



**CT TEACHERS' RETIREMENT BOARD**

765 ASYLUM AVENUE HARTFORD, CT 06105-2822

Toll Free 1-800-504-1102 Local (860) 241-8401 Fax (860) 622-2845

"An Affirmative Action/Equal Opportunity Employer"

[www.ct.gov/trb](http://www.ct.gov/trb)

**APRIL 16, 2014**

**TRB RFP 2014-001  
ADDENDUM #2**

Q: The RFP requests blended transparent discounts. Is this required or preferred?

A: The RFP asks for separable discounts.

Q: According to the data set, there are 85 active members under age 65 or do not qualify for Medicare Part A or B due to various reasons. Since this RFP is specific to Medicare Part D EGWP + Wrap, how would TRB prefer the pre-65 members be handled?

A: A prerequisite to participating in the TRB health plan, including the prescription plan, is to be participating in Medicare Part A and Medicare Part B. Therefore, the members in our plan under 65 are participating in Medicare Part A and Medicare Part B.

Q: Is there anyone eligible for this plan that are not eligible for Medicare Part D?

A: Not to our knowledge.

Q: Please clarify the fallback option for those who are not covered under the EGWP option.

A: It is our understanding that all of our plan members will be covered under the EGWP option.

Q: There is reference made to the State Attorney General standard contract. Should our legal counsel identify any potential issues during the question period prior to April 25<sup>th</sup>, or should issues be identified with the proposal submission?

A: The issues should be submitted with the proposal in the form of a redlined contract.

Q: The State Ethics Laws Summary do not appear to be applicable to a corporation. Please advise.

A: The State Ethics Laws Summary applies to corporations. The OPM Ethics Form 6 asks for the name of the Firm or Corporation.



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**APRIL 7, 2014**

**TRB RFP 2014-001**

**ADDENDUM #1**

Q: Can you provide us with a claims data file for CTRB utilization in 2013?

A: We are looking for unit cost prices, not total costs; therefore we have determined that the claims data file for 2013 is not required.

Q: Please confirm how you want the unit costs submitted.

A: Provide Separately For:

- Retail Name Brand
- Retail Non Formulary
- Retail Generic
- Mail Order Name Brand
- Mail Order Non Formulary
- Mail Order Generic
- Specialty

# CT Teachers' Retirement Board

Request For Proposal TRB# 2014-001 EGWP Drug Plan

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March 26, 2014

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Appendix A State Contracting Requirements

Appendix B Description of Current Plan

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## **I. Intention to Participate**

The CT Teachers' Retirement Board (TRB) is interested in receiving proposals for the provision of pharmacy benefit services in an EGWP form. Our preference is to receive a letter of intent to participate from all interested firms by 1:00 p.m. on April 15, 2014. The intent to participate letter does not bind potential participants to submit a proposal. As part of this process, questions that are received by TRB from potential participants are posted on the website as an addendum to this Request for Proposal (RFP) so that all potential proposers have equal access to the same information. Letters of intent to participate should be submitted to:

Ms. Darlene Perez, Administrator  
CT Teachers' Retirement Board  
765 Asylum Avenue  
Hartford, CT 06105  
[darlene.perez@ct.gov](mailto:darlene.perez@ct.gov)

Failure to provide a letter of intent to participate does not disqualify the firm from submitting a proposal by the due date (see next page).

## II. Proposed Time Table

RFP published	March 26, 2014
Intention to Participate Due	April 15, 2014
Questions Due	April 25, 2014
Proposals Due	May 1, 2014
Finalist Presentation	May 15, 2014
Selection of Vendor	May 20, 2014
Contract Due to TRB	June 16, 2014

TRB can change the schedule without prior notification.

## III. Delivery of Proposals

Firms must provide an original and six copies of the proposal, along with all documents and exhibits. Proposals and accompanying documents and exhibits must be delivered no later than **1:00 PM on May 1, 2014**, addressed to Ms. Darlene Perez, 765 Asylum Avenue, Hartford, CT 06105. All proposals will be time stamped upon receipt. Proposals received after 1:00 PM on the due date of May 1, 2014 at 1 PM, will be disqualified from this process and will not be opened. All proposals and content of all proposals must be in paper form. We ask that the financial Exhibits be in a separate sealed envelope which will not be opened until after 1 PM on May 1.

## IV. Publication of RFP

Consistent with State of Connecticut requirements, this RFP is being listed on the state's procurement/contractor portal on the State Department of Administrative Services website, [www.das.state.ct.us](http://www.das.state.ct.us), as well as on the TRB website at [www.ct.gov/trb](http://www.ct.gov/trb)

## V. Introduction

The TRB is a governmental plan with approximately 100,000 members. This includes approximately 35,000 retired members as well as 54,000 active members. Participation in the program is statutory as per the Connecticut General Statutes, Chapter 167(a). Membership is limited to certified teachers and administrators and individuals identified under the statute. In addition to the pension program provided to retired teachers and administrators the TRB also offers a Medicare supplement plan to eligible retired members and dependents that may at their option elect to participate.

The TRB medical program includes a medical coverage provided for in Section 10-183(t). This section provides for an indemnity style benefit under an excess of Medicare program. The prescription drug program (the subject of this Request for Proposal) is delivered by a Pharmacy Benefit Manager (PBM), the incumbent vendor being Caremark. The TRB pays the costs of the program and then seeks the stipend from CMS. The TRB also provides a dental program and a vision and hearing program, which are not subject to this Request for Proposal.

The program is funded by a variety of sources including the retiree (by means of cost share), active employees (who contribute 1.25% of their salary) and the State of Connecticut that contributes between 25 and 33 percent of the cost of the plan, less the receipt of the drug subsidy. Current enrollment in the TRB Medicare supplement plan is over 22,000. The enrollment in the program has doubled over the last decade and is growing at a rate of over 1,000 members per year. Table 1 shows the growth in enrollment over the ten-year period from January 1 of 2004 through January 1 of 2014. The Table shows that over the period the enrollment has increased by just over 1,000 members per year. The increase has however accelerated over the most recent years with almost 1,800 new members in 2013 and 1,400 new members in 2012. This dramatic growth is thought to be the product of three factors: the retirement of teachers hired to teach baby boomers, the

continued longevity of the teacher population and the changes in the teaching profession due to the recession.

