

SOLICITATION AMENDMENT FOUR (4)		
YH25-0023 Federal and Supplemental Drug rebate, Pharmacy & Therapeutics Committee, and Value Based Contracting & Outcomes Management Program Services	Solicitation Due Date: November 8, 2024, 3:00 pm Phoenix, AZ Time	Procurement Officer: Stacy L. Ingalls Email: procurement@azahcccs.gov

A signed copy of this amendment must be submitted with your solicitation response.

This Solicitation is amended as follows:

The submitted questions with AHCCCS' answers are on the pages attached and incorporated into this solicitation.

No other changes are being made at this time.

OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THE SOLICITATION AMENDMENT	THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THE DAY, IN PHOENIX, AZ
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: SIGNATURE ON FILE
TYPED NAME:	TYPED NAME: Meggan LaPorte, CPPO, MSW
TITLE:	TITLE: Chief Procurement Officer
DATE:	DATE: November 1, 2024



QUESTIONS AND ANSWERS FORM

**FEDERAL & SUPPLEMENTAL DRUG REBATES, PHARMACY & THERAPEUTICS COMMITTEE, AND VALUE BASED CONTRACTING & OUTCOMES
MANAGEMENT PROGRAM SERVICES
RFP# YH25-0023**

Questions shall be submitted electronically on this form to Procurement@azahcccs.gov no later than
09/12/2024, 3:00 PM AZ TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for AHCCCS Response
1.	Magellan Medicaid Administration, LLC	Exhibit A, 6.1, Submission of Proposal	2	Is there a file size limit for files uploaded to the AHCCCS Secure File Share?	File size is unlimited
2.	Magellan Medicaid Administration, LLC	Notice of Request for Proposal Addendum B to Special Terms and Conditions	36	The IT Security Requirements indicate that the contractor must implement: "5. Assigned Security Officer" as well as "assign a dedicated privacy and security officer." Please clarify, do these requirements refer to the same position? Also, please clarify if the position or positions are required to be assigned or dedicated.	We do not need more than 1, it can be the same position. We want a dedicated contact person for privacy and security compliance
3.	Magellan Medicaid Administration, LLC	2.2.3	7	Please clarify if the clinical pharmacist is dedicated or assigned.	The clinical pharmacist, account manager, is dedicated to just our contract.
4.	Magellan Medicaid Administration, LLC	2.4.5.1	8	RFP Requirement 2.4.5.1 references Attachment A in relation to the Quarterly 340B Unit Price Report. Is the correct reference for this report Attachment 6?	Yes, in Section 2.4.5.1 of the RFP it should reference Attachment 6.
5.	Magellan Medicaid Administration, LLC	Definitions 24, 39	19,20	There is a definition for a Project Manager in the list of definitions. The position is not mentioned elsewhere in the RFP. Is this a required key	If the awarded vendor is new to providing services to AHCCCS, the awarded vendor will have to provide a project manager to oversee the implementation of the contract.
6.	Optum Rx	Attachment 2 Offer and Acceptance & Exhibit A, Section 5.4: Offer Acceptance Period	1	Please confirm the timeframe for offer acceptance. The offer and acceptance form includes: "Has submitted this Offer as a firm offer for 180 days following the Solicitation due date and time" However, in Exhibit A, Section 5.4 states: "Offer Acceptance Period: An Offeror submitting an Offer under this Solicitation shall hold its Offer open for the number of days from the Offer due date that is stated in the Solicitation. If the Solicitation does not specifically state a number of days for Offer acceptance, the number of days shall be one hundred and twenty (120). If a Best and Final Offer is requested pursuant to a Request for Proposals, an Offeror shall hold its Offer open for one hundred and twenty (120) days from the Best and Final Offer due date."	The Offer and Acceptance form (Attachment 2) is a document that is signed and submitted by an Offeror and the Offeror commits to honor their proposal for 180 days following the Solicitation due date.

