

RFP #: 20210813 / RFx#3120002271

Date: 9/13/2021

RFP Name: Pharmacy Preferred Drug List (PDL), Supplemental Rebate (SR), Rate Setting and Programmatic Review and Assessment of Core Components

RFP Question and Answer Document- Amendment #3

Question #	RFP Section #	RFP Page #	Question	DOM Response
1.	N/A	N/A	We request a listing of all of the vendor names that provide questions related to this RFP.	The Rules and Regulations of the Mississippi Public Procurement Review Board requires a blind evaluation scoring process. Therefore, DOM is unable to reveal the vendor names at this point in the Procurement process.
2.	General question		What is the annual FFS claims volume? What is the annual MCO claims volume? To support the various requests, will you provide fee for service claims only or will it also include MCO claims?	1. The FFS pharmacy claims volume in calendar year 2020 was 961,542 prescriptions. 2. The combined MCO (three total MCOs) claims volume in calendar year 2020 was 4,225,777 prescriptions. 3. Support of various requests will include both FFS and MCO claims.
3.	General question		How many enrolled pharmacies does MS Medicaid have?	820
4.	1.3	5	Regarding the blind proposals, if we are proposing a subcontractor, how should we refer to them within the response?	Regarding the blind proposals, if a subcontractor is proposed for a particular component, the Offeror should refer to the subcontractor by component number and state that those services will be covered by a subcontractor; therefore, a subcontractor for component 1 can be identified as: Component 1 Subcontractor A. Regarding proposals including identifying information, the subcontractor should be identified.
5.	Section 1.3	Page 5	Can you please provide a summary of total hours and payments invoiced to DOM by the current vendors for services associated with each of the three components of this RFP?	Previously procured contracts were firm fixed rate contracts. *Please see Amendment #2 for the corrected numbering of Components which is reflected below in DOM's response.

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				<p>Component 1 – PDL Development & Management and SR Administration - The previously procured vendor was not required to invoice by key position or hour and included services not required in this RFP. The total amount invoiced for PDL and SR services was \$4,299,475.83 for the 5-year contract term.</p> <p>Component 2 – Rate Setting of Covered Outpatient Drugs, Blood Factor Products, and Certain DME Products - The previous procurement did not include all services required in this RFP and invoicing was not required by key position or hour. However, the previously procured vendor provided hourly data which is included below. The approximate total amount invoiced was \$993,300 with an approximate total of 5,300 hours for the 5-year contract term.</p> <p>Component 3 – Programmatic Assessment and Consultation of Core Pharmacy/Drug Related Components – DOM does not have current data as this is a new service.</p>
6.	2.1.2.2, Q. 11	12	<p>Will the Federal Vendor be providing claim level detail? Should we be including staffing for oversight of the Federal Vendor? What is your average dispute volume per month?</p>	<p>1. No, the fiscal agent provides claim level detail to the manufacturer. The fiscal agent is responsible for determining units billed and communicating this with the SR vendor. However, if the SR vendor requires claims level detail it can be provided.</p> <p>2. No, the Offeror will not be responsible for oversight of the federal vendor. Under 2.1.2.2, Q11, the bidder will be responsible for reviewing supplemental rebate disputes and coordinating with the current fiscal agent (DOM) regarding overlapping disputes, e.g. same NDC/quarter, in terms of the number of units that are owed by the manufacturer and/or contracted supplemental rebate amounts/GNUPs. (See Q10 of same section).</p> <p>3. Disputes are registered on a quarterly basis coinciding with the generation of drug rebate invoices. An official</p>

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				dispute is defined as a labeler submitting a dispute code for one NDC on the Reconciliation of State Invoice (ROSI) and/or Prior Quarter Adjustment Statement (PQAS). For 1Q21, there were 12 registered disputes from seven drug manufacturers. For 4Q20, there were 11 registered disputes across six drug manufacturers. For Supplemental rebates, there are approximately three to seven disputes per month. Approximately five to 10 disputes not on the official ROSI and/or PQAS invoice are received per quarter.
7.	2.1.3	13	<p>The RFP states that “<i>Multiple key staff personnel positions, listed under each component, may be fulfilled by the same person, if qualifications are met.</i>”</p> <p>While the RFP specifically indicates that the pharmacist role can cross Components 1 and 2, is the general language above intended to allow for the same person to fulfill multiple roles within a single component (e.g., two roles under Component 1) or to allow for a single person to fulfill multiple roles across different components?</p>	Yes, the intention is to allow for a single person to fulfill multiple roles across different components if qualifications are met, but a single person may not fulfill multiple roles within a single component.
8.	Section 2.1.3	Page 13	For the key position “Lead Medical Director”, please provide a summary of the total annual hours invoiced to DOM by the current vendor.	See response to question 5.
9.	2.2.2	17	<p>Number 11 lists the requirement for “<i>Provision to give expert testimony when requested by DOM within reasonable notice (e.g. Attorney General litigation cases, Legislative requests).</i>”</p> <p>Can the State provide details as to the circumstances under which the bidder would be expected to provide testimony? Can the State also clarify whether it anticipates a vendor would testify as a factual witness/consultant for DOM or as an independent expert regarding best practices? Furthermore, would the State be willing to stipulate that this provision is not intended to require that the bidder provide legal advice, assistance, or representation with respect to any legal dispute?</p>	Vendor could appear as a fact witness or be designated as an expert or fact witness in litigation or administrative proceedings. The Attorney General may file claims under the Mississippi Consumer Protection Act on behalf of Medicaid where the Vendor may be subpoenaed to provide testimony when their testimony may be relevant. In addition, the Division conducts its own investigations and hearings where testimony from the Vendor may be needed. Provision 2.2.2 of the RFP is limited to providing fact or expert testimony in litigation or administrative proceedings. This provision is not related to the winning Vendor providing any legal representation to DOM.

