



State of Rhode Island
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March 6, 2019

ADDENDUM #1

RFP #: 7598605

**Title: Medical Plan Administration and Pharmacy Benefit Management
For State Employees**

Submission Deadline: March 26, 2019 at 10:00 AM Eastern Time (ET)

Notice to Vendors

The pre-proposal sign-in sheet and list of Vendor questions with State responses are attached. No further questions will be answered.

**David J. Francis
Interdepartmental Project Manager**

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted

State Responses to Vendor Questions for RFP #7598605 Medical Plan Administration and Pharmacy Benefit Management for State Employees

Questions Received at the Pre-Proposal Conference

Question 1: Will the State be utilizing flash drives for data dissemination like it did with the previous medical/Rx RFP?

Answer to question 1: No, see RFP for instructions on data distribution.

Question 2: Does the State plan to load more documents onto the secure document server?

Answer to question 2: Additional documentation has been loaded to the secure document server.

Question 3: Will appendices F, H, J and K be added to the secure document server?

Answer to question 3: Yes, these are posted on the server.

Question 4: Will the RFP be amended to reflect utilization of the PCP gatekeeper program on pages 9 and 10 out of 40?

Answer to question 4: No. The PCP gatekeeper program (aka, primary care physician coordination of care) was added to active plan options effective January 1, 2019. Utilization of this program is not yet available.

For a complete list of changes and benefit comparisons before and after January 1, 2019, refer to the documentation provided. Additional information can also be found on the State's website <http://www.employeebenefits.ri.gov/>.

Question 5: Will the RFP be amended to reflect addition of cancer support and bariatric support services on pages 9 and 10 out of 40?

Answer to question 5: Cancer Support Program and Bariatric Resource Services were implemented effective January 1, 2019. The medical administrator is expected to administer comparable programs included in their quoted PEPM administrative fees. If these services are subject to a separate PEPM fee, please indicate so in your proposal and provide a separate fee for each service.

Cancer Support Program:

Provides assistance to members with cancer to help improve care by:

- guiding them to highly rated physicians and providers;
- providing personal care nurses and education resources; and

- increasing adherence to improve effectiveness and reduce costs.

Bariatric Resource Services:

Provides a clinical team through the medical vendor to work with members to:

- educate them on obesity;
- guide them to high quality providers for bariatric services; and
- provide personalized clinical case management and lifestyle management.

For a complete list of changes and benefit comparisons before and after January 1, 2019, refer to the documentation provided. Additional information can also be found on the State's website

<http://www.employeebenefits.ri.gov/>.

Question 6: Will the RFP be amended to provide an anticipated timeline?

Answer to question 6: No.

Question 7: Is there an ETS for selection of finalists and/or any other decisions?

Answer to question 7: No.

Question 8: Last year there was a cover letter requirement that appears to have been deleted this year. Is it OK to still include a cover letter?

Answer to question 8: You may include a cover letter with your response, but it is not required.

Question 9: Will there be finalist presentations?

Answer to question 9: Finalist presentations are not anticipated but the State reserves the right to hold them if it is deemed necessary.

Questions Received By Email

Question 1: Whether companies from Outside USA can apply for this? (like, from India or Canada)

Answer to question 1: No, bidders must be located in the United States of America.

Question 2: Whether we need to come over there for meetings?

Answer to question 2: Yes.

Question 3: Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)

Answer to question 3: No.

Question 4: Can we submit the proposals via email?

Answer to question 4: No.

Question 5: I am reaching out to you in regards to some of the files on the sftp site. At the pre-bidders conference there were several questions about files that may or may not have been posted and I believe your team was going to take a look at this and update any files that were not there. Below are 3 files that my team is stating they do not see and need in order to move forward with pricing. Can you please advise if this is something I may be missing on the site or if in fact they are not posted

Appendix J – top 100 utilized prescription drugs

Appendix K – (K.1-K.5) Rx plan and formulary information

Appendix H – Cost Proposal Exhibits (need these in order to submit the GeoAccess and disruption request to the Association)

Answer to question 5: These files have been posted on the secure site.

Question 6: **2.B.1 Population and Historical Information.** The following Appendices are referenced, but were not included on the State of RI Division of Purchases website or on the secure website:

- Summaries of Benefits and Coverage (SBCs) (Appendices F.6 – F.16)
- State of Rhode Island 2019 Benefits Guide (Appendix F.17)
- 2019-2020 Program Brochure (Appendix F.18)
- Cost Proposal Exhibits (Appendix H) - **H1 excel file is missing**

When will these files be made available?

Answer to question 6: These files have been posted on the secure site.

Question 7: **2.B.3. Service Profile.** Can additional detail related to the following service: “Capability to administer eligibility for the State (vendor will not be required to determine eligibility but will be responsible for hosting an online enrollment platform capable of communicating with other vendors)”?

Answer to question 7: The State is asking if a vendor has a capability 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.

In the “Administrative Fee – Medical” tab charts in the “Appendix H.1 - Cost Proposal Exhibits.xlsx” file, the State requests that PEPM fees for Online Enrollment Services, including open enrollment and ongoing

monthly eligibility changes, be provided outside of the "All Inclusive Fee" and under two scenarios: medical only or medical plus other coverages.

To assist bidders in developing their PEPM proposed fees, the State's Fall 2018 open enrollment included: 21 fairs, 29 presentations, and 18 computer lab enrollment sessions.

