HERITAGE RX

Pharmacy Benefit Management

Request for Proposal: Preliminary Results

September 17, 2014

Submitted on behalf of:

FELRA and UFCW Health and Welfare Fund

Table of Contents

Executive Overview

Background Information

On behalf of the FELRA and UFCW Health and Welfare Fund ('FELRA Fund'), HeritageRx Consultants ('Heritage') issued a custom Request for Proposal ('RFP'), Pharmacy Benefits Management Services, to a select group of providers.

- RFP objectives included:
  - Comprehensive due diligence of the PBM marketplace
  - Negotiate best in class pricing and performance guarantees, applied over the life of the contract.
  - Transparent, fully auditable claims pricing and adjudication methodologies and reporting.
- Heritage solicited proposals from 5 pharmacy benefit managers:
  - ESI, Catamaran, Envision and OptumRx responded
  - Navitus declined to bid (resource constraints)
- A custom scorecard was created to reflect the Fund's key PBM selection criteria and objectively evaluate the Bidder's proposal responses.
- The RFP scorecard, in its entirety, is included on Page 26; the summarized, weighted results are included on Page 6.

Executive Overview

Strategic Design of the RFP

- Mandatory requirements
  - 6 requirements
  - Facilitate transparency, auditability of the PBM's programs, pricing and benefit administration
  - Gain consensus on use of a valid, reliable methodology for pricing and adjudicating brand and generic drug claims
- Minimum requirements
  - 93 requirements
  - Designed as a Statement of Work
  - Establishes the core business, service & administrative requirements the PBM must underwrite, memorialize in the contract and administer
- Financial requirements
  - 51 requirements
  - Establishes a valid, reliable method for measuring program costs, pricing guarantees and contractual compliance with pricing terms
  - Sets the baseline for audit, oversight of the PBM agreement

Executive Overview

Summary of Findings

- Wide variability among bidders
  - Pricing /Revenue Sources
  - Transparency, auditability of program administration, pricing and revenue streams.
- Using the Scorecard criteria as the yardstick
  - ESI ranked highest among peers in the technical and financial evaluation
  - Envision and Catamaran ranked 2nd and 3rd respectively
  - OptumRx ranked 4th of 4, primarily due to non-conformance with bidder and financial requirements, subjective pricing methodologies and absence of minimum pricing guarantees
  - The RFP scorecard ranking is directional, not conclusive
- A summary of each weighted category and the Bidder rankings follow

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Executive Overview

PBM Scorecard Results

Scoring Criteria	% Weight	ESI	Catamaran	Envision	OptumRx
Total Cost Proposal	40%	21	10	9.5	9.5
Contract and Plan Administration	25%	21	14.5	19.5	12.5
Relevant Experience	20%	22.5	22.5	20.5	20
Performance Guarantees	15%	13	9	12	7
Total	100%	77.5	56	61.5	49
Weighted Score		**20.1**	**13.5**	**14.6**	**12.0**

Scorecard Key

5	Exceptional	Vendor responses exceed industry standards with RFP Responses. Agreed to Key Mandatory and Minimum Bidder Requirements without exception(s) or deviations.
3	Acceptable	Vendor responses are consistent with industry standards; Agreed to meet Key Mandatory and Minimum Bidder Requirements with minimal exceptions or deviations.
1	Marginal	Vendor responses are below industry standard; unwilling/unable to meet Key Mandatory and Minimum Bidder Requirements.

