

STATE OF ALASKA

Department of Administration
Division of Retirement and Benefits



Pharmacy Benefit Manager Services

RFP 2025-0200-0177 / 02-101-25

Amendment Two

November 24, 2025

This amendment is being issued to provide questions and answers.

Important Note to Offerors: You must sign and return this page of the amendment document with your proposal. Failure to do so may result in the rejection of your proposal. Only the RFP terms and conditions referenced in this amendment are being changed. All other terms and conditions of the RFP remain the same.

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COMPANY SUBMITTING PROPOSAL

AUTHORIZED SIGNATURE

DATE

Questions submitted by potential offerors and answers from the state:

Question 1:

- A) Does the State currently contract directly with CMS for EGWP?
- B) Is the expectation for the Offeror to contract directly with CMS for the State's program?

Answer:

- A) The current PBM holds the EGWP contract with CMS.
 - B) Yes.
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Question 2:

Section 3.03, #8: Is the State's current member service team dedicated or designated?

Answer:

Highly Designated. The State desires a PMB that will provide a dedicated service team or highly designated team that will surpass the required performance metrics.

Question 3:

Section 3.05, #1.12.12: Please provide monthly volume of member calls handled by the respective units, if they are separate for Commercial and EGWP.

Answer:

As of October 2025, the State receives approximately 100 weekly calls related to the employee/retiree commercial plan and about 600 weekly calls for the EGWP population.

Question 4:

Section 3.03, #28: The RFP requests Offerors to establish data feeds to "other external vendors" can you identify these vendors?

Answer:

Data will need to be provided to our medical TPA and data warehouse vendor. If additional feeds are required in the future, such as for wellness program or care management coordination, the PBM is expected to provide the required data feeds.

Question 5:

Account Management Team: Is the State requesting a "dedicated" account management team? The RFP mentions both designated (Section 2.05, #25; Section 3.05, 1.7) and dedicated (Section 3.03, #34) arrangements.

Answer:

The State desires a PBM that will provide a dedicated account management team or highly designated team (current) that will surpass the required performance metrics.

Question 6:

Attachment 17 – HIPAA Business Associate Agreement: Are Offerors required to sign the BAA and include with our proposal or should this document serve as reference to be signed upon award of contract?

Answer:

Offerors do not need to sign or return the BAA with their proposals. The BAA is included as an attachment to the RFP as a reference document.

Question 7:

Please provide the average number of prior authorizations, appeals, and grievances per month (or annually).

Answer:

Prior Authorizations Data 9/1/24 - 8/31/25	Employee	Non-EGWP	EGWP
	4213	1320	9179

Appeals - Data 9/1/24 - 8/31/25	Employee	Non-EGWP	EGWP
	240	65	403

EGWP Grievance Data 9/1/24 - 8/31/25	75
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Question 8:

Please provide the average number of DMRs (direct member reimbursement) per month (or annually) separated by domestic and international claims.

Answer:

DMR Data 9/1/24 - 8/31/25	Employee	Non-EGWP	EGWP
DMR Total	32	1188	614
DMR Domestic	32	332	577
DRM Foreign	0	856	37

Question 9:

Att 4 Submittal Form G Contractual Requirements (Part 1 of 2), Tab 1) Admin Requirements, Section 1.3. Retail Network Management, Questions 1.3.1, 1.3.2, 1.3.5, 1.3.6: Should Offerors indicate the name of the proposed Retail 30 and Retail 90 networks in column D, or as additional questions/answers on the narrative response form in Part 2 of 2?

Answer:

Offerors must enter that information in Column D.

Question 10:

If Offerors have further explanation or clarification to provide for requirements on Submittal Forms G and M, would the State allow answers to be in column D or as additional questions/answers on the narrative response documents?

Answer:

Offerors may provide further explanation or clarification in column D. Entries should be concise and limited to short phrases.

Question 11:

Please clarify the number of Active, Retiree (pre-65), and EGWP members.

- 55,800 defined benefit retirees enrolled in the EGWP (Sec 2.02 About AlaskaCare)
- 250 defined contribution retirees enrolled in the EGWP (Sec 2.02 About AlaskaCare)
- 15,000 Active employees and dependents (Sec 2.02 About AlaskaCare)

But in Section 2.06 Historical Facts and Figures states:

- Active: 16,000
- Retiree (non-EGWP): 23,500
- EGWP retiree: 47,300

Answer:

From January to June 2025, the average eligible member counts are below:

- Employees – 15,300
- Pre65 Retirees – 22,462
- EGWP Retirees – 47,206

Question 12:

Section 4.01 Special Formatting Requirements, Anonymity: Does the State consider brand colors and supplement exhibits that contain brand colors and/or logos as something we cannot submit due to not being anonymous?

