State of Nebraska
State of Nebraska Department of Health and Human Services

REQUEST FOR INFORMATION

RETURN TO:
DHHS - Procurement
301 Centennial Mall South, 5th Floor
PO BOX 94926
Lincoln, NE 68508
Phone: (402) 471-6082
E-mail:
dhhs.procurement@nebraska.gov

SOLICITATION NUMBER	RELEASE DATE
RFI MPDR	**April 15, 2020**
OPENING DATE AND TIME	PROCUREMENT CONTACT
May 27, 2020 2:00 p.m. Central Time	**Jennifer Crouse/Keith Roland**

This form is part of the specification package and must be signed in ink and returned, along with information documents, by the opening date and time specified.

PLEASE READ CAREFULLY!

SCOPE OF SERVICE

The State of Nebraska (State), Department of Health and Human Services (DHHS), is issuing this Request for Information RFI MPDR for the purpose of gathering information to request information and potential demonstrations from subject matter experts regarding Medicaid pharmacy and drug rebate services.

In September 2019 DHHS issued a Request for Information (RFI) for the purpose of gathering information regarding MPDR services and potential interest in a planned MPDR Request for Proposal (RFP).

DHHS received MPDR RFI responses from two (2) vendors and the purpose of this RFI is to confirm potential interest and current market capabilities.

Written questions are due no later than May 6, 2020, and should be submitted via e-mail to dhhs.rfpquestions@nebraska.gov.

Bidder should submit one (1) original of the entire RFI response. RFI responses should be submitted by the RFI due date and time. RFI responses should be received in DHHS Procurement by the date and time of RFI opening indicated above. RFI resonses may be mailed or emailed to the address provided in section II.A.

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request For Information form, the bidder guarantees compliance with the provisions stated in this Request for Information.

FIRM: _____

COMPLETE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

SIGNATURE: _____ DATE: _____

TYPED NAME & TITLE OF SIGNER: _____

TABLE OF CONTENTS

I. SCOPE OF THE REQUEST FOR INFORMATION

The State of Nebraska, Department of Health and Human Services, is issuing this Request for Information, RFI MPDR for the purpose of gathering information regarding Medicaid pharmacy and drug rebate services.

ALL INFORMATION PERTINENT TO THIS REQUEST FOR INFORMATION CAN BE FOUND ON THE INTERNET AT: http://das.nebraska.gov/materiel/purchasing.html

A. SCHEDULE OF EVENTS

The State expects to adhere to the tentative procurement schedule shown below. It should be noted, however, that some dates are approximate and subject to change.

	ACTIVITY	DATE/TIME
1	Release Request for Information	April 15, 2020
2	Last day to submit written questions	May 6, 2020
3	State responds to written questions through Request for Information "Addendum" and/or "Amendment" to be posted to the internet at: http://das.nebraska.gov/materiel/purchasing.html	May 13, 2020
4	RFI opening	May 27, 2020 2:00 PM Central Time
5	Conduct oral interviews/presentations and/or demonstrations (if required)	To Be Determined

II. RFI RESPONSE PROCEDURES

A. OFFICE AND CONTACT PERSON

Responsibilities related to this Request for Information reside with the State Purchasing Bureau. The point of contact for the RFI is as follows:

Name: Jennifer Crouse/Keith Roland
Agency: DHHS Procurement
Address: 301 Centennial Mall South, 5th Floor
PO BOX 94926
Lincoln, NE 68508
Telephone: 402-471-0524
E-Mail: dhhs.rfpquestions@nebraska.gov

B. GENERAL INFORMATION

A subsequent Request for Proposal (RFP) may not be issued as a result of this RFI. There will not be a contract as a result of this RFI and the State is not liable for any cost incurred by vendors in replying to this RFI. If an RFP is issued, the information provided will assist the State of Nebraska in developing the Request for Proposal. This RFI does not obligate the State to reply to the RFI responses, to issue an RFP, or to include any RFI provisions or responses provided by vendors in any RFP.

C. COMMUNICATION WITH STATE STAFF

From the date the Request for Information is issued and until RFI opening (as shown in the Schedule of Events), contact regarding this RFI between potential vendors and individuals employed by the State should be restricted to written communication with the staff designated above as the point of contact for this Request for Information.

The following exceptions to these restrictions are permitted:

1. Written communication with the person(s) designated as the point(s) of contact for this Request for Information;
2. contacts made pursuant to any pre-existing contracts or obligations; and
3. State-requested presentations, key personnel interviews, clarification sessions, or discussions.

