



STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
765 ASYLUM AVENUE HARTFORD, CT 06105-2822
Toll free 1-800-504-1102 (860) 241-8402 Fax (860) 241-9295
www.ct.gov/trb

BID ADDENDUM #7

DESCRIPTION: Pharmacy Benefits Manager

BIDDERS NOTE: The following questions were received in response to Bid #TRB2010-01. Answers follow each question asked.

Question: What should be used as the basis for AWP? The pre or post McKesson settlement figures?

Answer: The post McKesson AWP should be used, as the initiation period of the contract will be after the new method is implemented.



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BID ADDENDUM #6

DESCRIPTION: Pharmacy Benefits Manager

BIDDERS NOTE: The following questions were received in response to Bid #TRB2010-01. Answers follow each question asked.

Question: What specifically, in the contract, caused the selected vendor to back away from the contract award?

Answer: Please click the link below for the memorandum that answers this question.

[Vendor Contract Objections](#)



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September 1, 2009

BID ADDENDUM #5

DESCRIPTION: Pharmacy Benefits Manager

1. Can you please verify what is the correct name that should be used on future correspondence when responding to this RFP? The cover page of the document indicates the name is: Connecticut State Teachers' Retirement Board. However, there are several other references throughout the document that indicates that the correct name is State of Connecticut Teachers Retirement Board.

State of CT Teachers' Retirement Board

2. In appendix A we were given a sample contract to comply with. Can we please have this form in word/excel format for potential changes.

[Form Contract for All State Agencies](#)

3. Additionally is it possible for us to provide our standard pharmacy benefit contract to work with?

Your standard pharmacy benefit contract may be submitted in addition to the ST of CT contract language absent any conflicting language to the ST of CT required language.

4. Is TRB requesting a formulary disruption analysis; If yes can we please be provided a formulary file?

We are interested in seeing only a top 100 fall out. Beyond that we can live with the formulary changes in low utilization drugs.

5. Is the RFP and all exhibits available in word/excel?

[RFP - Pharmacy Benefit Services](#)
[TRB Appendices D-F](#)

6. Is TRB requesting a Cost-Savings Analysis?

We are not requesting savings analysis. We will use our own model to evaluate comparative savings. Rebates should be carved out and transparent.

7. How long has Systemed been the incumbent?

More than ten years

8. Is there any compelling reason why TRB is out to bid?

The current vendor was unwilling to sign the ST of CT contract.

9. Can the SAS Type 2 audit be waived, if not, when would the audit be expected?

No, the SAS Type 2 audit cannot be waived and is required on an annual basis upon completing of the audit.

10. Can TRB provide the most recent bid?

We have made a decision not to provide the details of the latest bid since it did not result in an executed contract.

11. Is TRB willing to consider a Part D integrated plan?

Yes we are, however the last offers we received for an integrated plan were 30% higher than our current net plan costs.



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BID ADDENDUM #4

DESCRIPTION: Pharmacy Benefits Manager

BIDDERS NOTE: The following questions were received in response to Bid #TRB2010-01. Answers follow each question asked.

Question: What does "RRA penalty" mean? It is found on plan design.

Answer: The RRA refers to costs that are assessed by CMS for incorrect submittals of information to the Retiree Drug Subsidy Program (RDS).

Question: We are still not confident we know which forms are needed. Can you please give us the exact forms that are needed to be completed with our response?

Answer: We prefer the following forms be included in the bid:

OPM Ethics Form 1, 5, and 6
SEEC Form 10
All Non discrimination certification forms must be included

Question: While summary level claims detail was provided which is appreciated, can you provide us with the following:

Note: See page two for chart of the requested information and the answer to this question.

| Field | Example | Description |
|--------------------------------|---------------------------------|---|
| Service Date / Fill Date | 01/01/2008 | Date the request was filed (MM/DD/YYYY). |
| Member ID | 1234567890 | Unique Identifier for a member. Does not have to be the actual member number, but does have to be provide a way to show unique members. |
| NDC | 9999999999 | National Drug Code. Must be full 11 digits. |
| Drug Name | PROZAC | Name of drug dispensed. |
| Quantity | 30 | Quantity dispensed. |
| Days Supply | 30 | The expected number of days the drug will be used. F = Formulary / N = Non-Formulary |
| Formular Indicator | F / N : 1/2/3 (Tier) | 1 = First Tier / 2 = Second Tier / 3 = Third Tier etc. |
| OSM Code | 1 | Dispense As Written/Product Select Code |
| Primary / Secondary Claim Flag | P / S | P = Primary / S = Secondary |
| Manual Claim Flag | Y / N | Y = Yes the claim was manually processed / N = No the claim was NOT manually processed |
| Cost Type Code | MDC / AMP / UAC | Definition of how the claim paid |
| Approved Cost | \$2.50 | Approved amount in greatest cost. |
| Unit Cost | 1.66 | Cost per pill, tab, capsule, unit, etc. |
| Dispensing Fee | 2.5 | Approved amount on fee. |
| Member Paid Amount | 5 | Approved member paid amount. |
| Plan Paid Amount | 5 | Approved plan paid amount. |
| Member DOB | 01/01/2008 | Member's birth date (MM/DD/YYYY) |
| PHAP / NCPDP Number | 3000000 | The number assigned to the pharmacy by the National Association of Boards of Pharmacy. R = Retail / M = Mail Order / S = Specialty / GEN = 20 Day of Retail |
| Pharmacy Type | Retail / Mail / Specialty / GEN | Y = Yes the Pharmacy is a qualified 340B Pharmacy / N = No the Pharmacy is NOT a qualified 340B Pharmacy |
| 340B Pharmacy Flag | Y / N | Unique Identifier for a prescriber. Does not have to be the actual DEA number, but does have to provide a way to show unique prescribers. |
| Prescriber ID | AD1234567 | |