Technical Evaluation and Results

Financial analysis was based on unaudited data provided to Heritage. Cost projections are intended to be illustrative of the difference in value between offers and should not be used for budgeting purposes. Every effort was made to ensure accuracy of cost projections; however, due to a number of factors outside of our control actual results my vary from projections. Projections are not a guarantee of results

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Technical Evaluation and Results

Significant Outliers

	One Source of AWP	Component Pricing Guarantees & Reconciliation	Experience/Willingness to Administer RBP	Market Check	Contract Term without Cause, Clawback, Withholds or Penalties
ESI	Agreed with modifications	Component pricing guaranteed using BGA & MediSpan	No experience; offered High Performance Formulary as alternate solution. Pricing for RBP not included.	Agreed	Agreed
Catamaran	Disagreed	Specialty Pricing not guaranteed; numerous exclusions, caveats on discount, rebate guarantees.	Experience administering Safeway Health and other 3rd party RBP models. Pricing incomplete for RBP.	Agreed, with material caveats and requirements.	Disagreed – clawback on implementation fees; rebates retained; PGs invalidated.
Envision	Agreed with Modifications	Rebates paid POS with 280 day reconciliation	Significant experience partnering with Safeway Health; claims processing and reporting systems accommodate RBP model.	Disagreed (based on pass through pricing model)	Agreed
OptumRx	Disagreed	Discounts, rebates have no minimum guarantees	Experience administering Safeway Health RBP. Pricing offered for RBP administration.	Agreed with material caveats, requirements.	Disagreed – clawback on implementation fees; rebates earned but not paid after term notice.

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Technical Evaluation and Results

Consumer Transparency Tools

	ESI	Catamaran	Envision	OptumRx
Member Site	MyRx Choices.com	mycatamaranRx.com	Envisionrx.com	Optumrx.com
Access	SSO	SSO + GPS link to Droid/Apple	SSO	Login w/links to Client sites
Clinical Info	DUR; alerts; medication reminders; gaps in Rx care; missing lab info	Uses animated pharmacist avitar to search for pharmaciest; low cost medications	Drug Information Personal Drug Profiles; formulary comparison	Drug Information, DUR alerts
Price Info	Real time account balance; real time cost share; test adjudication	Lowest price options (retail, mail, OTC, stores w/$4 generics); Price & Save (web and SmartPhone)	Test Adjudication (not Rx); price comparisons; Reference Drug and pricing	Near real-time adjudication; accumulator and deductible totals
Benefits Info	Formulary; therapy alternatives; brand, generic, OTC costs; retail vs mail cost-share	Formulary; lowest cost Rx or OTC; copays; EOBs	Cost Share difference with RBP; pharmacy locator	Near real time adjudication
Patient Hx	Printable Hx; Dr. Kit; direct fax to MD	Printable Hx, order forms; Patient Profile for MDs	N/A	Paid Claim history and provider info
Alerts	Safety, Alerts (DUR); push reminders to email or site	Push email reminders, safety alerts; appoint reminders	N/A	Reminders on refills, DUR alerts

Total Cost Analysis & Financial Review

Financial analysis was based on unaudited data provided to Heritage. Cost projections are intended to be illustrative of the difference in value between offers and should not be used for budgeting purposes. Every effort was made to ensure accuracy of cost projections; however, due to a number of factors outside of our control actual results my vary from projections. Projections are not a guarantee of results

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Methodology

Modeling the Results

- A three step process was used to model current and future program costs (savings):
  - **Step 1**: Establish the Fund's current baseline costs and utilization, using the most recent de-identifiable claims experience, the applicable benefit designs and enrollment data supplied by the ESI (unaudited financial results).
  - **Step 2**: Annualize and trend forward the Fund's gross prescription drug costs for the projection periods, using actuarially approved trend factors applied to the baseline cost components and utilization.
  - **Step 3:** Calculate the cumulative, weighted impact (costs) for prescription drug utilization for each year of the projection period by applying the incumbent Bidders' guaranteed pricing terms to the Fund's baseline costs.
- Trend factors, such as drug mix, inflation and utilization, are applied to the baseline cost data *before* the Bidders' guaranteed pricing terms are calculated.
- Future events, such as material plan design changes, formulary compliance, adoption of a closed formulary or reference drug pricing program, impact of market check and/or material changes to members, were not analyzed.

