

ATTACHMENT 36



Program Reporting - RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

Reports	Brief Description	Frequency	Due Date
Annual Financial Summary Report	The Contractor must submit an annual report of the DCS Program's charges and credits no later than seventy-five (75) Days after the end of each Calendar Year. These statements must detail, at minimum, the claims paid during the year, claims administration costs, performance credits, audit credits, drug settlement proceeds, rebates (earned and paid), and coordination of benefit (COB) savings. Such detail must include all charges by the Contractor to the DCS Program.	Annual	75 Days after each Calendar Year
Annual Rate Renewal Report	The Contractor must submit an Annual Premium Renewal no later than September 1st of each Calendar Year. This renewal package must detail all assumptions utilized to back up the rate renewal request, including, but not limited to: paid claim amounts, administration fees, projected Pharma Revenue, COB recoveries, changes in enrollment, changes in the Specialty Pharmacy Process Drug List as well as changes in the Flexible Formularies.	Annual	Before September 1st each year
Annual Mail Service Pharmacy Process Satisfaction Survey Summary Report	The Contractor must submit a report which details, in summary form, the results of Enrollee satisfaction surveys designed to evaluate the level of DCS Program Enrollee satisfaction with the Mail Service Pharmacy Process. The surveys should cover areas of order processing, quality of services, and timeliness. The format of the survey instrument and reports is subject to NYS input and approval. The report is due annually, on May 1st of the year following the Calendar Year being surveyed. The report must include Enrollee comments and an accounting and resolution of any Enrollee issues.	Annual	May 1st
Annual Summary Reporting	The Contractor must prepare and present an annual report that details DCS Program performance, industry trends and anticipated market developments including the introduction of generics and potential new product	Annual	August after the end of a complete Calendar Year

ATTACHMENT 36



**Department of
Civil Service**

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	developments. This presentation should include comparisons of the DCS Program to Book of Business statistics, and other similar plan statistics. Clinical, financial and service issues as well as strategies and opportunities for plan savings are to be comprehensively addressed. In addition, the Contractor should be proactive by reporting any areas that need improvement, potential problem areas, and any solutions that can be implemented.		
Annual Report of Claims and Credits Paid by Agency	The Contractor must submit a report, in a format acceptable to and approved by the Department, that details claims and credits paid by agency. The report must accurately reflect only Final Paid Claims.	Annual	30 days after the end of Calendar Year
Mail Service Pharmacy Process Accuracy Annual Report	The Contractor is required to submit an annual report that provides a breakdown of the various errors and calculates the accuracy rate of transactions processed using the Contractor's Mail Service Pharmacy Process. The Contractor is required to work out the final format of this report with the Department.	Annual	30 days after the end of Calendar Year
Rebate True-Up File	The Contractor is required to transmit computerized file via secure transfer containing a yearly true-up of rebate records in a format specified by the Department. The true-up rebate file must match all the billing records provided by the Contractor in the bi-weekly pharmacy billing files.	Annual	150 Days after the end of the Calendar Year.
Catastrophe Reinsurance Reconciliation Report	The Contractor is required to submit an annual reconciliation of the Catastrophe Reinsurance receipts for the EGWP by December 31st of the year following year of Incurral.	Annual	By December 31st of the year following year of Incurral

