

Bureau of Health Services Financing
RFP # 3000018331
Pharmacy Benefit Management Services for Louisiana Medicaid Managed Care Organizations
Addendum #4
Questions and Answers

Question Number	Document Reference	Section Number	Section Heading	Page Number in Referenced Document	Question	Response
1	RFP # 3000018331	1.1	Purpose	1	Regarding the statement: "The Contractor shall contract with each of the MCOs to implement the Louisiana Medicaid Program's pharmacy benefit as directed by LDH without exception." Are the MCOs obligated, by contract, to accept this Contractor's proposed implementation? And are any MCO exceptions treated as change orders to this Contractor?	Yes, MCOs are obligated by contract to accept the Contractor chosen through this RFP process. See Section 1.1, page 1 of the RFP for reference. Section 1.1 of the RFP provides that the successful Proposer shall contract with each of the MCOs to implement the pharmacy benefit as directed by LDH without exception.
2		1.1	Purpose	1	Can the State provide a sample MCO contract? Will the same contract be used for all participating MCOs?	As of this date, LDH does not have a sample MCO contract to provide. It is expected, that each MCO/Contractor contract will be similar one to another except for differences due to system requirements unique to each MCO.
3		1.1	Purpose	1	<ul style="list-style-type: none"> o "As payment-in-full for PBM services provided, the Contractor shall receive a transaction fee for each paid Drug Claim from each MCO in accordance with an LDH-approved methodology." o Question from Vendor – Can you please provide the current LDH-approved methodology? 	<p>See document number 23: State plan reimbursement pages in the procurement library - https://ldh.la.gov/page/4272.</p> <p>This methodology would be applied to Local Pharmacies only. Non-Local Pharmacies would be reimbursed according to Provider Agreements.</p>

4		1.5.1	Definitions	3	Please provide a copy of the LDH Standard Contract Form (Attachment II. CF-1).	See revision #12.
5		1.5.1	Definitions	3	Is there/will there be a template for the contract between the contractor and the MCOs?	See response to question #2.
6		1.5.1	Definitions	5	Will LDH provide a listing of those pharmacies they consider Local and if not, how will this be reported for enforcement?	Yes, LDH will provide a list of Local Pharmacies monthly, a file of all pharmacies enrolled with LDH to provide services under the Louisiana Medicaid Program, and a list of 340B pharmacies.
7		1.5.1	Definitions (MCO Network)		<ul style="list-style-type: none"> o “Providers who have an agreement with the MCO, or a Provider Agreement with the Contractor, to provide services under the Louisiana Medicaid Program to the MCO’s Enrollees.” o Question from Vendor – Please confirm that Provider Agreements with all MCO’s will be acceptable to continue with the bid. 	<p>Proposer does not need Provider Agreements in order to submit a proposal.</p> <p>In accordance with section 2.1.7 of the RFP, the Contractor shall contract with and manage a robust Network to provide access to PBM Covered Services for Enrollees. However, LDH must approve all Provider Agreement templates that will be utilized by the Contractor prior to execution of the agreement with a Provider.</p>
8		1.6	Schedule of Events	12	Can the state clarify what operational start date means (e.g., does this mean the beginning of the successful proposer’s implementation or go-live)?	See revision #1.
9		1.6	Schedule of Events	12	Is the Department expecting a nine-month implementation (e.g., implementation would start July and go-live would be in April)?	No, see response to question #8.

10		1.6	Schedule of Events	12	The Schedule of Events lists the deadline for receipt of proposals as Thursday, March 10, 2022, at 3:00 PM Central Time. The title page of the RFP states "Proposal Due Date/Time: Thursday, March 10, 2022, 4:00 PM Central Time." Please clarify the time at which the proposal is due.	See Addendum #3.
11		Cover page & 1.6	Schedule of Events	12	On the cover page of the RFP it states the proposal submission is due at 4:00 PM Central Time, however the time listed in the Schedule of Events table says 3:00 PM Central Time. Can LDH clarify the correct time?	See response to question #10.
12		1.6	Schedule of Events	11-12	<p>a. "Operational Start Date on July 1, 2022": Is this the first day of processing a claim or the day when the selected Contractor can begin reaching out to the MCOs? What factors determine the range for an "Operational Date" relative to "on or about?"</p> <p>b. "Intent to Award Date on April 14": The Proposer then provides an implementation plan within thirty (30) calendar days or May 14. The Contractor has to start the readiness review no later than sixty (60) calendar days prior to the operational start date. This implies a contract-signing prior to the plan and 45 days before operational and possibly after a readiness-review start. Could LDH confirm this</p>	<p>a: See response to question #8.</p> <p>b: Assuming the intent to award is issued on April 14, 2022, the implementation plan would be due on May 14, 2022. The readiness review must begin no later than May 2, 2022 for an operational start date of July 1, 2022.</p> <p>c: See revision #6.</p> <p>d. LDH will provide a timeline for readiness reviews after contract award. LDH expects to provide the Contractor ten to twenty (10-20) business days to submit the required documentation for LDH to begin its review, though this period may be adjusted depending on the actual start date of the readiness review.</p>

					<p>understanding?</p> <p>c. In Section 2.1.3, “the successful Proposer...must...account for a Readiness Review phase to ensure all deliverables are met prior to the contract “go-live” date.” It is also a bit unclear if the mentioned “go-live” date is equivalent to the contractual “Operational” date. Would LDH clarify this please?</p> <p>d. Does LDH have a prescribed time-based workflow for review/edit/finalize for reviewing all required documentation during the Readiness Review to ensure the Contractor has approval prior to the operational date?</p>	
13		1.6	Schedule of Events		<ul style="list-style-type: none"> o Operations start date, on or about / Friday, July 1, 2022 o Question from Vendor – Please confirm if this is the start date of the contract or the start of implementation? 	See answer to question #8.
14		1.6	Schedule of Events	12	<p>Please clarify LDH's intent for the implementation period. Will the contractor be expected to begin the implementation phase after the contract execution on May 2, 2022, and complete the implementation and begin operations on July 1, 2022? To successfully implement the services, configure and test the solutions, work with existing MCO vendors/solutions to transition data, train the State and other Stakeholders, and provide a smooth</p>	LDH's intent is for the Contractor to complete implementation and begin operations by the Operational Start Date.

					transition with no interruption of services requires longer than 60 days.	
15		1.6	Schedule of Events	12	Would LDH consider extending the implementation period to six months?	A Proposer seeking a modification of the contract terms set forth in the RFP or its attachments should submit an exception for the State's consideration in accordance with Sections 1.8.1 and 1.27 of the RFP.
16		1.6	Schedule of Events	12	Given the scheduled deadline for LDH to answer written inquiries on Tuesday, February 22nd and the response deadline is 12 working days thereafter on March 10th....will LDH consider rescheduling the response deadline to Friday, April 15th?	No. See Addendum #3, which revised the Schedule of Events.
17		1.6	Schedule of Events	12	Will LDH consider a second round of questions?	No.
18		1.7.1	Mandatory Qualifications	13	RFP Section 1.7.1 states that "Proposers must meet or exceed the following qualifications prior to the deadline for receipt of proposals." Can LDH please clarify the method for Proposers to demonstrate that they have met the mandatory requirements prior to the proposal submission?	Mandatory qualifications of Section 1.7.1 require fulfillment prior to the proposal deadline, which will be demonstrated through the submitted proposals and should be clearly described in the Company Background and Experience section (see Section 1.8.4).
19		1.7.1 & 1.21	Mandatory Qualifications and Determination of Responsibility	13 & 28	RFP Section 1.7.1 states that prior to the deadline for receipt of proposals, Proposers must provide copies of their latest three (3) years of audited financial statements. RFP Section 1.21 states that the	Proposers must submit three (3) years of audited financial statements with the proposal.

					Proposer shall include audited financial statements with their proposal. Are Proposers required to submit financials both prior to and with their proposals?	
20		1.7.2	Desirable Qualifications	13	To comply with the requirement on prescriber tools/electronic prescribing systems, or health information exchanges that support the PDL, or prior authorizations (PAs), does LDH have a roadmap or minimum plan that identifies the implementation of new platforms and media (e.g., tablets, all mobile telephones, and so forth)?	LDH has not identified new platforms or media that may be implemented during the term of the contract.
21		1.7.2	Desirable Qualifications	13	RFP states “Have the ability to accept, price, and process physician-administered Drug Claims, applying the same edits and utilization management (UM) criteria as those applied to a National Council for Prescription Drug Programs (NCPDP) Drug Claim, and/or additional edits as specified by LDH.” Please confirm that the proposer will accept, price, and process physician-administered Drug Claims line items only and submit the information back to the MCO to finalize the claim.	It is desirable for the Proposer to have the ability to accept, price, and process physician-administered Drug Claim line items, and pay the claim, pass the claim to the MCO for payment, or some other process.
22		1.7.2	Desirable Qualifications	13	Will the physician-administered Drug Claims always contain an NDC for adjudication and pricing?	A NDC is required on all physician-administered Drug Claims.