Answer: In the past summary claims detail has always been provided.



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BID ADDENDUM #3

DESCRIPTION: Pharmacy Benefits Manager

BIDDERS NOTE: The following questions were received in response to Bid #TRB2010-01. Answers follow each question asked.

Question: Whether the state will sign a non-disclosure statement from the vendor and are there any propriety information that is exempt from FOI?

With respect to your inquiries regarding the state signing non-disclosure statements and exemptions from the FOIA, I can only respond generically since we do not have specific information. Simply, the state is not in a position to sign a non-disclosure statement from a vendor because the general "rule under the Freedom of Information Act [FOIA] is disclosure, and any exception to that rule will be narrowly construed in light of the general policy of openness expressed in the FOIA legislation." Department of Public Utilities of the City of Norwich v. Freedom of Information Commission, et al., 55 Conn. App. 527, 532 (1999). Certain documents are exempt from disclosure and such documents are delineated in Conn. Gen. Stat. Sec. 1-210(b). You may wish to review Sec. 1-210(b)(5)(A) in particular because it addresses "trade secrets," *i.e.*, proprietary information. The burden of proving the applicability of any exception to the FOIA, however, will rest upon the party, *e.g.*, vendor, that claims the exemption, not the state.

Question: Can we request a bidder to submit a draft contract with the bid?

With respect to requesting a "draft contract" with bids, there does not appear to be any prohibition against such a request. I would caution you, however, with respect to such requests. Specifically, you want to ensure that there are no irregularities in the bidding process, so no claims of "fraud, corruption or acts undermining the objective and integrity of the bidding process" may be made by any party claiming aggrievement. Ferguson Mechanical Company, Inc. v. Department of Public Works, 282 Conn. 764, 770 n 6 (2007); see also Unisys Corp. v. Department of Labor, 220 Conn. 689, 693-95 (1991). Therefore, if you request a draft contract from one vendor, you should request a draft contract from all vendors.

Question: Can we have current plan year data?

Answer: The links below are to the most recent 14 month plan performance data and the top 100 drugs report.

[Plan Performance Data – Last 14 months](#)

[TRB Top 100 Drugs Report](#)



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BID ADDENDUM #2

DESCRIPTION: Pharmacy Benefits Manager

BIDDERS NOTE: The following questions were received in response to Bid #TRB2010-01. Answers follow each question asked.

Question: How many pharmacies are in the current network?

Answer: The current plan offers approximately 60,000 pharmacy locations. The number of pharmacies in the network has grown within the current vendor. Which matching the current size is not essential we expect that most bidders will provide a panel of 50 to 60 thousand pharmacies that are well geographically dispersed.

Question: Can we have current plan year data?

Answer: The link below is to the most recent 14 month plan performance data. We will post the top 100 drug report as soon as possible.

[Plan Performance Data – Last 14 months](#)

Question: Would the state agree to a nondisclosure statement?

Answer: No, the State of Connecticut requires all bids to be public information.

Question: Do we use a national or specific formulary?

Answer: That is the choice of the Firm bidding. Given the sensitive nature of formularies and the need for cost effectiveness each firm has to determine the trade-off between these two attributes in submitting their bids.

Question: Is Proprietary information FOIable?

Answer: All information related to this bid held by the state or its consultant may be FOIed. The reason all written communication is posted is for purposes of making the bid public and transparent. If I endeavor as the consultant to respond

to a relevant question orally, I will also post it on the TRB web site so that questions that are of concern to bidders are answered for all bidders.

Question: Will there be a change in current plan model?

Answer: No change is expected.

Question: Would you consider resetting the deductible period?

Answer: Yes we are considering moving the deductible period for purposes of ease of transference.

Question: Do we have a list of members who will be age 65?

Answer: Virtually all members are age 65 (a SSI person could slip in every once in a while). To be a member you must be Medicare eligible.

As a note the state of Connecticut is very interested in process and form. The bids must be complete on time and must be willing to conform to the states contractual requirements.

Just a reminder all communication should come through TRB not to Dr. Fields. We will communicate with Dr. Fields regarding any issues with the contract.