Question 8: 2.D. Technical Proposal. The sections referenced do not include a "Transmittal Letter". Can carriers include a Transmittal/Cover Letter with their submissions?

Answer to question 8: You may include a cover letter with your response but it is not required.

Question 9: 2.D.5 (and 3.D.4) Certified Financial Statements. If our 2018 Financial Statements are not yet available, can we submit our 2017 statements?

Answer to question 9: Yes.

Question 10: 2.E.1. Administrative Fees and Wellness Charts. Can we assume the "January 1, 2019" effective date should be "January 1, 2020"?

Answer to question 10: Yes, the Administrative Fees and Wellness Charts reference on page 18 of the RFP document should be January 1, 2020. The charts themselves correctly indicate CY 2020 as the first year.

Question 11: 2.E.2. Discounts. Contracted Future Discounts with Dollar for Dollar Guarantees (Appendix H.1). Please respond to the following questions:

- a. How would the discount guarantee work if we are not expecting any change to the discount achieved in the repricing analysis? (i.e., Is the shortfall guarantee on a dollar for dollar basis applicable if we do not project an improvement in the discount for 2020 or other future years?)
- b. Are references to zip codes, counties and City of Boston reflecting provider location (as opposed to member address)?
- c. Can you provide the zip code definitions of the 5 State of Rhode Island counties?
- d. Can you provide the zip code definition for the City of Boston?
- e. Trend guarantee refers to medical claims incurred during 2019. Please confirm that this guarantee excludes Rx claims.
- f. Does "adjusted claims" refer to the exclusion of claims in excess of \$250K?
- g. Please confirm that the \$250K per claims referred to in the exclusion is based on the amount that is the responsibility of both the member and the employer (i.e., allowed amount)?

Answer to question 11.a: This specific contracted future discount guarantee is targeting expected improvements in discounts. However, alternative discount guarantees from bidders not expecting discount improvements are acceptable.

Answer to question 11.b: All references to zip codes and counties reflect member address. However, for the City of Boston (in 2.E.2: Hospital and Outpatient Facility Charges) and Massachusetts state average (in 2.E.2: Physician Reimbursement) we are requesting the discounts based on provider location.

Answer to question 11.c: Zip codes for the 5 State of Rhode Island counties are in the attached file.

Answer to question 11.d: Zip codes for the City of Boston are in the attached file.

Answer to question 11.e: This trend guarantee excludes claims administered by the PBM. Any and all drug claims paid through the medical plan should be included in the guarantee.

Answer to question 11.f: Yes.

Answer to question 11.g: Confirmed.

Question 12: 3.B.1. Plan Design and Historical Information.

This section indicates that RIPTA claims are included in the data provided with the RFP, while section 2.A. indicates that RIPTA census and claims experience is not provided for the medical portion of the RFP. Is it the intent of the state to have carriers cover the RX benefits for this population, but not the medical benefits?

Answer to question 12: The Rhode Island Public Transit Authority (RIPTA) eligible employees and non-Medicare retirees receive the same medical and pharmacy benefits as the State employees and the awarded medical and Rx administrators are expected to administer this group as indicated in the RFP. It is anticipated that RIPTA will continue to receive the same medical and pharmacy services as the State after January 1, 2020 as well. There may be some additional support services required of both the medical and pharmacy (if different) administrators for this group (e.g., direct contact to administrator's account representative) beyond that of a typical subgroup.

Question 13: The following Appendices are referenced, but were not included on the State of RI Division of Purchases website or on the secure website:

- Top 100 Utilized Brand Prescriptions Spreadsheet (Appendix J)
- SORI Plan Design Summary (Appendix K.1)
- Preventive Therapy Drug List (Appendix K.2)
- Maintenance Drug List (Appendix K.3)
- SORI Clinical Programs Summary (Appendix K.4)
- Specialty Management Guideline Drug List (Appendix K.5)

When will these files be made available?

Answer to question 13: These files have been posted on the secure site.

Question 14: Section 3.D. Technical Proposal/Proposal Requirements. The sections referenced do not include a “Transmittal Letter”. Can carriers include a Transmittal/Cover Letter with their submissions?

Answer to question 14: You may include a cover letter with your response but it is not required.

Question 15: 6.A. All Proposal – Hard Copy Submission/6.B. Plan Administration Proposal - Electronic Submission/6.C. Pharmacy Benefit Management Proposal – Electronic Submission & Section 7 Proposal Submission.

- Can you please confirm that the only documents that need to be delivered in hard copy format are the RIVP Bidder Certification Form, the W-9 form, copies of Appendix A, and the Financial Statement, while the Medical/Pharmacy Technical and Cost Proposals are to be submitted in an electronic format and uploaded to the secure website.
- If a carrier is bidding on both the medical and pharmacy benefit plans, does the State require one set of forms overall, or one set of forms for the medical bid and one set of forms for the pharmacy bid?
- Regarding 6.A.3, 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)?
- Regarding the requirement in 6B1, 6B2, 6C1 and 6C2 that we do not pdf our Technical and Cost responses, and the electronic submission instructions, how should the numerous signature requirements be handled? Will an electronic signature be acceptable where signatures are needed in these responses?