23		1.8.1	Cover Letter	14	RFP Section 1.8.1 states that “A cover letter should be submitted on the Proposer’s official business letterhead explaining the intent of the Proposer.” Can LDH clarify what it means by “the intent of the Proposer”?	The cover letter must include the Proposer’s purpose for submitting its Proposal, along with the bulleted information listed on Page 14, Section 1.8.1.
24		1.8.4	Company Background and Experience	15	Given the length of our audited financial statements (more than 600 pages for the 3 years of statements required), can Bidders provide these documents in electronic format only?	See revision #3. Proposer may submit an electronic proposal, in accordance with section 1.9.1 of the RFP, or a hard copy (printed) proposal, in accordance with section 1.9.2 of the RFP. If Proposer elects to submit a hard copy (printed) proposal, then audited financial statements can be submitted in electronic format (USB flash drive) only, in accordance with revision #2.
25		1.8.5 & 1.8.7	Approach and Methodology and Work Plan/Project Execution	15-16	Please clarify the distinction between the responses required for each of these two sections. Does the State expect the bidder to describe its project management methodology in its response to Section 1.8.5?	See revision #17.
26		1.8.9	Innovative Concepts and Value-Added Services	18	Should proposers provide the cost of the value-added services in our response? If so, is there a specific format that should be used?	The intent of value-added services is to provide "extra" services at no cost to the state or the MCOs. There is not a specific format that should be used.
27		1.8.10	Proposed Staff Qualifications	18	The RFP asks for both staff “workload” and “percentage of time allocated to the project”. Can you please clarify what is meant by “workload” and what type of	Workload may include the schedule, frequency, and summary of key tasks to be performed by each staff member.

					information would be acceptable in order to describe or quantify workload, and to differentiate it from “percentage of time allocated”?	“Percentage of time” refers to the percentage of each staff member’s time allocated to this project.
28		1.8.10	Proposed Staff Qualifications	18	Can you please clarify if job descriptions (which per the RFP should include “the percentage of time allocated to the project and the number of personnel should be included indicating minimum education, training, experience, special skills and other qualifications for each staff position as well as specific job duties identified in the proposal.”) should be included for Key Personnel only or for Key Personnel and General Staff?	Job descriptions should be provided for Key Personnel and General Staff.
29		1.8.10	Proposed Staff Qualifications	18	Given the highly competitive nature of this procurement and the Louisiana state-based requirement, the hiring pool will be greatly reduced, so that no one bidder will have the best assembled talent. Would LDH consider representative resumes or job descriptions in place of named staff (LDH would retain right to approve each hire)?	Job descriptions and resumes should be provided for Key Personnel, and job descriptions should be provided for General Staff.
30		1.8.10	Proposed Staff Qualifications	18-19	The RFP asks for job responsibilities, workload and lines of supervision for both Key Personnel and General Staff. Later in the section, it says “Include full resumes of all proposed key personnel identified	Resumes should be provided for Key Personnel.

					for key roles. Each person identified for a role above should be included in the resume section." A subsequent sentence in the same section says resumes should be included for "all known personnel working or overseeing the LDH Pharmacy Program." Can you please clarify if resumes should be included for Key Personnel only or for Key Personnel and General Staff?	
31		1.8.10	Proposed Staff Qualifications	19	Can LDH please clarify the requirement that if any of the Proposer's named personnel is a current or former Louisiana State employee, Proposers must include, in the redacted proposal ONLY, the last four digits of that person's social security number when the purpose of the Redacted Copy is to remove this kind of confidential information?	See Revision #18.
32		1.8.7	1.8.7 Work Plan/Project Execution	17	Last bullet point: The RFP mentions integration with Master Data Management Solution (MDMS). Can you please clarify what constitutes your master data? Is it drugs, pharmacies, physicians and members, etc.?	The State currently utilizes both a master Person/Client and master Entity/Provider repository.
33		1.8.7	1.8.7 Work Plan/Project Execution	17	The RFP mentions integration through an Enterprise Service Bus (ESB) for managing touch points with other systems. Besides ESB, can we recommend other forms of	See revision #19. The Contractor's system shall utilize the State's Enterprise Service Bus and API Gateway components for all API

					<p>integration such as through API Gateway?</p>	<p>or real time interfaces, or any interactions with other EA or State technology components. All integrating connections must be made using standard SOAP/REST APIs or connectors or message queues within the Electronic Service Bus or API Gateway. The use of JSON Web Tokens (JWT) may be approved by the State.</p> <p>Contractors shall utilize the State's MoveIT platform for all file transfers. The preferred connection method is FTPS (FTP over SSL) which requires a server-side CA certificate - no self-signed certificate will be allowed. 256-bit, FIPS 140-2 validated AES encryption is used to protect any transmitted files from unauthorized use, theft, hacking and/or viewing while stored on State resources. PGP/GPG file type encryption is also required with an exchange of public keys.</p>
34		1.8.7	1.8.7 Work Plan/Project Execution	17	<p>The RFP mentions flexibility to utilize a single Identity and Access Management Solution (IAMS).</p> <p>Do you have any existing or preferred Identity and Access Management Solution (IAMS)?</p>	<p>See revision #19. Integrating systems must use the State's Identity Access Management/Single Sign On system for all authentication and authorization functions. All users, both internal and external, are validated through a common security portal using Security</p>

						<p>Assertion Markup Language (SAML) for authorization and authentication. Users maintain a single account for use across all consuming systems. The use of JSON Web Tokens (JWT) has also been approved.</p> <p>See OTS Enterprise Architecture and System Development Requirements in the procurement library - https://ldh.la.gov/page/4272.</p>
35		1.8.7	1.8.7 Work Plan/Project Execution	17	<p>“...with future Department enterprise components.”</p> <p>Are there any enterprise components that are planned or in development that we need to be aware of? If yes, please provide details.</p>	No.
36		1.9	Number of Copies of Proposals	21	<p>Given the current state of Covid infections and that most companies are working remotely, will LDH consider requiring only the original proposal with the signatures in hard copy and nine electronic copies on separate USBs to minimize production time in an office.</p>	<p>See revision #3. Proposer may submit an electronic proposal, in accordance with section 1.9.1 of the RFP, or a hard copy (printed) proposal, in accordance with section 1.9.2 of the RFP.</p> <p>If Proposer elects to submit a hard copy (printed) proposal, then the Proposer shall submit:</p> <ul style="list-style-type: none"> • one (1) original hard copy. • Six (6) duplicate hard copies.

						<ul style="list-style-type: none"> • Three (3) electronic copies (on separate USB flash drives) of the entire technical and cost proposal. • Three (3) electronic copies (on separate USB flash drives) of its Redacted Proposal, if applicable.
37		1.9	Number of Copies of Proposals	21-22	Does the State want one original hard copy and six duplicate copies of both the Technical and Cost Proposals?	<p>See revision #3. Proposer may submit an electronic proposal, in accordance with section 1.9.1 of the RFP, or a hard copy (printed) proposal, in accordance with section 1.9.2 of the RFP.</p> <p>If the Proposer elects to submit a hard copy (printed) proposal, then the Proposer shall submit one (1) original and six (6) duplicate copies of both the Technical and Cost Proposals.</p>
38		1.9	Number of Copies of Proposals	21-22	Does the State want both the Technical and Cost proposals on the same three USB flash drives? Or do they need to be on separate USB flash drives - three USB flash drives for Technical, three USB flash drives for Cost?	<p>See revision #3. Proposer may submit an electronic proposal, in accordance with section 1.9.1 of the RFP, or a hard copy (printed) proposal, in accordance with section 1.9.2 of the RFP.</p> <p>If the Proposer elects to submit a hard copy (printed) proposal, then both the Technical and Cost proposals should be submitted on the same three USB flash drives.</p>
39		1.9	Number of Copies of Proposals	21-22	<p>Can LDH confirm the format (hardcopy or USB) and quantity required for each separate volume below?</p> <ul style="list-style-type: none"> • Technical Proposal • Cost Proposal 	See revision #3. Proposer may submit an electronic proposal, in accordance with section 1.9.1 of the RFP, or a hard copy (printed) proposal, in accordance with section 1.9.2 of the RFP.

					<ul style="list-style-type: none"> • Redacted Proposal • Audited Financial Statements 	<p>If Proposer elects to submit a hard copy (printed) proposal, then the Proposer shall submit:</p> <ul style="list-style-type: none"> • one (1) original hard copy of the technical and cost proposals. • Six (6) duplicate hard copies of the technical and cost proposals. • Three (3) electronic copies (on separate USB flash drives) of the entire technical and cost proposal. • Three (3) electronic copies (on separate USB flash drives) of its Redacted Proposal, if applicable. <p>See response to question #24.</p>
40		1.9	Number of Copies of Proposals	21-22	The close proximity required by several persons to provide hardcopies increases exposure to COVID. Please consider revising the response requirements from a hardcopy to an all-electronic submission, preferably via email or Portal upload; or alternatively, 1 original hardcopy and multiple USBs.	See revision #3.
41		1.9	Number of Copies of Proposals	22-23	Can the State clarify the number of electronic copies of the Redacted Proposal needed for submission? On page 22, three electronic copies of the Redacted Proposal are requested. On page 23, one electronic copy of the Redacted Proposal is requested.	<p>See revisions #3 and #4. Proposer may submit an electronic proposal, in accordance with section 1.9.1 of the RFP, or a hard copy (printed) proposal, in accordance with section 1.9.2 of the RFP.</p> <p>If Proposer elects to submit a hard copy (printed) proposal, then the Proposer shall submit three (3)</p>

						electronic copies (on separate USB flash drives) of its Redacted Proposal, if applicable.
42		1.9 & 1.11	Number of Copies of Proposals and Confidential Information, Trade Secrets, and Proprietary Information	21-23	RFP Section 1.9 says that "Proposer shall also submit three (3) electronic copies (on separate USB flash drives) of its Redacted Proposal." This seems to be in conflict with RFP Section 1.11, which says "The Proposer should also submit one (1) electronic redacted copy of its proposal on a USB flash drive." Can LDH please clarify the number of copies to be submitted?	See response to question #41.
43		1.9 & 1.11	Number of Copies of Proposals and Confidential Information, Trade Secrets, and Proprietary Information	22-23	Section 1.9 states, "Proposer shall also submit three (3) electronic copies (on separate USB flash drives) of its Redacted Proposal, if applicable." Section 1.11 states, "The Proposer should also submit one (1) electronic redacted copy of its proposal on a USB flash drive." Please clarify whether bidders should submit one redacted copy (1 USB) or three redacted copies (3 USBs). Will the Department allow proposers to submit encrypted USBs (with key provided)?	See response to question #41. No, the State will not accept encrypted USBs.
44		1.9	Confidential Information, Trade Secrets, and	23	Please confirm bidders should submit only one (1) hard copy of the redacted proposal.	See revision #3. Proposer may submit an electronic proposal, in accordance with section 1.9.1 of the RFP, or a hard copy (printed) proposal, in