ATTACHMENT 36



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Civil Service**

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<p>Top 100 Brand and Generic Drugs – Retail Pharmacy Report</p>	<p>The Contractor is required to submit a semi-annual report that details the top 100 brand name and top 100 Generic Drugs dispensed to Enrollees of the DCS Program through the Contractor's Retail Pharmacy Network sorted by drug spend and script count. The report should include fields such as: drug name, indication of use (i.e., cholesterol, diabetes, etc.), preferred drug indicator, number of Rx's, number of Enrollees utilizing the drug, Rx cost, average cost per script, average Copayment, and average Days' supply. This report must be in a format acceptable to and approved by the Department. The numbers should be submitted on a year-to-year comparison basis. Any trends or abnormalities should be submitted in a narrative.</p>	<p>Semi-Annual</p>	<p>60 Days after the end of the 2nd and 4th quarters</p>
<p>Top 20 Therapeutic Categories Report</p>	<p>The Contractor is required to submit a semi-annual report that details the top 20 therapeutic categories by drug spend and by formulary (broken down by drug) utilized by Enrollees of the DCS Program (combined retail, mail service and specialty Network Pharmacy). The report should include fields such as: drug name, number of Rx's, number of members utilizing the drug, Rx cost, average cost per script, preferred drug indicator, average Copayment, and average Days' supply. This report must be in a format acceptable to and approved by the Department. The numbers should be submitted on a year-to-year comparison basis. Any trends or abnormalities should be submitted in a narrative.</p>	<p>Semi-Annual</p>	<p>60 Days after the end of the 2nd and 4th quarters</p>
<p>Top 100 Brand Name and Generic Drugs – Mail Service Pharmacy Report</p>	<p>The Contractor is required to submit a semi-annual report that details the top 100 brand name and top 100 Generic Drugs dispensed to Enrollees of the DCS Program through the Contractor's Mail Service Pharmacy Process sorted by drug spend and script count. The report should include fields such as: drug name, indication of use (i.e.,</p>	<p>Semi-Annual</p>	<p>60 Days after the end of the 2nd and 4th quarters</p>

ATTACHMENT 36



**Department of
Civil Service**

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Reports	Brief Description	Frequency	Due Date
	cholesterol, diabetes, etc.), preferred drug indicator, number of Rx's, number of members utilizing the drug, Rx cost, average cost per script, preferred drug indicator, average Copayment, and average Days' supply. This report must be in a format acceptable to, and approved by, the Department. The numbers should be provided on a year-to-year comparison basis. Any trends or abnormalities should be provided in a narrative.		
Top 100 Specialty Drugs – Specialty Pharmacy Report	The Contractor is required to submit a semi-annual report that details the top 100 Specialty Drugs/Medications dispensed to Enrollees of the Program through the Contractor's Designated Specialty Pharmacy sorted by drug spend and script count. The report should include fields such as: drug name, indication of use (i.e., cholesterol, diabetes, etc.), preferred drug indicator, number of Rx's, number of members utilizing the drug, Rx cost, average cost per script, preferred drug indicator, average Copayment, and average Days supply. This report must be in a format acceptable to, and approved by, the Department. The numbers should be provided on a year-to-year comparison basis. Any trends or abnormalities should be provided in a narrative.	Semi-Annual	60 Days after the end of the 2nd and 4th quarters
Quarterly Financial Summary Reports	The Contractor must submit quarterly financial reports which present the DCS Program's experience for the most recent quarter (based on a Calendar Year) and the experience from the beginning of the Calendar Year to the end of the quarter being reported. The quarterly reports must also include projections of: <ul style="list-style-type: none"> • annual financial performance; • assessment of DCS Program costs • incurred claim triangles • Pharma Revenue; 	Quarterly	15 Days after the end of the reporting period

ATTACHMENT 36



**Department of
Civil Service**

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Reports	Brief Description	Frequency	Due Date
	<ul style="list-style-type: none"> • coordination of benefit recoveries; • audit recoveries • drug settlement and litigation recoveries • administrative expenses; • premium projection for subsequent plan year, trend statistics; and • such other information as the Department deems necessary. 		
Quarterly Performance Guarantee Report	The Contractor must submit quarterly the DCS Program's Performance Guarantee report that details the Contractor's compliance with all of the Contractor's proposed Performance Guarantees. The report should include the areas of: Start-up; system availability; customer service (telephone availability, response time, blockage rate, abandonment rate, website accuracy and website update timeliness); claims processing; management reports and claim files; enrollment; mail service turnaround; and Pharmacy composition and access. This report must be in a format acceptable to, and approved by, the Department – example shown in Attachment 41. Documentation of compliance should be included with this report.	Quarterly	30 Days after the end of a quarter
Quarterly Network Access	The Contractor must submit a measurement of the Network access in a format like that presented in Attachment 20 based on a "snapshot" of the network taken on the last day of each quarter.	Quarterly	30 Days after the end of a quarter
Quarterly Audit Report	The Contractor must submit a quarterly audit report detailing audits planned, audits initiated, audits in progress, audits completed, audit findings, audit recoveries, and any other enforcement action by the Contractor. The report should include fields such as Pharmacy name, NABP number, recovery amounts, audit	Quarterly	30 Days after the end of a quarter

