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ADDENDUM

January 3, 2019

ADDENDUM #4

RFP 19MISC4, Prescription Drug Benefits for Employees of FCPS REVISED DUE DATE & TIME: FCPS Main Lobby, Thursday, January 10, 2019, prior to and time stamped no later than 2:00 P.M.

This addendum is being issued to provide additions, corrections, clarifications and answers to certain questions raised referencing the original packages and any resultant contracts for the above RFP.

- 1. This Addendum includes the following attachment(s):
 - a. Trion Group, a Marsh & McLennan Agency Addendum No. 4 (7 pages)
 - b. Detailed Claims Excel File (2 tabs)
 - c. Paid Claims Excel File (2 tabs)

Thank you for your interest in bidding with Frederick County Public Schools and we apologize for any inconvenience this may have caused.

Sincerely,

Kim Miskell

Kim Miskell, CSBO, Assistant Purchasing Manager

km/ab

pc: Penny Opalka, Senior Project Manager, Human Resources

Trion: Lisa Sagnella; Jennifer Geci; Jennifer Ritchie and Daniel Burton



Bid # 19MISC4 Carrier Questions and Answers

Frederick County Public School responses to questions raised in the RFP in red font below.

1. In Section II, 11.c.ii. (Page 17) the RFP lists the Financial Questionnaire as a form that should be submitted in the Technical Proposal. Please confirm that the Financial Questionnaire should only be included in the Cost Proposal, as should all other tabs in Section II of the RFP workbook.

Confirmed, the Financial Questionnaire is a part of the Cost Proposal (Section II) of the RFP. Answers to the Financial Questionnaire will be scored as a part of the Cost Proposal.

2. In the Formulary Disruption tabs in the RFP workbook, there is a column for both and Open and a Closed formulary. Please provide your definition for a Closed and an Open formulary. If we are only proposing a Closed formulary (based on the current FCPS plan design), please confirm that the Open column (Column M) can be left blank.

Open Formulary – No limitations or exclusions on drugs. Closed Formulary – Limitations or exclusions for certain drugs, generally allows for a more competitive pricing arrangement.

3. In the Technical Proposal instructions, Deviations to RFP states; "Any deviations must be clearly specified in a separate section of your proposal titled "Deviations to Specifications". The Binding Proposal Acknowledgement Form also requires deviations to be outlined. Should we submit a *Deviations to Specifications* section in the Technical Proposal in addition to the completed *Binding Proposal Acknowledgement Form*?

Carriers may submit one (1) section containing all Deviations to Specifications related to their proposal. This can encompass the Deviations to Specifications required in the Binding Proposal Acknowledgement Form.

4. The Account Structure Group Codes do not map to the Benefit Plan column in the census data, so we are unable to determine which members should be classified as Commercial and EGWP in our analyses. Can you please provide a census file with an indicator for Commercial and EGWP members?

Census Key provided in the table below.

PLAN DESCRIPTION	BENEFIT PLAN	DESCRIPTION	TYPE
Medical	POSMED	Actives/COBRA	Commercial
Medical	RET01	Non-Medicare Eligible Retirees & Dependents	Commercial
Medical	RET02	Medicare Eligible Retirees & Dependents	EGWP
Medical	RET03	Retiree Medicare Eligible / Dependent	Retiree = EGWP / Dependent =



		Non-Medicare Eligible	Commercial
Medical	RET04	Retiree Non- Medicare Eligible / Dependent Medicare Eligible	Retiree = Commercial / Dependent = EGWP

5. Claim data (at least a 2 year history if available)

Provided in Excel attachment: FCPS - Rx RFP Amendment - 2 Yrs Claims.xlsx

6. EGWP Clinical Management Programs – RFP Section: Section II - COST PROPOSAL, Tab: Clinical Manage Respons (2. Incumbent data on inforce clinical programs for the EGWP was not available at the time of the RFP release. Below is the amended list of instructions and inforce program list for the EGWP Clinical / Utilization Management Response.

Instructions: For all Medicare Eligible Retirees and Medicare Eligible Dependents enrolled in the Medicare Part D Employer Group Waiver Plan (EGWP)

See current program descriptions below.

Your proposal must assume the duplication of these programs as closely as possible. Please clearly outline any variations from current.

Please fill in the information requested below in the yellow highlighted columns.

Please provide backup calculations and assumptions for estimated ROI.

