OFFICE *of the* STATE COMPTROLLER

State of Connecticut Pharmacy Services RFP

Clarification Question & Answer – October 6, 2023

1. Is there a form I need to fill out and sign? I didn't see it in the attachments.

Response: NDA has been sent to all bidders.

2. Please let me know how often the state of CT opens up this RFP for interested specialty pharmacies wanting to participate in their network. Please also let me know how many lives are covered by the state of CT?

Response: The state opens up the RFP for specialty pharmacy participation in coordination with its PBM contract. The next procurement will be in 3 to 5 years, depending on renewals of the winners of this RFP.

3. 9.1.25 Do the guarantees referenced in this question refer to health outcomes or financial outcomes?

Response: Health outcomes.

4. 9.1.1 & 9.1.4 Could you please clarify the definition of "therapy class" versus "therapeutic class"? Our understanding is that "Therapy Class" is similar to condition and identified in the claims data by the field name "DiseaseIndication" "Therapeutic Class" is a subset of drugs with the same mechanism of action (MOA) and identified in the claims data by the field name "TheraputicClassDesc"

Response: For purposes of Option 1 (PMPY Guarantees by Therapy Class/Disease), we're requesting bidders to provide guarantees at the Medispan GPI-4 (DiseaseIndicator) level. For purposes of Option 2 (Prospective Unit Cost Pricing Methodology), we're requesting bidders to provide Unit Cost guarantees at the GPI-14 level.

5. 9.1.1 Do we need to provide the CER data for 25 classes in our proposal or just in the semi-annual report?

Response: In the semi-annual report.

6. Pertaining to the Formulary Management Carveout: The Disruption report should be based on the last four months of data. Should the savings analysis also be based off four months of data, or the full 12 months?

Response: Please see revised question below:
9.1.14 Please complete a formulary disruption analysis based on your proposed changes to the current formulary with drug exclusions that allows for prior authorization for medical necessity. Results to be included are the number of members that will require a change as well as the number of prescriptions associated with the proposed formulary change. An Excel file that lists the specific drugs that will be negatively impacted (excluded or higher-cost tier) along with the total number of scripts and members impacted for each of these drugs should also be provided. In addition to this, please provide the rationale (e.g., clinically more effective drug or less expensive product) as a result of using your proposed formulary and preferred alternative(s) compared to the current formulary. Please ensure the attachment contains Member ID, NDC, claim count, and disruption type (positive, negative (up tier), or excluded) for the most recent 4 months of claims data for drugs subject to disruption.

7. Could we receive the current PA criteria for any drug with a PA?

Response: Will be provided when available

8. In general can we submit images or figures to support the written responses?

Response: Yes.

9. For a bidder participating in the Formulary Management Carve Out section, Is the state anticipating receiving a separate savings analysis, member disruption report, and pricing for the City of Hartford? If not, should the proposal to the State net out the City of Hartford claims from the savings analysis and member disruption report?

Response: It is not necessary to separate the savings analysis or net out the City's claims from the analyses.

10. What is the number of administrative prior authorizations in 2022 to available 2023 timeframe?

Response: Will be provided when available.

11. What is the number of clinical prior authorizations in 2022 to available 2023 timeframe?

Response:

Reporting Timeframe: 1/1/22-10/3/23

Carrier 4750- State of Connecticut			
Approvals	**Denials**	**No Response**	**Total**
21,320	**13,429**	**13,584**	**48,333**

Carrier 4833- CT Partnership			
Approvals	**Denials**	**No Response**	**Total**
7,974	**4,614**	**5,563**	**18,151**

Carrier 3170- City of Hartford			
Approvals	Denials	No Response	Total
481	204	242	927

12. Question 5.3.7: Is there flexibility to have a call center and customer service work operations requiring communications with members of the State and Partnership Plans and their eligible dependents to be performed outside of the State of Connecticut?

Response: Yes, but not offshore.

13. Section 3.5 & Question 4.1, #11: Please clarify how bidders should submit or indicate confidential or redacted responses. Do bidders need to submit a redacted copy of RFP response on a thumb drive or should they indicate in the Proposal Tech system the response to the question contains proprietary/confidential information by clicking the "Exemption from Disclosure" box? If a thumb drive is required, please provide details where and to whom it should be sent.

