



State of Rhode Island  
Department of Administration / Division of Purchases  
One Capitol Hill, Providence, Rhode Island 02908-5855  
Tel: (401) 574-8100 Fax: (401) 574-8387

## ADDENDUM # 1

RFP# 7590551

**TITLE:** Medical Plan Administration and Pharmacy Benefit Plan for State Employees

**SUBMISSION DEADLINE:** April 9, 2018 at 11:00 AM (Eastern Time)

**ADDENDUM DESCRIPTION:**

- A. Responses to Questions Received at 03/09/2018 Pre-bid Conference,
- B. Responses to Questions Received via email by 03/13/2018 at 05:00 PM ET, and
- C. 03/09/2018 Pre-bid Conference Sign-in Sheet

### A. Responses to Questions Received at 03/09/2018 Pre-bid Conference

1. **Question:** 2.D.3 Audited Financial Statements; [Vendor Name Omitted]'s financial statements for 2017 are releasing next month which won't be in time for this bid's submission. Is 2016's statement acceptable?

**Answer:** The requirement to provide audited financial statements is hereby stricken from the RFP. The State will require a contract clause from the selected bidder(s) giving the State the right to receive audited financial statements at any point during the life of the contract.

2. **Questions:** Technical proposal 100-page limitation: Please advise on the following:
- a. Double sided printing; does a double-sided printed page count as one page or two towards the 100-page limit?  
**Answer:** It counts as 2 pages to the 100-page limitation.
  - b. Do resumes and exhibits count towards the 100-page limit?  
**Answer:** No.
  - c. Do the questionnaires with related signature sections count towards the 100-page limit?  
**Answer:** No.

- d. For any bidder planning on bidding on both medical and pharmacy is it 100 pages total or 100 pages per medical and 100 pages per pharmacy?

**Answer:** If a bidder is planning to respond to both the medical and pharmacy plans, the State requires these bidders to submit two separate and distinct proposals. The medical and pharmacy technical proposals will each have a 100-page limitation.

- e. The questionnaires throughout the RFP have check boxes that are not formatted to place a check in. Is the vendor permitted to format accordingly or will the state provide an updated word version of the RFP with the needed formatting?

**Answer:** The State will not provide an updated Word version. The bidder can re-format or simply replace the box with an “X” to indicate their response in lieu of checking a box.

- 3. **Question:** We have down loaded the Medical and Rx. data from the flash drive and noticed that the Pharmacy Formulary list was missing. Would it be possible to send this in either Excel or a CSV file?

**Answer:** The State uses the standard CVS Caremark lists, and these are posted on our website under the “Drug Lists and Costs” tab. These lists do not provide tier information and are not available in an Excel or CSV file. The State is not requesting PBMs to match the current formulary; therefore, this file is not required.

- 4. **Question:** The Outpatient file is missing CPT codes however, these codes are on the Professional file. Will the state consider rerunning the Outpatient file to mirror the Professional file?

**Answer:** CPT codes don’t apply to some outpatient services. For those services they apply to, CPT codes were provided. For other services, UnitedHealthcare uses their codes to identify the services.

Alpha Codes	Description
MISC	Hospital miscellaneous fees
OPS	Miscellaneous fees/ <b>outpatient surgery</b>
EMERG	Miscellaneous fees/ <b>emergency</b> illness
Rx	Prescription drugs

MS	Medical supplies
SPV	Special visit (like nutritional counseling for example)
EMV	Emergency medical visit (like urgent care)
PSTE	Psychological testing
WB	DME/Prosthetics

5. **Question:** 2.D. Tier Network; is the tier on the entire network or selected services?  
**Answer:** The State does not feature a “Place of Service Tiering” product at this time. Please see the State’s questions regarding tiering on pages 29-30 of the RFP.
6. **Question:** Who on the state evaluation team, evaluates the ISBE proposals?  
**Answer:** Our Office of Diversity, Equity and Opportunity (ODEO) manages and evaluates the ISBE proposals and will determine how many of the 6 bonus points will be applied to the overall scoring. For further information, the Office of Diversity, Equity & Opportunity may be contacted at, (401) 574-8670 or via email Dorinda.Keene@doa.ri.gov
7. **Question:** 2.C.1 states no medical necessity however, will be needed if the state wants this as an option.  
**Answer:** The State is currently in the process of union negotiations. The no medical necessity provision may or may not continue as result of these negotiations. The selected vendor is expected to administer the negotiated plans.
8. **Question:** For bidders planning to bid on both medical and pharmacy, 3.D.3 has performance guarantees on pharmacy and not seeing this on medical. Which bucket would the performance guarantees when it comes to common needs between the two plan types (i.e., ID cards, call center requirements, PGS, etc.)  
**Answer:** Please complete 2.D.2 indicating the performance guarantees you are willing to agree to under the terms of your medical benefits proposal, and complete 3.D.3 indicating

the performance guarantees you are willing to agree to under the terms of your pharmacy benefits proposal.

