ADDENDUM 1, QUESTIONS and ANSWERS

Date: April 17, 2023

To: All Bidders

From: Dana Crawford-Smith, Procurement Contracts Officer
DHHS

RE: Addendum for Request for Proposal Number 115136 O3
to be opened May 19, 2023, at 2:00 p.m. Central Time

Questions and Answers

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. It is the Bidder's responsibility to check the State Purchasing Bureau website (https://das.nebraska.gov/materiel/purchasing/115136%20O3/115136%20O3.html) for all addenda or amendments.

Question Number	RFP Section Reference	RFP Page Number	Question	State Response
1.	I.J vs. VI.A.1	4 vs. 48	Please confirm that the state expects bidders to submit proposals electronically using the ShareFile link provided in the RFP.	Yes, the ShareFile link is where proposals are expected to be submitted.
2.	II – IV	8 – 27	Please confirm that typed initials are a sufficient response to each clause.	Typed initials are acceptable.
3.	I.I	4	How does the state want proposed deviations presented? Are red lines acceptable?	Red lines are acceptable.
4.	VI.A.3.h	55	Please advise if the expectation is to submit four separate complete proposals with every requirement from the RFP included in each module or should each module be a separate document within a complete proposal.	Bidder must submit separate technical and cost proposals for each scope of work.
5.	VI.A.3.g	55	Please advise if the expectation is that the executive summary for each RTM section should be a separate file from the RTM or if the executive summary can be incorporated at the beginning of the RTM document.	Bidder must provide a brief executive summary for each section in the RTM attachments.
6.	II.N	13	Please advise if initialing in the "accept" box in the clause table is sufficient to indicate acceptance of the Performance Guarantees in Attachments E-H.	The bidder will either accept or reject the Performance Guarantees for all Attachments E through H.
7.	Attachments E – H		Please advise if and how the state would like bidders to respond to each individual performance guarantee within the attachments.	The bidder will either accept or reject the Performance Guarantees for all Attachments E through H on page 13.
8.	Section 1. C: Schedule of Events	2	Does the State have a targeted go-live date?	Go-live will be determined by the project implementation plan once contract has been awarded, with all awarded POS scopes to be implemented no later than December 2024.
9.	Attachment F	1	CPA-35: Solution must return to providers claims received which cannot be processed due to missing/invalid information within fifteen (15) business days of receipt. A letter of explanation must be sent to assist in claim resubmission. Please confirm this relates to paper claims only.	Letter of explanation applies to paper claims only.
10.	Attachment C – PDL RTM	2	PSR-1 requires a contractor to complete all necessary requirements for Nebraska Medicaid to	No

			join and participate in the Medicaid-only multi-state purchasing pool. PSR-2 requires a contractor to negotiate new or renegotiate renewed supplemental rebate contracts with pharmaceutical manufacturers prior to each Pharmacy and Therapeutics (P&T) Committee meeting and in response to changes in market conditions (e.g., when the Federal Food and Drug Administration (FDA) approves a new agent within a class). There are 3 CMS approved purchasing pools, The Optimal PDL Solution (TOP$), National Medicaid Pooling Initiative (NMPI), and Sovereign States Drug Consortium (SSDC), and only Nebraska's current TOP$ pool solicits for rebates before each P&T Committee meeting instead of yearly. Would Nebraska consider a yearly solicitation to allow more than one bidder to fit the requirements?	
11.	Attachment C – PDL RTM	2	PSR-1 requires a contractor to complete all necessary requirements for Nebraska Medicaid to join and participate in the Medicaid-only multi-state purchasing pool. There are 3 CMS approved purchasing pools, The Optimal PDL Solution (TOP$), National Medicaid Pooling Initiative (NMPI), and Sovereign States Drug Consortium (SSDC). TOP$ and NMPI are owned by the same contractor and SSDC is owned by the member states. Would Nebraska consider changing this requirement to complete all necessary requirements of a contractor since there would be requirements on the state to join the state owned SSDC pool to allow for more than one bidder?	The question is unclear.