ATTACHMENT 36



**Department of
Civil Service**

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Reports	Brief Description	Frequency	Due Date
	method or type, and basis for and method of recovery. This report must be in a format acceptable to, and approved by, the Department.		
Quarterly Coordination of Benefits Report	The Contractor must submit a report that details the amount of recoveries received as a result of coordinating benefits with other Plans including Medicare. The Contractor's report should identify the COB source, the Enrollee, the original claim amounts, and the amount received from the other insurance carriers or Medicare. The Contractor is required to work out the final format of this report with the Department.	Quarterly	30 Days after the end of a quarter
Quarterly Rebate and Other Pharma Revenue Report	The Contractor is required to submit a quarterly rebate and other Pharma Revenue report detailing the total rebates and other Pharma Revenue received from the Contractor during the quarter. The report must include breakdowns by each manufacturer and drug with quarterly and year-to-date numbers, as well as any adjustments that are performed. This report must be in a format acceptable to, and approved by, the Department – see Attachment 42 for example. The Contractor's process for documenting rebates and other Pharma Revenue by manufacturer and issuing the payment of rebates and other Pharma Revenue to the Program should not exceed sixty (60) Days from the end of the quarter in which the initial claims were processed. This report is due at the time the rebates and other Pharma Revenue are paid to the Program.	Quarterly	Report is due at the time the rebates and other Pharma Revenue are paid to the Program
Quarterly Participating Agency Claims	The Contractor is required to submit a quarterly report that details claims by Participating Agency. This report must be in a format acceptable to, and approved by, the Department.	Quarterly	30 Days after the end of a quarter

ATTACHMENT 36



**Department of
Civil Service**

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Reports	Brief Description	Frequency	Due Date
Quarterly Generic Appeals and Prior Authorization and Medical Exception Report	The Contractor is required to submit a quarterly report that provides the number of generic appeals, prior authorization requests, and medical exception by individual drug. The report must include numerical breakdowns on the number of generic appeals, prior authorization and medical exception requests made by the individual drug as well as the success/declination rate of these requests. This report must be in a format acceptable to, and approved by, the Department.	Quarterly	30 Days after the end of a quarter
Quarterly Rebate File	This report's information is rolled up into the Quarterly Pharma and Other Revenue Report. Each quarter the Contractor is required to transmit a computerized file via secure transfer containing prescription rebate information for all earned rebates in a format specified by the Department. The pharmacy rebate records in the Rebate File must match all prescriptions billed to the Department by the Contractor.	Quarterly	150 Days after the end of a quarter
Quarterly Website Analytics Report	The Contractor is required to submit a quarterly report that provides comprehensive performance information for the Contractor's customized DCS Program website. The report must include summarized and detailed website performance information and statistics, as well as proposed modifications to the layout and design of the website to improve communications with Enrollees.	Quarterly	30 Days after the end of a quarter
Quarterly EEO Workforce Utilization Compliance Report	The Contractor is required to submit a quarterly report identifying the work force utilized on the Contract in accordance with State and Federal statutory and constitutional non-discrimination provisions. This report must be in a format acceptable to, and approved by, the Department. Form EEO-101, as amended by NYS EO 162, Workforce Utilization Compliance Report is due ten (10) Days after the end of the quarter.	Quarterly	10 Days after the end of a quarter