7.	Optum Rx	Solicitation Summary	3	When does AHCCCS estimate it will release a Notice of Award for this RFP?	Please see Exhibit A, Solicitation Instructions to Offeror, Section 1.0 titled: Anticipated Procurement Schedule.
8.	Optum Rx	Solicitation Summary	3	How long is the expected transition period (RFP award date to operations go-live date) from the current Contractor to the new Contractor? What is estimated go-live date?	Please see Exhibit A, Solicitation Instructions to Offeror, Section 1.0 titled: Anticipated Procurement Schedule.
9.	Optum Rx	Solicitation Summary	3	If a new Contractor is selected, what is the first quarter for which the Contractor will be responsible for rebate invoicing for each of the AHCCCS rebate programs?	1 st Qtr. of 2025
10.	Optum Rx	2.1.1.	4	Are the supplemental rebate contracts currently in place? If so, are the contracts between AHCCCS and manufacturers or the current Contractor and manufacturers? If contracts are currently in place, what is the termination date(s) for those contracts?	Supplemental rebates are currently in place. AHCCCS acts as a single state and the contract, while managed by the current vendor, is between the manufacturer and AHCCCS. Generally, supplemental rebate contracts are for the date range of 10/1/ - 9/30.
11.	Optum Rx	2.1.4.	5	How many different programs are rebate invoices generated (e.g., FFS, MCO, Supplemental, etc.)? Are there any special programs (e.g., ADAP, Family Planning, Title XIX CHIP, etc.) that are invoiced separately for which the Contractor will be responsible? If so, please identify.	Invoicing is completed separately for FFS and the contracted MCOs. Utilization for all TXIX, Title XXI and Family planning patient populations are invoiced. ADAP is a program under ADHS and is not an AHCCCS program.
12.	Optum Rx	2.1.14.	6	Are rebates currently received in a lockbox maintained by AHCCCS, the current Contractor or through another mechanism? If through a lockbox maintained by AHCCCS, will that arrangement continue, and will the Contractor have direct access to that lockbox? If the lockbox is maintained by the current Contractor, will the new Contractor be responsible for maintaining the lockbox?	AHCCCS owns and maintains a lockbox to receive all rebate payments. The contractor has access to view the deposit activity and any attachments that may accompany the payments.
13.	Optum Rx	2.1.33.	6	Does AHCCCS currently have a Medicaid expansion CHIP program whose utilization is eligible for MDRP rebates? If so, are rebates for that program invoiced separately from the MDRP program?	Yes, we do have a CHIP program, but utilization is either under FFS or MCOs and is invoiced as such.
14.	Optum Rx	2.3.1.	7	Are the VBP contracts currently in place? If so, are the contracts between AHCCCS and manufacturers or the current Contractor and manufacturers? If contracts are currently in place, what is the termination date(s) for those contracts?	VBP contracts are between AHCCCS and the manufacturer. Termination dates vary.
15.	Optum Rx	2.4.4.1	8	This requirement references 5.2.6. which does not seem to be in the RFP, can you clarify?	2.4.4.1 should end after the word file. This Amendment will remove the rest of the sentence.
16.	Optum Rx	2.3.1.	7	For VBP contracts, will the Contractor be responsible for data aggregation (obtaining the appropriate utilization for the outcome(s) to be measured) and data analytics (determining the outcome(s) based on contractual data analytics plan) to determine whether a VBP rebate is owed?	Either the awarded contractor will be responsible for gathering the outcomes data or the awarded contractor can contract with a company to perform these services, i.e. COEUS.
17.	Optum Rx	2.5.4.	9	What is the AHCCCS policy for identifying 340B claims? Is the Medicaid Exclusion File, NCPDP fields, Procedure Code Modifiers or a combination used for identification of 340B claims? Do the MCOs follow the same policy as FFS? If MCOs do not follow the FFS policy, how are MCO 340B claims identified?	There are 340B entities that are identified within AHCCCS and their utilization is withheld from invoice for the federal rebate program. The awarded vendor will also have to use the Medicaid Exclusion File to determine 340B entity pharmacies. We currently place 340B entity pharmacies that must submit claims to FFS or the MCOs at their actual acquisition cost in their own pharmacy network. We provide the 340B ceiling pricing file for claims adjudication to the FFS and MCO PBMs.

18.	Optum Rx	2.8.2.8.	12	Please identify the waivers and other AHCCCS defined category(ies) for which drug rebate collections are to be reported.	<p>The waivers to be included are:</p> <ul style="list-style-type: none"> - New Eligible Adult (NEW Non-Waiver) - ESA Non-Waiver - AC Waiver - AFDC/Sobra Waiver - SSI Waiver - Family Planning Waiver (FPEP) - Acute Non-Waiver (BCC/OTH) - Native American Dental Exemption <p>AHCCCS also requires these additional categories per waiver for the OUD MAT Drug Rebate to be reported on line 46 Cost of Drug:</p> <ul style="list-style-type: none"> Line 46A1 FFS National Agreement Line 46A2 FFS State Sidebar (Supplemental) Line 46A3 MCO National Agreement Line 46 A4 MCO State Sidebar (Supplemental) Line 46A5 Increased ACA Offset Fee for Service - 100% Line 46A6 Increased ACA Offset MCO - 100%
19.	Optum Rx	2.8.2.15.	12	Please identify the starting point (e.g., 1Q1991) for historical rebate data that will be transitioned from the current Contractor to the new Contractor.	1 st . Qtr. 2010
20.	Optum Rx	2.8.2.15.	12	Please identify the type (claims, invoices, payments, dispute resolutions, etc.) of historical rebate data that will be transitioned to the new Contractor and for each type of data, identify the media (electronic/paper), volume, and quarters involved.	This is to be determined, however, the historical data that will be transferred will be completed electronically.
21.	Optum Rx	2.4.4.1	8	Is the intent of this requirement that the price reported Quarterly 304B Drug Unit Price Report should be calculated and reported based on pharmacy unit of measure vs CMS unit of measure?	The CMS unit of measure must be converted to the pharmacy unit of measure, so that it can be used to adjudicate claims.
22.	Optum Rx	2.1.5	5	2.1.5 requires vendor to track collection of rebates from the pharmaceutical manufacturers/labelers by National Drug Code (NDC) and on an individual encounter/claim level. Manufacturers make payments using the CMS mandated ROSI / PQAS forms. This documentation does not provide sufficient information to allocate rebates to the claim level. Can this requirement be updated to track payments at the NDC / Rebate Quarter / Rebate Program level? If not does the State currently require manufacturers to provide sufficient documentation to allocate rebate payments at the claim level.	DBF Finance approves updating the requirement to track payments at the NDC/Rebate Quarter/Rebate Program level.

