



State of Georgia
In conjunction with
NASPO ValuePoint

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

Attachment O - Scopes of Work Submission Checklist

Supplier Name: Magellan Medicaid Administration, LLC

Instructions: Identify the scope(s) of work listed below that your company will be providing a response to for this eRFP by checking the “YES” box. Be sure to sign and date this checklist and upload a copy with your response.

SCOPE OF WORK		YES
1	Pharmacy Benefit Administrator (PBA) Services	☒
2	Pharmacy Clinical Management Services	☒
3	Pharmacy Fraud, Waste, and Abuse (FWA) Audit Services	☒
4	Pharmacy Drug Rebate Services	☒

Supplier Representative's
Printed Name/Title: Billy Thomas, SVP, Account Management

Supplier Representative's
Signature: 

Date: 4/12/2024