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Financial Modeling

The Process

- Received detailed actual adjudicated claims data from Express Scripts for May, 2013 - April, 2014
- Data Cleansing Process
  - Eliminate rejected, reversed and reversal claims
  - Identify and remove OTC, compound and anomaly claims
- Apply MediSpan Data based on NDC11 as of the fill date
  - Brand/Generic Definitions utilized in RFP
  - Validate AWP per unit
- Calculate baseline performance of Express Scripts
  - Discounts & Dispensing Fees
  - Retail 30, Retail 90, Specialty
- Apply PBM specific specialty drug identifier
- Trend data to contract term (2015-2017)
- Calculate relative value of current vs proposed

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Financial Modeling

Data Cleansing Process

- Identified and removed the following claims from the analysis
  - Claims excluded from guarantees
  - Claims with missing or invalid NDC/AWP
  - Anomaly claims (i.e. high AWP/high discount claims or negative discounts)

Claim Type(s) excluded	Rxs	Gross Cost	Gross Cost per Rx
COMPOUNDS	658	$700,579	$1,064.71
DAW 5	37	$1,742	$2.65
HIGH AWP AND HIGH DISCOUNT	113	$7,388	$11.23
OTC	1,319	$47,761	$72.59
POWDERs	143	$6,838	$10.39
SPECIALTY > 31 DAYS	54	$216,209	$328.58
TOTAL	2,324	$980,517	$1,490.15

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Financial Modeling

Final Model Inputs: May, 2013 - April, 2014

	ESI	Catamaran	Envision	Optum
Average AWP				
Retail Brand 30	$249	$249	$280	$276
Retail Generic 30	$89	$89	$90	$91
Retail Brand 90	$550	$550	$561	$562
Retail Generic 90	$229	$229	$229	$231
Retail Specialty	$2,365	$2,365	$3,109	$3,872
Claim Count				
Retail Brand 30	58,355	58,355	59,577	59,523
Retail Generic 30	217,594	217,594	217,925	218,252
Retail Brand 90	15,084	15,084	15,126	15,126
Retail Generic 90	72,029	72,029	72,072	72,175
Retail Specialty	3,448	3,448	1,810	1,434
TOTAL RXS	**366,510**	**366,510**	**366,510**	**366,510**
TOTAL AWP	**$66,953,592**	**$66,953,592**	**$66,953,592**	**$66,953,592**

Financial Modeling

Trend Assumptions

- Trend assumptions based on continuous surveys of PBMs and health plans, representative of trends modeled in underwriting of their profitability, not published informatics
- Enrollment held constant
- Brand and Generic drugs solely defined by MediSpan Multi-Source indicator for each NDC-11 as of the fill date

Average AWP	2015	2016	2017
Retail Brand 30	11.55%	9.56%	10.29%
Retail Generic 30	5.74%	3.97%	3.93%
Retail Brand 90	12.65%	9.69%	10.23%
Retail Generic 90	5.22%	5.02%	4.88%
Retail Specialty	10.35%	10.98%	10.98%

Claim Count	2015	2016	2017
Retail Brand 30	-5.73%	-4.35%	-5.86%
Retail Generic 30	3.42%	2.59%	2.72%
Retail Brand 90	-0.59%	-1.58%	-2.13%
Retail Generic 90	2.60%	2.38%	2.37%
Mail Specialty	6.66%	6.67%	6.65%