Answer:

Yes. To maintain anonymity, offerors must not include company logos or branding elements in their proposals. If your brand colors are distinct or identifiable, do not use them in your proposal materials. Use neutral formatting that does not identify your organization in any way.

Question 13:

Is there an RDS component and if so, how many members are included?

Answer:

The State requires the PBM to assist with cost reporting and other aspects of the RDS application. See response to Question 11 above for average eligible member counts.

Question 14:

Please confirm requested formulary for each line of business (LOB). The cost proposal asks for confirmation that pricing for each of the three LOBs reflects "Broad Formulary with exclusions" but the RFP document differentiates Actives (managed with exclusions), Retiree EGWP, and non-EGWP (Open with only minimal non-essential/non-FDA approved exclusions).

Answer:

Offerors may propose a managed formulary (with exclusions) for the Employee Plan, but the Offeror's most open formulary is required for the Retiree Plan.

Question 15:

Section 3.05, c. The requirement that no more than 2% of members shall be disrupted by any or all formulary deletions annually. Please confirm that in the unlikely scenario, drugs removed for safety reason would not count toward that 2%.

Answer:

That is a waiver the State reserves the right to consider should such a situation present itself. However, we are not prepared to grant such a waiver at this time. A primary concern is the State does not authorize its vendors to make unilateral decisions. The State requires its vendors to be consultative and collaborative.

Question 16:

Att 12 Submittal Form M (Part 2 of 2) - Financial Requirements Narrative Response Form is included on the list of forms in Section 4.02 where in the instructions, it says to not disclose costs in this submittal form. However, several questions on this form ask for Offers to provide cost information. Please confirm if we can disclose cost information to not on this form or where it should be referenced in our proposal response.

Answer:

Confirmed. Where applicable, cost-related information may be provided on Attachment 12. Only those limited cost items specified can be provided; no additional cost details should be included beyond those specified. Section 4.02 Special Formatting Requirements does not refer to costs.

See change number one below.

Question 17:

- A) Section 2.05 Current Financial Contract and Structure, could the State expand the information on the scope of work required for Income Related Monthly Adjustment Amount (IRMAA) reimbursement process management.
- B) What does the State's current vendor or PBM support?

Answer:

A) Currently, the State utilizes Optum Bank via the Optum contract. Retirees that pay a Part D IRMAA may apply for reimbursement with proof that the surcharge applies. The State is interested in options from Offerors responding to this RFP. For more information, please reference www.alaskacare.gov/IRMAA.

B) See A.

Question 18:

Section 3.03 PBM Deliverables states for #34. Dedicated account management teams and Att 4 – Submittal Form G Contractual Requirements (Part 1 of 2), Tab 1) Admin Requirements, Section 1.7 Member Services and Account Management Question 1.7.1 asks Offerors to confirm we agree to provide designated account resources. Could the State confirm if they are requesting a dedicated or designated account management team?

Answer:

See response to Question 5 above.

Question 19:

What specific pain points have members expressed regarding their current PBM (e.g., mail delays, rural access, coordination of multiple plans)?

Answer:

Offerors should review Sec. 2 and Sec. 3 for the RFP's background and objectives for the State's priorities.

Question 20:

Would the State consider a hybrid model that blends local independent pharmacy partnerships with national coverage to improve access in remote regions?

Answer:

Yes. Offerors should provide their broadest network possible to include all AlaskaCare members, including remote regions.

Question 21:

The RFP calls for a "broad retail network" including independent Alaskan pharmacies — can you confirm how disruption will be evaluated?

Answer:

Disruption will be evaluated using standard industry practices.

Question 22:

Would the State consider a higher weighting for local participation or rural access support programs in evaluation scoring?

Answer:

No.

Question 23:

The RFP requires zero-cost implementation and full migration of PA, refill, and accumulator data — can we confirm the file formats and system compatibility with the incumbent PBM?

Answer:

This information is not available. Offerors are reminded that all inquiries must be submitted through the designated Procurement Officer; communication with the incumbent vendor is prohibited.

