**Questionnaire Instructions to Pharmacy Benefit Consulting and Audit Services OFFERORS:**

The following questions are designed to provide information to evaluate the OFFEROR’s capabilities for the auditing portion of the Pharmacy Benefit Consulting and Audit Services. OFFERORS should be concise with their responses, which should begin with the most important points the OFFEROR wants the Evaluation Committee to read. Where information is requested specific to an audit category, the OFFEROR must provide a response for each category; “same as” may be used where the information is identical to a prior category response.

**\*\*\*DO NOT ALTER THE QUESTIONS OR QUESTION NUMBERING\*\*\***

* Please complete all appropriate sections of the questionnaire.
* **Provide answers to the questionnaires in Word format using the template provided.**
* Provide an answer to each question even if the answer is “not applicable” or “unknown.”
* Answer the question as concisely as possible.
  + If the question asks, “How many...” provide a number.
  + If the question asks, “Do you...” indicate Yes or No followed by any additional **brief** narrative explanation to clarify.
* **IMPORTANT: Be concise in your response**.
  + Use bullet points as appropriate.
  + Reconsider how to word any response that exceeds 200 words in length so that the response contains the **most important points** the OFFEROR wants displayed in the evaluation of responses.
  + Referring the reader to an attachment for further information should be avoided or used on a limited basis.
  + Any response that does not directly address the question, but only contains marketing information will be considered non-responsive.
* OFFEROR will be held accountable for accuracy and validity of all answers.
* RFP responses will become part of the contract between the successful OFFEROR and the EUTF.
* The submission of the OFFEROR’s proposal will be deemed a certification that the OFFEROR will comply with all requirements set forth in this RFP.

**NOTE: Answers to the questions must be provided in hard copy and WORD template format on a flash drive or CD.**

**DO NOT PDF or otherwise protect the flash drive or CD**

A. General Company Information

| **A. GENERAL COMPANY INFORMATION** | **VENDOR RESPONSE** |
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| 1. State if your firm has operated under a different name within the past 10 years and provide that name that your firm previously operated under. |  |
| 1. Include an organizational chart for the unit(s) responsible for conducting audit services. |  |
| 1. Confirm that your firm complies with the following mandatory requirements: 2. Be either:  * A public accounting firm that is a member of the American Institute of Certified Public Accountants (AICPA), or * A reputable consulting firm with a pharmacy benefit consulting practice that operates nationally and adheres to generally accepted accounting and actuarial principles, provided that, with respect to any audits of pharmaceutical manufacturer rebate contracts or retail network pharmacy contracts, such consulting firm maintains an information “fire-wall” between its consulting and auditing divisions;  1. Have not previously breached a confidentiality agreement with the EUTF’s current PBM; 2. Does not currently provide audit or consulting services or advice to any person, company, or other entity in connection with any lawsuit, investigation or other proceeding that is currently pending or contemplated against the PBM or its affiliates, which lawsuit, investigation, or other proceeding is unrelated to EUTF; and 3. Enter into a confidentiality agreement with the PBM that is reasonably acceptable to the PBM and the EUTF prior to commencing any audit activities. |  |
| 1. Within the last three (3) years, has your firm completed, or is it in discussion of any mergers or acquisitions of other organizations? If yes, provide a brief explanation. |  |
| 1. Disclose any current project responsibilities that may present a conflict of interest, including other EUTF projects. |  |

B. Experience

| **B. EXPERIENCE** | **VENDOR RESPONSE** |
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| 1. How long has your company been in business? |  |
| 1. How many years has your firm been conducting independent PBM audits? |  |

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| 1. Will any subcontractors be used to complete this project? If so, please identify the subcontractor and its role. Subcontractor(s) must provide detailed responses to the questionnaire related to the services they will provide. |  |

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| 1. How many PBM audits did your firm conduct during calendar year 2018 and 2019 that were similar in size and scope to the services required by this RFP? |  |
| 1. Provide the number of 2020 PBM audits currently underway note the number of audits similar in scope to the services required by this RFP. |  |
| 1. Indicate the largest plan size from your 2019 audits listing client population number of PBM claims. |  |
| 1. Describe any significant actions taken or pending against your company or any entities of your company by clients that contested the results of your findings. Include separate information related to any subcontractor engagement. |  |
| 1. Has your firm ever been prevented by a vendor from performing a client’s audit, or had the client terminate your contract prior to completion? If yes, describe the circumstances. |  |
| 1. Briefly describe any aspects of your audit process that are unique to your firm and that distinguish you from your competitors. |  |
| 1. Identify any restrictions you believe the PBM may present in completion of the scope of services defined in this RFP. |  |

C. Project Management

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| **C. PROJECT MANAGEMENT** | **VENDOR RESPONSE** |

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| 1. The EUTF anticipates an in-person discussion for PBM audit reports; fee is to be included in the cost proposal. Who will present the audit reports to the EUTF Board? |  |
| 1. Include a timeline demonstrating the first audit period of this proposed contract; display targeted dates for delivery of the preliminary draft reports to EUTF and the anticipated date(s) for their review comments and/or discussion. The timeline should assume notice of award on 01/12/2021. |  |

D. Data Security

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| **D. DATA SECURITY** | **VENDOR RESPONSE** |
| 1. Do you have a Social Security number privacy policy in place? |  |
| 1. Describe the type of encryption, security and privacy procedures utilized by your firm when handling protected health information. |  |
| 1. What specific safeguards does the company have in place to prevent theft of confidential participant information? |  |