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Financial Modeling

Year 2 Pricing & Rebates

	Current ESI	ESI (reflects non-par rates)	Catamaran	Envision	Optum
Discounts					
Retail Brand 30	17.17%	17.00%	16.50%	16.70%	16.10%
Retail Generic 30	66.56%	79.75%	78.50%	76.70%	75.20%
Retail Brand 90	17.63%	18.00%	19.00%	22.30%	20.20%
Retail Generic 90	74.68%	79.75%	80.50%	81.30%	75.20%
Specialty Pharmacy	13.86%	15.50%	15.90%	15.60%	17.80%
Dispensing Fee					
Retail Brand 30	$0.81	$0.95	$1.20	$0.90	$1.10
Retail Generic 30	$0.82	$0.95	$1.20	$0.95	$1.10
Retail Brand 90	$0.80	$1.10	$0.00	$0.00	$0.50
Retail Generic 90	$0.81	$1.10	$0.00	$0.00	$0.50
Speicalty Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00
Administration Fee					
Per Rx Admin Fee	$0.00	$1.50	$0.00	$0.00	$1.25
Open Formulary					
Retail Brand 30	$3.74	$16.00	$16.00	$29.50	$29.50
Retail Brand 90	$3.74	$125.00	$45.00	$81.50	$82.50
Speicalty Pharmacy	$3.74	$0.00	$60.00	$0.00	$0.00

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Total Cost Analysis

Projected 3-Year Savings

	Current ESI	Proposed ESI	Catamaran	Envision	Optum
Gross Drug Cost	$132,471,359	$124,822,640	$121,632,683	$116,965,397	$123,901,008
Admin Fees	$0	$0	$0	$2,058,552	$1,416,497
Rebates	-$4,235,961	-$15,037,469	-$4,932,953	-$8,329,717	-$9,996,977
Early Renewal Estimated Savings		-$1,755,799			
Net Cost	**$128,235,399**	**$108,029,372**	**$116,699,730**	**$110,694,232**	**$115,320,528**

TOTAL 3 YEAR SAVINGS vs Current	$20,206,027	$11,535,669	$17,541,166	$12,914,871
Average Annualized Savings vs Current	**$6,735,342**	**$3,845,223**	**$5,847,055**	**$4,304,957**
% Savings	**15.76%**	**9.00%**	**13.68%**	**10.07%**

Total Cost Analysis

Projected Savings by Year

	Proposed ESI	Catamaran	Envision	Optum
Early Renewal	$1,755,799	-	-	-
Year 1	$5,668,288	$3,227,425	$4,874,594	$4,448,478
Year 2	$6,243,422	$3,810,857	$6,018,363	$4,155,818
Year 3	$6,538,518	$4,497,387	$6,648,209	$4,310,574
Total 3 Year Savings	**$20,206,027**	**$11,535,669**	**$17,541,166**	**$12,914,871**

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Total Cost Analysis

Projected Savings by Delivery Channel

	Proposed ESI	Catamaran	Envision	Optum
Retail 30	$14,900,868	$911,799	$2,574,062	$4,648,278
Retail 90	$8,368,204	$4,405,791	$7,055,024	$3,640,748
Specialty	-$4,818,844	$6,218,079	$7,912,080	$4,639,169
Total 3 Year Savings	**$18,450,228**	**$11,535,669**	**$17,541,166**	**$12,928,196**

Total Cost Analysis

Administrative Fees

Programs and Services Administrative Fees	ESI	Catarman	Envision	OptumRx
Prior Authorization	$55.00	$40.00	$8.00	$50.00 $225.00 MD
Retro DUR- Safety		$0.20 Per Rx		
Fraud, Waste & Abuse Program		$0.05 Per Rx	$0.06 PMPM	
Medication Adherence		$ 0.23 - $0.41 PMPM	$0.55 PMPM	$0.02 PMPM
Eprescribing	Pass through of fee	$0.18 Per Rx		
Theraeputic Interchange		$3.00 Per Intervention	$0.55 PMPM	
Paper Rxs	$2.50 per Rx	$2.50 Per Rx	$1.50 per Rx	$4.50 per Rx
ID Cards - Replacements/Additional	$1.50	$1.00 + postage	$1.15	
EOBs		$2.50 + postage		
Medicare Part D Services	$1.12 PMPM		$1.00 PMPM	
Reference Base Pricing Admin			$1.50 per Rx	
Appeals	Level 1 - $55.00; Urgent + $10.00; IRO - $800	Not Provided	Pass through	$550 (physician) or $180 per level