Answer to question 15:

- First bullet: Only the three forms indicated in 6.A.1, 6.A.2, and 6.A.3 and Certified Financial Statements indicated in 6.A.4 require a hard copy submission. The Medical/Pharmacy Technical and Cost Proposals are to be submitted in an electronic format and uploaded to the secure website.
- Second bullet: If a carrier is bidding on both the medical and pharmacy benefit plans, the State requires one set of forms overall.
- Third bullet: The State requires four copies altogether (two signed originals and two copies).

- Fourth bullet: An electronic signature would suffice where signatures are required in sections that should not be converted to .pdf format .

Question 16: **6.C.2.Cost Proposal.** This section requests that we sign where there is applicable space on the first page of all applicable proposal exhibits. Each of the referenced exhibits already has a signature page at the end (Appendices O.1. – O.4.). Is the State looking for us to create a place to sign both on the first and also sign the last pages of these Appendices?

Answer to question 16: The State only requires bidders to provide a signature on the signature page of the cost proposal appendices.

Question 17: What % of member network disruption is client willing to allow for additional savings opportunities, if any?

Answer to question 17: The State declines to answer this question.

Question 18: Please confirm if the State will be providing a census as there is an ask for a geo access analysis.

Answer to question 18: See Appendices B and C for instructions.

Question 19: If Onsite/In-House pharmacies exist

- a. What are the NABP/NPI numbers of the pharmacies?
- b. Will it be at No Bill No Remit, or should they be treated as a participation pharmacy?
- c. What % of their utilization goes to that specific pharmacy? (ask this because not all RFPs include data, so ask just in case)

Answer to question 19: The State does not have an onsite pharmacy.

Question 20: Should we only be providing a stand-alone Medical response; please confirm you would accept our response with only the Medical portions complete.

Answer to question 20: Confirmed. Provide responses to the medical specific sections of the RFP and the required forms that apply to both coverages.

Question 21: Regarding the request for the Certified Financial Statement, to be submitted in a separate sealed envelope, please advise if this would be accepted on USB or CD due to the size of the file.

Answer to question 21: The State requires the Certified Financial Statement to be submitted in hard copy. It would not be acceptable to submit the Certified Financial Statement on USB or CD.

Question 22: As bidders are not permitted to alter and/or redline the state's language and/or format, regarding Appendices G – Medical Questionnaire and H – Medical Cost

Proposal, are we permitted to long line short line format the questions for responding that are not already in table format?

Answer to question 22: Bidders may insert responses after each question. Bidders may not change the actual questions.

Question 23: In regard to Appendix N – Pharmacy Questionnaire is it acceptable to long line short line format the items 3.D.3.46 – 3.D.3.48? It is mentioned in 6.C that responses to these questions are to be provided on a separate Appendix J electronic file in excel. As we have not yet received Attachment J to review, please advise whether these can also be addressed in Appendix N.

Answer to question 23: Responses must be provided in Appendix J in MS Excel format.

Question 24: 6.B Medical Plan Administration - Technical Proposal and 6.C Pharmacy Benefit Management Proposal Technical Proposal both have reference to a 100-page limit. As these are both requested electronically, please confirm the 100-page limit request.

Answer to question 24: The 100-page limit is confirmed.

Question 25: Please confirm that only electronic versions of the Cost and Technical proposals are required, to be uploaded on the secure file site or if hard copies are also required. If hard copies are required, please advise on the quantity.

Answer to question 25: Confirmed – only electronic copies of the technical and cost proposals are required to be uploaded to respective folders on the secure file site. As indicated in the RFP, hard copies are only required for State forms and Certified Financial Statements.

Question 26: Please provide the following:

- a. Appendices F.1 – F.5 Summary Plan Descriptions
- b. Appendices F.6 – F.16 Summaries of Benefits and Coverages
- c. Appendix F. 17 State of Rhode Island 2019 Benefits Guide
- d. Appendix F.18 2019-2020 Program Brochure
- e. Appendix H.1 – H.4 Cost Proposal Exhibits
- f. Appendix J Top 100 Utilized Brand Prescriptions Spreadsheet
- g. Appendix K.1 SORI Plan Design Summary
- h. Appendix K.2 Preventive Therapy Drug List
- i. Appendix K.3 Maintenance Drug List
- j. Appendix K.4 SORI Clinical Programs Summary
- k. Appendix K.5 Specialty Management Guideline Drug List
- l. Appendix L – The file provided is missing the following required fields: NDC/Days Supply/Qty. Please provide a file with the missing fields.

Answer to question 26: These files have been posted on the secure site.

Answer to Question 26.L: The State's detailed prescription drug data is provided in Appendix I. These three fields are included in Appendix I.

Question 27: Please confirm that a non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP submission.

Answer to question 27: Confirmed that a non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP submission.

Question 28: Please outline any allowances (and dollar amounts) that the state currently has in place today (for example: wellness, communication, etc)

Answer to question 28: The State currently does not have wellness and communication allowances.

While bidders are requested to provide detailed breakouts of fees, it is the State's intent to receive as much of an all-encompassing fee as possible. The State relies on its medical administrator to provide the full suite of services outlined in the RFP (including, but not limited to, the services in section 2.B.3) and to provide significant support and resources to the State's Health Plan. The State does not expect to pay supplemental fees or supplemental fees from an allowance for these services and, the proposed all-encompassing fees should reflect that supplemental fees will be considered only as rare exceptions.