			Proprietary Information			<p>accordance with section 1.9.2 of the RFP.</p> <p>If Proposer elects to submit a hard copy (printed) proposal, then the Proposer shall submit three (3) electronic copies (on separate USB flash drives) of its Redacted Proposal, if applicable.</p>
45		1.12.2	Proposer Inquiries	24	Will LDH consider a second round of questions or clarifications in response to content of the LDH posted official responses?	See answer to question #17.
46		1.21	Determination of Responsibility	28	RFP Section 1.21 requires Proposers to submit a certificate from the taxing authority of the state in which the Proposer has its principal office. Where should proposers include their tax certificate within their submission?	The Proposer should include the certificate in the technical proposal as an Exhibit.
47		1.27	Contract Award and Execution	29	<p>Section 1.27 states, "The selected Proposer shall be expected to enter into a contract that is substantially the same as the sample contract included in Attachment II. CF-1."</p> <p>The referenced attachment was not provided in the RFP; there is presently a placeholder on page 147. Does the Department intend to provide the sample contract for bidders' review?</p>	See revision #12.
48		1.32.1	Contractor Liability	35	Is the State willing to negotiate a reasonable general liability cap?	A Proposer seeking a modification of the contract terms set forth in the RFP or its attachments should submit

						an exception for the State's consideration in accordance with Sections 1.8.1 and 1.27 of the RFP.
49		1.32.3	Indemnification	35	Is the State willing to limit the indemnification provisions to third party claims and to "direct damages caused by the negligent acts or omissions of or breach of contract"?	A Proposer seeking a modification of the contract terms set forth in the RFP or its attachments should submit an exception for the State's consideration in accordance with Sections 1.8.1 and 1.27 of the RFP.
50		1.32.4	Intellectual Property Indemnification	35	Is the State willing to conform the intellectual property provisions to the services/solutions that the contractor is offering?	A Proposer seeking a modification of the contract terms set forth in the RFP or its attachments should submit an exception for the State's consideration in accordance with Sections 1.8.1 and 1.27 of the RFP.
51		1.33	Payment/ Compensation Model	36	As a component of the zero-dollar contract with LDH which establishes a basis for contractual terms, shouldn't LDH also have sole responsibility in assessing penalties, based on performance reviews. This would be beneficial in reducing the number of disputes with the MCOs and is in line with the zero-dollar contract establishing contractual terms.	No, the MCOs will be responsible for monitoring the Contractor's performance.
52		2.1.1	Scope of Work		<ul style="list-style-type: none"> • Section 2.1.1 – The Contractor shall "Perform Readiness Review as a part of the MCO Readiness Review process" <ul style="list-style-type: none"> ○ Is this required for each MCO or for the overall program? 	<ul style="list-style-type: none"> • <i>Is this required for each MCO or for the overall program?</i> Both: LDH plans to conduct readiness reviews to assess the ability and capacity of the Contractor to perform satisfactorily in its major operational areas or the overall program, as well as the readiness

					<ul style="list-style-type: none"> • Section 2.1.3 – Coordination with MCO’s - The statement “The successful Proposer, upon notification of the award, shall ensure connectivity of all information technology systems and to make adjustments to any of the successful Proposer’s business operations necessary to implement the services described in this RFP. Within thirty (30) Calendar Days of award, the successful Proposer shall provide an implementation plan that includes all tasks, action steps, timelines, and responsible parties for all requirements contained in this RFP.” <ul style="list-style-type: none"> ○ Is the above statement requiring that the vendor awarded will be required to have connectivity with all MCO’s upon 30 days following award, or have a plan presented to the MCO’s and the plan to have full connectivity within 30 days? – Please clarify. • Section 2.1.10.2.3 PA Denials, Appeals, and Escalations - It states that the vendor should provide Louisiana Registered Pharmacist for call escalation 	<p>of each MCO to work with the Contractor.</p> <ul style="list-style-type: none"> • <i>Is the above statement requiring that the vendor awarded will be required to have connectivity with all MCO’s upon 30 days following award, or have a plan presented to the MCO’s and the plan to have full connectivity within 30 days? – Please clarify.</i> Requires the vendor to provide an implementation plan within thirty (30) calendar days. Full connectivity would need to be implemented as soon as possible to stay on schedule. • <i>Who will perform appeals for your drug prior authorizations?</i> The MCOs will perform appeals for prior authorizations. • <i>If it is the vendor, does the state need to approve the peer review organization that is contracted with the vendor?</i> Not applicable. • <i>What hours does the pharmacist(s) need to be available?</i> Clinical personnel, including but not limited to pharmacist(s), shall be accessible 7:00 am to 7:00 pm
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					<p>regarding PA criteria and PA denial determinations.</p> <ul style="list-style-type: none"> ○ Who will perform appeals for your drug prior authorizations? ○ If it is the vendor, does the state need to approve the peer review organization that is contracted with the vendor? ○ What hours does the pharmacist(s) need to be available? 	<p>Central Time, Monday through Friday excluding agreed-upon holidays– except for downtime approved in advance by LDH.</p>
53		2.1.1	Tasks and Services/Overview	42	<p>Will the Department provide a comprehensive list of all LDH and MCO required reports as noted in Bullet 1, Sub-Bullet 6 Development and delivery of required reports to LDH and the MCOs as this is necessary to support appropriate cost proposal completion?</p>	<p>See reports listed in 2.1.24 Reporting and Quality Assurance, Attachment VI: Table of Deliverables and the report templates in the procurement library - https://ldh.la.gov/page/4272.</p> <p>In addition, ad hoc reports may be requested as needed.</p>
54		2.1.1	Tasks and Services/Overview	42	<p>Will LDH provide the format and data exchange required to support the daily exchange of claims data from the Contractor to the MCOs?</p>	<p>The MCOs will negotiate the format and data exchange requirements with the successful Proposer.</p>
55		2.1.1	Tasks and Services/Overview	42	<p>If changes to data interfaces during the term of the contract are required to support Vendor, Systems Integrator or other MITA Maturity advancement projects, will LDH permit Contractor to pass through implementation costs to each MCO contracted as a result of this contract or as part of a contract amendment with LDH?</p>	<p>No.</p>

56		2.1.3	Coordination with MCOs	45	RFP states, "Collaborate with MCOs and LDH to enhance Enrollee engagement and education, and measure Enrollee satisfaction." Will the proposer be responsible for print and mail of Enrollee engagement and education material? If so, what is the expected volume?	The Contractor will not be responsible for printing and mailing Enrollee engagement and education material.
57		2.1.3	Coordination with MCOs	46	RFP states, "The Contractor shall collaborate with each MCO to ensure the following prescription billing information is provided on the MCO Member ID card, or on a separate Pharmacy ID Card, or through other technology, that:" Is the proposer responsible for the print and mail of Pharmacy ID cards?	The MCO is responsible for printing and sending the ID cards.
58		2.1.8.1	General Requirements	58	RFP states, "Negotiate the Professional Dispensing Fee and ingredient cost reimbursement in contracts with Network Providers to maximize the economy and cost-effectiveness of PBM Covered Services." When does LDH expect to the proposer to begin negotiations with Network Providers?	LDH expects that the successful Proposer will begin negotiations with potential Network Providers immediately upon notice of intent to award.
59		2.1.8.1	Pharmacy Reimbursement/General Requirements	58	What is the current provider EFT reimbursement percentage for each MCO as currently contracted?	See MCO Data in the procurement library - https://ldh.la.gov/page/4272 .

60		2.1.8.3	Pharmacy Remittance Advice	62	RFP states, "Pay ninety percent (90%) of all Drug Claims within fifteen (15) Calendar Days and one hundred percent (100%) within thirty (30) Calendar Days from submission of the Drug Claim." Please provide the volume of current claims that are not paid within 15 calendar days and the reasons for the delay in payment.	See MCO Data in the procurement library - https://ldh.la.gov/page/4272 . Under the current MCO contracts, the MCOs must process and pay or deny, as appropriate, at least ninety percent (90%) of all clean claims for each claim type, within fifteen (15) Business Days of the receipt. As such, payments made more than fifteen (15) Calendar Days but within fifteen (15) Business Days from submission of the Drug Claim are timely under the existing contract.
61		2.1.9.1	General Drug Claim Adjudication System Requirements	63	RFP states, "Collaborate with LDH to develop, implement, and maintain payer sheet(s) using the NCPDP-published template and following the guidance it contains." Will each MCO be allowed to have different payer sheets?	One payer sheet should be developed for all MCOs.
62		2.1.9.2	General Drug Claim Processing Requirements	65	RFP states, "Conduct Drug Claims processing consistently across all MCOs that prevents duplication of effort or multiple solutions and allows changes to be made easily and seamlessly for the entire Managed Care Program." Please confirm the intent is to have one set of reject code edits that apply to all MCOs.	Yes, there will be one (1) set of reject code sets that will apply for all MCOs.
63		2.1.9.2	General Drug Claim Processing Requirements	65	Please provide the total annual number of pharmacy paid and denied/rejected claims.	See MCO Historical Table in the procurement library - https://ldh.la.gov/page/4272 .

64		2.1.9.2	General Drug Claim Processing Requirements	65	Please provide the number of members eligible for pharmacy benefits by MCO for the past 12 months	See MCO Historical Table in the procurement library - https://ldh.la.gov/page/4272 .
65		2.1.9.2	General Drug Claim Processing Requirements	65	Please provide the number of utilizers of pharmacy benefits by MCO for the past 12 months.	Aetna Better Health of Louisiana - 95,817 Amerihealth Caritas of Louisiana - 152,696 Healthy Blue - 246,106 Louisiana Healthcare Connections - 381,613 United Healthcare of Louisiana - 354,995
66		2.1.9.3	Drug Claims System Requirements	67	RFP states, "Implement PDL change notices as needed." How are PDL change notices communicated? If it is printed and mailed, what is the expected volume?	LDH, or its designee, will provide the PDL changes to the MCOs and the Contractor. Major PDL changes may occur twice a year after P&T committee meetings, with such changes to be implemented in January and July. The Contractor will be responsible for identifying Enrollees affected by negative changes to the PDL. The MCOs will be responsible for sending negative change letters to their affected Enrollees.
67		2.1.9.11	340B Drug Pricing Program	74	Does the requirement: Not allow Network Providers to bill the Louisiana Medicaid Program for drugs purchased at 340B pricing indicate and apply only to "non LDH provided 340B Provider list entities"?	LDH would only allow 340B claims from 340B providers on the LDH identified 340B covered pharmacies list. LDH does not allow non-Network Providers to bill 340B stock to the Louisiana Medicaid Program.