9. **Question:** 3.C.2. confirm/define the 340B program.

**Answer:** A formal description for CVS's 340B program is not available. However, more generally, the 340B program is a federal program established under the Veteran's Health Care Act of 1992 and it requires drug manufactures participating in Medicaid and Medicare to provide drug purchase discounts, also known as 340B acquisition pricing, to federally subsidized medical providers.

10. **Question:** Appendix I, global non-facility; is this included in the repricing or not?

**Answer:** The question is not clear. We note that all claims are included in the repricing exercise. Claims should be repriced based on the directions provided and facility claims should be repriced with facility discounts and non-facility claims should be repriced with non-facility discounts.

11. **Question:** 3.C.1 Plan Design, what is the specialty tier? Appendix C has Tier 4. Appendix Rx-D has no tier. Please confirm tiers and what is in each tier.

**Answer:** There currently is no separate specialty tier; specialty drugs are currently covered the same as other generic and preferred/non-preferred brand drugs.

12. **Question:** Price guarantees on membership decreases clarification; 3.D.2.20 has 30%, 3.E has 15%; please confirm what the threshold is.

**Answer:** The threshold is 30% for both the medical and prescription drug contracts.

13. **Question:** Proposals will contain some proprietary and/or confidential information (i.e., financial statements, discounts, etc.). How will the state handle this information?

**Answer:** Vendors are expected to clearly mark the section(s) of their proposals that contain what they deem as proprietary and/or confidential information. The state's designated state review committee will confidentiality review all proposal materials. Post award, proposals shall be subject to Access to Public Records requests per regulations at <http://www.purchasing.ri.gov/documents/POLICIES%20AND%20PROCEDURES%20REGARDING%20ACCESS%20TO%20PUBLIC%20RECORDS.pdf> and <http://www.purchasing.ri.gov/RIVIP/publicdocuments/regulations/App%20A-General%20Conditions%20of%20Purchase.pdf>. If needed, the State will review any marked materials with the vendor that may not meet the state's definition of proprietary and/or confidential information before release to the public.

14. **Question:** 3.2.D, ID card mailings, are they to be issued digitally or physically?

**Answer:** ID cards must be physical cards.

## **B. Responses to Questions Received via email by 03/13/2018 at 05:00 PM ET**

1. **Question:** We have down loaded the Medical and Rx. data from the flash drive and noticed that the Pharmacy Formulary list was missing. Would it be possible to send this in either Excel or a CSV file.  
**Answer:** See response to A.3.
2. **Question:** Whether companies from Outside USA can apply for this? (like,from India or Canada)  
**Answer:** No. All data must remain within the USA.
3. **Question:** Whether we need to come over there for meetings?  
**Answer:** Yes.
4. **Question:** Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)  
**Answer:** No. All data must remain within the USA.
5. **Question:** Can we submit the proposals via email?  
**Answer:** No. See RFP section 7 for submission instructions.
6. **Question:** 1.A. Instructions and Notifications to Offerors. #8 – Will the hospital/physician discounts and claim reprice information requested in Appendix I of the Medical Administrative Services RFP be considered by the State to be in the category of financial information that is privileged and confidential in nature and not subject to public release (if marked as such)?  
**Answer:** See response to A.13.
7. **Question:** 1.A. Instructions and Notifications to Offerors. # 12/2.F. ISBE Proposal/3.F. ISBE Proposal. Does a vendor's ISBE Participation Rate need to relate to subcontracted work that will be leveraged as part of the contract award or can it relate to a vendor's overall work subcontracted to ISBEs.  
**Answer:** For further information, the Office of Diversity, Equity & Opportunity may be contacted at, (401) 574-8670 or via email Dorinda.Keene@doa.ri.gov.
8. **Question:** 2.A. Introduction. The RFP requests nationwide coverage. Would the State consider offering a regional network plan alongside a national network plan that would be offered only to those individuals residing outside of the plan's Service Area?  
**Answer:** The State's intent is that all participants enrolled in each of the plans offered by the State are enrolled in the same plan/product, regardless of whether they reside within or outside of the Service Area.
9. **Question:** 2.C.1. Plan Design. The RFP states that the signed "Plan Design form" should be included as an attachment to the transmittal letter. As no separate form was provided, is the State looking for bidders to create a form that incorporates the signature lines (in

the format provided), or is the State looking for us to just sign and include this page of the RFP document along with the transmittal letter?