12.	VI	48 – 55	Please confirm the following proposal layout is acceptable:
			1. Request for Proposal Form
			  a. Bidder Contact Sheet
			2. Corporate Overview
			  a. BIDDER IDENTIFICATION AND INFORMATION
			  b. FINANCIAL STATEMENTS
			  c. CHANGE OF OWNERSHIP
			  d. OFFICE LOCATION
			  e. RELATIONSHIPS WITH THE STATE
			  f. BIDDER'S EMPLOYEE RELATIONS TO STATE
			  g. CONTRACT PERFORMANCE
			  h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE
			  i. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH
			  j. SUBCONTRACTORS
			3. Technical Approach
			  a. Understanding of the project requirements;
			  b. Proposed project, system development, and requirements management approach;
			  c. Technical considerations;
			  d. Detailed project work plan;
			  e. Deliverables and due dates;
			  f. Provide complete responses to Sections II through VI of the RFP; and
			    ii. II. TERMS AND CONDITIONS
			    iii. III. CONTRACTOR DUTIES
			    iv. IV. PAYMENT
			    v. V. PROJECT DESCRIPTION
				Acceptable

			AND SCOPE OF WORK g. For each section in the RTM attachments, provide a brief executive summary of the proposed approach to satisfy all requirements within the respective RTM section. ii. Corresponding RTM Executive Summary h. Respond to all requirements detailed in the RTM attachments, unless noted. Failure to respond to a specific requirement, unless noted, may be the basis for elimination from consideration during the State's comparative evaluation. Requirements Traceability Matrix (RTM)	
13.	Nebraska RFP PDRS Final V.D. Technical Environment	33-36	What integration (if any) do you expect between the applications under DHHS applications portfolio and our (vendor/bidder) proposed solution?	Please refer to the diagram pg.33 and Attachment L.
14.	Nebraska RFP PDRS Final F. Business Functional Requirements 3. System Requirements	38	Would you be able to elaborate further on capacity, scalability, and flexibility needs of the future? What does the FUTURE DHHS participant population and their associated services look like?	From an eligibility/benefit side agree with what is written. The state does require flexibility to support formats and modes of data exchange, including support for API-based exchanges as we modernize our systems.
15.	Nebraska RFP PDRS Final F. Business Functional Requirements 4. Hosting and Environment Requirements	38	Can we interpret that these requirements (Azure and FedRAMP) apply only if bidder's proposed solution is a cloud solution?	FedRAMP is not intended only to be cloud-based. It can be hosted or in the cloud. FedRAMP applies regardless of the solution.
16.	Nebraska RFP PDRS Final VI. Proposal Instructions 3. Technical Approach	55	The TNL and PVS requirements are fairly common across most RTMs. In case we are bidding for all modules, do we have to respond to each requirement separately in each RTM?	Bidder must submit separate technical and cost proposals for each scope of work.
17.	Attachment B – PBM RTM Final 11. Technical (TNL) Requirements TNL-14	63	Does DHHS have any preferred integration mechanism? E.g., Batch interfaces, real-time web services, etc.? preference to move to API and must also support batch; support both	The preference is API, but must currently support batch and real-time services.
18.	Nebraska RFP PDRS Final Section V.B	28	Please provide the average monthly volume of PA Reconsideration Volume	1
19.	Nebraska RFP PDRS Final Section V.B	28	Please provide the average monthly volume of peer-to-peer requests	0
20.	Nebraska RFP PDRS Final Section V.B	28	Please provide the average monthly volume of paper claims	0
21.	i. Summary of Bidder's Proposed Personnel/Management Approach	51	Is each key staffing position required to be full time 100% dedicated to the DHHS contract? Also, please clarify if key staff can be shared across scopes of work (example: one staffed Project Manager to oversee PBM, PDL, and MDRP – or will this require three separate Project Managers to monitor each scope of work)?	Vendors bidding on multiple scopes can apply a discount factor in the cost sheets.
22.	Main RFP, Section C: Schedule of Events	2	On the schedule of events, the contractor start date is 1/2/2024. What is the anticipated go-live date for services? Will DHHS be offering different go-live dates for MDRP, PBM, and PDL, and POS? Or will each scope of work have the same go-live date?	Go-live will be determined by the project implementation plan once contract has been awarded, with all awarded POS scopes to be

