INFORMATION SHEET
ATTACHMENT 3, PRICE RESPONSE
2122-02 ITN RM

ADMINISTRATIVE FEE

The Division will pay an administrative fee for each medication processed. This administrative fee will cover the PBM administrative costs for processing the prescription.

GUARANTEE TRUE-UP

The Contractor shall annually perform a guarantee true-up of drug pricing and Dispensing Fees. The true-up of drug pricing will be determined by comparing total invoiced drug prices to the total of all invoiced drugs recalculated at the contract guaranteed AWP discount and guaranteed Dispensing Fee.

The Division shall utilize a discount guarantee true-up for drug pricing and dispensing fees. The performance guarantee will be reconciled on an annual basis and tied to the PBM's stated guarantees for the year. When the Contractor achieves or exceeds the AWP discount or dispensing fee contract guarantees listed in Attachment 3, Price Response, the surplus shall be retained by the Division. If the Contractor fails to meet the AWP discount or dispensing fee contract guarantees, the Contractor shall reimburse the Division for the dollar amount of the deficit.

PRESCRIPTION SUPPLY THRESHOLDS

The Division prefers to categorize prescriptions as: 30-day (1-83 days' supply) and 90-day (84 or greater days' supply). The Division is open to evaluating alternative days' supply thresholds such as 30-day (1-34 days' supply) and 90-day (35 or greater days' supply) so long as they are detailed in Attachment D, Price Response. Drug cost submitted on Attachment 3, Price Response, shall be consistent with the days' supply threshold being utilized.

Detailed information summarizing alternative days' supply thresholds may be included with Volume 5 of the Response and will be addressed in negotiations.

GUARANTEE TRUE-UP EXCLUSIONS

Guarantee True-Up Exclusions are excluded from the annual true-up process. If there are exclusions for the categories listed on Attachment 3, Price Response, numbers 1 through 8, those exclusions should be submitted as an attachment to Attachment 3, Price Response, explicitly stated, and in an organized format.

PRICING REQUIREMENTS, SOW, SECTION 11.

For additional information related to pricing, refer to the SOW, Section 4, Table 1, Part B, Section 11, Pricing Requirements.

ATTACHMENT 3
PRICE RESPONSE
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PART A - ADMINISTRATIVE SET-UP

Administrative Set-Up Fee: The Department will compensate the Contractor the fixed fee set forth in the box below upon completion of the services set forth in Table 1, Part A, Administrative Set-Up Requirements.

Administrative Set-Up Fee (one-time fee) $_____

PART B - ADMINISTRATIVE FEE

Per Transaction - Administrative Fee: The fee the Contractor charges the Department per transaction for the provision of all services not otherwise explicitly priced in Attachment 3, Price Response. This includes but is not limited to services such as claims administration, including, but not limited to, the processing and adjudication of pharmacy claims, and ancillary services including, but not limited to, customer service, member communication materials, desk audits of pharmacy providers, disease management and step therapy, help desk access, electronic or manual eligibility submission, level one (1) electronic prior authorizations, network maintenance, formulary management, reports, training, fraud, waste and abuse program, opioid management program, QA program, and DWC compliance.

Components: Please provide the following for each contract year for the following:	Year 1	Year 2	Year 3	Year 4	Renewal Year 1	Renewal Year 2	Renewal Year 3	Renewal Year 4
ADMINISTRATIVE FEE								

PART C - PRESCRIPTION DRUG DISCOUNTS AND FEES
The Contractor shall provide the following discount guarantees and fees on prescription drugs:

Per Transaction - Discount Guarantee and Fees: **Retail - Standard Network (AWP Less Discount and Dispensing Fee)**

1.a Retail 30 day (1 - 83 days)	Year 1	Year 2	Year 3	Year 4	Renewal Year 1	Renewal Year 2	Renewal Year 3	Renewal Year 4
1.a.1 Retail 30 Day Brand Discount								
1.a.2 Retail 30 Day Generic Discount								
1.a.3 Retail 30 Day Dispensing Fee								
1.b Retail 90 Day (84 days or greater)	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Renewal Year 1**	**Renewal Year 2**	**Renewal Year 3**	**Renewal Year 4**
1.b.1 Retail 90 Day Brand Discount								
1.b.2 Retail 90 Day Generic Discount								