<b>Table 1</b>	
<b>TRB Prescription Drug Plan Enrollment</b>	
<b>Year</b>	<b>Enrollment</b>
<b>January 1 Enrollment</b>	<b>Number of Members</b>
2004	11,561
2005	11,930
2006	12,302
2007	12,883
2008	13,710
2009	15,310
2010	16,090
2011	17,430
2012	18,905
2013	20,365
2014	22,103

The TRB is the agency authorized by the Connecticut General Statutes to operate retiree medical programs for retired teachers and other statutorily covered individuals. The administrator of the Agency is Ms. Darlene Perez, who reports to a Board of Directors with 14 members. The Board has members who are elected by the active and retired teachers, ex-officio members and members who are appointed by the Governor. Members of the Board are identified as representing active teachers, retired teachers and the public. The TRB operates as an agency of the State of Connecticut and follows the purchasing procedures and regulations of the State. The State of Connecticut is the ultimate purchaser of the goods and services. The Board has voted to request proposals to provide prescription drugs through the use of an Employer Group Waiver Program (EGWP).

Given the changes in the Federal programs, TRB has determined that its members may be better served to move from a traditional PPO Pharmacy Benefit Plan with the TRB receiving the Retiree Drug Subsidy (RDS) to an integrated program with the



PBM coordinating with CMS rather than the TRB performing those tasks. After some consideration TRB has determined to seek proposals only for self-funded programs

The TRB is interested in receiving a full set of services from the vendor. This includes: communication with the membership on issues concerning the plan operation (through a communication budget), pricing assistance in setting premiums and assistance with plan designs so that a similar as possible program can be designed within the constraints of Federal rules.

The rationale of the TRB is that the structure of an EGWP with wrap-around secondary plan provides for two separate but integrated programs. The first is a type of Medicare Part D program offered to the plan members called an EGWP. The second part is a non-Part D plan where benefits are integrated or "wrapped" around the EGWP benefits so that the combined plans benefits reflect something similar to original benefit design prior to the EGWP + Wrap conversion. Because of financial arrangements that are favorable to the plan membership it may be possible to maintain a high quality program without the level of annual cost increases that have plagued TRB just a few years ago.

CMS asserts that the 50% Discount Program under PPACA applies to EGWPs as well as traditional Part D plans. Under PPACA, starting in 2011, 50% of the cost of brand name drugs incurred in the Part D donut hole will be paid for by participating drug manufacturers. CMS said that the discount would be applied before any additional coverage provided under a non-Part D plan, this gives rise to significant potential for savings under which any brand name prescription drug coverage in the Part D donut hole is provided by a secondary, non-Part D plan. Additional savings comes from the CMS opinion, which provides for amounts paid under the Discount Program to count as if paid by the participant, for purposes of meeting the Out-of-Pocket threshold for catastrophic coverage under Part D. This will result in more members qualifying for catastrophic coverage under Part D, which is primarily funded by reinsurance dollars from CMS.

## **VI. Legal Form of Proposals**

As an agency of the State of Connecticut, the TRB and all potential vendors are subject to the purchasing rules of the State of Connecticut. A copy of the rules is contained in **Appendix A**. One requirement is that the firm has an authorized representative sign for the company making a proposal. As a state governmental plan, the plan is exempt from the rules of ERISA. The plan is fully self-funded (no stop loss) and hence is not subject to state insurance law. The statute controlling the operation of the plan is Connecticut General Statutes, Chapter 167a, Section 10-183(b), et. seq.

## **VII. Financing Devices**

The TRB is interested in receiving proposals on potential plan costs on a self-funded basis. The premise here is that there are expected savings associated with plan design and by better using federal subsidies. Given the favorable past experience of the plan the Board has determined to seek self-funded only proposals.

## **VIII. Current Program**

The current program is a three-tier PPO based Rx model. There is an annual calendar year deductible of \$250 Per member (all members are each individuals under the plan as there is no family coverage under the plan). Thus a retired couple would have a \$500 deductible for the two individual members. The tiers are set at percentage co-pays rather than the typical dollar based co-pays. Starting with the next page is a description of the plan cost shares required of the prescription plan members.

**Member Costs**

**Deductible** **\$250 (per member calendar year)**

**Max OOP** **\$1000 per member per calendar year  
Including deductible**

**Coinsurance levels**

**Retail Pharmacy**

**Non-Maintenance Medications:**

For Generic drugs	5%
For Preferred drugs	20%
For Non-Preferred drugs	30%

For individuals who select to use retail pharmacies to fill their maintenance drug needs there is a penalty equal to 5% of the cost of the drug. Thus the cost share increases to: (we understand that this provision may be modified under a EGWP program)

For Generic drugs	10%
For Preferred drugs	25%
For Non-Preferred drugs	35%

This penalty coinsurance only applies after the first fill for the drug (or new dosage) has been completed at the lower co-pay level. Clearly the member has the option to use mail order for new scripts. Given the potential for immediate need for the drug the first script is not required to be done by mail and that is acknowledged by the cost share structure.

**For maintenance drugs purchased at mail order the cost shares are:**

For Generic drugs	5%
For Preferred drugs	10%
For Non-Preferred drugs	20%

The maximum out of pocket per member per calendar year from deductible and coinsurance is limited to \$1,000. Again the out of pocket is per member so a couple will have a combined out of pocket of \$2,000 with each being responsible for \$1,000 (including the deductible) during the calendar year.

A very high percentage of the drugs used are filled by mail order. This occurs because of the nature of the population (all over age 65 retirees) and the nature of the drugs used. This sets up an important administrative issue for any potential vendor. Members who use an unusually high percentage of mail order drugs, where the co-pays that are based upon a percentage of drug cost, need to know what the cost of the drug will be in real time. Thus real time pricing has to be available at both retail and especially at mail order point of service.

The goal here is to produce an EGWP plan that as closely as possible reflects the current benefit in a manner as similar to the current plan as possible while taking advantage of the favorable economics of PPACA. The questionnaire highlights this goal and any response should focus on the ability to deliver a similar product.

**Any changes in administration, operation or benefits of the program should be highlighted in your response.**

As noted above, the TRB is interested in receiving proposals for the provision of prescription drug administration and pharmacy benefit services. The TRB has been contracting directly with a PBM and will not entertain receiving intermediated proposals (proposals from managed care companies that have ongoing contractual relationships with PBM's are not considered intermediated). The TRB will accept only proposals provided by a PBM and its employees. The State of Connecticut requires that contracts are marketed frequently (approximately every three years) to ensure the best product and service is made available at the most competitive price. The total number of pharmacies in the Caremark network is approximately 65,000. That size network is adequate for the TRB's existing needs. We understand that EGWP's follow Federal guidelines for willing providers on retail and maintenance drugs.

Given that each firm will have to meet CMS formulary requirements TRB is interested in receiving pricing that includes both the base formulary and a formulary that replicates closely the existing Caremark's handling of the top 25 drugs used by TRB members.

The TRB is interested in receiving proposals that provide for a 36 month contract based upon satisfactory performance and the needs of the State of Connecticut. Thus, the proposed contractual period is January 1, 2015 through December 31, 2017. The award of this contract is subject to a one time two year extension at the sole discretion of the State, if it is deemed in the best interest of the State and the TRB.

## **IX. Nature of the Underlying Population**

To become a member of the TRB health plan one must be a participant in Medicare parts A and B. The health plan is of high quality including both a supplement plan and a major medical in excess of the supplement plan. The health plans members participated in during their careers also tended to be of high quality. To be a career teacher in Connecticut one must have a Bachelors degree to be hired and complete a master's degree early in their career. The average salary at retirement is currently slightly over \$80,000 per year. The typical pension is 70% of the retiree wage and the pension has a cost of living adjustment annually.

The vast majority of the population is married at the time of retirement. The average age of individuals in the plan is currently just over age 75.

Thus the population is relatively ideal for reaching substantive levels of longevity. While that is the goal of the program, it creates specific service requirements. Any firm taking on the effort of servicing this population must understand that there is a significant portion of the population who are in their 80's and 90's. Thus the vendor must have specific skills and methods to deal with an elderly population. Moreover the portion of the population that is frail and at advanced ages is substantial and increasing. Given the nature of the employment of the underlying active population and the educational requirements for being a teacher in Connecticut there are not

likely problems with literacy or problems with English comprehension for the employee. While there could be some such problems for spouses the incidence is likely to be relatively low. Staffing with regards to limitation associated with aging is likely to be a substantial need in care centers.

## **X. Geographic Distribution of the Population**

The population of retired teachers is spread around the country and to some degree the world. The largest residence location of the retirees is Connecticut with the second most common location being Florida. Many members live in the North (Connecticut and Massachusetts) and spend the winter months in warmer climates (Florida and North Carolina). Thus a geographic distribution of participating providers is critical. A zip code listing of the member locations is available electronically at [http://www.ct.gov/trb/lib/trb/formsandpubs/Trb\\_Zips.xls](http://www.ct.gov/trb/lib/trb/formsandpubs/Trb_Zips.xls) as an excel file. While the majority of members entering the program are married the older portion of the population becomes more female as time passes given the propensity for teachers to be female and the substantial difference in longevity between the genders. In addition to members located across the United States there are a number of members that spend a considerable amount of time outside the United States. Such members do not have coverage for routine care nor may they receive non-emergency drugs outside the United States. A number of individuals do live primarily outside the United States and return to the United States for care and to replenish drug supplies.

## **XI. Plan Performance**

As the plan is excess of Medicare on the medical the prescription drug plan is the primary expense of the program accounting for approximately 55% of the base plan costs. The average age is 75.1 years old and there are significant drug expenses compared to an active employee group. The total and net drug plan spend over the last two and a half years is illustrated in Table 2.

<b>Table 2</b>				
<b>Gross and Net Drug Spend</b>				
<b>Period</b>	<b>Gross spend</b>	<b>Net Spend</b>	<b>Gross PMPY</b>	<b>Net PMPY</b>
1/1-6/3- 2013	\$27,216,546	\$19,898,904	\$2,664	\$1,956
1/1-12/31 2012	\$52,726,783	\$42,856,953	\$2,713	\$2,205
1/1-12/31 2011	\$50,127,479	\$40,383,505	\$2,814	\$2,267

Please Note: Six-month data is not directly proportional as the deductible is based upon a calendar year.

Table 2 demonstrates that the per unit drug costs have been declining. This is primarily attributed to the maintenance drugs, heavily used by seniors, coming off patent. Over the last five years the drug program has been heavily focused on encouraging the usage of mail order drugs and generics. Overall the effort has been successful. Costs increases per unit have been relatively modest over the last several years and have trended down over the last couple of years. Specialty drugs have, to some degree, been problematic composing an increasing share of the mix over the last several years. Table 3 outlines the recent trend for the major components of the plan.

<b>Table 3</b>		
<b>Pharmacy Trends</b>		
<b>Trend Element</b>	<b>Calendar Year 2011</b>	<b>Calendar Year 2012</b>
Gross Trend PMPM	-3.3%	-3.6%
Non Specialty Gross Trend	-4.5%	-3.5%
Specialty Gross Trend	12.5%	37.2%
Price Inflation	6.9%	2.3%
Utilization	-8.3%	-1.8%
Drug Mix	-1.3%	-4.0%

Table three demonstrates that costs have declined for non-specialty drugs while specialty drugs have increased substantially. Given that unit prices have increased, although at a lower level this did not result in unit cost increases because of the change in the mix.

Over the last two years the current vendor has experienced administrative difficulties that the Board believes has affected mail order utilization. Table Four indicates that there was an actual drop in the percentage of drugs provided through mail order between 2012 and 2013. This has reversed a long-term trend towards increased level of mail order services for the TRB. Given that there is a specific financial incentive for the use of mail order (5% of drug plan costs) there is an expectation that mail order will be a major component of the program. This provision is mitigated due to mail at retail provisions under CMS.

Table four provides a summary of plan operating parameters. The average age of participants continues to grow showing a half-year increase in the most recent one - year period. Table four also identifies the mail order and generic utilization. The use of generic drugs is encouraging and has been a major force in cost reduction. Spend by tier and source are also identified in Table four. The class's generic, name brand and non-formulary name brand are cross-listed by retail versus mail order delivery. These parameters all seem to moving in the right direction with movement towards less expensive substitutes growing. The only outstanding difficulty with current plan operation is the failure of the mail order program to achieve more share.

<b>Table 4</b>		
<b>Plan Parameters</b>		
	<b>2012</b>	<b>2013</b>
Avg. Eligible Users	19,000	20,404
Average member Age	74.6	75.1
Avg. Utilizers	71.3%	72%
Gross Cost PM	\$219	\$222



Net Cost PM	\$161	\$163
Member Cost Share	26.8%	26.9%
Single Source Brands	23.8%	20.4%
Multi Source Brands	1.8%	1.5%
Generic Dispensing Rate	74.4%	78.1%
Generic Substitution Rate	97.6%	98.1%
Total Scripts	580,920	630,306
% Retail	76.8%	77.9%
% Mail	23.2%	22.1%
Days Supply	104	103
Specialty gross cost PMPM	\$25	\$29
Specialty % Total Gross Cost	11.2%	13.1%
Specialty % of Total Scripts	.3%	.4%

### Mail Order and Generic Utilization Statistics

The top ten therapeutic classes listed by spend and members are identified in Table five. This utilization includes both retail and mail order delivery. The therapeutic class stability tends to be very high and spend appears to be primarily affected by changes in costs that are associated with patent expirations.

<b>Table 5</b>				
<b>Top Therapeutic Classes</b>				
<b>Rank</b>	<b>Previous Rank</b>	<b>Therapeutic Class</b>	<b>Gross Cost</b>	<b>Utilizing Members</b>
1	1	Antihyperlipids	\$7,552,066	10,702
2	3	Antidiabetics	\$3,782,269	2,489

3	2	Anti Asmatic	\$3,711,210	8,895
4	5	Ulcer drugs	\$3,692,149	2,614
5	4	Ophthalmic	\$3,080,856	4,845
6	7	Antineoplastic	\$2,139,509	4,327
7	11	Psychotherapeutic	\$2,001,359	665
8	6	Analgesics	\$1,907,041	775
9	12	Analgesics	\$1,845,552	2,993
10	8	Antidepressants	\$1,788,480`	4,124

Table six identifies the most common drugs categorized by the number of doses used by our members. The classes of drugs used have stayed relatively similar over time as the need for the drugs has stayed relatively constant. The only significant change here has been the level of drugs used in specific brands given the change in patent expirations. Statins are the most used drugs however the brand and cost has changed dramatically as the first and second drugs were previously the highest spend drugs (i.e. Lipitor and Zocor). Name brand drugs are identified in Bold.

<b>Table 6</b>			
<b>Most common Drugs by Doses</b>			
<b>Rank</b>	<b>Drug</b>	<b>Gross Cost</b>	<b>Total Users</b>
1	Atorvastatin Calcium	\$2,586,182	4,241
2	Simvastatin	\$128,412	3,147
3	Lisinopril	\$73,244	2,737
4	Metoprotol	\$647,644	2,448
5	Amlodipine	105,446	2,546

6	Hydrochlorothiazide	\$55,012	2,130
7	Atenolol	\$34,301	1,398
8	Omeprazole	\$136,371	1,849
9	Synthroid	\$46,390	2,009
10	<b>Crestor</b>	\$1,677,787	1,416
11	Levothyroxine Sodium	\$69,067	1,521
12	Furosemide	\$27,671	1,648
13	Metoprolol Tartrate	\$39,294	1,408
14	Warfarin	\$60,485	1,364
15	Tamsulosin	\$171,727	1,284
16	Metformin	\$47,835	1,150
17	<b>Nexium</b>	\$1,842,023	1,133
18	Losartan Potassium	\$202,235	5,737
19	<b>Diovan</b>	913,961	903
20	Pravastatin	\$38,629	927
21	<b>Synthroid</b>	\$149,353	2,009
22	Allopurinol	\$23,984	4,427
23	Pantoprazole sodium	\$147,875	902
24	Zolpidem	\$17,452	1,106
25	<b>Zetia</b>	\$775,045	634

Bold face denotes a brand name drug.

Table seven provides the top drug usage by cost. This list is dominated by name brand drugs with nine of the top ten drugs being classified as name brands. There are opportunities for cost reduction as some of these drugs, most notably Nexium, is

coming off patent. Again the Bold print signifies name brand drugs.

<b>Table 7 Drugs by Spend</b>			
<b>Rank</b>	<b>Drug</b>	<b>Gross Cost</b>	<b>Utilizers</b>
1	<b>Crestor</b>	\$937,724	1,321
2	<b>Nexium</b>	\$907,358	940
3	Atorvastatin	\$847,447	4,203
4	<b>Diovan</b>	\$529,497	836
5	<b>Revlimid</b>	\$509,289	14
6	<b>Advair Diskus</b>	\$472,433	539
7	<b>Zetia</b>	\$423,148	565
8	<b>Spiriva</b>	\$413,999	388
9	<b>Januvia</b>	\$405,662	343
10	<b>Cymbalta*</b>	\$381,276	342
11	<b>Enbrel</b>	\$372,518	32
12	<b>Namenda</b>	\$367,651	314
13	<b>Celebrex</b>	\$321,302	522
14	Metoprolol	\$299,629	2,338
15	<b>Pradaxa</b>	299,252	254
16	<b>Gleevec</b>	289,739	8
17	<b>Benicar</b>	261,649	449
18	<b>Evista*</b>	245,911	307
19	Losartan	239,093	1050

20	<b>Humira</b>	238,449	18
21	<b>Copaxone</b>	230,400	10
22	Clopiogrel	229,108	824
23	<b>Niaspan*</b>	205,992	220
24	Montelukast	196,223	615
25	<b>Lantus Solostar</b>	185,311	211

**Note:** Bold denotes name brand drugs; \* denotes a generic launch rate during 2013 or 2014.

## XII. State Contract Form

The State Attorney General's office is the legal representative of the Teachers' Retirement Board. As a result of that relationship they have prepared a standard contract that is to be used by potential vendors. We ask that you share this contract with your legal counsel to identify any potential issues. This should be done during the question period. An area is identified in the questionnaire to provide for response on the contracting issue. While the contract can be modified to reflect the nature of the agreement between the parties the Attorney General's office has shown limited flexibility with regards to some of the contractual provisions such as limits of liability and public disclosure of contract provisions. The TRB would like to identify firms that are able to agree to the provision put forth by the State. This contract may be accessed at [http://das.ct.gov/images/1090/Form\\_Contract\\_AGENCY.doc](http://das.ct.gov/images/1090/Form_Contract_AGENCY.doc)

This request for proposals is not a contract and shall not be interpreted as such. The TRB reserves the right to accept any or no proposals at its own discretion. Proposals will not be returned to firms.

### **XIII. Questionnaire**

**Instructions: Your responses to the questionnaire must be formatted using the following table of contents using the same sequence, followed by the forms and certificates specified in Appendix A:**

<b>Section</b>	<b>Title</b>
I.	Firm General Information
II.	Telephone/Internet Services
III.	Financials (Pricing)
IV	Installation
V.	Formulary Development
VI.	Geo Access
VII.	Managed Care Protocols
VIII.	Required Forms and Certificates

#### **I. Firm General Information**

1. What is the name and address of your Firm?
2. What is the location of your local office that would service the TRB Account?
3. What is the background of the Account representative that would provide services to the TRB account?
4. What is the background and training of the person that would be assigned as an account manager? Please include a biography/resume.
5. How many accounts would the account manager be assigned to other than TRB?
6. Please list the other types of members of the account management team providing services to an organization such as TRB.
7. If your firm is not publicly traded please provide us with the most recent annual financial statement.
8. Who or what parties own more than 5% of your firm? Please list any holders with more than 5% and what percentage they own?
9. How many employees do you employ within the State of Connecticut? Please include the number and percentage of total employees.

