



## Written Questions and Answers

MEDICARE ADVANTAGE FOR UK & TRS

UK-2495-25

Closing Date: 04/22/2025

Today's Date: 03/11/2025

No.	Question	Answer
1	Does the University have an anticipated timeline around the competitive negotiations outlined in section 6.3 of the RFP and an estimated date for a final decision?	<p>We anticipate that finalists will be named the week of May 5<sup>th</sup>, with finalist meetings taking place the week of May 12<sup>th</sup>.</p> <p>The approximate contract award date is the week of May 19<sup>th</sup>.</p> <p>The dates are approximate and subject to change. Any change in date will be communicated via an addendum from the UK Procurement office.</p>
2	Regarding Attachment A, Section V. Q35-37 how many TRS of KY retirees have volunteered to participate in the Pharmacogenomics program offered by TRS as of 1/1/2025?	Approximately 10,500.
3	On the Medicare Retiree experience data reports can you confirm that the Total CMS Revenue values are after sequestration.	Confirmed
4	Please provide a census file with 5-digit member zip codes broken out for the Commercial and EGWP populations; this is required to respond to 4.5 Minimum Requirements, Question 6 (a)-(f), in Attachment A.	"TRSoFKY_Data 2024 revised 2025-02-19 – Final". This file will be emailed separately.
5	Please confirm that the intent of this RFP is to fully replace the current Medicare Advantage MA plans through UHC and that the respective Part D EGWP plans are carved out and will not be included in the scope of any and all requests	Confirmed.

<p>6</p>	<p>Please confirm if the 4,901 Kentucky Teachers Retirement System members who have “waived” coverage and re-enroll in future open-enrollments, or if this waiver applies indefinitely</p> <p>If they are allowed to re-enroll, please include these members on the requested census along with a tag to denote that they have waived coverage</p>	<p>Members can enroll, after initially waiving coverage.</p>
<p>7</p>	<p>Based on the request to integrate with TRS and UK sponsored clinical programs and counseling programs (pharmacogenomics, Medication Therapy Management) through the KYRx Coalition; please provide more details surrounding the scope of these programs</p>	<p>There is not an intent to integrate clinical programs for TRS and UK. The MTM and pharmacogenomics programs are maintained separately for each entity.</p> <p>We have provided a brief explanation of the Pharmacogenomics program (see below / end of this document). Medication Therapy Management is managed through the KYRx relationship.</p>
<p>8</p>	<p>The questionnaire includes a tab labeled “Annual Financials” which looks to be dated as it requests rate build-ups for 2023-2026; please confirm if Vendors can omit this tab and complete the tabs labeled.</p>	<p>This tab should be ignored.</p>
<p>9</p>	<p>Provide the current level of employer contributions including whether it varies by plan or other member eligibility criteria for both the University of Kentucky and Kentucky Teachers’ Retirement System</p> <p>If it varies what is the average level of contribution provided to the entire Medicare eligible population in addition to the detailed employer contribution information.</p>	<p>This information for TRS is included in the proprietary files that UK Procurement provided upon receipt of the Intent to bid email. If you have not returned the intent to bid email to the person listed in section 3.2 of the RFP, please do so.</p> <p>For UK, the MA plan is available to retirees who retire at age 65 with at least 5 years of service, or retirees who retired early with 15 years of service + age = 75, who later reach age 65. The subsidy for the plan (\$180 towards the \$200 Rx cost) is available only to retirees who were hired at UK prior to 1/1/2006 and have at least 15 years of consecutive service.</p>

