

STATE OF ALASKA
Department of Administration
Division of Retirement and Benefits



PHARMACY BENEFIT MANAGEMENT (PBM) SERVICES

RFP 180000053

Amendment #4

March 6, 2018

This amendment is being issued to answer questions submitted by potential offerors. Offerors do not need to use Submittal For A – Offeror Information to acknowledge this amendment.

Please note that in order to ensure the project schedule and implementation remains on track, the questions period is closed and the deadline for receipt of proposals remains March 15, 2018, at 2:00 p.m. Alaska Time.

A handwritten signature in blue ink that reads "Jason Grove". The signature is fluid and cursive.

Jason Grove, CPPB

Contracting Officer

Phone: (907) 465-5679

Email: jason.grove@alaska.gov

Questions submitted by potential offerors and answers from the state:

(Note: the question numbering reflects a continuation from RFP Amendment #3)

Question 108: In section 3.01 the RFP states “The enhanced EGWP will be designed to ensure that from a member perspective, the Medicare eligible retiree benefits mirror those of the current commercial plan design”, but the response to Question 71 in Addendum #3 states “Currently 100% defined benefit retirees are in a 2 tier plan design with a fixed copay. With implementation of EGWP we intend to transition to 3 tiers with preferred/non-preferred brands having a copay differential of \geq \$15.” Will the state keep the current 2 tier pharmacy benefits in place for EGWP or will they move to the three tier model?

Answer: Proposals will be reviewed and analyzed based on the ability to replicate the current program(s) and the offeror's ability to promote and support AlaskaCare as the program(s) evolve(s) over the course of the contract.

Question 109: Regarding Section 18, #8 of Form Submittal Form G – Contractual Requirements, is the state referring to the existing coverage gap discount program? Or is the state referring to new CMS proposed rule language that may require us to pass “rebates” through at point of sale?

Answer: The reference is to the existing coverage gap discount program.

Question 110: The answer to Question 81 says the OAH forms are attached but we do not see the attachment(s).

Answer: The forms are now attached on the Online Public Notice website, titled ben049 Alaska Care Retiree Health Plan Notice of OAH Appeal, and ben043 OAH PHI.

Question 111: We respectfully request that the state please reconsider our request regarding the formulary disruption.

The claim data provided includes a formulary indicator (F/NF) along with NDC but it, nor the Aetna PDL, include tier placement which is required in order to accurately complete the formulary disruption tabs within Submittal Form K. In order to provide the requested formulary disruption information relative to the current and proposed formularies, by tier, please provide either an updated claims file that includes the tier indicator (1, 2, 3) or the full formulary extract in excel that includes the NDC and tier of each formulary product. If the current tier information is not able to be provided, please provide instructions on how to complete the formulary disruption tabs within Submittal Form K.

Here is a more detailed description of the issue:

Based on the data provided with the RFP, the new worksheets (Formulary Disruption – Commercial and Formulary Disruption – EGWP) in Submittal Form K – Fee Scheduled provided with Amendment 3 cannot be populated.

The 2018 AetnaDrugGuide aka Preferred Drug List (PDL) provided with Amendment 2 does not contain NDC detail. NDC detail is required to crosswalk between drugs in the PDL and the state of Alaska's claims data file. The PDL file is also in PDF format which is very challenging to work with to perform this type of comparison.

The PDL describes/defines drugs as:

CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

G = Generic

NPB = Non-Preferred Brand
NPSP = Non-Preferred Specialty
PB = Preferred Brand
PSP = Preferred Specialty

Can you please translate what the Tier level (1, 2, or 3) is for each of the above? The worksheets require us to identify which drugs move from Tier 1, Tier 2, 3 and Tier 1,2,3 however the drugs are not classified this way on the PDL.

Additionally, the worksheets require us to identify the "Number of Rxs – column D" and "% of Total RXs – column E" affected by any change. In order to perform these analyses we need to use the claims file provided earlier in the RFP process. The claims file does not include the drug tier level or drug name. It only includes NDC. The PDL only includes drug name not NDC.

In order to provide the requested information we need either the formulary including NDC in Excel or an updated claims file with the drug tier data files added. The F=Formulary and NF=Non-Formulary indicators do not provide the tier level information being requested for the worksheets.

Answer: Please utilize the RFP claims file to complete the formulary disruption, which includes a formulary indicator for the analysis:

F=Formulary; NF=Non-Formulary.

Please note that formulary disruption analysis is not necessarily the same as tier disruption analysis.

Question 112: Please clarify what is requested by Submittal Form G, Section 15, #9. The first sentence states that rebates will be paid upon signature of one of three types of documents. However, the second sentence states that past-earned rebates will not be withheld even if no document is signed.

Answer: Per the first sentence, please confirm that "Rebates will be paid upon signature of: 1) the Letter of Agreement/Intent, OR 2) Pricing Implementation Document, OR 3) contract."

To address instances in which bidders will not confirm the first sentence/request, the second sentence requests confirmation that "Past-earned rebates will not be withheld if there is no signed agreement documentation."

End of Amendment #4