68		2.1.9.11	340B Drug Pricing Program	74	Will LDH require each “MCO’s Provider manual” to allow only one guideline or process, established in collaboration with LDH and Contractor to ensure 340B claims are processed consistently and in alignment with LDHs intended claim identification and pricing logic?	All the MCOs will follow the 340B policy established by LDH.
69		2.1.9.14.2	Covered Drugs	79	RFP states, “Utilize a system that verifies that the NDC is valid, and the drug is eligible for payment under LDHs’ pharmacy program and eligible for Medicaid drug rebates, unless otherwise directed by LDH.” Are all MCOs required to cover all of the same NDCs and HCPCS codes?	Yes, all MCOs are required to cover all the same NDCs and HCPCS codes.
70		2.1.9.14.3	Prescriber Enrollment	79	RFP states, “Validate that the Prescriber is currently enrolled with LDH to provide services under the Louisiana Medicaid Program.” And “Validate that the Prescriber has a current agreement with the MCO to provide services under the Louisiana Medicaid Program to the MCO’s Enrollees.” Please confirm that there will be provided separate data files with prescriber enrollment information, one from LDH and one from each MCO to validate prescriber enrollment.	LDH or its designee will provide the State provider enrollment information (all providers enrolled with the State) to the Contractor and each MCO will provide its provider enrollment information.
71		2.1.9.16	Drug Claim Edits	83	RFP states, “Manually review and approve or deny within twenty-four (24) hours one hundred percent (100%) of multi-ingredient compounded Drug Claims that	See MCO Data in the procurement library - https://ldh.la.gov/page/4272 .

					exceed the established dollar limit threshold to validate the medical necessity of the compound, commercial availability, and other clinical criteria approved by LDH.” What is the current volume of multi-ingredient compounded Drug Claims that exceed the established dollar limit threshold that need to be manually reviewed?	
72		2.1.9.18	Paper Claims	88	What is the current volume of paper claims processed by the MCOs?	See MCO Data in the procurement library - https://ldh.la.gov/page/4272 .
73		2.1.10.2	Prior Authorization (PA)	95	RFP states, “Not maintain separate PA programs for each MCO, nor alter or customize PA processes for each MCO, except when necessary for a MCO specific value-add benefit.” What is the expected volume of MCO specific value-add benefit PA programs?	Under the current MCO contract, the MCOs do not have any specific value-added pharmacy benefits. LDH does not know what value added benefits may be included in a subsequent contract.
74		2.1.10.2	Prior Authorizations	95	Please provide the monthly number of denied and approved PA's by MCO for the past 12 months.	See Medicaid Managed Care Transparency Report in the procurement library - https://ldh.la.gov/page/4272 .
75		2.1.10.2	Prior Authorization (PA)	95	Does electronic prior authorization include providing ePA exchanges as outlined in the NCPDP SCRIPT Implementation Guide?	Yes, see revisions #14 and #15.
76		2.1.10.2.3	PA Denials, Appeals and Escalations	99	What is the average number of PA appeals submitted by an enrollee per month (over the last six months, across all MCOs)?	See MCO Data in the procurement library - https://ldh.la.gov/page/4272 .

77		2.1.10.2.3	PA Denials, Appeals and Escalations	99	What is the average number of PA appeals submitted by a provider on behalf of an enrollee per month (over the last six months, across all MCOs)?	See MCO Data in the procurement library - https://ldh.la.gov/page/4272 .
78		2.1.13.1	Prospective DUR Review	103	Please describe what is intended by "participate" with LDH or LDH vendor in the RetroDUR program.	The Contractor will identify Enrollees that meet RetroDUR criteria for each MCO, provide historical claim profiles and other requested data to the MCOs to coordinate with LDH DUR board initiatives.
79		2.1.13.1	Prospective DUR Review	103	<ul style="list-style-type: none"> • What is the intended use of the Enrollee profiles for RetroDUR initiatives? • What types of data are to be included? • How many months of data will be required? • Is there a preferred format (PDF, Excel, etc.) and how will they be delivered (postal mail, secured website, etc.) • How often will they be produced? 	<ul style="list-style-type: none"> • <i>What is the intended use of the Enrollee profiles for RetroDUR initiatives?</i> Enrollee profiles will be mailed by the MCO to providers to support RetroDUR initiatives. • <i>What types of data are to be included?</i> See Drug Utilization Review Program Health Plan Advisory in the procurement library - https://ldh.la.gov/page/4272. • <i>How many months of data will be required?</i> Twelve (12) months of pharmacy claims should be included in the profile for the MCO to mail or fax to the provider. • <i>Is there a preferred format (PDF, Excel, etc.) and how will they be delivered (postal mail, secured website, etc.)</i> The format and

						<p>method of delivery will be negotiated with the MCOs.</p> <ul style="list-style-type: none"> • <i>How often will they be produced?</i> The profiles will be produced monthly.
80		2.1.13.1	Prospective DUR Review	103	<p>RFP states, "Participate in the Retrospective Drug Utilization Review (RetroDUR) program and a DUR Educational program with LDH or a LDH contractor and provide reports as requested to LDH and the MCOs."</p> <p>Beyond providing reports and Enrollee profiles, what other participation is expected to support RetroDUR and DUR Education?</p>	The Contractor's participation in RetroDUR is primarily reports and profiles, however, other involvement may be identified with different initiatives.
81		2.1.13.1	Prospective DUR Review	103	<p>Will any intervention letters be required for RetroDUR? If so, how often and to whom (prescriber, provider, members?)</p>	MCOs will be responsible for intervention letters. The Contractor will be responsible for claim profiles and possible identification of Enrollees for each initiative.
82		2.1.14.1	Customer Service Center (CSC)	107	<p>What is the average monthly volume (over the last six months) of PBM related grievances received across all MCOs?</p>	See MCO Data in the procurement library - https://ldh.la.gov/page/4272 .
83		2.1.14.1	Customer Service Center (CSC)	107	<p>What is the average monthly call volume (over the last six months) related to prior authorization across all MCOs?</p>	See MCO Data in the procurement library - https://ldh.la.gov/page/4272 .
84		2.1.14.1	Customer Service Center (CSC)	107	<p>What is the average monthly PA requests over the last six months, across all MCOs?</p>	See MCO Data in the procurement library - https://ldh.la.gov/page/4272 .

85		2.1.13.1	Prospective DUR Review	103	<p>Section 2.1.13.1 states “Participate in the Retrospective Drug Utilization Review (RetroDUR) program and a DUR Educational program with LDH or a LDH contractor and provide reports as requested to LDH and the MCOs. Produce Enrollee profiles for RetroDUR initiatives in an LDH approved format. MCOs are allowed to implement Retrospective DUR initiatives that do not duplicate LDH RetroDUR upon LDH approval.”</p> <p>Please clarify the following:</p> <ul style="list-style-type: none"> • Are these educational programs outreaches to prescribers, pharmacies, and/or members? • Is outreach performed by the MCOs or by the MCO PBM? • If performed by the MCO PBM: <ul style="list-style-type: none"> ○ Is there a specified or preferred mode for the educational program (e.g., letter-based mailings)? ○ Is response tracking required? ○ Is outcomes reporting required? • What is the frequency of the reporting? • Are the enrollee profiles based on review of pharmacy claims or will it 	<ul style="list-style-type: none"> • <i>Are these educational programs outreaches to prescribers, pharmacies, and/or members?</i> A LDH contractor provides most of the Educational outreach. Most are geared towards prescribers. • <i>Is outreach performed by the MCOs or by the MCO PBM?</i> Educational outreach is performed by a LDH contractor. RetroDUR outreach is performed by the MCO. • <i>If performed by the MCO PBM: Is there a specified or preferred mode for the educational program (e.g., letter-based mailings)?</i> Not applicable. <ul style="list-style-type: none"> ○ <i>Is response tracking required?</i> The MCO should track the responses for RetroDUR. ○ <i>Is outcomes reporting required?</i> Outcomes may be requested on some initiatives. • <i>What is the frequency of the reporting?</i> RetroDUR is monthly.
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					require integration of other data (e.g., medical data)?	<ul style="list-style-type: none"> Are the enrollee profiles based on review of pharmacy claims or will it require integration of other data (e.g., medical data)? Pharmacy claims
86		2.1.14.3	CSC Quality Assurance	109	Is Table 5: "Provider Pharmacy Calls" related to only the POS Help Desk?	Primarily POS, but includes all provider pharmacy calls.
87		2.1.14.3	CSC Quality Assurance	106	If Table 5: "Provider Pharmacy Calls" is a combination of all call types (POS Help Desk, PA Help Desk, and Enrollee Help Desk), please provide a breakdown by type.	LDH does not have a breakdown by type.
88		2.1.14.3	CSC Quality Assurance	106	If Table 5: "Provider Pharmacy Calls" is not a combination of all call types (POS Help Desk, PA Help Desk, and Enrollee Help Desk), please provide the volumes for PA Help Desk and Enrollee Help Desk.	LDH does not have a breakdown by type.
89		2.1.18	Audit	111	Does the total count from which the 5% is calculated include pharmacies with no or few claims?	Pharmacies with no or few claims would not be included.
90		2.1.18	Audit	111	How many pharmacy providers are enrolled in Louisiana Medicaid?	See MCO Historical Table in the procurement library - https://ldh.la.gov/page/4272 .
91		2.1.18	Audit	111	Is there a specific template or format expected for the year-end Project Management Report?	The template and format is to be determined at a later date.
92		2.1.18	Audit	111	The requirement is to audit at least five percent (5%) of pharmacies enrolled in the network. Can LDH please confirm this is the	Correct, audit is only required on active retail network pharmacies.