Response: A thumb drive is no longer required; this can be done through Proposal Tech as stated above. Please also submit redacted copies of any attachments as necessary.

14. Question 7.3.12: Is there an attachment template to use or can we create our own using the required data elements specified in the question?

Response: There is no template provided, but please ensure your attachment is provided in an Excel file format and contains the requested items.

15. Does the State of Connecticut have an internal P&T Committee, or will they be using a third party that has their clinical decision-making body to assist in formulary customization and maintenance?

Response: The selected Formulary Management Vendor will be the entity that will assist in providing formulary customization recommendations.

16. Section 2.1, under Exclusive Specialty Pharmacy Arrangement, are proposers expected to hold contracts with Specialty Pharmacy's other than their own Specialty pharmacy, if they are responding to the PBM Administrative Services or Specialty Pharmacy Network Participation Services?

Response: Correct. As indicated in 7.1.25, the PBM Administrative Services bidder is required to agree to include the vendor(s) selected from the Specialty Pharmacy Network portion of the RFP in the Specialty Network without impacting the Pricing. In turn, as indicated in 6.2.1.7, the Specialty Pharmacy Bidder should not require an exclusive specialty arrangement and should agree to be part of the PBM Administrative Services vendor Specialty Network along with other Specialty Pharmacy Network Participants selected by OSC.

17. Section 2.2. under item 7 in "Our requirements going forward" mail order drugs are included in acquisition cost plus model. Is it the state's intent that any mail order pharmacy, other than specialty pharmacy, also participate under an acquisition cost plus pricing arrangement?

Response: Yes.

18. Does any of the municipalities that participate in CT Partnership Plan or who may also participate in this procurement administer a retires drug subsidy? If so, what is the census counts for these RDS programs?

Response: No

19. Attachment G: Is the member cost share information the same for State of CT, City of Hartford, and Harford Board of Education?

Response: No, City of Hartford and Hartford BOE have slightly different copays.

20. Section 8.1.23: Can you provide an example of a market disrupter as it relates to specialty pharmacy network providers?

Response: Non-profit drug manufacturers like Civica RX, Mark Cuban's Cost Plus as well as Amazon Pharmacy are examples of market disruptors.

21. 8.1.5 - Indicates that New to Market Drugs would count as Specialty Drug. Will Specialty pharmacy receive updated drug lists that reflect New to Market Drugs? If so on what frequency? Otherwise, how will pharmacy add SP Drugs to ensure they are followed and reported on under this agreement in addition to be covered under the rate schedule?

Response: Yes, the Specialty Pharmacies under the Specialty Pharmacy Network will receive the updated drug lists once they have been reviewed by the Formulary Vendor and the State. It is then expected that the State will provide reasonable time for the updated drug lists to be coded into the PBM Administrator's system in order to properly adjudicate under any of the Specialty Pharmacy Network pharmacies. It is then expected that these products will adjudicate at the pass-through rate. The frequency for the review of these drug lists has not been established, but it is expected that it will be frequent.

22. Section 6.2.2 - Seems to indicate Segal will be providing a data set to reprice according to the bid prices in section 6.2.1.4. Can you confirm when and how this data will be shared? Will data be specific to historical dispenses from the bidding pharmacy or will it be a general dataset?

Response: Twelve months' worth of all claims data will be issued by Segal via Segal's Secure File Transit portal once Segal confirms a signed NDA/Confidentiality Agreement is on file.

23. Section 6.2.1.4 can the dispense fee be a % of revenue?

Response: No, such a formula would incent the utilization of higher cost drugs and will not be accepted by the state.

24. Need more clarification on 6.2.1.1D: The section contains reference to an annual reconciliation. How does this apply to Specialty Pharmacy Providers that have a fixed fee schedule?

Response: It is expected that the Specialty Pharmacy Providers will provide an annual reconciliation to confirm the actual dispensing fees plus acquisition costs versus the adjudicated dispensing fees and reimbursement rates per claim. Any over or under payment will be reconciled through direct payment to or from the state.