10	Should our quote include commissions, administrative fees, or consultative fees?	No. Quotes are to be provided on a "net of commission" basis.
11	Are there onshore service requirements?  If so, please advise if it's acceptable to onshore only member facing services, member and provider facing services, or if there are requirements to onshore additional (or all) functions.	The preference is to onshore all functions. This can be discussed in a finalist meeting.
12	Please provide a scoring matrix including evaluation criteria and point scale.	See Section 5.0 Evaluation Criteria Process, of the RFP.
13	Based upon the request to provide a gain sharing agreement; please confirm if any of the current incumbents have a gain sharing agreement with UHC Plan Sponsor? If yes, please provide the calculation, MLR triggers, payout method and confirm if any payouts have been received historically.	There is a current gain sharing agreement and payments have been received. Terms and conditions of the gain share agreement are considered confidential.
14	Please confirm if bidders will be permitted to ask for additional clarification and/or data based upon the responses received after Q&A.	Carriers may ask questions about any new information or data received.
15	Please provide a member-level census including the following: Date of Birth (MM/DD/YYYY), Gender, Zip Code  Either a separate file for the University of Kentucky / Kentucky Teachers' Retirement System and/or an indicator to tag each member\  Medicare Part A & B vs Part B Only eligibility indicator.	This information is not available. Plans should be rated with the information provided.
16	In some instances, carriers may wave prior authorization in an effort to simplify the procedure process. Please advise which benefits or procedures, if any, include prior authorization and which benefits or circumstances would the current carrier waive prior authorization for?	TRS and UK defer to Medicare compliance guidelines for prior authorizations.
17	Please provide the latest 24 months of medical claims, including corresponding member counts by month for each product/plan (split and/or separate files for UK and KTRS).	Experience has been provided to the extent that we have. This was distributed by UK Procurement, upon receipt of the intent to bid email. If you have not provided your intent to bid to the person listed in Section 3.2 of the RFP, please do so to gain access to these files.

<p>18</p>	<p>Medicare eligible retirees only. Claims should exclude under 65 spouses/dependents and non-Medicare eligible retirees.</p> <p>For all of the claim files, confirm if claims are paid or incurred.</p> <p>For all of the claim files, what is the paid through date? Has a completion factor been applied?</p> <p>For all of the Medicare Advantage medical claim files, please confirm if the claims include additional costs such as:</p> <p>Capitation</p> <p>Non-Medicare Covered Fee-for-Service Costs Included but limited to:</p> <p>Hearing aid allowance</p> <p>Routine/Non-Medicare Covered Acupuncture Services</p> <p>Non-Medicare Covered Foot Orthotics/Shoes/Inserts</p> <p>Wigs, Routine/Non-Medicare Covered Podiatry Services, Post-Discharge Home delivered meals, Post-Discharge Transportation, Post-Discharge In-Home Support care/personal care services, Personal Emergency, Response System, Fitness Programs, Diabetes Support, Program Premium, Healthy Lifestyle Coaching, Steady Together Program, Clinical/Quality/Disease Management Program Costs, Fitness/Travel Programs, IBNR, Part B Rx Claims, Part B Rebates</p> <p>Provider collab/VBC/P4P bonuses</p> <p>Were there any benefit changes from the provided claim period to the current year.</p>	<p>Incurred.</p> <p>October 2024, and includes all completion factors.</p> <p>Confirmed.</p> <p>Hearing Aid Allowance: Confirmed to the extent of coverage by the plan.</p> <p>Routine / Non-Medicare Covered Acupuncture Service: Confirmed to the extent of coverage by the plan.</p> <p>Non-Medicare Covered Foot Orthotics / Shoes / Inserts: Confirmed to the extent of coverage by the plan.</p> <p>Wigs, Routine / Non-Medicare Covered Podiatry Services, etc. . . Confirmed to the extent of coverage by the plan.</p> <p>Confirmed.</p> <p>No benefit changes.</p>
<p>19</p>	<p>Please provide the corresponding 24 months of medical risk scores and CMS Revenue payments for each of the Medicare Advantage plans.</p> <p>Please indicate if the risk scores and CMS Revenue payments include mid-year and final reconciliation adjustments.</p> <p>Please indicate if the CMS revenue payments are net of sequestration.</p>	<p>These have been provided in the proprietary information files that were distributed upon receipt of intent to bid documents.</p> <p>"TRSoFY_Data 2024 revised 2025-02-19.zip will be emailed separately.</p> <p>CMS revenue does not include any adjustments. Risk scores are adjusted for 2022 and 2023 data. 2024 is not adjusted.</p> <p>Confirmed.</p>