The State relies on its medical administrator to take a leadership role in partnership with and approval by the State Team to manage its wellness program. The State's intent is to receive an all-encompassing wellness fee (including, but not limited to, member communications) for its CURRENT Wellness Program and does not expect to be charged supplemental fees or supplemental fees from an allowance.

To assist bidders in developing their PEPM proposed wellness administrative fees: in the Spring of 2018, the State's current administrator held 47 health fairs with approximately 4,600 members receiving biometric screenings.

Question 29: Please confirm if the State would like to maintain fiduciary responsibility, or if they prefer the Bidder assume the role of fiduciary.

Answer to question 29: The State will maintain fiduciary responsibility.

Question 30: Please confirm if the State has an onsite wellness coordinator today.

Answer to question 30: The State does not have an onsite wellness coordinator.

Question 31: The RFP mentions the State Wellness program. Please expand on the role of the State Wellness Program and whether or not other wellness or disease management programs offered could/would replace it.

Answer to question 31: The State's Rewards for Wellness Program is the program currently managed in partnership with the State's current medical administrator. The awarded medical administrator from this RFP is expected to manage this program in partnership with the State. Information on this program is provided in Appendix F of the RFP. Additional wellness or disease management programs could be offered but they shall not replace the Rewards for Wellness Program.

Question 32: Please describe any financial incentives employees receive for wellness.

Answer to question 32: Information on this program is provided in Appendix F of the RFP.

Question 33: On page 8 of the RFP it states: "Administrative fees much assume the full value of your provider discounts will be passed through to the State on each and every claim and that no portion of the provider discounts are retained to offset the administrative fees." Is that statement referencing IN-Network Claims or both IN and OUT of network claims?

Answer to question 33: It is the State's expectation that the medical administrator will pass through the full value of all discounts. However, if there are any fees for programs that provide additional savings opportunities on out-of-network claims, you must indicate the fees, identify subcontractors (if applicable), and provide an estimate annual fee amount using the re-pricing data provided.

Question 34: How many ad-hoc hours does the State currently receive?

Answer to question 34: This information is not tracked. Assume the typical number of hours for a public sector plan of similar size.

Question 35: In Appendix H: Medical Cost Proposal, it states: "Complete the exhibit included in the Excel file tabs and respond to the questions below." We are able to respond to the questions included in Appendix H however, there is no excel file titled: "Appendix H.1 – Cost Proposal Exhibits.xls." Please provide the excel file.

Answer to question 35: These files have been posted on the secure site.

Question 36: The "Check Boxes" do not appear to work, as they should. Are Bidders allowed to re-format the document to insert check boxes?

Answer to question 36: As indicated in the RFP, the Word version of the Appendices includes check boxes that are not formatted to be checked. The bidder should replace these boxes with an "X" to indicate their response.

Question 37: For the questions that have check boxes, may the Bidder include a Word document with additional comments?

Answer to question 37: For questions with only check boxes and without requests for additional information, no additional comments are expected.

Question 38: The RFP states that RIPTA is excluded from the medical RFP but included in the PBM RFP. Is there a reason why RIPTA is excluded from medical but included in the PBM? Since RIPTA's experience is included in the PBM quote, please confirm that they should also be included in the prescription drug pricing and guarantees. For the medical administration, is it expected that RIPTA will continue to receive the State's medical fees and plan design? Since RIPTA's experience is excluded from the medical plan administration, please confirm they would not be included in the performance guarantees, claims trend guarantee, and discount guarantees.

Answer to question 38: The Rhode Island Public Transit Authority (RIPTA) eligible employees and non-Medicare retirees receive the same medical and pharmacy benefits as the State employees and the awarded medical and Rx administrators are expected to administer this group as indicated in the RFP. It is anticipated that RIPTA will continue to receive the same medical and pharmacy services as the State after January 1, 2020 as well, with the same medical administrative fees. There may be some additional support services required of both the medical and pharmacy (if different) administrators for this group (e.g., direct contact to administrator's account representative) beyond that of a typical subgroup.

RIPTA data is linked with the State's data but is excluded from the analyses performed for the State.

RIPTA claims data is not included with the medical claims data provided but it is included with the pharmacy data provided.

All guarantees should apply to the entire covered population.

Question 39: The State implemented a PCP gatekeeper plan for all active employees and their dependents that ratified the new union contracts effective 1/1/19. Confirm this is the product that should be quoted for 1/1/20. Is it expected that the remaining unions will move to the new plans by 1/1/20?

Answer to question 39: Under the current collective bargaining agreements, the PCP gatekeeper plan applies to active plan options. We are not able to confirm that all the remaining unions will be in these plans by January 1, 2020; however, the majority of the State membership already is.

Question 40 The State implemented a Cancer Support Program and Bariatric Resources Services Program effective 1/1/19, please confirm Bidder's should include the pepm fees for these programs as part of the cost proposal.

Answer to question 40: Cancer Support Program and Bariatric Resource Services were implemented effective January 1, 2019. The medical administrator is expected to administer comparable programs included in their quoted PEPM administrative fee. If these services are subject to a separate PEPM fee, please indicate so in your proposal and provide a separate PEPM fee for each service.

Cancer Support Program:

Provides assistance to members with cancer to help improve care by:

- guiding them to highly rated physicians and providers;
- providing personal care nurses and education resources; and
- increasing adherence to improve effectiveness and reduce costs.