					active retail network (those that submit claims to the POS)?	
93		2.1.18	Audit	111	The requirement is to audit at least five percent (5%) of pharmacies enrolled in the network. Can LDH please provide the number of retail pharmacies in the network?	See MCO Historical Table in the procurement library - https://ldh.la.gov/page/4272 .
94		2.1.19	Fraud, Waste, and Abuse	115	Are there historical numbers available on the number of corrective action plans implemented each year?	Noncompliance actions issued under the current and prior contracts may be found at https://ldh.la.gov/page/1610
95		2.1.19.2	Fraud, Waste, and Abuse	116	The requirement for an organizational chart includes staff titles "Program Integrity Officer" and "full-time program integrity investigator(s)." Are these additional required positions that are not listed in 2.1.4.2 Key Personnel Requirements?	These are additional positions that may be necessary, but are not considered Key Personnel. The Program Integrity Officer and full-time program integrity investigator could be the same as the Audit Pharmacist and Fraud, Waste, and Abuse Investigator.
96		2.1.19.2	Fraud, Waste, and Abuse Compliance Plan	117	Are there historical MCO numbers available on the average number of pharmacy-related credible allegations of fraud per year?	From 2016 – 2021, PI MCO Oversight has received an average of forty-six (46) pharmacy-related credible allegations of fraud and abuse a year from the MCOs.
97		2.1.19.2	Fraud, Waste, and Abuse Compliance Plan	117	Are the "Procedures to verify, by sampling or other methods, whether services that have been represented to have been delivered by Network Providers were received by Enrollees and the application of such verification on a regular basis." the same process as in 2.1.18 Audit in the section titled "Provide a Sampling of Paid Drug Claims."?	Yes, those are the same.

98		2.1.19.3	Identification, Investigation, and Referral of Suspected Fraud and Abuse	118	Several of the bullets require immediate reporting to LDH, can you define "immediately"?	See revision #11.
99		2.1.9.20	Systems Documentation	89	RFP states, "Develop, prepare, print, maintain, produce, and distribute to LDH, or its designee(s), and the MCOs distinct systems design and management manuals, user manuals, and quick reference guides, and any updates." What is the expected volume of printed system documents?	LDH does not have an expected volume of printed system documents.
100		2.1.9.20	Systems Documentation	89	RFP states, "Develop, prepare, print, maintain, produce, and distribute to LDH, or its designee(s), and the MCOs distinct systems design and management manuals, user manuals, and quick reference guides, and any updates." Please provide more detail on the requirement for distinct system MCOs designs for a standardized adjudication claim adjudication and PA system.	The requirement is for the Contractor to provide their distinct systems design and management manuals, user manuals, and quick reference guides, and any updates to both LDH and the MCOs.
101		2.1.9.20	Systems Documentation	89	Are the printed system documents mailed? If so, what is the expected volume to be mailed?	These documents are for LDH and the MCOs only. If a hard copy is requested, it could be mailed or delivered.
102		2.1.28	Lock-In Program	135	"The MCO shall notify potential lock-in Enrollees of its intent to lock Enrollees into a limited number of Providers. The Contractor shall:	The MCO will be responsible for notifying Enrollees of its intent to lock Enrollees into a limited number of providers.

					Utilize the LDH template lock-in letters for the Enrollee, Network Provider and/or Prescriber. Be responsible for notifying the Enrollee, chosen Network Provider, and/or chosen Prescriber of the proposed lock-in status." Please clarify which entity (Contractor or MCO) will be responsible for notifying enrollees of its intent to lock Enrollees into a limited number of providers.	
103		2.1.28.1	Drug claims Processing for Lock-In	135	"The Contractor shall Ensure the Enrollee has reasonable access, considering geographical location and travel time, to quality services under the Louisiana Medicaid Program." Please clarify which entity will be responsible for determining into which providers the enrollee will be locked.	The Enrollee would be given a choice of providers by the MCO. The Contractor would assist the MCO with Network Provider choices by providing Drug Claim history to the MCO.
104		2.1.28.1	Drug claims Processing for Lock-In	136	Will the contractor be required to submit potential enrollees for lock-in consideration to LDH on a scheduled basis or as they may become known to the contractor through POS activities or providers? Will LDH select the providers that enrollees will be locked into?	The FFS fiscal intermediary will identify the potential lock-in Enrollees to send to the Contractor and MCOs. The Contractor and the MCOs can also identify potential lock-in Enrollees, as needed. The MCO will select the Network Providers that the Enrollees are locked-in to.
105		2.1.30.1	General Turnover Requirements	137	The RFP indicates that proposers must provide a detailed work plan in Excel format. Will the State accept a detailed work plan in Microsoft Project format?	No.

106		2.1.4.1, Staffing and 2.1.4.2	Key Personnel Requirements		Please clarify if the response to the requirements identified in RFP 2.1.4.1 Staffing and 2.1.4.2 Key Personnel Requirements are to be included in the response to RFP 1.8.10 Proposed Staff Qualifications.	That is correct.
107		2.1.4.2.2	Clinical Pharmacy Director (et.al.)	49	Given the request for our local representative contact information, are the local offices encouraged to be within some distance to state offices in Baton Rouge for greater staff interactions?	A specific distance is not stated, however, it is necessary to "make the necessary arrangements to ensure that all Key Personnel are available to meet in person at LDH's headquarter in Baton Rouge when required".
108		2.1.4.3.7	Implementation Manager	52	In order to provide Louisiana with an experienced, tenured, Implementation Manager, will LDH be willing for the Implementation Manager to be based remotely and travel to Baton Rouge during the Implementation Phase when necessary, as determined by LDH.	See revision #7.
109		2.1.7	Pharmacy and Prescriber Network	52	Can the State please provide information on whether the fully credentialed prescriber network would be provided to the contractor via a data exchanges from the MCOs?	Correct, the prescriber network will be provided to the Contractor via a data exchange from the MCOs.
110		2.1.9.1	General Drug Claim Adjudication System Requirements	64	For the newly-contracted MCOs starting operations on July 1, 2022, have the interfaces for eligibility been defined with LDH prior to their go-live, along with possible additional pharmacy benefits?	No, the interfaces for eligibility and possible additional pharmacy benefits have not been defined. The new MCO contracts resulting from RFP #3000017417 have been awarded; however, a protest is underway and a stay is in effect. Awards were made as follows:

						Aetna Better Health of Louisiana AmeriHealth Caritas Louisiana Healthy Blue Humana Louisiana Healthcare Connections
111		2.1.9.1	General Drug Claim Adjudication System Requirements	65	a. Does the system have to accept an ANSI X12 837 as well as a NCPDP D.0 for physician-administered Drug Claims? b. Does LDH provide a library of all MCO and LDH required file layouts and data submission standards for their implementation of NCPDP D.0?	a. Physician-administered Drug Claim adjudication is a desirable qualification that could potentially be implemented at a later date. Specifics are to be determined. b. Refer to the Batch Pharmacy Encounter System Companion Guide and the LDH Medicaid POS User Guide in the procurement library - https://ldh.la.gov/page/4272 .
112		2.1.9.4	Information Systems Availability	69	Are there use cases of State staff or State-designated staff maintaining and/or operating elements of the contractor system, such as submitting benefit changes or provider credentialing?	State staff need read-only real-time access to the Contractor's system(s). MCOs will be responsible for coordinating benefit changes and provider credentialing.
113		2.1.9.13	Utilization Management	78	Please provide historical number of events, claim counts, requiring mass adjustment events, including all MCO mass adjustment events.	LDH does not have the number of MCO mass adjustment events, however, it is not very often. In the past 3 years, LDH has requested the MCOs to recycle claims less than 5 times.
114		2.1.9.14.3	Prescriber Enrollment	79	Does the requirement to validate that the Prescriber has a current agreement with the MCO indicate that each MCO will provide a Prescriber Network file and, as each list is specific for an MCO, does this require that the awarded Contractor validate prescription	Yes, a prescriber needs to be on the specific MCO registry until provider enrollment has completely enrolled prescribers in Medicaid. LDH or its designee will provide the State provider enrollment information (all providers enrolled with the State) and each MCO will provide its own

					claims for prescriber eligibility against a member's specific MCO enrollment? Or will LDH provide a common single file indicating registration with LDH as opposed to each MCO's Prescriber Network?	provider enrollment information. Prescribers will have to enroll with the MCOs directly.
115		2.1.9.17.2	Post-Payment Recoveries	85-86	Please provide an example of the following statement: "amounts of any recoveries collected by the Contractor outside of the Drug Claims processing system shall be treated by the Contractor as offsets to medical expenses for the purposes of reporting". The logical sequence of the transactions is not clear.	See revision #16.
116		2.1.9.18	Paper Drug Claims	88	Can LDH identify the number of claims submitted in previous years by MCO members as paper Drug Claims?	See MCO Data in the procurement library - https://ldh.la.gov/page/4272 .
117		2.1.9.19.4	Provider Enrollment	80	What process or format will LDH require regarding Provider registration with the/an MCO since the Provider network will be established by the awarded Contractor? Will this remain a requirement as part of this contract since the Network is established and maintained by the awarded Contractor?	The POS system must validate that the pharmacy provider and prescribing provider are enrolled in the Louisiana Medicaid Program and are enrolled with the MCO. This will remain a requirement.
118		2.1.9.17.1	Cost Avoidance and Pay and Chase	85	Will LDH establish a single list of "pay and chase" Drug Claims to ensure consistent application of cost avoidance for members	The Contractor will be responsible for identifying Pay and Chase Drug Claims in accordance with Federal and State laws, rules, regulations, policies,