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BID ADDENDUM #1

DESCRIPTION: Pharmacy Benefits Manager

BIDDERS NOTE: The following questions were received in response to Bid #TRB2010-01. Answers follow each question asked.

Question: I am interested in attending the Bidders Conference. What time does the conference start and where will it be held?

Answer: The Bidders Conference is on Friday, August 21, 2009 at 10:00 AM. It will be held at the Teachers' Retirement in the boardroom on the Second Floor at 765 Asylum Avenue, Hartford, CT 06105.

Directions



Invitation to Bid

STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
765 Asylum Street, HARTFORD, CT 06105
(860) 241-8402 Fax (860) 241-9295 www.ct.gov/trb

Form TRB1

Bid # TRB2010-01- Rebid of TRB2009-01

Bid Description: Pharmacy Benefits Manager

Intent to Bid Letter Due: August 21, 2009

Bid Due Date: September 16, 2009, 1:00 PM

| |
|--|
| 1. Ethics summary & forms: |
| a. Gift Certification Form 1: http://www.ct.gov/opm/lib/opm/finance/psa/opm_ethicsform1_103107.pdf |
| b. Annual Contract Certification Form 5: http://www.ct.gov/opm/lib/opm/finance/psa/opm_ethicsform5_103107.pdf |
| c. Consulting Agreement Affidavit Form 6: http://www.ct.gov/opm/lib/opm/finance/psa/opm_ethicsform6_040609.pdf |
| 2. Executive Orders: |
| Executive Order No. Three (3); No. Seven C (7C); No. Sixteen (16); No. Seventeen (17); No. Fourteen (14): http://www.das.state.ct.us/purchase/Executive_Orders_new.pdf |
| 3. State Contractor Contribution Ban: |
| SEEC forms and publications: http://www.ct.gov/seec/cwp/view.asp?a=3557&Q=420076&PM=1 |
| 4. Nondiscrimination Certification and CHRO forms (will be used if you are selected) http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNav_GID=1806 http://www.ct.gov/chro/lib/chro/pdf/notificationtobidders.pdf |
| 5. TRB HIPAA Business Associate Agreement: http://www.ct.gov/trb/lib/trb/formsandpubs/TRBBusinessAssoc_Committee.pdf |
| Evaluation Criteria: <i>The State of Connecticut has a vested interest in finding the best services/products for the lowest cost.</i> |
| By responding to this RFP you are agreeing to be considered to enter into a contract based upon Connecticut General Statutes and Executive orders of former and the current Governor. If your firm is awarded the contract and is unable to execute a contract by November 16, 2009, the next ranked vendor will be offered the contract. This must be Signed & Returned with your bid by September 16, 2009. |
| _____ |
| Authorized Signature of Bidder |
| _____ |
| Company Name |
| _____ |
| Date |

Connecticut State Teachers'
Retirement Board
Pharmacy Benefit Services
Request for Proposal
August 10, 2009

Contract period: February 1, 2010 - December 31, 2012

Intention to Bid letter due August 21, 2009

Bid Due Date September 16, 2009

Note: By responding to this RFP you are agreeing to be considered to enter into a contract based upon Connecticut General Statutes and Executive orders of former and the current Governor. If your firm is awarded the contract and is unable to execute a contract by November 16, 2009, the next ranked vendor will be offered the contract.

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I. Intention to Bid

The State of Connecticut Teachers' Retirement Board (the "TRB") is interested in receiving proposals for the provision of pharmacy benefit services. Our preference is to receive a letter of intent to bid from all interested bidders by 1:00 p.m. on August 17, 2009. The intent to bid letter does not bind potential bidders to submit a bid. As part of this process, questions that are received by TRB from potential bidders are posted on the web-site as an addendum to this RFP so that all potential bidders have equal access to the same information. Letters of intent to bid should be submitted to:

Ms. Darlene Perez, Administrator
Connecticut State Teachers' Retirement Board
765 Asylum Avenue
Hartford, CT 06105
darlene.perez@ct.gov

Failure to provide a letter of intent to bid does not disqualify the bidder from submitting a bid by the bid due date (see next page.)

II. Proposed Time Table

| | |
|-----------------------------|--------------------|
| RFP published | August 11, 2009 |
| Intention to Bid Letter Due | August 21, 2009 |
| Bidder's Conference | August 21, 2009 |
| Bids Due | September 16, 2009 |
| Finalist Presentation | October 1, 2009 |
| Selection of Vendor | October 15, 2009 |
| Contract Due to TRB | November 18, 2009 |
| Implementation | February 1, 2010 |

III. Delivery of Bids

Bidders must provide six copies of bids, along with all documents and exhibits.

Bids and accompanying documents and exhibits must be delivered no later than 1:00 p.m. on September 16, 2009, addressed to Darlene Perez, 765 Asylum Avenue, Hartford, CT 06105. All bids will be time stamped upon receipt. Bids received after 1:00 p.m. on September 16, 2009, will be disqualified from this process and will not be opened.

