

**REQUEST FOR PROPOSALS
MEDICAID PHARMACY MANAGEMENT SERVICES
BIDDER'S CHECKLIST**

Indicate that the following requirements have been met, and materials included in the response by checking off each item:

General Requirements	RFP Page #
_____ Proposal is typed at a minimum of one and a half line spacing on 8 ½ by 11 inch paper and submitted in three-ring binders.	PART III-1
_____ Proposal is being mailed or delivered in two (2) distinct, appropriately labeled and sealed packages.	PART III-1 PART IV-4
_____ Proposal is submitted as two (2) originals and ten (10) copies on paper, and one copy on CD ROM in a Microsoft Office or Adobe Acrobat (pdf) format.	PART IV-4
_____ Proposal is clearly marked as "Pharmacy Management: Bid Proposal Volume I, Technical Proposal", "Pharmacy Management: Bid Proposal Volume II, Financial Proposal".	PART IV-5
_____ Proposal used required forms in Attachment 3	PART III-2 PART III-28
_____ Volume I does NOT include any proposed costs for this bid.	PART III-2 PART III-8 PART III-13 PART IV-4
_____ If needed, a letter is included with the Letter of Transmittal (Volume I, PART I) identifying trade secrets by page number, line, or other appropriate designation, with explanation why.	PART IV-5
_____ "Contractor Disclosure of Prior Non-Responsibility Determination" Form Included	PART III-3
_____ "Contractor Disclosure of Contacts" Form Included for all Contacts, Including all Personnel and References.	PART III-3

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Volume I, Part I: Corporate Qualifications	RFP Page #
_____ Letter of Transmittal , on company letterhead	PART III-4
_____ signed by an authorized representative;	PART III-4
_____ affirms that proposal and all provisions of the offer price	PART III-4
_____ remain in effect for a minimum of 240 days;	PART III-4
_____ includes a statement indicating willingness and ability	PART III-4
_____ to perform contract containing terms and conditions	PART III-4
_____ specified herein.	PART III-4
_____ Evidence of Ability to Secure Letter of Credit	PART III-4
_____ Summary of Corporate Structure and Organization	PART III-5
_____ Financial Statements	PART III-5
_____ Disclosure of Litigation	PART III-5
_____ Parent Company Information	PART III-6
_____ Affiliations	PART III-6
_____ Experience with State and Federal Legal and Program Requirements	PART III-6
_____ Subcontractors Information	PART III-7
_____ Letter of Commitment (from each Subcontractor)	PART III-7
_____ Financial Statements (for each Subcontractor)	PART III-8
_____ "Contractor Disclosure of Prior Non-Responsibility	PART III-7
_____ Determination" Form	PART III-7
_____ "Contractor Disclosure of Contacts" Form	PART III-7
_____ Summary of Corporate Experience and References (TP Form-1)	PART III-8
_____ Preferred Drug Program Experience (TP Form-4A)	PART III-9
_____ Clinical Drug Review Experience (TP Form-4B)	PART III-9
_____ Mandatory Generic Drug Program Experience (TP Form-4C)	PART III-9
_____ Experience in Providing Consultant Services (TP Form-4D)	PART III-9
_____ Call Center Operations Capacity and Experience	PART III-10
_____ Integration of Multiple Benefit Management Activities	PART III-11
_____ Experience with System Interfacing	PART III-11

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Volume I, Part II: Technical Proposal	RFP Page #
_____ Proposed Organization Chart with a description of major functions	PART III-12
_____ Proposed General Workplan	PART III-12
_____ Summary - Proposed Implementation Schedule (TP Form-5)	PART III-12
_____ Proposed Key Personnel, including TP Form-2 Job Description and TP Form-3 Personnel Resume	PART III-13
_____ Proposed Quality Assurance Program	PART III-13
_____ Proposed Disaster Plan	PART III-14
_____ Proposed Integration of Activities	PART III-14
_____ Proposed P&T Committee and Related Clinical Support to be Provided	PART III-14
_____ Proposed Interface with Claims Processing System	PART III-15
_____ Detailed Technical Proposals for Key Programs:	
_____ Preferred Drug Program	PART III-15
_____ Clinical Drug Review Program	PART III-17
_____ Takeover Support Functions of the NYS Medicaid Mandatory Generic Program	PART III-19
_____ Proposed Consultant Services	PART III-20
_____ Proposed General Operations:	PART III-21
_____ Prior Authorization Processes	PART III-21
_____ Call Demand, Capacity & Staffing (including TP Form-6A, 6B and 6C)	PART III-21
_____ Call Center Facilities & Operational Features	PART III-22
_____ Written Communications	PART III-23
_____ Website/Electronic Communication	PART III-24
_____ Systems Interface and Data Exchange with State	
_____ Claims Processing	PART III-24
_____ Data/Reporting	PART III-25
_____ Proposed Computer Operating System Staffing	PART III-25
_____ Proposed System Development Group (including TP Form-2 Job Description and TP Form-3 Personnel Resume)	PART III-25
_____ Clinical Support Group	PART III-26
_____ Bid Form (Appendix B-1), with authorized signature	PART III-2
_____ Responsibility Questionnaire (Attachment 3)	PART III-12 PART III-6

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Volume II: Financial Proposal	RFP Page #
_____ FP Form-1: Preferred Drug Program	PART III-28
_____ FP Form-1A: Preferred Drug Program - Explanation of Base Operational Costs	PART III-29
_____ FP Form-2: Clinical Drug Review Program	PART III-29
_____ FP Form-2A: Clinical Drug Review Program - Explanation of Base Operational Costs	PART III-30
_____ FP Form-3: Mandatory Generic Drug Program Support	PART III-30
_____ FP Form-4: Consultant Services by Task	PART III-31
_____ FP Form-5: Reimbursables	PART III-31
_____ FP Form-6: Systems Development and Clinical Support Personnel	PART III-32