

# ATTACHMENT 13



**Department of  
Civil Service**

**Offeror Attestations Form RFP entitled: “Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers’ Compensation Prescription Drug Programs”**

A representative of the Offeror who is legally authorized to bind the Offeror must complete and sign the Offeror Attestations Form and provide all requested information.

<b>Name of Business Entity Submitting Bid:</b>		
<b>Entity’s Legal Form:</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____	
<b>No</b>	<b>RFP Ref.</b>	<b>RFP Requirement:</b>
1.	Section 1.8(1)	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> possesses <input type="checkbox"/> does not possess the legal capacity to enter into a contract with the Department.
2.	Section 1.8(2)	At time of Proposal Due Date, the Offeror represents and warrants that it: <input type="checkbox"/> possesses the authorization to conduct business in New York State. <input type="checkbox"/> does not possess the authorization to conduct business in New York State. <input type="checkbox"/> does not possess the authorization to conduct business in New York State, but the Offeror has filed an application for authority to do business in New York State with the New York State Secretary of State.
3.	Section 1.8(3)	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> attests <input type="checkbox"/> does not attest has completed, obtained or performed all registrations, filings, approvals, authorizations, consents and examinations required by any governmental authority for the provision of the delivery of Project Services (as detailed in Section 3 of this RFP) and agrees that it will, during the term of the Contract, comply with any requirements imposed upon it by law or regulation.

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4.	Section 1.8(4)	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> attests</li> <li><input type="checkbox"/> does not attest</li> </ul> <p>To have the capability to dispense all covered prescriptions, including Compound Drugs, through the mail service pharmacy process. The Offeror must attest that it either owns or has subcontracted, a currently operational facility(ies) with available capacity to fully administer the Program’s Mail Service Pharmacy Process. The Offeror must attest that it will be capable of processing all the Programs’ mail order prescriptions as of the Project Services Start Date. The Programs do not require the facility(ies) processing prescriptions under the mail service pharmacy process be within New York State. Any facility serving the Programs’ mail service pharmacy process must be registered with the NYS Education Department and meet all the requirements of Section 6808 of the New York State Education Law. The Offeror must recognize the full prescribing authority of medical professionals granted by NYS where allowed by state law.</p>
5.	Section 1.8(5)	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> attests</li> <li><input type="checkbox"/> does not attest</li> </ul> <p>has the capability to dispense Specialty Medications through one or more Designated Specialty Pharmacy(ies), for those Employee groups participating in the Specialty Pharmacy Program.</p>
6.	Section 1.8(6)	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> attests</li> <li><input type="checkbox"/> does not attest</li> </ul> <p>Have the ability to provide Point of Service prescription claims adjudication and pharmacy benefit management services for a minimum of five million (5,000,000) lives.</p> <p>Additionally, must provide a list of client organizations with the number of lives served through each client to clearly demonstrate that the Offeror meets the minimum requirement of five million (5,000,000) lives. In determining lives, the Offeror should:</p> <ol style="list-style-type: none"> <li>a. Include both at-risk and fee-for-service business;</li> <li>b. Include Medicaid business;</li> <li>c. Count all lives [i.e., DCS: an Enrollee, a Dependent spouse and two (2) eligible Dependent Children count as four (4) – NYSIF: Claimant (1)];</li> <li>d. Exclude any non-Pharmacy benefit management business;</li> <li>e. Exclude any mail service only lives; and</li> <li>f. Exclude any discount card program lives.</li> </ol>