Violations of these conditions may be considered sufficient cause to reject a vendor's response to the RFI. No individual member of the State, employee of the State, or member of the Interview Committee is empowered to make binding statements regarding this RFI. The State of Nebraska will issue any clarifications or opinions regarding this RFI in writing.

D. WRITTEN QUESTIONS AND ANSWERS

Any explanation desired by a vendor regarding the meaning or interpretation of any Request for Information provision should be submitted in writing to the DHHS Procurement and clearly marked "RFI MPDR Questions". It is preferred that questions be sent via e-mail to dhhs.rfpquestions@nebraska.gov.

It is recommended that Bidders submit questions sequentially numbered, include the RFI reference and page number using the following format.

Question Number	RFI Section Reference	RFI Page Number	Question

Written answers will be provided through an addendum to be posted on the Internet at http://das.nebraska.gov/materiel/purchasing.html on or before the date shown in the Schedule of Events.

E. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS

The State reserves the right to conduct oral interviews/presentations and/or demonstrations if required at the sole invitation of the State.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the vendor and will not be compensated by the State

F. SUBMISSION OF RESPONSE

The following describes the requirements related to the RFI submission, handling and review by the State.

To facilitate the response review process, one (1) original of the entire RFI response should be submitted. RFI responses should be received in DHHS Procurement by the date and time of the RFI opening indicated above. RFI responses should be clearly marked "RFI MPDR." RFI responses may be mailed or emailed to the address provided in section II.A. Hand delivered responses or responses delivered by FedEx or UPS should be delivered to:

ATTN: Jennifer Crouse/Keith Roland
DHHS - 3rd Floor Reception Desk
301 Centennial Mall South
Lincoln, NE 68509

A separate sheet must be provided that clearly states which sections have been submitted as proprietary or have copyrighted materials. RFI responses should reference the request for information number and be sent to the specified address. Please note that the address label should appear as specified on the face of each container. If a recipient phone number is required for delivery purposes, 402-471-0524 should be used. The Request for Information number must be included in all correspondence.

G. PROPRIETARY INFORMATION

Data contained in the response and all documentation provided therein, become the property of the State of Nebraska and the data become public information upon opening the response. If the vendor wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska's public record statutes. All proprietary information the vendor wishes the state to withhold must be submitted in a sealed package, which is separate from the remainder of the response. The separate package must be clearly marked PROPRIETARY on the outside of the package. Vendor may not mark their entire Request for Information as proprietary. Failure of the vendor to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other vendors and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions

92068 and 97033, vendors submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State's definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

H. REQUEST FOR INFORMATION OPENING

The sealed responses will be publicly opened and the responding entities announced on the date, time, and location shown in the Schedule of Events. Responses will be available for viewing by those present after the opening. Vendors may also contact the state to schedule an appointment for viewing RFI responses.

III. PROJECT DESCRIPTION AND SCOPE OF WORK

A. PURPOSE

The Department of Health and Human Services (DHHS) is the state agency that administers the Nebraska Medicaid Program. DHHS is issuing this Request for Information (RFI) to request information and potential demonstrations from subject matter experts regarding Pharmacy and Drug Rebate information technology (IT) and business operations for its Medicaid population. The information gained from this RFI may be used in the development of a competitive solicitation process, leading to the selection of a contractor or contractors best suited to provide software and services that meet the State's requirements. The new solution(s) must undergo CMS Certification for those components eligible for enhanced federal funding and integrate cohesively with the State's Medicaid enterprise. Respondents should provide full details about their services for DHHS to gain a clear understanding of the services and delivery models currently available in the market.

B. NEBRASKA MEDICAID PROGRAM

DHHS provides health care coverage for approximately 240,000 individuals, at an annual cost of approximately $2.1 billion. Currently, the program operates with the majority of the population served by three managed care entities (MCEs), in addition to a smaller traditional fee for service population. In November 2018, Nebraska voters passed an initiative to expand Medicaid under the Affordable Care Act and DHHS anticipates adding an additional 94,000 members to managed care starting October 2020.

MCE and enrollment information as of December 2019 is as follows:

- Nebraska Total Care: 76,752
- UnitedHealthcare Community Plan of Nebraska: 77,411
- WellCare of Nebraska: 76,221
- Fee for Service: approximately 11,000

DHHS has undertaken a strategic transformation journey with its vision of a new Medicaid enterprise. Medicaid managed care in Nebraska has steadily evolved since 1995, from an initial program that provided physical health benefits in three out of 93 counties and behavioral health statewide to today's program that oversees both physical and behavioral health services statewide. Prescription benefits were added to the managed care in 2017 and today, almost all the individuals who qualify for Medicaid receive their physical health, behavioral health, and prescription drug benefits through managed care. The health plans are responsible for managing the pharmacy benefit and network for the members assigned to them. The plans are required to provide all the prescription drug benefits and services included in the Nebraska Medicaid State Plan and follow the state's preferred drug list (PDL).

