendor must confirm that it will meet the requirements set forth in Section 7.3.7.8.1. Use the table below to indicate Confirmed or 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>

Report	Description	Frequency	Confirmed	Not Confirmed
MAC Pricing Report	Report to detail MAC price changes by Network	Daily		
Financial Guarantee Reporting	Quarterly and annual 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.	Quarterly and Annually		
Pharmacy Performance Report	Discounts, fees, and total cost paid by drug and pharmacy type and trend	Monthly		
Call Center Reporting	<p>Call center calls to include daily tracking of performance metrics and trending with detail call drivers and variance explanation:</p> <ul style="list-style-type: none"> • Number of calls to member service center(s) • Categorical breakdown of call to member service center(s) • Average speed of answer for member service center(s) • First call resolution rate for member service center(s) • Usage statistics for member service center(s) • Reason for the Member's call and categorical outcomes information of the call 	Monthly		
Clinical Program and outreach and	Program outcomes report for any clinical outreach activity (e.g., Medication adherence, formulary conversion, etc.)	Varies		

outcomes report				
Specialty Drug Trend Report	Top drug, drug class quarterly and annual trend on PMPM cost, cost per script, and utilization by lines of business	Quarterly		
Drug Pipeline Report and Budget Impact Forecast	Drug Pipeline for next 24 months that summarizes key clinical insights and projected prevalence of use and cost impact	Quarterly		
Copay Card Report	Detailed, claim-level reporting, no less than quarterly, with copay card, coupon, or other manufacturer assistance program utilization to the Plan in Excel format. The report should include claim costs, manufacturer assistance amounts applied, actual member costs, claim numbers, member IDs, or other identifiers	At least Quarterly		
Drug List	Includes a list of drugs by GPI, NDC, and drug categories included in the Specialty pharmacy services package.	Quarterly		

Evaluation Question – Ad hoc and custom reporting	
32.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.7.8.2. Vendor shall:
<p>a. Provide ad hoc, custom reports on an as needed basis.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>b. 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.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	

- c. Produce non-complex ad hoc reports [Can be produced in less than 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

- d. Collect and maintain the Member Cost Shares, Third-Party Assistance Amounts, and Member Paid Amounts at the claim level for all prescription drug claims submitted to the Module 1 Vendor.

☐ Confirmed

☐ Not Confirmed

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

☐ 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 – Optional Services	
33.	List and describe any other optional Services as described in Sections 7.3.8 and 7.3.9 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

34.	Vendor must confirm that it will meet the requirements set forth in Section 7.3.10.2.
<p>1. If a contract results from this solicitation, Vendor shall cooperate fully with the incumbent, as required by the Plan, in the transition of contract related activities.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>2. If the contract is not renewed at the end of the last active term or is canceled prior to its expiration for any reason, the Vendor shall cooperate fully in the transition of Contract-related activities to the successor vendor and Plan for a period of up to eighteen months, if requested by the Plan to allow for the expired or canceled portion of the Services to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Services to the Plan or its designees.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>3. At a minimum, Vendor shall provide the following transitional services at the end of the Contract or if services are carved out of the Contract:</p> <p>a. Support the Plan eighteen month claims runout as required by.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>b. Work with the Plan and the new PBM Services vendor to develop a transition schedule that causes minimal disruption to Plan Members.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	
<p>c. Work with the Plan and the new PBM Services vendor(s) to transfer utilization management, refill information, and any other data as requested during the new contract implementation period.</p> <p><input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed</p>	

- d. Continue to send claims Data Files to the Plan during the runout period. The file delivery schedule shall be determined during the implementation of the new contract.

☐ 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 – Multiple module efficiencies. (Only respond if also bidding on Module 1 and/or 2.)

35. 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.

Vendor Response: