#	Subject	Offeror Question	State Response
1	II A Sequence of Events, page 7;	"Will the State extend the deadline of proposal submission by 20 business days? In light of the complexity of the required proposal response and the associated requirement for client references, will the State consider granting an extension of 20 business days (until May 30)? We wish to provide our clients sufficient time to draft and return the reference forms to the State."	INCLUDED IN AMENDMENT: The state is amenable to extending the deadline to May 30, 2025.
2	IV.A Detailed Scope of Work	Drug Rebate Payments, Reconciliations, and Accounts Receivable Processes. The RFP provides a bulleted list of Service Level Agreements on pages 34 and 35. "Based on our knowledge gained during our long and successful experience providing our state customers with compliant and effective drug rebate programs which meet the CMS standards outlined in the Medicaid Drug Rebate Program (MDRP), these drug rebate requirements are not the market standard related to standard rebate invoicing and collection. Would the State be open to negotiating more standard SLAs?"	The state is open to negotiating SLAs.
3	Introduction A. Purpose Of This Request For Proposals	When will the single PDL go into effect? Will the supplements rebate program start at the same time?	The selected vendor will start once the contract is finalized. The PDL is to start as reasonably feasible. The PDL will be used to negotiate supplemental rebates and thus start around the same time.
4	IV. Specifications	Is this the intent of the PDL? *Drugs or drug classes not managed by HCA on the HCA PDL are not to be excluded from the CONTRACTOR's Formulary solely based on the exclusion from HCA's. The CONTRACTOR shall continue to manage drugs and drug classes excluded from HCA's PDL* If so, will MCOs retain supplemental Rebates for drugs outside of PDL?	A Preferred Drug List varies from a formualry in that it can be less inclusive than a formulary. An MCO will need to cover additional agents that are likely not on the PDL. Should the state choose to not include that class in the PDL the MCO could attempt to negoiate supplemental rebates pending state approval.
5	F. Definition Of Terminology	How many finalists will be chosen?	Number of finalist will be determined based on the number and quality of offers
6	B Evaluation Factors	Will the HCA provide a template for bidders to to Cost Response in Appendix D?	HCA will not be providing a template for cost.
7	2. Compensation.	Will the amount match the winning bidders offer or will the HCA set a limit ahead of time?	This will be negotiated based on the contract for the desired services.
8	Extension	RFP Section II.A. Sequence of events, page 7: Would the State consider extending the deadline by two weeks so that respondents can incorporate answers to questions into the response.	INCLUDED IN AMENDMENT: The state is amenable to extending the deadline to May 30, 2025.
9	Supplemental Drug Rebate Processing	RFP Section IV.A, page 26: Please confirm the Agency's current rebate vendor will provide the Federal invoiced utilization, including non-invoiceable indicators and conversion factor files, in order for the Supplemental Rebates to be invoiced in a consistent manner with federal rebate units in order to reduce discrepancies and disputes.	This information will come from the current rebate vendor. The exact structure, format, and timing will be determined between the Agency and Vendors at a later date
10	Supplemental Drug Rebate Processing	RFP Section IV.A, page 26: Please confirm the Agency's current rebate vendor will provide the Federal prior period unit adjustment files to the incoming Supplemental Rebate vendor in order for the supplemental rebate units to remain consistent with the federal rebate units.	This information will come from the current rebate vendor. The exact structure, format, and timing will be determined between the Agency and Vendors at a later date
11	Supplemental Drug Rebate Processing	RFP Section IV.A, page 26: Will the Agency receive the live supplemental rebate payments, either via check or EFT, and forward the documentation to the incoming Supplemental Rebate vendor?	Yes
12	Supplemental Drug Rebate Processing	RFP Section IV.A, page 26: Please confirm the Federal rebate vendor will send over unit dispute resolutions to the incoming Supplemental rebate vendor in order to keep the invoiced unit utilization consistent.	This information will come from the current rebate vendor. The exact structure, format, and timing will be determined between the Agency and Vendors at a later date
13	PAD claims	RFP Section IV.A, page 32: Please confirm that there is medical claims editing that requires NDC submission on physician administered drug claims in the source claims system as rebates cannot be invoiced when no NDC is included on the claim submitted by the provider.	The state does have an edit in place that requires an NDC to be entered for applicable facilities.