**Answer:** Sign and include this page of the RFP document along with the transmittal letter.

10. **Question:** 2.C.1. Plan Design. Please define “Medical Necessity Requirement” and the scope of what is being requested in terms of administering a plan without this requirement.

**Answer:** Medical necessity requirement is defined here as a standard industry practice that uses prior authorization process to determine medical appropriateness and effectiveness of certain services. The State’s current health plan does not include a medical necessity requirement for such services (e.g., MRI, cardiac catheterization). See also response to A.7.

11. **Question:** 2.D.2. Required Performance Guarantees. Is the State looking for the all guarantees to be measured on a State-specific basis, or is a bidder’s book-of-business performance acceptable for certain guarantees?

**Answer:** Performance guarantees measured on a State-specific basis are preferred. The State recognizes that it may not be practical to measure some guarantees on a State-specific basis.

12. **Question:** 2.D.3.C. Health Management Programs. #27. Please clarify the meaning of “Health Survey”. Is this referring to a WellBeing Assessment (Personal Health Assessment)?

**Answer:** This is a general health assessment survey.

13. **Question:** 2.E.2. Claims Repricing Analysis. As we do not contract on a percent of charge basis for most providers, discounts are calculated from claims experience. The volume of 2018 claims is inadequate to support the calculation of credible discounts to apply to a reprice file to reflect March 2018 prices. Does the State have an approach in mind that would address this fairly common scenario?

**Answer:** In these instances, the bidder may expand the experience period to achieve credible discounts. The intent is to provide pricing that is as close to March 2018 as possible. The Bidder must note the methodology used in their response.

14. **Question:** 3.C.2. Current Clinical and Other Programs. The RFP states that the signed “Scope of Work and Requirements form” should be included as an attachment to the transmittal letter. As no separate form was provided, is the State looking for bidders to create a form that incorporates the signature lines (in the format provided), or is the State looking for us to just sign and include this page of the RFP document along with the transmittal letter?

**Answer:** Sign and include this page of the RFP document along with the transmittal letter.

15. **Question:** 3.E.1. Administrative Fees/3.E.2. Prescription Drug Pricing/3.E.3 Generic Drugs – Dispensing Drugs Guarantees/3.E.4 Specialty Pharmacy Pricing. The RFP states that a signed form should be included as an attachment to the RFP for each of these sections. As no separate forms were provided, is the State looking for bidders to create forms that incorporate the tables in each of these sections along with the signature lines (in the format provided)?

**Answer:** Sign and include this page of the RFP document along with the transmittal letter.

16. **Question:** 6.A. All Proposals. 6A 1 & 2. The RFP states that the signed Bidder Certification Cover Form and the completed Rhode Island W9 form need to be included in the original copy, but should not be included with the Technical or Cost Proposals. How should these forms be provided (e.g, sealed in a separate envelope, loose with the proposal response, together with a binder clip [per 6.D.2., which indicates that printed copies are to be only bound with removable binder clips])?

**Answer:** These two forms need to be separate from your technical or cost proposal(s). The vendor may provide in a separate envelope. Do not include any copies within the technical or cost proposals.

17. **Question:** 6.B. Medical Plan Administration Proposal.6.B.1./6.C. Pharmacy Benefits Plan Proposal. 6.C.1. The RFP states we need to provide two completed original and copy versions of the signed and sealed Appendix A. Is the state looking for two copies altogether (one original and one copy), or four copies altogether (two originals and two copies)?

**Answer:** If vendors are bidding on both the medical and pharmacy plans, the state expects two separate and distinct proposals. In turn, two (2) completed original and copy versions are to be provided for medical and two (2) completed original and copy versions are to be provided for pharmacy. The medical and pharmacy sets need to speak to their respective costs and ISBE footprints as they may vary and in the event only one of the two plans are awarded to a bidder bidding on both, the ISBE sets of forms need to be separate and distinct.

18. **Question:** 6.B.3. The RFP states that the Cost Proposal must be signed. Neither Appendix I – Cost Proposal Exhibits.xlsx nor Section 2.E.3. include signature lines (and the Cost Proposal does not include a Transmittal Letter). Please indicate where a signature is required.