DHHS is currently executing a multi-phased plan for replacing its aging Medicaid Management Information System (MMIS). The MMIS system implementations and operations are funded by the federal government with enhanced funding as defined in 42 CFR Part 433 Subpart C. CMS provides guidance to the States regarding enhanced funding for investments in MMIS solutions through regulation, State Medicaid Director Letters, and presentations. CMS is requiring States to adopt a modular strategy for MMIS replacements breaking the traditional MMIS into smaller, more manageable components that can be more easily replaced ("plug and play") and reused in other States.

The vision for Nebraska is to procure solutions and services that incorporate Service Oriented Architecture (SOA) and implement technology that will provide the flexibility for application components to provide services to other components using a communication protocol. DHHS will seek to minimize dependence on traditional IT infrastructure, with the ability to procure cloud

based or customizable solutions as the procurement driver. This includes Commercial Off-the-Shelf (COTS) and Software as a Service (SaaS) solutions that may be tailored to provide the required system functionality. The approach is to implement solutions to meet the business needs through functional or technical modules that can be plugged in or replaced quickly, which will enhance the business agility and provide faster delivery of new functionality. Functional applications should be easily added, changed, or removed as business needs evolve, with minimal impact to the business.

The top priority for the MMIS replacement project in support of the new programs is improving data management and analytics (DMA). Therefore, the State has contracted with Deloitte to implement and operate a new DMA solution. The new DMA will be implemented in April 2020. The RFP for the DMA can be located at the following link: http://das.nebraska.gov/materiel/purchasing/5330/5330.html .

Additional information regarding the Nebraska Medicaid programs is available online. http://dhhs.ne.gov/Pages/medicaid-and-long-term-care.aspx.

C. CURRENT PHARMACY PROGRAM DELIVERY MODELS

Pharmacy Services, within the Division of Medicaid and Long-Term Care, manages the Nebraska Pharmacy Program with a relatively small DHHS staff consisting of four full time employees. The core purpose of the Nebraska Medicaid Pharmacy Program is to monitor and provide payment for cost effective and clinically sound outpatient medications dispensed to Medicaid enrollees and to encourage safe prescribing habits by Medicaid providers. Nebraska Medicaid covers most prescription drugs and specific over-the-counter drugs. Additionally, the Pharmacy Program oversees the Drug Utilization Review (DUR) Program which promotes the appropriate use of medications in Medicaid clients as mandated by the Omnibus Budget Reconciliation Act of 1990 (OBRA 1990). At the same time, the program strives to maximize cost savings for the state through manufacturer drug rebates, the preferred drug list and sound reimbursement methodology.

The State currently uses multiple vendor contracts and DHHS maintained IT assets to manage the administrative work associated with its pharmacy and drug rebate programs. Multiple contracts are nearing expiration and need to be replaced. Additionally, many of the original contracts were in place when the majority of the Medicaid population were fee for service and require changes to reflect the shift in care delivery to managed care.

1. Current Pharmacy Benefit Manager (PBM)

   Under direction from Pharmacy Services, the PBM vendor is contracted to manage the day-to-day operations of DHHS's Fee-for-service (FFS) prescription drug benefit program and assists the State in supporting all obligations and responsibilities that accompany the provision of a State Medicaid pharmacy benefit.

   Magellan Medicaid Administration, Inc. is the current PBM and provides the following services:

   a. Adjudicates fee-for-service pharmacy point of sale claims
   b. Operations Support of the Point of Sale System
   c. Pharmacy Prior Authorizations
   d. Call Center Operations for Providers
   e. Clinical Consultation Services
   f. Management of the Preferred Drug List (PDL)
   g. Supplemental Drug Rebate
   h. Pharmacy Reports
   i. Pharmacy Website

2. Operations Support of the Point of Sale (POS) System

The State of Nebraska utilizes the PBM vendor's pharmacy claim system to adjudicate FFS claims submitted from providers who render pharmacy services to eligible members. The PBM vendor is responsible for ensuring that pharmacy claims adjudicate in accordance to Federal and State policies. Payments for reimbursable services are processed by the State via check or through EFT with supporting remittance information to rendering providers on all transactions. DHHS is considering outsourcing the payment and remittance advice generation as part of the overall MMIS replacement strategy.

