



SOLICITATION AMENDMENT #1		
YH 19-0045 DRUG REBATE PROGRAM SERVICES	Solicitation Due Date: APRIL 29, 2019 3:00 pm Arizona Time	Procurement Officer: Jennifer Roberts Jennifer.roberts@azahcccs.gov

A signed copy of this amendment must be returned with the proposal and received by the State of Arizona on or prior to the Solicitation due date and time.

1. The Proposal Due Date is hereby extended by two (2) weeks to:

No later than April 29, 2019, 3:00 P.M. Arizona Time

2. The attached Answers to Questions are hereby incorporated as part of this solicitation amendment.

OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.	THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS 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: April 2, 2019



AHCCCS RESPONSE TO VENDOR QUESTIONS

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	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
1.	OptumRx	5.1.1	6	Is the MCO utilization received directly from each MCO or from a centralized source such as a data warehouse? If the utilization is received directly from the MCOs, is the same file layout used by all MCOs?	AHCCCS provides the utilization data necessary for the Federal Rebate submission for the FFS Program and all MCO Contractors. There are no outside transmissions of data to the awarded Contractor.
2.	OptumRx	5.1.1	6	Are pharmacy and medical utilization contained in the same utilization file or in separate utilization files? Is the FFS pharmacy utilization file layout the same as the MCO pharmacy utilization file layout? Is the FFS medical utilization file layout the same as the MCO medical utilization file layout? Please provide examples of all utilization file layouts.	The utilization is provided in one file. The utilization file is based on the CMS Federal Rebate Program requirements and the final file layout will be determined with the awarded vendor.
3.	OptumRx	5.1.1	6	Does the current Contractor provide utilization to data aggregators such as Data Niche or Kalderos? If so, can the Contractor charge the data aggregators for providing the utilization data?	No. The awarded Contractor shall not provide data without permission from AHCCCS. The awarded Contractor shall not charge for providing claims data upon request of the manufacturer or the manufacturer's contractor determining the rebate.
4.	OptumRx	5.1.6	6	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.	The Federal and Supplemental Rebate invoices are generated for the Fee-For-Service Program and the Managed Care Contractors and others as identified. The awarded vendor will only submit rebate invoices programs administered by AHCCCS.
5.	OptumRx	5.1.6	6	Are applicable postage costs for sending documents (e.g., rebate invoices, collection	The awarded Contractor is responsible for all costs when administering the scope of work for the



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				letters, supplemental rebate contracts, etc.) to drug manufacturers an expense which can be passed through to AHCCCS?	AHCCCS Program.
6.	OptumRx	5.1.6	6	On average, how many invoices are mailed quarterly for each rebate program?	This information is not available. All manufacturers that participate in the Federal Rebate Program receive invoices by US Postal Service or electronically.
7.	OptumRx	5.1.6	6	How many MCOs are there? Is the MCO utilization aggregated into one (1) MCO rebate invoice or is there a separate rebate invoice for each MCO?	Please refer to the AHCCCS website www.azahcccs.gov for MCO Contractor information. No, there are not separate invoices for each MCO. The awarded Contractor will invoice manufacturers collectively for the MCOs.
8.	OptumRx	5.1.8	6	Are rebates currently received in a lockbox maintained by AHCCCS, the Contractor or through another mechanism? If through a lockbox maintained by AHCCCS, will the selected Contractor have direct access to that lockbox?	Yes, AHCCCS owns and maintains the applicable lockbox. The Contractor will have access to the State contracted bank (currently BofA) and can view via an online system individual checks and supporting documentation (remit). In addition, AHCCCS will provide information to the contractor for ACH or wire payments.
9.	OptumRx	5.1.17	6	Are all quarterly and monthly reports outlined in 5.2.7 and 5.6? If not, please expand on desired reports and provide samples of all required reports.	<u>Section 5.2.7</u> states to develop and run reports as required by AHCCCS and the 340B reports are listed, however other reports may be requested based on the needs of the agency. Exhibits A-D are current weekly, quarterly and annual reports. <u>Addressing 5.6:</u> Medicaid is a dynamic program subject to changes due to Federal and State law/regulation as well as managerial direction. Any future or not listed reports shall be developed