Bariatric Resource Services:

Provides a clinical team through the medical vendor to work with members to:

- educate them on obesity;
- guide them to high quality providers for bariatric services; and
- provide personalized clinical case management and lifestyle management.

For a complete list of changes and benefit comparisons before and after January 1, 2019, refer to the documentation provided. Additional information can also be found on the State's website

<http://www.employeebenefits.ri.gov/>.

Question 41: Does the current maintenance choice program have a voluntary opt out without penalty?

Answer to question 41: Yes.

Question 42: Does the State currently participate in 340B pricing at any level?

Answer to question 42: Yes, see Appendix K.

Question 43: How many exclusions are part of the current PDL?

Answer to question 43: A count of the current PDL exclusions is unknown. The State utilizes the CVS Caremark Standard Control Formulary (with exclusions) for non-specialty medications and the CVS Caremark Advanced Control Specialty Formulary (with exclusions) for specialty medications. The State's prescription drug benefits, including the standard CVS Caremark formulary lists, are available at:

- <http://www.employeebenefits.ri.gov/benefits/active/health/prescription.php>
- <http://www.employeebenefits.ri.gov/benefits/retiree/medical/under65.php>

Question 44: Does the plan currently have an open or exclusion based specialty network? If the latter, how many grace fills?

Answer to question 44: The State has an Exclusive Specialty Pharmacy Program arrangement.

Question 45: Will the State accept a rebate credit in which the vendor maintains rebates and offers a reduction to medical admin fee across integrated Rx and medical bids?

Answer to question 45: No.

Question 46: RFP states that 2% of participants must not be impacted by PDL disruption, does this apply to all eligible members or participating members only? Does this apply to acute medications?

Answer to question 46: It applies to all members enrolled in the State's pharmacy benefits program and eligible for pharmacy benefits, and it applies to all prescriptions on the PDL.

Question 47: Is the State willing to consider a financial guarantee around the value of medical & Rx integration? If so please advise as to where we should describe this guarantee within the RFP? Will separate attachments be accepted?

Answer to question 47: No.

Question 48: Is a Rx claims reprice required?

Answer to question 48: No.

Question 49: Appendix I appears to have a mix of NDC 11 and NDC 9 Codes. Can an updated file be provided with NDC 11 codes?

Answer to question 49: If bidders are seeing NDC numbers with less than 11 characters, it is likely because the bidder, when importing the RFP file into a spreadsheet or database, allowed the software to assume a numeric data type, thus stripping off the leading zeros in the data.

Question 50: Please advise where the data referenced in Appendix J "Top 100 utilized prescription drug" spreadsheet is located. Is this data also available using the NDC 11 codes?

Answer to question 50: These files have been posted on the secure site.

Question 51: Please advise where the data referenced in Appendix K "RX plan design, clinical, and other programs is located." This includes appendix K.1-K.5.

Answer to question 51: These files have been posted on the secure site.

Question 52: Is an Officer's signature required or can it be a signature with binding authority?

Answer to question 52: A non-officer individual with the authority to bind a contract is sufficient to sign all applicable signature documents required for this RFP submission.

Question 53: With regard to 6.D.2. Formatting Of Proposals, we may have samples that are requested that can not be altered, so we can not re-page number them sequentially. Is it acceptable to keep the technical response minus those items sequentially numbers and attached submitted in a separate section?

Answer to question 53: It would be acceptable to submit non-sequentially-numbered samples in a separate section as long as their location is clearly referenced in the proposal.

Question 54: Please confirm that the only hard copies required are the following:

6.A. All Proposals- Hard Copy Submission

6.A.1. One completed and signed RIVIP Bidder Certification Cover Form (included in the original copy only) downloaded from the Division of Purchases website at www.purchasing.ri.gov. Do not include any copies in the Technical or Cost proposals.

6.A.2. One completed and signed Rhode Island W-9 (included in the original copy only) downloaded from the Division of Purchases website at <http://www.purchasing.ri.gov/rivip/publicdocuments/fw9.pdf>. Do not include any copies in the Technical or Cost proposals.

6.A.3. Two (2) completed original and copy versions, signed and sealed Appendix A. MBE, WBE, and/or Disability Business Enterprise Participation Plan. Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation. Do not include any copies in the Technical or Cost proposals.

6.A.4. Respondents MUST submit a certified financial statement for the most recent fiscal year in a separate sealed envelope; label the envelope "Financial Statement." The financial information submitted shall remain confidential and shall not be a public record. The financial information will be reviewed on a pass/fail basis. (Note: whether submitted in a sealed envelope or not, such financial statements shall not be considered public records). Do not include any copies in the Technical or Cost proposals.

The three forms indicated in 6.A.1, 6.A.2, 6.A.

Answer to question 54: Only the three forms indicated in 6.A.1, 6.A.2, and 6.A.3 and Certified Financial Statements indicated in 6.A.4 require a hard copy submission.

Question 55: 2.D.5 and 3.D.4. Certified Financial Statements: Financial statements for 2018 are not yet available and will not be ready in time for this bid's submission. Is the 2017 statement acceptable?

Answer to question 55: Yes.

Question 56: Please provide clarification on how the State plans to submit member eligibility for the OPC/BOG retiree population?