IV. Publication of RFP

Consistent with State of Connecticut requirements, this RFP is being listed on the state's procurement/contractor portal on the State Department of Administrative Services website, www.das.state.ct.us.

V. Introduction

The TRB is an agency of the State of Connecticut. Its' primary responsibility is to provide retirement and medical benefits to retired teachers of the municipalities of the State of Connecticut. The TRB is a body that is composed of 12 members, five of whom are elected by the teachers, and five of which are appointed public members. The remaining two members are ex-officio to the TRB: the Commissioner of Education and the Commissioner of the Department of Social Services.

Corporate Benefit Consultants, LLC (CBC) is an employee benefits consulting firm located in Durham, CT. CBC is hired as a consultant to the TRB and may only receive compensation in the form of fees from the State. No individual other than an employee of the Pharmacy Benefit Manager (PBM) or health care vendor is to receive any compensation, brokerage fee, referral fee or any other type of compensation associated with the placement of this contract.

As noted above, the TRB is interested in receiving proposals for the provision of prescription drug administration and pharmacy benefit services. The TRB has been contracting directly with a PBM and is not interested in receiving intermediated bids (bids managed care companies that have ongoing contractual relationships with PBM's are not considered intermediated). The TRB will accept only bids provided by a PBM and its employees. The reasons for the Request for Proposals (RFP) are that the vendor was unwilling to conform with the State of

Connecticut contracting rules after being awarded the contract. As a result TRB is expecting to have a new vendor effective February 1, 2010. The State of Connecticut requires that contracts are bid frequently (approximately every three years) to ensure the best product and service is made available at the most competitive price.

The current prescription drug vendor/PBM, the Systemed unit of Medco Health, offers plan sponsors the choice of two networks, one which is all-encompassing and one that is narrower but offers a higher level of discounts. The total number of pharmacies in the small Medco network is approximately 62,500. That size network is adequate for the TRB's existing needs.

Given that each firm will have a different formulary TRB is interested in receiving pricing that includes both the base formulary and a formulary that replicates Medco's handling of the top 50 drugs used by TRB members.

The TRB is interested in receiving proposals that provide for a 35-month contract based upon satisfactory performance and the needs of the State of Connecticut. Thus, the contractual period is February 1, 2010 through December 31, 2012.

The plan sponsor is the Connecticut State Teachers Retirement Board. The TRB's Administrator is Ms. Darlene Perez. All correspondence associated with

this RFP should be addressed to her at TRB, 765 Asylum Avenue, Hartford, CT 06105 or darlene.perez@ct.gov

VI. Legal form of the bids

As an agency of the State of Connecticut, the TRB and all potential vendors are subject to the purchasing rules of the State of Connecticut. A copy of the rules is contained in **Appendix A**. As a state governmental plan, the plan is exempt from the rules of ERISA. The plan is fully self-funded and hence is not subject to state insurance law. The statute controlling the operation of the plan is Connecticut General Statutes Section 10-183b, et. seq.

VII. Description of the Plan

A. Current Plan

Appendix B contains a summary plan description for the current prescription drug plan. In addition, **Appendix B** contains separate sheets describing the prescription drug coverage, managed drugs, and exclusions for the retail and mail order plans, respectively. The agreement between the incumbent vendor and the TRB is located in **Appendix G**.

B. Sources of Funds

There are three primary sources of revenue to support the program. The largest source of funds is a payroll contribution required of active teachers. Teachers pay 1.25% of their salary to support the program. The second source is the State of Connecticut, which contributes approximately one-third of the cost of the program. The final source of funds is retired teachers, who pay approximately one-third of the cost of the plan to participate, in addition to their co-pays.

C. Plan Membership and Eligibility

Retired teachers fall into two broad classes with regards to health insurance eligibility. A small percentage of retired teachers and or spouses or civil union partners in the state are not eligible for Medicare. Those teachers, spouses or civil union partners may remain in the plan of the last Connecticut Board of Education for which they worked. They receive a stipend from the TRB to assist them in paying the costs of participation. This group is NOT part of the services covered within the scope of this bid. Retired teachers and or spouses or civil union partners who are participating in Parts A and B of Medicare have the option of participating in the State TRB plan. Both the retired teacher and the spouse or civil union partner are eligible for the plan in their own right and are each identified as a member under the plan. So the spouse or civil union partner may decide to participate in the TRB plan while the retired teacher does not. It is those teachers, spouses or civil union partners who are participating in Medicare

and the State TRB plan that are covered under the scope of this bid and subsequent contract.

D. Current Enrollment, Gross Spend and Utilization

Currently there are two primary options that a participant in the TRB program may select. They may select a base plan consisting of the medical and prescription drug program, and they may add the dental rider, vision and hearing riders. Only the prescription drug program is covered under the scope of this RFP and subsequent contract.