Inforce Programs

- POS Safety Edits
- Retrospective DUR
- Core Retrospective Safety Review
- Core Safety and Monitoring
- Enhanced Safety and Monitoring
- Medication Therapy Management Program
- High Risk Medication (Medicare Part D)
- Pharmacy Advisor Support
 - Gaps in Care
 - Adherence to Drug Therapy
 - ReadyFill at Mail (may opt-out)
- Drug Savings Review (Retrospective only)
- Diabetic Meter (may opt-out)
- 7. Regarding Section 19 (Hold Harmless) of Section III, is FCPS willing to have the Hold Harmless provision read:

It is understood that the awarded vendor(s) shall defend and hold harmless the Board of Education of Frederick County, and its representatives, from all suits, actions, or claims of any kind brought about as a result of any injuries or damages sustained by person(s) or property <u>caused by vendor's negligence or breach of contract</u> during the performance of this contract.

Answer: Yes, FCPS is willing to have the Hold Harmless provision read as per your addition.

8. Regarding Section 41 (Ethics Policy) of Section III, please provide a copy of the Ethics Policy.

Answer: Attached is Board of Education Policy 109, Ethics. Additionally, this Policy can be found on our webpage at https://apps.fcps.org/legal/doc.php?number=109.

9. The RFP refers to a Signature Acknowledgement Form that needs to be completed, including acknowledgement of receipt of Addenda. There is a Binding Proposal Acknowledgement form in the workbook which requires deviations to be outlined. Is the Signature Acknowledgement Form a separate form from the Binding Proposal Acknowledgement form? If so, please provide the Signature Acknowledgement Form.

Answer: Both the Signature Acknowledgement Form and the Binding Proposal Acknowledgement Form need to be completed and included with your proposal submission.

Pre-Bid Meeting

10. Confirm Contract Effective Date

The Contract between prospective PBMs and FCPS will be effective on July 1, 2019. The commercial prescription plan runs on a July 1, 2019 plan year. The Medicare Retiree EGWP plan runs on a January 1, 2020 plan year.

11. Confirm Bid Submission Requirements

Carriers must submit the following in accordance with the bid schedule and instructions: 1 original (hard copy), 1 copy (hard copy), 1 complete electronic version, and 1 redacted electronic version of their proposal. Redacted electronic copies must exclude all proposal information that the bidding carrier deems proprietary under a Freedom of Information Act request.

12. Confirm an open and refill file will be provided to the awarded carrier if there is a carrier change. Confirm a prior authorization file will be provided to the awarded carrier if there is a carrier change.

Yes these files will be provided if there is a carrier change.

13. If the latest date for carriers to submit questions is December 27, 2018, how quickly will FCPS respond?

FCPS will post responses to any carrier questions submitted by the deadline by January 2, 2019.

14. ACA Maximums

FCPS is a grandfathered health plan under ACA. FCPS has not had any issues with employees reaching the ACA out of pocket maximum.

15. Does FCPS have a narrow network? Does member pay 100% of cost if they do not use CVS for Maintenance Choice?

FCPS does not have a narrow network with the exception of the Maintenance Choice program under which a member must uses CVS Mail Order or CVS Retail pharmacy after the 2nd fill of a 90-day script. If the member does not use a CVS retail pharmacy or mail order for Maintenance Choice, there is a rejection or denial or the member would pay 100% of the cost.

16. Formulary and Medicare EGWP

FCPS uses CVS's recommended formulary with the exception of the Medicare Retiree EGWP that follows the recommended formulary for the Commercial group, but includes drugs required by Medicare mandates. Medicare D is primary for the EGWP, FCPS's Wrap covers drugs that Medicare excludes, but are covered under the Commercial plan.

17. Specialty Pharmacy

Employees have to go through specialty pharmacy at the retail network under CVS. Specialty is exclusive with no retail fills allowed.

18. Auto Refill

Auto refills are allowed.

19. Excel Workbook Response Format

Separate Technical and Cost Workbooks are attached with this addendum.

20. Financial Questionnaire

January 1, 2014 changed to July 1, 2019 in the Cost Workbook.

21. Binding Proposal Acknowledgement

This is separate from Signature page required by FCPS. Both must be completed.

22. Supporting Documents

Requested supporting documents may be provided at the end of each carrier's proposal.

23. Enrollment

Updated census including EGWP v. Commercial indicator in the attached Technical and Cost Workbooks.

24. How many pre-65 disabled retirees are enrolled in the EGWP?

Unknown

Addendum #4 Issued 01/04/2019

- 1. Request for the following additional detailed claims data:
 - a. NABP
 - b. Commercial and EGWP lives separated. The current data has everyone together.
 - c. Requesting two separate files
 - i. 1 with Commercial lives
 - ii. 1 with Medicare lives

Provided in attachment FCPS - Rx RFP Amendment - Paid Claims.xlsx

2. May we please obtain confirmation on what the District's current maintenance network is? For both Commercial and EGWP lives?