Shaded areas = pricing not received

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Total Cost Analysis

Credits & Guarantees

	ESI	Catamaran	Envision	$
Implementation Guarantee	N/A	$50,000	$0	$3.00/member ($86,000)
Annual Performance Guarantees	$5.00/member (~$143,000)	$100,000	$150,00	180,000 Year 1 $360,000 Years 2 & 3
Implementation Allowance/Credits		$5.00/member (~$143,000)	$1.00/member (~$29,000)	$3.00/member (~$86,000)
Pre-Implementation Audit		$10,000		
Pharmacy Management Fund/Development Credit	$6.00/member up to $175,000 maximum			
Total Dollars At Risk	**~$143,000**	**$150,000**	**$150,000**	**~$986,000**
Total Credits	**~$172,000**	**~$153,000**	**~$29,000**	**~$86,000**

Summary and Recommendations

Financial analysis was based on unaudited data provided to Heritage. Cost projections are intended to be illustrative of the difference in value between offers and should not be used for budgeting purposes. Every effort was made to ensure accuracy of cost projections; however, due to a number of factors outside of our control actual results my vary from projections. Projections are not a guarantee of results

Summary and Recommendations

- Express Scripts and EnvisionRx offer the most cost-competitive proposals.
  - Express Scripts' pricing is guaranteed by component, dollar for dollar, for each year of the agreement.
  - EnvisionRx offers minimum discount and rebate guarantees; rebate amounts are reconciled annually post 280 days.
  - Express Scripts bid traditional pricing; EnvisionRx bid pass through.
- Express Scripts exceeds EnvisionRx in technical and qualitative measures, attributable to differences in organizational bandwidth, relative PBM and Taft-Hartley experience, depth and breadth of account service infrastructure, and performance metrics.

Recommendations

- Submit a Best and Final Request to Express Scripts and EnvisionRx to include the following:
  - An increase in Pharmacy Management Funds available in years 1, 2 & 3
  - A MAC pricing guarantee which includes a floor and ceiling price threshold; performance measured quarterly, reconciled semi-annually.
  - Specialty Price improvements for Top 7 Therapy Classes, with incremental improvement in discounts in years 2 & 3 to offset impact of inflation.
  - Commitment to underwrite trend guarantees on non-specialty in years 2 & 3 of the contract.
- Express Scripts' BAFO requirement to include pricing and contract provisions, enabling the Fund to implement RBP or other progressive management strategies, without change to discounts or fees.

Appendix

PBM Performance Metrics

Bidder Requirements

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PBM Performance Metrics

PBM Scorecard	Weight	ESI	Catamaran	Envvision	OptumRx
Total Cost Proposal	**40%**	**21**	**10**	**9.5**	**9.5**
Pricing is guaranteed and reconciled by component for each year of the agreement.		5	2	2	2.5
Services Agreement (contract) includes measurable, auditable definitions for brand and generic drug claim pricing and claims adjudication.		4	2	3	1
Pricing terms are highly competitive, individually guaranteed for annual performance for the life of the contract.		4	2	2.5	2
Valid, reliable and auditable methodologies are used to calculate, report and reconcile financial guarantees.		4	2	1	2
Bidder agrees to a mid-cycle market check with an equitable adjustment (improvement) in pricing terms, based on competitive pricing terms commercially available to similar clients from PBM and peers.		4	2	1	2
Contract and Plan Administration	**25%**	**21**	**14.5**	**19.5**	**12.5**
Bidder agrees to incorporate Mandatory, Minimum, Financial Bidder Requirements into executable agreement, without modification or change, as agreed upon in BAFO negotiations.		3	1	3	2
Clinical, formulary and financial terms are unbundled, customizable to current, future needs of the Fund.		3	3	3	2
Bidder complies with Key Mandatory and Minimum Bidder Requirements.		4	3	5	2
Bidder complies with Key Financial Requirements.		4	2.5	2	2
Bidder routinely audits pharmacies (daily statistical, desktop and onsite); 100% of audit recoveries are returned to client.		4	2	2.5	2
Bidder proposes a transparent business model with accompanying contractual terms, fully auditable by the Fund or its designee.		3	3	4	2.5