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					by the awarded Contractor at AHCCCS' request at no additional charge.
10.	OptumRx	5.1.22 & 5.1.23	6	This requirement requires the Contractor to upload current invoice data file and paid invoice payment information into a payment database. Please confirm that the database will be provided and maintained by the Contractor and if confirmed, whether AHCCCS will require access. If the previous sentence can't be confirmed, please describe the database including what entity maintains the database and any interface(s) needed.	Yes to both.
11.	OptumRx	5.1.24	7	In regard to requirement 5.1.24, please provide a full list of the required data files and reports required and an example of each and every one required.	CMS reports are nationally defined and AHCCCS expects the bidder to have the expertise in producing the required reporting for the quarterly CMS-64. Customization may be required to calculate the applicable federal share by claim level detail by Federal matching rate and by waiver category population. AHCCCS will supply the necessary data elements and the bidders system should have the ability to accept and utilize certain flex fields codes. Additionally, AHCCCS expects the Contractor's system should be a mature robust reporting system capable of producing an array of standard reports. In addition, the system should be a configurable data warehouse and must be sufficiently flexible to meet any customized



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					reporting requests.
12.	OptumRx	5.1.25	7	Please identify the waivers and other AHCCCS defined category (ies) for which drug rebate collections are to be reported.	Waivers are defined by AHCCCS' 1115 Waiver which is available for review at https://www.azahcccs.gov/ . These waiver categories have various federal financial participation rates. Other categories are based on Federally defined unique FAMP rates, currently include family planning drugs, breast and cervical cancer enrollees and select high cost specialty drugs dispensed by IHS/638 facilities to American Indian / Native Alaskan (AINA) enrollees.
13.	OptumRx	5.1.30	7	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 rebate contracts are in place and they are between AHCCCS and the manufacturer. The next effective start date for these contracts is 10/1/2019 with an expiration date of 9/30/2020.
14.	OptumRx	5.1.30	7	Are the value based 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?	No, value based contracts are currently not in place.
15.	OptumRx	5.1.31	7	Does the Contractor's management of the AHCCCS P&T Committee include identifying and selecting members for the committee? Do the committee members receive payment, stipend	No, the awarded Contractor will not be responsible for identifying members for the committee. Committee members participate on a volunteer



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				or other expenses reimbursed, and if so, is the Contractor responsible for payment of those expenses? If so, how many members are on the AHCCCs P&T Committee and what is the estimated annual expense per member?	basis.
16.	OptumRx	5.1.31	7	Is the Contractor responsible for securing a meeting site for AHCCCS P&T Committee meetings? If so, is the Contractor responsible for expenses associated with procuring the meeting site? If so, what is the estimated annual expense for these meetings?	The P&T Meetings are held at AHCCCS. AHCCCS staff secures the room and AV equipment. The awarded Contractor is responsible for travel to and from the meeting and costs associated with materials and presentations at the meeting.
17.	OptumRx	5.1.31	7	Is the Contractor responsible for providing meals, snacks, etc. to the committee members during the AHCCCS P&T Committee meetings? If so, what is the estimated annual expense?	No, the awarded Contractor is not responsible for providing meals or snacks for or during the meeting.
18.	OptumRx	5.3.1.4	8	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?	The process for withholding 340B claims data from the rebate submission is a shared process between the rebate vendor and AHCCCS. AHCCCS withholds some claims data from the rebate submission file to the vendor and the awarded vendor will also utilize the HRSA exclusion file to identify 340B claims.
19.	OptumRx	5.3.5	8	Are medical providers required to include NDCs on physician administered drug claims when billing with HCPCS codes?	Yes.
20.	OptumRx	5.4.1.8	9	Please confirm that there is no historical rebate data prior to 2010 that will be transferred to the Contractor. If the previous sentence can't	There is no historical rebate data prior to 2010. The state began collecting rebates when the ACA became law and the starting point will be



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				be confirmed, please identify the starting point (e.g., 1Q1991) for historical rebate data.	determined with the awarded Contractor.
21.	OptumRx	5.4.1.10	9	This requirement requires the Contractor to post quarterly invoices to the subsidiary ledger. Is this in AHCCCS's accounting system or is it referring to the Contractor's rebate management system?	The awarded Contractor's system.
22.	OptumRx	5.6.2.4	11	Please define the type (electronic/paper), volume, and timeframes of historical data that would be transferred to the Contractor.	That information is not available.
23.	OptumRx	5.6.2.4	11	Will the Contractor be required to take ownership of any paper rebate documentation from the current Contractor? If so, approximately how many boxes of rebate documentation will the Contractor be required to take and where (city and state) is it currently located? Will the Contractor be required to assume any costs of transferring paper documents from the current Contractor or will the current Contractor be responsible for any costs?	Most likely yes, no estimate and yes, the awarded Contractor will assume all associated costs.
24.	OptumRx	5.8.1	13	When does AHCCCS estimate it will release a Notice of Award for this RFP?	Notice of Award is estimated to be approximately mid-June, 2019.
25.	OptumRx	5.8.2	13	For the historical rebate data that will be transferred to the Contractor and loaded into the Contractor's drug rebate processing system, how many different layouts of	The earliest transition date for historical data is March 23, 2010. AHCCCS will determine the type of data to be transferred and the file layout(s) with the awarded



