Gold Coast Health Plan℠
A Public Entity

RE: Request for Proposal Number GCHP03112024

Gold Coast Health Plan ("GCHP") is interested in establishing an agreement with a contractor for a pharmacy benefit managers (PBM) service provider for its future Medicare line of business and is inviting qualified corporations, partnerships, companies, and other Firms (individually, a "Proposer", and collectively, the "Proposers") to submit proposals responsive to this Request for Proposal ("RFP"). This RFP establishes the project background, business requirements and expectations required for Proposers to submit a proposal (individually, a "Proposal", and collectively, the "Proposals").

A Proposal must be in accordance with the following:

1. INSTRUCTIONS:

1.1. This RFP is not an offer to contract but rather an attempt to establish a common framework within which an agreement may be reached. Each Proposal submitted by a Proposer to this RFP represents a firm offer to contract on the terms and conditions described in this RFP and Proposer's response. This RFP is for special services and advice as set forth in section 53060 of the Government Code, and GCHP reserves the right to award the contract described in this RFP in any manner authorized by section 53060 of the Government Code.

1.2. This solicitation shall not be construed as a requirements or supply contract. GCHP shall not have any obligation hereunder to purchase any products or services from the selected Proposer.

1.3. All Proposals become the property of the GCHP and will not be returned to the responding Proposer unless otherwise determined by GCHP in its sole discretion.

1.4. Any costs incurred by the responding Proposer for developing a proposal are the sole responsibility of the responding Proposer and GCHP shall have no obligation to compensate any responding Proposer for any costs incurred in responding to this RFP. If GCHP should determine that in-person interviews are necessary, interviews will be held at the GCHP's offices and any costs associated with such interviews will be the responsibility of the responding Proposer.

1.5. Time Schedule

Below is the tentative time schedule for this RFP.

Event	Date	Time (If applicable)
RFP Released	March 19, 2024	
Intent to Propose Notification Due By	April 1, 2024	5pm, PT
Questions Due	April 8, 2024	5pm, PT
Questions Answered	April 22, 2024	
Proposal Due Date	**May 6,2024**	5pm, PT
Short List Established and Contractual Discussions Begin	June 7, 2024	

* Note: GCHP may issue you a full Security Risk Assessment.

All questions must be submitted in writing. Submit your questions to the procurement contact listed below, (Section 1.7) via email. Copies of all questions and answers will be distributed to all persons who have submitted the Intent to Propose as set forth below ("Prospective Proposers"), without any identification of the inquiring person. Questions received after the Question Due Date will not be answered.

1.6. Intent to Propose

Prospective Proposers are asked to notify the procurement contact of this RFP of their intention to submit a Proposal ("Intent to Propose"). Failure to notify GCHP of your Intent to Propose will not affect the acceptance of any Proposal.

Complete the form provided, **Attachment 6**, the Letter of Intent to Propose, by the date listed in section 1.5 "Time schedule" by e-mailing it to: bbushey@goldchp.org

1.7. Procurement Contract

The procurement contact is below. All communications and Proposals must be submitted to the procurement contact. Proposals and questions should be submitted via email to:

Bob Bushey
Executive Director, Procurement
bbushey@goldchp.org
805-437-5717

1.8. Length of Proposal

Due to the length of the evaluation, approval, and procurement process at GCHP, Proposals are required to be valid for a minimum of 210 days. A proposal may not be modified, withdrawn or canceled by the Proposer for a two hundred ten (210) day period following the deadline for the submission of the proposal. The Proposer agrees to this condition by submission of the Proposal.

1.9. Letter of Transmittal

Proposers shall include a letter of transmittal that bears the signature of an authorized representative of the Proposer's company. The letter of transmittal will also include the name(s) of the individual(s) authorized to negotiate with GCHP as well as the names of sales representatives appointed by the Proposer, and the name of the Proposer's Project Manager.

1.10. Conflict Of Interest

1.10.1. The successful Proposer will be required to certify, to the best of its knowledge, that its Proposal and any awarded contract is not in violation of any provisions of applicable laws related to conflicts of interest, and that it is familiar with such laws, including by way of illustration and not by limitation, Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California. A conflict-of-interest certification is attached as **Attachment 3** and shall be submitted with the Proposal.

1.10.2. Individuals who will perform work for GCHP on behalf of the successful Proposer might be deemed public officials under state conflict of interest laws. If so, such individuals will be required to submit a Statement of Economic Interests, California Fair Political Practices Commission Form 700, in accordance with the law and GCHP's Conflict of Interest Code.

1.11. Proposal is a Public Record

All information submitted by a responding Proposer to GCHP is governed by the California Public Records Act ("CPRA"). Proposals will remain confidential during the procurement process to the furthest extent permitted by law, but only until such time as determined by GCHP in its sole discretion. If Proposer views certain information in its Proposal as confidential information that is proprietary or "trade secret" or otherwise exempt from disclosure under the CPRA, it shall provide GCHP with both a redacted and unredacted version of its Proposal with the rationale for the redactions. GCHP makes no guarantee that any or all of a Proposal will be kept confidential, even if the Proposal is marked "confidential," "proprietary," etc.

By submitting a redacted Proposal, the Proposer agrees that if in response to a CPRA request, GCHP reviews the proposed redactions and does not agree that the redacted information falls within any CPRA exemptions, then Proposer will indemnify, defend and hold GCHP harmless in any CPRA action, lawsuit or administrative proceeding seeking to force GCHP to disclose such purported confidential information identified by Proposer. If Proposer objects to this indemnification, then GCHP will disclose information under the CPRA in accordance with the legal requirements of the CPRA and GCHP's interpretations thereof.

1.12. Reservation of Rights

GCHP reserves the right to do the following at any time, at GCHP's sole discretion:

1.12.1. Reject any and all proposals or cancel this RFP.
1.12.2. Waive or correct any or inadvertent defect, irregularity, informality or technical error in any proposal or the RFP procedure.
1.12.3. Request that certain or all Proposers supplement or modify all or certain aspects of their respective Proposals or other materials submitted and/or provide additional information.
1.12.4. Procure any services specified in this RFP by other means.
1.12.5. Modify the specifications or requirements for services in this RFP, or the required contents or format of the proposals prior to the due date.
1.12.6. Extend the deadlines specified in this RFP, including the deadline for accepting Proposals.
1.12.7. Negotiate with any, all, or none of the Proposers.
1.12.8. Terminate negotiations with a Proposer without liability and negotiate with other Proposers.
1.12.9. Award a Contract to any Proposer, including a Proposer other than the Proposer offering the lowest price.
1.12.10. GCHP reserves the right to eliminate a proposal from consideration if the Proposer's Security Risk Assessment reveals an unacceptable level risk for the proposed contract. An unacceptable level of risk shall be in the sole discretion of GCHP and may be based on a single risk factor or the cumulative effect of multiple risk factors. In such case, GCHP will notify the Proposer of the specific risk factor(s) resulting in the elimination. The Proposer will have five business days from GCHP's notice of elimination to submit a protest. The protest shall contain all relevant evidence that Proposer intends to present to prove that GCHP's assessment of the risk is in error. GCHP's

determination of the protest shall be final. Nothing herein prevents GCHP from considering any particular Proposal or weighting the risk factors as part of the qualitative analysis, regardless of risk level.