Answer to question 56: The logistics for the OPC/BOG Medicare retiree plans will be discussed and negotiated with the winning medical bidder. Vendors do not need to submit proposals for these plans with the medical proposal.

Question 57: Please provide details on the current active and retiree account structure.

Answer to question 57: See Sections 2.A, 2.B, 2.C, 3.A, 3.B., and 3.C of the RFP.

Question 58: The following Appendices were cited in the RFP but have not been provided. When will these be available?

- Appendix H – Cost Proposal Exhibits
- Appendix J – top 100 utilized prescription drugs
- Appendix K – (K.1-K.5) Rx plan and formulary information

Answer to question 58: These files have been posted on the secure site.

Question 59: Please confirm the number of hard copies required for the Technical and Cost proposals is two originals and two copies.

Answer to question 59: Only electronic copies of the technical and cost proposals are required (to be uploaded to respective folders on the secure file site). Only the three forms indicated in 6.A.1, 6.A.2, and 6.A.3 and Certified Financial Statements indicated in 6.A.4 require a hard copy submission.

Question 60: The census provided is dated October 2018. Given the State's plan design changes effective January 2019, can you please provide an updated census that has enrollment by plan based on the new plan designs?

Answer to question 60: A current census is not available. Effective January 2019, the approximate enrollment in the new plans is as follows:
Anchor Plan –800 members
Anchor Plus Plan –21,100 members
Anchor Choice with HSA Plan –1,400 members
Retiree Anchor Plan – less than 100 members
Retiree Anchor Plus Plan –1,800 members
Retiree Value Plan – less than 100 members
Please note that these counts do not include the unions that have not reached a new collective bargaining agreement and are still enrolled in the plans offered prior to January 2019.

Question 61: 2.E.2: The claims files provided include some claims that have a “negative” charge line as well as a total negative claim. Can you please advise if the negative charges should be included or excluded for the requested repricing analysis?

Answer to question 61: Any claims with an eligible charge less than \$0 should not be included in your re-pricing analysis. These claims should also be removed from the total eligible amount/charges. After removing these claims, the revised total eligible amount/charges in the “Claims Repricing” tab in Appendix H.1 should reflect the Revised total as follows:

Data File Name	Eligible Amount/Charges	
	Initial Amount	Revised Amount
Appendix E.2 - Detailed Claims Data - HIP.xlsx	\$76,426,790	\$82,896,638
Appendix E.3 - Detailed Claims Data - HOP.xlsx	\$160,200,503	\$165,475,995
Appendix E.4 - Detailed Claims Data - Prof.xlsx	\$165,784,931	\$167,489,528
Appendix E.5 - Detailed Claims Data - Other.xlsx	\$18,607,083	\$18,905,136
Total	\$421,019,308	\$434,767,298

Question 62: How many contract years has CVS Caremark provided PBM services?

Answer to question 62: CVS has been providing PBM services to the State’s since March 1, 2014.

Question 63: Has the final option year been exercised?

Answer to question 63: The State anticipates awarding contracts effective January 1, 2020.

Question 64: In the last 12 months, how many prescriptions are processed through a Mail Order Pharmacy? How many through a retail pharmacy? How many through a specialty pharmacy?

Answer to question 64: Detailed claims are available as part of the RFP.

Question 65: Please clarify. How many print copies and originals are required for submission?

Answer to question 65: See Section 6 of the RFP for instructions on proposal submissions.

Question 66: Does the State receive any rebates from its PBM provider?

Answer to question 66: Yes – 100%.

Question 67: On a quarterly basis for the last two years, how much as the State received in formulary rebates?

Answer to question 67: This information is not being provided as part of the RFP.

Question 68: Will the State be providing a census with zip codes?

Answer to question 68: See Appendices B and C for instructions.

Question 69: Appendix K – mentions Appendix K.1 – K.5 on page 1 of 4. We could not identify K.1 SORI Plan Design Summary; K.2 Preventive Therapy Drug List; K.3 Maintenance Drug List; K.4 SORI Clinical Programs Summary and K.5 Specialty Management Guideline Drug list. Please provide.

Answer to question 69: These files have been posted on the secure site.

Question 70: In addition to quoting the requested pricing model, is the State willing to accept an additional quote for our new economic pricing model referred to as Guarantee Net Cost?

Answer to question 70: The State is requesting that PBMs respond to the pricing model as outlined in the RFP.

Question 71: Does the state anticipate soliciting a Best and Final Offer?

Answer to question 71: Solicitation of best and final offers is not anticipated but the State reserves the right to do so if it is deemed necessary.

Question 72: If so, can bidders provide a signature ready contract at the time of a best and final offer in order to incorporate all final negotiated terms?

Answer to question 72: Solicitation of best and final offers is not anticipated but the State reserves the right to do so if it is deemed necessary.

Question 73: Will there be a finalist presentation? If so, when?

Answer to question 73: Finalist presentations are not anticipated but the State reserves the right to hold them if it is deemed necessary.

Question 74: Please provide an estimated date of when bidders will receive claims data.

Answer to question 74: This information is available. See Appendices B and C for instructions.

Question 75: Referring to Page 3 of the RIVIP Bidder Certification Cover Form, please confirm if the below statement is referring to the terms and conditions found solely on the RIVIP Form, or terms and conditions of the entire Request for Proposal? “Bidder has reviewed this solicitation and agrees to comply with its terms and conditions”

Answer to question 75: The statement refers to the terms and conditions found on the RIVIP Bidder Certification Form, the General Conditions of Purchase, and the terms and conditions of the Request for Proposal.