25. Section 6.2.1.1: Can you provide the formulary list the State wants pharmacies to work off for proposal purposes and for validation of LDD access or lack thereof? Definitions of LDD may

differ and in absence of list providing list of LDDs pharmacy does not have access to will be difficult?

Response: The current formulary list is available online on the State's website. https://carecompass.ct.gov/state/pharmacy/ The current formularies will also be provided in excel format through secure email.

The upcoming formulary list that would go into effect under the new contracts will be provided once a PBM Administrator and a Formulary Management vendor have been selected.

26. Section 5.2.4: Please clarify and provide examples of indirect revenue streams.

Response: This is revenue including but not limited to other fees, discounts, price concessions, rebates, credits, or claw-backs as well as unknown revenue streams, like selling data or other manufacturer relationships/pharmacy relationships that may result in additional revenue to the PBM associated with state plan's utilization.

27. Regarding the reimbursement: What if acquisition costs are dynamic?

Response: We would seek to reconcile to actual acquisition costs of the prescriptions dispensed, so while acquisition costs may be dynamic throughout the year, the final reconciliation will capture each individual acquisition cost, total the amount and add the contracted dispensing fee to determine the amount the specialty pharmacy should be paid. This amount will then be compared to the amount the pharmacy was paid and a reconciliation payment will either be made from the state to the pharmacy or vice versa.

28. Can you provide B-P-G mappings for the City of Hartford and Hartford Board of Education (Cigna & CVS for City) (Anthem for Board of Education). Are the State of Connecticut "Connecticut Partnership Plans" in the existing contract, or new additions? If new, please also provide B-P-G mappings for these plans. • City of Hartford HDHP (Rx copays after deductible) : 1,020 Subscribers/2,344 • City of Hartford PPO Plans: 577 subscribers/1,040 members • Hartford Board of Education: 271 subscribers/472 members.

Response:

Carrier	BIN	PCN	GRP	Type of BPG
3170	004336	ADV	RX3170	Electronic claims
3170	993170	HISTLOAD	*	Internal only Historical Load
3170	004336	*	ITPRJ_3170	Internal only Service warranty
4750	012114	COBADV	RX4750	Coordination of Benefits Claims
4750	012114	COBSEGADV	RX4750	Coordination of Benefits Claims
4750	013089	COMADV	RX4750	Coordination of Benefits Claims
4750	013089	COMSEGADV	RX4750	Coordination of Benefits Claims
4750	004336	ADV	RX4750	Electronic claims
4750	994750	HISTLOAD	*	Internal only Historical Load
4750	004336	*	ITPRJ_4750	Internal only Service warranty
4750	012114	*	ITPRJ_4750	Internal only Service warranty
4750	013089	*	ITPRJ_4750	Internal only Service warranty
4750	004336	ADV	Z50133432	Legacy cards (Electronic claims)

4750	004336	ADV	4850	Legacy cards (Electronic claims)
4833	012114	COBADV	RX4833	Coordination of Benefits Claims
4833	012114	COBSEGADV	RX4833	Coordination of Benefits Claims
4833	013089	COMADV	RX4833	Coordination of Benefits Claims
4833	013089	COMSEGADV	RX4833	Coordination of Benefits Claims
4833	013089	COMADV	CLMRX4833	Coordination of Benefits Claims
4833	004336	ADV	RX4833	Electronic claims
4833	994833	HISTLOAD	*	Internal only Historical Load
4833	004336	*	ITPRJ_4833	Internal only Service warranty

29.How is the plan contemplating recent CT parity law changes going into effect 1/1/24 as part of the RFP?

Response: The state would need a more specific question regarding any concerns or assumed implications with the law to respond.

30. The claims data file provided contains several records where the data is not in alignment with the appropriate columns. Starting in the GPI column, there are invalid GPI's and there is invalid information for other columns after the GPI as well. Would you please provide a new claims data file?

Response: This has been provided.

31. We received the claims data file but did not receive the repricing exercise Attachment G. Would you please confirm ESI has a current NDA with Segal and also provide Attachment G?

Response: Attachment G: File format for Repricing Exercise for Specialty Pharmacy Network Participation Pricing has been provided.