1.13. Supplier Diversity

Supplier diversity is a high priority at GCHP It is our business practice to create and maintain an environment in which traditionally underrepresented, minority- and women-owned businesses have an equal opportunity for building and maintaining a relationship with GCHP. In considering the Proposals, GCHP will not discriminate against, or grant preferential treatment to, any individual or group on the basis of age, sex, sexual identity or preference, race, color, ancestry, national origin, religious creed, physical or mental disability, medical condition, marital status, ethnicity, protected by applicable law.

Each Proposer shall certify in its Proposal that in performing work or providing services, it will not discriminate in its contracting, hiring or employment practices because of age, sex, sexual identity or preference, race, color, ancestry, national origin, religious creed, physical or mental disability, medical condition, marital status, ethnicity, or any other characteristic protected by applicable law. Proposer shall also certify in its proposal that it will comply with applicable federal and California anti-discrimination laws, including but not limited to the California Fair Employment and Housing Act, beginning with Section 12900 of the California Government Code.

2. OVERVIEW

2.1. Gold Coast Health Plan

Gold Coast Health Plan is an independent public entity created by Ventura County Ordinance and authorized through Federal Legislation; however, Gold Coast Health Plan is not a county agency. The Ventura County Board of Supervisors approved implementation of a County Organized Health System (COHS) model, transitioning from fee-for-service Medi-Cal to managed care, on June 2, 2009. The purpose of Gold Coast Health Plan is to serve Medi-Cal beneficiaries, enhance the quality of healthcare, provide greater access, improve service and provide choice.

Gold Coast Health Plan proudly serves more than 220,000 Medi-Cal beneficiaries living in Ventura County, Calif. We are an independent public entity governed by the Ventura County Medi-Cal Managed Care Commission and are dedicated to serving our members. The commission is comprised of locally elected officials, Providers, hospitals, clinics, the county healthcare agency and a consumer advocate. Our *member-first focus* centers on the delivery of exceptional service to our beneficiaries by enhancing the quality of healthcare, providing greater access and improving member choice.

From its inception, Medi-Cal has experienced increasing program costs, primarily as a result of spiraling growth in the caseload, utilization of service, and hospital costs. A Medi-Cal Reform Plan was enacted by statute in October 1971 (Chapter 577, Statutes of 1971) with the objective of developing an equitable statewide eligibility system, a uniform schedule of benefits for those eligible within a strong system of utilization and quality controls, and an improved system of health care delivery and health care financing for the program.

Modifications to the program are continually occurring because of federal and State legislation, departmental regulations, and other efforts to improve the program. Proposer should be aware that Proposer's responsibility will include the planned and orderly implementation of the applicable provisions of all state and federal legislation and regulations whenever they may occur within the life of the contract.

2.2. Project Background

2.2.1. Gold Coast Health Plan is looking to partner with a Proposer to assist Gold Coast Health Plan's intent to operate an Exclusively Aligned Enrollment Dual Eligible Special Needs Plan (EAE D-SNP). The selected Proposer will be expected to work with us in the following Medicare Advantage Prescription Drug (MAPD) Plan activities: initial Part D application, model of care development (Part D) and bid submission.

Gold Coast Health Plan is in pursuit of a Proposer that will provide high quality, responsive PBM services to achieve our goal to effectively administer a EAE D-SNP. Our initial enrollment target for 2026 is an average of 1,500 members with membership to increase to almost 11,200 members by 2032 into our D-SNP line of business.

Gold Coast Health Plan seeks a Proposer who will play an integral part in our Model of care to deliver best in class health outcomes, health equity, and member experiences by:

- Deliver value through innovation in achieving health outcomes and health equity, including innovative payment models with aligned incentives.
- Provide core competencies in administrative and clinical services (i.e. population health management).
- Achieve and maintain high member and provider satisfaction.
- Define and monitor quality measures that distinguish true improvement.
- Establish a strong foundation to ensure long-term success.
- Be fully invested in working with Gold Coast Health Plan to develop flexible solutions that meet our business and strategic needs.

The ideal Proposer will provide PBM services focused on the following functional areas: comprehensive clinical support, Formulary offerings, Pharmacy provider network (retail, specialty, and mail-order), real-time prescription point-of-sale claim adjudication, prior authorization (coverage determination) fulfillment, data analysis/reports for clinical pharmacy program management, Medication Therapy Management (MTM) program management, grievances and appeals management, and call center responsibilities. Gold Coast Health Plan seeks a Proposer with these specific service experiences for individuals who are dually eligible.

3. QUALITATIVE REQUIREMENTS

Section 3 of this RFP contains all of the requirements. These requirements have been categorized as “Mandatory,” and “Preferred.

“Mandatory” requirements shall be considered as “absolute” and should be met in full. Proposals will not be considered for further evaluation unless every mandatory requirement is met in full, the failure to satisfy all mandatory requirements will render the Proposal non-responsive and non-responsible. For each paragraph number listed in this section, Proposers must confirm their ability to meet the requirement by indicating they can “comply” or “not comply” and then provide a detailed response describing “how” they meet the requirement.

“Preferred” requirements are to be considered as “highly desirable”, but do not have to be met in full. GCHP will evaluate your responses to these requirements in relation to those of all other Proposers. For each paragraph number listed in this section, you must provide a detailed response describing “how” they meet the requirement

GCHP intends to evaluate Proposals by ranking the Proposals in order of being most advantageous to the GCHP at GCHP’s sole discretion with price and other factors considered, including but not limited to, the Proposers’ qualifications, experience, capabilities, record of performance, references, proposed staffing, availability of key personnel, location and ability to provide services in Ventura and/or California, responsiveness and diversity outreach and efforts. GCHP intends to evaluate Proposals in a holistic manner, giving weight to price and other factors to the extent that they reflect upon GCHP’s assessment of the reasonable likelihood that a Proposer would be able to successfully render the services in a reliable manner satisfactory to GCHP. GCHP may require Proposers to demonstrate that their product(s) functions as is represented in proposals and is usable and suitable for the purposes described in this RFP, and GCHP may evaluate and consider factors such as ease of use, functionality, ability to integrate with GCHP’s technology eco-system and capabilities, and others as evidenced in the demonstration. GCHP reserves the right to evaluate the Proposals in any manner permitted by law.

NOTE: For ease of response, please use **Attachment 8** for your response to Section 3:

3.1. Mandatory Requirements

3.1.1. Proposer must have a Grievance and Appeals unit to process appeal, grievances to include breakdown of quality-of-care issues for GCHP. The G&A unit must have been operational for a minimal period two years. (QIC)

3.1.2. Proposer must have a MTM team able to set up a MTM program for GCHP.

3.1.3. Proposer must be registered with the Department of Managed Health Care (DMHC).

3.2. Preferred Requirements

3.2.1. **Proposer Overview**

3.2.1.1. **General Information**

3.2.1.1.1. Provide the address(es) of office locations where the services will be performed.

3.2.1.1.2. Does your organization currently operate in California? If so, where and in which lines of business?

3.2.1.1.3. If your organization is privately held, please provide audited financial statements including balance sheet, income statement, and statement of cash flows from the last two years that supports the financial viability of

your company. If your organization has investors of more than 5% of equity in the company, please also include their financial statements and identify any corporate health care affiliations of those investors.