20	<p>Please provide the most recent MMR file.</p> <p>Please provide the most recent MOR file.</p>	<p>The December MMR has been provided. The MOR will not be provided.</p> <p>See files mentioned in answer to Question #19.</p>
21	<p>Census information with DOB, gender, zip code, Medicare eligible indicator, benefit plan designation, Part A or Part B indicator, retiree group designation – provided separately for UK and TRS plans. The TRS census does not include the zip code. While this is 100% credible, and they did provide revenue and risk score information, census zip codes allow us to perform adequacy testing on the population</p>	<p>See answer to Question #4.</p>
22	<p>A minimum of 24 months of monthly claims data and member enrollment counts for each month – provided separately for UK and TRS plans</p>	<p>TRSoFky_Data 2024 revised 2025-02-19.zip</p> <p>UK_Data 2024 revised 2025-02-19./zip</p> <p>These files will be emailed separately.</p>
23	<p>Designation of the experience being incurred or paid.</p> <p>Does the data have completion factors applied?</p>	<p>Incurred.</p> <p>Completion factors have been applied.</p>
24	<p>Does the experience data include capitation or non-benefit expenses; if so, what is the PMPM value? We find that UHC monthly medical claims usually include non-benefit expenses (med management); can you please confirm that this is included in the monthly claims data and the PMPM?</p>	<p>See answer to Question #19.</p>
25	<p>Confirmation that the experience data does not include early retirees</p>	<p>Confirmed.</p>
26	<p>MMR data for 2023 and 2024</p>	<p>The December 2024 MMR file has been provided.</p> <p>See files mentioned in answer to Question #19.</p> <p>Experience has been provided to the extent that we have. This was distributed by UK Procurement, upon receipt of the intent to bid email. If you have not provided your intent to bid to the person listed in Section 3.2 of the RFP, please do so to gain access to these files.</p>
27	<p>Average risk score for 2023 &amp; 2024 and Jan 2025 risk score – provide separately for UK and TRS plans. Is the Jan 2025 risk score available for both populations?</p>	<p>Average risk scores have been provided. The December 2024 MMR has been provided.</p> <p>See files mentioned in answer to Question #19.</p>

28	On the risk score data, do the 2024 values include a final settlement assumption? Is this available?	See answer to question #19.
29	2023, 2024, and 2025 MA premium rates	\$0 for UK / -\$12 for TRS
30	Please provide an updated TRS census that includes the Date of Birth field.	See answer to question #4.
31	The census provided for UK does not include dependent/spouse information. Please provide an updated census, which includes dependents/spouses with date of birth, gender, as well as ZIP codes.	UK is unable to provide this information.
32	<p>Current benefits appear to include \$0 Continuous Glucose Monitor (CGM) coverage.</p> <p>What are the current preferred and non-preferred CGM brands? Does the current CGM coverage include a prior authorization process or are they covered for all members in all circumstances?</p>	<p>UHC has a prior authorization process. Type 1 diabetics with a listed diagnosis do NOT require prior authorization. All other requests, including those for Type 2 diabetics, require prior authorization.</p> <p>UHC does not have preferred or non-preferred brands for CGM's.</p>
33	<p>Regarding the UK Medicare Eligible Provider Utilization Data spreadsheet, the "Facilities 2024" tab contains additional columns the other tabs in that spreadsheet and the TRS Provider Utilization Data spreadsheet do not contain: Number of Unique Claimants, Number of Claims Processed, Total Allowable Claims, Total Paid Claims.</p> <p>Please confirm this was intentional or provide updated Provider Utilization Data spreadsheets with these columns included for all tabs.</p>	The additional information was not intended to be included. No other information will be provided.
34	<p>Section 3.6 indicates that both Technical and Financial proposals are required for final submission. However, Section 4.1 indicates proposals should be organized into the sections identified below: Signed Authentication of Proposal and Statement of Non-Collusion and Non- Conflict of Interest Form Transmittal Letter Executive Summary and Proposal Overview Criteria 1 - Offeror Qualifications Criteria 2 - Services Defined 4.6 Criteria 3 - Financial Proposal 4.7 Criteria 4 - Evidence of Successful Performance and Implementation Schedule 4.8 Criteria 5 - Other Additional Information</p> <p>How would UK and TRS like the Technical and Financial proposals separated for hard copies and USB copies, given the organizational requirements outlined above?</p>	Criteria 3 should be separate from all other criteria.