**Answer:** Please sign anywhere there is reasonable blank space on the first page of all the applicable cost proposal exhibits.

19. **Question:** 6.3.C. The RFP states that the Cost Proposal must be signed. Are the signed requested forms in Section 3E sufficient to meet this requirement?

**Answer:** Please sign the forms as required and applicable in sections 2.E and 3.E. In addition, sign the initial page of any narrative document(s) and appendices/exhibits.

20. **Question:** 7. Proposal Submission or USB Drive Return. The RFP states that proposals should be mailed or hand-delivered in a “sealed envelope”. Can proposal responses, both originals and copies, be delivered together in a sealed box (marked “RFP#7590551”) provided anything that needs to be sealed separately (i.e., ISBE Participation Form, W-9 Form) is sealed separately within the box?

**Answer:** Yes.

21. **Question:** Pharmacy - Will the State please supply a current formulary file for this bid in the form of .csv or Excel file?

**Answer:** Please see response B.1.

22. **Question:** Pharmacy - With respect to prescription drug pricing (sections 3.E.2.1; 3.E.2.2; 3.E.2.3), please clarify the tiering for plan designs in these sections, with a particular focus on specialty. The sections reference Two and Three tier plans, but this reference does not match current State plan design as referenced in Appendix Rx-C, SORI Plan Design Summary.

**Answer:** The State’s pharmacy benefits currently utilize a three-tier plan design. There currently is no separate specialty tier; specialty drugs are covered the same as other generic and preferred/non-preferred brand drugs.

23. **Question:** Pharmacy - If different vendors are awarded the medical and pharmacy business, what is the frequency with which accumulator data will be interchanged to accommodate the HSA deductibles and OOP maximums? Is there a prescribed file layout that can be shared?

**Answer:** The data is expected to be interchanged on a daily basis. File layouts can be coordinated once vendors are selected.

24. **Question:** Pharmacy - Please confirm that requests made in pharmacy section apply only to pharmacy.

**Answer:** Confirmed.

25. **Question:** Pharmacy - In the section concerning a mid-contract term market check (3.D.2.4), please clarify the percentage threshold amount for rate change.

**Answer:** A percentage threshold amount for rate change is not being requested.

26. **Question:** Pharmacy - In section 3.D.2.9.h, please clarify if “multiple source” includes double source and/or triple source generic products. This requirement does not appear to match the requirement in 3.E.2.4.c.

**Answer:** The requirement is consistent with 3.E.2.4.c and the other questions pertaining to the Generic Drug definition, measurement and reconciliation. Generic Drugs include



single and multiple sources as well as Generic Drugs with limited and/or insufficient supply are all considered Generic Drugs.

1) Non-MAC, MAC, single-source and multiple source generic products are to be included in the generic guarantee measurement.

2) Drugs with an “Insufficient Supply” are included in the guarantees.

27. **Question:** Pharmacy - Please define ancillary charges in section 3.D.2.9.i and in section 3.E.2.4.1.

**Answer:** Ancillary charges, for example, would be the nursing charges that are associated with the specialty drugs.

28. **Question:** Pharmacy - Please verify 30% membership decrease stated in section 3.D.2.20, as it appears to conflict with 15% listed in question 3.E Cost Proposal #5.

**Answer:** See response to A.12.

29. **Question:** Pharmacy - Please confirm that the performance guarantees in section 3.D.3 (Vendor Accountability and Performance Guarantees) apply exclusively to pharmacy services.

**Answer:** Confirmed.

30. **Question:** Pharmacy - Please confirm if the “100% of calls to the State-specific toll free line shall be answered within 20 seconds (excluding IVR)” in section 3.D.3.16 is a measurement of call blockage, meaning 0% of calls are blocked.

**Answer:** The guarantee seeks 100% of calls to the State-specific toll free line to be answered within 20 seconds (excluding IVR).

31. **Question:** Pharmacy - In the section concerning mailing member materials (3.D.3.14), please define applicable member materials.

**Answer:** Any member materials that might reasonably be expected in the administration of a pharmacy benefits program.

32. **Question:** Pharmacy - In section 3.D.3.2 on ID Card Mailing, (“All ID cards will be mailed at least 10 days prior to the effective date and will be 100% accurate provided a valid eligibility file was received at least 15 days prior to effective date.”) do days refer to business or calendar days?

