

EXHIBIT K

REPORT K1: PHARMACY EXPENSE PROPRIETARY EXEMPTION REQUEST FORM

Contractor _____

Report Period: _____ through _____

DMAP requires Contractors to provide information for purposes of evaluating that, but for the Contract, would not be disclosed to individuals or entities outside of the Contractor's organization. Under ORS 192.501(2), DMAP may conditionally withhold from disclosure records that meet all four of the following criteria:

1. The information must not be patented;
2. The information must be known only to certain individuals within the organization and used for business the organization conducts;
3. The information must have actual or potential commercial value; and
4. The information must give its users an opportunity to obtain a business advantage over competitors who do not know or use it.

Indicate whether Contractor considers the following information submitted to DMAP under the Contract to meet all of the above listed criteria:

_____ Pharmacy Expense (K2)

_____ Notes to Pharmacy Expense (K2)

Signed _____

Print Name _____

Title _____

Date _____

Also reference: OAR 410-141-0020(2)(a) and 410-141-0180(5)(f)

Submit Report K1 along with Report K2 to:
OHP Actuarial Services Unit manager
500 Summer St. NE, E-26
Salem, OR 97301-1098

REPORT K2: PHARMACY EXPENSE

Contractor _____

Report Period: _____ through _____

Pharmacy Benefit Manager (PBM) _____

Report K2 is an annual requirement. The Report Period will include all data from the prior calendar year and the report is due March 31.

Submit Report K2 to:
OHP Actuarial Services Unit manager
500 Summer St. NE, E-26
Salem, OR 97301-1098

For the Report Period, provide information for the Contractor's 1) OHP Contract Line of Business and 2) Corporate Line of Business. If separate accounts are not kept for OHP Contract Line of Business, Contractor shall use an allocation methodology approved by DMAP to determine the information required for this Report. Contractor will describe the allocation methodology and assumptions in Notes to Report K2.

1. Provide a description of contractual arrangements with PBM, including:
 - a. The contractual discount percentage(s) from Average Wholesale Price (AWP) Contractor received from PBM during the Report Period and/or a summary description of the amount and type of any other pricing arrangements between Contractor and PBM not based on a percentage discount from AWP
 - b. The dispensing fees associated with each category or type of prescription (for example: generic, brand name).
 - c. The administrative fee paid to PBM by Contractor during the Report Period, including a description of the associated administrative fee for each category or type and a description of the amount and type of any other administrative fees paid to PBM by Contractor.
 - d. The total dollar amount of all pharmacy rebates, incentive programs, or other program refunds received by Contractor during the Report Period, by calendar quarter, and indicate if reported on cash or accrual basis.
2. Provide a description of the source data for the "amount billed" field submitted electronically with Pharmacy Data, as described in Exhibit M, Section II (C)(6). The source data will remain consistent for the Report Period.