10. Please identify any claim, administrative, medical review or customer service process that is provided (if you were servicing this account) from an offshore location i.e. outside of the United States or Canada.
11. What is the primary business of your firm? If you are a subsidiary or division of a large firm please provide information on both.
12. What portion of your firm's business is devoted to prescription drug plan management?
13. Do you provide the full services associated with EGWP Programs within your firm or do you subcontract services?
14. If the answer was no to question 13 please identify the primary subcontractors and the role that they would play in providing services to customers such as the TRB.
15. How many prescription drug plan clients does your firm do business with?
16. How many members are serviced in prescription drug plans that your firm manages?
17. How many EGWP plans does your firm manage?
18. How many members participate in the EGWP plans that you service?
19. Does your firm administer your own PDD?
20. Does your firm have the ability to identify non-covered part D drugs in the claim system?
21. Does your firm collect these in the prescription drug event (PDE) data report?
22. Does your firm report PDE events to CMS directly or is there a separate reporting system firm that is subcontracted?
23. How often do you file the PDE with CMS?
24. Does your system provide for TRB to review member OOP and True OOP reports for members?
25. Identify three Medicare product clients that would serve as references for your firm's services? It would be preferable if they are: 1) Other state retirement systems, 2) Public entities, 3) More than 5,000 covered lives. Please identify their contact information.

26. Please identify three firms who have terminated your firms Medicare services during the last two years as well as their contact information.
27. What has been the growth rate in costs for EGWP programs that you manage after the conversion to an EGWP compared with your PPO population?
28. Please identify any current lawsuits between your firm and a customer or past customer.
29. Please identify any current regulatory actions against your firm by state or federal agencies.
30. Would TRB be able to provide enrollment updates in real time? How would that work?
31. Please provide copies of your standard report materials as well as a description of frequency of the reporting.
32. Please confirm that your firm has a successful SSAE16 and that you will provide a copy to TRB on an annual basis.
- 33 Please confirm that your contracts with suppliers purchased on behalf of TRB are available for review.

## **II. Telephone/Internet Services**

1. Where is the primary telephone service center located that would provide services to the TRB located?
2. What are the operating hours of such centers?
3. What hours does your firm normally provide telephonic services to clients?
4. If the service center hours are exceed by the service day, how are the telephone calls routed?
- 5 What are the secondary and if necessary tertiary call centers that provide the service once the primary service center is non-operating?
6. Are any of the service centers located outside the continental United States? Would they be involved with TRB? If so where are they?
7. What is the protocol associated with telephone calls being routed to secondary telephone service centers?



8. Within service centers is there a TTY service available?
9. Please explain the services center personnel training that is provided to deal with individuals who have age related deficiencies in perception and sensory limitations.
10. Given the size and scope of services need by the TRB how would the Service center staff be set up for receiving calls? This is a particularly important issue to TRB for two reason: 1) the TRB has a relatively unique benefit program where the member costs are based upon a percentage of the discounted cost of the program and 2) the TRB which is currently in an Account with the State employees retirement fund participants has difficulty with service based upon a lack of appropriate cross recognition of the differences in the plans between the two Connecticut state agencies.
11. What is the protocol for reaching a customer service representative?
12. Are the telephone systems voice activated with regards to responses by members or key based?
13. What is necessary to opt out of recording?
14. What is the average wait for an opt out to talk to a live person?
15. What is a peak hours wait for an opt out to talk to a live person?
16. How do you monitor customer service representatives for compliance and behavior?
17. If a member has a complaint about the behavior of a customer service representative how is the complaint made?
18. Will members have access to records through an Internet portal?
19. Please provide a graphic of the primary screens provided through such portal?
20. What is the password protocol for the Internet portal?
21. What records can be accessed from the Internet portal?
22. Can drugs be ordered from the Internet portal? How are thy billed?
23. How and where are physician scripts processed for mail order?
24. Where are the mail order centers?

- 25. Are mail centers 24/7 operations?
- 26. Is the portal opening screen customizable to the customer?
- 27. Are drug costs live on the web site for mail order prices?
- 28. Do customer service reps have live access to mail order pricing?
- 29. What is protocol if mail center does not have a drug in stock?

### **III. Financials (Pricing)**

Claim terms: Assume that the arrangement will be based upon a transparent full pass through of rebates for the retail, mail and specialty pharmaceutical products.

Plan prices will be based upon the lower of U&C, MAC or AWP discount guarantee based upon the guaranteed level.

Administrative fees are to be provided as the cost for the set of services outlined and are to be all encompassing to operate the program

For the specialty drugs please provide a list of all NDC number and discounts to AWP to be offered.

MAC list- Please provide the MAC list of drugs and price discounts used for calculation here.

Rebate Eligible product list. Please identify the expected level and expected amounts of rebates under this program. All fees associated with the collection of rebates must be in the monthly administrative costs.

<b>Pricing Assumptions</b>
1. Discounts across products are to be separable.
2. AWP is to Medi-span based.
3. Drugs dispensed at a retail pharmacy will be considered name brand or Generic not specialty

## Commissions

There are no commissions to be paid under this arrangement to any intermediary. Failure to comply with this provision will disqualify any potential proposer.

## Rebates

1. What is the expected level of rebates given the firm's rebating arrangements?
2. How are formulary rebates tracked and paid?
3. Does the firm guarantee pass-through acquisition price for mail order and complete pass-through of all manufacturer revenue?

## Pricing

The pricing section will be limited to self-insured proposals. All sections must be completed in full to be considered a conforming proposal.

### 1. Ingredient Costs and Dispensing Fee

- a. Please provide guaranteed costs (do not include managed care/DUR savings here) for the following acquisitions of drugs:

Name brand retail costs = AWP – Brand Name Discount **plus** Per Unit dispensing fee **minus** rebate.

- b. Please provide similar figures for mail order name brand, formulary, non-formulary and generic mail and retail costs.
- c. For MAC, please provide percentage MAC'd (use dollars as base) and MAC Discount, as well as dispensing fee.
- d. Please describe how any non-standard (e.g., biotech, specialty) drugs are to be priced.

## 2. Base Administrative Fee

Service to include package of requested services: Maintenance of in force, reporting package, issuance of cards, retrospective claim analysis, coordination of benefits, postage, issuance of cards, auditing pharmacies, managed care services, processing claim forms, maintenance of member balances, access to individual claim records and access of member to balances.

Please provide the following costs (if applicable):

- a. Per member per month or per script (please specify) = **\$X.XX**
- b. Additional services:
  - Extra Cards **\$XX**.
  - Claim detail **\$XX** per page.
  - Mailing to employees **\$XX** per unit per member.
  - Non-network fees per claim **\$X.XX**.
- c. Other additional services that are quoted separately (please explain with specificity).
- d. Performance Guarantees. Please describe the amounts the firm is willing to put up for performance guarantees in the following areas:
  - Generic substitution.
  - Call response time.
  - System response time.
  - DUR effectiveness.
  - Financial Accuracy.
  - Implementation satisfaction.

### **3. Transparency**

In an effort to ensure “transparency”—i.e., that all costs and revenues associated with the administration of the TRB’s prescription drug plan are accurately and fully disclosed—the selected vendor will be required to provide pricing information such as the actual acquisition cost of brand and generic drugs at retail or delivered via mail order.

- a. Please indicate whether the firm is prepared to comply with this requirement.
- b. In addition, please indicate whether compliance with this requirement to increase administrative costs and, if so, by how much.