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10.	2.2.2	17	Item 14 of Section 2.2.2 of the RFP (i.e., scope of work for rate setting of covered outpatient drugs, etc.) states that the vendor will be responsive to DOM for ad hoc reports and other requests and that there shall be no limit on the number of hours to fulfill ad hoc report requests. Does DOM have an estimate of the number of hours it anticipates the vendor will provide to meet DOM's requests relative to applicable ad hoc requests and reports? If so, for comparability of cost proposals, should bidders assume the estimate of the number of hours provided by DOM as the basis for developing proposed cost for this RFP requirement?	No. This request is associated with reports requested outside of deliverables and may include, but not limited to, legislative budget requests, federal and state agency audits and requests, and executive director requests. DOM estimates that ad hoc reports could be approximately 10 per year.
11.	Section 2.2.3	Page 18	In lieu of a CPA, can the vendor staff this key position with a credentialed actuary that has at least five years of experience with pharmacoeconomic modeling and Medicaid-related rate setting?	Yes, a credentialed actuary with five years' experience in pharmacoeconomic modeling and Medicaid-related rate setting as described in the RFP may be substituted in lieu of a CPA. This person must have general knowledge of the Medicaid program, particularly pharmacy coverage and payment rules, with relevant experience in managing complex projects.
12.	2.2.3, Q.3	18	Will the state consider an accountant with experience in lieu of a CPA?	Yes, an accountant with five years' experience in pharmacoeconomic modeling and Medicaid-related rate setting as described in the RFP may be substituted in lieu of a CPA. This person must have general knowledge of the Medicaid program, particularly pharmacy coverage and payment rules, with relevant experience in managing complex projects.
13.	2.3.2, Q.1	18	Is the Offeror conducting audits of pharmacy claims or only providing data that identifies claims that could be selected for audits?	The state considers both scenarios as appropriate, required auditing functions.
14.	2.3.2, Q.2a	18	What will be the delivery frequency of the pharmacy claims data file?	Weekly.
15.	2.3.2, Q.2a	19	Will the Federal Vendor be providing claim level detail? What is your average dispute volume per month?	See response to Question 6.

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16.	2.3.2, Q.2b	19	Is the intention that this is only applicable to the POS?	No.																						
17.	2.3.2, Q.3a	19-20	To ensure our cost proposal is comparable to other bidders, can you define the parameters of the oversight that is being requested? How will we isolate and audit pharmacy claims? How is the POS system going to provide this to us?	1. No, DOM is relying on the experience of the vendor to help define those parameters. The vendor should describe the oversight they plan to provide and price their proposal accordingly. 2. Via file extract and data analysis. 3. Via weekly pharmacy claims data files.																						
18.	2.3.2, Q.3b	20	Is the Offeror providing oversight for medical claims paid on the medical side? If yes, how frequent will medical claims data file be provided?	Yes. Weekly																						
19.	2.3.2, Q.3f	20	How many emergency supply override codes were used in the past year? What were the top 10 drugs they were used on?	1. 25 uses in SFY21 2. <table border="1"> <thead> <tr> <th>Drug Name</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>XIFAXAN 550 MG TABLET</td> <td>3</td> </tr> <tr> <td>CHLORPROMAZINE 100 MG TABLET</td> <td>2</td> </tr> <tr> <td>HALOPERIDOL LAC 5 MG/ML VIA</td> <td>2</td> </tr> <tr> <td>ITRACONAZOLE 100 MG CAPSULE</td> <td>2</td> </tr> <tr> <td>BAXDELA 450 MG TABLET</td> <td>1</td> </tr> <tr> <td>BUPRENORPHINE 8 MG TABLET S</td> <td>1</td> </tr> <tr> <td>CEFTRIAZONE 1 GM VIAL</td> <td>1</td> </tr> <tr> <td>CELECOXIB 100 MG CAPSULE</td> <td>1</td> </tr> <tr> <td>CHLORPROMAZINE 200 MG TABLET</td> <td>1</td> </tr> <tr> <td>CHLORPROMAZINE 50 MG TABLET</td> <td>1</td> </tr> </tbody> </table>	Drug Name	Count	XIFAXAN 550 MG TABLET	3	CHLORPROMAZINE 100 MG TABLET	2	HALOPERIDOL LAC 5 MG/ML VIA	2	ITRACONAZOLE 100 MG CAPSULE	2	BAXDELA 450 MG TABLET	1	BUPRENORPHINE 8 MG TABLET S	1	CEFTRIAZONE 1 GM VIAL	1	CELECOXIB 100 MG CAPSULE	1	CHLORPROMAZINE 200 MG TABLET	1	CHLORPROMAZINE 50 MG TABLET	1
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20.	2.3.2, Q.3g	20	Many of these functions require real-time or near real-time pharmacy and medical claim data, how does DOM plan to supply (or connect) this data to the Offeror? How many compound/total parenteral nutrition (TPN) drug claims are submitted for a quarter?	1. Real-time/read-only access of these claims systems can be granted to the vendor. 2. During State Fiscal Year (SFY) 2021, a total of 1,555 TPN claims for FFS were processed and, of those, 372 denied and 1183 paid. DOM is in the process of obtaining																						