32. Hi, I would like clarification regarding what the 'indirect revenue streams' the state would like us to disclose.

Response: This is related to any type of payments or revenue, including but not limited to, from pharmaceutical manufacturers regarding placement of products, dispensing of products, etc, selling of data, any and all revenue that has any relationship to state plan utilization.

33. May we get Attachment F and Attachment G? They are listed in the documents but I do not see in attachments. Thank you in advance.

Response: Attachments F and G were added to the Manage Documents page of the RFP.

34. Question 8.1.3: Can you please clarify the extent of non-specialty medications and related benefit and/or formulary provisions supporting non-specialty drugs to be dispensed by the specialty pharmacy?

Response: There may be instances in which the State, based on the PBM Administrator's and/or Formulary Management Vendor's recommendation, may place products as specialty products that may be considered as "non-specialty" by other PBMs or entities. For all intents and purposes, only products that the State considers "specialty" will be allowed to be dispensed by the selected Specialty Pharmacies.

35. Question 8.1.3: Can you please provide a list of non-specialty medications to be filled by the specialty pharmacy?

Response: Any future products that vendors may identify as "non-specialty" but would be considered "specialty" by the State and requested to be filled at a Specialty Pharmacy would be decided once the PBM Administrator and Formulary Management vendor is selected.

36. Is it possible to add patient ship-to zip codes to the utilization data?

Response: Unfortunately, the claims utilization data does not have this information.

37. The utilization file includes medications administered by a healthcare provider that are typically covered under the medical benefit. Please confirm if there is a medical benefit carve-out program under the current pharmacy benefit and that bidders should assume these claims.

Response: Currently, it is expected that these claims would continue to be administered by the PBM Administrative Services vendor through the pharmacy benefits. However, these types of claims may be administered in the future via the medical benefit based on the recommendations and analysis from the Formulary Management Vendor and the PBM Administrative Services vendor.

38. Can OSC's customized detailed utilization management criteria referenced in 7.3.25 please be provided

Response: Will be provided if available

39. Can additional details on specific arrangements in place be provided on the following programs mentioned in the RFP:
a. Quantum Health
b. Health Enhancement Program (HEP)
c. Virta Health
d. Intelihealth

We'd like a better understanding of the arrangements in place given the guarantee structure requested.

Response:
a. Quantum Health provides health plan navigation services, customer service, clinical care management for the active and non-Medicare retiree medical plan, and HEP administration.
b. HEP, more information can be found here: https://carecompass.ct.gov/hep/
c. Virta Health, more information can be found here: https://carecompass.ct.gov/diabetes/
d. Intellihealth, more information can be found here: https://carecompass.ct.gov/pharmacy/

40. Can confirmation of how to identify members who retired 10/1/17 or earlier in the claims data please be provided? This is needed to quote the formularies requested.

Response:

Account ID	Account Name
001800ACTH	ACTV HEP PLAN
001800ACTS	ACTV STANDARD PLAN

001800RCS	RET COBRA STANDARD
001800RJH	RET JUDGES HEP PLAN
001800RJS	RET JUDGES STANDARD
001800RP99	RET 7/2009-10/2011
001800R99S	RET BEFORE 7/1/2009
01800R11H	RET 10/2011-10/2017 HEP
01800R11S	RET 10/2011-10/2017 STAND
01800R17H	RET AFTER 10/2/2017 HEP
01800R17S	RET AFTER 10/2/2017 STAND

The claims data contains the fields GroupID and the Carrier number. The workbook 'State of CT Plan Structure Mapping' we provided to all the bidders is a crosswalk to the Account ID using those fields.

41. Will call center be delegated to the selected PBM? How does Quantum Health work in practice today?

Response: The call center will be delegated to the selected PBM. Quantum Health is the call center for the medical plan but does make outreach to the PBM when necessary.

42. Are member pharmacy deductibles and out of pocket maximums combined with medical? If so, how will this be considered when evaluating the member copay requested by bidders?

Response: There are no pharmacy deductibles, the pharmacy out of pocket maximum is separate, not combined with medical.