3. Pharmacy Prior Authorizations

The PBM vendor assists the DHHS in developing and maintaining drug benefit utilization policies that promote quality and efficiency through prior authorization mechanisms. Most initial prior authorization requests are submitted to the vendor who evaluates the request based on the established criteria. The PBM provides the functionality for providers to submit web authorization requests. When a prior authorization form is submitted, a response is sent back to the pharmacy and provider within one business day. There are times when MMA requests additional information from the provider to determine if the patient meets the criteria. The vendor provides qualified professionals who efficiently collect the necessary medical evidence for approval. In the first two months of 2019, the PBM received a monthly average of 77.5 prior authorizations. Among those requests,

- An average of 17.5 were approved
- An average of of 53 were returned with MCO information
- The remaining were categorized as a change in therapy or informational only

4. Call Center Operations for Providers

The PBM vendor is responsible for managing the DHHS's claims processing and clinical call centers where prescribers and pharmacy providers can get answers to questions concerning the pharmacy benefit and about matters affecting claim processing and reimbursement of pharmacy services. Clinical pharmacists are available at the call center to respond to clinical questions and to gather information necessary to validate the medical necessity of certain drug regimens. The call center is operational 24 hours a day; 7 days a week; 365 days a year. In the first two months of 2019, the PBM handled a monthly average of 20 clinical and 100 technical calls.

5. Clinical Consultation Services

The current PBM provides dedicated clinical staff who work directly with the Pharmacy Services staff. The clinical staff works with the State to discuss the benefit opportunities and produce proposals for changing the PDL that are presented to the Pharmaceutical and Therapeutics Committee, and the DUR Board, for approval and implementation. The vendor provides all documentation justifying the proposal strategies, including clinical and financial evaluations associated with initiatives, anticipated benefits and risks connected to the actions.

6. Management of the Preferred Drug List (PDL)

The Medicaid Pharmacy Benefit utilizes preferred drug lists to promote cost effective treatment of medical conditions with prescription drugs. The current PBM vendor is also the PDL vendor and is responsible for assisting the State in assessing the opportunities for establishing preference among prescription drug products for reducing cost while maintaining the clinical effectiveness of the benefit.

The PDL vendor prepares cost analysis and clinical comparisons of drugs and presents information to the Pharmaceutical and Therapeutics Committee members at regularly scheduled meetings. The PDL vendor maintains all documentation and communication materials associated with management of the PDL, including maintaining the website with current versions of the PDL and drafting the communications to providers and members when changes are being made to the PDL. Before communications are posted on the website, State approval is required..

7. Supplemental Drug Rebate

The PBM vendor is responsible for the administration of the supplemental rebate programs of the State. Responsibilities includes negotiating supplemental rebates from manufacturers, compiling claims data for paid medical and pharmacy encounters from FFS and the MCE programs, generating quarterly invoices, processing prior quarter adjustments, applying rebate payments from pharmaceutical manufacturers, resolving outstanding balances and disputes, educating providers on billing discrepancies that lead to rebate disputes, producing financial reports that are used to compile CMS reports.

The PBM vendor facilitates Nebraska's participation in a multi-state Medicaid pharmaceutical purchasing pool, The Optimal PDL $olution (TOP$). In the third quarter of 2019 DHHS collected $1,744,199.39 in supplemental drug rebates for both FFS and MCO encounter claims.

8. Pharmacy Reports

The current PBM vendor is responsible for generating and producing reports required for management of the Medicaid pharmacy benefit program. These include reports in the following categories:

- **a.** Monthly, quarterly, and annual reports that measure the performance of the PBM vendor
- **b.** Federal and State-mandated reports
- **c.** Call Center Reports
- **d.** Clinical Reports
- **e.** Financial Reports
- **f.** Utilization and Trend reports
- **g.** Boards and Committee reports
- **h.** Drug Utilization Review reports
- **i.** Ad Hoc reports and analyses as requested by the State
- **j.** PDL reports

9. Website and Communication

The PBM vendor maintains all information about the Nebraska Pharmacy benefit program on a website that is built and maintained by the PBM vendor. The site is linked from the State's Medicaid website and is a repository where all information about the

Nebraska Pharmacy benefit is kept and can be accessed by providers and Medicaid members. The site includes information about pharmacy benefit policy, online prior authorization submission, prior authorization criteria, forms, Preferred Drug List, drug look up, MAC listing, Board and Committee information, and reports.

