



Pharmacy Benefit Administrator Claims and Performance Audit Services
Amendment #1 – Questions and Answers
Quote Request # 20260331 / RFX # 3150006793
April 20, 2026

This Amendment # 1 is issued in response to the vendor questions received regarding Quote Request # 20260331. Vendors are advised to review the following questions and responses carefully and incorporate them into their proposal submission as applicable.

Question #	QR Section #	QR Page #	Question	DOM Response
1	1.7.2.2 and Attachment I Quote Response Checklist	7	There seems to be a discrepancy between QR Section 1.7.2.2. and the Quote Response Checklist regarding Attachment B, Addendum 2. Please clarify whether bidders should place their response to 1.7.2.2. Staffing Requirement in Attachment B, Addendum 1 as noted in the QR, or in Addendum 2 as noted on the checklist.	Responses to 1.7.2 (including 1.7.2.2) are to be included in Addendum 1: Minimum Qualifications. The checklist will be corrected and reissued as Amendment #2.
2	1.7.3 and Attachment I Quote Response Checklist	9	According to Attachment I Quote Response Checklist, it appears that bidders are to place their responses to 1.7.3 Narrative - Capability to Provide Services within Attachment B, Addendum 1; however, the QR document instructs bidders to place it in Attachment B, Addendum 2. Please provide clarification.	Responses to 1.7.3 are to be included in Addendum 2: Capability to Provide Services. The checklist will be corrected and reissued as Amendment #2.



3	2.2	12	Please clarify if the annual audit of DOM's Pharmacy Benefit Administrator (PBA) is inclusive of both fee-for-service and managed care pharmacy claims volume.	Yes – the audit includes both Fee-for-Service and managed care pharmacy claims.
4	2.2	12	Please clarify the initial annual time frame that would be included in the annual audit process. Is the annual audit contemplated to be a retrospective audit of an annual period during which all claims were processed by DOM's Pharmacy Benefit Administrator (PBA)?	The annual audit is a retrospective review of a defined 12-month period of pharmacy claims processed by DOM's Pharmacy Benefit Administrator. The initial annual time frame will be the July 1, 2024 – June 30, 2025. Audit periods are defined on Attachment A (Cost Proposal Form).
5	2.2	12	Historical Audit Periods: For the initial annual audit, will the scope include any retroactive or catch-up audit periods prior to the contract start date of May 15, 2026, or will the first audit cover only claims processed after the contract commences?	Yes - the initial annual audit period will be retroactive for the audit period of July 1, 2024 – June 30, 2025, as specified on Attachment A (Cost Proposal Form).
6	2.2	12	Deliverable Timelines: Are there specific deadlines or turnaround requirements for the annual audit report (e.g., number of days/months after the close of the audit period)?	DOM anticipates that the annual audit report will be due no later than December 31 of each audit year. Final deliverable timelines will be confirmed during contract negotiations and may be adjusted based on data availability and operational considerations.



7	2.2	12	Existing Audit Findings: Are there prior PBA audit reports or findings that DOM will make available to the selected Auditor to ensure continuity and avoid duplicative efforts?	There have been no prior PBA audits.
8	2.2.2.1	12	Annual vs. Multi-Year Scope: Section 2.2 references "at least annually" for the pharmacy claims audit. Please confirm whether each of the other audit components (pricing, network, rebate, FWA, operational review) are also expected to be completed annually, or whether some components may be performed on a different schedule across the five-year term.	Each audit component listed in Section 2.2 (pricing, network, rebate, FWA, and operational review) is expected to be included in the annual audit unless otherwise directed by DOM. At this time, DOM anticipates these components being conducted on an annual basis but reserves the ability to adjust the schedule or frequency over the five-year term if operational needs warrant.
9	2.2.2.1	12	Are any audits requested to be performed more frequently than annually?	Only annual audits are required.
10	2.2.1-2	13	Would DOM entertain a buy-up quote for real time monitoring, where claims are reviewed on a more frequent basis (monthly, weekly, daily) against pricing terms, provisions and DOM requirements? If so, how should we incorporate this into the response document?	During the audit engagement, the auditor is engaged to audit 5 operational years of PBA claims beginning in July 2024, which aligns with state fiscal years 2025-2029. These may be performed on a retrospective basis for prior years (FY2025-2026) and should incorporate real-time monitoring for prospective years (FY2027-2029).
11	2.2.1.2	13	340B: Will DOM provide data and pricing files on 340B ceiling price?	DOM does not currently have a 340B ceiling price policy in place but will be



