1. Who is the current provider for:
   a. Data warehousing
   b. Eligibility
   c. Medical benefits
   d. Wellness/Disease Management

   a. Prime Therapeutics (Pharmacy)
   b. SEIB
   c. Blue Cross Blue Shield of Alabama
   d. SEIB/Blue Cross Blue Shield of Alabama.

2. Is management of the medical benefits out to bid?

   Yes

3. On the “Plus” plan, can you please provide more details on what is included in “tier 1” copays vs. “tier 2” for generics, preferred brands, and non-formulary brands.

   Please refer to the plan documents (Exhibit 3) outlining the copay cost structure and classification of drugs for each copay tier.

4. The RFP had some information about both open and exclusive specialty. Please confirm the plan has an exclusive specialty network with retail lockout, and that this how the PBM should bid.

   The RFP notes exclusive specialty. A reference to open specialty is not made.

5. Were there any recent changes to the pharmacy benefits for either the SEIB plans, that may not be represented in the data? If so, please provide any details.

   The RFP includes summary information regarding the plan. Additional information can be obtained at www.alseib.org

6. Regarding the Retail 90 benefit:
   a. How many pharmacies are in the retail 90 network?
   b. Are any chains excluded?
c. Should bidders assume a similar network
d. Would the plan be interested in a bid for a narrow retail 90 network?

**The retail-60/90 network should be based on your broadest available network.**

7. For the CDHP plan:
a. Please provide more details on how the claims for deductibles and out of pocket maximums are currently exchanged (real time, daily batch, debit card, etc).
b. Please provide details on any preventive drug list for chronic conditions to support the CDHP (e.g. drug list, reduced co-pays; deductible waived, etc.)
c. Please provide details on any expected changes to the CDHP for 2017-2019, including expected enrollment

**This question does not apply to this RFP. There is only one plan design available for each of the EGWP and Non-EGWP populations.**

8. What is the legal name for SEIB (that would be used on contracts)?

**State Employees’ Insurance Board.**

9. Regarding the request for a designated customer service team:
a. Does the current provider have a designated customer service team for pharmacy benefits that handles 80% of calls?
b. If so, how many representatives are designated
c. Please provide the number of pharmacy customer service calls made to the PBM by month for the past 12 months.

**This information is not currently available. However, the requirement is included in this RFP as a result of the size of the population out to bid for this RFP. The SEIB requests a dedicated customer service team in order such that they can be properly educated on the plan design and properly address customer calls.**

10. Regarding benefit fair support:
a. How many benefit fairs did the plan have last year with over 500 attendees?
b. How many benefit fairs does the plan expect to have for the coming year with over 500 attendees?

**Not applicable to this RFP.**

11. Please provide details of any programs on specialty drugs that may historically adjudicate in the medical benefit, but are blocked or carved out from the medical benefit and managed under the pharmacy benefit.

**Specialty drugs will be requested to process under the pharmacy benefit where applicable.**

12. If SEIP and LGHIB proposals are the same and our responses are identical are separate deliverables (i.e. hardcopies and digital copies) for each proposal, outside the data based reports?

**Yes**
13. When will the full proposals be available?

Full proposals were released on Tuesday, April 5, 2016.

14. The claims file received (Exhibit 5) for SEIB non-EGWP was a text file. It seems to be lacking the full claims data, representative of 92k employees. We are seeing only about 42,000 claims. Can you please provide the complete claims file for this group?

An updated file was released on Thursday, April 14, 2016.

15. The claims file does not have formulary indicator nor member ID (de-identified). Can you please add these fields to all of the detailed claims files?

Formulary indicator cannot be included, however de-identified member IDs are included in the updated file.

16. Were there any recent changes to the pharmacy benefits for either the plans, that may not be represented in the data? If so, please provide any details.

Please response to question 5.

17. Networks:
   a. The Summary plan design suggests there is a 30 day fill limit. Please confirm that the plan has a 30-day limit for all drugs and does not allow more than 30-day fills in the network. The RFP requests a network for fills of 60 days and/or 90 days. Please clarify what assumptions bidders should make.
   b. Please provide details of size of network pharmacies that can fill 60 days and also 90 days (are any pharmacies excluded from network)?

The plan has a 30 day supply limit for all drugs. However, maintenance generics are allowed a 60 or 90 day supply. In addition maintenance preferred brands are allowed a 60 day supply. If your organization has broad pharmacy networks without excluding major chains that has preferred pricing to accommodate this plan design please respond as appropriate in the noted pricing response sections.