### **IV. Installation**

1. Please provide a Gant chart of how the installation process would work given a January 1, 2015 start date.
2. Describe the process that your firm would use to install the account.
3. What is your member communication plan that you use for accounts?
4. What special allowances are made for accounts where the average age is over age 75?
5. What is your program outline for training TRB staff in your firm’s operating protocols?
6. Provide the data layouts that your firm would need for the various inputs during install.
7. Provide a glossary for data inputs.
8. Can you provide a CMS compliant transition for TRB?
9. Do you manage Medicare Part B drugs through your system?
10. Are you able to administer the CMS benefit for individuals eligible for the LICS program?

11. Describe your LTC pharmacy network program.
12. Confirm that your LTC pharmacy network program meets the requirements established by CMS.
13. Do you offer contracting terms to all providers that meet CMS minimum terms?
14. Does the Medicare plan conform to a CMS approved Medicare Compliance plan?
15. Do you operate under an ERISA type appeal procedure when administering governmental plans?
16. Do your internal policies and procedures conform to CMS part D requirements?
17. Do you provide contractual auditing requirements that conform to the HHS standard?
18. Do you have established procedures to deal with Fraud, Waste and Abuse (FWA)? Please outline such procedures and how you implement and monitor FWA in the plan operation.
19. Do you provide enrollment to CMS for PDPs or MAPDs?
20. Do you report quarterly rebates consistent with CMS standards?
21. Do you provide toll free access for member to provide information to providers about the Medicare pharmacy benefit provided herein?
22. Where is it staffed?
23. What are its hours?
24. What is the training of employees who staff the response staff?
25. Please identify what changes would be necessary to modify the TRB program to conform to EGWP plan provisions.

## **V. Formulary Development**

1. Please review TRB's top twenty-five drugs and identify the formulary status of each.
2. Please describe your process for evaluation of drugs for inclusion of formulary.
3. How often do you review formulary inclusion and how are changes communicated to members?

4. When formularies change how do you intervene in the process to encourage formulary compliance?
5. As TRB provides for blister packs for routine drugs provided to people with special need and care levels can your process accommodate these needs?
6. How are controlled substances handled?
7. How is it confirmed that the patient receives mail order drugs?
8. How do you field audit pharmacies?

## **VI. Geo Access**

1. Please provide us with a 1 and 2 within 5 miles analysis for members of the groups.
2. Please provide us an average distance to closest pharmacy analysis.
3. Please identify all member locations where your firm is unable to provide access within 10 miles.

## **VII. Managed Care Protocols**

1. Do you have a Medication Therapy Management program that is approved by CMS?
2. Please provide sample copies of your Medication Therapy Management programs.
3. Please provide a description of your quantity limits programs?
4. Under your early refill program do you have flexibility to manage the drugs doses provided on a dynamic basis (i.e. taking into account the member has on hand)?
5. Please describe the medications that are managed through your prior approval programs.
6. How does the appeals process for prior approval denials work?
7. Please describe your expedited appeals process?

8. Are you a licensed managed care provided in Connecticut as required by the CGS?
9. Please describe your genetic screening capabilities and programs (TRB currently operates a tamoxifen-screening program).
10. Please provide your firms' 2013 first level appeal results.
11. How long is the turnaround for your firm on expedited appeals? Use 2013 data.
12. How long is the turnaround for non-expedited appeal procedures?
13. How many expedited appeals are successful for the member?
14. How many non-expedited appeals are successful for the member?
15. What are the most common reasons for a member to have a successful appeal?
16. Provide the hours of operation for your pharmacy enrollment and coverage team.
17. Provide a sample of your standard report to support the annual Part D process.
18. Describe your ability to provide and maintain a CMS compliant formulary program for TRB.
19. Describe the support that you give the client during CMS audits.
20. Describe your firms' process for monitoring claims from excluded providers.
21. Describe the process for a member to get online and on phone confirmation of coverage or exceptions.

## **XIV Scoring Criteria**

The TRB will utilize the following criteria to assess the proposals that are submitted:

- A. Experience of the Vendor
- B. Experience/Background of the Individual Account/Service Manager
- C. Network of Pharmacies, Mail Order Services
- D. Guarantees (Claims Processing/Accuracy/Reports)
- E. Pricing: Fees/Rebates
- F. Financial Strength
- G. Accepting of Connecticut State Purchasing rules.



## Appendix A

### State Contracting Requirements

**The following forms and certificates must be submitted with your proposal following the questionnaire:**

Signed commitment letter reflecting an understanding of the RFP.

Authorization <http://das.ct.gov/Purchase/Info/DAS%2028.pdf>

Certification to comply with State of CT Contracting Requirements – included in Appendix A

Proposers Statements of Qualifications – included in Appendix A

Commission on Human Rights and Opportunities Notification to Bidders  
<http://www.ct.gov/chro/lib/chro/pdf/notificationtobidders.pdf>

OPM Nondiscrimination Certification  
[http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNav\\_GID=1806](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNav_GID=1806)

Gift and Campaign Contribution Certification  
[http://www.ct.gov/opm/lib/opm/OPM\\_Form\\_1\\_Gift\\_and\\_Campaign\\_Contribution\\_Certification\\_3-28-14.pdf](http://www.ct.gov/opm/lib/opm/OPM_Form_1_Gift_and_Campaign_Contribution_Certification_3-28-14.pdf)

Consulting Agreement Affidavit  
[http://www.ct.gov/opm/lib/opm/OPM\\_Form\\_5\\_Consulting\\_Agreement\\_Affidavit\\_3-28-14.pdf](http://www.ct.gov/opm/lib/opm/OPM_Form_5_Consulting_Agreement_Affidavit_3-28-14.pdf)

Affirmation of Receipt of State Ethics Laws Summary  
[http://www.ct.gov/opm/lib/opm/finance/psa/opm\\_ethicsform6\\_final\\_9-15-11\\_pdf.pdf](http://www.ct.gov/opm/lib/opm/finance/psa/opm_ethicsform6_final_9-15-11_pdf.pdf)

State Elections Enforcement Commission Form 10  
[http://www.ct.gov/seec/lib/seec/forms/contractor\\_reporting\\_/seec\\_form\\_10\\_final.pdf](http://www.ct.gov/seec/lib/seec/forms/contractor_reporting_/seec_form_10_final.pdf)

State Elections Enforcement commission Form 11  
[http://www.ct.gov/seec/lib/seec/forms/contractor\\_reporting\\_/seec\\_form\\_11\\_notice\\_only.pdf](http://www.ct.gov/seec/lib/seec/forms/contractor_reporting_/seec_form_11_notice_only.pdf) (Informational only)