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			<p>historical data will apply to each type of historical data? For example, for historical claims data, will one (1) layout apply for claims processed between 1991 and 2001, and a separate layout for claims processed after 2001? The same question applies to:</p> <ul style="list-style-type: none"> • historical invoice data • historical payment data • historical AR adjustment data • historical rebate dispute data, including history of communications with manufacturers • historical supplemental rebate contract definitions/parameters (assuming that AHCCCS currently has supplemental rebate contracts) <p>Also, for historical invoicing data, will historical original invoices and full historical prior period correction/adjustment invoices be provided?</p>	contractor.	
26.	OptumRx	5.9.1	13	Does MCO utilization qualify for supplemental rebates under the supplemental rebate contracts, if any, which are currently in place?	Yes, supplemental rebates are submitted for all FFS & MCO utilization that apply under the supplemental rebate contracts.
27.	OptumRx	5.9.1	13	Does MCO utilization qualify for inclusion in value-based contracts, if any, currently in place?	Value Based Purchasing applies to FFS and MCOs.



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28.	OptumRx	6.3	23	What is the expected transition period from the current Contractor to new Contractor? Can the AHCCCS provide an estimated go-live date?	The current contract is effective through November 30, 2019. The effective date for services to begin under this new contract is yet to be determined.
29.	Magellan Medicaid Administration, Inc.	RFP Section 5.1.2	6	Please provide some examples of what AHCCCS defines as outlier data.	The awarded Contractor must be able to identify claims data elements that fall outside of acceptable standards. For example, invoicing a manufacturer for a claim indicating an excessive quantity possibly due to a decimal point issue. AHCCCS will not be providing examples at this time.
30.	Magellan Medicaid Administration, Inc.	RFP Section 5.3.5.4	8	Is AHCCCS anticipating that these should be shown separately (OBRA and ACA) or just included in the calculation? Does AHCCCS consider OBRA to be the FFS program and ACA the Managed Care program?	Current reporting requirements to remain the same. The OBRA is the original drug rebate amounts and the ACA, is the layered on rates from the ACA expansion. No, OBRA and ACA do not equate to FFS and MCO.
31.	Magellan Medicaid Administration, Inc.	RFP Section 5.9.2	13	Please confirm the definition of "value-based" contracts? Are these contracts based on guaranteed prices or discounts, or are they contracts based on clinical outcomes?	Value based contracts are generally based on clinical outcomes and there can be inclusion of specific pricing or discounts.
32.	Magellan Medicaid Administration, Inc.	Attachment A Pricing Schedule	51	Regarding the MONTHLY Breakdown for MDRP and the MONTHLY Breakdown for AzSRP, if a different annual amount is bid each year, should the monthly breakdown tie to the Year 1 Cost, or is a separate monthly breakdown required for each Year of the Cost Proposal?	The annual proposed pricing must be submitted with a monthly breakdown for each year and each year must be listed separately.
33.	Magellan Medicaid Administration, Inc.	Attachment A Pricing	51	Can a single, fixed monthly fee be submitted for the Breakdown for MDRP and for AzSRP, or is	The Offeror should submit their fixed monthly fees separately for the MDRP and the AzSRP programs.



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		Schedule		there an additional breakdown level for each month/year. If so, what type of breakdown is required?	
34.	Conduent State Healthcare, LLC	2. Project Overview - Scope of Work	4	What is the anticipated date of award for this contract?	The current contract expires November 30, 2019. The contract award date may be prior to November 30, 2019. However, at this time, the contract start date is yet to be determined.
35.	Conduent State Healthcare, LLC	5.1.17	6	Please provide examples of the quarterly and year-to-date reports that would be required.	AHCCCS will not be providing examples at this time. Current system reports are proprietary to the current Drug Rebate vendor. AHCCCS expects the Contractor's system should be a mature robust reporting system capable of producing an array of standard reports. In addition, the system should be a configurable data warehouse and must be sufficiently flexible to meet any customized reporting requests.
36.	Conduent State Healthcare, LLC	5.1.2	6	How does Arizona define outlier data and what type of adjustments are required?	Please see the AHCCCS Response to question #29.
37.	Conduent State Healthcare, LLC	5.1.24	7	Please provide examples of data files/reports required by AHCCCS?	CMS reports are nationally defined and AHCCCS expects Offeror's to have sufficient experience producing the required reporting for the quarterly CMS-64. Customization may be required to calculate the applicable federal share by claim level detail by Federal matching rate and by waiver category population. AHCCCS will supply the necessary data elements and the Offeror's system should have the ability to accept and utilize certain flex fields codes. Additionally,