3.2.1.1.4. Please provide a credit rating agency report.

3.2.1.1.5. If applicable, please explain how your organization fits into the corporate structure of your parent company and/or other subsidiaries. Provide an organizational chart.

3.2.1.1.6. If your organization will utilize subcontractors to conduct any of the proposed services, identify each subcontractor you intend to utilize and for each:

3.2.1.1.7. Include a list of each subcontracted entity's name, address, and contact person.

3.2.1.1.8. Indicate the specific service(s) that the subcontractor will deliver, the subcontractor's qualifications and experience, how it will deliver the service, and how long the subcontractor's been delivering the service(s) to clients.

3.2.1.1.9. Provide specifics of circumstances where you have partnered with the subcontractor to offer a more comprehensive suite of services to clients.

3.2.1.1.10. Furthermore, please provide a summary of how you oversee and monitor your subcontractors' performance and compliance with contractual requirements and Federal and state regulations.

3.2.1.1.11. Does your organization utilize offshore resources for any administrative/operational functions? If so, where and for what services?

3.2.1.1.12. What is your customer retention and growth rate over the past five (5) years? Have you lost any customers in this time? If so, why?

3.2.1.1.13. Please provide a list of your organization's licenses, accreditations, and/or certifications.

3.2.1.1.14. Describe all active accreditations and accrediting bodies.

3.2.1.1.15. If your organization currently directs or subcontracts any PBM functions to outside organizations, such as for the retail network contracts, specialty pharmacy, mail order administration claims software, utilization review software, P&T committee, member services, etc.; identify the contracted organization, the contractual relationship, list the PBM function performed, where those functions are performed and provide an estimation of the percent of overall services that will be subcontracted.

3.2.1.1.16. In the event your organization anticipates utilizing major subcontractors in the performance of any contract issued pursuant to this RFP such major subcontractor must be identified. Further, your organization must fully define the scope of work to be performed by such subcontractor with an accompanying overview description of your Organization's intended contractual relationship with, and plan for managing the performance of, such subcontractor.

3.2.1.1.17. Describe and delineate the relevant provisions and limits of your cyber insurance policy.

3.2.1.2. **Proposer Stability**

3.2.1.2.1. Do you have existing "non-compete" agreements in place that may impact your ability to provide services to GCHP?

3.2.1.2.2. Has your organization acquired, been acquired by, or merged with another organization in the past three (3) years? If yes, please explain.

3.2.1.2.3. Has your organization been subject to corrective action plan(s) or Corporate Integrity Agreement imposed by a client, state Medicaid or Federal Medicare agency in the past five (5) years? If so, please summarize

each corrective action plan/Corporate Integrity Agreement, who imposed it, when it arose, the steps taken and time required to complete it, and the outcome.

3.2.1.2.4. Has your organization undergone any organizational restructuring or system infrastructure changes within the last 12 months in which a considerable amount of staffing was let go or reassigned outside of the PBM or where there is an ongoing integration or new adaptation of new systems (e.g. claims processing, prior authorization, formulary management) in which the PBM would not be functioning at its maximum efficiency for 6-12 months?

3.2.1.2.5. If you have relocated staff or changed computer or telephone systems in the last 12 months or anticipate any major changes to your organization, structure, computer, telephone systems or staffing, in the next 12-24 months, describe those changes or upcoming changes.

3.2.1.2.6. Indicate the length of time that you have been providing pharmacy benefit management services.

3.2.1.3. **Experience/References**

3.2.1.3.1. How many customers do you currently serve? Please list by type of customer (health Plan, Provider Organizations etc.) line of business (Commercial, Medi-Cal, other Medicaid, Medicare, D-SNP etc.) and include information about membership size.

3.2.1.3.2. How many years has your organization been providing PBM services to Medi-Cal, other Medicaid, or Medicare Managed Care health plans? Specific D-SNP experience? Describe your relative success with programs of this nature and identify any failures.

3.2.1.3.3. Provide a summary of qualifications that show current or successful implementation of a PBM Services Agreement.

3.2.1.3.4. Provide the names and dates of services provided for Medicare Advantage plans for which you have performed PBM services (claims processing, customer service, prior authorization, formulary management, appeals and grievances, rebate management, CMS mandated star ratings and quality programs, and account management). Please include the services provided.

3.2.1.3.5. Describe how your company will be a strategic partner for GCHP with the ability and insight to anticipate and communicate new regulatory requirements, industry best practices and cost savings initiatives.

3.2.1.3.6. Please provide at least three (3) references from previous or current clients for whom your firm provided services similar to those requested in this RFP. The Proposer is encouraged to include clients having similar geographies and lines of business and industry as GCHP, particularly, county-owned health plans and integrated D- SNPs. Please provide the following information for each reference:

- Client Name
- Contact Name
- Phone Number
- Email Address
- Plan Type
- Covered Lives
- Products
- Lines of Business
- PBM Services provided.

- Pricing Methodology
- Start date and, if applicable, end date of the relationship

3.2.1.3.7. Describe your organization's experience with administering Medicare Part D programs. Provide a summary that includes the number of years that your organization has provided such services and volume of plans that Proposer manages. Please specify if Proposer has D-SNP/Integrated Plan experience.

3.2.1.3.8. Describe your capabilities to support Medicare Advantage Initial SNP Application submissions.

3.2.1.3.9. Describe your capabilities to support Medicare Advantage Bids.

3.2.1.3.10. Please list all states where Proposer supports D-SNP products or are implementing new business. Please list out any specifics of EAE/FIDE/HIDE SNP.

3.2.1.3.11. Describe your current level of expertise with providing Pharmacy Benefit Management services for Dual (Medicare and Medi-Cal) Eligible Populations.

3.2.1.3.12. Describe your knowledge and capabilities regarding the Centers for Medicare and Medicaid Services ("CMS") regulatory environment, including specific examples of working within the parameters of CMS regulations, where applicable.

3.2.1.3.13. Describe your experience with working with smaller health plans with membership under five-hundred thousand (500,000) members.

3.2.1.3.14. Provide the approximate total number of employees.

3.2.2. **Business Requirements**

3.2.2.1. **Regulatory Requirements**

3.2.2.1.1. Describe how your Corporate Compliance Plan incorporates the seven elements of an effective compliance program as mandated by federal and state Program Integrity requirements for Medicare and Medi-Cal health plans.

3.2.2.1.2. Provide a description of the process for developing and delivering accurate reports to GCHP Compliance, including the process for ad hoc report requests.

3.2.2.2. **Eligibility**

3.2.2.2.1. Describe the options available for transmitting eligibility data.

3.2.2.2.2. Describe how the Proposer will resolve discrepancies in eligibility and the timeframes for correction.

3.2.2.3. **Data Reporting**

3.2.2.3.1. Describe the standard information/reports GCHP can expect (1) monthly, (2) quarterly, (3) annually, and (4) at year-end settlements and list how soon after the period ends that GCHP will receive the reports.

3.2.2.3.2. Proposer to describe the online reporting tools' training and support that will be provided to GCHP.

3.2.2.3.3. Describe reporting capabilities, including types of reporting with examples where applicable.

3.2.2.3.4. Will your organization provide the applicable reporting tools to allow GCHP the ability to perform its own data analysis/query? Please describe. If yes, please describe the costs associated to the reporting tool in Attachment 5, assuming approximately 10 users.