**Answer:** Business days.

33. **Question:** Pharmacy - Please confirm the frequency of claims billing referenced in section 3.D.4.9 for a vendor that is awarded both medical and pharmacy.

**Answer:** Please respond to 3.D.4.9 as it pertains to your pharmacy benefits proposal.

34. **Question:** Pharmacy - What therapeutic classes and/or drugs are required to be included within the report referenced in section 3.D.4.30.j?  
**Answer:** Typically for standard compliance reports, we see the following therapeutic classes: Diabetes, Hypertension, Hyperlipidemia, Heart Failure and Coronary Artery Disease.
35. **Question:** Medical -In 2.B.3, the State asks whether a vendor is willing to administer eligibility. Does this bid contemplate that the State would determine eligibility (such as common law spouses, domestic partners, etc), or would the vendor determine who is eligible for coverage?  
**Answer:** Vendor would not be required to determine eligibility but would be responsible for hosting an online enrollment platform capable of communicating with other vendors.
36. **Question:** Medical - In terms of eligibility, what would be the initial and ongoing eligibility method, what is the format and frequency of the eligibility file, and is the file in standard HIPAA 834 format or custom? If custom, can a file format be provided?  
**Answer:** No standard format exists – RFP seeks leadership in this area.
37. **Question:** Medical -Is a third party involved in sending eligibility files? If so, please provide the name of the vendor. Also, please provide additional details around expectations of the plan with regard to "administering" eligibility as to ancillary vendors such as dental and vision.  
**Answer:** No third party. State is seeking a vendor to provide an online enrollment platform that gives employees the ability to enroll in/change elections for medical/Rx, dental and vision all in one place. Resulting election files would be transferred to the State, pharmacy administrator (if different than the medical administrator), dental administrator and vision administrator.
38. **Question:** Medical - Please define the "support services" the State is looking for with regard to the approximately 900 Medicare – eligible and OPC/BOG retirees on Medicare Advantage and Medicare Supplement plans that will require coverage.  
**Answer:** Additional support services may include retiree education, marketing materials, etc. The logistics of these plans and required support will be negotiated with the winning medical bidder. Do not submit proposals for these plans with the medical proposal.
39. **Question:** Medical - In section 2.E.2, the physician discount worksheet specifically asks for Global Non-Facility only. It is our intention to include claims paid both with a Facility & a Non-Facility site of service. If this is incorrect, please let us know.  
**Answer:** Physician discounts should assume Non-Facility reimbursements only. Any claims paid with Facility site of service should be reflected in the hospital discounts chart.

40. **Question:** Medical - In section 2.E.2., the RFP instructions were different than the worksheet instructions for repricing. Which set of instructions should we use?  
**Answer:** The instructions are consistent with each other.
41. **Question:** Medical -In section 2.E.3, please confirm that the requested detailed claims files for data analytics will be ONLY for awarded business (medical or medical/pharmacy).  
**Answer:** Yes.
42. **Question:** Medical - The physician discount tab asks for global discounts, combined for facility and technical for radiology. It is our intention to include claims, such as radiology, which bill only a professional component, in addition to claims which bill both a facility and a professional component. If this is incorrect, please let us know.  
**Answer:** The approach summarized in the question above is correct.
43. **Question:** Medical - Please clarify what should be included in the requested year-end reconciliation in section 2.E.3 #17.  
**Answer:** In the event that a year-end reconciliation is needed, a “yes” response indicates the bidder is willing to work with the State to produce a mutually agreed upon format.
44. **Question:** Medical - Please clarify what is meant by Data Sharing in the Cost Proposal Grid in section 2.E.  
**Answer:** Data Sharing refers to providing detailed claims data for claims warehousing and vendor to vendor data sharing. If a fee applies, it should be indicated here.
45. **Question:** Medical - Please clarify what is meant by Pharmacy Coverage Credit (ie. anticipated rebate?) in section 2.E.  
**Answer:** If a vendor submits a proposal for both the medical and pharmacy plans, their initial cost proposals should be based on stand-alone pricing (i.e., being awarded only medical or only pharmacy) and the “Pharmacy Coverage Credit” line should be left blank. If a vendor proposes a lower medical administrative fee (or credit) in the event the vendor were awarded both medical and pharmacy components, the vendor may submit an additional exhibit with the “Pharmacy Coverage Credit”.
46. **Question:** Medical - Please clarify the statement in section 2.C.1 that provides for no “medical necessity requirement” in the State’s current plan design. Does this apply in the context of utilization management activities?  
**Answer:** See response to B.10.
47. **Question:** Medical - What type of testing documentation would the State expect to review to address quality control prior to the implementation of new programs or changes referenced in Section 2.D.2?

