



**Request for Proposal for
Pharmacy Benefit Management Services**

Suwannee County School District

RFP#23-206

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**SUWANNEE COUNTY SCHOOL DISTRICT
"PHARMACY BENEFIT MANAGEMENT SERVICES"
SELF-FUNDED HEALTH INSURANCE PROGRAM
INVITATION TO BID RFP # 23-206**

The Suwannee County School Board is requesting proposals from qualified proposers to provide Pharmacy Benefit Administrative Services for their Self-Funded Health Insurance Program.

Questions will be due by Friday, February 10, 2023. Sealed bids will be received at the Suwannee County School District, Office of the Chief Financial Officer, 1740 Ohio Avenue South, Live Oak, Florida 32064 until 2:00 PM, on Wednesday, February 15, 2023.

Bids shall be properly and completely executed on the bid proposal form. Bid documents for RFP # 23-206 may be obtained from the District Web Site at the following link:

<http://www.suwannee.k12.fl.us/bids/open>

Suwannee County District Schools reserve the right to reject any or all bids, to waive any defects or irregularities in bids and to accept any bid which is deemed most advantageous to the public interest. Questions should be directed to Marsha Brown, Chief Financial Officer at the contact information below.

Marsha Brown, Chief Financial Officer

marsha.brown@suwannee.k12.fl.us
1740 Ohio Avenue, South
Live Oak, FL 32064
386-647-4651

INVITATION

Suwannee County School District is requesting proposals from qualified providers to provide Pharmacy Benefit Management services as a self-funded client on behalf of their members. Suwannee County School District requires an experienced Pharmacy Benefit Manager to administer a range of PBM services as described in the Company Background and Overview sections of this RFP.

BACKGROUND

The Suwannee County School District's self-insured health plan includes pharmacy benefits with Florida Blue. The School District has a strong commitment to health and wellness and continues to adopt plans to encourage healthy behaviors and outcomes. There are currently 793 active employees, 1 COBRA participant, and 35 retired employees of which 490 are enrolled in SCSD's health insurance. Florida Blue has been SCSD administrator for last 10+ years.

RFP CONTACTS

Marsha Brown, Chief Financial Officer
marsha.brown@suwannee.k12.fl.us
1740 Ohio Avenue, South
Live Oak, FL 32064
386-647-4651

RFP DELIVERY

Sealed bids will be received at the Suwannee County School District, Office of the Chief financial Officer, 1740 Ohio Avenue South, Live Oak, FL 32064 on Tuesday, February 15, 2023 at 2:00pm.

Schedule/Project Timeline

February 1, 2023	RFP# 23-206 Published
February 10, 2023 2:00pm EST	Last Day to Request Additional Information or Clarification
February 15, 2023 2:00pm EST	Response Due Date
February 23, 2023 10:00am EST	Committee meeting to review plan designs and proposals
February 28, 2023 6:00pm EST	Board meeting to approve committee's recommendation.

**Note: Dates are subject to change.*

GENERAL EXPECTATIONS

Qualified proposers are vendors that have demonstrated experience in the requested services and can demonstrate their ability to provide the services described in this RFP. It is expected that a proposer will have the necessary professional staff to administer the program(s) effectively in compliance with all applicable laws, regulations, and Suwannee County School District policies. The submission of a response to this proposal will be considered a representation that:

- 1) The vendor has carefully vetted all conditions which affect or may affect, at some future date, the performance of services covered by the proposal;
- 2) The vendor is fully informed concerning the conditions to be encountered and the quantity and quality of work to be performed; and
- 3) The proposer is familiar with all federal and state laws which may apply to the services provided and the persons employed to complete the services.

Suwannee County School District expects the rates and rebates to improve with the market over time through annual market checks and contractual amendments. Suwannee County School District expects a sound service recovery plan for members and Human Resources staff. Timely and effective identification and resolution of issues is important and expected.