43 Can clarification please be provided on what is meant by 'drug pull-through programs' as it relates to the 'Rebates' definition in 7.2?

Response: This is in reference to any revenue, such as marketing and/or educational payments, from manufacturers and other entities that promote their respective products and compensate based on utilization of such programs.

44. For each of the requested guarantee options 1-3 please confirm that a single guarantee per option is requested and that State of Connecticut, State of Connecticut Partnership and City of Hartford will be reconciled together? If this is not correct, will individual contracts be required by Carrier?

Response: Confirmed, these groups will be reconciled together.

45. Can additional data be provided in order to facilitate historical trend analysis based on the guarantee options requested:
i. Monthly membership aligning with the experience period at a minimum. Preferably we'd receive this for the last three years and by group
ii. Historical member paid as a percentage of gross cost at a minimum for the experience period
iii. Historical claims from 7/1/20-6/30/22
iv. Historical member paid and net plan paid PMPM for the drug classes requested in 6.1.1.1 for the last 3 years
v. Historical member paid net plan paid PMPM for weight loss and additional details on the State of Connecticut's program in place with Virta

Response:
i. Monthly enrollment for three-years has been provided.
ii. Member paid is slightly less than 5%.
iii. Two additional years of claims will be provided through secure email.
iv. Historical plan paid has been provided.
v. The weight loss program is very new and the claims are minimal at this point. There are approximately 1,000 enrollees and about 2,500 members using GLP-1's off label who were grandfathered at the start of the program. Note that not all enrollees in the Flyte program will be prescribed GLP-1s.
Additional information regarding Virta Health can be found here:
https://carecompass.ct.gov/diabetes/

46.. In regard to 1.2.6, Bidders are asked for their willingness to accept the terms and conditions of the State's proposed contract. Please confirm that a redline of the provided 99-page document is not needed as part of the proposal submission.

Response: Confirmed

47. Will the State consider providing separate ProposalTech environments to one vendor if that vendor intends to respond to options 1 and 2 separately? If not, please confirm how vendors should respond to both options within the same ProposalTech environment.

Response: Please respond with one option via ProposalTech and the alternative option as an attachment.

48. Since there are 3 independent contracts for these scopes of work, will an offer that is contingent on being awarded one or more of the other contracts be accepted?

Response: It could be accepted. However, if the offer is contingent on all three sections, for example, and the Bidder is not awarded any of those 3 sections, the Bidders will lose out on all of the sections.

49. How are the pre-10/1/17 retirees identified within the claims data? We cannot determine which claims are from this population that would have an open formulary.

Response:

Account ID	Account Name
001800ACTH	ACTV HEP PLAN
001800ACTS	ACTV STANDARD PLAN
001800RCS	RET COBRA STANDARD
001800RJH	RET JUDGES HEP PLAN
001800RJS	RET JUDGES STANDARD
001800RP99	RET 7/2009-10/2011
001800R99S	RET BEFORE 7/1/2009
01800R11H	RET 10/2011-10/2017 HEP
01800R11S	RET 10/2011-10/2017 STAND
01800R17H	RET AFTER 10/2/2017 HEP
01800R17S	RET AFTER 10/2/2017 STAND

The claims data contains the fields GroupID and the Carrier number. The workbook 'State of CT Plan Structure Mapping' we provided to all the bidders is a crosswalk to the Account ID using those fields.

50. Given the RFP is requesting a PEPM admin fee, please confirm the total number of employees.

Response: Monthly subscriber enrollment file has been provided.

51. Under options 6.1.1 - 6.1.3, please re-confirm that the expectation is to have acquisition cost pricing at mail and specialty regardless of the pricing option selected.

Response: Correct.

52. Please provide the address as to where we should mail our thumb drive containing the redacted copy.

53. Please confirm we can mail the thumb drive after we electronically submit on November 15th.

Response: A thumb drive is not required.

54. Please confirm if the PBM Administrative Services offer includes or excludes specialty.

Response: The PBM Administrative Services proposal is for a vendor to administer all of the claims adjudication at participating retail pharmacies, the PBM Administrative Service's mail order facilities, and the specialty claims that adjudicate via the Specialty Pharmacy Network. If the PBM Administrative Services vendor wishes to also be part of the Specialty Pharmacy Network, then the vendor should also provide a proposal to be included in the Specialty Pharmacy Network.