18. Regarding Specialty:
   a. Please confirm the plan does not allow specialty prescriptions to be filled at a retail pharmacy (retail lockout).
   b. Please confirm the bidder should assume an exclusive specialty network that only includes the bidder's specialty pharmacy (no retail fills)
   c. Please provide details of any programs on specialty drugs that may historically adjudicate in the medical benefit, but are blocked or carved out from the medical benefit and managed under the pharmacy benefit.

Regarding items a. and b., the plan has a retail lockout and the bidder can assume an exclusive specialty network including only their specialty pharmacy, except in special circumstances where distribution is limited by the manufacturer. Regarding item c., see item 11.
19. RFP 2.3.28.14.1 states: Indicate bidder’s ability to support the SEIB’s proposed clinical program design as outlined in the clinical program exhibits. Please note that bidder’s pricing offer should assume implementation of all of these programs.” Please provide details of all clinical programs including drug classes and targeted drugs of any utilization management programs in place such as prior authorization, step therapy, quantity limits, DUR, enhanced safety and monitoring, etc.

Please see Exhibit 3 – Summary Plan UM information.

20. Generics:
a. For step therapy programs, Please provide more details of the step therapy programs, including:
i. Which drug classes allow for a generic only as the first step before ANY brand can be used?
ii. Which drug classes allow a brand drug, in addition to a generic, as a part of the first step?
iii. What date was each step edit activated?
iv. Does the Plan allow targeting current utilizers of brands, or only new utilizers for the step edit?
v. Is the Plan interested in an offer that would include step therapy for more drug classes, common for drug classes with broad access to generics

Please see Exhibit 3 – Summary Plan UM information.

21. The RFP states: “The PBM must agree to set up a separate claims processing unit which will be dedicated exclusively to provide services to the SEIB.” Can you please:
a. Clarify if the plan currently has a dedicated claims processing unit for pharmacy claims?
b. Explain what the plan is expecting regarding a separate claims processing unit solely for SEIB. (e.g. Is this a request for completely separate system, etc.)?

The current PBM has dedicated staff members to oversee the adjudication process and ensure claims are processed according to plan benefits. The SEIB does not require a separate claims processing unit solely for the SEIB as part of the PBM RFP.

22. To ensure timely reimbursement for pharmacy claims paid to pharmacies, please confirm that the plan will accept and pay invoices on pharmacy claims four times per month and invoices on any administrative fees monthly.

The SEIB’s current arrangement is for a monthly advanced deposit to be made in an amount specified by the PBM each month. The PBM bills or credits the SEIB each month for the respective positive or negative differences between the cost of claims paid in the previous month plus administrative fees and the monthly advance deposit remitted the previous month, with remittance of any difference due from SEIB. The SEIB prefers to retain this setup as a part of this RFP.

23. Does the plan currently have a benefit with formulary exclusions; please provide details.

Please see Exhibit 3 – Summary Plan Design outlining formulary plan designs for each plan.

24. Networks: The RFP states: 2.3.28.4.4 PBM will be required to adjudicate claims of a local limited network managed by the SEIB. Claims from the local limited network are for wellness screenings paid at 100% cost share covered by the SEIB. Please provide the pharmacy names and pharmacy IDs (e.g. NCPDP or NPI) of the local limited network. Please confirm this would not be a limited retail pharmacy network that the PBM would need to manage.
Please see SPD at alseib.org. The SEIB will provide more information to the winning vendor. The PBM would need to adjudicate claims from the pharmacy, but not actively manage.

25. Please confirm it is acceptable to charge for lost or reprinted ID cards that are not the related to any errors by the PBM

Yes, however please note this information is actively scored during the RFP.

26. RFP 2.3.29.14 states: The PBM agrees to provide a full-time customer service representative at the SEIB office:
   a. Can SEIB please clarify this is intended for providers of PBM carve out services, and if so, please provide additional details on SEIB’s expectations of the scope of work performed by individuals specific to PBM related services?
   b. Does the plan currently have full-time onsite customer service representative on site at SEIB for pharmacy benefits only?
   c. Is full time onsite representation a requirement for carve out pharmacy benefits administration?

Yes. This applies to providers of PBM carve out services. The vendor must provide an onsite customer service representative to assist SEIB employees in plan administration. The current vendor’s CSR maintains an office at the SEIB.