23.	Optum Rx	2.1.4	5	Scope of work 2.1.4. requests the rebate vendor allocate rebate payments at the claim level. Manufacturers make payments using the CMS mandated ROSI / PQAS forms. This documentation does not provide sufficient information to allocate rebates to the claim level. Can this requirement be updated to payments allocated to the NDC / Rebate Quarter / Rebate Program level? If not does the State currently require manufacturers to provide sufficient documentation to allocate rebate payments at the claim level.	DBF Finance approves updating the requirement to track payments at the NDC/Rebate Quarter/Rebate Program level.
24.	Optum Rx	2.1.36	7	2.1.36. requires the vendor to verify subsequent pricing adjustments provided by CMS and manufacturers/labelers for prior quarters. Vendors do not receive the pricing information from manufacturers needed to calculate / validate CMS supplied URAs. Can the requirements be updated to require vendor to utilize the CMS provided updates to URAs for prior quarters?	Yes, vendors may utilize the CMS provided updates to the URAs for prior quarters.
25.	Optum Rx	Attachment 6 – Quarterly 304B Drug Unit Price Report		Attachment 6 – Quarterly 304B Drug Unit Price Report requires “Obsolete Date” and “HFCA Termination Date”. What is the source for these dates? Is “HFCA Termination Date” also known as CMS termination date?	This information is located in the CMS file
26.	Optum Rx	Attachment 6 – Quarterly 304B Drug Unit Price Report		Attachment 6 – Quarterly 304B Drug Unit Price Report requires “DESI Code” and “COD Status”. Is the source for “DESI Code” the CMS provided “COD Status”.	This information is located in the CMS file.
27.	Optum Rx	2.1.12	6	Will electronic submission of invoices be accepted, or will the vendor be required to mail the invoices as well?	Invoices should be emailed to ahcccsdbfadminpayables@azahcccs.gov
28.	Optum Rx	2.6.1.18	10	Please clarify this requirement. The manufacturer submits the PQAS forms, and on occasion will report a different URA than what is on the CMS file.	Section 2.6.1.18 states : Perform matching, without exception, to the information of the Prior Quarter Adjustment Statement (PQAS) forms to the PPA records on the CMS tape.
29.	Optum Rx	2.1.33	6	Please provide an example of the 64.21 report used by the State.	The requirement for 64.21 report should be removed.
30.	Optum Rx	2.5.9.5	9	Is this summary page required to be delivered to the manufacturers during invoicing?	Yes, if the manufacturer has outstanding invoices subject to interest, this summary page should be required.
31.	Optum Rx	2.5.9.7	9	Does this require that a subtotal of rebates due be included on all invoices, original and prior period?	Yes, the manufacturers would find it beneficial to be informed of the rebates due to original invoices and prior period.
32.	Optum Rx	2.9.3	13	Is the deadline for the response to labeler requests two business days or two calendar days?	Two business days
33.	Optum Rx	2.9.4	13	Will the vendor be allowed to submit trial or estimated invoices after dispute resolution?	Please clarify how a trial or estimated invoice would be utilized in the process. This would seem like a continuation of the negotiation for resolution. If the dispute is resolved, the Contractor should provide the corrected invoice.

34.	Optum Rx	2.12.1	15	How many different claim extracts will the vendor be responsible for loading into the rebate system? Are the layouts the same for different claim extracts?	4 per month. The formats have not changed.
35.	Magellan Medicaid Administration, LLC	2.2.5.1	7	Is it the State's intent that all drugs from the PDL be included in this PDL adherence report regardless of supplemental rebate agreements? Are non-reviewed classes to be included in the reports?	The adherence report shall be completed for all medications listed on the AHCCCS PDL
36.	Magellan Medicaid Administration, LLC	Amendment Two	N/A	In Amendment Two, the proposal due date has been extended to October 27, 2024 at 3:00 PM (AZ time). October 27 is a Sunday. Should vendors have their final proposals submitted by close of business on Friday, October 25?	Please see the new Due Date in Amendment Three.