**Answer:** When programs are implemented or changed, the State expects that these changes will go through a quality control process prior to the effective date. The medical administrator will need to provide documentation that confirms/explains that this process was completed.

48. **Question:** Medical - Provide specific State definition of payment accuracy vs. financial accuracy (from section 2.D.2 that references financial accuracy of claims payments 99% and payment accuracy of claims payments 97%).

**Answer:** Payment Accuracy - The total number of claims processed without a financial variance is divided by the total number of claims reviewed. Financial Accuracy - The total paid dollars reviewed minus the sum of overpayments and underpayments are divided by total paid dollars audited.

49. **Question:** Medical - Please provide some examples of the types of messaging the State would want to include on EOBs in relationship to section 2.D.3 inquiring about the ability to customize messaging on POS EOBs specific to the State's plans.

**Answer:** There are no examples available. Indicate if the bidder is willing to work with the State in the event it decides to customize the messaging.

50. **Question:** Medical - In section 2.D.2, what is the preferred channel (e.g. email) meant to address "Notification of service outage (website, customer service, etc.) at maximum within 4 business hours and notification of outage resolution within 2 business hours"?

**Answer:** The preferred channel will be determined between the State and the winning bidder.

51. **Question:** Medical - Confirm State definition of "paper claim" in "90% of paper claims received from plan participants not requiring clarification processed within 10 business days" in section 2.D.2., i.e. 1500/UB04 claim form, Patient Submitted Receipt in section 2.D.2.

**Answer:** Paper claims are manual claims submitted by plan participants.

52. **Question:** Medical - Please provide a definition for "Not Requiring Clarification" in "90% of paper claims received from plan participants not requiring clarification processed within 10 business days" in section 2.D.2.

**Answer:** Claims that do not require additional information from the plan participant or provider in order to process.

53. **Question:** Medical - Please confirm if the "100% of all marketing materials, not specific to plan enrollees must be pre-approved by the State prior to distribution to plan enrollees" in section 2.D.2 includes phone outreach and automated messaging.

**Answer:** 100% of written marketing materials must be pre-approved. Phone outreach messaging or automated messaging via phone do not need to be pre-approved.

54. **Question:** Medical - In section 2.D.2 reference # O6, how does the State define “marketing materials,” and what qualifies as “not specific to plan enrollees”?  
**Answer:** Any general educational materials.
55. **Question:** Medical - Please confirm the frequency of claims billing for a vendor that is awarded both medical and pharmacy in section 2.D.3.  
**Answer:** See response to B.33.
56. **Question:** Medical - Section 2.D.3.A question 10 cites information and services clients may access via the Internet or through CRT interface. Please clarify what types of "information" the question is referring to, and the meaning of the acronym CRT.  
**Answer:** This question is soliciting bidders to provide what information the State can access remotely (e.g., from a computer).
57. **Question:** Medical - Section 2.D.3.E question 1 refers to Place of Service Tiering. Does the State see this as an enhancement/feature of the existing offerings or an additional product?  
**Answer:** See response to A.5.
58. **Question:** Medical - Section 2.D.3.E question 4 refers to a "tiered network." Is the State looking for tiering across the entire network, or only for select services?  
**Answer:** See response to A.5.
59. **Question:** Medical - Section 2.D.3.G requests an audited financial statement. The audited 2017 financial statement will not be available until a few weeks after the bid submission date. Would the state accept the unaudited financial statement for the bid with the audited statement to follow once available?  
**Answer:** See response to A.1.
60. **Question:** Can you please provide a member count by plan design?  
**Answer:** See ‘Appendix E - Claims and Enrollment Data.xls’, tab ‘Claims & Enrollment’.
61. **Question:** Can you please provide further detail around the number of drug exclusions under the CVS Standard Control Formulary? Can the full PDL be provided?  
**Answer:** Additional information regarding the CVS Standard Control Formulary is not available. See response to A.3.
62. **Question:** What is the current rebate arrangement? Will the plan consider alternate options other than 100% pass-through of rebates?  
**Answer:** Information regarding the current rebate arrangement is not being released. The State is not seeking alternative options to those requested in the RFP.

