

Pharmacy Consultant—Responses to Questions from Potential Bidders

- 1. What is the process the State will accept to arrive at mutually agreeable contractual terms?**

It is unclear whether the question refers to the process of contracting directly with the state as opposed to the process to be used for the future PBM contract. In the case of the present RFP, vendors should be aware that certain contract terms cannot be varied and that all contracts will be subject to review by the Attorney General's office. Therefore, bidders should review the sample contract attached to the RFP carefully to identify any provisions they wish to modify and insert proposed revisions to that contract with the bid response. With regard to future PBM contracting the selected bidder will be expected to assist the State in contract negotiations with the PBM.

- 2. Please clarify the differences between section V.6 – Fee Structure and section VIII – Price Proposal?**

Depending upon the service offered and the technologies proposed bidders may wish to submit pricing proposals using either of the methods included in the "price proposal" or the "fee structure proposal".

- 3. To perform this work, a regular pharmacy claims feed will be required. In the event that the award is given to a vendor that is not also the PBM, will the State supply that feed or will the awarded vendor receive the feed directly from the PBM or some other source?**

The selected vendor should expect to obtain the pharmacy claims feed from the State's data warehouse vendor.

- 4. What is the expected role of the awarded vendor in relationship with the CT HEP program and any required interaction with Care Management Solutions, Inc.?**

There is no present intent to have the selected vendor work with Care Management Solutions or to be involved in the administration of HEP.

- 5. Is the awarded vendor expected to participate in the state's monthly Health Care Cost Containment Committee meetings?**

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It is anticipated that the selected vendor for PBM monitoring services would meet with the Health Care Cost Containment Committee on an as-needed basis; attendance at HCCCC meetings should not be expected to occur more than once per quarter.

- 6. What are the State’s expectations for communicating compliance with contract terms on an on-going basis? For example, are there regular monthly meetings?**

The vendor selected to provide ongoing contract PBM compliance will be expected to report to OSC on its work on a regular basis and at least monthly. Whether such meetings are in-person or some other format has not yet been determined. Bidders are encouraged to explain their proposed communication strategies and to append sample reports.

- 7. Is there a current contractor, other than CVS, who helps the state manage these services? If so, when is their contract up for renewal? What was the total dollar amount paid to the current contractor for these services over the past three years?**

The State’s healthcare consultant, Segal, Inc., helps the state manage pharmacy and other health benefits. We will be required to issue an RFP for health benefit consulting services again in 2020. We cannot provide a dollar value for the services specifically relating to pharmacy –as opposed to all healthcare consulting. Total payments under this contract for healthcare consulting services since November 2015 have been approximately \$1,300,000.

- 8. Is there an expected service level for responding to the State or its other vendors questions including 24/7 coverage?**

For simple request or inquiries the State expects its vendor to respond within 24 hours. For more complex requests, the State expects a response within 24 hours that provides an anticipated timeframe for fulfilling the request.

- 9. Are the “300 Connecticut pharmacy locations” in the maintenance drug network non-CVS locations?**

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The Maintenance Drug Network includes CVS and non-CVS locations. More detail about the identity and location of participating pharmacies can be found at <http://www.osc.ct.gov/empret/healthin/MDPN/index.html>

10. **Are there any special considerations for Care Management Solutions, Inc.? Or can they work with any PBM?**

It is our expectation that the HEP administrator will be capable of working with any PBM. Please note that an RFP for the HEP administrator (for services beginning 1/01/2019) will be issued shortly.

11. **Contract Improvements – Has your current PBM provider made any contract improvements over the past six years? If so, how many changes were made and when was pricing last updated?**

Yes. Contract improvements were made twice in the past five years, sometimes as the result of changes resulting from collective bargaining. The most recent changes were implemented in July 2017.

12. **Will the selected vendor issue an RFP based on the initial 3 years of the PBM agreement or the full 5 years of the agreement (3 + 1 + 1)?**

The RFP will be based on a PBM contract for an initial 3-year term with 2 optional one-year extensions.

13. **The RFP calls for bidders to “Provide a minimum of five (5) references of large governmental clients for whom you have performed similar services during the last three (3) years. Include contact information for these clients.” We don't have references from five (5) large governmental clients. However, the software platform from which we run and license our Reverse Auctions does have this experience. Since we do not meet this requirement, should we move forward and submit our intent to bid or forgo the opportunity?**

You should submit a bid and provide references for the large governmental clients that have used the reverse auction software platform that you would propose to use with this project.