3.2.2.3.5. At what frequency is claims data uploaded into the reporting system? How often is claim data loaded into your organization's reporting tool?

3.2.2.4. **Auditing and Quality Assurance**

3.2.2.4.1. Proposer shall allow GCHP to audit 100% of claims, rebates, prior authorizations, pharmacy credentialing documents, formulary changes, etc. down to the individual claim level. Please indicate any frequency, notice requirements, programming requirements and any other limitations on GCHP's audit rights for other than mandated regulatory audits.

3.2.2.4.2. Will there be an audit allowance or an annual communication credit that can be used by GCHP? If so, what is the annual allowance?

3.2.2.4.3. Please describe how frequently the network pharmacies are audited (all annually or percentage?) and how results are shared with GCHP concerning it's local (Ventura County) service area.

3.2.2.4.4. Please describe any caveats or restrictions that would apply to a comprehensive claims audit (i.e., discount validation) or re-pricing performed by GCHP and /or its designated consultant will be outlined in the proposal.

3.2.2.4.5. Describe how Proposer will assist GCHP with achieving a 4+ Star Rating.

3.2.2.4.6. Provide a list of current/future quality programs, including a brief description of the program intent and target availability dates.

3.2.2.4.7. Describe your process for oversight of delegated vendors.

3.2.2.5. **Member Services - Call Center**

3.2.2.5.1. Proposer agrees to provide GCHP members a dedicated toll-free telephone number to call for questions and issues with 100% of calls recorded per CMS regulatory guidelines.

3.2.2.5.2. Proposers' member services/pharmacy help desk line shall be available and staffed 24/7/365.

3.2.2.5.3. What languages will be available to members who call in to the Call Center? Do you utilize a 3rd party translation service?

3.2.2.5.4. Proposer shall inform GCHP if Call Centers lines are subcontracted overseas. If so. list name of agency, # of staff, and training.

3.2.2.5.5. Proposer shall have the ability to support all DHCS and CMS mandated threshold languages in written materials. Currently, the threshold languages for GCHP are English and Spanish.

3.2.2.5.6. Proposer shall describe online services for members and services available on your website (i.e. Claims status and benefits)

3.2.2.5.7. Describe any unique call center capabilities, training processes, monitoring, and notifications to GCHP of non-compliance.

3.2.2.5.8. Describe how the account team and reporting capabilities will provide ongoing, active recommendations to GCHP to manage and reduce pharmacy costs over time.

3.2.2.6. **Network for Medi-Cal and Medicare**

3.2.2.6.1. Describe the current composition of your Pharmacy Network. (Including Retail, Mail, I/T/U, LTC, Specialty, Home Infusion services)

3.2.2.6.2. Describe your Limited Distribution Drug (LDD), access and processing.

3.2.2.6.3. Describe your process for complying with CMS and Medi-Cal pharmacy network adequacy standards.

3.2.2.6.4. Please list all major chains that are currently or anticipated to be excluded from your organization's standard, narrow, and extended supply (90 day) pharmacy networks by pharmacy network.

3.2.2.6.5. Please outline with example how your organization calculates "effective rate," if Proposer utilize this terminology to describe any of the discounts provided by your proposal.

3.2.2.6.6. Please describe your preferred pharmacy offering and any competitive advantages that should be considered. If the strategy differs based on the line of business, please separate the responses.

3.2.2.6.7. Please describe the PBM network audit program. Include a description of how pharmacies are selected for (desk and on-site) audits, how often audits occur, and how settlements are calculated. For 2022, what percentage of pharmacies received desk audits? On-site audits? by line of business

3.2.2.6.8. Does your organization offer any drug invoice reconciliation audits?

3.2.2.6.9. Does your organization offer any Fraud, Waste, and Abuse or Network Auditing programs?

3.2.2.6.10. Does your organization have the ability to remove a pharmacy from the network if FWA activity is detected?

3.2.2.6.11. Does your organization offer any SIU services? Please outline the program and any fees associated with these programs.

3.2.2.6.12. Describe your experience with dose packing, including volume, current pharmacies, and any added cost.

3.2.2.6.13. Describe your mail order delivery process, including performance standards and considerations for medications requiring special handling.

3.2.2.6.14. Describe your working relationship with your organization's pharmacy network and the dispute resolution process. How do you ensure that network pharmacy concerns are heard and addressed?

3.2.2.7. **Claims Processing for Medi-Cal and Medicare**

3.2.2.7.1. Describe Proposer organization’s claims processing platform. What is the name of the tool? Was this system developed internally or externally? Who handles the management of the platform?

3.2.2.7.2. Is your organization able to access claim-level detail on a real-time basis from the external mail order and/or specialty service Proposer(s), if applicable?

3.2.2.7.3. Does Proposer charge for denied claims? If applicable, include a fee structure?

3.2.2.7.4. Describe how the Proposer handle claims file transfers and the frequency (e.g., sFTP).

3.2.2.7.5. What was Proposer organization’s system availability rate for 2022?

3.2.2.7.6. Describe any drug discount card programs available for drugs that are not covered under the plan. If a member utilizes this card, will the data integrate with plan data?

3.2.2.7.7. During 2023, what was Proposer organization’s average turnaround time for processing member-submitted paper and digital claims, broken out by type?

3.2.2.7.8. Describe the number of authorized GCHP users that will have access to your systems if there is a limit. Please include fee structures, if applicable.

3.2.2.7.9. How does the Proposer ensure claims are processing accurately according to the formulary, clinical edits, and administrative edits?

3.2.2.7.10. Proposers claim adjudication system shall have the following capabilities:

- Prior authorizations
- Multi-step (3+) step therapies
- Age restrictions (both above and below)
- Benefit exclusions
- Quantity limits based on all of the following:
    - metric decimal quantities
    - morphine equivalent dosing (MED)

- total accumulated acetaminophen dosing
- administrative prior authorizations
- maximum dollar or quantity edits per script with abilities to provide customized drug-specific exception lists
- point of sale DUR edits employing soft and hard edits

3.2.2.8. **Prior Authorization, Clinical Tools and Programs**

3.2.2.8.1. Describe how Proposer encourages cost effective prescribing including strategies that have been deployed.

3.2.2.8.2. Describe the process for coverage determinations including 1st and 2nd level appeals, and grievances.

3.2.2.8.3. Outline the average turnaround time for appeals and redeterminations for Medicare Advantage Organizations offering MAPD plans for past last twelve (12) months. How many on average are upheld and/or overturned?

3.2.2.8.4. Describe the fees if any associated with your utilization management program?

3.2.2.8.5. Does Proposer offer an electronic Prior Auth tool? If so, describe what level of customization available and any fees associated with electronic Prior Auth.

3.2.2.8.6. Explain what your organization has done to facilitate the ease with which PAs are submitted and reduce provider burden.

3.2.2.8.7. Describe how you will work to integrate pharmacy prior authorization requests into a broader prior authorization process maintained by GCHP for medical service from a user-interface perspective?

3.2.2.8.8. Describe the provider outreach/education programs that are in place.

3.2.2.8.9. Describe your organization's Medication Therapy Management (MTM) program and reporting capabilities for Medicare Part D. Include how services are delivered (face-to-face vs. telephonic, conditions addressed) and outcomes.