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					AHCCCS expects the Contractor's system should be a mature, robust reporting system, capable of producing an array of standard reports. In addition, the system should be a configurable data warehouse and must be sufficiently flexible to meet any customized reporting requests.
38.	Conduent State Healthcare, LLC	5.1.8	6	Is the vendor to maintain a lockbox for receipt of labeler payments? Would AHCCCS consider owning and managing the lockbox so that the state receives payments first and then forwards the payment information to the vendor for allocation?	No, AHCCCS owns and maintains the applicable lockbox. The Contractor will have access to the State contracted bank (currently BofA) and can view via an online system individual checks and supporting documentation (remit). In addition, AHCCCS will provide information to the contractor for ACH or wire payments.
39.	Conduent State Healthcare, LLC	5.2.4	7	Please provide the list of NCPDP formats that are currently used today and the purpose behind the use of the formats?	The NCPDP format and CMS requirements will be determined with the awarded Contractor to ensure CMS compliance for the start date of this contract.
40.	Conduent State Healthcare, LLC	5.3.1.4	8	Will 340B information be available at the claim level and passed to the rebate system or will HRSA Medicaid Exclusion file need to be utilized?	Some 340B claim information will be identified for withhold and the awarded Contractor shall use the Medicaid Exclusion File.
41.	Conduent State Healthcare, LLC	5.3.5.4	8	What does "Account for all calculations at both the OBRA and ACA level" mean?	The rebate calculation is combined for the 2 federal legislation components that make up the rebate amounts. The OBRA is the original drug rebate amounts and the ACA, is the layered on rates from the ACA law.
42.	Conduent State Healthcare, LLC	5.3.5.8.3	8	How are claims paid in the adjudication system? Are they paid at the HCPCS or the NDC	Medical Claims are paid at the HCPCS level and include the NDC. Pharmacy Claims are paid at the



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				level?	NDC level.
43.	Conduent State Healthcare, LLC	5.4.1.8.	9	What is the amount (years) of historical utilization Offerors are required to keep (load)?	To be determined with the awarded Contractor.
44.	Conduent State Healthcare, LLC	5.4.1.11	9	Is this the proper interpretation of this requirement: "Have a process to review receivables to ensure all invoices amounts for the current quarter are appropriately reconciled to the payments received including outstanding credits to the account."	Yes.
45.	Conduent State Healthcare, LLC	5.4.1.17	9	Would AHCCCS allow for the updated interest data to be sent on the next invoice cycle as part of the outstanding rebate data provided in the invoices?	Yes.
46.	Conduent State Healthcare, LLC	5.5.1.6	10	Is the remittance advice documentation referenced in this requirement the CMS ROSI/PQAS forms or some other documentation?	Yes.
47.	Conduent State Healthcare, LLC	5.6.8	12	Does AHCCCS have established criteria to define fraud and abuse? If so, please share.	The Office of Inspector General will be available to discuss fraud, waste and abuse. There is not a limited list of fraud, waste and/or abuse criteria.
48.	Conduent State Healthcare, LLC	5.6.9	12	To clarify terminology, will a Service Organization Controls (SOC) 1 report meet the requirement for a SSAE 16 audit report?	Actually SSAE 18 has replaced SSAE 16 and these are the standards the audit must be conducted under. A SOC 1 or SOC 2 is the type of reports issued. We require a SOC 2 report to include service auditor testing and results that is conducted in accordance with the current standards.