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			<p>How many paid compound claims (non TPN) are adjudicated per month? How may paid TPN claims are adjudicated per month?</p>	<p>the total number of compound and total parenteral nutrition drug claims for the quarter from the managed care organizations and will provide the information on or before Friday, September 17, 2021.</p> <p>3. Compounds, other than TPNs, are currently not covered for FFS beneficiaries. DOM is in the process of obtaining the number of paid compound claims adjudicated per month from the managed care organizations and will provide the information on or before Friday, September 17, 2021.</p> <p>4. See #2 above. SFY2021 1,555 total divided by 4 = 389 average number of TPN claims for FFS per quarter. DOM is in the process of obtaining the number of paid total parenteral nutrition claims adjudicated per month from the managed care organizations and will provide the information on or before Friday, September 17, 2021.</p>
21.	2.3.2, Q.4	20	<p>What type of review of third-party audits is being requested? Who are the third-party companies?</p>	<p>1. This item is found on page 21, 6a. Miscellaneous DOM monitors MSCAN subcontractors' audits. These audits may include desk audits and onsite audits of pharmacy providers conducted by the Managed Care Plans or their subcontractor's auditors. The vendor would assist DOM with research of these pharmacy claims audits. DOM is not releasing the names of the third-party companies at this time.</p>
22.	2.3.2, Q.5	21	<p>Will the Federal Vendor be providing claim level detail? What is your average dispute volume per month?</p>	<p>Please see response to question 6.</p>
23.	2.3.2, Q.6a	21	<p>Please explain the type and scope of audit you would like performed. For example, real-time, Desk/bench, and/or onsite audits?</p>	<p>Desk/bench.</p>
24.	2.3.2, Q.6b	21	<p>How many hemophilia and IDG members are in the Fee for Service population?</p>	<p>68.</p>

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25.	2.3.2, Q.6d	21	Could you provide the existing pharmacy auditing process and recovery? Is it currently handled by the MS Program Integrity Office?	<p>1. No. DOM has a general auditing process and does not have a specific audit process for pharmacy.</p> <p>2. Yes, the Office of Program Integrity handles the pharmacy auditing process and recovery.</p>
26.	4.4	26	Please provide the names of vendors who submitted questions. If the State is unable to provide names, please provide the number of vendors that submitted questions.	The state is not able to provide the names of vendors who submitted questions; however, four vendors submitted questions.
27.	Section 5	Page 36	Will the selected vendor have the opportunity to discuss additional mutually agreeable contract terms with DOM?	DOM will provide the same terms to all bidders as outlined in this RFP to allow for fair opportunities amongst all bidders. Any additional contract terms vendor wishes to propose should be submitted in the proposal. Any contract terms included in the RFP are non-negotiable.
28.	6.1	64	Please confirm whether the State will accept an electronic signature to meet the “original signature” requirement stated in this section.	Yes, electronic signatures will be accepted.
29.	Appendix A	86	What is the maximum budget for this project?	The maximum budget will be set based on an award made to the Offeror whose proposal, including price proposal, receives the highest overall evaluated score, pending approval by the DOM’s Executive Director.

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Amendment #3 to RFP 20210813 (Question and Answer Document)

This Amendment must be signed and submitted as a part of any proposal to be considered for this procurement.

Receipt of Amendment Acknowledged:

(Signature)

(Printed)

(Title)