

State of Arkansas
OFFICE OF STATE PROCUREMENT
 1509 West Seventh Street, Room 300
 Little Rock, Arkansas 72201-4222

ADDENDUM 2

TO: Vendors Addressed
 FROM: Jessica Lowder, Buyer
 DATE: 09/3/2015
 SUBJECT: **SP-15-0115 Pharmacy Benefits Manager**

The following change(s) to the above-referenced RFP have been made as designated below:

Change of specification(s)
 Additional specification(s)
 Change of bid opening time and date
 Cancellation of bid
 Other

CHANGE OF BID OPENING DATE AND TIME

- The bid opening date and time have changed to **September 16, 2015 at 2:00 p.m. CDT.**

CHANGE OF SPECIFICATIONS

Delete 1.13.C and replace with the following:

- C. The *Official Bid Price Sheet*, including the hard copy and electronic copy, along with the original Network Repricing CD, Network Repricing Submission CD and Copy of the Network Pricing Submission CD **must** be separately sealed from the *Technical Proposal Packet* and should be clearly marked as "Pricing".

NOTE: The Official Price Sheet contains two tabs

Delete 1.13.L and replace with the following:

- L. The drug claims sampling for Network Repricing will be provided to the vendor on CD. The CD will contain data for approximately 645,000 claims. The vendor **must** provide their Network Repricing for each drug claim by filling in the required fields in the specified spreadsheet format on another submission CD. The Network Repricing Totals from the submission CD **must** be entered into Table E of the Official Price Sheet. The original CD, the submission CD and a copy of the submission CD **must** be provided in the pricing packet.

Delete 1.13.N. NOTE and replace with the following:

NOTE: The Official Price Sheet, and the original CD containing the Network Repricing spreadsheet, The CD for Network Repricing submission and a copy of the Network Pricing submission CD must be sealed together in a separate package from the rest of the proposal and clearly marked as "Pricing". Pricing information must not be included in the technical response.

Delete 2.7.B and replace with the following:

- B. The Vendor **must** have an operating, Arkansas-based network with at least (ninety-five) 95% of Arkansas pharmacy providers included and a functioning national network with at least 50,000 participating pharmacies.

Delete 2.10.G and replace with the following:

- G. Vendor **shall** perform an IT audit on an annual basis and **must** provide a copy of results to EBD. The audit **shall** assess the integrity and functionality of systems related to claims payment, claims processing and data security.

Delete 2.11.A and replace with the following:

- A. Paid claims **shall** be paid based on PBM submitted adjudicated claims after reconciliation and processing by EBD to determine validity. If claims are adjudicated for a member who is not eligible, EBD will not reimburse for

that claim.

Delete 2.22.A and replace with the following:

- A. The vendor **must** have the ability to implement a call center for member questions relating to the EBD formulary and prescription drug coverage. Currently, EBRx handles member calls an average of 80 calls per day and 19,000 annually. Staffing consists of 3 CSR's who answer general formulary questions. If EBD requires this service at a future date, the vendor **must** provide the following:

Delete 2.3.J and replace with the following:

- J. All specialty medications may be dispensed at all network Arkansas pharmacies and may be dispensed at non-Arkansas Pharmacies.

Delete 3.2.C and replace with the following:

- C. The vendor **must** submit their Network Repricing on a separate CD which uses the specified format provided by the original CD, supplied by OSP, by completing the following three columns for each separate claim in each of the three excel files:
 1. Column F: Approved Ingredient Cost
 2. Column G: Approved Dispensing Fee
 3. Column H: Calculated Approved Drug Cost

Delete 3.2.G and replace with the following:

- G. The original CD requested from OSP, the Network Pricing Submission CD with the vendor's submitted Network Repricing entered, along with an additional copy CD of the Network Pricing Submission CD, **must** be sealed in the pricing packet along with the Official Price Sheet.

Delete E.2.B and replace with the following:

- B. Provide a proposed and detailed implementation time chart with implementation beginning on October 1, 2015 and go-live for January 1, 2016. Include process and recommendations for loading eligibility, historical claims, and historical prior authorizations.

ADDITIONAL SPECIFICATIONS

Add the following * to Table shown below in Section 2.2.E.3

	Actives	Retirees*	Medicare	COBRA	Total
<u>Basic</u>	1636	34	0	2	1672
<u>Classic</u>	3091	82	0	2	3175
<u>Premium</u>	42,738	2780	0	119	45,277
<u>Primary</u>	0	449	11490	0	11,939
Total ASE Insured	47,105	3345	11,490	123	62,063

PSE 6-1-15 to 6-30-15

	Actives	Retirees*	Medicare	COBRA	Total
<u>Basic</u>	3,579	151	0	5	3,735
<u>Classic</u>	39,343	1,860	0	116	41,319
<u>Premium</u>	26,566	1,301	0	45	27,912
<u>Primary</u>	0	218	0	0	218
Total PSE Insured	69,488	3,530		166	73,184

Grand Total Insured

135,247

***Retiree Category includes retirees who are under 65 and not eligible for Medicare.**

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR PROPOSAL.

PROPOSALS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE PROPOSAL ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE PROPOSAL NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE OFFICE OF STATE PROCUREMENT.

If you have any questions please contact Jessica Lowder at jessica.lowder@dfa.arkansas.gov or (501) 324-9316.

Company: _____

Signature: _____

Date: _____