Question 24:

The RFP requires full data ownership and transparency — can we clarify the preferred cadence and format for financial reconciliations and rebate reporting?

Answer:

Offerors may propose innovative solutions to achieve fast, clear reporting.

Question 25:

How does the State currently audit or validate rebate guarantees and pass-through arrangements?

Answer:

Currently this process is carried out by a third-party vendor together with internal staff.

Question 26:

Would the State be open to alternative pricing transparency models?

Answer:

The RFP requires a fully transparent model.

Question 27:

Is there flexibility around the required mid-contract “market check” to ensure fair benchmarking for a new entrant PBM?

Answer:

As detailed in the RFP, all Offerors must confirm that they agree to a mid-contract term market check, that may be requested as soon as the second quarter of the first contract year.

Question 28:

How will clinical program outcomes (e.g., adherence, generic utilization, GLP-1 management) be evaluated?

Answer:

The above items will be evaluated under Submittal Form C - Service Approach as detailed in RFP Sec. 4.05 Service Approach (Submittal Form C) and RFP Sec. 5.05 Service Approach.

Question 29:

Would the State prefer to see data demonstrating innovation in member engagement (e.g., AI-driven outreach, real-time prior authorization)?

Answer:

Yes.

Question 30:

How does the State define “pertinent risks” in Section 5.06 — operational, financial, or compliance-related?

Answer:

This may include the operational, financial, and compliance aspects; and any other factors your organization has noted in the industry or any that you have learned from reading the RFP.

Question 31:

Are there specific HIPAA or Alaska-specific data privacy requirements an offeror should prepare to exceed?

Answer:

Please follow all identified data privacy requirements needed for serving a State-sponsored plan and reference any Alaska specific needs from visiting the AlaskaCare website.

Question 32:

Beyond cost savings, what strategic outcomes does the State hope to achieve through this PBM partnership (e.g., modernization, digital engagement, member health equity)?

Answer:

Offerors should review Sec. 2 and Sec. 3 for the RFP’s background and objectives for the State’s priorities.

Question 33:

How important is alignment with the State’s broader wellness or disease-management vendors?

Answer:

The State collaborates with various wellness and disease management vendors. The new PBM is expected to work effectively with the existing vendors.

Question 34:

What would a “best-in-class partnership” look like to the evaluation committee at the end of year one?

Answer:

A “best-in-class partnership” would be demonstrated by seamless collaboration between the PBM and the State to ensure measurable improvements in member experience.

Question 35:

SEC. 6.13 ALASKA BIDDER PREFERENCE – **Can you confirm if offeror must meet all these requirements or 1 of the following?**

- An Alaska Bidder Preference of 5% will be applied to the price in the proposal. The preference will be given to an offeror who:
- holds a current Alaska business license prior to the deadline for receipt of proposals;
- submits a proposal for goods or services under the name appearing on the offeror’s current Alaska business license;
- has maintained a place of business within the State staffed by the offeror, or an employee of the offeror, for a period of six months immediately preceding the date of the proposal;
- is incorporated or qualified to do business under the laws of the State, is a sole proprietorship and the proprietor is a resident of the State, is a limited liability company (LLC) organized under AS 10.50 and all members are residents of the State, or is a partnership under AS 32.06

Answer:

An offeror must meet all the above requirements.

Question 36:

In "Sec. 4.02 Special Formatting Requirements," *Submittal Form G (Part 1 of 2) – Contractual Requirements* is listed as a document that should be anonymized. Can you confirm whether *Submittal Form G (Part 2 of 2) – Contractual Requirements* should also be anonymized? The form itself indicates it should be anonymized, but the formatting requirements table does not list this as an anonymous document.

Answer:

Confirmed.

Question 37:

GeoAccess Standards: What specific distance/time standards does the State use to define "adequate access" for GeoAccess analysis (e.g., X% of members within Y miles)?

Answer:

Please reference the RFP Submittal Form H.

Question 38:

Member Disruption Tolerance: What is the State's threshold for acceptable member disruption during implementation (e.g., maximum % of members who can be required to change pharmacies or therapies)?

Answer:

Disruption should be minimal while ensuring quality clinical care, positive member experience, and a seamless implementation.

Question 39:

Drug Mix Guarantees: Does the State expect the PBM to guarantee or report on the impact of clinical programs and formulary changes on overall drug mix and plan costs?

Answer:

These outcomes are to be reported and assured in compliance with the requirements set forth in the RFP.

