



State of Georgia
In conjunction with
NASPO ValuePoint

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

Attachment D -
Pharmacy Benefit Services (PBS)
CMS-Required Outcomes



The Lead State, in collaboration with participating states, aims to ensure that the Pharmacy Benefit Services (as described in the Pharmacy Benefit Administrator (PBA) and Pharmacy Drug Rebate (Rebate) Services Scopes of Work (SOWs) in this eRFP) meet applicable Centers for Medicare & Medicaid Services (CMS) requirements for Pharmacy Benefit Management (PBM) and Point of Sale (POS) systems.

The table below indicates the relevant SOW for each CMS required outcome and the associated regulatory source(s).

Scope of Work	Ref #	CMS Required Outcomes	Default Metrics	Regulatory Sources
PBA	PBM1	The system adjudicates claims within established time parameters to ensure timely pharmacy claims payments.	- Timely adjudication of pharmacy claims and encounters. - Percentage of claims paid on time (only if payment is included in RX module) - N/A if payments are issued from the MMIS system.	Section 1927(h) of the SSA 42 CFR 456.722 - POS requirement to support claims adjudication or payment
PBA	PBM2	The system adjudicates claims accurately within established parameters. The module can be configured to provide authority/ability to override a reject/edit/denied claim and then resubmit to ensure timely provider claims payments.	- Accurately identifies enrolled providers. - Pharmacy claims and encounters are priced according to the correct pricing algorithm.	42 CFR 456.722
Rebate	PBM3	The system captures the necessary data to ensure timely processing of manufacturer rebates as well as the capability to track rebates to promote beneficiary cost savings.	- The system has the capability to accept/store/apply the rebate and covered outpatient drug (COD) information received from CMS and manufacturers necessary to generate rebate invoices. - Timely identification of eligible PAD claims/encounters that do not convert to NDC	Section 1927 of the SSA 42 CFR 447.509



Scope of Work	Ref #	CMS Required Outcomes	Default Metrics	Regulatory Sources
			units.	
Rebate	PBM4	The system has the capability to support cost savings by capturing, storing, and transferring data to the payment process system to generate invoices of participating drug manufacturers within 60 days of the end of each quarter.	- Percentage Rebate Invoiced per Dollar (Note if invoice period is behind the actual reporting period). - Issue timely invoicing within established parameters (+/- 5 days).	Section 1927 of the SSA 42 CFR 447.520 Section 1927(b)(2) of the SSA 42 CFR 447.511
Rebate	PBM5	The system supports cost savings by enabling the tracking, monitoring, and reporting of manufacturer's pharmacy drugs and rebate savings.	- Provide a sample of the CMS rebate report and the manufacturer rebate report with production data. - Provide the post-production operational measure of rebates collection.	Section 1927 of the SSA 42 CFR 447.520 Section 1927(b)(2) of the SSA 42 CFR 447.511
PBA	PBM6	The system enables the beneficiary to have timely access to medication if the system has the capability to perform prior authorization and provide a response by telephone or other telecommunication devices within 24 hours of a request and provides for the dispensing of at least 72-hour supply of a covered outpatient prescription drug in an emergency situation (unless excluded under the SSA).	- Timely Access: Response to a Prior Authorization request provided within 24 hours. - Timely Access: Emergency 72-hour fill requests reject rate - this can be the % of total POS claims not authorized with a 72-hour emergency fill.	Section 1927(d)(5) of the SSA



Scope of Work	Ref #	CMS Required Outcomes	Default Metrics	Regulatory Sources
PBA	PBM7	The system supports CMS oversight of the safe, effective, and appropriate dispensing of medications by enabling the capability to provide data to support the creation of the CMS annual report on the operation and status of the state's DUR program.	- Provide a copy of the State's DUR Report	Section 1927(g)(3)(D) of the SSA 42 CFR 456.712 Section 1944(e)(1) of the SSA
PBA	PBM8	The system supports the safe, effective, and appropriate dispensing of medications by enabling the capability to provide point-of-sale or point of distribution prospective review of drug therapy based upon predetermined standards, including standards for counseling.	- Provide a sample report showing the ability to provide prospective review data with a timestamp prior to adjudication.	42 CFR 456.703, 456.705(b) 456.709 Section 1927 (g) of the SSA
PBA	PBM9	The system supports the identification of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care, or prescribing or billing practices indicating abuse or excessive utilization among physicians, pharmacists and individuals receiving benefits by enabling the collection of pharmacy data to be used in retrospective drug utilization reviews.	- Provide a sample report of post-production operational measures that calculate the average cost avoidance per claim.	42 CFR 456.703, 456.705(b) 456.709 Section 1927 (g) of the SSA