

**From:** [REDACTED]  
**To:** [ETF SMB Board Feedback](#)  
**Subject:** Questions ref Pharmacy Benefit Organizations  
**Date:** Wednesday, March 26, 2025 2:51:43 PM

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TO THE BOARD MEMBER OR. MEMBERS BEST EQUIPPED TO REPLY

1. Who selects and how is the Pharmacy Benefit Manager selected?
2. Who oversees the PBM on behalf of ETF and its members?
3. What rules are PBMs and specifically Navitus required to follow?  
Who sets those rules?
4. Who deals with complaints against the PBM?
5. How is the PBM's list of medications and tiers developed? What input do the medical community, the ETF and its members have into the decision making?

[REDACTED]

Thank you for any help you can provide.

Russell Tomar, MD



**STATE OF WISCONSIN**  
**Department of Employee Trust Funds**  
A. John Voelker  
SECRETARY

Wisconsin Department  
of Employee Trust Funds  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
[etf.wi.gov](http://etf.wi.gov)

April 3, 2025

Russell Tomar, MD  
[REDACTED]

Dear Dr. Tomar,

Thank you for your email to the Group Insurance Board (Board) regarding questions about the Pharmacy Benefit.

The Board selects the Pharmacy Benefit Manager (PBM) through a procurement process known as a Request for Proposals (RFPs). In this process, the Department of Employee Trust Funds (ETF), on behalf of the Board, issue a RFP to solicit proposals from vendors to become the next PBM for the State of Wisconsin. In February of 2024, ETF staff gave a [presentation to the Board explaining the RFP process](#).

ETF recently completed an RFP for our third-party administration of pharmacy benefit program as the current contract with Navitus Health Solutions (Navitus) will expire on December 31, 2025. All relevant information about that specific RFP, including the documents the proposers were asked to review, the questions that they were required to answer, and the mandatory requirements they had to agree to, can be found [here](#).

On January 15, 2025, the Board voted to award the next contract for the administrative services for the State of Wisconsin Pharmacy Program to Navitus. [The new contract will run from January 1, 2026, through December 31, 2028, with the option to renew for two additional two-year terms](#).

The Board and ETF oversee the pharmacy benefit on behalf of members. In addition, the pharmacy benefit is audited by two different entities every year. The Legislative Audit Bureau (LAB) conducts an audit of the pharmacy benefit, as well as all other health insurance related benefits offered by ETF. [The LAB reports](#) any findings in their yearly State of Wisconsin Fiscal Year Financial Statements audit.

The Board also works with a third-party auditor, Pillar Rx, who conducts an annual audit of the pharmacy benefit. Pillar Rx's findings are reported to the Board during the November Board meeting. In November 2024, the Board reviewed Pillar Rx's audit of both the [2023 Commercial pharmacy benefit and the 2022 Employer Group Waiver \(EGWP\) also known as Medicare Part D pharmacy benefit](#). If you are interested in reviewing prior years' Pillar Rx audits, please go to the Board's [Agendas and Materials website](#), select a November Board meeting from a previous year, and you will find the audit listed on the agenda with a link to the report.



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Specific requirements that the Board's PBM must follow, in addition to numerous state and federal laws, are outlined in the vendors contract with the Board. In the most recent RFP, you will notice that all of ETF's requirements for the PBM are stated. The current contract, which will expire on December 31, 2025, along with its amendments, are available online in the "Uploaded Documents" section [here](#). The new contract, effective January 1, 2026, will be posted online once it is finalized.

The Board and ETF staff work with members who have complaints, issues, or need assistance with the pharmacy benefit. ETF's benefits dispute process can be found [here](#).

The non-Medicare pharmacy formulary is assembled by Navitus with input from ETF on behalf of the Board. Navitus's Pharmacy and Therapeutics (P&T) Committee, consisting of medical professionals including physicians and pharmacists, as well as Navitus's clients, establish guidelines to help create the formulary. ETF collaborates with Navitus to ensure that the formulary serves our members while keeping costs low.

The Medicare Part D formulary, however, is set by the Center for Medicare and Medicaid Services (CMS) which imposes stringent guidelines that Medicare Part D formularies must follow.

ETF carves out your Medicare Part D pharmacy benefit from your Medicare Advantage plan through United Health Care (UHC). UHC provides your medical insurance benefits excluding Medicare Part D, which is provided by Navitus.