ATTACHMENT 36



**Department of
Civil Service**

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Reports	Brief Description	Frequency	Due Date
Monthly Report of Paid Claims by Month of Incurral	The Contractor is required to submit a monthly report that provides summarized paid claims by month of Incurral. This report must be in a format acceptable to, and approved by, the Department.	Monthly	30 Days after the end of a month
Monthly Report of Paid Claims by Pharmacy and Rx Type	The Contractor is required to submit a monthly report that provides summarized paid claims by Pharmacy type by Rx type. This report must distinguish reversals and allow the Department to verify Guaranteed Discounts and Guaranteed Minimum Discounts. This report must be in a format acceptable to, and approved by, the Department.	Monthly	30 Days after the end of a month
Monthly Report of Empire Plan MAC List(s)	Each month the Contractor is required to submit an updated Program MAC List(s) that details all the drugs included on the Program MAC List(s) and the corresponding prices used to charge the DCS Program. The following information shall be included: GPI, drug name, form, strength, reference product, FDA rating, date the product was initially placed on the MAC List(s), initial MAC price, previous MAC price, current MAC price, effective date of current MAC price and the change in price from previous Program MAC List(s). Drugs that are added or deleted from the Program MAC List(s) shall be clearly marked or highlighted. The Contractor is required to submit this report in the current format specified by DCS in Attachment 37.	Monthly	30 Days after the end of a month
Monthly Report of Generic and Brand Effective Rate, Specialty, and Mail Service Drug Performance	Each month the Contractor is required to submit a summary by month of performance of the Generic and Brand Effective Rates, Specialty Drugs/Medications, and Mail Service Pharmacy Process Brand Drug claims. The following information should be included for the Generic	Monthly	30 Days after the end of a month

ATTACHMENT 36



**Department of
Civil Service**

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	<p>and Effective Rates – number of claims, Ingredient Cost, Dispensing Fee, Total AWP, Actual Discount, Target Rate, Performance Penalty, Average Dispensing Fee, Target Dispensing Fee, Dispensing Fee Penalty. Specialty – Number of Claims, Ingredient Cost, Dispensing Fee, Total AWP, Actual Discount, Target Rate, Performance Penalty. Mail Service Pharmacy Process Brands – Number of Claims, Ingredient Cost, Dispensing Fee, Total WAP, Actual Discount, Target Rate, Performance Penalty. The Contractor is required to submit this report in the current format specified by DCS in Attachment 40.</p>		
<p>MAC Savings Report</p>	<p>Each month the Contractor is required to submit a year-to-date and annualized savings projection of the MAC price increases and decreases, based on expected utilization. The following information shall be included: GPI, Drug Name, Strength, Initial MAC Price, Current Price, Quantity Filled, Actual Savings, Annual Savings. The Contractor is required to submit this report specified by the Department in Attachment 39.</p>	<p>Monthly</p>	<p>30 Days after the end of a month</p>
<p>Program Customer Service Monthly Reports</p>	<p>Each month the Contractor is required to submit a customer service report that measures the Contractor's customer service performance including customer service availability, customer service telephone response time, the telephone abandonment rate, the telephone blockage rate, claims processing, enrollment, and mail service turnaround. The Contractor is required to work out the final format of these reports with the Department. The reports are due fifteen Days (15) after the end of the month. For the first two months of the Agreement, these reports will be due on a weekly basis. After two months, the Department</p>	<p>Monthly</p>	<p>15 days after the end of the month</p>