<p>35</p>	<p>Section 4.3 indicates a statement should be included on the transmittal letter indicating the offeror's proposal shall remain valid for six (6) months after the closing date of the receipt of the proposals. However, Section 2.5 of the Instructions to Bidders document (instrbidpurch.pdf) states "All bids will be considered firm for a period of forty-five (45) calendar days from the bid opening date."</p> <p>Please confirm which timeframe is accurate for this requirement.</p>	<p>The six (6) month time frame is accurate.</p>
<p>36</p>	<p>What percentage of members of the population has already taken the initial gene lab test panel/Genetic Testing with Coriell Life?</p> <ul style="list-style-type: none"> <li>• Is there a plan year or lifetime benefit limit to the number of pharmacogenomic tests a member may have?</li> <li>• How is the \$2.15 PMPM calculated? Is it for all TRS members or only those participating?</li> <li>• Is the per member cost (~ \$300 PM) of the pharmacogenomics program only per member requesting a new test OR per every member enrolled in the plan?</li> <li>• Out of the total UK and TRS retirees who have taken the gene panel test, how many had actual opportunities in 2024 for medication regime changes based on their pharmacogenomics program?</li> <li>• Is there any financial support of the Know Your Rx Coalition required by the MAO carrier beyond the ~\$300 PM cost plus the \$2.15 PMPM software fee for the Coriell Life pharmacogenomics program?</li> <li>• How is data currently uploaded on behalf of TRS and integrated in the EHRs of the providers submitting claims to the MAO on behalf of TRS and the Know Your Rx Coalition?</li> <li>• Are there many provider groups on different EHRs that would need to receive this genetic information?</li> <li>• Which EHRs are currently receiving genetic information from this program?</li> <li>• Please explain how the negative MA premium dollars are used to offset the Part D EGWP premiums? What is the mechanism used for this? What is the process to complete this?</li> </ul> <p>Please share the database maintenance and management reporting requirements referenced in this item.</p> <ul style="list-style-type: none"> <li>• <b>Item 1:</b> The link included in this item directs the user to the UK Financial Services webpage, rather than the referenced form. Can this form please be provided for review?</li> <li>• <b>Item 2:</b> Is it the correct understanding that, while Payment Plus is the default payment system, payments will also be made by check?</li> <li>• Is Payment Plus part of Payment Works, referenced in Section 3.20?</li> </ul>	<p>Approximately 10,500 out of 38,000 members.</p> <p>The intent is 1 per lifetime.</p> <p>PMPM fee is for only those participating.</p> <p>The \$300 PM fee is a one-time per participant fee.</p> <p>UK does not participate in the pharmacogenomics program – only TRS does. The medication regime changes are irrelevant to this RFP.</p> <p>No additional financial support is required.</p> <p>Data is not currently uploaded to the EHR's.</p> <p>There is no information shared from the results of the pharmacogenomics testing to the MAO and/or providers other than what the member and Know Your Rx pharmacists provide.</p> <p>TRS is aware of the compliance for properly offsetting negative premiums against the Part D EGWP overall cost. Specific accounting details can be shared if relevant to the proposal.</p> <p>Item 1 – the link is for further information only.</p> <p>Item 2 – Yes</p> <p>No</p>

