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| SOLICITATION ADDENDUM ONE  QUESTIONS AND ANSWERS AND UPDATED ATTACHMENT C |

**SOLICITATION NUMBER: 122436 O5**

**Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans**

**Opening Date: July 18, 2025**

**Addendum Effective Date: June 26, 2026**

#### Questions and Answers

Following are the questions submitted and answers provided for the above-mentioned solicitation. The questions and answers are to be considered as part of the solicitation. It is the responsibility of bidders to check the State Purchasing Bureau website for all addenda or amendments.

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| Question Number | RFP  Section  Reference | RFP  Page Number | Question | State Response |
| 1. | 122436 O5 Prescription Drug Benefits Plan RFP State of NE -Procurement Procedure, section O. SOLICITATION REQUIREMENTS #7 | Pg.6 | #7 reads that the solicitation requirements include a “Completed Attachment B - Business Associate Agreement”. It is not clear what Completed means. We are assuming signature is not required.  Does the requirement to complete mean the bidder shall type in their correct entity name and address in opening paragraph and entity name, signatory name and title in the signature block?  Does it mean upon award of business the Business Associate Agreement must be signed? | A completed Business Associate Agreement without signature will be deemed acceptable with the solicitation response and a signed agreement will be required upon award of business. |
| 2. | 122436 O5 Prescription Drug Benefits Plan RFP State of NE – Section III Vendor Duties. T | Pg.21 | Electronic Data Interchange (“EDI”), Privacy and Security Rules of the Health Insurance Portability and Accountability Act (“HIPAA”) and will execute the appropriate Business Associate Agreement (“BAA”) as provided by the State. Bidder will execute (without modification) and remain in full compliance with the attached BAA with the State.  The above referenced RFP document (subsection G) allows for the bidder to submit deviations, which seems to conflict with the instructions stating no comments. Section III Vendor Duties provides an example of a table to insert deviations. The above reference document indicates that deviations are discouraged. | Subsection G requires that “Any specifically defined deviations must not be in conflict with the basic nature of the solicitation, requirements, or applicable state or federal laws or statutes.” The purpose of this language is to ensure that required contracts like the BAA remain substantively unchanged. The BAA must be in substance the modern, effective BAA attached. Minor deviations to the BAA would be reviewed with this perspective in mind. |
| 3. |  |  | 1. What percentage of claims is filled at mail order?  2. What is the client’s GDR (generic dispensing rate) at retail?   1. What is the client’s GDR at mail? | Please refer to the provided claims file for the most up-to-date utilization and spend information. |
| 4. | Attachment C – Confirmations & Questionnaire; Questionnaire Tab, items K.1 and K.2 | Rows 220-229 | Please clarify if the intent was to reference the "Attachment D - Performance Guarantees" document, not the “Attachment B - Business Associate Agreement". | Attachment C – Confirmations & Questionnaire; Questionnaire Tab, item K.1 asks the bidder to provide a sample of their standard reporting package and outlines the reports to be included at a minimum. Item K.2 asks how these reports will be provided to the State.  Please see updated Attachment C1 - Confirmations & Questionnaire, posted with this addendum, which updates Questions K.1 and K.2 of the Confirmations tab to reflect Attachment D - Performance Guarantees. |
| 5. | Attachment D - Performance Guarantees: System Downtime | Row 19 | Please confirm this relates solely to the point-of-service claims adjudication system and that it will exclude telecommunication failures and scheduled system maintenance. | Confirmed. |
| 6. | 122436 05 Prescription Drug Benefits Plan RFP; Schedule of Events | Page 2 | We respectfully request a two-week extension. This is in the State's best interest as it will allow time to for bidders to properly analyze the claims, formulary, census, and current plan design to provide the proposal that best reflects the State's goals with this procurement. | The Schedule of Events will remain as posted. |
| 7. | Benefit SPDs  Pharmacy Benefits Exclusion #15 | N/A  (see SPDs) | Based on the State’s SPDs for prescription drug benefits (exclusions), it does not appear the State currently covers GLP1s for weight loss:  *Exclusion #15 - any product dispensed for the purpose of appetite suppression or weight loss.*  Can the State please confirm it does not cover GLP1 medications for the purpose of weight loss and that you do not intend to cover them in the future? | The Plan does not currently cover GLP-1 drugs for weight loss and does not currently intend to add such coverage. |
| 8. | N/A | N/A | Can the State please confirm if you offer a Patient Assistance Program (PAP) to your members through a vendor such as PaydHealth, Payer Matrix, etc.?  If not, would the State consider a PAP option? | The Plan does not offer a Patient Assistance Program through an external vendor and does not currently intend to do so. |
| 9. | N/A | N/A | Our PBM noticed that this PBM RFP for the State has some drastic differences from other recent RFPs with Segal compared to other State bids. Can the State please confirm that there are no other RFP elements that we are being asked to respond to other that what has been presented on the State’s public site and the data files from Segal? | Confirmed. |
| 10. | Attachment C - Questionnaire  Question #F.14 | Questionnaire Tab | Question F.14 references bidders should use the “Claims Repricing Data File” for the disruption. We received the reprice file 6.17.2026, so we have that; however, can the State please confirm if there’s a specific template or format you would like bidders to use for the reprice response? If not, we will provide our standard reprice summary. | For Question F.14, please provide the number of participants and claim counts for any retail pharmacy not in your current network. Also provide a list of the non-network pharmacies based on the claims file. |