SCOPE

Suwannee County School District desires to partner with an organization to provide Pharmacy Benefit Management Services for their Employee Prescription program. The services shall include, but are not limited to:

1. Electronic and paper claims processing and payment
2. Comprehensive and timely support of data exchange
3. Pharmacy network contracting and management
4. Specialty and Mail Order Pharmacies
5. Rebate contracting and administration
6. Clinical support
7. Utilization Management Programs Step Therapy, Quantity Level Limits, Prior Authorization programs
8. Support of Specialty Management Programs, including Patient Assistance Program options
9. Standard and Ad Hoc reports
10. Benefit design and implementation services
11. Eligibility administration
12. Member ID Cards

13. Dedicated Account and Clinical management team with executive level sponsorship
14. Toll free customer service; toll free pharmacy help desk; robust member portal
15. Pharmacy Audit and FWA (Fraud, Waste and Abuse) programs
16. Member and provider website portal

Evaluation Criteria

Criteria No.	Main Criteria Description	Points
Criteria No. 1	Financials	25
Criteria No. 2	Mandatory Requirements	25
Criteria No. 3	Specialty Pharmacy Management	20
Criteria No. 4	Clinical Management Programs	15
Criteria No. 5	Qualifications, Experience of Team members	15

MANDATORY REQUIREMENTS

These requirements are outlined to establish and maintain a successful business relationship. These are a key aspect of the overall criteria and evaluation. **These requirements are mandatory and may result in disqualification if unable to meet.**

MANDATORY REQUIREMENTS	Yes/No
Your organization agrees to provide a three-year pricing proposal with improvements for years 2024 and 2025 with annual market checks available each calendar year.	
Specialty, Limited and Exclusive Distribution Drug, and Biosimilar Pricing Lists (NDC-11 level discount schedule in Excel) is provided within the RFP process including both Open and Exclusive discounts.	
Your organization agrees to provide an <i>all-in generics</i> offer related to the financial guarantees. Confirm your brand definition will include MediSpan Multisource indicator of “M”, “O”, and “N”. Your generic definition will include MediSpan Multisource indicator of “Y”. Single source generics and patent litigated products will be included in the generic discount guarantees.	
Your organization will be able to successfully implement this plan given at least a 60-day implementation timeline.	
Your organization will load all current Prior Authorizations, open mail order refills, open specialty refills, one-year claim history and accumulator files that exist for current members from the incumbent PBM at no additional charge.	
PBM will provide a detailed Suwannee County School District specific contract within fifteen (15) calendar days of Suwannee County School District contract award.	
Your organization will allow the client or their designated consultant to conduct annual market assessments during the contract term to determine the continued competitiveness of pricing and associated financial guarantees. In the event the client determines that current pricing is less favorable than available in the competitive market, your organization agrees to enter into good faith negotiations to reach agreement on market-competitive revisions to the program pricing terms. If, after ninety (90) days, the parties have been unable to reach agreement on an equitable modification terms, then the client may terminate the contract with ninety (90) days notification.	
Any costs incurred by bidders in preparing and submitting responses to this RFP are the sole responsibility of the bidder.	
Confirm documentation and reporting will be provided at the time rebate payments are received. Additionally, confirm that any other payments that Suwannee County School District receives, documentation will be provided at the time payment is received.	

MANDATORY REQUIREMENTS	Yes/No
Please confirm you will support Suwannee County School District with Consolidated Appropriations Act (CAA) Pharmacy and Cost reporting.	
Confirm Suwannee County School District will have the ability to terminate the contract at any time without cause, with a 90-day notice after 1 st year.	
All responses must be provided in a working format (i.e. MS Word, MS Excel) and NOT a locked format document (i.e. PDF).	
Bidders agree not to contact Suwannee County School District directly during this RFP process as this will result in immediate disqualification.	