37	<p>Does TRS have an in-person onsite service representative today? If so, how many onsite staff are requested? What are the roles of these onsite staff? What types of work does the onsite staff address for TRS?</p> <p>Concerning the account management and operational teams for TRS and UK- should they be the same team or completely separate teams to support each group?</p>	<p>TRS has one on-site service representative, employed by the current carrier that provides member customer service and acts as liaison for TRS customer service representatives.</p> <p>Each account should be treated separately. We are agnostic as to whether that is by the same team or different teams.</p>
38	<p>Please clarify how the contract in Q 18 differs from that referenced in Q 17.</p> <p>If the contract in Q 18 is different than the contract listed in Q 17, please provide a link to the standard administration contract for bidders who are not currently under contract with UK and TRS for these services.</p>	<p>This is a duplicate question. Only answer Q. 17.</p>
39	<p>What are the separate 2025 MA-only and PDP premiums for TRS?</p>	<p>PDP premiums will not be shared. MA – only premiums for TRS are (\$12).</p>
40	<p>Please provide separate MA-only and PDP premiums for plan years 2023 and 2024.</p>	<p>PDP premiums will not be shared. MA – only premiums for TRS are (\$12).</p>
41	<p>Did TRS have a negative MA-only premium? If so, please share amount for 2023, 2024, and 2025.</p>	<p>Yes, (\$12)</p>
42	<p>Did UK have a negative MA-only premium? If so, please share the amount for 2023, 2024, and 2025.</p>	<p>No.</p>
43	<p>Please provide separate MA-only and PDP premiums for plan years 2023 and 2024.</p>	<p>For UK, MA-only is \$0, for TRS, (\$12).</p> <p>PDP premiums will not be shared.</p>
44	<p>What gain share does TRS have in place with the current carrier? How is the gain share calculated?</p>	<p>This is considered confidential information. A gain share is currently in place.</p>
45	<p>What gain share does UK have in place with the current carrier? How is the gain share calculated?</p>	<p>This is considered confidential information. A gain share is currently in place.</p>
46	<p>The CMS Final Notice is scheduled for release no later than Monday, April 7, 2025, and we would then require time to review the impact of those policy changes and update our financial modeling. Consequently, we will <u>not</u> provide our financials until about April 24th. If we submit our RFP response by the March 27th deadline and then release our financial proposal on April 24th, would this lead to disqualification of our submission?</p>	<p>No.</p> <p>See the new “Received by date” on Addendum #3.</p>
47	<p>What current MA, MAPD, or PDP advocacy, if any, do you engage in as an organization?</p>	<p>Better Medicare Alliance; Public Sector Healthcare Roundtable; PCMA</p>
48	<p>What MA, MAPD, or PDP related trade or advocacy organizations are you currently members of?</p>	<p>Better Medicare Alliance; Public Sector Healthcare Roundtable; PCMA</p>
49	<p>Do you retain any federally focused lobbying consultants that represent you in Washington, DC?</p>	<p>No</p>