Question 40:

Specialty Drug Pipeline Management: Will the PBM be required to provide a specialty drug pipeline forecast and management plan for upcoming high-cost therapies?

Answer:

Yes.

Question 41:

Continuous Improvement & Innovation: What processes does the State expect for:

- A) Ongoing innovation?
- B) Continuous improvement? and
- C) Piloting new programs or technologies?

Answer:

- A) It is expected that the Offeror uses their industry expertise and knowledge to identify pertinent strategies.
 - B) See A.
 - C) See A.
-

Question 42:

Health Equity Metrics: Does the State have specific health equity metrics or reporting requirements for PBMs?

Answer:

No, however, Offerors should reference any industry expertise and knowledge to identify pertinent strategies.

Question 43:

International Claims: Approximately 700 DB retiree plan members live overseas. The contract awardee must be prepared to support international claims submissions, including PA requests.

- Can you confirm if this is specific to paper claims (DMR) or if there is a more specific process the State is looking for the PBM to support?

Answer:

It will be specific to paper (DMR) claims. The State seeks any innovation (i.e., electronic submissions) in this area an Offeror can provide in their proposal.

Question 44:

Rebates - 1.3.72: Can you please explain the different timelines between reporting at 180 days and the payment within 90 days?

Answer:

The State allows extra time for reporting if your organization needs additional time. However, the State would welcome expedited reporting.

Question 45:

SEC. 2.02: In terms of same coverage, are they referring to when a pre-retiree (pre 65) member who's on a certain drug, that drug will be available when they reach post retiree (post 65) and switch into the EGWP program?

Answer:

Yes.

Question 46:

- A) Is there an identifier for EGWP claims on the claims file?
- B) If there is no indicator, how should we be identifying these claims?

Answer:

- A) Response will be provided in Amendment Three
 - B) Response will be provided in Amendment Three
-

Question 47:

- A) Is there an indicator for international claims on the claims file?
- B) If there is no indicator, how should we be identifying these claims?

Answer:

- A) Response will be provided in Amendment Three
 - B) Response will be provided in Amendment Three
-

Question 48:

Regarding the State's international claims processing requirements,

- A) Is intaking a DMR or a manual PA request sufficient?
- B) Or is the State expecting point of sale claim adjudication to be in place (similar to standard practice in the United States)?
- C) Vendor also requests detailed requirements to ensure operational feasibility.

Answer:

- A) Yes.
 - B) No. The State is seeking any innovative solutions in this area that an Offeror can propose.
 - C) See response to Question 47 above for an indicator for applicable claims.
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Question 49:

Can you confirm the “Financial Exclusions” tab in document “Submittal Form L_Cost Proposal” is for network discount guarantees and not for claim level rebate exclusions?

Answer:

Confirmed. Each of three “Financial Exclusions” tabs should list the NDC/Drug names excluded from AWP discount and dispensing fee guarantees.

Question 50:

In regard to question 1.3.43 on "Attachment 11 - Submittal Form M (Part 1 of 2) – Financial Requirements", can the State confirm what current level of “data services” are in place today to help us evaluate what custom/ad hoc services the State is looking to have included in the base administrative fee?

Answer:

The State currently maintains industry-standard data services, with data feeds distributed to select wellness vendors. 1.3.43 in Submittal Form M highlights the base level of data services that are expected to be under the base administrative fee.

Question 51:

- A) How will 340B claims be evaluated?
- B) Will potential 340B utilization be accounted for by the consultant or should we account for potential 340B utilization in our offer?

Answer:

- A) They will be evaluated using the standards and methodology described in the RFP and associated submittal forms.
 - B) This will be evaluated by the consultant. Offerors must ensure to include any deviations or caveats they may identify within their proposal.
-

Question 52:

Can we confirm Weight Loss coverage and future strategy surrounding weight loss coverage? The plan design is confusing around coverage of prescriptions surrounding weight loss under the Medical Treatment of Obesity section of their plan design.

Answer:

Effective January 1, 2026, GLP-1 prescriptions for weight loss will require the patient to participate in the Virta weight loss management program. This will be available via our current contract with OptumRx and applies only to the Employee Plan. All Offeror’s should include a proposed solution for the Employee Plan.

Question 53:

- A) Please explain the extent to which you intend to customize member communications.
- B) Provide examples of custom member communications that the State currently utilizes.