The approximate enrollments in these options as of June 2009 are presented in Table 1.

| Table 1 Participation by Plan Type June 2009 | |
|---|--|
| Plan | Members and Dependents (Retirees and Beneficiaries) |
| Medical and Rx Only | 5834 |
| Medical, Rx, Dental, Vision and Hearing | 9390 |
| Total | 15224 |

Appendix C lists the zip codes of current members in EXCEL format.

The enrollment in the plan has been edging upward during the course of the past fiscal year. The number of Connecticut teachers expected to retire during the next few years is substantial. Accordingly, enrollment in the plan is expected to rise significantly in the coming years.

Table 2 depicts the monthly enrollment during July 1, 2008 through June 30, 2009, based upon data provided by Medco Health, along with a summary of the monthly costs associated with the current plan. The monthly amounts represent the total spend (i.e., retail plus mail order).

Table 2
Monthly Rx Spend
July 2008 through June 2009

| Month | Total Spend | Members |
|-------------------------------------|--------------------|---------------|
| July | \$3,450,816 | 14,299 |
| August | \$2,470,882 | 14,490 |
| September | \$2,134,826 | 14,599 |
| October | \$2,705,883 | 14,870 |
| November | \$2,925,783 | 14,913 |
| December | \$4,173,063 | 14,909 |
| January | \$1,623,373 | 15,035 |
| February | \$1,802,399 | 15,088 |
| March | \$1,641,574 | 15,106 |
| April | \$2,549,316 | 15,135 |
| May | \$2,799,075 | 15,181 |
| June | \$3,743,424 | 15,224 |
| Monthly Average for the Year | \$2,668,367 | 14,904 |

Appendix D contains a detailed description of the current plan's experience for the period January 1, 2008 – December 31, 2008. The first tab presents the costs associated with various utilizations by members and details the claim type (e.g., brand, formulary, non-formulary) for the same time period. It also contains an overview of the costs, prescriptions, and other statistics by broken down by therapeutic class. The second tab lists the top 50 drugs utilized by participants by therapeutic class and brand name and details the costs associated with the top 50 drugs.

E. Participant and Plan Cost Sharing

The statutory basis of the benefit programs provides that individuals be provided a plan at 33% of the cost of the base plan (medical and prescription drug), 100% of the cost of the dental plan, and 100% of the cost of the vision and hearing plan.

Table 3 reflects the proportion of the costs per month borne by each of the parties for calendar year 2009. The costs of the prescription drug and medical plans are expected to increase annually as with trends in the industry.

| Table 3 Selected Monthly Costs for the STRB and Participants by Plan Type | | |
|--|-----------------------------------|-------------------------------------|
| Plan | STRB Cost January 2009 | Member Cost January 2009 |
| Medical and Rx | \$297 | \$ 99 |
| Medical, Rx and Dental | \$342 | \$144 |
| Medical, Rx, Dental, Vision and Hearing | \$347 | \$149 |

Additional detailed information regarding the specific prescription drug costs associated with the current plan can be found in the tables contained in **Appendix D**.

TRB must be provided a satisfactory, annual SAS Type 2 audit by the selected vendor.

The TRB program applies for and receives the RDS subsidy. As part of the costs of this proposal any and all costs associated with the TRB participation in the

program. This includes calculation of amounts eligible for the subsidy and providing intermediation with the CMS.

VIII. Bidder Questionnaire/Scope of Services/Pricing

The questionnaire must be completed in a full in order to be considered a conforming bid. Questions can be forwarded in writing to:

Ms. Darlene Perez, Administrator
Connecticut State Teachers' Retirement Board
765 Asylum Avenue.
Hartford, CT 06105
darlene.perez@ct.gov

A. Firm Description

1. Name and business address of firm submitting proposal.
2. Brief description of the firm: history, experience, ownership, what distinguishes the firm other PBM's, what special services the firm offers to clients.
3. Name and address of the firm's local representative.
4. Please include a curriculum vitae for the local representative.
5. Name and work experience/background of the account manager (if different from the local representative).
6. Please provide a list of other accounts that the account manager handles including location, size of firms and types of services provided.
7. Is there anyone involved in the firm's proposal process who is not a full-time employee of the firm? If so how are they compensated?

8. Location(s) of administrative office(s) proposed to handle TRB claims.
9. Total number of lives for which the firm serves as the PBM's (national and Connecticut).
10. Total number of organizations for which the firm serves as the PBM'S (national and Connecticut).
11. A list of Connecticut teacher accounts serviced by the firm.
12. Names, addresses and telephone numbers of three references for organizations in which the firm serves as the PBM. Such references should be Connecticut-based employers with over 1,000 lives.
13. Please provide a list of any major (i.e., over \$1,000,000 in total damages in question) past or pending litigation against the firm, including the result of any past litigation (e.g., civil penalties, reimbursement to customers).
14. Please provide a list of any state or federal consent decrees under which the firm operates.
15. Please provide a list of accounts and the names, addresses and phone numbers of references that the firm has taken over recently from the incumbent vendor.
16. Please provide the most recent Moody's and S & P rating information for the firm.
17. Please provide a copy of the firm's last annual statement.