To view both the non-Medicare and Medicare pharmacy formularies, please visit the [Navitus/ETF public facing website](#). Select the plan type, click on "Formulary" from the menu in the middle of the page, and you will be able to download the most current formulary. The upcoming plan year's Medicare Part D formulary is mailed to members every September. While the Medicare formulary remains unchanged throughout the plan year, the commercial formulary may change monthly.

Again, thank you for your email. If you have any other questions, comments, or concerns, please do not hesitate to contact me using the information below.

Sincerely,

Tricia Sieg, Pharmacy Benefits Program Manager  
Office of Strategic Health Policy  
Department of Employee Trust Funds

**From:** [REDACTED]  
**To:** [ETF SMB Board Feedback](#)  
**Subject:** Re: Questions ref Pharmacy Benefit Organizations  
**Date:** Thursday, April 24, 2025 7:03:27 PM  
**Attachments:** [REDACTED]

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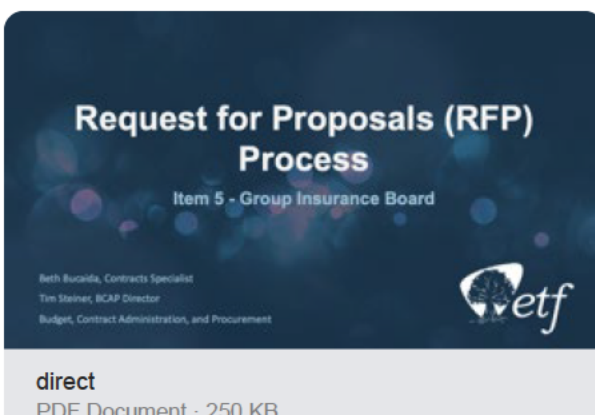
Dear Ms. Sieg,  
Thank you for your response to my inquiry. After reviewing it, I have two further questions. The selection of the PBM group appears to depend on the scores in the table "RFP Final Scores". What is included in these scores and who does the rating?  
In the material you sent, extensive as it is, I could not find any mention of checking with the recipients, ie, employees and retirees, of their assesment of the several contenders.  
Please help me.  
Thanks again,  
Russell Tomar, MD

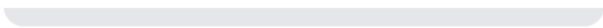
On Apr 14, 2025, at 10:11 AM, ETF SMB Board Feedback  
<ETFSMBoardFeedback@etf.wi.gov> wrote:

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Sincerely,

Tricia Sieg, Pharmacy Benefits Program Manager  
Office of Strategic Health Policy  
Department of Employee Trust Funds

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**From:** [REDACTED] >

**Sent:** Wednesday, March 26, 2025 2:51 PM

**To:** ETF SMB Board Feedback <[ETFSMBoardFeedback@etf.wi.gov](mailto:ETFSMBoardFeedback@etf.wi.gov)>

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April 29, 2025

Russell Tomar, MD  
[REDACTED]

Dear Dr. Tomar,

Thank you for your email and your questions about the Pharmacy Benefit Manager (PBM) Request for Proposal (RFP) process.

The RFP's final scores were determined by the RFP evaluation committee, which included Department of Employee Trust Funds (ETF) staff, active and retired members, and an employer representative. Each committee member independently reviewed and scored the proposers' responses to the general and technical questionnaires. These scores comprised 80% of the total possible points awarded (800 possible points).

The remaining 20% of the final RFP scores were based on the cost proposals (200 possible points). The cost proposals were evaluated by Segal, the Wisconsin Group Insurance Board's actuary. The lowest cost proposal received the full 200 points available in this section of the RFP. The other cost proposals were awarded prorated scores based on how their costs compared to the lowest bid.

To review the explanation of the scoring and award process for the most recent PBM RFP, please refer to the link I previously provided: <https://etf.wi.gov/node/35431>. Scroll to the bottom of the page to the "Uploaded Documents" section and select the second link from the top titled "RFP Administrative Services for the State of Wisconsin Pharmacy Benefit Manager Program." This Word document contains the RFP that each proposer received and responded to.

Section 3 of the document, "Proposal Selection and Award Process" begins on page 25 and explains the proposal selection and award process, including evaluation criteria and cost scoring methodology. Section 6 of the document, beginning on page 30, contains the general questionnaire, and the technical questionnaire is section 7 beginning on page 37.

Additionally, each proposer was required to submit four references using Form F – Vendor References, found in the same "Uploaded Documents" section. The evaluation committee contacted all references and gathered feedback. Committee members, all of whom were active or retired participants in the State Group Health Insurance Program, also provided their own assessment of the proposals.





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Sincerely,

Tricia Sieg, Pharmacy Benefits Program Manager  
Office of Strategic Health Policy  
Department of Employee Trust Funds