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49.	Conduent State Healthcare, LLC	5.7.4	12	Would AHCCCS allow for the updated data to be sent on the next invoice cycle as part of the outstanding rebate data provided in the invoices?	No.
50.	Conduent State Healthcare, LLC	5.8.1	13	Does AHCCCS intend for the contract start date to be the same as the Notice to Award date? Is AHCCCS willing to negotiate any of the specific requirement criteria and/or contract terms and conditions prior to contract execution?	The contract award date and contract service start date are yet to be determined. No, AHCCCS is not willing to negotiate.
51.	Conduent State Healthcare, LLC	5.8.2	13	What is the implementation period?	To be determined with the awarded Contractor.
52.	Conduent State Healthcare, LLC	11.1	27	Can the State please specify where in the proposal should the offeror provide information on contract terminations for cause in the past five years?	Submit your explanation along with your proposal identifying any contract terminations.
53.	Conduent State Healthcare, LLC	3.1	52	Please confirm, for the purpose of completing pricing sheets, that the rates for the option years should be the same as the original rate from the base period.	Rates for the optional years should be proposed individually for each year a pricing proposal fee.
54.	Conduent State Healthcare, LLC	1.1	52	Please clarify if it is acceptable to propose a fixed price contract with unit pricing based on fixed monthly fees (where 'quantity' would be 12 per year with the 'unit price' being the monthly fee itemized for different components (labor, travel, SW, etc. of fixed price).	Please refer to page 52 of the RFP, Attachment A: Pricing Schedule, sections 1.1, 1.2, 1.3, and 1.4.



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55.	Conduent State Healthcare, LLC	1.1	52	Is this a time and materials contract with invoicing based on actual quantity x unit price for each line item or is this a fixed price contract with the unit price breakdown just for information purposes (to support a fixed price)?	This is a fixed price contract. The per unit is for informational purposes.
56.	Conduent State Healthcare, LLC	Special Instructions to Offerors, Section 11.5 and Special Terms and Conditions, Section 4.5.4.2 and throughout RFP	27 & 38	A performance bond is mentioned in a few sections of the RFP. Will AHCCCS please clarify whether or not a performance bond is required? If a performance bond is required, will AHCCCS please provide the performance bond requirements?	A Performance Bond <u>is not</u> a requirement of this RFP.
57.	Conduent State Healthcare, LLC	Throughout		Will AHCCCS please confirm there will be contract negotiations during which the parties will have the opportunity to negotiate and agree upon final contract terms?	AHCCCS will not be negotiating terms and conditions with Offeror's. See Attachment C: Offeror's Checklist, Item #6, page 55, states: <i>"Exceptions to the terms, conditions or scope of work (If any) NOTE: Any exceptions may negatively impact an Offeror's susceptibility for award. Exception to material requirements, or excessive exceptions, may (and most likely will) result in offer being rejected."</i>
58.	Conduent State Healthcare, LLC	Definitions, # 8 (Contract)	16	Will AHCCCS please confirm the Contract will include any bidder exceptions and mutually	Please see answer to the above question #57.



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				negotiated and agreed upon changes to the sample contract language (if any)?	
59.	Conduent State Healthcare, LLC	Special Instructions to Offeror, Section 3.3.2 (Key Personnel)	25	Will AHCCCS please provide the Key Personnel positions?	Offeror's must provide specific information regarding their proposed Key Personnel in their proposal. Position titles and position descriptions are those proposed by the Offeror rather than by AHCCCS.
60.	Conduent State Healthcare, LLC	Uniform Instructions to Offeror, Section 4.6 (Public Record)	22	Will AHCCCS provide Offeror an opportunity to redact any information Contractor believes to be confidential, proprietary, trade secret of otherwise exempt from public disclosure under applicable law prior to responding to any request for Offeror's information?	Yes. Instructions are found under the Special Instructions to Offeror's, paragraph 10, Request for Confidential/ Proprietary Determination, pages 26 – 27. A reminder to this is also provided in Attachment C: Offeror's Checklist, page 55.
61.	Conduent State Healthcare, LLC	Throughout		Would AHCCCS please confirm that a submission of a proposal in response to this RFP does not constitute a binding offer (i.e., that a binding obligation only comes into effect when the two parties agree and sign a final contract)?	Submission of a proposal for this RFP constitutes a binding offer. See page 3 of the RFP, Offer and Acceptance, as well as, page 20, Uniform Instructions to Offeror's, 3.2 Evidence of Intent to be Bound.
62.	Conduent State Healthcare, LLC	General		Will AHCCCS consider a subsequent round of questions for further clarification to the answers provided in the initial round of questions?	No.
63.	Conduent State Healthcare, LLC	General		Will AHCCCS consider extending the proposal due date to 5/15/19?	No, the proposal due date has been extended to April 29, 2019 via this Solicitation Amendment #1.