3.2.2.8.10. Please provide a brief overview of each of your organization's disease management programs.

3.2.2.8.11. Please provide a summary of your organization's core clinical programs and the associated costs for each program or package.

3.2.2.8.12. Please describe any programs your organization offers to encourage the utilization of generic products and provide your average generic utilization rate for Medicare customers. Please include all applicable pricing information.

3.2.2.8.13. Describe any programs offered by your organization regarding adherence to drug therapy.

3.2.2.8.14. Provide a list, including a brief description, of all PBM activities (not programs) that can be integrated to facilitate clinical information exchange/collaboration between the PBM and GCHP to improve patient safety, clinical outcomes, and patient care.

3.2.2.8.15. Provide a list of new/future patient safety or clinical programs, including a brief description of the program intent and target availability dates.

3.2.2.8.16. What programs and or solutions do you offer to manage drug spend, including medical drug spend?

3.2.2.8.17. Describe the adjudication and prior authorization (PA) system training and support that will be provided to GCHP and the costs, if any, associated with that training.

3.2.2.8.18. Describe any limitations of the PA system related to customization.

3.2.2.8.19. Describe your ability to lift authorizations in a state of emergency/disaster?

3.2.2.9. **Rebates**

3.2.2.9.1. Provide a rebate strategy analysis based on health plans of similar size to GCHP in similar lines of business, showing total rebate dollars and how those dollars helped impact and lower a final total cost of care.
3.2.2.9.2. How often will rebates be calculated and paid to GCHP?
3.2.2.9.3. At what frequency and delay will rebate guarantees be assessed for compliance?

3.2.2.10. **Drug Utilization Review (DUR) Programs for Medi-Cal and Medicare**

3.2.2.10.1. Describe your retrospective DUR programs and other clinical programs in general and by disease state (diabetes, asthma, etc.). Also indicate whether these programs have an additional charge. Include guaranteed ROI.
3.2.2.10.2. Explain how you defines soft, hard, and informational edits. Can this be easily customized and updated?
3.2.2.10.3. Describe your level of assistance and experience with annual CMS and Medi-Cal DUR required submissions.
3.2.2.10.4. List and describe your programs designed to detect and address potential addiction, overuse, or abuse of controlled substances.
3.2.2.10.5. Provide a sample of DUR reports you will provide to GCHP. Report should be more than a simple claim report with claims identified; they should include recommendations and/or suggestions for follow-up, or actionable items to optimize the members drug therapy.
3.2.2.10.6. What programs are in place to identify and intervene with high-cost members in an attempt to lower costs? Provide selection criteria, action and outcomes of any existing programs. List any costs associated with the program(s).
3.2.2.10.7. Proposer shall explain what types of clinical support documentation the Proposer will provide GCHP's P&T committee for the purposes of making formulary decisions such as monographs, reference materials, clinical guideline recommendations, etc.
3.2.2.10.8. Describe the different step therapy programs in place to manage appropriate utilization of injectables.
3.2.2.10.9. Describe any clinical programs and reviews to promote collaborative and innovative management of the pharmacy benefit and enhanced outcomes for members.

3.2.2.11. **Specialty Pharmacy**

3.2.2.11.1. Describe the process a member must follow to obtain a specialty drug from the specialty pharmacy, including to whom and how the drug is provided.
3.2.2.11.2. Please provide a list of all specialty pharmacies in network.
3.2.2.11.3. Describe the process for assuring adherence to the clinical protocols associated with the various specialty drugs dispensed.
3.2.2.11.4. Describe how your specialty infusion, utilization management, and medication compliance programs are incorporated into the cost management and utilization strategies.
3.2.2.11.5. Describe the process for coordinating with health plans and their physicians.

3.2.2.12. **Medicare/Medi-Cal Clinical**

3.2.2.12.1. Describe the prescription benefit management services and non-clinical programs provided by your organization.
3.2.2.12.2. Describe the services, programs your organization has implemented to support culturally diverse populations.

3.2.2.12.3. Describe the services, programs your organization has implemented to support complex care populations similar or the same as Medi-Cal Dual Eligible enrollees.
3.2.2.12.4. Describe any supplemental benefits and optional benefits that GCHP could include in their Medicare Advantage D-SNP plan.
3.2.2.12.5. If affiliated with a pharmacy chain, Medi-Cal or Medicare health plan, or another part of the supply chain, identify the affiliation and describe firewalls to ensure independence.
3.2.2.12.6. Proposers shall list and identify all subcontractors including those for mail order pharmacy, specialty drug pharmacy, re-packager, rebate aggregator, MTM and otherwise.
3.2.2.12.7. Please describe any programming you have around chronic disease management. Detail any savings guarantees currently in place and define how the health outcomes are measured.
3.2.2.12.8. Proposers shall describe how they assists members and pharmacies with coordination of benefits.
3.2.2.12.9. Proposers shall describe the formulary management process. Describe the process for maintaining a Medicare compliant Part D formulary and testing procedures.
3.2.2.12.10. Proposers shall describe their “off the shelf” or standard formulary options for GCHP to select from? Describe the offerings and provide examples.
3.2.2.12.11. Proposers shall describe the process for GCHP to customize an off the shelf formulary.
3.2.2.12.12. Does Proposer have the capability to add non-Part D drugs to the Formulary?
3.2.2.12.13. Proposers shall describe the support provided for custom formulary development.
3.2.2.12.14. Proposers shall describe how they identify, reconcile, and correct a member’s status relating to Low Income Subsidy (LIS) and/or Medi-Cal-eligibility.
3.2.2.12.15. Proposers shall describe how they will support GCHP ’s effort to identify and retain members who may lose Medi-Cal or LIS eligibility. (i.e., Redetermination efforts)
3.2.2.12.16. Proposers shall describe their Explanation of Benefits, Formulary Guide/Drug list, member communication and education support programs.
3.2.2.12.17. Proposers shall describe your organization’s FIR and P2P process.
3.2.2.12.18. Proposers shall describe the required support of the plan regarding P2P and FIR transfers?
3.2.2.12.19. Does your organization have an automated mechanism to identify claims that require reprocessing due to FIR reporting?
3.2.2.12.20. Describe your organization’s capabilities for generating Prescription Drug Event (PDE) files on behalf of your Medicare Part D clients. Please describe the submission, reconciliation, and resubmission (if files are rejected by CMS) process. Are there any additional fees for any of these services?
3.2.2.12.21. Please provide your organization’s average, low, and high PDE acceptance rates for 2022 PDE submissions for Medicare Advantage Organizations offering MAPD plans.
3.2.2.12.22. Please describe the PDE reconciliation support expected of GCHP.
3.2.2.12.23. Describe your organization’s process to manage LTC, Hospice and Transplant files through eligibility updates that support Part B vs. D payment requirements. Also describe your process to support an adequate pharmacy network for members in LTC facilities.
3.2.2.12.24. Describe your organization’s efforts to comply with Medicare Part D Transition requirements. Include a description of any related CAPs, audit findings or sanctions.