Iran Certification  
[http://www.ct.gov/opm/lib/opm/OPM\\_Form\\_7\\_Iran\\_Certification\\_3-28-14.pdf](http://www.ct.gov/opm/lib/opm/OPM_Form_7_Iran_Certification_3-28-14.pdf)

# Standard Proposal Terms and Conditions

## Submission of Proposal

Page 1 of 4

1. Proposals must be submitted on forms supplied by the Agency and must be submitted no later than the date and time specified in the request for proposal. Telephone or facsimile proposals will not be accepted in response to a request for proposal.
2. Proposals received after the time and date of proposal opening specified in each request to propose shall not be accepted for consideration and shall be returned unopened. Proposal envelopes must clearly indicate the proposal number as well as the date and time of the opening of the proposal. The name and address of the proposer should appear in the upper left hand corner of the envelope.
3. Incomplete proposal forms may result in the rejection of the proposal. Amendment to proposals received by the Agency after the time specified for opening of proposals shall not be considered. An original and six (6) copies of the proposal schedule shall be returned to the Agency. Proposals shall be computer prepared, typewritten, or handwritten in ink. Proposals submitted in pencil shall be rejected. Persons duly authorized to sign said proposals on behalf of the vendor will sign all proposals. Unsigned proposals may be rejected. Errors, alterations or corrections on both the original, and six (6) copies, of the proposal schedule to be returned must be initialed by the person signing the proposal or their authorized designee. If an authorized designee initials the correction, there must be written authorization from the person signing the proposal to the person initialing the erasure, alterations, or correction. Failure to do so shall result in rejection of proposal for these items erased, altered or corrected and not initialed.
4. Conditional proposals shall be rejected. A conditional proposal is one, which limits, modifies, expands or supplements any of the terms and conditions and/or specifications of the request for proposal.
5. Alternate proposals will not be considered unless the request for proposal specifically mentions alternate proposals. An alternate proposal is one, which is submitted in addition to and is not dependent upon the proposer's primary response to the request for proposal.
6. In the event of a discrepancy between the unit price and the extension, the unit price shall govern. Prices should be extended in decimal form, not fractions, to be net, and shall include transportation and delivery charges fully prepaid by the Contractor to the destination specified in the request for proposal, and subject only to cash discount.
7. Pursuant to Section 10-412 of the Connecticut General Statutes, the State of Connecticut is exempt from the payment of excise, transportation and sales taxes and imposed by the Federal Government and/or the State. Such taxes must not be included in proposal prices.
8. All proposals will be opened and read publicly on the date specified in the request for proposal and, upon award, are subject to public inspection.
9. The proposer fully acknowledges and agrees with all of the terms and conditions contained in this Proposal Form, the accompanying request for proposal. Further, if the proposer is awarded a contract or the good and/or services called for in the request to propose, the proposer's signature on Proposal Form shall mean that the proposer shall be bound by and perform fully in accordance with all of the terms and conditions set forth in the request for proposal.

# Standard Proposal Terms and Conditions

## Submission of Proposal

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### Guaranty or Surety

1. Proposal and or performance bonds may be required. Bonds must meet the following requirements; Corporation-must be signed by an official of the corporation above their official title and the corporate seal must be affixed over the signature; Firm or Partnership- must be signed by all the partners and indicate they are "doing business as"; Individual- must be signed by the owner and indicated as "Owner". The surety Company executing the bond or countersigning must be licensed in Connecticut and the bond must be signed by an official of the surety Company with the corporate seal affixed over their signature. Signatures of two witnesses or both the principal and the surety must appear on the bond. Power of attorney for the official signing the bond for the surety Company must be submitted with the bond.

### Samples

1. The quality accepted proposal samples does not supersede specifications for quality in the request for proposal unless the sample is superior in quality. All deliveries shall have at least the same quality as the accepted proposal sample.
2. Samples are furnished free of charge. Proposers must indicate if their return is desired, which the Agency shall do provided that they are returned at the proposer's sole cost and expense, FOB RFP's destination, and that they have not been made useless by testing. If they are made useless by testing, the State may dispose of the samples as it deems to be appropriate. Samples may be held comparison with deliveries.

### Award

1. Award of a contract will be made to the most efficacious qualified proposer and shall be based on quality of the goods or services to be supplied, their conformance with specifications, delivery terms, past performance, and financial responsibility.
2. The Agency may reject any proposer in default of any prior contract of guilty of misrepresentation of any proposer with a member of its firm in default or guilty of misrepresentation.
3. The Agency may correct inaccurate awards resulting from clerical or administrative errors.
4. Proposers have ten days after notice of award of the contract to reject the award, after ten days the contract will be binding on the Contractor. If the Contractor rejects the award within the ten-day period, the Agency will award the contract to the next lowest responsible qualified proposer.

### Service Requirements

The Successful response to request for proposal will be expected to provide a comprehensive set of services to the State Teachers' Retirement Board and their members. The services are expected to include:

1. Experience operating an EGWP + Wrap program dealing in a CMS environment.
2. Electronic management of the eligibility and benefits system.
3. Maintenance of the in-force file (monthly modifications will be provided), issuance of cards, response to member concerns.
4. Maintenance of network.
5. Provision of paper and electronic provider directories.
6. Reporting of plan trends and utilization.
7. Assistance in annual ratemaking process.
8. Guaranteed phone/service center hours with responsive systems and personnel.
9. Provision of annual financial and Type II SAS/SAE 16 (SOC L) audits.
10. The Board expects that the proposer will provide outreach services to stakeholders in the TRB plan including attending meeting with Government Agencies, participants and future participants.
11. The Board prefers the proposer to provide service out of a Connecticut location.