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7.	Section 1.8(7)	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> attests <input type="checkbox"/> does not attest If named the Selected Offeror, possesses adequate staffing resources, financial resources, and organizational capacity to perform the type, magnitude, and quality of work specified in the RFP.
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<p>8.</p>	<p>Section 1.8(8)</p>	<p>At time of Project Services Start Date, Offeror represents and warrants that it:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> attests</li> <li><input type="checkbox"/> does not attest</li> </ul> <p>Has one Retail Pharmacy Network which covers the three individual components (DCS Commercial, DCS EGWP and NYSIF).</p> <p>The Offeror’s Retail Pharmacy Network must substantially maintain the composition of independent Network Pharmacies included in the Programs’ current Retail Pharmacy Network. Substantially maintain the composition shall mean that an Offeror must include contracts with independent pharmacies accounting for seventy-five percent (75%) or more of the DCS Programs’ prescription drugs dispensed through independent pharmacies, based on the Informational Claims File for 2023. The files can be obtained by following the instructions included in <i>Informational Claims File – DCS and NYSIF</i> (Attachment 86), which requires that Offerors have the latest version of the IBM Aspera Web Plugin (Aspera Connect) to use the application.</p> <p>The Procuring Agencies are seeking a broad network for the DCS Commercial, DCS EGWP, and the NYSIF components. Therefore, Offerors may not exclude Chain Pharmacies (as defined in Attachment 15, <i>Glossary of Defined Terms</i>) in their Retail Pharmacy Network. If a Chain Pharmacy is not part of the Offeror’s proposed Retail Pharmacy Network on the Proposal Due Date, all Chain Pharmacies must be part of the Retail Pharmacy Network as of the Project Services Start Date.</p> <p>a. The Offeror’s proposed Retail Pharmacy Network must also meet the following minimum Retail Pharmacy Network access guarantees for each of the three individual component programs:</p> <ul style="list-style-type: none"> <li>i. Ninety percent (90%) of Enrollees in urban areas will have at least one (1) Network Pharmacy within two (2) miles of an Enrollee’s home;</li> <li>ii. Ninety percent (90%) of Enrollees in suburban areas will have at least one (1) Network Pharmacy within five (5) miles of an Enrollee’s home; and</li> <li>iii. Seventy percent (70%) of Enrollees in rural areas will have at least one (1) Network Pharmacy within fifteen (15) miles of an Enrollee’s home.</li> </ul>
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- b. To demonstrate satisfaction of subpart (a), the Offeror must submit all information required below based on the Geo-Coded Census file provided by the Procuring Agencies. The file containing the Enrollment by Zip Code and Geo Access network Report can be obtained by following the instructions, which requires that Offerors have the latest version of the IBM Aspera Web Plugin (Aspera Connect) to use the application, included in Attachment 22, *Enrollment by ZIP Code & Geo Access Network Report File*. Based on these files, the Offeror must submit with their Administrative Proposal the following:
- i. Attachment 20, *Offeror’s Proposed Retail Pharmacy Network Access Prerequisite Worksheets* for each of the three Programs;
  - ii. Offeror’s Geo Access Reports for each of the three component Programs to meet the access requirements specified in Section 1.8(8)(a) (See Attachment 18, *Offeror’s Proposed Retail Pharmacy Network File* and Attachment 22, *Enrollment by ZIP Code & Geo Access Network Report File*); and
  - iii. Attestation – The Offeror must attest that, as of the Project Services Start Date, it will hold executed contracts with all pharmacies identified in its proposed Retail Pharmacy Network File, Attachment 18, *Offeror’s Proposed Retail Pharmacy Network File* (See Attachment 19, *File Layout Specifications for the Offeror’s Proposed Retail Pharmacy Network File* for the file layout) for participation in the Programs’ Retail Pharmacy Networks commencing on the Project Services Start Date, that are consistent with the duties and responsibilities of the Offeror set forth in Sections 3.9 and 5.10. of this RFP. To fulfill this requirement, the Offeror may utilize executed, specific to the Programs, pharmacy contracts contingent on award and/or existing pharmacy agreements that can be made applicable to the Programs. The Offeror must also attest that it will have completed its credentialing process for all pharmacies included in that file. The Offeror must agree to provide documentation, including contracts, as required to demonstrate satisfaction of this requirement.