ATTACHMENTS TO INCLUDE – (please provide in an unlocked format)

1. RFP requirements
2. Specialty, Limited and Exclusive Distribution Drug, and Biosimilar pricing lists with discounts at the specific NDC-11 level in Excel, please include both Open and Exclusive discounts
3. Bios for Implementation Manager, Account Manager and Clinical Account Manager.
4. Customized implementation plan (implementation begins 3/1/2023 for 5/1/2023 effective date)
5. Copy of the formularies proposed
6. Network disruption including number of pharmacies, members and Rx's impacted
7. Formulary disruption including number of members, drugs and number of Rx's impacted for additional proposed formularies
8. Clinical Programs – detailed list of clinical programs available to Suwannee.
9. Specialty Management Programs – detailed list of clinical programs available to Suwannee.
10. Specialty Copay Optimization/Variable Copay Program Analysis (Please provide an overview and an analysis based on the programs you would propose to Suwannee in this area).

PRICING INSTRUCTIONS

Rates **MUST** be based on these definitions:

For purposes of this proposal, all Generic guarantees should exclude 340B claims, claims priced at U&C, paper or member submitted claims, compounds, COB or secondary payor, vaccines, and in-house pharmacy claims. The guarantee should include all other products with a Medispan Multisource Indicator of "Y" at the time of adjudication. Please explicitly define the methodology used for determining the guaranteed rates proposed.

For purposes of this proposal, all brand guarantees should exclude 340B claims, claims priced at U&C, paper or member submitted claims, compounds, COB or secondary payor, vaccines, in-house pharmacy claims. The guarantee should include all other products with a Medispan Multisource indicator of "M", "N", or "O" at the time of adjudication. Please explicitly define the methodology used for determining the guaranteed rates proposed.

The PBM may propose alternative methodology for calculating the guarantees. If an alternative is provided, then PBM must provide a detailed explanation on the proposed methodology along with the proposed guaranteed rates. Any explanation as to proposed methodology must include, at a minimum, the following:

- Identify the claims which will be included and excluded.
- Identify the period for which guarantees will be calculated.
- Identify the timeframe for calculations.
- Identify the timeframe for documentation and payment.
- Identify how multi-source brand products will be handled within the guarantee calculation.

If a proposed methodology will exclude a group of generic products due to certain "generic exclusivity" parameters, the PBM must provide a detailed list of such products at the NDC-11 level and must include the period of proposed exclusivity.

Specialty Pricing Section

Provide a detailed list of all products, including Limited and Exclusive Distribution, and Biosimilar Drugs, at the NDC-11 level in Excel, currently treated as Specialty. Identify differences in pricing for Exclusive versus Open plans, and details on when each pricing scheme will apply.

PRICING DEFINITIONS

Brand and Generics Definitions			
For purposes of this proposal, all generic guarantees should be reconciled in accordance with the terms in the chart below on an annual basis. The guarantee should include all other products with a Medispan Multisource Indicator of "Y" at the time of adjudication. Please explicitly define the methodology used for determining the guaranteed rates proposed.			
Definitions - Generic Guarantees	Agree	Deviate	Additional Information
Exclude 340B claims			
Exclude Paper or member submitted claims			
Exclude claims for compounded products			
Exclude claims for COB or secondary payor			
Exclude Vaccine and vaccine administration claims			
Exclude COVID treatment claims			
Include generic claims with limited availability, subject to patent litigation and new to market drugs. If PBM does not agree, provide a detailed list on the Generic Exclusivity section.			
Include only claims with a Midspan Multisource indicator of "Y".			
If other inclusions and exclusions apply - PBM must provide detailed explanation.			
Provide detailed methodology how the Generic guarantees are measured, including frequency of review and reconciliation and payment time frame.			
For purposes of this proposal, all brand guarantees should be reconciled in accordance with the term noted in the chart below on an annual basis. The guarantee should include all other products with a Medispan Multisource indicator of "M", "N", or "O" at the time of adjudication. Please explicitly define the methodology used for determining the guaranteed rates proposed.			
Definitions - Brand Guarantees	Agree	Deviate	Additional Information
Exclude 340B claims			
Exclude Paper or Member Submitted Claims			
Exclude Claims for compounded products			
Exclude Claims for COB or secondary payor			
Exclude Vaccine and vaccine administration claims			
Exclude COVID treatment claims			
Include only claims with a Medispan Multisource indicator of "M," "N," "O"			
If other Inclusions and Exclusions - PBM must provide detailed explanation.			
Provide detailed methodology how the brand guarantees are measured, including frequency of review and reconciliation and payment time frame.			