					regardless of individual MCO enrollment?	procedures, and manuals and the State Plan.
119		2.1.14.1	Customer Service Center (CSC)	106	<p>a. Does LDH measure performance based upon total calls received or is the quality assurance evaluated by each MCO source related to the call?</p> <p>b. Does LDH measure performance based upon total calls received or is the quality assurance evaluated by member, pharmacy providers, prescribers and specialty prescriber categories?</p> <p>c. LDH provided CSC call volume from providers. Can the previous volumes of enrollee/members be provided as well?</p> <p>d. Does LDH require non-English languages available through the CSC and under what circumstances? Are there use cases where immediate access is required? If non-English languages are necessary, will LDH provide a list of those mandatory languages and dialects?</p>	<p>a. Performance is based on Section 2.1.14.4 total call volume.</p> <p>b. Performance is based on total calls received.</p> <p>c. LDH does not have Enrollee call volume.</p> <p>d. RFP page 109: "Accurate and timely response to all caller inquiries and requests in all languages through Contractor staff and/or LDH-approved language translation services. This includes oral interpretation and the use of auxiliary aids such as Teletypewriter/Telecommunications Device for the Deaf (TTY/TDY), American Sign Language and assistance for individuals with limited English proficiency (LEP) in their primary language." The MCOs are responsible for identifying the prevalent non-English languages that are spoken by their Enrollees and potential Enrollees. The Contractor will be responsible for 42 CFR 438.10 with respect to PBM Covered Services.</p>
120		2.1.14.1	Customer Service Center (CSC)	107	<p>a. "Handle emergent Provider issues twenty-four (24) hours per day, seven (7) days per week." Would LDH define "emergent" in that there is an implication of judgement by the CSC for cases where, for example, there's a 2AM occurrence that can be resolved the following</p>	<p>A call would be considered emergent if the delay could cause enrollee harm. Federal guidelines require an allowance of a seventy-two (72) hour emergency supply of medications to allow the prescriber time to submit a PA.</p>

					business day without impacting the provider as opposed to an emergency fill?	
121		3	Evaluation	140	In the Evaluation Table points are given for each of the components of RFP Section 2 Scope of Work. However, the following categories are included in Section 2 but are not included in the Evaluation Table, 2.1.1 Overview, 2.1.5 Subcontractors, 2.1.8 Pharmacy Reimbursement, 2.1.16 On-Site Reviews, 2.1.19 Fraud, Waste, and Abuse, 2.1.19.4 Reporting, 2.1.20 Rights of Review and Recovery by Contractor and LDH, 2.1.21 Prohibited Affiliations, 2.1.22 Program Integrity Requirements, 2.1.27 Written Materials, 2.1.28 Lock-In Program, 2.1.29 Electronic Messaging, 2.1.30 Transition/Turnover Phase, 2.1.31 Reports and Requests for Information. Is a response required for each since they are not listed in the table of evaluation points?	Proposers should respond to all items detailed in Section 1.8 Proposal Response Format of the RFP.
122		3.1	Evaluation Criteria and Assigned Points	140	In the Evaluation table there is a bullet for Other Requirements that is scored at 25 points. There are no corresponding requirements for this category in the Scope of Work or the Proposal Response Format. What should be included for this?	See revision #20.
123		3.1	Evaluation Criteria and	140	The Evaluation Criteria table includes a line for Other Requirements (worth 25 points).	See revision #20.

			Assigned Points		Can LDH clarify what requirements should be addressed in this section?	
124			General		Does the State anticipate that the Go-Live date for this contract will be impacted by the pending award of the MCO contracts?	No, while they are related the award of the MCO contracts need not be resolved for the State to go forward with this contract.
125		4	4.5 Veteran and Hudson Initiative Programs Reporting Requirements	143	Please confirm that required reporting is relative to overall participation for all MCOs.	Confirmed.
126		4.0	4.1 Performance Requirements	144	Paragraph 1 "...or any other reliable source at the sole discretion of the MCOs" Please elaborate on examples of a reliable source in this instance.	Other sources may include, but are not limited to, the Louisiana Legislative Auditor and LDH.
127		4.0	4.1 Performance Requirements	144	Paragraph 2: Please provide examples, and number of occurrences, of violations not explicitly described during the past 3 years.	Noncompliance actions issued under the current and prior contracts may be found at https://ldh.la.gov/page/1610 Examples of pharmacy-related violations, not explicitly provided in the Table of Monetary Penalties, in the last three (3) years include: <ul style="list-style-type: none"> • Improper application of pharmacy claim edits • Failure to implement pharmacy claim edits • Improper charging of copayments • Payment of prohibited fees • Failure to update PDL coding • Failure to properly identify pharmacy claims • Distribution of inaccurate

						<p>information to pharmacy providers</p> <ul style="list-style-type: none"> • Failure to implement pharmacy diagnosis codes • Failure to program denials of 340B claims
128		Multiple	Claim record/data exchange with MCOs	Various	Will LDH establish a single format that leverages a national claim data exchange standard such as the NCPDP Post-Adjudication Standard to ensure a single, compliant, and efficient bi-directional claim interface is required of all MCOs, the Contractor and LDH?	The MCOs will negotiate the format and data exchange requirements with the successful Proposer.
129					LDH has requested access to the proposer's Prior Authorization, Drug Claims processing, Provider portal, Third Party Liability, Fraud/Waste/Abuse, Point of Sale and Provider contracting and credentialing systems. Please define the levels of access, such as view-only.	LDH would need read-only real-time access to the Contractor's system(s).
130					Can LDH provide the historical circumstances when mass adjustments of previously-paid drug claims were made due to retroactive rate changes, policy changes, system adjudication errors, or other situations requested by LDH or the MCOs?	Examples include incorrect payment to Local Pharmacies, incorrect payment of the Provider Fee, allowance of more than one PCN number, CMS approval of a retroactive rate change, retroactive effective date of payable status of drugs, etc.
131					Could LDH provide in its procurement library any State systems infrastructure specifications or software tool	Information about State systems infrastructure will be shared with the successful Proposer.

					preferences related to Drug Claim or Prior Authorization processing?	
132					<p>Will proposers be granted exemptions or waivers for not meeting any of the below mandatory requirements?</p> <ul style="list-style-type: none"> • Have a minimum of five (5) full years of experience as a PBM for a state Medicaid program (fee for service (FFS) or MCO) prior to the deadline for receipt of proposals. • Have, within the last thirty-six (36) months prior to the deadline for receipt of proposals, been engaged in a contract or awarded a new contract as a PBM with a population equal to or greater than 1.5 million Beneficiaries. • Have its principal place of business be located inside the continental United States. • Provide copies of its latest three (3) years of audited financial statements. 	No. In accordance with Section 1.24 of the RFP, all proposals will be reviewed to determine compliance with administrative and mandatory requirements as specified in the RFP. Proposals that are not in compliance will be rejected from further consideration.
133		Attachment I	Attachment I: Certification Statement	145	<p>Section 1.27 states, “The selected Proposer shall be expected to enter into a contract that is substantially the same as the sample contract included in Attachment II. CF-1.”</p> <p>The referenced attachment was not provided in the RFP; there is presently a placeholder on page 147. Does the Department intend to</p>	See revision #12.

					provide the sample contract for bidders' review?	
134		Attachment II	CF-1 Form		Can the State provide the Attachment II: CF-1 Form? In the RFP there is a placeholder for that particular form.	See revision #12.
135		Attachment V Table of Monetary Penalties	Administration and Contract Management; Employment of Key Personnel	1	Please confirm that this performance guarantee would be considered met so long as key personnel have been appointed for all key positions and does not apply during the 30-day transition period in the event of a requested key personnel change by the Department. Further confirm that this does not apply to extended leaves of absence of key personnel with the understanding that a full-time back-up will be providing service to the Department in their absence.	Circumstances such as these would be sent to LDH for consideration and approval.
136		Attachment V Table of Monetary Penalties	Administration and Contract Management; Employment of Key Personnel	1	Please define "appropriate staff member" and how that differs from the "subject appropriate staff member". Further, please define what would constitute an "event" as well as how many "meeting or events" LDH anticipates per year and what staff would generally be requested to participate in each meeting or event.	Appropriate staff member would be a general knowledge person, including but not limited to, the Pharmacy director. Subject appropriate staff member would be a specific person, including but not limited to, the POS programmer or a subject matter expert (NCPDP, TPL, etc.). LDH cannot anticipate how many meetings or events that Contractor staff would need to attend during the term of the contract.
137		Attachment V Table of	Administration and	1	Please confirm that the referenced conflict of interest requirements are	Conflict of interest requirements are outlined in the following sections of

		Monetary Penalties	Contract Management; Conflict of Interest		those outlined in sections 6.9 and 6.10 of Attachment A – MCO Model Contract.	the RFP: Sections 1.8.4. Company Background and Experience, 1.8.14 Certification Statement and 1.44 Code of Ethics. See revision #5.
138		Attachment V Table of Monetary Penalties	Services; Standing and Ad Hoc Reports	1	Please advise which reports, if any, from Attachment VI Table of Deliverables fall under this performance measure. If no reports from the referenced attachment apply here, please provide details on what reports and reporting frequency this applies to.	All of the reports in Attachment VI are subject to monetary penalties listed in Attachment V.
139		Attachment V Table of Monetary Penalties	Services; Covered Outpatient Drugs	2	Please clarify how the per Calendar Day penalty would accrue when this is a per occurrence scenario. Further, please define “actual harm” or “risk of imminent harm” as well as the number of times this penalty has been assessed in the past 3 years.	The penalty would be accrued per Calendar Day from the day the Covered Outpatient Drug should have been payable to the day it was made payable. "Actual harm" or "risk of imminent harm" would be determined by LDH or its designee. LDH does not have information about penalties assessed by the MCO to their PBM. Refer to this link for penalties assessed to the MCOs by LDH: https://ldh.la.gov/page/1610 See revision #13.
140		Attachment V Table of Monetary Penalties	Provider Network, Support, and Reimbursement; Provider Toll-Free Telephone Line	3	Please define what standards are referenced in relation to “requirements for a monthly reporting period”	Refer to Section 2.1.24 Reporting and Quality Assurance "Deliver reports with content and in a format and schedule approved by LDH (e.g., record selection, field inclusion, sort, grouping) and that can be available electronically in a format that can be downloaded and manipulated easily (e.g., Microsoft Excel)." Also, for examples of report requirements, refer to templates included in the

						procurement library - https://ldh.la.gov/page/4272 . See revision #13.
141		Attachment V Table of Monetary Penalties	Enrollee Services, Marketing, Grievances; Enrollee Help Desk	3	<p>Please confirm that “a voice message system” is an IVR.</p> <p>Please define what standards are referenced in relation to “requirements for a monthly reporting period”</p>	<p>No, IVR, or interactive voice response, is a technology that allows a computer to interact with humans through the use of voice applications or through a telephone keypad. IVRs give users a menu of automated prompts from which they can select. IVR allows customers to interact with a company’s host system to service their own inquiries by following the IVR dialogue.</p> <p>See response to question #140.</p>
142		Attachment V Table of Monetary Penalties	Enrollee Services, Marketing, Grievances; Marketing/Ste erage	3	Please define “steered” in this instance.	See definition of Steering in Section 1.5.1 Definitions
143		Attachment V Table of Monetary Penalties	Enrollee Services, Marketing, Grievances; Enrollee Grievances, Appeals, and State Fair Hearings	3	<p>Please define what would define a barrier in this instance and how this would be measured.</p> <p>Please confirm that the stated penalty would apply per calendar year if more than 10% of appeals were reversed or otherwise resolved in favor of the enrollee</p>	<p>Examples of barriers to timely due process may include, but are not limited to, delayed communication, system availability, unavailable staff, etc.</p> <p>No, the penalty would apply per occurrence above ten percent (10%) within a calendar year.</p>
144		Attachment V Table of Monetary Penalties	Drug Claims Management; Prompt Pay	4	Please define the performance standards referenced.	See revision #13.

