

ADDENDUM ONE

DATE: May 6, 2013

TO: All Vendors

FROM: Mary Lanning/Michelle Musick, Buyers
 State Purchasing Bureau

RE: Questions and Answers for RFP Number 4327 Z1
 to be opened May 21, 2013

Following are the questions submitted and answers provided for the above mentioned Request For Proposal. The questions and answers are to be considered as part of the Request For Proposal.

QUESTIONS	ANSWERS
<p>1. Will the State accept large report exhibit material on CD in lieu of a hard copy?</p>	<p>No. The State expects bidders to submit reports which are representative samples, rather than large reports.</p>
<p>2. IV.D.5.a.</p> <p>Will the State require renegotiation of the entire PDL class with each new entrant to the market for that class?</p>	<p>No.</p>
<p>3. IV D.6.d</p> <p>The RFP states the following requirement: "When there have been adjustments in previous quarters, Contractor will report the previous quarters' gross amounts, with adjustments detailed by drug class."</p> <p>Will the State please provide an example and description of the report requested?</p>	<p>Adjustments to previous quarters are reported on the CMS64-9R report. In addition to the total amounts adjusted, the State will need a breakdown of the adjustments according to therapeutic drug class, details to be worked out during implementation.</p>

QUESTIONS	ANSWERS
<p>4. IV C; IV D.7</p> <p>Within the Scope of Work (page 23, item IVC), the RFP does not address any requirements for a pharmacy call center. However, prior authorization call center services are addressed on pages 28 and 29 in Section 7. Please confirm that pharmacy call center support services are not a part of this RFP.</p>	<p>The successful vendor is required to operate a call center for prior authorization of non-preferred and preferred drugs outside of established guidelines, as indicated on pages 28 and 29 in IV D.7. Calls not related to prior authorization of PDL drugs are not part of this RFP.</p>
<p>5. IV.D.3.a.</p> <p>Will the Contractor be responsible for the delivery of therapeutic class reviews directly to P&T Committee members? If so, is there a required method by which these documents are to be delivered (e.g., hard copy/CD by mail, electronically and secured, etc.)?</p>	<p>Yes.</p> <p>The required method of delivery is to be determined during implementation.</p>
<p>6. IV.D.3.b.</p> <p>Will the Contractor be responsible for the delivery of cost analyses of therapeutic classes directly to P&T members? If so, is there a required method by which this document is to be delivered (e.g., hard copy/CD by mail, electronically and secured, etc.)?</p>	<p>Yes.</p> <p>The required method of delivery is to be determined during implementation.</p>
<p>7. IV.D.3.e.</p> <p>Is it the expectation of DHHS that the recording secretary of all P&T Committee Meetings and provider of meeting minutes is a different person than the clinical account manager?</p>	<p>The State expects the successful bidder to perform the function of recording secretary for P&T Committee meetings. The bidder should describe staff member(s) roles in meeting this requirement.</p>
<p>8. IV.D.3.e.</p> <p>Is it the expectation of DHHS that the recording secretary of all P&T Committee Meetings and provider of meeting minutes is a different person than the account manager?</p>	<p>The State expects the successful bidder to perform the function of recording secretary for P&T Committee meetings. The bidder should describe staff member(s) roles in meeting this requirement.</p>

QUESTIONS	ANSWERS
<p>9. IV.D.3.e.</p> <p>Does DHHS expect the person assigned as the recording secretary to perform any other duties outside of being the recording secretary for P&T Committee Meetings and providing detailed and comprehensive P&T Committee Meeting minutes?</p>	<p>No.</p>
<p>10. IV.D.9; V.4.a.</p> <p>A description and applicable cost of a Diabetic Supplies Program is requested on page 30 (item IV. D.9). However, item V.4.a. on page 36 states “Bidder must provide a description under every requirement in tables IV. D. 1, through IV. D. 8. to describe their proposed solution for the project requirements.”</p> <p>Should IV.D.9, Diabetic Supplies Program, be included as part of the proposed solutions?</p>	<p>No.</p>
<p>11. D.1.a; p. 24</p> <p>Does the State agree that there are not significant or “blocking” issues involved in switching from the multi-state pool associated with the incumbent vendor to a multi-state pool associated with a new vendor?</p>	<p>Yes. We are not aware of any significant or ‘blocking’ issues.</p>
<p>12. D.3.a; p. 24</p> <p>May the successful vendor propose their own format for drug class reviews and monographs, or should the successful vendor continue to use the format that is currently used?</p>	<p>The vendor may propose their own format.</p>
<p>13. D.3.d; p. 25</p> <p>Does the Clinical Account Manager need to be based in Nebraska? Does this person have to be licensed to practice pharmacy in Nebraska?</p>	<p>No. No.</p>