14	Rebate Invoice Generation	Will the Agency please clarify the intent of the "Follow Federal Invoicing Processes and Procedures" requirement? Can the Agency confirm if the intent is for this incoming Supplemental Rebate vendor to perform Federal rebate invoicing functions as described in these requirements listed below: · The Contractor shall produce and distribute one hundred percent (100%) of drug rebate invoices for federal programs within sixty (60) calendar days after the end of each quarterly rebate period; · Federal drug rebate program paper invoices and electronic invoices shall have a postmark or transmission date within sixty (60) days of the end of each quarter, in accordance with all applicable CMS guidelines	The intent of "Follow Federal Invoicing Processes and Procedures" requirement is to insure that the work performed on the behalf of the state is in compliance with requirement from the federal government. The incoming Supplemental Rebate vendor will perform all portions of the supplemental rebate invoicing.
15	Rebate Invoice Generation	RFP Section IV.A, page 33: Question - Can the Agency clarify that the final date in the table below should read "March 15"? Requirement - Supplemental rebate paper invoices and electronic invoices shall have a postmark or transmission date on or before the dates specified in the table below. Postmark and transmission dates shall be defined in accordance with CMS guidance and definitions for the federal rebate programs.	INCLUDED IN AMENDMENT: Thank you for bringing this to our attention; the correct date is March 15th.
		Calendar Year Quarter / **Supplemental Invoice Due Date** Q1 (Jan-Mar) / Jun 15 Q2 (Apr-Jun) / Sep 15 Q3 (Jul-Sep) / Dec 15 Q4 (Oct-Dec) / Mar 1	
16	Appendix Signatures	RFP Appendices B, C, D, E, G, Pages 49, 64, 66, 68, 75: Given the electronic submission, will NM confirm that an electronic signature is appropriate for the required forms?	An electronic signature is appropriate.
17	Evaluation Point Summary & Implementation Plan	RFP V.A. & IV.A., pages 29 & 41: Could the HCA please clarify if the Preliminary Work Plan in the Evaluation Criteria is the same as the Implementation Plan referenced in the Detailed Scope section?	These plans are related. The implementation plan on page 29 is due after the contract is awarded and should be more specific as more details will be available at that time.
18	Cost Response Form	RFP Appendix D, page 66: Under Appendix D could the state clarify the definition of "Random Moment Surveys", "Administrative Claiming & Direct Medical Service Cost Reporting & Settlement", and "evidence of need" and how they apply to the RFP Scope?	INCLUDED IN AMENDMENT: This section has been amended in the RFP for clarity.
19	Rebate Invoice Accuracy	RFP Section IV.A, page 33: Please confirm that the Supplemental Drug Rebate vendor will not be held liable for miscalculations and incorrectly invoicing rebates if addressed with prior period adjustments through the normal rebate business cycle.	The Supplemental Rebate vendor will not be held liable for miscalculations and incorrect invoicing that is within reason and addresses promptly within industry standards.

20	Criminal / Civil Sanctions	RFP Appendix C, Section 31B, page 64: Section 31 B requires that Contractor agrees that granting access to PII must be preceded by certifying that each individual understands the HCA's applicable security policy and procedures for safeguarding PII. Question - Can HCA provide the applicable security policy and procedures for safeguarding PII.	The Agency use MARS-E standards promulgated by CMS. The link is available at https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/3-MARS-E-v2-0-Catalog-of-Security-and-Privacy-Controls-11102015.pdf
21	Term	RFP Section I. C Scope of Procurement, page 1: Can the state clarify whether any DDI / Implementation period is part of the initial one year term, or whether the one year term starts at the "go-live" point of the maintain / operate period ?	The DDI and Implementation period is part of the initial one year-term
22	Pharmacy and Therapeutics Committee	General: Would the State be open to expanding the agenda and responsibilities of the current Drug Utilization Board (DURB) to also function as their Pharmacy and Therapeutics Committee, or is the intent to establish a second clinical advisory Committee?	The state is open to considering expanding the DUR but it should be noted that the DUR board mostly focuses on Retro DUR responsibilities & only for the Fee for Service population. The scope of P&T and the PDL will be significantly larger than the DUR board.
23	Supplemental Rebate Agreement	General: Is the State currently in the process of amending their State Plan to allow for a Preferred Drug List and obtain CMS approval for a Supplemental Rebate Agreement (SRA) and/or Value Based Agreement(VBA), or will this activity and CMS approval need to be incorporated into the implementation plan and timeline?	The state already has a SPA for VBA; however, an update will be needed for SRA.