63. **Question:** When was the maintenance choice program implemented?  
**Answer:** January 1, 2017.
64. **Question:** Can you please provide NDCs for the top drug lists so we can accurately complete the requested analysis?  
**Answer:** The full Rx data includes the necessary NDC information
65. **Question:** Can the full Rx claims data be provided in excel format?  
**Answer:** The full Rx claims data is not available in excel format.
66. **Question:** The Check Boxes do not appear to work. Are Bidders allowed to re-format the document to insert check boxes?  
**Answer:** See response to A.2.e.
67. **Question:** For the questions that have check boxes, may the Bidder include a Word document with additional comments?  
**Answer:** See response to A.2.e, and bidders may add comments below the check boxes. Please note that aside from the changes allowed by responses to this question, A.2.e and B.83 of this Addendum, the RFP document should not be altered.
68. **Question:** “Pg 17. Question: Do you have a program available for subscribers who may have dependents living out of state temporarily or permanently? Describe program and how claims incurred are processed, including claims pricing.”
- Please clarify to what type of program the question is referring.
  - Is it in relation to the Network outside of Rhode Island?
- Answer:** The question is asking to provide the details of how the benefits are administered (in- versus out-of-network) and how the claims are priced/discounted for dependents of subscribers in situations when the dependents live out of state. Yes, this is in relation to the Network outside of Rhode Island. See also response to B.8.
69. **Question:** “Pg. 22 Are your services local, national, or international? (Check only one)
- a. Local only
  - b. National, some states\*
  - c. National, all states
  - d. National, all states plus international
  - \* Indicate the states you SERVE or DO NOT SERVE (whichever is shorter).”
- Please clarify what type of services the question is regarding. Network? Utilization Management? Note: This question is in the UM section.  
**Answer:** Both.
70. **Question:** PHARMACY BENEFITS PLAN – 6.D.2. Formatting of written documents and printed copies. b. All pages on the technical proposal and cost proposals are to be sequentially numbered in the footer, starting with number 1 on the first page of the narrative (this does not include the cover page or table of contents) through to the end,

including all forms and attachments. Will the State allow pre-printed, standalone exhibits to be excluded from the sequential numbering requirements (e.g., annual report, SOC 1 report, biographies, etc.)?

**Answer:** Yes. However, it is preferable to include a list of any stand-alone exhibits, resumes, etc. that the review committee can use as a reference.

71. **Question:** PHARMACY BENEFITS PLAN – 3.D.3: Vendor Accountability and Performance Guarantees - Ongoing Performance Guarantees - Payment Accuracy & System Performance - System Downtime: Will the State allow standard system maintenance and telecommunication failure/circumstances outside the PBM’s ability to control to be excluded from this performance standard?

**Answer:** Yes.

72. **Question:** PHARMACY BENEFITS PLAN - 3.D.3: Vendor Accountability and Performance Guarantees - Ongoing Performance Guarantees - Retail Pharmacy Turnover - Will the State pharmacies closed due to removal for fraudulent activities and/or due to store closings to be excluded from this performance standard?

**Answer:** Yes.

73. **Question:** PHARMACY BENEFITS PLAN - 3.D.3: Vendor Accountability and Performance Guarantees - Ongoing Performance Guarantees - Member Services - Phone Average Speed of Answer - The category for this Performance Guarantee states “average” but the standard states “100% of calls”. Please confirm the guarantee is requesting an average of 100% of calls within the requested timeframe. Will the State consider including IVRU within this performance standard?

**Answer:** The guarantee seeks 100% of calls to the State-specific toll free line to be answered within 20 seconds (excluding IVR).

74. **Question:** PHARMACY BENEFITS PLAN - 6.C. Pharmacy Benefits Plan Proposal - 6.C.2. Technical Proposal notes, “The technical proposal is limited to one hundred (100) pages (this excludes any appendices and as appropriate, resumes of key staff that will provide services covered by this request).” Will the State allow flexibility on the requested page limitation? The questionnaire section without responses added takes up nearly 40 pages. Bidders are requested to include annual reports and SOC 1 reports; please confirm these attachments are excluded from the page count. Can bidders respond to narrative questions by providing attachments rather than providing detailed responses within the table format of the Word document questionnaire? If so, can these be excluded from the page count and sequential page numbering request?

**Answer:** Bidders need to respond to questions within the table format of the Word document. See also response to A.2.

75. **Question:** The first paragraph of Section 1 of the RFP refers to the State’s General Conditions of Purchase, and advises those conditions are available at <http://www.purchasing.ri.gov/>. We reviewed this site, including searching for this term and were not able to locate the General Conditions. Could the State please provide a more specific link?