PRICING TEMPLATE – TRADITIONAL PRICING TABLES

RETAIL - NON-SPECIALTY (TRADITIONAL)	RETAIL (TRADITIONAL)		
	5/1/2023 – 4/30/2024	5/1/2024 - 4/30/2025	5/1/2025 - 4/30/2026
Guaranteed minimum overall brand discount off of AWP 1-83 days			
Guaranteed minimum overall generic discount off of AWP 1-83 days			
Guaranteed minimum overall brand discount off of AWP 84-90 days			
Guaranteed minimum overall generic discount off of AWP 84-90 days			
Guaranteed maximum brand dispensing fee per claim 1-83 days			
Guaranteed maximum generic dispensing fee per claim 1-83 days			
Guaranteed maximum brand dispensing fee per claim 84-90 days			
Guaranteed maximum generic dispensing fee per claim 84-90 days			
Guaranteed maximum administrative fee per retail brand claim			
Guaranteed maximum administrative fee per retail generic claim			

MAIL ORDER - NON-SPECIALTY (TRADITIONAL)	MAIL ORDER		
	5/1/2023 – 4/30/2024	5/1/2024 - 4/30/2025	5/1/2025 - 4/30/2026
Guaranteed minimum overall brand discount off of AWP 1-90 days			
Guaranteed minimum overall generic discount off of AWP 1-90 days			
Guaranteed maximum brand dispensing fee per claim			
Guaranteed maximum generic dispensing fee per claim			
Guaranteed maximum administrative fee per mail order brand claim			
Guaranteed maximum administrative fee per mail order generic claim			

OPEN SPECIALTY (TRADITIONAL)	OPEN SPECIALTY		
	5/1/2023 – 4/30/2024	5/1/2024 - 4/30/2025	5/1/2025 - 4/30/2026
<i>If Specialty at Retail does not fall under these discounts, please outline the specific discounts that should be applied to Specialty Retail claims.</i>			
Guaranteed minimum overall brand discount off of AWP 1-34 days			
Guaranteed minimum overall generic discount off of AWP 1-34 days			
Guaranteed minimum overall brand discount off of AWP 35-90 days			
Guaranteed minimum overall generic discount off of AWP 35-90 days			
Guaranteed maximum brand dispensing fee per claim			
Guaranteed maximum generic dispensing fee per claim			
Guaranteed maximum administrative fee per specialty brand claim			
Guaranteed maximum administrative fee per specialty generic claim			
EXCLUSIVE SPECIALTY (TRADITIONAL)	EXCLUSIVE SPECIALTY		
Guaranteed minimum overall brand discount off of AWP 1-34 days			
Guaranteed minimum overall generic discount off of AWP 1-34 days			
Guaranteed minimum overall brand discount off of AWP 35-90 days			
Guaranteed minimum overall generic discount off of AWP 35-90 days			
Guaranteed maximum brand dispensing fee per claim			
Guaranteed maximum generic dispensing fee per claim			
Guaranteed maximum administrative fee per specialty brand claim			
Guaranteed maximum administrative fee per specialty generic claim			
EXCLUSIVE SPECIALTY (TRADITIONAL)	EXCLUSIVE SPECIALTY		
Guaranteed minimum overall Limited Distribution Drug discount			

REBATES

1. Rebates guarantees should be based on a minimum per brand claim. Deviations that require an average 30 or 90 days supply must be documented below.
2. Please duplicate the tables below to include the following offers: standard formulary with exclusions, standard formulary with exclusions and with step therapy, and a custom formulary.
3. List any exclusion(s) to your rebate guarantees.