55. If includes specialty, can the same offeror submit a PBM offer including specialty AND a carved-out specialty offer?

Response: The vendor can provide a proposal for the PBM Administrative Services and to be part of the Specialty Pharmacy Network.

56. If yes to the above, can a separate ProposalTech login be provided?

Response: The vendor should be able to provide a proposal for the PBM Administrative Services and a proposal to be part of the Specialty Pharmacy Network in ProposalTech under the same login.

57. Please confirm which scope of work encompasses rebate value. For instance, are we to reflect rebate value in PBM Administrative Services below or is the rebate value to be independently reflected in Formulary Management?
• PBM Administrative Services
• Specialty Pharmacy Network Participation Services
• Formulary Management Carve Out Services, which includes prior authorization design and provider outreach.

Response: Rebates should be included in the PBM Administrative Services proposal. The vendors selected under the Specialty Pharmacy Network will mostly be selected to dispense claims under the Specialty Pharmacy Network administered by the PBM Administrative Services vendor. The Formulary Management vendor will mostly be in charge of providing formulary and clinical services recommendations.

58. RFP notes that the State currently has an exclusive specialty pharmacy arrangement - language below. The RFP then later mentions that "Bidders quoting on Specialty Pharmacy Network may not require an exclusive specialty arrangement and agrees to be part of the PBM Administrative Services vendor Specialty Network along with other Specialty Pharmacy Network Participants selected by OSC." Can you please confirm intent with regard to Specialty?

Exclusive Specialty Pharmacy Arrangement

The State currently has an exclusive specialty pharmacy arrangement and would like to continue with a similar arrangement. The State contracts exclusively with its current PBM (CVS Caremark), Yale New Haven Specialty Pharmacy, Hartford HealthCare Pharmacy and UCONN Healthy Pharmacy to provide all specialty drugs. The specialty pharmacy network will be updated in response to the outcome of this RFP and as amended from time to time.

Response: The intent is that the Specialty Pharmacy Network will be a network of specialty pharmacies limited to those approved by this RFP.

59. Will additional verbiage be accepted via supplemental documents considering sections are limited to 1,000 words?

Response: No.

60. Why is the State looking for a different partner?

Response: The state is looking for vendor partners who can best perform the various services requested in this RFP. The best partners will be determined through this procurement process.

61. Are there any service issues the State is currently experiencing?

Response: No

62. Is there a preference for a comprehensive PBM solution vs specialty carve out?

Response: No.

63. RFP document states current specialty arrangement is "exclusive" and intent is to keep this arrangement, however, it appears there are 3 independent SP servicing the state. Can you please provide more insight regarding this arrangement? Does the state intend to keep the Health Systems Specialty Pharmacies in network?

Response: The intent is that the Specialty Pharmacy Network will be a network of specialty pharmacies limited to those approved by this RFP.

64. Section 6.1.2, for Option 2 price model, what is the Unit Cost price basis? If day supply, please confirm the day supply requirement for the specialty channel and if it will be acceptable for bidders to assume a change.

Response: Yes, Per Day Supply or Per Quantity should suffice but Bidders should state the measurement they are proposing. The Unit Cost will be based on the per quantity cost using Medi-Span's GPI-14.

65. Sections 6.1.1.1, 6.1.1.2, and 6.1.1.3 each ask bidders to "complete the table below for the *first fiscal year of the contract*." Please confirm that bidders are in fact to complete the table in Section 6.1.1.2 for the *second* fiscal year of the contract, and the table in Section 6.1.1.3 for the *third* fiscal year of the contract.

Response: Yes, the table in 6.1.1.2 is for the second fiscal year of the contract and the table in 6.1.1.3 is for the third fiscal year of the contract.

66. In Section 6.1.2, the fifth bullet point in the notes section for the unit cost pricing methodology states: "PBM agrees to reimburse the State of 100% of excess cost per patient on annual basis." Based on the information provided in Attachment F, it does not appear that bidders choosing to offer this option are required to provide a guarantee on a "per patient" basis. Thus, please confirm that the reference to "excess cost per patient" was included in error.