ATTACHMENT 36



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Civil Service**

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Reports	Brief Description	Frequency	Due Date
	will re-examine the required frequency of these reports and establish due dates with the Contractor.		
Low Income Subsidy (LIS)	Each month the Contractor is required to submit a LIS report to the Department through SFTP no later than fifteen (15) Business Days from the date the Contractor receives the subsidy payment from CMS. The report must include the following information regarding payments made by the Contractor to LIS Enrollees: 1) NYSHIP Enrollee's name; 2) NYSHIP Enrollee's social security number; 3) LIS eligible individual's name; 4) LIS eligible individual's social security number; 5) LIS eligible individual's date of birth; 6) LIS eligibility start date; 7) LIS eligibility end date; 8) Monthly subsidy amount received from CMS for the LIS individual; 9) Dual Eligibility indicator; 10) Date LIS payment received from CMS (MM/DD/YYYY); 11) LIS payment/adjustment start date; 12) LIS payment adjustment end date; 13) LIS adjustment reason code/description; and, 14) LIS eligible individual's Medicare identification number (HICN) and/or Medicare Beneficiary Identifier (MBI).	Monthly	No later than 15 Business Days from the date the Contractor receives the subsidy payment from CMS
Pharmacy Program Monthly Status Report	The Contractor is required to provide summarized information on: Production Statistics, Performance Guarantees, Customer Care Statistics, Mail Order Pharmacy Statistics, Prior Authorization Statistics, Appeals and Clinical Review Statistics, Top Therapeutic Classes by Commercial and EGWP, Top Drugs by Total Drug Cost and by Volume for Commercial and EGWP.	Monthly	30 Days after the end of a month

ATTACHMENT 36



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Reports	Brief Description	Frequency	Due Date
<p>Detailed Claim File Data Custom State Feed & Cycle Summary:</p>	<p>The Contractor must transmit to the Department and/or its Decision Support System (DSS) vendor a computerized file via secure transfer, as specified by the Department, containing detailed claim records in a format acceptable to, and approved by, the Department, to support the bi-weekly invoice. The Department requires that all claims processed, reversed and adjusted be included in claims data. The file must facilitate reconciliation of claim payments to amounts charged to the DCS Program and include the current status of the claim (i.e., fields identifying claims as paid, adjusted, reversed). A rejected claim file is also required upon request by the Department.</p> <p>The Contractor is required to:</p> <p>Securely forward the required claims data on a claims processing cycle basis to the Department and/or its DSS vendor within fifteen (15) Days after the end of each claims processing cycle; and</p> <p>Submit a summarized report by claims processing cycle broken down by drug type (generic/brand) utilizing the fields and the format specified by, and acceptable to, the Department – example appears in Attachment 35. Based upon the analysis of the information contained in the report any important programmatic information, trends or abnormalities should be provided in a narrative.</p>	<p>Bi-Weekly</p>	<p>Within 15 Days after the end of each claims processing cycle</p>
<p>MAC Alert Notice</p>	<p>The Contractor is required to submit a report of the financial impact of enforcing mandatory generic substitution via a "MAC Alert Notice" utilizing the current format specified by the Department in Attachment 38. This</p>	<p>As needed</p>	<p>Timelines specified in RFP and will also be specified in the resulting agreement</p>

ATTACHMENT 36



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Civil Service**

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	report must be submitted in accordance with the time frames specified in the RFP and resulting award.		
Medi-Span Prescription Drug industry pricing source material	The Contractor shall provide the Department with access and monthly updates to the Medi-Span Prescription Drug industry reference material for drug classification and drug pricing that the Contractor will be utilizing for the Program;	Monthly	As Requested
Specialty Drug Proposals	The Contract shall provide the Department and OER with information on Exclusive Specialty and Specialty Guideline Management Quarterly Proposals. Information will include, but is not limited to: Drug Name, Manufacturer, Therapy Class, Indications, Route of Administration/Dose, Drug Cost/AWP Estimate, Specialty Acquisition Cost, Utilization (Prior 6 months), If the Drug is used to: Treat Patients with Rare, Complex, Chronic or Life-Threatening Conditions, requires Special Handling or Administration, Requires Intensive Patient Monitoring/Testing or Patient Education, is a BioTech Drug, has REMS, carries a Black Box Warning, is Limited Distribution,	Quarterly	In Advance of January, April, July and October Formulary Updates
Pharmacy Terminations	Shows in and out of state pharmacy removals due to Contract Violations and Audit Terms.	Monthly	1st week of Month