**Answer:** ‘Rules and Regulations’ and ‘Purchasing State Law’ are links found on the Division of Purchases’ website at [www.purchasing.ri.gov/bidinfo/geninfo/geninfo.aspx](http://www.purchasing.ri.gov/bidinfo/geninfo/geninfo.aspx).

76. **Question:** RFP Section 3.D.2.62 requires the PBM to defend claims litigation based on its decisions to deny coverage for clinical reasons. Can the State please advise how many suits have been filed against its plan over a decision to deny coverage for clinical reasons in the last three years?

**Answer:** None, to the best of our knowledge.

77. **Question:** 1.A Instructions and Notifications to Offerors & 3.D.1 Transmittal Letter, page 5, On page 5 of the RFP, it states proposals are considered to be irrevocable for a period of not less than 365 days following the opening date. However, section 3.D.1, states prices should be valid for 90 days from the date the proposal is opened. Can you please clarify?

**Answer:** Page 5 supersedes 3.D.1, and pricing should also be valid for 365 days following the opening date.

78. **Question:** 1.A. Instructions and Notifications to Offerors. #10b, page 6, Please confirm that at the time of proposal submission, we are not required to submit a contract compliance report, certificate of compliance, and monthly utilization report.

**Answer:** Correct, this is only required of the awarded vendor(s).

79. **Question:** 2.B.3. Service Profile, page 11, The RFP states the vendor will absorb the costs of communication. Can you please provide the number of communications sent per year. If possible, can you provide detail on whether they are considered standard or customized communications and the number of standard and customized communications sent per year?

**Answer:** The State uses its third party medical and pharmacy administrators to send communication materials to subscribers from time to time, but generally no more frequently than two/three times per year. These materials generally tend to be standard with minimal customization.

80. **Question:** 3.D.4.30, page 84, How many ad hoc users are you requesting verses standard report users?

**Answer:** The State currently needs reporting access for approximately five (5) people. The State will discuss with the winning bidder if different levels of access are required for different users.

81. **Question:** Multiple [section #], Multiple [page #], Regarding the various requested signature forms in the RFP, it states to include them as attachments. Should the signed forms be included as an additional attachment and subsequently not count toward the page limit?

**Answer:** Yes and see response to A.2.



82. **Question:** Section 1. Introduction, page 4, Regarding the monthly utilization report mentioned under section 1.a. instructions and notifications to offerors, can you please confirm this report does not apply to this project?

**Answer:** Page 4 does not reference a utilization report; however, if this question is in regards to 1.A.10.b., for further information, contact Vilma Peguero at the Rhode Island Equal Employment Opportunity Office, at 222-3090 or via e-mail at [ODEO.EOO@doa.ri.gov](mailto:ODEO.EOO@doa.ri.gov).

83. **Question:** Technical, Multiple [page #], Can we adjust the column width for our responses in table format?

**Answer:** Yes, the table column widths in the technical proposal can be adjusted as long as the bidder's responses can be clearly followed and understood.

84. **Question:** N/a [section #], N/A [page #], What disease management programs have been implemented over the course of the last 5 years?

**Answer:** None, to the best of our knowledge.

#### C. 03/09/2018 Pre-bid Conference Sign-in Sheet

See attached.

---

**NO FURTHER QUESTIONS WILL BE ENTERTAINED AS OF THIS ADDENDUM.**

---

**Meredith Skelly**  
**Interdepartmental Project Manager**





State of Rhode Island  
 Division of Purchases  
 One Capital Hill  
 Providence, RI 02908

**"NON-MANDATORY" PRE-BID CONFERENCE SIGN IN SHEET**

BID NUMBER:	7590551
BID TITLE:	Medical Plan Administration and Pharmacy Benefit Plan for State Employees
PRE-BID DATE AND TIME:	03/09/2018 at 11:00 AM

Purchasing Representative:	Meredith Skelly
Pre-bid START TIME:	11:00 AM
Pre-bid END TIME:	12:00 PM

	COMPANY NAME	COMPANY REPRESENTATIVE	ADDRESS	CONTACT E-MAIL	CONTACT PHONE NUMBER	CONTACT FAX NUMBER	PROPOSAL SUBMITTED (For Purchasing Use Only)
33							
34		Kevin McHugh - Express Scripts					
35		Jeff Sandusky - UHC/Optima Rx					
36		Wendy Ward-Masellan					
37		Brian Cozak Express Scripts					
38							
39							
40							
41							
42							
43							
44							
45							