145		Attachment V Table of Monetary Penalties	Drug Claims Management; Prompt Pay	4	<p>The requirement reads: The MCOs may impose the following monetary penalties against the Contractor.</p> <p>Would LDH consider changing this to read "LDH may impose the following monetary penalties against the Contractor"?</p> <p>This will help to reduce disputes between the MCOs and the Contractor.</p>	No.
146		Attachment V Table of Monetary Penalties	Drug Claims Management; Drug Claims Processing	4	Please confirm that this applies only to such drug claims that are the subject of a program integrity audit finding.	Yes.
147		Attachment V Table of Monetary Penalties	Drug Claims Management; Drug Claims Summary Report	4	Confirm that this report is not a part of those referenced as "Standing and Ad Hoc Reports"	See revision #13.
148		Attachment VI Table of Deliverables	PBM-30	9	Please provide a details of reports MCOs have historically requested and at what frequency.	See MCO Data in the procurement library - https://ldh.la.gov/page/4272 . MCOs may request any data for the purpose of completing their required reports. There are numerous reports that include pharmacy or PBM related data. A listing of all managed care reports is provided at https://ldh.la.gov/page/1700

PART 2—RFP REVISIONS

1. Section 1.5.1 Definitions is hereby amended to add the following term:

TERM	DEFINITION
Operational Start Date	The first date on which the Contractor is responsible for providing services as the single PBM for the Managed Care Program and is responsible for compliance with all aspects of the Contract. This date is at the discretion of LDH, but is anticipated to be July 1, 2022.

2. Section 1.7.1 Mandatory Qualifications last bullet is hereby amended to read as follows:

- Provide copies of its latest three (3) years of audited financial statements. The Proposer may submit this information in electronic format (USB drive or electronic submission) in lieu of hard copy.

3. The RFP is hereby amended to change the heading 1.9 Number of Copies of Proposals and to provide new content; amended to add 1.9.1 Electronic Proposal Submission and provide new content; and amended to add heading 1.9.2 Hard Copy Proposal Submission with content previously included in RFP under 1.9, to read as follows:

1.9 Number of Copies of Proposals Proposal Submittal

Firms or individuals who are interested in providing services requested under this RFP must submit a proposal containing the mandatory information specified. Proposers shall submit an electronic proposal, in accordance with Section 1.9.1, OR a hard copy (printed) proposal, in accordance with Section 1.9.2. Proposers are solely responsible for ensuring their proposal is submitted to the State by the date and time specified in the Schedule of Events. FAX or e-mail submissions shall not be acceptable.

1.9.1 Electronic Proposal Submission

The proposal must be uploaded to <https://stateofla.app.box.com/f/cae7399785684b7b8f7ff594a380a7ec> before the date and time specified in the Schedule of Events. Uploaded submissions are the only acceptable method of electronic proposal delivery. Proposers uploading their proposals should allow sufficient time to ensure successful upload of their proposal by the time specified. Proposers are strongly encouraged to upload their proposal well in advance of the deadline for receipt of electronic proposals as internet connectivity and file size will affect proposal submission upload timeframes.

The State assumes no liability for assuring accurate/complete uploads. The responsibility solely lies with each Proposer to ensure their proposal is uploaded prior to the deadline for submission. Corrupted files and incomplete submissions will not be considered.

Proposers needing assistance regarding proposal uploads should visit: <https://www.doa.la.gov/media/hfpnpdps/uploading-a-rfp-proposal-via-box-submissionlink.pdf>.

The State requests that one copy of the entire proposal be submitted. The proposal shall contain electronic signatures or scans of original signatures of those company officials or agents who are duly authorized to sign proposals or contracts on behalf of the organization. An electronic signature as provided by LAC 4:I.701 et seq. is considered an original signature. A certified copy of a board resolution granting such authority should be submitted if the Proposer is a corporation. The proposal containing original signatures will be retained for incorporation into any contract resulting from this RFP.

The Proposer shall submit the following:

- One (1) technical proposal provided as a single file in PDF format. The file should be named: RFP #3000018331 Technical Proposal - [Proposer Name].
- One (1) cost proposal in PDF format. The file should be named: RFP #3000018331 Cost Proposal - [Proposer Name].
- One (1) redacted technical proposal, if applicable, provided as a single file in PDF format. The file should be named: RFP #3000018331 Redacted Technical Proposal - [Proposer Name].

1.9.2 Hard Copy (Printed) Proposal Submission

The proposal must be received in hard copy (printed) version by the RFP Coordinator on or before the date and time specified in the Schedule of Events. It is the sole responsibility of each Proposer to assure that its proposal is delivered at the specified location prior to the deadline. Proposals which, for any reason, are not so delivered will not be considered.

Proposer shall submit:

- one (1) original hard copy (the Certification Statement must have original signature signed in ink);
- Six (6) duplicate hard copies; and
- Three (3) electronic copies (on separate USB flash drives) of the entire technical and cost proposal.

Proposer shall also submit three (3) electronic copies (on separate USB flash drives) of its Redacted Proposal, if applicable. All electronic copies must be searchable. No facsimile or emailed proposals will be accepted. The cost proposal and financial statements shall be submitted separately from the technical proposal; however, for mailing purposes, all packages may be shipped in one container.

Proposers must label the package(s) containing the proposals as a Sealed Proposal.

Proposals must be submitted via U.S. mail, courier or hand delivered to:

If courier mail or hand delivered:

Germaine Becks-Moody
Louisiana Department of Health
Medical Vendor Administration
628 N 4th Street, 6th Floor
Baton Rouge, LA 70802

If delivered via US Mail:

Germaine Becks-Moody
Louisiana Department of Health
Medical Vendor Administration
P.O. Box 91030 Bin # 24
Baton Rouge, LA 70821-9030

4. Section 1.11 Confidential Information, Trade Secrets, and Proprietary Information fifth paragraph is hereby amended to read as follows:

If the Proposer's response contains confidential information, the Proposer should also submit a redacted copy of their proposal along with their original proposal, in accordance with Section 1.9. When submitting the redacted copy, the Proposer should clearly mark the cover as such - "REDACTED COPY". The redacted copy should also state which sections or information have been removed. ~~The Proposer should also submit one (1) electronic redacted copy of its proposal on a USB flash drive.~~ The redacted copy of the proposal will be the copy produced by the State if a competing Proposer or other person seeks review or copies of the Proposer's confidential data.

5. Section 1.44 Code of Ethics is hereby amended to add the following subsections:

1.44.1 Conflict of Interest

The Contractor acknowledges that Chapter 15 of Title 42 of the Louisiana Revised Statutes (La. R.S. 42:1101 et seq., Code of Governmental Ethics) applies to the Contractor in the performance of services called for in this Contract. The Contractor agrees to immediately notify the State if potential violations of the Code of Governmental Ethics arise at any time during the term of this Contract.

The Contractor shall comply with the prohibitions set forth in 42 U.S.C. §1396a(a)(4)(C).

Neither the Contractor nor any Subcontractor shall, for the duration of the Contract, have any interest that will conflict or appears to conflict, as determined by LDH, with the performance of services under the Contract, or that may be otherwise anticompetitive. Without limiting the generality of the foregoing, LDH requires that neither the Contractor nor any Subcontractor have any financial, legal, contractual, or other business interest in any MCO or Subcontractor of an MCO.

1.44.2 Warranty of Removal of Conflict of Interest

The Contractor warrants that it, its officers, and its employees have no interest and shall not acquire any interest, direct or indirect, which conflicts in any manner or degree with the performance of services hereunder. The Contractor shall inquire of its officers and employees concerning such conflicts at least quarterly, and shall inform LDH of any potential or actual conflict(s) within one (1) Business Day of discovery. The Contractor warrants that it shall remove any conflict of interest prior to signing the Contract and during the term of the Contract.

6. Section 2.1.3 Coordination with MCOs paragraph 3, last sentence, is hereby amended to read as follows:

The successful Proposer shall detail a implementation plan to 1) integrate all Provider, Enrollee, and service data into the Contractor's system; 2) complete all required customizations and requirements listed in the RFP; and 3) account for a testing and Readiness Review phase to ensure all deliverables are met prior to the contract "~~go-live~~" operational start date.

7. Section 2.1.4.3.7 Implementation Manager third bullet is hereby amended to read as follows:

- Be available to travel to ~~located in~~ Baton Rouge, Louisiana ~~at least~~ during the Implementation Phase of the Contract at the request of LDH.

8. Section 2.1.9.14.2 Covered Drugs fourth bullet is hereby amended to read as follows:

- Comply with the maximum dollar thresholds as established by LDH prior to operational start date ~~go-live~~.

9. Section 2.1.10.2.3 PA Denials, Appeals, and Escalations is hereby amended to read as follows:

In accordance with 42 CFR §438.402, each MCO must have a grievance and appeal system in place for Enrollees.