E. Administrative Procedures Review

| **E. ADMINISTRATIVE PROCEDURES REVIEW** | **VENDOR RESPONSE** |
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| 1. Provide an overview of your operational review process (limit one (1) page). Further detail is required in response to the following questions. |  |
| 1. Confirm the proposed services will address the review components identified in the RFP Audit Scope. Identify any tasks not included and provide a brief explanation with your reason; include any variations between benefit categories. |  |
| 1. How will you report on the vendor's subrogation opportunities pursued, recovered or lost? If this service is outsourced, will you determine the outcome of individual cases? |  |
| 1. How will you determine that the vendors have an adequate system to identify potential areas of claim abuse such as fraudulent claims, duplicate claims, overcharging by providers, unnecessary physician services, etc.? |  |
| 1. How will you report on the vendor's subrogation opportunities pursued, recovered or lost? If this service is outsourced, will you determine the outcome of individual cases? |  |
| 1. How will you assess and document claims payment and claims appeal turn-around time to ensure that standards are strictly enforced for both? |  |
| 1. Briefly identify any modifications in your proposed review elements to those listed in the Scope of Work defined in Section V of this RFP. |  |

F. AUDIT PROCESS AND STEPS

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| **F. AUDIT PROCESS AND STEPS** | **VENDOR RESPONSE** |
| 1. Provide an overview of your proposed prescription drug review process (limit one page). Further detail is required in response to the following questions. |  |
| 1. Do your auditors maintain any licensure/credentials that enhance their qualifications to conduct a prescription drug audit? |  |
| 1. Will your staff be assigned to work sequentially on the different aspects of the audit or concurrently? |  |
| 1. What steps will your auditors take to minimize disruption and reduce the impact of the audit on the PBM and their staff? |  |
| 1. How will your auditors resolve problems/discrepancies that may occur during the audit (i.e., interpersonal problems or interpretation of contractual obligations)? |  |
| 1. Explain how your auditors emphasize and/or report on areas which, if changed or corrected, could result in cost savings to the program. |  |
| 1. If your audit uncovers claims administration weaknesses, confirm that these will be discussed with the vendor prior to inclusion in your final report. |  |
| 1. Explain how your auditor will assess the retail claims adjudication system used by the PBM (including coding accuracy, etc.), and related performance guarantees. |  |
| 1. Describe the steps your auditors will take to confirm that the PBM’s claim payment system permits and correctly applies multi-tiered co-pays (including the assessment of co-pays for brand name drugs when generic drugs are available) and co-pays assessed to participants. |  |
| 1. How will your auditors review and assess the quality of Drug Utilization Review (DUR) services (prospective, concurrent and retrospective) provided by the PBM or its subcontractor? |  |
| 1. How will your auditors assess that the EUTF is receiving maximum rebates negotiated by the PBM with manufacturers? |  |
| 1. What is your process for reconciling issues identified with the PBM? |  |
| 1. Has CVS/Caremark previously provided you with access and support for an onsite or remote access rebate audit? Identify any obstacles you may have encountered or anticipate in relation to the EUTF plan. |  |
| 1. What is the date of your most recent onsite or remote access rebate audit for CVS? |  |
| 1. Confirm the prescription drug audit will include electronic testing of 100% of all claims processed for each of the following. Provide an explanation if the proposal does not electronically test 100% or does not perform the stated task for a specific benefit category.    1. Patient eligibility on the date of service(s) with comparison to EUTF records;    2. Independent verification of average wholesale price (AWP)    3. Comparison of actual claim discounts and dispensing fees to contractual guarantees    4. Comparison of actual claim adjudication to plan design and benefit rules    5. Appropriate patient cost-shares (i.e., copayment, deductible, coinsurance);    6. Potential duplication of payments;    7. Reimbursement of expenses excluded or limited by plan design; and    8. Consistency in coordination of benefits, including subrogation and workers’ compensation. |  |
| 1. Confirm the prescription rebate audit includes the following.    1. Identification of all rebatable claims and identification of categories properly excluded from rebates, according to the PBM contract.    2. Verification of earned rebates by quarter by NDC    3. Comparison of earned rebates file to manufacturer rebate submission file    4. Onsite review of applicable manufacturer contracts to verify at a minimum 75% of total rebate amounts due are properly paid to the EUTF.    5. Comparison of PBM receipts from manufacturers to earned rebate file    6. Comparison of actual rebates to contractual guarantees |  |
| 1. How will you verify the validity of any processing errors discovered during an electronic review of claims? |  |
| 1. Each performance guarantee requires confirmation of the measures self-reported to EUTF. Provide an overview of the process you propose to ensure compliance with performance guarantees. |  |
| 1. Indicate how your auditors define errors; explain any weighting. Will your definition be consistent with that used in the administrator’s established guarantees? |  |
| 1. Provide your definition of payment and non-financial errors with mention of any overlap in classification of procedural errors and payment errors. |  |
| 1. How will you assess and document claims payment and claims appeal turn-around time to ensure that standards are strictly enforced for both? |  |
| 1. How will you evaluate the automated system used to process/pay claims? How will you assess any systems that are not automated? |  |

G. Fee Proposal

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| **G. FEE PROPOSAL** | **VENDOR RESPONSE** |
| 1. Confirm your fees are presented on an “all inclusive” basis, including travel expenses and an in-person report presentation. |  |
| 1. Confirm your understanding that the EUTF may alter the audit schedule (i.e., skip or combine years); therefore, the auditor must prepare an audit schedule for each year and submit for EUTF’s approval before work commences. |  |