3.2.2.12.25. Describe how your organization manages the adjudication of Medicare Part D paper claims and claims processed at non-network pharmacies.
3.2.2.12.26. Describe the turnaround time and validation process associated with the universes.
3.2.2.12.27. Describe how Part B claims are administered and what strategies Proposer offers to manage costs If applicable, outline costs.
3.2.2.12.28. Describe processes for compliance with all interoperability requirements that impact pharmacy benefits.
3.2.2.12.29. Describe any negative audit findings from the last 3 years related to Medicare programs, which have not been addressed above. Please be clear as to whether those negative audit findings related to Medicare Advantage Organizations offering MAPD plans or to PDPs.
3.2.2.12.30. Describe what strategies are in place to assist plans with medical drug spend (if applicable, outline costs/fees).
3.2.2.12.31. Describe what strategies are in place to assist plans with specialty drug spend (e.g., clinical programs, formulary tiering). If applicable, outline costs/fees.
3.2.2.12.32. Describe your Pharmacy and Therapeutics committee and its committee members.
3.2.2.12.33. Define how biosimilars will be treated within your guarantees.
3.2.2.12.34. Describe the grievance/complaint and resolution process for providers and members, including how trends are identified and reports generated.
3.2.2.12.35. How do you prioritize low vs. high list price products in key therapeutic classes, including strategy for biosimilars?
3.2.2.12.36. How does the Proposer factor in the negotiated drug list for 2026 into formulary strategy?
3.2.2.12.37. How does the Proposer consider adverse selection in developing the formulary?
3.2.2.12.38. How do you handle classes with large list price changes (e.g., insulin)?
3.2.2.12.39. What management tools and solutions do you offer to help plans manage costs?
3.2.2.12.40. To what extent do you consider the unique needs and utilization patterns of a dual eligible population in its formulary design?
3.2.2.12.41. Do you have a P&T committee in which GCHP could use?

3.2.2.13. **CMS Information**

3.2.2.13.1. Describe your process for the submission of Medicare plan finder files to CMS during the contract year.
3.2.2.13.2. Describe the support for Plan Website information.
3.2.2.13.3. Describe the submission of Prescription Drug Event data and reconciliation.
3.2.2.13.4. Describe your process for submission of other required data to CMS.
3.2.2.13.5. Describe the calculation and submission of ongoing reconciliation cost report to CMS.
3.2.2.13.6. Describe the storage of data for CMS audit, and how the Proposer would support GCHP in CMS audits during and after termination of award contract.
3.2.2.13.7. Describe your member engagement strategies and tools to help make GCHP the plan of choice in California for Dual Eligible Populations.

3.2.3. **<u>Technical Requirements</u>**

3.2.3.1. **General Technical Requirements**

3.2.3.1.1. Explain if your systems are web based or application based. Provide a list of support browsers if web based.

3.2.3.1.2. Proposer shall explain which internet search engines would be needed to access provider or member web portals so that all functionalities built into those portals is accessible.

3.2.3.1.3. Proposer shall describe how your system support is resourced, (internal IT staff and outsourced functions).

3.2.3.1.4. Provide your production support service levels. i.e. how do you categorize or set priorities to system outages, and issues, turnaround times to fix and resolve issues, etc.

3.2.3.1.5. Proposers PA system shall allow GCHP to customize letters sent to members, providers, and pharmacies.

3.2.3.1.6. Do you offer a mobile app for services for members. If yes, describe the services the members can access through the mobile application.

3.2.3.1.7. Describe the features and functionality of your client access portal. Specifically identify the competitive differentiators in your portal.

3.2.3.2. **IT Security**

3.2.3.2.1. Please provide a contact name and email address for receipt of the full Security Risk Assessment noted is Section 1.5.

3.2.3.2.2. Do you possess an independent audit for any one of the following?

(Select all that apply)

- ☐ SOC Type II (SSAE16)
- ☐ HITRUST
- ☐ HIPAA
- ☐ HITECH
- ☐ ISO 27001
- ☐ ISO 27017/18 (Cloud Services)
- ☐ PCI-DSS (Payment Card)
- ☐ Sarbanes-Oxley
- ☐ None

3.2.3.2.3. Is there an Information Security Policy and does it include?

(Select all that apply)

- ☐ Information Asset Security Policy
- ☐ Data Classification Policy
- ☐ Information Security Awareness Policy
- ☐ Physical Security Policy
- ☐ Acceptable Use Policy
- ☐ Access Control Policy
- ☐ Authentication Policy
- ☐ Risk Management Policy
- ☐ Incident Management Policy

☐ Patch Management Policy
☐ Change Control Policy
☐ Anti-Malware Policy
☐ Remote Access Policy
☐ User Workstation Security Policy
☐ Personal Computers Policy (BYoD)
☐ Server Security Policy
☐ Network Device Policy
☐ Backup and Restore Policy
☐ Logging and Events Policy
☐ DR / BCP Policy
☐ Data Separation Policy
☐ Encryption and Key Management Policy
☐ Technology Equipment Disposal Policy
☐ Clean Desk Policy
☐ No Policy

3.2.3.2.4. Do you build your Information Security Policies around any one of the following frameworks or standards? **(Select all that apply)**

☐ HIPAA Privacy/Security Rule (Standards)
☐ NIST (Framework & Standards)
☐ ISO 2700x (Standards)
☐ AICPA's Trust Services (SOC2)
☐ SANS Critical Security Controls (Standards)
☐ COBIT (Framework)
☐ OWASP (Framework)
☐ None

3.2.3.2.5. Is your Information Security Policy used in all environments (ex., corporate, production, development, etc.)?

☐ Yes
☐ No

3.2.3.2.6. Do your services include the handling, collection, or processing of any PHI (protected health information) or PII (personally identifiable information)?

☐ PHI
☐ PII
☐ Both

3.2.3.2.7. What type of PHI or PII records are used?

(Select all that apply)

☐ Date of Birth
☐ Phone/Fax Numbers
☐ Email Address
☐ Social Security Number
☐ Medical Records Number
☐ Claim Number (Medical)
☐ Member Identification Number
☐ Health Plan Beneficiary Number
☐ License Number(s) (ex. Medical, Drivers, Birth)
☐ Biometric Identifiers
☐ Photographs (Medical or Face/Body)
☐ Medical Condition Information
☐ None

3.2.3.2.8. Do you encrypt sensitive data at rest?

(Select all that apply)

☐ HTTPS
☐ SMTPS
☐ SSH
☐ SFTP
☐ VPN (IPSec)
☐ No

3.2.3.2.9. Do you encrypt sensitive data in transit?

(Select all that apply)

☐ HTTPS
☐ SMTPS
☐ SSH
☐ SFTP
☐ VPN (IPSec)
☐ No

3.2.3.2.10. Do your business-services operate in a.

(Select all that apply)

☐ Dedicated and privately-owned data center
☐ Multi-tenant collocation data center
☐ Cloud environment

☐ Hybrid solution ex. partial on-prem and partial cloud
☐ Partnered with another 2nd or 3rd party service
☐ None

3.2.3.2.11. How is the application, service, or data accessed?
(Select all that apply)
☐ HTTPS Website
☐ Citrix or RemoteApps
☐ VPN (IPSec)
☐ Secure SFTP/SSH/SCP
☐ FTP
☐ Encrypted Email
☐ Unencrypted Email

3.2.3.2.12. Do you have a formal vulnerability management program?
☐ Yes
☐ No

3.2.3.2.13. How frequent are you exercising your vulnerability management program?
☐ Weekly
☐ Monthly
☐ Quarterly
☐ Annually

3.2.3.2.14. Do you have a process to remediate any known or discovered vulnerabilities?
☐ Yes. (Please explain the expected timeframes for remediation)
☐ No

3.2.3.2.15. Are there entitlement and/or user access controls for use of the product?
☐ Yes, Entitlements are required for the application
☐ No, Entitlements are not required for the application

3.2.3.2.16. Are entitlements and/or user access controls.
(Select all that apply)
☐ Controlled by third parties
☐ Controlled by an automatic provisioning process
☐ Controls restricted by Role-Based Access Controls (RBAC)
☐ Least Access Principle Used
☐ Access restricted by Firewall
☐ N/A

3.2.3.2.17. Are any services or development processes sub-contracted?

☐ Yes

☐ No

3.2.3.2.18. If sub-Proposers are used, are they held to the same accountability and follow your security policies as your employees?