The Contractor shall:

10. Section 2.1.10.2.3 PA Denials, Appeals, and Escalations sixth bullet is hereby amended to read as follows:

- Provide informal reconsideration
 - o As part of the MCO ~~or Contractor's~~ Appeal Procedures, the Contractor shall include an Informal Reconsideration process that allows the Enrollee (or Provider/agent on behalf of an Enrollee) a reasonable opportunity to present evidence, and allegations of fact or law, in person and in writing.

11. Section 2.1.19.3 Identification, Investigation, and Referral of Suspected Fraud and Abuse second bullet, fourth and fifth sub-bullets are hereby amended to read as follows:

- All confirmed or suspected Provider Fraud and/or Abuse shall ~~immediately~~ be reported in writing to LDH Program Integrity and MFCU within 24 hours.
- All confirmed or suspected Enrollee Fraud and/or Abuse shall be reported ~~immediately~~, in writing, to LDH Program Integrity and local law enforcement of the Enrollee’s parish of residence within 24 hours.

12. RFP Attachment II: CF-1 FORM PLACEHOLDER is being replaced in its entirety with Attachment II: CF-1, which is attached to and published with this addendum.

13. Attachment V: Table of Monetary Penalties is hereby amended to read as follows:

Services	
Covered Outpatient Drugs	<p>The actual cost incurred by an Enrollee for obtaining Covered Outpatient Drugs from another a non-Medicaid source, as authorized by LDH, due to failure of the Contractor to provide the service.</p> <p>Fifteen thousand dollars (\$15,000) per Calendar Day, <u>starting the day the drug should have been payable to the day it was made payable</u>, for each incident of failure to provide Covered Outpatient Drugs and LDH, in its sole discretion, determines that such failure results in actual harm to an Enrollee or places the Enrollee at risk of imminent harm.</p>

Provider Network, Support, and Reimbursement	
Provider Toll-Free Telephone Line	Twenty thousand dollars (\$20,000) per Calendar Day for failure to operate a toll-free hotline that

	<p>Providers can access twenty-four (24) hours a day, seven (7) days a week.</p> <p>Five thousand dollars (\$5,000) per percentage point for each standard that fails to meet the requirements for <u>any applicable monthly</u> reporting period.</p> <p>Five thousand dollars (\$5,000) for each thirty (30) second time increment, or portion thereof, by which the Contractor's daily average hold time exceeds the maximum acceptable hold time.</p>
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Enrollee Services, Marketing, Grievances	
Enrollee Help Desk	<p>Five thousand dollars (\$5,000) per Calendar Day for failure to provide appropriate staff to answer calls from Enrollees from 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday.</p> <p>Five thousand dollars (\$5,000) per Calendar Day for failure to provide a voice message system to receive calls outside of 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday.</p> <p>Five thousand dollars (\$5,000) for each thirty (30) second time increment, or portion thereof, by which the daily average hold time exceeds the maximum acceptable hold time.</p> <p>Five thousand dollars (\$5,000) for each percentage point for each standard that fails to meet the requirements for <u>any applicable monthly</u> reporting period.</p>

Drug Claims Management	
Prompt Pay	<p>Five thousand dollars (\$5,000) for the first month that the Drug Claims performance percentages that Drug Claims fall below the performance standard <u>stated in Section 2.1.8.3 Pharmacy Remittance Advices.</u></p> <p>Twenty-five thousand dollars (\$25,000) for each additional month that the Drug Claims performance percentages fall below the performance standards <u>stated in Section 2.1.8.3 Pharmacy Remittance Advices.</u></p>

Drug Claims Management	
Drug Claims Summary Report	<p>One thousand dollars (\$1,000) per Calendar Day that the Drug Claims summary report is late, inaccurate, or incomplete.</p>

14. Section 2.1.10.2 Prior Authorization (PA) ninth bullet is hereby amended to read as follows:

- Incorporate the following minimum requirements:
 - Maintain a single PA program that serves all MCOs and prevents administrative duplication.
 - Use a uniform PA process for all MCOs.
 - Ensure that the uniform process supports acceptance of prior authorization requests through a secure electronic transmission using the NCPDP SCRIPT Standard

- Maintain a PA process that accepts prior authorization request through a secure electronic transmission using the NCPDP SCRIPT standard. Faxes are not considered secure electronic transmissions and proprietary payer portals are not considered secure transactions unless they use the NCPDP SCRIPT Standard.

15. Section 2.1.10.2.1 Prior Authorization Submission first bullet is hereby amended to read as follows:

To ensure compliance with the submission of PAs, the Contractor shall:

- Allow Prescribers to submit PA requests by phone, fax, mail, electronically, or automated process.
 - Prior authorization request submitted through a secure electronic transmission must adhere to the NCPDP SCRIPT standard. Faxes are not considered secure electronic transmissions and proprietary payer portals are not considered secure transactions unless they use the NCPDP SCRIPT Standard.

16. Section 2.1.9.17.2 Post-Payment Recoveries twelfth bullet is hereby amended to read as follows:

- ~~• The amount of any recoveries collected by the Contractor outside of the Drug Claims processing system shall be treated by the Contractor as offsets to medical expenses for the purposes of reporting.~~

17. Section 1.8.5, APPROACH AND METHODOLOGY is hereby amended to read as follows:

1.8.5 Approach and Methodology

Proposals should define the Proposer's approach and methodology ~~functional approach~~ in providing services and identify the tasks necessary to meet the RFP requirements of the provision of services, as outlined in the RFP, and as specifically found in Section 1.8.6, Administrative Data; Section 1.8.7, Work Plan/Project Execution; and Section 1.8.8, Detailed Scope Response. ~~in Section 2, Scope of Work.~~ Proposals should include enough information to satisfy evaluators that the Proposer has the appropriate experience, knowledge and qualifications to perform the scope of services as described herein, ~~especially,~~ and Proposers should respond to all requested areas.

18. Section 1.8.10, Proposed Staff Qualifications last paragraph is hereby amended to read as follows:

If any of the Proposer's named personnel is a current or former Louisiana State employee, indicate the Agency where employed, position, title, termination date, and (in the non-redacted proposal ONLY) the ~~last four digits of the social security number~~ State issued Personnel number. The State reserves the right to request additional information regarding this matter.

19. Section 1.8.7 Work Plan/Project Execution last bullet is hereby amended to read as follows:

- Clearly outline the solution's technical approach as it relates to a service-oriented architecture. Proposer should describe how their solutions will utilize the State's Enterprise Service Bus and API Gateway components for all API or real time interfaces, or any interactions with other EA or State technology components. Proposer should also describe how their solution will integrate with the State's Identity Access Management/Single Sign On system for both internal and external users. ~~Details should include a description of capability and potential strategy for integration with future Department enterprise components as they are established, specifically making use of an Enterprise Service Bus (ESB) for managing touch points with other systems, integration with a Master Data Management Solution (MDMS) and flexibility to utilize~~

a single Identity and Access Management Solution (IAMS). The Proposer shall clearly identify any systems or portions of systems outlined in the proposal, which are considered proprietary in nature.

20. Section 3.1 Evaluation Criteria and Assigned Points is hereby amended to read as follows:

Proposals that pass the preliminary screening and mandatory requirements review will be evaluated based on information provided in the proposal. The evaluation will be conducted according to the following:

Evaluation Criteria	Maximum Score
Executive Summary	25
Company Background and Experience	75
Approach and Methodology	795
• Administrative Data	20
• Work Plan/Project Execution	80
• Detailed Scope Response	695
○ Coordination with MCOs	75
○ Pharmacy and Prescriber Network	50
○ Drug Claims/System Requirements	100
○ Covered Drug List/Preferred Drug List (Single PDL)	75
○ Behavioral Health Policies and Procedures	15
○ Specialty Drugs and Pharmacies	10
○ Drug Utilization Review	50
○ Provider and Enrollee Support	50
○ Oversight and Monitoring	25
○ State and Federal Mandate Compliance	25
○ <u>Audit; Fraud, Waste, and Abuse; Rights of Review and Recovery; Prohibited Affiliations; and Program Integrity</u>	<u>235</u>
○ Security and Privacy	75
○ Reporting and Quality Assurance	25
○ Emergency and Disaster Planning	25
○ Continuity of Operations Plan (COOP)	25

○ Other Requirements <u>Written Materials; Lock-in Program; Electronic Messaging; Transition/Turnover Phase; and Reports and Requests for Information</u>	4025
○ Innovative Concepts and Value Added Services	20
Proposed Staff Qualifications	50
Louisiana Veteran and/or Hudson Initiative	180
<ul style="list-style-type: none"> • Up to 10 % available for Hudson-certified proposers; • Up to 12 % available for Veteran-certified proposers; • If no Veteran-certified proposers, those two points are not awarded. <i>See Section V.A.4 for details</i>	
Cost	375
• Transaction Fee (\$ / paid Drug Claim)	225
• Professional Dispensing Fee (\$ / paid Drug Claim)	75
○ Non-Local Pharmacy Professional Dispensing Fee for brand drugs	25
○ Non-Local Pharmacy Professional Dispensing Fee for generic drugs	25
○ Non-Local Pharmacy Professional Dispensing Fee for Specialty Drugs	25
• Ingredient Cost Methodology	75
○ Non-Local Pharmacy ingredient cost discount for brand drugs	25
○ Non-Local Pharmacy ingredient cost discount for generic drugs	25
○ Non-Local Pharmacy ingredient cost discount for Specialty Drugs	25
TOTAL SCORE	1500

Proposer must receive a minimum score of 472.5 points (50%) of the total available points in the technical categories of Executive Summary, Company Background and Experience, Approach and Methodology, and Proposed Staff Qualifications to be considered responsive to the RFP. Proposals not meeting the minimum score shall be rejected and not proceed to further Cost or Louisiana Veteran and/or Hudson Initiative evaluation.

The scores for the Cost Proposals, Technical Proposals and Veteran and Hudson Initiative will be combined to determine the overall score. The Proposer with the highest overall score will be recommended for award.