10. Rate Maintenance

PBM vendor maintains the reimbursement policies of the State, including the maintenance of the State's Maximum Allowable Cost program (MAC). The MAC rates are incorporated into the claim processing system and used to calculate the allowable reimbursement for drug claims dispensed by pharmacy providers to Medicaid members. The PBM also calculates the 340B ceiling price and provides the data to the State for use in the claims adjudication system.

11. Drug Utilization Review

The CMS requires state Medicaid programs to have a drug utilization review (DUR) program consisting of prospective DUR, retrospective DUR, and an educational program. The goal of the DUR program is to ensure appropriate medication therapy, while permitting appropriate professional judgment to individualize medication therapy.

The PBM vendor works closely with the State Medicaid Pharmacy Unit, NPA and the DUR Board to support prospective and retrospective drug utilization initiatives. Using the claim system's editing capabilities and current utilization trends, the PBM vendor implements prospective DUR requirements to the pharmacy real-time screening of claims to flag and possibly deny drug claims that are at risk of causing waste, adverse drug events, interactions with other drugs, fraud, incorrect dosage, addiction, and other drug/patient contraindications. In addition, retrospective analysis projects are completed to identify where improvements could be made in medication therapy. The DUR program provides for active and ongoing educational outreach programs to educate providers on common drug therapy problems to improve prescribing and dispensing practices.

DHHS is seeking information on comprehensive, high-quality, and transparent DUR solutions which consist of professional medical protocols, cutting edge technology, and advanced data processing capabilities. The DUR solution must be able to support both the fee for service and managed care components of the State's Medicaid program.

12. Federal Medicaid Drug Rebate (MDR)

The Federal Drug Rebate program administration is performed by DHHS and includes identification of rebatable drugs, creation and tracking of drug manufacturer (labeler) invoices, dispute resolution and processing drug rebate payments. Administration of the Federal Drug rebate program is currently performed by two Drug Rebate Accountants and one Pharmacy Services Unit staff using the State's Medicaid Drug Rebate (MDR) system. In SFY 2018, Medicaid received a total of $134,075,105.78 million in drug rebates and has a collection rate of 85%.

The State's MDR application is a standalone system implemented in 1991 with the last major upgrade in February 2012. The MDR uses claim data supplied from the MMIS via a quarterly query. DHHS has a contract with RJ Health to supply reference data files used both for claims and encounter processing of physician administered drugs to ensure accurate drug rebate invoicing. Currently, MMIS technical staff are responsible for maintaining the query criteria used in the selection of claims containing services which are eligible for rebate. A small subset of claim selection logic is maintained in the MDR.

Post implementation of DMA, the DMA vendor will send the MDR encounter extract files which will identify the drug-rebatable encounters based on rebate criteria and rules. DMA will implement an identical file format and specification for this extract file as used by the MMIS. This will require the claim extract logic to be maintained in two systems.

Each quarter, following the successful load of the CMS rebate file and claim/encounter extracts, MDR staff generate the quarterly labeler invoices within the MDR system, resolve pending work queue tasks and generate emails to each qualifying labeler with their quarterly invoice, including any required adjustments from the previous invoicing period. Technical and business staff coordinate at multiple stages of the invoicing process to monitor output and perform system backups.

Labelers are required to remit payment to states for justified rebates within 30 days of receipt of each quarterly rebate invoice. Currently, the State of Nebraska only accepts paper checks for drug rebate account receivables but has plans to implement the functionality to accept electronic payments from labelers in 2020. For situations in which payment has not been received timely for any portion of the invoice, or no notification of a dispute has been received, the MDR staff manually generate follow up demand letters. DHHS is seeking to automate the follow up notification process and is also exploring options for providing a portal for labelers to perform multiple self-service functions accessing claim level details, retrieval of standard format data files, and management of invoice disputes.

The MDR has gone through multiple upgrades and enhancements to ensure continued federal compliance and increase efficiency for drug rebate operations. While the current MDR system is able to meet the needs of the drug rebate program staff and has many customized user-friendly features, there are opportunities for improvement of the MDR to reduce remaining manual processes, provide self-service functionality to labelers, increase the accuracy of the quarterly rebates, and potentially increase the amount of quarterly rebates collected for the State.