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<p>14. D.4.f; p. 25</p> <p>Does the 'new products' file supplied to the POS vendor only need to contain drugs that are managed on the PDL, or does it contain all drugs that appear on the weekly First Data Bank update file?</p>	<p>The new product file would only be required to include drugs that are managed on the PDL.</p>
<p>15. D. 5.b.; p.26</p> <p>Will copies of the existing Supplemental Rebate Agreements be available to the new vendor to assist with historical disputes related to contractual issues?</p>	<p>No.</p>
<p>16. D. 6.c.; p. 27</p> <p>One common Supplemental Rebate (SR) dispute from a manufacturer is when the Federal units invoiced do not match the SR units invoiced. Will the new vendor have access to the Federal utilization data or a process to confirm the Federal NDC quantities invoiced?</p>	<p>Yes.</p>
<p>17. D.7.b; p. 28</p> <p>What qualifications does the State require for the staff who will be making pharmacy prior authorization decisions? Must these individuals/clinicians be licensed in Nebraska?</p>	<p>There are no licensure requirements for conducting a prior authorization program.</p>
<p>18. D.7.b; p. 28</p> <p>Is it expected that the Nebraska-licensed physician will need to be on site in Nebraska? If yes, could the expectation be quantified as to the number of times on-site each year, quarter or month?</p>	<p>No.</p>
<p>19. D.7.b.; p. 28</p> <p>Is it mandatory that the bidder have a Nebraska-licensed physician named either at the time of proposal submission or by the contract start date? Is a plan to have a Nebraska-licensed physician named by the operational date acceptable?</p>	<p>No. Yes.</p>

QUESTIONS	ANSWERS
<p>20. 7.b; p. 28</p> <p>Is the intention of the state to have a split PA program where the POS vendor manages PAs for drugs that are not in PDL classes and the PDL vendor manages PAs for drugs that are in PDL classes?</p>	<p>Yes.</p>
<p>21. 7.c; p. 28</p> <p>If a drug is classified as preferred but outside of the “established guidelines” is the State expecting the PDL vendor to come up with criteria with post claim analysis or create pro-DUR edits for implementation within the POS?</p>	<p>The State expects the successful bidder to make recommendations that may include criteria and pro-DUR edits to be implemented to ensure appropriate utilization.</p>
<p>22. D.7.d; p. 28</p> <p>Can the State clarify what is expected with regard to ‘electronic recording of calls’? Is the State expecting the entire call to be recorded or that pertinent information from the call is logged in a workflow management application for later access?</p>	<p>The State expects the entire call to be recorded, so that it is available for playback if requested.</p>
<p>23. D.7.f; p. 29</p> <p>Can the state clarify their expectation with regard to ‘immediate’ transmission of PA determinations to the POS claims adjudication system? Are they expecting PA data to be delivered to the POS in real-time as determinations are completed or that a feed will be delivered on a scheduled basis, such as every hour? What delivery method(s) is the current POS vendor capable of supporting?</p>	<p>The current POS vendor supports receipt of batch files via SFTP.</p>
<p>24. 8.b; p. 29</p> <p>How does the Department define/differentiate brand and generic drugs?</p>	<p>The State uses data elements from the First Data Bank drug reference file to classify a product brand or generic.</p>

QUESTIONS	ANSWERS
<p>25. 8.f; p. 29</p> <p>How many Ad Hoc reports are typically requested by the Department? Can you provide a couple of examples of the types of Ad Hoc reports that might be requested?</p>	<p>It is anticipated that Ad Hoc report requests would not exceed one per month. Examples of previous reports include 1) identifying how many individuals were on Strattera® and a stimulant at the same time and 2) breakdown of stimulant prior authorization requests by drug for the previous quarter.</p>
<p>26. D.9.1; p. 30</p> <p>Please define “member fee”. If this is a cost projection per member per month request then claims data would be needed. Will claims data be available to the Supplemental Rebate Vendor to perform this analysis and trending?</p>	<p>The Diabetic Supply Program is separate from the rest of the therapeutic classes and covers a much smaller group (only those not enrolled in Managed Care). The member fee is meant to allow the State to evaluate the cost of this program on a per member basis. Claims data will not be made available; however, the following metrics are provided as a basis for your response. NE Medicaid claims dated from July 2012 through March 2013 for Fee for Service clients demonstrated:</p> <p style="padding-left: 40px;">7,668 eligible members received the following diabetic supplies in the following total amounts:</p> <p style="padding-left: 80px;">\$408,072 for test strips</p> <p style="padding-left: 80px;">\$7,881 for blood glucose meters</p>
<p>27. What are the turnover requirements of the current PDL vendor?</p>	<p>This is not relevant to the bid response. All requirements for bidders have been defined in the RFP.</p>
<p>28. Form A; p. 38</p> <p>Where in their response should vendors supply a completed copy of Form A?</p>	<p>There are no specific requirements as to placement as long as it is identified.</p>