Response: The bullet point should read "PBM agrees to reimburse the State 100% of excess cost on annual basis."

67. Section 6.1 provides three options from which bidders may choose to provide a spend-related guarantee. The first and third options each appear to contemplate that the PBM will provide a spend guarantees on a per-member basis, and that the PBM will reimburse the state for 100% of any excess amount above the PBM's per-member guarantee, without any limit to such reimbursement. We are concerned that under state insurance law, such an arrangement could be interpreted as an insurance product, with the State effectively paying a premium, beyond which the PBM would bear all additional costs. Because PBMs are not generally licensed to provide insurance, please confirm that any bidders offering one of these guarantee options may limit the payout amount?

Response: It is anticipated that bidders may set some reasonable limits on overall risk. Such limits will be evaluated within the RFP process, with level of risk being a component of the pricing evaluation process.

68. Section 6.1.2 – Attachment F: please advise if "Max Unit Cost" is intended to reflect the impact of rebates and if there is a specific required definition of "Units" to be used to measure this guarantee.

Response: Yes, the "Max Unit Cost" is intended to reflect the value of rebates. The Unit Cost will be based on the per quantity cost using Medi-Span's GPI-14.

69. Section 6.1.4 - Price Inflation Guarantee proposes a shared risk structure. Would similar risk sharing proposals, such as shared savings, be acceptable also for the guarantees in Sections 6.1.1, Section 6.1.2, and Section 6.1.3?

Response: No.

70. Section 6.1.1 – would the State accept the blending of rebates across classes?
Response: No.

71. Please provide an address to which bidders are to send the redacted version of their Proposal referenced in Section 4.1 #10. In addition, please confirm that submission of the Redacted version will be considered timely provided it is postmarked or sent on November 15, 2023.

Response: A thumb drive submission is not necessary please submit any redacted materials through Proposaltech.

72. Attachment C_Affirmation of Receipt of State Ethics Laws.docx has a header indicating it is "Attachment D". Another Attachment D was sent "OPM-Form1-CampaignContributionCertification". Should vendors disregard the Attachment D header for the Affirmation and assume it should be labeled as Attachment C?

Response: Yes.

73. Question 7.1.22 - would the State provide details on the "third party pre-adjudication review of pharmacy claims payments"?

Response: The intent would be that a third-party entity would be able to review the pharmacy claim adjudication process.

74. Notification to Bidder Form: for Part IV: Bidder Employment Information; would the State accept the data based on the standard federal EEO-1 categories rather than the Job Categories outlined on the form? If acceptable, may we attach a document to this form and if so what format (.pdf/excel)?

Response: Yes. A PDF is fine.

75. Section 6.1.4, is it acceptable to submit offer as measured by Per Day Supply instead of Per Rx?

Response: Yes, Per Day Supply or Per Quantity should suffice but state the measurement.

76. During the September 13, 2023 bidder conference, the State was asked whether bidders were expected to submit any proposed redlines to Attachment A (the OSC Template Contract) with their bids. Our understanding of the State's response to that question at the conference is that bidders are **not,** in fact, expected to submit proposed redlines, and that the State plans to negotiate any proposed modifications to the provisions in that attachment with the prevailing bidder following contract award (with the understanding that certain provisions that memorialize statutory requirements will not be negotiable). Please confirm that our understanding of the State's response to that question is correct, and if it is not correct, please clarify what the process will be for the State's consideration of proposed changes to Attachment A.

Response: Confirmed, bidders are not expected to submit redlines as part of their proposals.

77. Section 4.2 of the RFP refers to “Part I” and “Part II” of the “standard contract” (which appears to be a reference to Attachment A), and states that Part II of the standard contract “may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.” Attachment A (Aug 2023 OSC IT Template Contract (PSA)) does not appear to contain sections titled “Part I” or “Part II.” Would the state please clarify for bidders which parts of Attachment A may be amended only in consultation with the referenced State offices?