<p>50</p>	<p>We respectfully request the data below in order to complete our financial proposal:</p> <p>We respectfully request the data below in order to complete our financial proposal:</p> <p>Does the experience data include capitation or non-benefit expenses; if so, what is the PMPM value? We find that UHC monthly medical claims usually include non-benefit expenses (med management); can you please confirm that this is included in the monthly claims data and the PMPM?</p> <p>Average risk score for 2023 &amp; 2024 and Jan 2025 risk score – provide separately for UK and TRS plans. Is the Jan 2025 risk score available for both populations?</p> <p>On the risk score data, do the 2024 values include a final settlement assumption? Is this available?</p> <p>Please confirm that the Total CMS Revenue values are after sequestration.</p>	<p>See answer to question #19.</p>
<p>51</p>	<p>TRS of Kentucky has a negative premium for the MA plan. This negative premium is used to offset Part D EGWP expenses.</p> <p>Ability to incorporate and leverage the KYRx Coalition PBM proposed Part D EGWP rates to combine with the MA for an integrated MAPD offering to participants. Negative MA premiums will be used to offset Part D EGWP premiums.</p> <p>It seems UK and TRS have contracts with two separate carriers for your MA and EGWP plans. Please describe how the negative premium for the MA plan with your medical carrier is used to offset your EGWP fees with your PBM. Is there a separate arrangement between the two entities? Do both UK and TRS have zero premium medical plans?</p> <p>Please provide details of how the setup and administration of this works.</p>	<p>UK has a \$0 premium and TRS has a (\$12).</p> <p>Internal accounting is in place to manage the process to make sure that all accounting is following standards and processes and procedures to ensure the dollars are used to offset prescription drug costs for retirees.</p>

<p>52</p>	<p>Our supply chains and business partnerships are an important aspect of this work. In your proposal, please (A) provide your company's mission and vision relative to sustainability, and (B) how your company, through services, products, and partnerships, will help the University of Kentucky advance specific elements of the Sustainability Strategic Plan.</p> <p>Can UK please advise the version of the Sustainability Strategic Plan we should use to complete the request above? It seems there is a 2017-2022 plan online, as well as Guiding Principles for an updated Sustainability Strategic Plan. Is there a new version available that is not yet online? We want to make sure we adequately address those items that match up with UK's current areas of focus.</p> <p>Centralized member support via a toll-free telephone line 24-hours per day as described in Telephonic Customer Service Intake tab.</p> <p>Please advise the customer service hours available to UK and TRS retirees on their current plan.</p>	<p>The on-line information is the most current.</p>
<p>53</p>	<p>Will UK and TRS please provide dates for finalist interviews (if these will be conducted), the Best and Final Offer round, and final decision award?</p>	<p>Tentatively, these are scheduled for the week of May 5, but may change if needed.</p>
<p>54</p>	<p>Are there any administrative process changes or efficiencies that you do not have today but would like to see with our response?</p>	<p>The successful vendor will be flexible to any needs that are determined in the future, based on the everchanging landscape.</p>
<p>55</p>	<p>The Contractor(s) may not assign or delegate its rights and obligations under any contract in whole or in part without the prior written consent of the University. Any attempted assignment or subcontracting shall be void.</p> <p>With respect to Section 6.14 of the RFP, will UK and TRS consent at the time of contracting to the use by Contractor of the subcontractors Contractor uses in the ordinary course of business to perform its obligations under group contracts?</p>	<p>Yes, within reason. This will be discussed at the finalist stage. No offshoring services and data security would be permitted.</p>
<p>56</p>	<p>The purchase of printing services for all state agencies is governed by Chapter 57 of the Kentucky Revised Statutes. Specifically, all printing must be awarded to the lowest responsive bidder and approved by the Governor of Kentucky. In compliance with these statutes, all printing must be provided by a contract established by Procurement Services.</p> <p>Please advise what kind of materials are subject to this requirement – would it include everything such as ordinary course member letters, EOBs, etc., or a more limited subset of materials?</p>	<p>This section does not apply.</p>