☐ Yes

☐ No

3.2.3.2.19. Who developed the application?

(Select all that apply)

☐ Off-the-shelf Software,

☐ Internally (home-grown)

☐ Open source

☐ Other (Please Explain)

☐ N/A

3.2.3.2.20. Is there a Business Continuity/Disaster Recovery (BC/DR) program?

☐ Yes

☐ No

3.2.3.2.21. Is the Business Continuity and/or Disaster Recovery program tested at least annually?

☐ Yes

☐ No

3.2.3.2.22. Do you provide Service Level Agreements (SLA) for your service? If so, what options are available (please describe in text box).

☐ Yes (Please describe options available)

☐ No

3.2.3.2.23. Do you offer support services? Are they.

(Select all that apply)

☐ In-house staff

☐ Subcontracted

☐ Based in the USA

☐ Based offshore

☐ Support dedicated to a single individual

☐ Support goes in queue for next available representative

☐ No Support Services

3.2.4. **Implementation Approach**

3.2.4.1. **Overview**

3.2.4.1.1. Proposers shall provide an overview of your company's organizational structure and how this project will be managed within that structure.

3.2.4.1.2. Submit a sample implementation plan including typical timelines, activities, and the type of information that the Proposer requires during a PBM implementation. Please include Medi-Cal, other Medicaid and Medicare Part D examples if the implementation plans are different.

3.2.4.1.3. Provide details of your plans for supporting GCHP immediately following implementation cut-over/go-live to ensure stable system operation and a smooth user-experience. What is the structure, staffing, and duration of such immediate post-implementation support? For clarity, this support is separate from any annual on-going support services.

3.2.4.1.4. What is your plan to manage turnover in staff, including turnover in any key personnel assigned to GCHP?

3.2.4.2. **Proposed Staffing and Project Management**

3.2.4.2.1. Can you provide a dedicated clinical pharmacist with at least 2 years' government program Pharmacy Benefit Management experience and expertise in the following: formulary management, formulary development and maintenance, clinical programming, benefit design, consultative clinical support.

3.2.4.2.2. Proposers shall be able to demonstrate that the proposed team members associated with the GCHP account (account management team and prior authorization team) are knowledgeable in the payer priority and responsibility related to members with multiple coverages including Medicare Part B, Medicare Part D, and Medi-Cal (Medicaid).

3.2.4.2.3. The account management team shall be available during normal business hours in the Pacific Time Zone, 8 am to 5 pm Monday to Friday.

3.2.4.2.4. Describe the proposed staffing structure for the below scope of work. Include functions of the proposed staffing qualifications of staff (i.e. experience in DSNPs and a history of dealing with and understanding integrated dual plans). Identify whether resources are dedicated or shared.

3.2.4.3. **Key Personnel**

3.2.4.3.1. Include the actual resumes of the key personnel to be assigned to this project, not just samples.

3.2.4.3.2. What is the duration of the commitment of key personnel to GCHP?

3.2.4.3.3. Describe the transition process if a member of the account team leaves the account.

3.2.4.4. **Proposed Schedule**

3.2.4.4.1. Describe your account management approach, include communication strategies and timeframes, escalation procedures, account management processes, and meeting frequencies.

3.2.4.4.2. Provide a project plan and timeline outlining critical milestones necessary to meet any stated deadlines.

4. QUANTITATIVE REQUIREMENTS

4.1. Pricing

4.1.1. Proposers must provide itemized pricing in the form attached as Attachment 5.

4.2. Implementation Pricing

4.2.1. Please provide a list of key assumptions related to your implementation pricing.

4.2.2. Proposers must itemize implementation pricing in the form attached as **Attachment 5.**

4.3. Miscellaneous Pricing

4.3.1. Proposers must itemize all training for GCHP personnel and miscellaneous pricing including training, travel, ongoing T&M support.in the form attached as Attachment 5.

4.4. Contract Terms & Conditions

4.4.1. The term of the agreement is expected to be three, (3) years after Go-Live. Go Live is targeted for January 1, 2026. Thereafter, the contract may be renewed annually. Contract renewals are subject to satisfactory performance, funding availability, and possibly approval by the Ventura County Medi-Cal Managed Care Commission ("VCMMCC").

4.4.2. **Attachment 1a** to this RFP is GCHP's General Preferred Key Contract Terms. These terms outline key contractual clauses that presumptively should be incorporated into any Master Services Agreement between the parties. Please review this document, and if you cannot accept these terms and conditions, please note the specific area(s) where you have concerns and the reasons. Failure to identify any such objection with your Proposal shall, at GCHP's option, be deemed a waiver of such objection. If any of the terms and conditions that relate to the provision of the Software or services are non-standard and would increase the cost to GCHP, please note the specific area(s) that would be attainable only at increased cost. Failure to agree to the General Preferred Key Contract Terms for Master Services Agreements may result in the disqualification of any Proposal.

4.4.3. **Attachment 1b** to this RFP is the Medicare Addendum. Please review this addendum and if you cannot accept these terms and conditions, please note the specific area(s) where you have concerns and recommend alternative wording that you would like considered with your proposal response. Failure to identify any such objection with your Proposal shall, at GCHP's option, be deemed a waiver of such objection. The Medicare Addendum and many of its terms are mandated by CMS. Failure to agree to the Medicare Addendum may result in the disqualification of any Proposal.

4.4.4. **Attachment 1c** to this RFP is the CMS Regulatory Requirements attachment. Please review this attachment and identify any areas where you cannot comply or have concerns and recommend alternative wording that you would like considered with your proposal response. Failure to identify any such objection with your Proposal shall, at GCHP's option, be deemed a waiver of such objection. The CMS Regulatory Requirements are mandated by CMS for Part D. Failure to agree to the CMS Regulatory Requirements attachment may result in the disqualification of any Proposal.

4.4.5. **Attachment 1d** Delegation Agreement. Please review this Agreement and if you cannot accept these terms and conditions, please note the specific area(s) where you have concerns and recommend alternative wording that you would like considered with your proposal response. Failure to identify any such objection with your Proposal shall, at GCHP's option, be deemed a waiver of such objection. Many of the terms in the Delegation Agreement are mandated by CMS. Failure to agree to the Delegation Agreement may result in the disqualification of any Proposal.