B. Managed Benefits

The benefits provided for above are to be actively managed in a mechanism that is consistent with appropriate medical practices. Included is prior, concurrent and ex-post review of services. The formulary will have to conform with any applicable MMA requirements. A prior approval mechanism would be an acceptable option for non-formulary drugs and therapeutic classes that are particularly problematic, but that approval mechanism may not apply to drugs

that are routinely prescribed. See **Appendix E** for the current prior approval requirements.

1. What pre-approval mechanisms does the firm operate?
2. How does the pre-approval mechanism work?
3. How does the firm identify specific drugs and or drug usage for pre-approval?
4. What recommendations for a prior approval mechanism does the firm have other than those provided in **Appendix E**. Please include the rationales and savings estimates associated with the firm's recommendations
5. How is usage flagged for inappropriate drug use (e.g., drug abuse, drug interaction, and inappropriate prescription)?
6. What standards are used to determine the medical necessity of sole source/formulary drugs?
7. What post point of sale control mechanisms does the firm offer?
8. What is the firm's approach to Utilization Management?
9. What disease and health management programs are offered as part of this proposal?

C. Claim Processing and Payment

1. Please provide an overview of the claims processing process from the time the request for service is obtained at the participating pharmacy until the process is complete. Include the systems that are used and how the managed care and reporting systems are accessed.
2. How long is the average financial payment lag time?
3. What pharmacy payment and enrollment systems are used? Is one system used nationally or are there multiple systems accessed by location?

4. What services are provided directly by the organization and for what services are subcontractors used? If subcontractors are used, please provide names and addresses for each subcontractor, along with the nature of services provided by each subcontractor.
5. What is the accuracy of claim payments by dollar amounts and by number of transactions?
6. How is eligibility incorporated into the claim payment process?
7. How is coordination of the benefits tracked and administered?
8. What is the average telephone wait time for members who have questions regarding the claim process?
9. Please confirm that your organization has a SAS Type 2 annual audit.

D. Network

1. Please provide a zip code match report based upon the current group of beneficiaries (refer to **Appendix C**). This report should use a one-provider-in-5 miles and a one-provider-in-7 miles standard. Please run the report and exceptions both in and outside of Connecticut.
2. Please provide a list of chains (i.e., more than 5 locations) with which you do business in CT.
3. Please provide information on the alternative networks that the firm provides.
4. If you operate internationally, please describe the arrangements that are provided outside the United States.
5. Does the firm offer an integrated program (i.e., one system, one member service number, etc.)?
6. How are pharmacies evaluated for inclusion in the network?
7. How does the firm coordinate its pharmacy networks?
8. Please describe the firm's retail audit program.

9. Please describe how your firm interacts with generic discount programs provided by such retailers as Wal-Mart, Kmart, Target and large chain pharmacies.

E. Mail service

1. What mail service locations will service our membership?
2. What is the capacity of the firm's mail service facilities?
3. What is the current capacity utilization of the firm's mail service facilities?
4. Can the firm offer the design proposed for mail order?
5. What accommodations can the firm make, for the failures in process, to guarantee members access to a continuous supply of prescriptions?
6. What is the firm's average mail order prescription turnaround time?
7. What incentives do members have to fill their prescriptions through home delivery?
8. Please provide a list of primary and back up call centers include a listing of all call centers that your firm has outside the US and whether there would be any secondary routing of calls from our members to such center.
9. Please describe the dementia training that you provide to your call center representatives.

F. Member Services and Communications

1. Please provide examples of member education and communication materials the firm provides (e.g., brochures, plan summaries, ID cards, wellness).

2. Please describe the telephonic customer service communication system(s) available to members, including whether there is a toll-free number to call to reach a customer service representative or pharmacist, and the hours such representatives and pharmacists are available.
3. Please describe the electronic and internet information, processing and communication systems available to members.
4. Please describe the training the firm provides to its customer service representatives and how the firm ensures that they provide accurate information to members.
5. What special programs does the firm have for dealing with the elderly?
6. What special programs does the firm have available for the blind?
7. What mechanisms does the firm have for dealing with hearing impaired or deaf individuals? Is there TTY access?

G. Formulary / Generic Drugs

1. The current formulary arrangement is listed on **Appendix F**. Compared to the firm's formulary, how much disruption is expected?
2. Is your firm's formulary more efficacious than the incumbent vendor's? If so how?
3. Please identify which therapeutic classes of formulary drugs used by the current vendor that the firm more efficaciously handles. Be specific.
4. Please describe the operation of the firm's MAC system.
5. What percentage of generic drugs are MAC'D?
6. What mechanisms does the firm utilize to provide incentives for formulary drug use?
7. What incentives does the firm provide for generic drug use?
8. How do members have access to information about formulary drugs?

9. Does the firm have an appeal process as required under the Medicare Modernization Act?
10. Please provide all pricing based upon 10,000 unit packet-purchasing sizes.