1.b.3 Retail 90 Day Dispensing fee								
2. Mail Order - Standard Network	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Renewal Year 1**	**Renewal Year 2**	**Renewal Year 3**	**Renewal Year 4**
2.1.a Mail Order Brand Discount								
2.1.b Mail Order Generic Discount								
2.1.c Mail Order Dispensing Fee								
3.a. Specialty - Standard Network	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Renewal Year 1**	**Renewal Year 2**	**Renewal Year 3**	**Renewal Year 4**
3.a.1 Specialty Mail Brand Discount								
3.a.2 Specialty Mail Generic Discount								
3.a.3 Specialty Mail Dispensing Fee								
3.b. Specialty Non-Mail	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Renewal Year 1**	**Renewal Year 2**	**Renewal Year 3**	**Renewal Year 4**
3.b.1 Specialty Non-Mail Brand Discount								
3.b.2 Specialty Non-Mail Generic Discount								
3.b.3 Specialty Non-Mail Dispensing Fee								
Per Transaction - Discount Guarantee and Fees: Non-Standard Network (AWP Less Discount and Dispensing Fee)								
4. Physician Dispensing Network - Name of Network and Types of Pharmacy Included (Include a sample list of provider NPIs which comprise this network with Attachment D, Price Response)	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Renewal Year 1**	**Renewal Year 2**	**Renewal Year 3**	**Renewal Year 4**
4.a.1 Physician Dispensing - Brand Discount								
4.a.2 Physician Dispensing - Generic Discount								
4.a.3 Physician Dispensing - Dispensing Fee								
5. WC Specific Dispensing Network #1* - Name of Network and Types of Pharmacy Included (Include a sample list of provider NPIs which comprise this network with Attachment D, Price Response)	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Renewal Year 1**	**Renewal Year 2**	**Renewal Year 3**	**Renewal Year 4**
5.a.1 WC Network #1 Brand Discount								

5.a.2 WC Network #1 Generic Discount								
5.a.3 WC Network #1 Dispensing Fee								
6. WC Specific Dispensing Network #2 - Name of Network and Types of Pharmacy Included	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Renewal Year 1**	**Renewal Year 2**	**Renewal Year 3**	**Renewal Year 4**
6.a.1 WC Network #2 Brand Discount								
6.a.2 WC Network #2 Generic Discount								
6.a.3 WC Network #2 Dispensing Fee								
7. WC Specific Dispensing Network #3 - Name of Network and Types of Pharmacy Included	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Renewal Year 1**	**Renewal Year 2**	**Renewal Year 3**	**Renewal Year 4**
7.a.1 WC Network #3 Brand Discount								
7.a.2 WC Network #3 Generic Discount								
7.a.3 WC Network #3 Dispensing Fee								
8. WC Specific Dispensing Network #4 Name of Network and Types of Pharmacy Included	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Renewal Year 1**	**Renewal Year 2**	**Renewal Year 3**	**Renewal Year 4**
8.a.1 WC Network #4 Brand Discount								
8.a.2 WC Network #4 Generic Discount								
8.a.3 WC Network #4 Dispensing Fee								
PART D - CLINICAL FEES								
Per Transaction - Clinical Fees: The Contractor shall receive the following fees related to services provided by licensed practitioners such as pharmacists or physicians, to include the following: clinical prior authorizations by pharmacist, medical authorizations by a physician, peer-to-peer reviews, appeals, and concurrent and retrospective DURs.								
9. Clinical Fees	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Renewal Year 1**	**Renewal Year 2**	**Renewal Year 3**	**Renewal Year 4**
9.a.1 Level Two (2) Clinical Prior Authorization (Pharmacist)								
9.a.2 Level Three (3) Medical Prior Authorization (Physician)								
9.a.3 Level Four (4) Peer to Peer Physician Review								

9.a.4 Appeal								
9.a.5 Concurrent DUR								
9.a.6 Retrospective DUR								