				implemented no later than December 2024.
23.	Attachment C PDL	7, Req 21	Which staffing would be expected to travel in-person for this and how often?	NE Medicaid Pharmacist Account Executive Manager and NE Medicaid Pharmacy Operations Account Executive/Manager. Travel in-person 2 times a year.
24.	Attachment D	6, Req 18	Is this staffing requirement in addition to the DUR Board Director position? If the "DUR Board Support" is an additional staffing requirement, would this be a full-time or part-time position required by the state?	Staffing requirement would be any additional ad hoc staff necessary to support DUR board activities such as data analysis. This requirement if not a full-time or part-time position, only ad hoc hours.
25.	Attachment H	1, DRB-2	DUR meetings are listed as 4 times per year or maximum frequency as determined by DHHS. Currently, the state has 6 meetings per year, and meetings are conducted in-person. Will this meeting frequency decrease from 6 to 4 as stated in Attachment H? Will DHHS allow any of these meetings to be conducted virtually?	Yes
26.	Attachment D	5, DRB-15	In order for the DUR Board contractor to make recommendations and provide in-depth reviews based against claims data reports, will the state require its vendors to provide comprehensive encounter claims data (pharmacy and/or medical claims data) to the DUR Board contractor?	Yes
27.	VI. Proposal Instructions	48	The RFP indicates that bidders must submit separate technical and cost proposals for each scope of work. Please clarify. If a vendor is bidding on the MDR and PBM scope of work for the RFP, should the vendor submit a proposal for MDR that contains the information required in IV.A.1 Request for Proposal Form, IV.A.2 Corporate Overview, IV.A.3 Technical Approach, and VII Cost Proposal Requirements and a separate stand-alone proposal for PBM that includes the same 4 components? Or, should the vendor submit one proposal that contains the information required in IV.A.1 Request for Proposal Form and IV.A.2 Corporate Overview and two separate versions of the information required for the Technical Approach and Cost Proposal - one for MDR and one for PBM?	Bidder must submit separate technical and cost proposals for each scope of work.
28.	Attachment D	2, DRB-1	Under Requirement 1, should the cost of the DUR Board meeting (room rental) and associated meals/refreshments be included in the cost proposal? Y	Yes
29.	Attachment A	35, 40	Requirements state that a draft/sample copy of the System Security Plan (SSP) and Business Continuity and Disaster Recovery (BC/DR) Plan be submitted with the proposal. The Systems Security Plan ("SSP") and Business Continuity and Disaster Recover ("BC/DR") plans contain confidential system information, and involve customization to meet implementation objectives. Will the State accept outlines of these plans, with the full plans to be provided after award?	The State requests a sample copy of the System Security Plan (SSP) and Business Continuity and Disaster Recovery Plan (BCDR). Please redline or hide any confidential information.
30.	2. Accounting (ACC)	ACC-7	Please clarify if 'accept and deposit payments from manufacturers' indicates that the state is expecting the vendor to maintain a bank account for the payments or will the state deposit the payments and send the documentation to the vendor for posting to the drug rebate accounts receivables system?	If the State determines to elect the optional MDR SOWs related to management and staffing functions, this will need to be confirmed during DDI.
31.	1. Invoice Management (IVM) Attachment A	IVM-2	Please provide detail on whether claims data used to rebate DME products will use the new FDA UDI or whether these would be crosswalked to NDCs or other product codes for rebate invoicing purposes?	FDA UDI
32.	1. Invoice Management (IVM)	IVM-15	Please confirm if the intent of the requirement is to conform to the latest CMS required Invoice	The State currently invoices drug labelers by separating

			format. Please also then confirm the content expected in the "Plan" field as noted in the minimum required elements listed. There is no "Plan" field on the CMS Invoice form CMS-R-144	the data using separate program names and codes (see #33 response). During DDI, the State will work with the awarded vendor to determine which Medicaid program names and codes will be used. It is important to note the State will decrease/consolidate the current list of program names/codes (i.e. FFS/MCO non-supplemental, FFS/MCO supplemental or we may add on a Phys Admin/POS program component for each program as well). We expect the solution will be configurable to the State's final determination.
33.	1. Invoice Management (IVM)	MDR	Please provide the Number of Rebate Programs Invoiced currently and the descriptions of the programs (i.e.. FFS Pharmacy, MCO Pharmacy, FFS Medical, MCO Medical, FFS Pharmacy Supplemental, etc.)	As noted above in #32, the State currently has separate programs for the FFS and MCO plans, and further separates by Medicaid payer/type. The numbers after a plan name (7100, 7300, or 7500) designate which managed care organization the claim is from. Below is a list of current programs. MMIS Point of Sale MMIS Physician Administered MCO Point of Sale 7100 MCO Point of Sale 7300 MCO Point of Sale 7500 MCO Physician Administered 7100 MCO Physician Administered 7300 MCO Physician Administered 7500 Nebraska FFS Supplemental Rebate Program Nebraska MCO Supplemental Rebate Program Again, as noted above in #32, we expect the non-supplemental programs will be combined in the vendor's system.
34.	1. Invoice Management (IVM)	MDR	Please provide the Rebate Amount Invoiced quarterly for at least one year time frame, by program if available	See Addendum 2
35.	1. Invoice Management (IVM)	MDR	Please provide the Count of Quarterly Invoices produced for at least one year time frame, by program if available	See Addendum 3
36.	1. Invoice Management (IVM)	MDR	Please provide the Number of Claims Invoiced quarterly for at least one year time frame, by program if available	See Addendum 3
37.	1. Invoice Management (IVM)	MDR	Please provide the Number of Units Invoiced quarterly for at least one year time frame, by program if available	See Addendum 3
38.	1. Invoice Management (IVM)	MDR	Please provide the Rebate $ Collected quarterly for at least one year time frame, by program if available	See Addendum 2