H. Reporting

1. Please provide an example of the firm's standard reporting package. This should include the monthly utilization and financial reports, the quarterly reporting mechanism and the annual review. If the reporting is not a standard part of the bid provided, please provide the cost basis of the service.
2. Please describe how the firm's reporting mechanism deals with deductible accumulations, large case issues, claim lag reports, frequent drug codes, and problem utilization areas.
3. Can the Client generate reports? If so, is the reporting capability available via the Internet?
4. Please provide the costs (if any separate costs) of such reports.
5. Please provide a listing of additional reports that the firm is able to provide, including the costs, if any, associated with such reports.
6. Are explanations of benefits provided to members? If so provide an example.
7. What individual member reports do you provide?
8. How are deductible credits reported to members?
9. How are per unit costs of drugs reported to members?
10. Is there and mechanism for members to acquire current balances?
11. How are lifetime maximums reported?

I. Client Account Services

1. How will the firm handle and manage the transition process? Please provide a description of the transition process the firm would utilize, along with an implementation timeline.

2. How will the firm provide support to the Client (i.e., the TRB) to manage eligibility and other administrative tasks?
3. Can the Client update in real time via the Internet?
4. How will the firm assist the Client in monitoring plan performance?
5. Please describe how your Account Managers are assigned, what the turnover is on assignments to accounts, and how many accounts our representative would be required to handle.

J. Federal Compliance

In order to facilitate compliance with Medicare Part D and the submission of accurate information so that the TRB will receive the subsidy, the vendor will be required to provide the following services, which must be included in the fees identified with the response to the RFP.

1. Please indicate whether the firm will be unable to provide any of the services listed below.
 - a. Claims and other information required to be submitted on an ongoing basis to obtain the Medicare Part D subsidy;
 - b. Eligibility record layout with new fields needed on an ongoing basis for Part D subsidy eligibility verification with CMS, along with eligibility interface between TRB and CMS;
 - c. Management of feedback file from CMS (based on eligibility check);
 - d. Movement of ineligible members to new group, as required;
 - e. Control report provided to client containing ineligible members and reason codes per CMS;
 - f. Tracking of eligible claims for eligible members to enable subsidy billing;
 - g. Subsidy billing package with the summary and detail claims-related information required by CMS;

- h. Calculation of allowable and gross costs and associated subsidy amount;
- i. Rebate “true up” analysis to adjust billing according to actual rebates;
- j. Storage of claims, utilization management, and eligibility data for a 10-year period as required by CMS and False Claims Act.

2. What are the company’s capabilities for HIPAA?

K. Commissions

There are no commissions to be paid under this arrangement to any intermediary. Failure to comply with this provision will disqualify any potential bidder.

L. Rebates

Annual rebate levels under the current arrangement totaled approximately \$2 million for 2007, and about \$516,599 for the first quarter of 2008 with guarantees per retail and per mail script. It is expected that both formulary and mail usage will increase significantly.

- 1. What is the expected level of rebates given the firm’s rebating arrangements?
- 2. How are formulary rebates tracked and paid?
- 3. Does the firm guarantee pass-through acquisition price for mail order and complete pass-through of all manufacturer revenue?

M. Pricing

The pricing section will be limited to self-insured bids. All sections must be completed in full to be considered a conforming bid.

1. Ingredient Costs and Dispensing Fee

- a. Please provide guaranteed costs (do not include managed care/DUR savings here) for the following acquisitions of drugs:

Name brand retail costs = AWP – Brand Name Discount **plus**
Per Unit dispensing fee **minus** rebate.

- b. Please provide similar figures for mail order name brand, formulary, non-formulary and generic mail and retail costs.
- c. For MAC, please provide percentage MAC'd (use dollars as base) and MAC Discount, as well as dispensing fee.
- d. Please describe how any non-standard (e.g., biotech, specialty) drugs are to be priced.

2. Base Administrative Fee

Service to include package of requested services: Maintenance of in force, reporting package, issuance of cards, retrospective claim analysis, coordination of benefits, postage, issuance of cards, auditing pharmacies, managed care services, processing claim forms, maintenance of member balances, access to individual claim records and access of member to balances.

Please provide the following costs (if applicable):

- a. Per member per month or per script (please specify) = **\$X.XX**
- b. Additional services:
 - Extra Cards **\$X.XX**.
 - Claim detail **\$X.XX** per page.
 - Mailing to employees **\$X.XX** per unit per member.

- Non-network fees per claim **\$X.XX**.
- c. Other additional services that are quoted separately (please explain with specificity).
- d. Performance Guarantees. Please describe the amounts the firm is willing to put up for performance guarantees in the following areas:
 - Generic substitution.
 - Call response time.
 - System response time.
 - DUR effectiveness.
 - Financial Accuracy.
 - Implementation satisfaction.

