



State of Georgia
In conjunction with
NASPO ValuePoint

Electronic Request for Proposals (“eRFP”)
eRFP (Event) Number: 41900-DCH0000136
Event Name: Pharmacy Benefit Services

Attachment CC
Supplier Client References Form

INSTRUCTIONS:

Please provide three (3) references as directed in the mandatory question for each scope of work proposed.

For each reference provided, select only one (1) scope. Include the company or state for which the work was performed, a contact person's name, telephone number and email address, and a summary of the project scope. If one reference applies for more than one scope of work, the Supplier must utilize another REF# line to provide the appropriate Client Contact information, Period of Performance, and Summary of Project Scope.

For Pharmacy Benefit Administrator Services and Pharmacy Drug Rebate Services, the Supplier may only submit client references where the Supplier was the Prime Contractor and had at least a three (3)-year contract term provided within the past five (5) years.

NOTE: If the Supplier has selected Pharmacy Drug Rebate Services, at least one reference must include a client for whom management of a supplemental rebate program was provided.

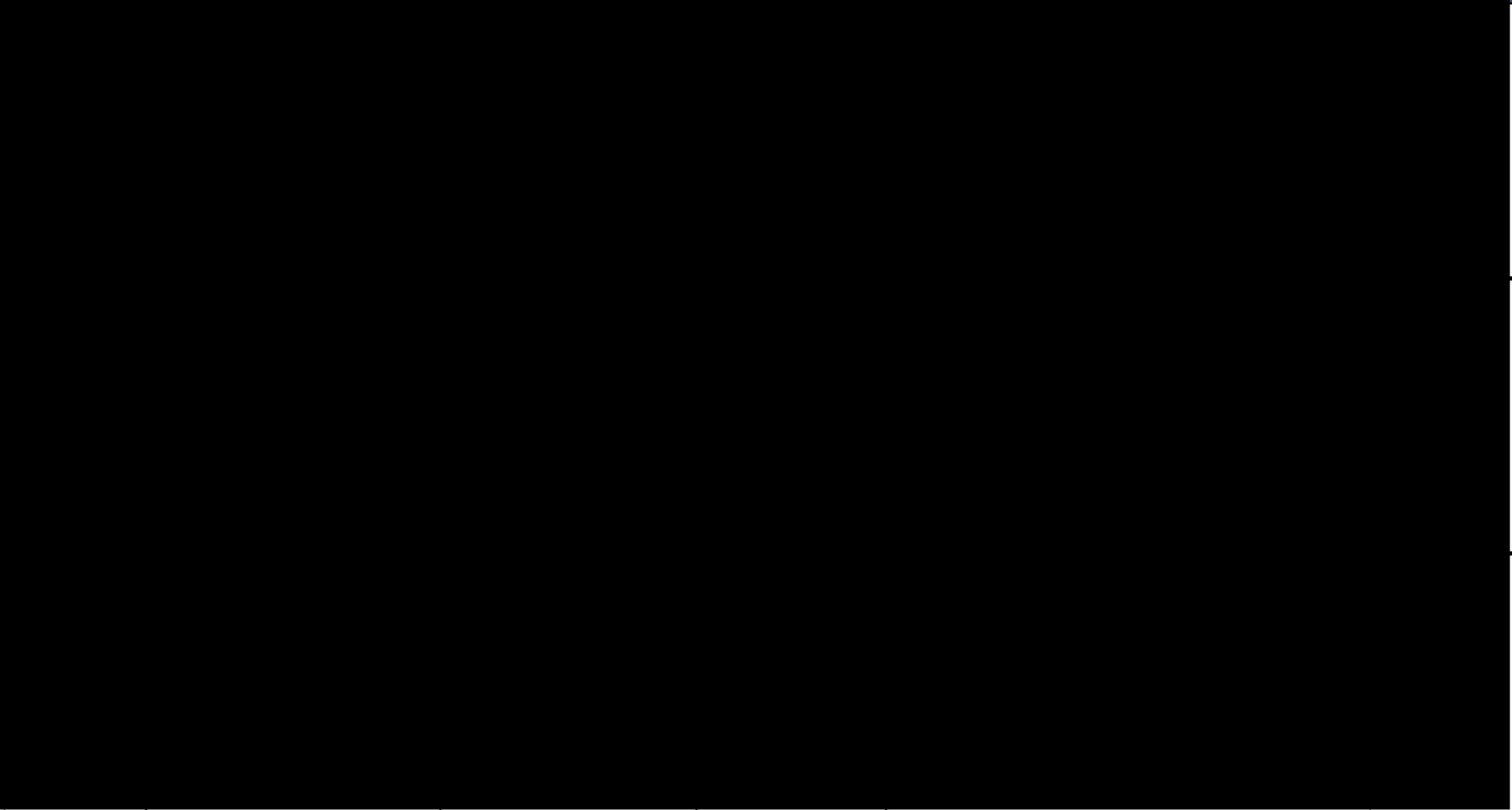
For Pharmacy Clinical Management Services and Pharmacy Fraud, Waste, and Abuse (FWA) Audit Services, the Supplier may submit client references where the Supplier was either the Prime Contractor or Subcontractor and had at least a two (2)-year contract term provided within the past five (5) years. The Supplier must indicate in the Summary of Project Scope column whether they served as the Prime Contractor or Subcontractor.