Rebate Tables						
Standard Formulary with Exclusions						
Year	Copay Structure	Retail 1-83 DS	Retail 84+ DS	Mail Order 1-90 DS	Specialty Open 1-90 DS	Specialty Exclusive 1-90 DS
2023	3T Brand	\$	\$	\$	\$	\$
2024	3T Brand	\$	\$	\$	\$	\$
2025	3T Brand	\$	\$	\$	\$	\$
Standard Formulary without Exclusions						
Year	Copay Structure	Retail 1-83 DS	Retail 84+ DS	Mail Order 1-90 DS	Specialty Open 1-90 DS	Specialty Exclusive 1-90 DS
2023	3T Brand	\$	\$	\$	\$	\$
2024	3T Brand	\$	\$	\$	\$	\$
2025	3T Brand	\$	\$	\$	\$	\$

<i>Please provide your rebate estimate for 2023.</i>	
<i>Please provide your definition of rebate.</i>	

SPECIALTY PHARMACY PRICING

Provide a detailed list of all products currently treated as Specialty, Limited and Exclusive Distribution, and Biosimilar Drugs. Identify differences in pricing for Exclusive versus Open plans. **Please provide as Attachment in Excel format.**

Specialty and LDD Drug Pricing List								
Note: "Open" means ALL retail network pharmacies may dispense Specialty medications.								
Drug Name	NDC-11	Indication	Brand or Generic Indicator	Formulary Status	AWP Discount - Exclusive	AWP Discount – Open	Limited Distribution (Yes/No)	Biosimilar (Yes/No)

Provide the definition for Specialty Drugs. Dollar thresholds are not preferred.	
Provide the definition for Limited Distribution Drugs. Dollar thresholds are not preferred.	
What is your default pricing for any new drugs being added to the specialty drug list? Include the AWP discount and any fees that will apply.	

DISCOUNT AND REBATE EXCLUSIONS

Please clearly outline all exclusions that apply. Please list any claim categories that are excluded from the guarantees provided.

Discount Exclusions

Rebate Exclusions

Specialty Exclusions

ADDITIONAL SERVICES

Included SERVICES (AT NO ADDITIONAL COST)

Identify the base level of services offered at no additional cost. List your services in one of the program groupings below. Proposers may provide this information in their own format.

Service Name	Description
On-line standard Reporting	Include number of licenses included
Ad-Hoc Reporting	Include number of licenses included
Administrative Prior Authorizations	
Clinical Prior Authorizations	
Member Portal	
Client Portal	
Step Therapy Programs	
DUR Programs	
Utilization Management Programs	
Clinical Programs	

ADDITIONAL SERVICES (OFFERED FOR A FEE)

Identify additional services offered for a fee. List your services in one of the program groupings below. For each service identify the cost, specify the basis for the cost (per script, PMPM, etc.), the guaranteed savings (if any) and the basis for determining the guaranteed savings. See example on how to populate each field. Proposers may provide this information in their own format.

Examples

Name of Service	Cost	Cost Basis	Guaranteed Savings	Savings Basis
Step Therapy Program XYZ	\$0.03	per Script	\$0.04	per Script
Clinical Program DEF	\$0.10	PMPM	\$0.30	PMPM
Prior Authorizations ABC	\$30.00	Per Case	None	
Name of Service	Cost	Cost Basis	Guaranteed Savings	Savings Basis

CREDITS/ALLOWANCES

The following credits/allowances are requested. Please outline those provided as part of your overall offer.

	Amount	Frequency	Details
Implementation Credit			
Pharmacy Management Allowance			
Other			

Thank you for participating - we look forward to hearing from you.