

**PHARMACY BENEFITS MANAGER / POINT OF SALE PROCESSOR
FOR PEOPLE LIVING WITH HIV IN LOUISIANA**

305PUR-LDHRFP-PBM-2017-OPH

QUESTIONS and ANSWERS

- 1). Will you be considering a carve-out program for specialty pharmacy injectable?
The STD/HIV Program (SHP) is not considering a carve-out for specialty pharmacy injectable medications for the Request for Proposals (RFP).
- 2). Is the “Contract Begin” date of July 1st the beginning of implementation or is it the Go Live date (when PBM services are actually expected to commence to your members)?
The contract for these services will be initiated on July 1st, but each proposal should include a transition plan—both for the introduction of services at the onset of the contract, and a wrap up/transition of services upon notice of contract termination.
- 3). If July 1, 2017 is the beginning of implementation, what is the expected Go Live date?
All proposers should include a transition plan, inclusive of the anticipated tasks, constraints or considerations, and the expected duration of time needed prior to “go live,” in the proposal that is submitted to SHP for review.
- 4). Names of countries that will be eligible to participate in this tender?
There are no ineligible countries.
- 5). Information about the Tendering Procedure and Guidelines.
All information regarding the RFP is contained within the document itself, and additional information may be found at the Louisiana Department of Health (LDH) RFP hosting site and in the procurement library.
<http://www.cfprd.doa.louisiana.gov/osp/lapac/pubMain.cfm>
May also be posted at:
<http://new.LDH.louisiana.gov/index.cfm/newsroom/category/47>
- 6). Estimated Budget for this Purchase?
There are several divergent proposals at the federal level that could impact enrollment in, and utilization of, the services offered by the Louisiana Health Access Program (LA HAP) and supported by the successful proposer to this RFP. Thus, currently there is no estimated budget for this RFP. In 2016, approximately 6,600 clients were served by the current PBM contractor, through approximately 111,500 transactions. Proposers should use this historical data to develop a budget for the delivery of the requested services.
- 7). Any Extension of Bidding Deadline?

All proposers should follow the Schedule of Events as presented in the RFP and any subsequent addendums. No extensions will be accepted.

- 8). Section C. Goals and Objectives, section 4 states that the vendor maintains an electronic data system that facilitates timely enrollment and re-certification. Is it the intent of the Louisiana Department of Health to require the vendor to provide a system that allows Louisiana ADAP enrollment and re-certification?
Yes, that is the intent. The vendor is to provide a data system that allows Louisiana ADAP enrollment and recertification to be managed in real-time by the ADAP staff. The system must allow for data entry of client data, enrollment and recertification information, and all HRSA ADAP Data Report required variables. Additional requirements dependent upon the capabilities of the system proposed may be identified during the contract negotiation. The system must also be available in real-time, read-only mode to Ryan White-funded community based organizations to view their clients' eligibility. Louisiana ADAP does not use CAREWare to enroll or recertify ADAP clients.
- 9). Is there a requirement to include specific pharmacies in the pharmacy network, or can the bidder propose a pharmacy network that meets the geographical requirements as specified in Section B. Deliverables?
There are no requirements to include or exclude specific pharmacies from participating in the pharmacy network.
- 10). Attachment Vb requests pricing for "340B claims." Please clarify does Louisiana expect 340B drug replenishment for any prescriptions dispensed as part of this program?
Currently, for medications dispensed to insured clients, the participating pharmacies engage in a replenishment model; for medications dispensed to uninsured clients, participating pharmacies use a preplenishment model. These dispensing models have worked well with the current PBM contractor; however, if the successful proposer has an alternate proposal with equivalent efficiency, legal compliance and accountability, this alternate proposal would be considered during contract negotiations.
- 11). Quality Assurance/Monitoring Requirements
Regarding the "Rights and Responsibilities" attachment requested, is this for the member or the client?
This request refers to the rights and responsibilities of a client or program participant.
- 12). Industry standard to implement a full PBM benefit is approximately 90 days. It is also best practice to provide a minimum of 90 days notice to stakeholders (clients, providers) of the change. Can the Department please clarify if 'Contract Begins' means a new vendor would need to be operational or does this indicate the beginning of the implementation period? For example, if there is 90 days allotted for implementation, contract effective date would be July 1, 2017 and go-live (operations phase) would begin October 1, 2017.

“Contract begins” refers to the commencement date of the implementation period. Services would be provided to eligible program participants once the implementation period was complete and the “go live” phase was active.

