

STATE OF ALASKA

Department of Administration
Division of Retirement and Benefits



Pharmacy Benefit Manager Services

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

Amendment Three

December 2, 2025

This amendment is being issued to provide questions and answers, and changes to the RFP.

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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Contracting Officer
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COMPANY SUBMITTING PROPOSAL

AUTHORIZED SIGNATURE

DATE

Questions submitted by potential Offerors and answers from the State:

Question 1:

- 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) No.
 - B) Claims for members covered in the EGWP program have been provided in the file titled RFPFile_EGWP.txt. An identifier at the individual claim level is not available. This file was included in the RFP files that were ZendTo routed to eligible vendors.
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Question 2:

- 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) No.
 - B) Please use the provided claims file for your analysis. These files were included in the RFP files that were ZendTo routed to eligible vendors.
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Question 3:

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:

The State does not mandate identical specialty pricing for these two populations. Any discrepancies must be explicitly indicated on the Submittal Form.

Question 4:

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) A revised claims file, with additional detailed information, will be routed through ZendTo to the registered vendors who have submitted their Intent to Bid (ITB) form.
 - B) See response above to question A).
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Question 5:

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

Answer:

Tab 13 of Submittal Form L – Cost Proposal has been amended. Offerors must use the amended Submittal Form L – Cost Proposal when submitting their proposal. See Change One below.

Question 6:

Attachment 04 – Submittal Form G (Part 1 of 2) – Contractual Requirements

Section 1.12.16

1.12.16	Offeror must provide their book-of-business prescription drug event (PDE) error rate for 2023 and 2024 in column C and D in the rows below:	CY2023	CY2024
	a.) Collect and validate Medicare MBI#		
	b.) Research and resolve enrollment errors		
	c.) Medication Therapy Management (MTM) Program		
	d.) Monitor and track all requirement changes made by CMS		
	e.) Enrollment modifications resulting in low-income assistance as granted or removed by CMS		
	f.) Benefit consultation and actuarial equivalence validation		
	g.) Fraud, waste and abuse Program		
	h.) Grievance, appeals, and coverage determination – investigate and resolve complaints from the CMS Complaint Tracking Module		
	i.) Full enrollment reports (accepted, rejected, or CMS changes)		
	j.) Evidence of Coverage (EOC)/ID Card/Abridged Formulary/Pharmacy Directory		
	k.) Annual Notices of Changes/EOC		
	l.) Low-Income Subsidy (LIS) Rider		
	m.) US premium refunds directly to low-income retirees		
	n.) Transition Letters		
	o.) Explanation of Benefits (Monthly)		
	p.) Receive and reconcile CMS Direct Subsidy, LIS, LICs, and Catastrophic Payments		
	q.) Reconcile US eligibility with CMS monthly		
	r.) Manage TROOP		

We've encountered a section that we're hopeful to receive additional clarification. The parent question alludes to wanting PDE error rates for the sub-items (a-r) for 2023 and 2024. However, these sub items don't relate to PDE.

Answer:

The Offeror is expected to fill this chart out to the best of their ability. The State recognizes that not every PBM will report an error or a PDE for each subcategory and will not be penalized if it is not applicable.

Changes to the RFP:**Change 1:** RFP Sec. 7.01 Attachments**REMOVE:**

10) Submittal Form L – Cost Proposal Spreadsheet

REPLACE:

10) Submittal Form L – Cost Proposal Spreadsheet Version 2

Change 2:**REMOVE:**

RFPFile_nonEGWP

REPLACE:

RFPFile_nonEGWP-Version2

This replacement file will be sent encrypted through ZendTo to all vendors who previously received this file under the conditions detailed in the RFP.

Change 3: RFP Amendment Two, Question 49**REMOVE:****Answer:**

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

REPLACE:

Answer:

Confirmed. Each "Financial Exclusions" tab must list excluded NDC/Drug names for AWP discount and dispensing fee guarantees.

Change 4: RFP Amendment Two, Question 62

REMOVE:

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.

REPLACE:

Answer:

- A) Confirmed. Table 2: Retail 30 Pharmacy Pricing should assume 1-30 days' supply at Retail; Table 3: Retail 90 Pharmacy Pricing should assume 31-90 days supply at Retail. Note that Tab 13 of Submittal Form L has been amended. Please use the amended Submittal Form L when submitting your proposal response.
- B) Confirmed. Table 8: Specialty at Retail should assume 1-30 days' supply at Retail. Note that Tab 13 of Submittal Form L has been amended. Please use the amended Submittal Form L when submitting your proposal response.
- C) See response to question five above.
- D) Note that Tab 13 of Submittal Form L has been amended. Please use the amended Submittal Form L when submitting your proposal response.

End of Amendment