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PBM Performance Metrics

PBM Scorecard	Weight	ESI	Catamaran	Envvision	OptumRx
Relevant Experience	**20%**	**22.5**	**22.5**	**20.5**	**20**
Bidder manages Taft-Hartley clients through a dedicated business unit; programs, staffing and services are customized to unique PBM needs of Labor Clients and their participants.		4	4	3	3
Bidder has experience implementing and administering Reference Base Pricing, including Safeway Health's RxTE Program.		1	4	5	3.5
Bidder offers web-enabled consumer tools linked to the claims adjudication system, with features designed to facilitate prescribing and/or selection of high value, low cost medication options.		5	4	3	4
Bidder offers a robust suite of trend and clinical management programs which include prescriber and dispensing pharmacies interventions and change management strategies.		3.5	4	3	3
Bidder maintains a robust set of implementation tools and strategies, customizable to the Fund, and inclusive of member, prescriber and pharmacy communications.		5	4	2.5	4
Bidder has a documented history of implementation success with new clients, new or complex plan design changes; this includes the tracking and reporting of client and member satisfaction.		4	2.5	4	2.5
Performance Guarantees	**15%**	**13**	**9**	**12**	**7**
Bidder tracks and measures performance on a client-specific basis.		3	2	3	1
PBM Agrees to Performance Guarantee Requirements included in the RFP.		3	2	3	1
Bidder offers a substantive transition allowance and implementation performance guarantees.		3	3	3	3
Bidder's annual performance metrics and at-risk fees incentivize consistent, reliable claims adjudication, member and account services delivered to the Fund and its participants.		4	2	3	2

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Qualitative Analysis

Key Minimum Requirements

Key Minimum Bid Requirements	ESI	Catamaran	Envision	OptumRx
Plan Administration				
The PBM selected by the Fund will have no authority to exclude prescription drugs from coverage under the Fund plans, unless the Fund explicitly assigns such authority to the PBM.	Agree with modifications	Disagree	Agree	Disagree
Bidder's offer is not contingent upon the Fund's adoption of Bidder's step therapy, prior authorization, QLL or drug exclusions list(s).	Disagree	Disagree	Agree	Disagree
The Fund will be invoiced for administrative fees 1 time per month.	Agree	Disagree	Agree	Disagree
The Fund will be invoiced for claims costs 2 times per month.	Agree	Disagree	Agree	Agree
Bidder agrees to the terms and conditions of the mid-contract market check, as described in the Financial Requirements Tab.	Agree	Disagree	Disagree	Disagree

HERITAGE RX

Qualitative Analysis

Key Minimum Requirements

Key Minimum Bid Requirements	ESI	Catamaran	Envision	OptumRx
Network Administration				
Bidder maintains an exclusive Participating Provider Network & an out of area network. Providers must accommodate maintenance drug dispensing.	Agree	Disagree	Agree	Agree with Modification
Network audits conducted at no additional cost. 100% of audit recoveries returned to the Fund in 45 days or less.	Agree	Disagree	Disagree	Disagree
Data/Reporting				
Pharmacy claims and payment record storage for 10 years or greater as required by law.	Agree.	Disagree	Agree	Disagree
Custom pharmacy report development — up to 100 hours per year available to the Fund at no additional charge.	Agree with modifications	Agree	Disagree	Disagree
Desktop online reporting tool available at no charge for up to 3 licensed users.	Agree	Disagree	Disagree	Disagree