Answer:

- A) The State’s intent is not to overhaul any standard member communications but reserves the right for future review and may request modifications as needed. We request Offeror flexibility in this manner.
 - B) The State is not providing examples.
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Question 54:

Could the State provide a copy of the State policy ISP-122: Privacy of Personal Information for review?

Answer:

State Security Policies will be provided by individual request. Please submit requests to doa.oppm.procurement@alaska.gov. Files will be provided through the State's encrypted file transfer service.

Question 55:

In Att 10 "Submittal Form L – Cost Proposal", was the intent to have tab 13, Table 8 to have a different Specialty Retail Pricing when compared to tab 8 Retail Specialty Pricing?

Answer:

Response will be provided in Amendment Three

Question 56:

Can the State confirm if they would prefer LDDs to be included in their specialty guarantee or a standalone guarantee for LDDs?

Answer:

Please follow the RFP specifications. If you are providing deviations, please note where they apply.

Question 57:

To adhere to transparent pricing, does the State require or prefer Acquisition pricing for Non-Specialty and Specialty Mail programs managed through the PBM?

Answer:

The State requests the Offeror adhere to RFP specifications. If acquisition cost is proposed as an add on, please indicate so in your proposal.

Question 58:

On the claims files, we are provided a formulary status field and a copay tier field. In the Retirees (Non-EGWP) file, the formulary status is set to "N" for all claims, but the copay tier field has values that would correspond to a formulary status of "Y".

- A) Is the formulary status field accurate?
- B) Can we trust the copay_tier to be usable for an incumbent formulary tier?

Answer:

- A) Response will be provided in Amendment Three**
 - B) Response will be provided in Amendment Three**
-

Question 59:

Can you confirm that electronic signatures are acceptable for Submittal Forms since the proposal is to be emailed?

Answer:

Confirmed.

Question 60:

Attachment 1 – Submittal Form A, Offeror Information and Certifications. Is a bidder required to have a "Yes" response to one of the three questions in the section "Indicate below how your business organized", if they are able to say Yes to all other Alaska Bidder Preference Questions?"

Answer:

Yes.

Question 61:

RFP Section 3.01 Scope of Work: Please confirm bidders will have additional time to ask questions regarding these policies.

Answer:

Yes, Offeror's may submit questions up until the proposal due date, however it is strongly recommended to submit all questions in advance of this deadline.

Question 62:

Attachment 10, Submittal Form L - Tab 13 EGWP guarantees:

- A) Please confirm that bidders should price Retail 30 and Retail 90 pharmacy pricing consistent with requirements 1.3.19 and 1.3.20 of Sec 3.06, wherein bidders are asked to confirm Retail 30 pricing and rebates apply to 1-30 days' supply and Retail 90 pricing and rebates apply to 31-90 days' supply. We noticed that the headers in Tab 13 suggest 1-90 days' supply for both Retail 30 and Retail 90 pricing guarantees.
- B) Please confirm that bidders should price Specialty at Retail pharmacy pricing consistent with requirements 1.3.19 and 1.3.20 of Sec 3.06, wherein bidders are asked to confirm Retail 30 pricing and rebates apply to 1-30 days' supply and Retail 90 pricing and rebates apply to 31-90 days' supply. We noticed that the headers in Tab 13 suggest 1-90 days' supply.
- C) Please confirm the Specialty at Retail pricing Table 8 that requires pricing for Retail 30, Retail 90, and Mail Order. We noticed that the options for the Employee and NonEGWP tabs include the following requirements: Generic, Brand, New-to-Market Drugs, Limited Distribution/Exclusive Distribution Drugs, Low-WAC Biosimilar and High WAC Biosimilar.
- D) Please confirm the Trend Guarantee pricing Table 9. We noticed the table for the Employee and NonEGWP tabs only include an option for bidders to provide an Overall Trend.

Answer:

- A) Confirmed.
- B) Confirmed. Table 8: Specialty at Retail should assume 1-30 day's supply at Retail.
- C) Response will be provided in Amendment Three**
- D) An overall PMPY Trend Guarantee for the EGWP plan is in Tabel 12 of the worksheet, similar to the corresponding guarantee for the Active Employee and non-EGWP Retiree plans, which are in Table 9 of those worksheets.

Question 63:

Please share the Client's current and future biosimilar strategy.

Answer:

The State has adopted the inclusion of biosimilars into their plan and would want innovative solutions presented from Offerors for future years.