Client References are provided for the following Scopes of Work (SELECT ALL THAT APPLY):

- ☐ Pharmacy Benefit Administrator Services (hereinafter referred to as “PBA Services”)
- ☒ Pharmacy Clinical Management Services (hereinafter referred to as “Clinical Management Services”)
- ☐ Pharmacy Drug Rebate Services (hereinafter referred to as “Rebate Services”)
- ☒ Pharmacy Fraud, Waste, and Abuse (FWA) Audit Services (hereinafter referred to as “FWA Audit Services”)

REF #	Company or State	Client Contact Information	Similar Scope?	Current or Past?	Summary of Project Scope	PERMISSION TO CONTACT?
1						
2						
3						

Trade Secret – O.C.G.A. § 10.1.761 (4)

REF #	Company or State	Client Contact Information	Similar Scope?	Current or Past?	Summary of Project Scope	PERMISSION TO CONTACT?
4						
5						
6						

Trade Secret – O.C.G.A. § 10.1.761 (4)

REF #	Company or State	Client Contact Information	Similar Scope?	Current or Past?	Summary of Project Scope	PERMISSION TO CONTACT?
7		Name: Title: Phone#: Email Address:	☐ PBA Services ☐ Clinical Management Services ☐ FWA Audit Services ☐ Rebate Services	☐ CURRENT ☐ PAST Period of Performance:		☐ YES ☐ NO
8		Name: Title: Phone#: Email Address:	☐ PBA Services ☐ Clinical Management Services ☐ FWA Audit Services ☐ Rebate Services	☐ CURRENT ☐ PAST Period of Performance:		☐ YES ☐ NO
9		Name: Title: Phone#: Email Address:	☐ PBA Services ☐ Clinical Management Services ☐ FWA Audit Services ☐ Rebate Services	☐ CURRENT ☐ PAST Period of Performance:		☐ YES ☐ NO

REF #	Company or State	Client Contact Information	Similar Scope?	Current or Past?	Summary of Project Scope	PERMISSION TO CONTACT?
10		Name: Title: Phone#: Email Address:	☐ PBA Services ☐ Clinical Management Services ☐ FWA Audit Services ☐ Rebate Services	☐ CURRENT ☐ PAST Period of Performance:		☐ YES ☐ NO
11		Name: Title: Phone#: Email Address:	☐ PBA Services ☐ Clinical Management Services ☐ FWA Audit Services ☐ Rebate Services	☐ CURRENT ☐ PAST Period of Performance:		☐ YES ☐ NO
12		Name: Title: Phone#: Email Address:	☐ PBA Services ☐ Clinical Management Services ☐ FWA Audit Services ☐ Rebate Services	☐ CURRENT ☐ PAST Period of Performance:		☐ YES ☐ NO