HERITAGE RX

Qualitative Analysis

Key Minimum Requirements

Key Minimum Bid Requirements	ESI	Catamaran	Envision	OptumRx
Implementation and Transition				
Comprehensive systems testing, validation of reporting hierarchies segmented by business unit, and quality assurance audits and results will be reported to the Fund prior to the contract effective date.	Agree	Agree	Agree	Agree
A designated implementation manager will continue to support the Fund for a minimum of 45 days after the implementation date.	Agree	Disagree	Disagree	Agree
Bidder will load a minimum of six months of historical claims data, including specialty open refills, Prior Auths, into a pre-test adjudication system prior to implementation at no additional cost.	Agree	Agree	Agree	Disagree
Bidder agrees to implement current program and plan design by January 1, 2015 (90 days)	Agree	Agree	Agree	Agree

Qualitative Analysis

Key Minimum Requirements

Key Minimum Bid Requirements	ESI	Catamaran	Envision	OptumRx
Bidder will provide Welcome kits, ID cards and formulary materials mailed to participant's home, at no additional charge, for standard materials, postage and handling.	Agree	Disagree	Disagree	Agree
Upon termination of the contract, PBM Bidder will provide all necessary documentation, claims files, prescription history and other data needed for the successful transition of the program to the newly appointed Bidder within a reasonable timeframe and at no additional cost to the Fund. This includes, but is not limited to, all open mail order and specialty pharmacy refills, prior authorization histories and at least six months of historical claims data. Two sets of each of these files must be supplied.	Agree	Disagree	Agree	Agree

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Qualitative Analysis

Key Minimum Requirements

Key Minimum Bid Requirements	ESI	Catamaran	Envision	OptumRx
Eligibility				
Current eligibility comes electronically from the Fund. Bidder must accept these file formats, media, and schedules, including daily or even real-time updates, at no additional cost.	Agree.	Agree	Agree	Disagree
Bidder will provide immediate online real-time manual eligibility updates for urgent requests by the Fund.	Agree.	Disagree	Agree	Agree
Bidder must capture both the 9-digit SSN and the Fund ID in their eligibility system.	Agree.	Agree	Agree	Agree

Qualitative Analysis

Key Minimum Requirements

Key Minimum Bid Requirements	ESI	Catamaran	Envision	OptumRx
Account Services				
Designated, experienced multidisciplinary team (AE, AM, Clinical Pharmacist, Financial Analyst)	Agree	Disagree	Disagree	Agree
An Implementation Project Manager will be assigned pre- and post go-live.	Agree	Disagree	Disagree	Agree

Qualitative Analysis

Key Minimum Requirements

Key Minimum Bid Requirements	ESI	Catamaran	Envision	OptumRx
Customer Service				
Member calls will be answered by a dedicated, trained member services team staffed 24 hours per day/7 days per week/365 days per year; IVR messaging customized to the Fund.	Agree	Disagree	Disagree	Disagree
Bidder will provide customer call center services via a dedicated toll-free number assigned to the Fund.	Agree	Disagree	Disagree	Disagree
A call center advocate is available	Agree	Agree	Agree	Agree
Customer advocates located within the call center will serve as a direct resource to the Fund benefits staff to answer questions and escalate issues.	Agree	Agree	Agree	Agree

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Qualitative Analysis

Key Minimum Requirements

Key Minimum Bid Requirements	ESI	Catamaran	Envision	OptumRx
Member Communication/Web Capabilities				
If requested by the Fund, Bidder will provide EOBs to show total cost, amount paid by participant, and amount paid by the Fund for each prescription.	Agree.	Agree	Agree	Agree
Bidder will maintain a custom member portal linked to the claims adjudication system, supporting the following features:				
Real-time test adjudication, allowing participants to calculate copayments by pharmacy and medication;	Agree	Agree	Agree	Agree
Reference Drug (or Therapeutic Alternative) Lookup	Agree	Agree	Agree	Agree
A personalized medication history showing prescriptions filled within the past 12 months;	Agree	Agree	Agree	Agree
A pharmacy locator, with search capabilities by zip code and hours of operation	Agree	Agree	Agree	Agree