# Standard Proposal Terms and Conditions

## Submission of Proposal

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### Other Requirements

1. Conn. Gen. Stat. 4a-81 (the "Act") requires that the request for proposal of which these Terms and Conditions are a part include a notice of the consulting affidavit requirements described in the Act. Accordingly, pursuant to the Act, proposers are notified as follows:
  - (a) No state agency shall execute a contract for the purchase of goods or services, which contract has a total value to the state of fifty thousand dollars or more in any calendar or fiscal year, unless the state agency obtains the written affidavit described in subsection (b) of this section.
  - (b) (1) The chief official of the proposer awarded a contract described in subsection (a) of this section or the individual awarded such contract who is authorized to execute such contract, shall attest in an affidavit as to whether any consulting agreement has been entered into in connection with such contract. Such affidavit shall be required if any duties of the consultant included communications concerning business of such state agency, whether or not direct contact with a state agency, state or public official or state employee was expected or made. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, proposer, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in resolution, introduction or requests for information or (C) any other similar activity related to such contract. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of Chapter 10 of the Connecticut General Statutes concerning the State's Codes of Ethics, as of the date such affidavit is submitted. (2) Such affidavit shall be sworn as true to the best knowledge and belief of the person signing the certification on the affidavit and shall be subject to the penalties of false statement. (3) Such affidavit shall include the name of the consultant, the consultant's firm, the basic terms of the consulting agreement, a brief description of the services provided, and an indication as to whether the consultant is a former state employee or public official. If the consultant is a former state employee or public official, such affidavit shall indicate his or her former agency and the date such employment terminated. (4) Such affidavit shall be amended whenever the proposer awarded the contract enters into any new consulting agreement during the term of the contract.
  - (c) If a proposer refuses to submit the affidavit required under subsection (b) of this section, then the state agency shall not award the Contract to such proposer and shall award the contract to the next highest ranked proposer or the next lowest responsible qualified proposer or seek new proposals.
2. Conn. Gen. Stat. 4-252 (the "Statute") requires that the request for proposal, of which these Terms and Conditions are a part, include a notice of the proposal certification requirements described in the Statute. Accordingly, pursuant to the Statute, proposers are notified as follows:
  - (a) The terms "gift," "quasi-public agency," "state agency," "large state contract," "principals and key personnel" and "participated substantially" as used in this section shall have the meaning set for the in the Statute.
  - (b) No state agency or quasi-public agency shall execute a large state contract unless the state agency or quasi-public agency obtains the written certifications described in this section. Each such certification shall be sworn as true to the best knowledge and belief of the person signing the certification, subject to the penalties of false statement.

# Standard Proposal Terms and Conditions

## Submission of Proposal

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- (c) The official of the person, firm or corporation awarded the contract, who is authorized to execute the contract, shall certify on such forms as the State shall provide:
  - (1) That no gifts were made between the date that the state agency or quasi-public agency began planning the project services, procurement, lease or licensing arrangement covered by the contract and the date of execution of the contract, by (A) such person, firm, corporation, (B) any principals and key personnel of the person, firm or corporation, who participated substantially in preparing the proposal or proposal or the negotiation of the contract, or (C) any agent of such person, firm, corporation or principals and key personnel, who participated substantially in preparing the proposal or the negotiation of the contract, to (i) any public official or state employee of the state agency or quasi-public agency soliciting proposals for the contract.
  - (2) Who participated substantially in the preparation of the proposal solicitation or request for proposals for the contract or the negotiation or award of the contract, or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.
  - (3) That no such principals and key personnel of the person, firm or corporation, or agent of such person, firm or corporation or principals and key personnel, knows of any action by the person, firm or corporation to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the person, firm or corporation to provide a gift to any such public official or state employee; and
  - (4) That the person, firm or corporation made the proposal without fraud or collusion with any person.
- (d) Any proposer that does not make the certifications required under subsection (c) of this section shall be disqualified and the state agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified proposer or seek new proposals.
- (e) The date that the state agency or quasi-public agency began planning the project, services, procurement, lease or licensing arrangement to be covered by the contract is on or after 25 January 2012.

CERTIFICATION TO COMPLY WITH STATE OF CT CONTRACTING REQUIREMENTS

I hereby certify that I have read the State of Connecticut contracting requirements contained in TRB RFP #2014-001 as well as the preapproved State of CT contract [http://das.ct.gov/images/1090/Form\\_Contract\\_AGENCY.doc](http://das.ct.gov/images/1090/Form_Contract_AGENCY.doc)

---

Print Company Name

is in a position to comply with all ST of CT contractual terms and conditions. (For consideration in this RFP process, this form must be signed by an individual authorized to bind the firm to contracts and returned with your proposal.)

---

Print Name of Authorized Signature

Date

---

Signature of Authorized Individual

Company Name

# Proposer's Statements of Qualifications

Page 1 of 3

This form will be used in assessing a proposer's qualifications and to determine if the proposal submitted is from a responsible proposer. Factor such as past performance, integrity of the proposer, conformity to the specifications, etc., will be used in evaluating proposals. Attach additional sheets if necessary.

Company Name:

---

Address:

---

Company has been engaged in business under this name: \_\_\_\_\_ number of years.

List any contract awards to your Company by the State of Connecticut within the last three (3) years that you actually performed service against. Indicate which state agency, and provide contract name and number and the name and telephone number of the purchasing agent administering the contract.

Contract Number	Contract Name	State Agency	Purchasing Agent	Telephone No.

List any contract awards to your Company by the State of Connecticut within the last three (3) years. Indicate which state agency, and provide contract name and number, and the name and telephone number of the purchasing agent administering the contract.

Contract Number	Contract Name	State Agency	Purchasing Agent	Telephone No.

List other names your Company goes by:

List at least three completed projects similar in nature to this REQUEST FOR PROPOSALS, which demonstrates your Company's ability to perform the required services.

Company Name and Address	Telephone No.	Dollar Value

## Proposer's Statements of Qualifications

Page 2 of 3

Company Name:

Size of Company or Corporation:

Number of Employees:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Is your Company registered with the Office of the Connecticut Secretary of State?  Yes  No

Registration Date, if available \_\_\_\_\_

List any relevant certifications, licenses, registrations, etc., which qualify your Company to meet the requirements of this proposal.

List any criminal convictions against your Company and any of your Company's officers, principal shareholders, directors, partners, LLC members and LLC managers.

List any administrative actions either pending review by the State or determinations that the State has made regarding your Company or any of your Company's officer, principal shareholders, directors, partners, LLC members or LLC managers. This would include court judgments, actions, suits, claims, demands, investigations and legal, administrative or arbitration proceedings pending in any forum. Include a listing of OSHA violations and any actions or orders pending or resolved with any state agency such as the Department of Consumer Protection, the Department of Environmental Protection, etc. Detail this information on a separate sheet of paper. Such information should be for the last three (3) years.

I hereby certify under penalty of false statement that all the information supplied is complete and true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_



## Proposer's Statements of Qualifications

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### PROPOSER DEBARMENT AND/OR SUSPENSION

Has the proposer, any Company official, or any subcontractor to the proposer, received any notices of debarment and/or suspension from contracting with the State of Connecticut, the Federal Government or any governmental entity?

NO

YES

The above-signed proposer further affirms and declares that neither the proposer and/or any Company official, nor any subcontractor to the proposer and/or any Company official has received any notices of debarment and/or suspension from contracting with other states within the United States.

NO

YES

If the above signed proposer, any Company official or any subcontractor to the proposer has received notices of debarment and/or suspension from contracting with the State of Connecticut, the Federal Government or any governmental entity, said notices must be attached to this document when submitting the proposal.

Number of notices attached: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

## **Appendix B**

Description of Current Plan

<http://www.ct.gov/trb/lib/trb/formsandpubs/SPD-WEB.pdf>

## **Appendix C**

Zip Code Listing of Participants

[http://www.ct.gov/trb/lib/trb/formsandpubs/Trb\\_Zips.xls](http://www.ct.gov/trb/lib/trb/formsandpubs/Trb_Zips.xls)