Response: Yes

78. What are the NABPs of the pharmacies included in the State of Connecticut custom network?

Response: The State currently has a broad 30-day supply at retail and a custom 90-day supply at retail. The State has a custom State of Connecticut maintenance drug network where a 90-day supply is available at the State's agreed upon maintenance network for mail pharmacy copay. The retail maintenance network includes both chain and independent pharmacies. The proposed offer must reflect this plan design feature. One of the State's priorities is to maintain and grow the number of local independent pharmacies in this retail maintenance network.

A listing of the pharmacies in the Maintenance Drug Network can be found here: https://carecompass.ct.gov/state/pharmacy/

79. What is the pricing structure in place for the State of Connecticut right now? (PMPM guarantee, traditional rate/rebates, etc)

Response: The State currently has a Point-of-Sale Rebates arrangement with 100% pass through of rebates, with traditional discount and rebate guarantees. Please note the purpose of this RFP is to change this structure as the state does not believe the traditional discount and rebate guarantees serve its interests in all cases.

80. For Option 1, where we are asked to provide a per member per year guarantee by therapy class - does 'member' in this context refer to only utilizing members or to all members (whether they utilize those categories or not)?

Response: All Members.

81. Where do we find the current full formulary list and/or link of approved specialty pharmacy drugs?

Response: https://carecompass.ct.gov/state/pharmacy/

82. Can you define the standard used to designate a product a “specialty pharmaceutical”?
   a. Is there a REMS? If so, is clozapine considered a specialty pharmaceutical?
   b. If it is defined as pharmaceuticals with a cost above a certain threshold – what is the threshold?
   c. What is the expectation based on biosimilars which may not have LDD or be higher cost, but may have cold chain or ADR considerations – for example, dimethyl fumarate?

Response: The standard would be designated once the Formulary Management vendor is selected.

83. Under the current arrangement, specialty pharmaceuticals are designated by the incumbent PBM. Will the PBM selected as a result of this RFP be allowed to designate what products qualify as specialty pharmaceuticals?

Response: The selected PBM Services Administrator may suggest which products qualify as specialty pharmaceuticals. Then, the State will have final determination based on the recommendation from the Formulary Management vendor and the input from the PBM Services Administrator.

84. Referring to Page 12 – Exclusive Specialty Pharmacy Arrangement – UConn Healthy Pharmacy is listed as one of the current pharmacies. To clarify, does applying for this RFP overwrite that arrangement, replace it, negate it, or does that stand alone separate from this RFP?

Response: The pharmacies that make up the Specialty Network for the upcoming contract period will be based on those selected as part of this RFP and may or may not include current specialty pharmacies.

85. Referring to sections 6.2.1.1.d and 6.2.1.4 – During the bidders' conference we were advised multiple times not submit a proposal with dispensing fees. That guidance contradicts the references in 6.2.1.1.d & 6.2.1.4 to dispensing fees. Please advise.

Response: The intent of these questions under the Specialty Pharmacy Network Participation Pricing section is to confirm the requested dispensing fee under the pass-through arrangement in order to be part of the Specialty Pharmacy Network.

86. Referring to Section 6.2.1.1 – This section requests pricing for "all specialty pharmaceuticals, including biosimilars plus Limited Distribution Drugs **that your company has access to as well as those that it does not have access to**…" How do you suggest we provide pricing for drugs which we do not have access to?

Response: If your pharmacy does not have access to certain limited distribution drugs, you can leave the pricing for those products blank for this exercise and note.

87. Referring to 6.2.1.4 – Please clarify what is meant by Dispensing Fee per Claim. Does the Dispensing Fee include the cost of shipping and supplies? Please also clarify what is meant by Administrative Fee.

Response: Dispensing Fee is the cost of shipping and supplies; Administrative Fees is the total overhead cost for the administration of the claim.

88. Referring to 6.2.2.1 – Please clarify how you expect future drug inflation costs to impact the cost-plus model as described during 9/14/23 conference call.

Response: For purposes of 6.2.2.1, the acquisition cost in this exercise is a projection.

89. Referring to 6.2.2.1 – Will the state or Segal be providing data for the repricing analysis? How will the data be transmitted and when can we expect to receive it?

Response: Repricing is to be based on claims provided for the period July 1, 2022-June 30, 2023.