Question 76: On page 39 6.D.2. Requests proposals to be sequentially numbered. Please confirm if each individual document of the technical proposal being sequentially numbered is acceptable. For example, attachments such as our 10-K would start again on Page 1 within a separate section of the proposal.

Answer to question 76: It is confirmed that each individual document of the technical proposal being sequentially numbered is acceptable.

Question 77: In regards to Appendix K: RX – Plan design, Clinical, & Other Programs. Please confirm question #4 is asking about therapy classes or drugs not on the Preventive Therapy Drug List in comparison to current Preventive Therapy Drug List.

Answer to question 77: Confirmed. Please indicate any drug therapy classes and/or drugs on the current Preventive Therapy Drug list that are not on your proposed list. And also indicate drug therapy classes and/or drugs that are on your proposed list and that is not on the State's current Preventive Therapy Drug list.

Question 78: In regards to Appendix K: RX – Plan design, Clinical, & Other Programs. Please confirm question #6 is asking about therapy classes or drugs not on the Maintenance Drug List in comparison to current Maintenance Drug List.

Answer to question 78: Confirmed. Please indicate any drug therapy classes and/or drugs on the current Maintenance Drug list that are not on your proposed list. Also indicate drug therapy classes and/or drugs are on your proposed list and that is not listed on the State's current Maintenance Drug list.

Question 79: In regards to Appendix L: RX – Requested Contractual Requirements 3.D.1.31, requires that unit cost for mail order must be equal to or lower than Retail. Bidder does not have control over U&C costs at retail. Please confirm the unit cost equalization excludes U&C claims.

Answer to question 79: Not confirmed. The PBM can provide caveats to responses and this will be evaluated against the responses of other bidders.

Question 80: Please confirm if the information provided in response to 3.E.2.7 and 3.E.4.6 utilizing the State's claims data will be sufficient information and 3.E.2.6 and 3.E.4.5 are not needed.

3.E.2.6 Provide a list of any non-specialty drug products that are excluded from your drug pricing guarantees (discounts, dispensing fees, and/or rebates). Include NDC-11s.

3.E.2.7 Based on the State's attached detailed claim-by-claim prescription drug data during November 2017 through October 2018, provide an exhibit identifying the State's applicable claims that are excluded from your non-specialty drug pricing guarantees. Include NDC-11s.

3.E.4.5 Provide a list of any specialty drug products that are excluded from your specialty drug pricing guarantees (OED, Dispensing Fee, and/or Rebate). Include NDC-11s.

3.E.4.6 Based on the State's attached detailed claim-by-claim prescription drug data during November 2017 through October 2018, provide an exhibit identifying the State's applicable claims that are excluded from your specialty drug pricing guarantees. Include NDC-11s.

Answer to question 80: Not confirmed. In addition to the requested exhibits identifying the State's applicable claims that are excluded from your pricing guarantees (3.E.2.7 and 3.E.4.6), the RFP is requesting that you provide an all inclusive list of drugs that are excluded from your pricing guarantees (3.E.2.6 and 3.E.4.5).

Question 81: Please confirm the State is looking for per Brand Rx Rebates for both Specialty and non-Specialty.

Answer to question 81: Confirmed.

Question 82: Section 2 – Disclosures. Please confirm that for bidders that are a publicly traded company, or subsidiary thereof, the disclosures requested only need to include shareholders if those shareholders own 10% or greater of the shares of that publicly traded entity.

Answer to question 82: Confirmed that for bidders that are a publicly traded company, or subsidiary thereof, the disclosures requested only need to include shareholders if those shareholders own 10% or greater of the shares of that publicly traded entity.

Question 83: Appendix L. 3.D.1.17 requests PBM to agree to adjudicate prescription claims for compound medications with the same dispensing fees and logic associated with traditional claims. Non-compound claims do not adjudicate with a level of effort fee, for the pharmacist's professional compounding services, but pursuant to the NCPDP D.0 standard, compounds are adjudicated with a level of effort fee. Apart from the level of effort fee, the adjudication logic and dispensing fee is that same for all retail claims. Is compliance with the D.0 standard acceptable to the State?

Answer to question 83: Yes.

Question 84: Appendix L. 3.D.1.32 refers to the GCN level, which is unique to First DataBank. If a bidder uses Medi-Span indicators, is GPI-level reporting acceptable?

Answer to question 84: Yes.

Question 85: Appendix L. 3.D.1.62 requests the bidder to defend claims litigation based on its clinical decisions. Litigation can arise from even appropriately denied claims. Can the State please advise how many claim denial litigation suits have been filed against it in the last three years so that the bidders may appropriately estimate the costs of hiring counsel for defense of such claims?

Answer to question 85: The State is not aware of any claim denial litigation suits filed against it in the last three years.

Question 86: Please confirm that the State will not permit guarantees to include terms that allow for the proration of claims. For example, claims meeting the minimum days' supply agreed upon for a specific channel will receive the same guarantee as claims with a higher days' supply within that channel.

Answer to question 86: Confirmed.

