**RFP ETC0049 Administrative Services for the State of Wisconsin Pharmacy Benefit Program**

The following requirements and qualifications are Mandatory for all Proposers. Failure to comply with one or more of the Mandatory qualifications will disqualify the Proposer.

**Instructions:**

1. Check “Agree” or “Disagree” to each Mandatory requirement as appropriate.
2. Complete the “ACKNOWLEDGE AND ACCEPT” section

* Include any clarifications, assumptions, or exceptions to the requirements and qualifications below in the Assumptions/Exceptions section of your Proposal.

1. Return this Form per Section 2 of the RFP.

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| **Agree** | **Disagree** | **Sec.** | **Qualification** |
|  |  | **4.1** | If awarded a Contract, the Services provided by the Proposer to the Department under the Contract will be performed within the United States. |
|  |  | **4.2** | If Proposer’s system is hosted in the cloud, Proposer agrees all data provided to the Proposer (Contractor) by the State, Department, Participants, Department-contracted third-parties for Contract purposes will be stored in the contiguous United States. |
|  |  | **4.3** | Proposer agrees that all work products developed by Proposer for the Department (e.g. all written reports, drafts, presentations and meeting materials, etc., required under the Contract) will become the property of the Department. |
|  |  | **4.4** | With regard to the services that Proposer is offering to the Department, Proposer currently has and will have no conflict of interest with regard to any other work performed by the Proposer on behalf of the State of Wisconsin. |
|  |  | **4.5** | The Proposer is not currently suspended or debarred from performing federal or State government work. Proposer will notify the Department if Proposer becomes suspended or debarred from performing federal or State government work during the RFP process and during the Contract term should Proposer receive a Contract award. |
|  |  | **4.6** | During the past five (5) years, the Proposer has not been in bankruptcy or receivership or been involved with any litigation alleging breach of contract, fraud, breach of fiduciary duty or other willful or negligent misconduct. (If the Proposer provides a response of “Disagree,” Proposer must provide details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Proposer.) Proposer will notify the Department if Proposer enters into bankruptcy or receivership or becomes involved with any litigation alleging breach of contract, fraud, breach of fiduciary duty or other willful or negligent misconduct during the RFP process and during the Contract term should Proposer receive a Contract award. |
|  |  | **4.7** | Proposer confirms that its recommended services comply with industry best practices as well as applicable federal and state law, including the Affordable Care Act (ACA), Americans with Disabilities Act (ADA), Genetic Information and Nondiscrimination Act (GINA) and Health Insurance Portability and Accountability Act (HIPAA) guidelines. |

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|  |  | **4.8** | Proposer confirms it is able to meet the requirements listed in the RFP and will meet such requirements should the Proposer receive a Contract award. | |
|  |  | **4.9** | The Department is in the process of implementing Benefitfocus’ Benefitplace eligibility and enrollment software and services and the selected Proposer(s) (Contractor) will be required to submit and/or receive data to/from the Department and/or Benefitfocus at no additional charge to the Department. Proposer, if awarded the Contract, must have the ability to provide and receive repeatable, automatable data interchange with the Department and/or Benefitfocus, the cost of which shall be included in the Proposer’s Cost Proposal Workbook. | |
|  |  | **4.10** | The Proposer confirms that if awarded a Contract, third-party auditors hired by the Department and members of the Wisconsin Legislative Audit Bureau will have full access to all contracts between your organization and drug manufacturers, pharmacies, and third-party entities that affect Department members and all member claims. | |
|  |  | **4.11** | The Proposer confirms that 100% of all rebates and discounts it receives on behalf of the Department’s members will be transferred back to the Department. | |
|  |  | **4.12** | The Proposer, if awarded a Contract, will establish a public-facing website to allow members to see their formulary, compare drug costs at individual pharmacies, and have the ability to search for the nearest pharmacy based on zip code/city and state. | |
|  |  | **4.13** | The Proposer, if awarded a Contract, will share pharmacy data through secure networks with the Department’s contracted health plans. | |
|  |  | **4.14** | The Proposer, if awarded Contract, will be able to serve as the accumulator for the Department’s High Deductible Health Plan (HDHP) by receiving claims data from the Department’s contracted health plans and sharing member accumulator information (medical and pharmacy) with the health plans through a secure network. | |
|  |  | **4.15** | The Proposer will provide SOC 1 and SOC 2/Type 2 audit reports of internal controls conducted by an independent Certified Public Accountant (CPA) firm at the Proposer’s expense that is in accordance with the State of Standard Attestation Engagements (SSAE) 16 and provide copies of the CPA’s reports to the Department annually in response to RFP question 7.2.3. | |
| **ACKNOWLEDGE AND ACCEPT** | | | | | |
| This form has been reviewed by me and shall become part of the final Contract. I am a duly authorized representative of my company and have the authority to legally bind my company. I hereby acknowledge and accept responsibility for the accuracy of the responses given above. I further accept that my company’s Proposal *may* be rejected on the grounds that any item listed above is marked as “Disagree.” Also, I acknowledge I have specified and provided a reason for any answer marked as “Disagree” in the Assumptions and Exceptions section of my company’s Proposal. | | | | | |
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| Proposer Company Name: | Click or tap here to enter text. |
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| Name & Title of Authorized Representative: | Click or tap here to enter text. |
|  |  |
| Authorized Representative Signature: |  |
|  |  |
| Signature Date: | Click or tap here to enter text. |