4.4.6. **Attachment 1e** to this RFP is the Delegated Functions chart. Please review this chart and describe whether you can comply and which functions, if any, are proposed to be provided offshore. Please note any specific area(s) where you have concerns and recommend alternative wording that you would like considered with your proposal response. Failure

to identify any such objection with your Proposal shall, at GCHP's option, be deemed a waiver of such objection. Inability to perform any of these functions may result in the disqualification of any Proposal.

4.4.7. **Attachment 1f** to this RFP is a Statement of Work template. Please provide a working draft of this with your proposal response.

4.4.8. **Attachment 1g** to this RFP is the list of service levels associated with the Services. This attachment will become an exhibit to the Master Services Agreement SOW. Please review these service levels and if you cannot accept these terms and conditions, please note the specific area(s) where you have concerns and recommend alternative wording that you would like considered with your proposal response. If any of the terms and conditions that relate to the provision of the Services are non-standard and would increase the cost to GCHP, please note the specific area(s) that would be attainable only at increased cost. Failure to identify any such objection with your Proposal shall, at GCHP's option, be deemed a waiver of such objection. Failure to agree to the service level exhibit may result in the disqualification of any Proposal.

4.4.9. **Attachment 2** to this RFP is GCHP's Business Associate Agreement. Please review this agreement and if you cannot accept these terms and conditions, please note the specific area(s) where you have concerns and recommend alternative wording that you would like considered with your proposal response. Failure to identify any such objection with your Proposal shall, at GCHP's option, be deemed a waiver of such objection. The Business Associate Agreement and many of its terms are mandated by DHCS. Failure to agree to the Business Associate Agreement may result in the disqualification of any Proposal.

5. NOTICES OF AWARD AND PROTEST PROCEDURE

Upon the conclusion of negotiations with a Proposer that results in a proposed agreement for the contract solicited in this RFP that are acceptable to GCHP as to price and all other terms, GCHP shall issue notice of intent to award the contract solicited in this RFP to a Proposer and such notice shall be directed to each entity that submitted a Proposal

Within five business days of GCHP's issuance of a notice of intent to award the contract, any Proposer that has submitted a Proposal and believes that GCHP has incorrectly selected another Proposer for award may submit a written notice of protest. Such notice of protest must be received by GCHP on or before the fifth business day after GCHP's issuance of the notice of intent to award.

The notice of protest must include a written statement specifying with specificity each of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the proposer, and must cite the law, rule, procedure or RFP provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the GCHP to determine the validity of the protest.

All protests must be received by the due date. If a protest is mailed, the protestor bears the risk of non-delivery within the deadlines specified herein. Protests should be transmitted by a means that will objectively establish the date GCHP received the protest. Protests or notice of protests made orally (e.g., by telephone) will not be considered. Protests must be delivered to:

Bob Bushey
Gold Coast Health Plan
711 E. Daily Drive, Suite 106
Camarillo, CA 93010-6082

The Chief Executive Officer, or his or her designee, will respond to the protest within 30 calendar days of receipt of the protest. The determination of the Chief Executive Officer shall be final.

To the furthest extent permitted by law, strict compliance with the procedures and time limits set forth in this section are mandatory and are the Proposers' sole and exclusive remedy in connection with this section's subject matter. A Proposer's failure to comply with these procedures and time limits will constitute a waiver of any right to further pursue a protest, any legal action, or relief that arises out, relates to, or is incident to this RFP.

Attachment #, Name, or Documentation	Instructions	File
1a – GCHP's General Preferred Key Contract Terms, Attachment 1a	This is GCHP's listing of general terms and conditions required in a Master Services Agreement and the required business and pricing terms.	https://www.goldcoasthealthplan.org/media/r/0fbcd3aeffb54eee94a5d228487608b4/attachment-1a_pbm-contract-terms.docx
1b – Medicare Addendum. 1b, Attachment 1b(1), Knox-Keene Addendum 1b(2)	This is GCHP's required Medicare Addendum.	https://www.goldcoasthealthplan.org/media/r/ff5004916e234b85b82287abed0c01af/attachment-1b_-medicare-part-d-and-knox-keene-addenda.docx
1c CMS Regulatory Requirements, Attachment 1c	This document represents CMS' requirements for Part D plans.	https://www.goldcoasthealthplan.org/media/r/72e2e23542f24fb5b4bc562865b13af2/attachment-1c_pbm-cms-regulatory-requirements-chart.docx
1d Delegation Agreement, Attachment 1d	This is an agreement that governs the performance of delegated functions.	https://www.goldcoasthealthplan.org/media/r/456e9d9d69cf4d2bb21569d2b49b4435/attachment-1d_pbm_gchp-delegation-amendment-template.docx
1e Delegated Functions Chart, Attachment 1e	This chart describes the functions that GCHP plans to delegate to PBM.	https://www.goldcoasthealthplan.org/media/r/06a0af1918c74be38768cb0a3a57d6b9/attachment-1e_pbm-delegation-chart.docx
1f Statement of Work, Attachment 1f	This is GCHP's Master Services Agreement Statement of Word template.	https://www.goldcoasthealthplan.org/media/r/824821f8d00742238a503e69d2b827ff/attachment-1f-sow-template.docx

1g Service Levels, Attachment 1g	This is a listing of the required Service Levels and Key Performance Indictors, and the measurement technique, frequency, and the associated service credits and performance incentives.	https://www.goldcoasthealthplan.org/media/r/09ddb790e5f140979a1d68c9ce27d828/attachment-1g_slas-and-performance-guarantees.docx
2 – Business Associate Agreement, Attachment 2	This is GCHP's standard Business Associate Agreement template.	https://www.goldcoasthealthplan.org/media/r/25200707099942008508ca3577d79700/attachment-2-baa.docx
3 - Conflict of Interest Compliance Certificate, Attachment 3	Complete this form, sign it and return the signed copy with your RFP. **This is a required form**.	https://www.goldcoasthealthplan.org/media/r/8143579abab34aa196995ccf619d5eb7/attachment-3-conflict-of-interest-certification.docx
4 - Client References, Attachment 4	Complete this form and return it with your proposal response.	https://www.goldcoasthealthplan.org/media/r/937d47c48e2c4631b4ccd2571bb089e2/attachment-4-references.docx
5 - Pricing Format, Attachment 5	Complete this form and return it with your proposal response.	https://www.goldcoasthealthplan.org/media/r/eb218daa26b8452cb8bedb834e044e28/attachment-5-pricing-format.xlsx
6 - Intent to Propose, Attachment 6	Complete this form, sign it and return the signed pdf copy to the Procurement Contact on or before **5:00pm April 1, 2024**. **This is a required form**.	https://www.goldcoasthealthplan.org/media/r/1f4a3b23e0094cdda6b8026a911e7377/attachment-6-intent-to-propose.doc
7 – Question Template, Attachment 7	Use this template to submit all of your questions.	https://www.goldcoasthealthplan.org/media/r/83a7e5e6d22644b79af599b9d9cfcfdb/attachment-7-qa-template.docx
8. – Section 3 Response, Attachment 8	Use this document to submit your responses to section 3 of the RFP	https://www.goldcoasthealthplan.org/media/r/e808d13a1f804f49a523a485f723e46e/attachment-8-section-3-response.xlsx