3. Transparency

In an effort to ensure “transparency”—i.e., that all costs and revenues associated with the administration of the TRB’s prescription drug plan are accurately and fully disclosed—the selected vendor will be required to provide pricing information such as the actual acquisition cost of brand and generic drugs at retail or delivered via mail order.

- a. Please indicate whether the firm is prepared to comply with this requirement.
- b. In addition, please indicate whether compliance with this requirement to increase administrative costs and, if so, by how much.

IX. Scoring Criteria

The TRB will utilize the following criteria to assess the bids that are submitted:

- A. Experience of the Vendor (10 Points)

- B. Experience/Background of the Individual Account/Service Manager (10 Points)
- C. Network of Pharmacies, Mail Order Services (15 Points)
- D. Formulary/MAC System (10 Points)
- E. Guarantees (Claims Processing/Accuracy/Reports) (10 Points)
- F. Pricing: Fees/Rebates (35 Points)
- G. Financial Strength (5 points)
- H. Understanding of Connecticut State Purchasing rules. (10 Points)

APPENDIX A

Instructions to Bidder

Sample Contract

Any potential bidder should be prepared to honor the terms and conditions contained in the “sample contract” found below.

The terms and conditions contained in the “sample contract” are non-negotiable. The bidder who is awarded this contract will be expected to submit this contract, without revisions, to formalize the agreement with the State of Connecticut and the bidder who is awarded the contract.

By responding to this RFP you are agreeing to be considered to enter into a contract based upon Connecticut General Statutes and Executive orders of former and the current Governor. If your firm is awarded the contract and is unable to execute a contract by November 16, 2009, the next ranked vendor will be offered the contract. This must be *Signed & Returned* with your bid by September 16, 2009.

http://www.ct.gov/trb/lib/trb/formsandpubs/Form_Contract_AGENCY.pdf

APPENDIX B

Current Plan

PAID PLAN HJ3:

STATE OF CONNECTICUT

COVERED DRUGS:

The following are covered benefits unless listed as an exclusion below:

- ◆ Federal Legend Drugs
- ◆ State Restricted Drugs
- ◆ Compounded Medications of which at least one ingredient is a legend drug
- ◆ Insulin
- ◆ Insulin Needles and Syringes
- ◆ OTC diabetic supplies
- ◆ Legend Vitamins

QUANTITY PER COPAY:

- ◆ Drugs to treat Impotency for males only age 18 and over, limited to a 34 day supply or 6 units whichever is less per claim

MANAGED PRIOR AUTHORIZATION:

- ◆ Gleevec
- ◆ Alzheimer's Therapy (i.e. Aricept, Cognex, Exelon)
- ◆ IVRU – Aricept
- ◆ Erythroid stimulants
- ◆ Growth Hormones
- ◆ Interferons (i.e. Alpha, Beta and Gamma)
- ◆ Accutane
- ◆ IVRU – Retin-A/Avita
- ◆ Misc. Dermatologicals (i.e. Regranex, Panretin Gel)
- ◆ Antiobesity medications
- ◆ Xolair
- ◆ Raptiva

EXCLUSIONS:

The following are excluded from coverage unless specifically listed as a benefit under "Covered Drugs".

- ◆ Non-Federal Legend Drugs
- ◆ Contraceptive jellies, creams, foams, or devices, implants or injections
- ◆ Oral Contraceptives
- ◆ Fertility Drugs
- ◆ Smoking Deterrents
- ◆ Mifeprex
- ◆ Therapeutic devices or appliances
- ◆ Drugs whose sole purpose is to promote or stimulate hair growth (i.e. Rogaine, Propecia) or for cosmetic purposes only (i.e. Renova, Vaniqa)
- ◆ Immunization agents, vaccines, biologicals, blood or blood plasma products
- ◆ Drugs labeled "Caution-limited by Federal Law to investigational use", or experimental drugs, even though a charge is made to the individual.
- ◆ Medication for which the cost is recoverable under any Workers' Compensation or Occupational Disease Law or any State or Governmental Agency, or medication furnished by any other Drug or Medical Service for which no charge is made to the member.
- ◆ Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, skilled nursing facility, convalescent hospital, nursing home or similar institution which operates on its premises or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
- ◆ Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician's original order.
- ◆ Charges for the administration or injection of any drug.

DISPENSING LIMITS:

- ◆ The amount of drug (regardless of dosage form) which is to be dispensed per prescription or refill will be in quantities prescribed up to a 34 day supply or 100 units, whichever is greater.

Paid Plan HJ3/jz
3/15/04

APPENDIX C

Zip Code Listing

Please click the link below for the Zip Code Listing

<http://www.ct.gov/trb/lib/trb/formsandpubs/hlthzips081009.xls>

APPENDIX D, APPENDIX E, and APPENDIX F

Please click the link below

<http://www.ct.gov/trb/lib/trb/formsandpubs/TRBAPPENDICESD-F.pdf>

APPENDIX G

Integrated Drug Program Agreement

Please click the link below

<http://www.ct.gov/trb/lib/trb/formsandpubs/PBSAppendixG.pdf>