Question 64:

Please provide clarification on the Pharmacy Audit Resolution Performance Guarantee below:

- Define "Resolution"
- Define "Findings"

We must follow Alaska’s state law for pharmacy audits and this Performance Guarantee needs clarification on its intent.

1.24	Pharmacy Audit Resolution	48 hours after receipt of findings. This is measured and reported on a quarterly basis and on a plan-specific basis.
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Answer:

The State requests feedback regarding the resolution of the identified error within 48 hours, or suggestions for a potential course of action. Please ensure compliance with all applicable state laws.

Question 65:

Given the material impact that Federal price negotiations has had, and is expected to continue to have, on the rebate value of products subject to Maximum Fair Price (MFP) negotiations, please confirm bidders can exclude the 2026 and 2027 MFP drugs (noted below) from **Discount guarantees**, with the understanding that they will process at a pass through of CMS contracted rates? Products subject to MFP:

2027
Ozempic
Rybelsus
Wegovy
Trelegy
Ellipta
Xtandi
Pomalyst
Ibrance
Ofev
Linzess
Calquence
Austedo
Austedo XR
Breo Ellipta
Tradjenta
Xifaxan
Vraylar
Janumet
Janumet XR
Otezla

Answer:

Confirmed. Please indicate in your proposal.

Question 66:

Given the material impact that Federal price negotiations has had, and is expected to continue to have, on the rebate value of products subject to Maximum Fair Price (MFP) negotiations, please confirm bidders can exclude the 2027 MFP drugs (noted below) from **Rebate guarantees**, with the understanding that any supplemental rebates earned would still be passed through to State of Alaska? Products subject to MFP:

2027

Ozempic
Rybelsus
Wegovy
Trelegy
Ellipta
Xtandi
Pomalyst
Ibrance
Ofev
Linzess
Calquence
Austedo
Austedo XR
Breo Ellipta
Tradjenta
Xifaxan
Vraylar
Janumet
Janumet XR
Otezla

Answer:

Confirmed. Please indicate in your proposal.

Question 67:

For any future Maximum Fair Price (MFP) drugs, i.e. those to be announced for 2028 and beyond, that State of Alaska will work in good faith to address any pricing changes as a result of further negotiations by CMS for both pricing and rebates?

Answer:

Yes.

Question 68:

We understand that approximately 700 DB retiree plan members live overseas and that the contract awardee must be prepared to support international claims submissions, including PA requests. Can you provide further detail as to the level of support that is required?

Answer:

It is expected that these will be paper (DMR) claims and processed as such. However, the State welcomes any innovation (i.e., electronic submissions) in this area your organization is able to provide.

Question 69:

Please confirm if it is required to carry forth open specialty for non-EGWP retirees.

Answer:

Confirmed.

Question 70:

In addition to the formulary PDFs, can the State of Alaska provide the 2025 formulary files in excel format with NDC level detail?

Answer:

No. Additional claims data files are not available at this time.

Question 71:

Please provide more clarification and describe what plan spend components are included in the budget in regards to the requirement - "Department of Administration, Division of Retirement and Benefits estimates a budget of between \$65,000,000.00 and \$85,000,000.00 for completion of this project. Proposals priced at more than \$100,000,000.00 will be considered non-responsive." in the RFP.

Answer:

This identifies the total administration costs (i.e., Administrative Fees) for the full contract term including all optional renewal periods. The budget is for the entire life of the contract and must include all fees associated with the Offeror's PBM services, as well as any other anticipated annual expeditors required to administer and operate the pharmacy benefit.

Question 72:

Will the State allow for a PMPY trend guarantee with both commercial populations combined?

Answer:

Please follow RFP specifications. Modifications to the guarantee are not being considered at this time.

Question 73:

Are contractors allowed to exclude MFP products that are negotiated by CMS from financial guarantees?

Answer:

See responses to Questions 65 and 66 above.

Changes to the RFP:

Change 1: RFP Section 4.16 Financial Requirements (Submittal Form M)

REMOVE:

SPECIAL NOTE: The offeror shall not disclose their costs in this Submittal Form. This form shall be kept anonymous and must not contain any names that can be used to identify who the offeror is (described in Section 4.02).

REPLACE:

SPECIAL NOTE: Where applicable, the offeror may include cost-related information on this Submittal Form. Only those limited cost items specified can be provided; no additional cost details should be included beyond those specified. This form shall be kept anonymous and must not contain any names that can be used to identify who the offeror is (described in Section 4.02).

End of Amendment