39.	1. Invoice Management (IVM)	MDR	Please provide the Count of Rebate Checks Received quarterly for at least one year time frame, by program if available	See Addendum 2
40.	1. Invoice Management (IVM)	MDR	Please provide the Count of ROSI/PQAS Posted quarterly for at least one year time frame, by program if available	The State does not have a responsive record for this request. The State does not track the volume of ROSI/PQAS affiliated with payment reconciliation processing. Labelers commonly pay using several invoice periods and a varied count of ROSIs and/or PQAS.
41.	1. Invoice Management (IVM)	MDR	Please provide the Count of Invoice Item (NDC) Level Lines Posted quarterly for at least one-year time frame, by program if available	See Addendum 3
42.	NE_RFP PDRS Final_3_2023.pdg	30	Are the quarterly operational statistics comprised of both federal and supplemental rebates? Could the State please separate the quarterly operational statistics by federal and supplemental rebate numbers?	Supplemental rebates
43.	IVM, MDR	2, IVM-2	Could the state confirm that the MDR Vendor solution is not expected to invoice or manage the supplemental rebate program? Does the state intend the MDR vendor to invoice and manage only the Federal rebate program?	Confirm
44.	I.C. SCHEDULE OF EVENTS	2	The State does not include a specific desired "operational date" or "go-live date". After the contract start date on January 2, 2024, the system activation date is not referenced by date, only by "readiness" of the system. Does the State have any preferred calendar date in mind?	Go-live will be determined by the project implementation plan once contract has been awarded, with all awarded POS scopes to be implemented no later than December 2024.
45.	V.A. GOALS AND OBJECTIVES/PDRS Project Objective	29	Has the State got a website design specification that it will share with the selected Contractor? Can the State provide sufficient specifications to allow proposing organizations to understand technological connections to the built site?	The RTMs contain both functional and technical web requirements, as well as technical browser standards. The state does not have a website design template.
46.	V.B. PROJECT DESCRIPTION AND SCOPE OF WORK/Background/PBM	30	Given that the header denotes for the "Calendar Year 2021", the state is communicating that it processed for all of 2021 1,899 claims to a "paid" status. Please confirm.	That is accurate to the number of claims in paid status with a service date in CY2021.
47.	V.B. PROJECT DESCRIPTION AND SCOPE OF WORK/Background/PBM	30	With automated processing of pharmacy claims, submitted claims are adjudicated to either a "Paid" or "Denied" status in real-time. A "Rejected" claim is more likely the result of a paper claim submission. Is that the case here with 36,196 claims affected? If so, how many pharmacy claims are submitted on paper or facsimile? If not, please explain what the "Rejected" status reflects vis-à-vis the "Denied" status.	Rejected: NCPDP errors, Wrong Plan, Member not covered, COB issues, etc. Denied: hard edits such as no PA, cost exceeds, Plan limit, Not covered product. (this is taken from the attached note where we sourced the numbers from Magellan)
48.	V.B. PROJECT DESCRIPTION AND SCOPE OF WORK/Background/MDR	30	Can the State provide the number of encounter transactions in 2021 that, when combined with FFS Paid Claims, provide the basis for the numeric invoicing results?	3,737,290 encounters.
49.	V.E.3.b. BUSINESS DELIVERY APPROACH	36	Does the State or DHHS have technical platforms in place that are targeted for re-use or targeted for sun-setting? If so, please provide so that the proposers can tailor their implementation approaches to fit predetermined technical platforms.	The state is in the process of updating its modernization roadmap. Refer to the section for target state technical environment diagram. FFS claims payment will continue to be made via the legacy MMIS system, with support for claims in NCPDP format being implemented in

				parallel with this (PDRS) RFP. The state is currently upgrading its provider enrollment system. Please refer to the Nebraska DAS RFP site for IT modernization project RFPs.

This addendum will become part of the proposal and should be acknowledged with the Request for Proposal