				implementing one soon. DOM will assist the Auditor in obtaining all information necessary to complete its work, by either providing a ceiling rate file or helping the Auditor with obtaining the CMS rates necessary to calculate ceiling rates.
12	2.2.1.3	13	Pharmacy Network Agreements: Section 2.2.1.3 states that “Auditor shall verify that actual network discounts”; however, it is our understanding that Medicaid pharmacy reimbursement is based on the state-wide fee-for-service reimbursement logic, rather than a pharmacy-specific pricing arrangement (such as an AWP-discount). Are there other discounts or network terms that the Auditor is expected to account for?	MS Medicaid pharmacy reimbursement is based on the state’s fee-for-service reimbursement methodology rather than contracted network discount arrangements. As such, DOM does not expect the Auditor to verify AWP-discount or MAC-discount network pricing terms. The intent of Section 2.2.1.3 is for the Auditor to confirm that any network-related terms or discounts that may exist within the PBA’s agreements—and that could affect reimbursement—are being applied accurately and consistently. If no such terms apply, the Auditor would simply document that the State’s reimbursement methodology governs.
13	2.2.1.4	13	Please confirm the number of manufacturers and number of manufacturer agreements subject to the federal and supplement rebate audit	Approximately 780 manufacturers currently participate in MDRP (Medicaid Drug Rebate Program), with NDCs (National Drug Codes) subject to federal rebates. DOM is unable to



				confirm the number of manufacturers that will have claims during an audit period. Although supplemental rebates were mentioned in the QR, they are not within the scope of the PBA contract. Gainwell invoices and collects federal rebates only. DOM has a separate vendor for supplemental rebate invoicing and collections.
14	2.2.1.4	13	Rebate Data Access: Will DOM provide the Auditor with access manufacturer rebate agreements (federal and supplemental), and CMS Drug Rebate files, for applicable periods?	DOM will provide the Auditor access to rebate-related information necessary to complete the audit, including CMS rate files subject to any confidentiality requirements. Access will be provided for the periods included in the audit scope.
15	2.2.1.4	13	Supplemental Rebate Contracts: How many supplemental rebate agreements are currently in effect?	Supplemental rebates are outside the scope of the PBA contract, and are therefore not relevant to this QR.
16	2.2.1.6	14	For Operational Review of PBA, please confirm the frequency requested for this review	Operational review is performed annually.
17	2.2.1.6	14	Can you confirm that all of the requested items for operational review are defined as a service level agreement or performance guarantees in the PBA contract?	Most of the items included in the operational review align with service level agreements and performance guarantees contained in the PBA contract. The Auditor should verify compliance with those contractually-defined requirements. If any operational review item



				is not tied to a specific SLA or performance guarantee, DOM will identify the expectations and documentation needed to evaluate compliance.
18	2.2.1.7	14	For FWA Review, please confirm the frequency requested for this review	FWA Review is to be conducted annually.
19	2.2.1.7	14	Is the intent of the FWA request to be retrospective (assessing existing processes) or prospective (proposing additional processes)?	Both retrospective assessment and prospective recommendations are intended.
20	2.2.1.7	14	Is there a FWA programs beyond the clinical edits that exist in the claims processor?	Yes. In addition to the clinical edits within the claims processing system, DOM maintains systems, processes, and controls designed to identify, prevent, and address fraud, waste, and abuse (FWA).
21	2.2.1.13	15	Legislative/Legal Support (Section 2.2.1.13): Is there a historical frequency or volume of legislative testimony or legal proceedings the current or prior Auditor has been asked to support?	There has been no prior PBA audit, but DOM does not expect the volume to be high.
22	2.2.1.14-15	15	Other Engaged Auditors: Are there currently other auditors engaged by DOM for pharmacy-related or overlapping services with whom the selected Auditor would be required to coordinate under Section 2.2.1.15?	At this time, there are no other auditors engaged by DOM for pharmacy-related or overlapping services. However, should additional auditors be engaged in the future, the selected Auditor will be expected to



				coordinate with them in accordance with Section 2.2.1.15.
23	3.1	19	Evaluation Criteria Weighting: Will DOM share the relative weight or scoring methodology applied to the Minimum Qualifications, Capability Narrative, References, and Cost Proposal in the evaluation process?	<p>The Quote Request does not specify numerical weights or a detailed scoring methodology for the evaluation criteria. However, Section 3.1 indicates that the procurement process is designed to ensure selection of a responsive and responsible Offeror based on the requirements outlined in the QR.</p> <p>Evaluation will therefore be based on the Offeror’s demonstrated ability to meet:</p> <ul style="list-style-type: none"> • Minimum Qualifications (pass/fail requirements) • Capability to Provide Services (technical merit and experience) • References (as validated through the Reference Survey Score Sheets) • Cost Proposal (as submitted in Attachment A) <p>While specific weights are not assigned, all submissions will be evaluated in a manner consistent with applicable procurement standards and principles of fairness and objectivity.</p>



24	Attachment A – Cost Proposal Form	N/A	The RFP does not specify a budget ceiling or anticipated funding range for this engagement. Can DOM provide guidance on the anticipated budget range or not-to-exceed amount for this contract to help bidders calibrate appropriate scope and staffing levels in their proposals?	This is a Quote Request. No budget guidance is given; offerors must propose pricing.
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All other terms, conditions, and requirements of the Quote Request remain unchanged and in full force and effect. Vendors are responsible for ensuring that their submissions reflect the corrections outlined in this amendment.

Authorized Signature

Date

Printed Name

Vendor Name