All Enrollees must be counted in calculating whether the Offeror meets the Retail Pharmacy Network access guarantees. No Enrollee may be excluded even if there is no

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		pharmacy located within the minimum mandatory access requirements.
7.	Section 1.8(9)	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> attests</li> <li><input type="checkbox"/> does not attest</li> </ul> <p>In addition to any provisions set forth in this RFP and the <i>Standard Clauses for New York State Contracts</i> (Appendix A), <i>Standard Clauses for All Department Contracts</i> (Appendix B, Exclusive to DCS), <i>General Specifications</i> (Appendix B-1, Exclusive to NYSIF), <i>Contract Provisions</i> (Appendix B-2, Exclusive to NYSIF), <i>NYSIF Vendor Security Survey</i> (Appendix B-3, Exclusive to NYSIF), <i>NYSIF Mutual Non-Disclosure Agreement</i> (Appendix B-4, Exclusive to NYSIF) <i>Information Security Requirements</i> (Appendix C, Exclusive to DCS), and <i>Participation by Minority and Women-Owned Business Enterprises: Requirements and Procedures</i> (Appendix D, Exclusive to NYSIF) and related to audit or the production of records, the selected Offeror must understand and indicate its agreement to maintain and make available, as required by the State, a complete and accurate set of books and records for review by the State. Such books and records shall include, but are not limited to, pharmacy contracts, manufacturer’s rebate agreements, detailed claim records, and any and all other financial records as deemed necessary by the State to discharge their fiduciary responsibilities to the Programs’ participants and to ensure that public dollars are spent appropriately.</p>
8.	Section 1.8(10)	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> attests</li> <li><input type="checkbox"/> does not attest</li> </ul> <p>Understanding and indicates its agreement to comply with all specific duties and responsibilities set forth in Section 3.2 of this RFP, entitled “Implementation Plan,” including Section 3.2(1)(d) requiring the Offeror to issue a financial guarantee supporting its commitment to satisfy all implementation requirements.</p>

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9.	Section 1.8(11)	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> attests</li> <li><input type="checkbox"/> does not attest</li> </ul> <p>Understanding and indicates its agreement that it has submitted as part of its Proposal, if so required by the RFP, or will submit all Transmittal letters, Statements, Formal Certifications and Exhibits as required in Section 2 of this RFP related to the Offeror’s compliance with all applicable Federal and State rules, laws, regulations and executive orders</p>
10.	Section 1.8(12)	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> attests</li> <li><input type="checkbox"/> does not attest</li> </ul> <p>Understanding and indicate its agreement that it will execute the duties and responsibilities set forth in Section 3 of this RFP in strict conformance to the requirements described in that section of the RFP.</p>
11.	Section 1.8(13)	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> attests</li> <li><input type="checkbox"/> does not attest</li> </ul> <p>Understanding and indicate its agreement to that it has the ability to adjudicate all Point of Service claims under the Programs using the applicable Copayments (DCS only) for Brand and Generic Drugs as described in Section 3 of this RFP.</p>
10.	Section 1.8(14)	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> attests</li> <li><input type="checkbox"/> does not attest</li> </ul> <p>Understanding and indicate its agreement that as of the Proposal Due Date, the Offeror has current Utilization Review Accreditation Commission (URAC) accreditation in the area of Pharmacy Benefit Management.</p>



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CERTIFICATION: The Offeror: (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; and (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete

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

PRINT SIGNATORY'S NAME: \_\_\_\_\_ Date \_\_\_\_\_

INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGMENT  
STATE OF }

Sworn Statement:

COUNTY OF }

On the \_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_, before me personally appeared \_\_\_\_\_, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he maintains an office at Town of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_; and further that:

\_\_\_\_ (If an individual): \_he executed the foregoing instrument in his/her name and on his/her own behalf.

\_\_\_\_ (If a corporation): \_he is the \_\_\_\_\_ of \_\_\_\_\_ the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, \_he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

\_\_\_\_ (If a partnership): \_he is the \_\_\_\_\_ of \_\_\_\_\_, the partnership described in said instrument; that, by the terms of said partnership, \_he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

\_\_\_\_ (If a limited liability company): \_he is a duly authorized member of \_\_\_\_\_, LLC, the limited liability company described in said instrument; that, \_he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public \_\_\_\_\_ Date: \_\_\_\_\_