- 13). For clarity, please provide an example of an ineligible charge.
Examples of ineligible charges could be the provision of a medication that is not covered by either the insured or uninsured formularies. It could also include the provision of medication(s) to a program participant who is not eligible for LA HAP coverage on the date of service.
- 14). Please confirm that working day, is the same as business day (which would exclude weekends and holidays).
With the exception of the days/times noted in the RFP for the toll free customer support line, a working day is the same as a business day.
- 15). There do not appear to be any pharmacy audit requirements defined in the RFP - are there requirements for pharmacy audits and if so, please provide.
All pharmacies participating in the pharmacy network should be audited in accordance with the regulatory requirements set forth by Centers of Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (DHHS), as well as the rules of the Louisiana Board of Pharmacy.
- 16). Please define the reporting requirements including report format and frequency.
Data elements for the annual ADAP Data Report (ADR) are located in Attachment VI. Further information on the ADR schema is available at <https://careacttarget.org/category/topics/adap-data-report-adr>. All other reports are to be designed and formatted based on the proposed data system’s capabilities. See Section III of the RFP for report descriptions and frequency.
- 17). Does the vendor have to assume delivery for repeat delivery events if the client's preferred mailing address was utilized (properly)?
The costs of returned mail and repeat delivery for program participants that had mail correctly addressed may be billed to SHP. These charges should be included in the original budget proposal and noted separately on the monthly invoice request for reimbursement.
- 18). For the purposes of planning and pricing, please provide the average number of paid claims per month over the last 12 months.
The average number of medication claims per month for the past 12 months is 9,300.
- 19). Requirement 4 indicates the Department desires access to the vendor's PA system. Please clarify if the Department will handle all prior authorization requests or if this function is delegated to the vendor.
The Prior Approval function will be delegated to the vendor.

20). Please provide a breakdown of membership (e.g. uninsured, Part D, etc) for the purposes of planning and pricing.

The current breakdown of the 3,329 enrolled clients:

| Insurance Type/Status | Clients |
|------------------------------|----------------|
| Insured | 2171 |
| Medicare Part D | 1112 |
| Uninsured | 45 |
| Medicaid | 1 |
| Total | 3329 |

21). Please provide average call volumes by client and providers (pharmacy/prescriber) for the purposes of pricing and planning.

Calls are not tracked by type. The current average is 95 calls per month.

22). Please provide historic number of legislative report requests and their nature.

Report requests are not tracked by type. The current average is 2 per month; however, these requests are often concentrated during the months in which the Louisiana Legislature is in session or is engaged in a Special Session. Many requests can be addressed internally with information available to SHP staff. In the event that the vendor is contacted to generate a requested report, the response time is typically extremely short and time sensitive.

23). Please provide historic number of ad hoc report requests.

The number of ad hoc report requests are partially dependent upon the availability of raw data and array of built-in reports provided by the PBM, as well as the PBM's understanding of what data are especially relevant for ADAP management. With fully available raw data available for export, the number of ad hoc report requests to the PBM is low.

24). Vendor is to submit an invoice by the 15th of each month to support pharmacy claims funding/billing. Vendor will be paid by the Department once a review is complete. How long does this review take (is the vendor only paid once/month for claims)?

The vendor is paid once a month for the reimbursement that is requested. Invoice review can be completed in a timely manner if all of the supporting documentation is available and well organized for the reviewers.

- 25). How frequently is the vendor reimbursed for claims incurred? Typically pharmacies are paid weekly or every two weeks in accordance with best practices and guidelines and vendor would expect those cycles to be funded in order to make payment.
The vendor is reimbursed once a month for all claims that have been submitted.
- 26). How does the Department currently recoup claims from Louisiana Medicaid for those clients who receive retrospective eligibility? Is there an automatic subrogation process or is it manual (reverse /re-bill)?
The Department is currently working with Louisiana Medicaid to develop a payment recoupment protocol and understand the technology that is available to facilitate this process.
- 27). Please provide the historic average monthly volume of clients that are identified for recoupment activities.
This data is currently not available.
- 28). Please provide the average monthly or most recent 12 months claims expenditure.
The average total medication claim cost for the past 12 months is \$1,703,449.
- 29). Attachment Va Cost Template - Since eligibility/enrollment system is optional, to ensure an apples to apples comparison of required services, does the Department want vendors to submit a price for this optional service?
The creation and maintenance of a secure web-based system that will serve as a single point of access for the online completion, submission, tracking, determination, and management of applications for LA HAP services is an optional service in this RFP. As such, this section will not be scored and there will be no corresponding cost template. Once the successful proposer has been selected to provide Pharmacy Benefits Management services to the LA HAP participants, the Optional Services proposal will be reviewed and discussions related to the Statement of Work and the related Budget will occur during the contract negotiation period.
- 30). Attachment Va Cost Template - How should vendors provide pricing for the optional service of enrollment/eligibility management? In order to ensure apples to apples comparison, would the vendors propose a separate fee schedule for this, using the template provided or a single line item for the service?
Please see the answer above. Estimated or proposed cost may be included in the narrative but will not be scored as a component of the review process.
- 31). Where would the PBM vendor obtain all the data elements required to complete the ADAP Data Report, that are not readily available to a PBM/the vendor? Example of data not usually in possession by PBM include CD4 count/value, Viral load date/value, Months of Coverage of premium paid, etc).
Please see Attachment VI of the RFP document.