Question 87: Drugs that are commonly classified as Specialty Drugs are generally priced and procured under different terms than non-specialty drugs due to significant variations in the competition within a given therapeutic class, lower levels of utilization, manufacturer-imposed restrictions on which pharmacies may dispense certain Specialty Drugs, and/or other characteristics and factors not typically associated with drugs not commonly considered to be Specialty Drugs. Accordingly, through inclusion or exclusion of certain drugs in its proposed Specialty Drug list, a Bidder can materially impact the overall effective Specialty Drug discount it can propose to the State. Because of the disproportionate impact of Specialty Drug spend on a pharmacy benefit program, it is very important for Bidders to understand the scoring of the Specialty Drug component of their offers. Accordingly, please provide a more detailed description of the calculations that will be used to evaluate Bidder's Specialty Drug Lists and compare them to other Bidders.

Answer to question 87: The methodology for scoring bidder's proposals is not available for release beyond as outlined in the RFP.

Question 88: We have seen cases where indirect value (such as the value of copay assistance programs, copay offset programs, or drug card/member reimbursement programs from the manufacturer) appear to be included in the rebate/discount guarantee calculations even though the plan sponsor derives a financial benefit only from copay offset programs and not from copay assistance programs. Please confirm manufacturer coupons or copay card programs cannot be used or included in the calculation of the ANY guarantees. Additionally, please confirm it is not the State's intent to include indirect revenue sources in the calculation of the proposed pricing guarantees.

Answer to question 88: Confirmed for both questions.

Question 89: Please confirm Rebates cannot exclude CDH claims

Answer to question 89: Confirmed.

List of Zip Codes

Bristol County Rhode Island	Kent County Rhode Island	Newport County Rhode Island	Providence County Rhode Island	Washington County Rhode Island	City of Boston Massachusetts
02806	02816	02801	02802	02804	02108
02809	02817	02835	02814	02807	02109
02872	02818	02837	02815	02808	02110
02885	02827	02840	02823	02812	02111
	02886	02841	02824	02813	02112
	02887	02842	02825	02822	02113
	02888	02871	02826	02832	02114
	02889	02878	02828	02833	02115
	02893		02829	02836	02116
			02830	02852	02117
			02831	02873	02118
			02838	02874	02119
			02839	02875	02120
			02857	02877	02121
			02858	02879	02122
			02859	02880	02123
			02860	02881	02124
			02861	02882	02125
			02862	02883	02126
			02863	02891	02127
			02864	02892	02128
			02865	02894	02129
			02876	02898	02130
			02895		02131
			02896		02132
			02901		02133
			02902		02134
			02903		02135
			02904		02136
			02905		02137
			02906		02163
			02907		02196
			02908		02199
			02909		02201
			02910		02203
			02911		02204
			02912		02205
			02914		02206
			02915		02210
			02916		02211
			02917		02212
			02918		02215
			02919		02217
			02920		02222
			02921		02241
			02940		02266
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					02284
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					02297
					02298



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

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

BID NUMBER: 7598605

BID TITLE: Medical Plan Administration and Pharmacy Benefit Management for

PRE-BID DATE AND TIME: 2/21/2019 at 10:00 AM

A

Purchasing Representative David Francis
NON-Mandatory Pre-Bid Start Time
NON-Mandatory Pre-Bid End Time

COMPANY NAME	COMPANY REPRESENTATIVE	SIGNATURE	ADDRESS	CONTACT EMAIL	CONTACT PHONE NUMBER
Tufts	James Jette	<i>[Signature]</i>		Jim - Jette Tufts - Health	
Aetna	Sandra	<i>[Signature]</i>		Sandra aetna.com	
Tufts HP	Jim Delisic	<i>[Signature]</i>		James - Delisic @ Tufts - Health	
Tufts HealthPlan	Jennifer Deitsch	<i>[Signature]</i>		Jennifer - Deitsch tufts-health.com	
CVS Caremark	Joanna Pentz	<i>[Signature]</i>		Joanna Pentz CVS Health.com	860-461-0417
United Healthcare	Susan Henrikson	<i>[Signature]</i>	475 Silver St W Warwick RI 02886	Susan - b-henrikson@unc.com	401-7387145
BCBSA	George Tager	<i>[Signature]</i>	500 Exchange St. 10th Fl	George Tager @ BCBSRI.org	
BCBSRI	Stefanie Abate	<i>[Signature]</i>	500 Exchange Street Providence, RI	Stefanie Abate @ bcbsri.org	401-459-5782
HCH Enterprises	Alka Naitthani	<i>[Signature]</i>	3016 Post Road Warwick, RI	alcanithani@hchent.com	401-527-3069
Tufts	Julie Vago				
Tufts	Denise Donahue				
Express Scripts	Kevin McHugh				
Express Scripts	Emily Daily				



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

BID NUMBER: 7598605
 BID TITLE: Medical Plan Administration and Pharmacy Benefit Management for
 PRE-BID DATE AND TIME: 2/21/2019 at 10:00 AM

Purchasing Representative:
 David Francis
 NON-Mandatory/Pre-bid START TIME
 NON-Mandatory/Pre-bid END TIME

COMPANY NAME	COMPANY REPRESENTATIVE	SIGNATURE	ADDRESS	CONTACT E-MAIL	CONTACT PHONE NUMBER
16	HCM Enterprises	Karen Ejsworth			
17	Tammy Polspi	Arena			
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