After two fills all maintenance drugs must be filled at CVS Retail or Caremark Mail Order Retail.

3. For EGWP, is FCPS looking for a Broad Retail 90 and a CVS 90 to be offered together?

Yes, PBMs should offer Broad Retail 90 and CVS 90 together.

4. How is the preferred network for EGWP defined?

The current pharmacy network that FCPS elects is the CVS standard national Medicare-D network.

- Nearly 68,000 providers nationally
- Approximately 41.000 chain pharmacies and 27.000 independent pharmacies*
- FCPS has voluntary maintenance choice: this allows members to get 90 day maintenance fills at mail pricing
- 5. May we have claims data for the past 12 months? Will need for both Commercial, and EGWP, with plan design indicators to show which plans members are enrolled in. Required information is:
 - a. NDC
 - b. Pharmacy NABP (7-digit) or NPI (10-digit) Quantity Day Supply Date of Service
 - c. Pro-Forma Additional Data:
 - i. Ingredient Cost
 - ii. Dispense Fee
 - iii. Plan Pay
 - iv. Member Copay
 - v. Total Drug Cost
 - d. Ancillary Analysis Additional Fields:
 - i. Formulary Indicator
 - ii. Member ID

Detailed utilization data for the most recent 12-month period (including the following fields: NDC, NABP, Ingredient Cost (AWP), Formulary Indicator, and Unique Count of Member ID) is provided in the RFP workbook tabs listed below.

For the Commercial Group: TECHNICAL PROPOSAL WORKBOOK

Tab: Formulary Disrup Response Tab: Pharmacy Disrup Response

For the EGWP:

TECHNICAL PROPOSAL WORKBOOK

Tab: Formulary Disrup Response (2)
Tab: Pharmacy Disrup Response (2)

Information regarding Dispensing Fee, Plan Paid, Member Copay, and Total Drug Cost is provided on an aggregate basis for the Commercial Group and the EGWP. This information will not be provided on an individual claim basis. Refer to attachment titled **FCPS - Detailed Claims Aggregate 01.02.2019.xls**.

6. The RFP states that finalists will be required to provide a detailed implementation plan. However, there is a tab on the RFP response sheet that requests the plan be attached. Please confirm if bidders should include implementation with initial submission, or wait until finalist notification is received.

Please include the implementation plan with your initial submission.

7. What do the yellow tabs indicate?

Yellow tabs are tabs that require PBM response or action. Non-yellow tabs are instructor tabs. Completion of the yellow tabs is required for both the Technical and Cost responses submitted by bidding PBMs.

8. On the General Questionnaire tab, lines 331 through 339 appear identical to 340-348. Please clarify.

Lines 340-348 are duplications of 331-339. Please disregard the duplications.

9. On the General Questionnaire tab, line 361 (F4) it references Appendix A "Trion Cost Template Data Requirements". Is that the same as the "Reporting Requirements" Tab, or is there another document required?

Please disregard the reference to Appendix A. The Reporting Requirements Tab dictates what needs to be provided.

10. On General Questionnaire tab, line 513, there is a request for standard banking reports. Can you be more specific as to what you are looking for?

Standard banking reports refer to the invoices that would be provided to FCPS.

- 11. For the Clinical / Utilization Management Response sections can you provide definitions for the following:
 - a. TGSTP for: ACEI/ARB, BPH, Migraine (Triptans), Urinary Antispasmodics
 - b. SPDPD for: DMARDs/Auto-immune, Multiple Sclerosis, Infertility
 - c. SGM all classes

TGSTP: Generic Step Therapy

SPDP: Preferred Specialty drug strategy

SGM: Prior Authorization on all specialty products.

12. In Addendum 2, the response on page 3 states that claims data is provided in the Excel attachment FCPS – Rx RFP Amendment – 2 Yrs Claims.xlsx. This was in response to questions #5 asking about claims data with at least a 2 year history if available. We do not see that in the attachments and won't be able to provide a complete proposal response without this data. We will need detailed claims data split between EGWP and commercial lives in order to provide our best response, and we would like to see the current set up in order to better understand the needs of this population. We also need to see any Retail90 claims shifts that FCPS currently has, or we won't be able to price out the deal properly.

Provided in attachment FCPS - Rx RFP Amendment - Paid Claims.xlsx