ATTACHMENT 6

QUESTIONNAIRE

|  | **OFFEROR RESPONSE** |
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| 1. **GENERAL INFORMATION** |  |
| 1. State if your firm has operated under a different name within the past 10 years and provide the name that your firm previously operated under. |  |
| 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, explain. |  |
| 1. Disclose any current project responsibilities that may present a conflict of interest, including other EUTF projects. |  |
| 1. **EXPERIENCE** |  |
| 1. How long has your company been in business? |  |
| 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. |  |
| 1. Identify any restrictions you believe the PBM may present in completion of the scope of services defined in this RFP. |  |
| 1. What is your organization’s annual premium volume for health and group life insurance coverages written in: 1) the State of Hawaii, and 2) all jurisdictions including the State of Hawaii? |  |
| 1. **DATA SECURITY** |  |
| 1. Does your firm 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 your firm have in place to prevent theft of confidential participant information? |  |
| 1. Describe the data security provided for the prescription drug claims to be received from the PBM. |  |
| 1. **FEE PROPOSAL** |  |
| 1. Confirm your fees are guaranteed for the term of the contract, including the proposed extension. |  |
| 1. Confirm there are no contingencies on the proposed rates. |  |
| 1. Confirm your fees are “all inclusive” and include all the services described in the Section IV, *Scope of Work*, other than Section 4.10, *Additional Contract Work*. |  |
| 1. Confirm printing and delivery of hard copy Board presentations and reports will be provided at no additional cost. |  |
| 1. **METHODOLOGY** |  |
| 1. Describe the rate renewal methodology used when making rate recommendations as required in Section 4.3, *Existing PBM Contract*. |  |
| 1. Describe the methodology used to perform the market check as described in Section 4.3, *Existing PBM Contract*. |  |
| 1. Describe the methodology used to evaluate PBM proposals for a new PBM contract as described in Section 4.4, *New PBM Contract*. |  |
| 1. Describe what factors (e.g. plan cost impact, member cost impact, rebate impact, member experience, utilization data, benchmark data, Medicare coverage, federal/state laws) are considered when making a plan change recommendation. |  |
| 1. What benchmarks will be used when comparing our plan design, utilization and pricing terms? |  |
| 1. Describe the methodology used to identify coverage gaps. |  |
| 1. Do you have any creative ideas or suggestions to improve the EUTF benefit plans in terms of plan design, plan cost, benefit plan administration, communication materials, enrollment forms and procedures, etc.? If yes, explain. |  |
| 1. Describe the methodology used to conduct a pricing analysis if asked to perform one between the medical and prescription drug plans. |  |
| 1. **ACCESSIBILITY** |  |
| 1. Confirm that your firm will be available to the EUTF Monday through Friday, between the hours of 7:45am to 4:30pm, HST. |  |
| 1. Confirm that you will be able to participate in the meetings of the Board, Benefits Committee, Administrator, PBM and EUTF staff. |  |
| 1. Explain how the Lead Consultant, Associate Consultant, and Lead Pharmacist will be accessible to EUTF if either is traveling or serving other clients. |  |
| 1. Confirm that you will be willing to work with our current Benefit Consultant (Segal) on certain projects if requested. |  |