

ATTACHMENT P: Mandatory Response Worksheet
State of Georgia In Conjunction with NASPO ValuePoint
eRFP Number: 41900-DCH0000136
Pharmacy Benefit Services

**Attachment P -
Mandatory Response Worksheet**

These questions are Pass/Fail. To be considered responsive, responsible and eligible for award, you must answer all questions in this section with a "YES" to pass.

Any questions you answer with a "NO" will fail the technical requirements and result in disqualification of the proposal.

By answering "Yes," you indicate that you meet the individual requirements in the response column provided. ONLY upload documents if there is a "Yes" in the "Upload Attachments with Additional Information?" column to provide additional information about specific questions. Documents not requested in this column will not be evaluated.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

Question #	Mandatory Questions	Response by Supplier. Only Yes or No Answers	Upload Attachments with Additional Information?	Attachment File Name
1	If the Supplier has selected Pharmacy Benefit Administrator (PBA) Services in Attachment O - Scopes of Work Submission Checklist, the Supplier must: • Have served as the Prime Contractor for at least three (3) federal, state, local government, or private healthcare PBA entities within the last five (5) years providing services similar in scope and size as described in Attachment D, PBA Services Scope of Work; • Have a minimum of two (2) years of experience within the last five (5) years delivering services using a Configurable Commercial Off-the-Shelf (COTS) Point-of-Sale (POS) pharmacy claims processing system in compliance with all federal and State regulations; and, • Have the ability to process, at a minimum, two hundred fifty thousand (250,000) paid Point-of Sale claims per month. The Supplier must acknowledge agreement by indicating "YES". If the Supplier has not selected PBA Services, the Supplier shall respond "YES".	Yes	No	
2	If the Supplier has selected Pharmacy Clinical Management Services in Attachment O - Scopes of Work Submission Checklist, the Supplier must have served as the Prime Contractor or Subcontractor a minimum of two (2) years within the last five (5) years in pharmacy benefit management clinical services, including but not limited to the following: a. Clinical RetroDUR Interventions and Utilization Management Programs b. Development and Implementation of State Advisory Board Meetings c. Drug Monograph and Therapeutic Clinical Review Development d. Utilization Management (development of custom criteria) and review of Utilization Management Appeals and decision making e. Reporting and Data Mining of clinical outcomes The Supplier must acknowledge agreement by indicating "YES". If the Supplier has not selected Clinical Management Services, the Supplier shall respond "YES".	Yes	No	

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3	If the Supplier has selected Pharmacy Fraud, Waste, and Abuse (FWA) Audit Services in Attachment O - Scopes of Work Submission Checklist, the Supplier must have served as the Prime Contractor or Subcontractor a minimum of two (2) years within the last five (5) years providing services as described in Attachment H - Pharmacy Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work. The Supplier must acknowledge agreement by indicating "YES". If the Supplier has not selected FWA Audit Services, the Supplier shall respond "YES".	Yes	No	
4	If the Supplier has selected Pharmacy Drug Rebate Services in Attachment O - Scopes of Work Submission Checklist, the Supplier must have served as the Prime Contractor a minimum of three (3) years within the last five (5) years (from date of close of the solicitation) in Medicaid Fee-for-Service (FFS) Pharmacy rebate and Medicaid Supplemental Rebate invoicing, processing and management. The Supplier must acknowledge agreement by indicating "YES". If the Supplier has not selected Pharmacy Drug Rebate Services, the Supplier shall respond "YES".	Yes	No	
5	If a Local Facility requirement exists for the State when establishing its Participating Addendum, if selected, the Supplier shall work with the State to meet that requirement. The Supplier must acknowledge agreement by indicating "YES".	Yes	No	
6	The Supplier must agree that all State data must be processed, stored, transmitted and disposed of onshore (within the jurisdiction of the United States). All staff, including programming and Call Center Staff, involved in the performance of this contract shall not perform from an offshore location. The Supplier must acknowledge agreement by indicating "YES".	Yes	No	
7	The Supplier must agree to meet all the security standards and requirements stated in Attachment C - Common Scope Requirements and State Standards, Section 6 Medicaid Enterprise System - Security Standards and Requirements. The Supplier must acknowledge agreement by indicating "YES".	Yes	No	
8	The Supplier must comply with NASPO ValuePoint terms outlined in Attachment J. The Supplier must acknowledge agreement by indicating "YES".	Yes	No	
9	The Supplier must agree to supply a proposal that conforms to the business requirements for the scope(s) of work selected in Attachment O - Scopes of Work Submission Checklist. The Supplier must acknowledge agreement by indicating "YES".	Yes	Yes	Attachment O - Scopes of Work Submission Checklist

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10	If the Supplier has selected Pharmacy Benefit Administrator (PBA) Services in Attachment O - Scopes of Work Submission Checklist, the Supplier shall prohibit "spread pricing," defined as any amount charged or claimed by a PBA to the State (other than administrative fees) that is in excess of the amount paid to the dispensing pharmacy, including the ingredient cost, Provider fee and dispensing fee. The Supplier must acknowledge agreement by indicating "YES". If the Supplier has not selected PBA Services, the Supplier shall respond "YES".	Yes	No	
11	The Supplier must utilize Attachment CC Supplier Client References Form to provide three (3) client references per scope of work selected in Attachment O - Scopes of Work Submission Checklist for which the Supplier has successfully provided the services included in this procurement. NOTE: If the Supplier has selected Pharmacy Drug Rebate Services in Attachment O - Scopes of Work Submission Checklist, at least one reference must include a client for whom management of a supplemental rebate program was provided. The Supplier must agree to comply with this requirement with its submission of Attachment CC - Supplier Client References Form and acknowledge agreement by indicating "YES".	Yes	Yes	Attachment CC - Supplier Client References Form