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| 11. | Benefit SPDs  Pharmacy Benefits Exclusion #15 | N/A  (see SPDs) | Based on the State’s SPDs for prescription drug benefits (exclusions), it does not appear the State currently covers GLP1s for weight loss:  *Exclusion #15 - any product dispensed for the purpose of appetite suppression or weight loss.*  Can the State please confirm it does not cover GLP1 medications for the purpose of weight loss and that you do not intend to cover them in the future? | See answer provided to question #7 |
| 12. | N/A | N/A | Can the State please confirm if you offer a Patient Assistance Program (PAP) to your members through a vendor such as PaydHealth, Payer Matrix, etc.?  If not, would the State consider a PAP option? | See answer provided to question #8 |

#### Updated Attachment C

Attachment C – Confirmations & Questionnaire is hereby deleted and replaced with Attachment C1 – Confirmations & Questionnaire to update items J.1, K.1, and K.2 of the Confirmations tab as follows:

Confirmations tab item J.1 is updated as follows:

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| **J.** | **IMPLEMENTATION, OPEN ENROLLMENT, AND COMMUNICATION** |
| J.1 | PBM shall provide an implementation plan assuming a December 1, 2025, contract award. At a minimum, the Implementation Project Plan must provide specific details on the following:   a. Identification and timing of significant responsibilities and tasks   b. Names, titles, and experience of key implementation staff and time dedicated to the State during implementation   c. Identification and timing of the State's responsibilities   d. Transition requirements with the incumbent vendors   e. Staff assigned to attend and present (if required) at Open Enrollment   f. Data and timing requirements from current vendors to ensure transition of care and transfer of any open-refill, prior authorization, or other necessary files |

Confirmations tab items K.1 and K.2 are updated as follows:

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| **K.** | **VENDOR ACCOUNTABILITY AND PERFORMANCE GUARANTEES** |
| K.1 | Minimum performance standards are included in Attachment D – Performance Guarantees. PBM must provide these standards measured on State specific data. Confirm agreement. |
| K.2 | The State requires that 30% of the Administrator’s annual PBM Fees be placed at risk annually as a financial penalty for failure to meet the administrative performance guarantees in accordance with Attachment D, as established by the State of Nebraska. All penalties will be assessed based on these pre-established guarantees against actual State-specific performance results annually, not the bidder’s book of business. Confirm agreement. |

This addendum will be incorporated into the solicitation.