Nebraska MDR Features Overview

Feature	Description
Invoice Generation and Management	• Automatically generates quarterly invoice and distributes to labelers via email. • Automatically calculates and generates quarterly adjustments to labeler invoices. • Supports manual generation of an invoice
Reference File Management	• Labeler File - Automatically updates labeler information based on labeler demographic and contact information received from CMS. • Drug Master - Maintains a searchable database of all CMS drug records since 2004-1 including all changes to the URA for each drug.
Interest	• Maintains current and historical interest rates • Tracks interest amounts accrued on invoices unpaid by labelers beyond 38 days
Account Ledger	• Allows an authorized MDR user to view the account ledger for any invoice line item and will allow an adjustment, credit or dispute to be created

Check Entry and Cash Allocation	• Supports manual cash allocation by MDR staff at the invoice and NDC level. • Automatically calculates the federal and state funding share
Smart Work Queues	• Automated system checks to identify potential invoice issues. o **Over Threshold Queue:** System detected an invoice which exceeded the established invoice amount. MDR staff review and correct any issues or release the invoice for submission to the labeler. o **Threshold and Age Work Queue:** System detected an invoice that falls below the set amount for the minimum invoice. Once an invoice is in this work queue the invoice can either be combined with subsequent invoices or may be written off by authorized staff. • **Discrepancy Work Queue:** Automatically creates tasks for MDR staff resolution based on items received on the CMS discrepancy file.
Reporting	Over 30 automated custom reports including: • Accounting Reports – Receivables, Balancing, Summary, Aging, Deposits, and Offsetting • Paid Claims Reports - Summary, Exceptions, Disputes, Terminated Drugs, Split by Funding Program • Federal and State Reports - CMS 64 Report – Rebate Data, CMS Drug Utilization Data, Family Planning Drugs • Invoicing Reports – Total Invoices, and Invoices by Labeler/Quarter/Program, Group Drugs, Invoices Created, Interest Accrual, Invoice amount greater than net amount • Audit Trail • Provider and Labeler Information

D. RESPONSE INSTRUCTIONS

DHHS is seeking information on managing pharmacy benefits including both the information technology (IT) and business operations for its Medicaid population. DHHS is also interested in exploring innovative payment and delivery models to support the shrinking fee for service populations and managing the rising costs of prescription drugs.

1. Based on the Nebraska Medicaid Program Background and Current Pharmacy Program Delivery Models, please provide your level of interest in submitting a response to the MDPR RFP.

a. _____ very interested
b. _____ somewhat interested
c. _____ not interested
d. _____ undecided

2. If you checked b., c., or d. above, what additional information would be required to confirm your company's interest to respond to the MDPR RFP?

3. Pharmacy Program Service Experience – please complete the following table and include any comments to clarify experience for each service.

Pharmacy Program Service	Core Competency or Subcontract?	Years of Experience	Comments
Claims Processing			
Provider Technical Assistance Call Center			
Provider Clinical Call Center			
Drug Rebate Dispute/Inquiry Call Center			
Prior Authorization			
Automated/"smart" Prior Authorizations			
Rate Setting – MAC and OTC Pricing			
Pharmacy Reporting; Scheduled and Ad Hoc			
Retrospective Drug Utilization Review			
Prospective Drug Utilization Review			
Preferred Drug List Management (Stand Alone)			
Preferred Drug List Management (Multi-State Purchasing Pool)			
Website Management			
Physician Administered Drug Pricing Management			
Provider Appeals			

Pharmacy Program Service	Core Competency or Subcontract?	Years of Experience	Comments
Beneficiary Appeals			
Provider Payment and Remittance Advice Generation			
Supplemental Drug Rebate Invoicing and Management			
Federal Drug Rebate Invoicing and Management			

4. Pharmacy System Solution

   a. Has your pharmacy system solution been certified by the Centers for Medicare and Medicaid Services (CMS) in the last 5 years?

   b. Is your pharmacy system solution hosted using cloud-based government or commercial services? And has the solution been FedRAMP certified?

5. Contract and Payment Model
   a. Based on the potential scope of the MPDR RFP how would you like to see the resulting contract structured in regard to the payment model?

6. Additional Information
   a. What additional information would you like to share with DHHS to encourage a competitive procurement? Please note any scope or terms and conditions that would prevent you from submitting.

Form A

Vendor Contact Sheet

Request for Information Number MPDR

Form A should be completed and submitted with each response to this solicitation document. This is intended to provide the State with information on the vendor's name and address, and the specific persons who are responsible for preparation of the vendor's response.

Preparation of Response Contact Information	
Vendor Name:	
Vendor Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

Each vendor shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the vendor's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Vendor Name:	
Vendor Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	