<p>57</p>	<p>Would your company be willing to assign two (2) dedicated account team members to specifically work on UK and TRS's operational needs?</p> <p>Please advise if UK and TRS currently have two dedicated account team members assigned by your carrier for operational needs. If no, please explain the reason / rationale for the ask</p>	<p>We will handle each account separately. Each account should have a dedicated account management team.</p>
<p>58</p>	<p>Would your company be willing to "embed" at least one and up to four employees to work alongside TRS customer service employees at the TRS office in Frankfort KY?</p> <p>Please advise if TRS currently has embedded carrier employees in Frankfort. If no, please explain the reason / rationale for the ask. Would these employees be employed by TRS or your carrier? Would they be dedicated to the carrier's members? Please describe.</p>	<p>TRS has one on-site service representative, employed by the current carrier that provides member customer service and acts as liaison for TRS customer service representatives.</p>
<p>59</p>	<p>Would your company be willing to dedicate account members to accompany UK and TRS on all open enrollment group meetings held each year at vendors expense?</p>	<p>The current vendor provides in-person open enrollment support for each entity. The current carrier dedicates approximately 1-month for open enrollment meetings across the state for TRS and up to two weeks for UK.</p>
<p>60</p>	<p>Please advise if UK and TRS currently have dedicated account team members from your carrier for open enrollment group meetings. If no, please explain the reason / rationale for the ask.</p>	<p>The above resources are expected to continue with the selected carrier.</p>
<p>61</p>	<p>Does your company offer incentive "gift cards" to members to achieve certain health care activities and goals (i.e. for in home care visits)? List all possible health care activities and dollar amounts awarded for each including member fees associated with the gift cards.</p> <p>Do UK and TRS have an incentive gift card program in place today? If yes, please provide the health care activities and dollar amounts awarded for completion</p>	<p>There is an incentive program in place today.</p> <p>Details will be shared upon selection as a finalist.</p>
<p>62</p>	<p>Over the last two years, what has the utilization been for the pharmacogenomic panel? Are the pharmacogenomic panel costs included in the monthly claims data carriers received? Is each member eligible for this panel one time only?</p> <p>Please define the software fee of \$2.15 PMPM. What does this cover?</p>	<p>Approximately 10,500 members from TRS have participated. Each member is eligible one-time, as that is all that is needed.</p> <p>\$2.15 covers new drugs coming in to the system to bounce against the current DNA results in the system to establish efficacy of the medications taken by the member.</p>
<p>63</p>	<p>Please describe the transition of the pharmacogenomic program to UK and TRS' new carrier. What type of support, at implementation and ongoing, will be required?</p> <p>How will the information be exchanged between Know Your Rx and your medical carrier?</p>	<p>There is no transition.</p>

64	Are there any current benefits that you have today that are underutilized and could potentially be removed with this bidding?	No.
65	These tabs have the instruction that "Bidders should complete the entire sheet for the Plan listed in C14 (C13 in UK version)". There is not a plan name listed in cell C14 or cell 13 in any of these tabs, so please clarify what C14 and C13 refer to.	The plan name is listed in cell C19.

### **Description of Pharmacogenomic Program (Reference question #7 above)**

TRS of Kentucky has partnered with the Know Your Rx Coalition, who has a contract with Coriell Life Sciences, to offer its members a full and broad panel genetic test that identifies current known gene to drug, drug to drug, lifestyle to drug, and gender/age to drug variances. Genetic testing is performed by certified labs within Coriell Life Sciences. Once the lab runs the genetic test, the results are returned to Coriell Life Sciences for genetic interpretation and entered into Coriell Life Science's proprietary repository for dissemination to the Know Your Rx Coalition. The Know Your Rx Coalition then takes the results, creates a Medication Action Plan (MAP) and communicates the findings to the member and the member's physician through Medication Therapy Management Session(s). As a member's drug regime is changed over time, the gene test results are available to be accessed through Coriell Life Sciences to be used for future analysis by the member, the member's physician and the Know Your Rx Coalition pharmacists. The awarded MAO is to be supportive of this known science and the claims are to be processed as a standard of care for broad panel testing when allowed by Medicare. Also, the MAO will support and work to make the genetic information available in the electronic health record systems to providers submitting claims to the MAO on behalf of TRS of KY and the Know Your Rx Coalition.