

Attachment 7

Part 3.A.10 Fixed, all-inclusive Commercial administrative fee and EGWP Plan administrative fee for Members enrolled in either the Commercial Plan or EGWP Plan

The Contractor shall provide a transparent financial pricing arrangement in which it discloses all sources of revenues derived by relationships with pharmaceutical manufacturers from PEBA's utilization at all home delivery and retail pharmacies, as well as all pharmaceutical manufacturer fees that offset costs associated with required clinical applications and/or services conducted by the Contractor to support the dispensing of certain medications. PEBA must receive all monies from pharmaceutical manufacturers that are attributable to PEBA's utilization. Fees from received pharmaceutical manufacturers that are for the purpose of offsetting costs associated with required clinical applications and/or services, while required to be identified, are not required to be passed to PEBA. The items listed below shall be included within the fixed, all-inclusive PMPM Commercial Plan administrative fee and within the fixed, all-inclusive PMPM EGWP Plan administrative fee offered in Line 1 and Line 2 respectively of Table I of Tab A-10: Financial Proposal. The Contractor shall include at a minimum the following services in their proposed administrative fees, whether directly provided or provided through a subcontractor or affiliate.

- a. Account services and account management;
- b. Data management and reporting;
- c. Ad hoc reports;
- d. Access to web-based reporting;
- e. Customer satisfaction survey;
- f. Member services and call center;
- g. PEBA-specific website;
- h. Toll-free number for participants;
- i. Toll-free number for pharmacies;
- j. Toll-free number for providers;
- k. Subscriber enrollment welcome kits;
- l. ID Card production and delivery (Commercial and EGWP plan Participants);
- m. Complete, unabridged online network listing that includes locally owned independent pharmacies;
- n. Online formulary/preferred drug listings;
- o. Member online account access;
- p. Network management;
- q. Provider contracting;
- r. Network management and provider contracting of locally owned independent pharmacy network;
- s. Network pharmacy audits;
- t. Eligibility administration;
- u. Electronic and paper claims processing;
- v. Home delivery claims integration;
- w. Home delivery program that automatically substitutes a generic for a brand alternative when prescribing physician has authorized generic substitution;
- x. Home delivery pharmacy claims integration;
- y. Prospective drug utilization review;
- z. Complete end-to-end e-prescribing connectivity including transactional activity;
- aa. Complete end-to-end e-prior authorization connectivity including transactional activity;
- bb. Point-of-service (POS) messaging;
- cc. Generic and customized messaging to Plan Participants and benefits administrators;
- dd. Claims forms;
- ee. Appeal determinations with customized letters;

- ff. Explanation of benefits (EOB);
- gg. Coordination of benefits (Medicare Part B, Medicaid and Member submitted);
- hh. Designated clinical service team;
- ii. Clinical, formulary and biosimilar management;
- jj. Clinical initiatives based on national clinical guidelines to assist a physician in optimizing patient care through the identification of potential gaps in care in a patient's treatment;
- kk. Quantity level limit (QLL) system edits and support;
- ll. Prior authorization (PA) edits and support;
- mm. Step therapy edits and support;
- nn. Duration of therapy edits and support;
- oo. Concurrent, prospective and retrospective drug utilization reviews (DUR) that ensure appropriate utilization of drugs based on product choice, quantity dispensed, dosing and duration of therapy;
- pp. Abuse/fraud program development and management;
- qq. Evaluation of the appropriateness of controlled substances and other targeted drugs, ensuring safe and appropriate utilization, and communication to physicians via mail as necessary;
- rr. Opioid management program;
- ss. Rebate management/administration, including rebate aggregation services;
- tt. Data processing;
- uu. Systems maintenance;
- vv. Electronic data transfer to PEBA, data warehouse vendor and other PEBA identified partners;
- ww. HIPAA compliance;
- xx. Implementation/transition assistance, as necessary
- yy. Printing and mailing costs;
- zz. Corporate and other overhead;
- aaa. Taxes;
- bbb. Other clinical and/or administrative programs the Offeror chooses to provide in excess of the requirements of this Contract;
- ccc. All costs associated with the ACA real-time MOOP accumulator;
- ddd. All costs associated with infertility benefit coordination with medical benefit;
- eee. All costs associated with Savings Plan benefit limit accumulator coordination;
- fff. All functions required to support PEBA's participation in the RDS program; and
- ggg. All other functions required to fulfill the requirements of this Contract.

Part 3.A.11 Fixed, all-inclusive EGWP Plan administrative fee for Members enrolled in the EGWP Plan

The EGWP administrative fee quoted in Line 2 of Table I in Tab A-10: Financial Proposal shall be a composite fee for Medicare primary Members enrolled in the EGWP Plan as determined by the Contractor. The Contractor shall include at a minimum the following services in the fixed, all-inclusive PMPM EGWP Plan administrative fee for Members who enroll in the EGWP Plan.

- a. Monthly cost report submission to CMS, regardless of frequency of submission selected by PEBA;
- b. Paper claim submission fee for coordination of benefits for Medicare Part D enrollees;
- c. Prior authorizations to categorize Medicare Part B covered drugs for exclusion from claim submission in accordance with CMS guidelines and in coordination with PEBA;
- d. Storage of data for CMS audit and participation in CMS audits, as needed;
- e. Certificates of coverage at termination of creditable coverage, including postage and mailing; and
- f. Calculation and submission annually of the final reconciliation cost report to CMS.