27. What are the primary reasons the plan is issuing an RFP for pharmacy benefits?

The Board issues an RFP such as this periodically to ensure the best possible pharmacy benefits manager is in place to administer pharmacy benefits.

28. Are their copay incentives for members to use the onsite pharmacy?

No.

29. If bidder provides a legal basis letter, will SEIB agree that if a proposer clearly identifies any portions of its proposal, including pricing, that the bidder asserts to be exempt from public disclosure, and SEIB receives a request for such information, the SEIB will provide the bidder prior notice and a reasonable opportunity to seek a protective order prior to disclosing such information?

Clarification for above question:

If bidder provides a legal basis letter setting forth the legal justification for its confidential trade secret information being exempt from disclosure under applicable public records law, will SEIB agree that if a proposer clearly identifies all portions of bidder’s proposal, including pricing, that the bidder asserts to be exempt from public disclosure, and SEIB receives a request for such information, the SEIB will provide the bidder prior notice and a reasonable opportunity to seek a protective order prior to disclosing such information?

The SEIB will comply with the law of the state of Alabama. It will provide the bidder prior notice and a reasonable opportunity, as permitted by state law, to seek a protective order prior to disclosing the information described above.
30. If our responses for SEIB and LGHIB are the same, may we submit one set of deliverables? Or, do you require six hardcopies and 2 CDs for each?

Separate hard copy deliverables are required for each distinct RFP.

31. Can you please advise when additional information will be posted for the Alabama SEIB Rx RFP (e.g., RFP questions, claims data, etc.)? Will a revised timeline be provided for bidders? Thank you!

See response to question 13.

32. Please provide details on the membership levels for the plan (e.g., total number of members and dependents) for the EGWP and non-EGWP plans.

Exhibit 4 includes enrollment by plan.

33. Please provide details on the clinical programs for the EGWP and non-EGWP plans (e.g., PA, ST, QL rules in place today).

Please see Exhibit 3 – Summary Plan UM information.

34. Will Alabama SEIB/LGHIB consider extending the deadline for proposals? The RFP was received on March 29; however, the PBM questionnaire was not posted until April 5.

The deadline for proposal submission is extended from Friday, April 29, 2016 to Friday, May 6, 2016. All times related to submission cut off remain the same.

35. Will Alabama SEIB/LGHIB allow bidders to post responses to ProposalTech on the due date and ship hard copies the same day for arrival the next business day?

Yes

36. The RFP requests a “claims processing unit which will be dedicated exclusively to provide services to SEIB/LGHIB; however, we process more than 99% of claims electronically at the point of sale. Can you please clarify the request for a dedicated unit?

Please see response to question No. 21.

37. The RFP requests dedicated pharmacist and account executive to support SEIB/LGHIB. Please confirm that the team member can provide designated support to SEIB/LGHIB but also support other PBM clients.

Confirmed

38. Please clarify the difference between a Preferred Pharmacy vs. Non-Preferred Pharmacy vs. Non-Participating Pharmacy as outlined in the plan design attachment. Specifically, please state what constitutes a Non-Preferred Pharmacy in the Extended Supply Network since the copay is impacted.
Please see definitions contained in the SPD located at alseib.org.

39. Since SEIB administers both the SEHIP and LGHIP plans, is it accurate to assume that one PBM will be selected for both plans? Should bidders anticipate that the total membership will be awarded to the same PBM, or must we price these as separate and independent entities?

Each plan is separate and distinct. PBM services may be awarded to separate bidders and scored independently.

40. Please clarify the current Specialty Pharmacy(ies) considered as Network for the SEHIP and LGHIP plans. In the plan designs it doesn't seem to limit members to any specific Specialty Pharmacy(ies).

**Specialty pharmacies are limited to the PBM’s specialty pharmacy network.**

41. Please explain what the PBM’s role will be in regard to the Tobacco Cessation program.

**None.**

42. Other than the integrated deductible for the LGHIP program, are any other accumulators applicable between the pharmacy and medical programs?

**No.**

43. Are any Consumer Directed Plan designs currently used, or intended for future use for either plan?

**No. Not at this time.**

44. In Section 1.2.15 Use of Subcontractors, the “prime Contractor must perform not less than 80% of the work to be proposed (as measured by price).” Please clarify how the “price” percentage is calculated.

At least 80% of the administrative fees charged to the SEIB must pass through the primary vendor who has the contractual relationship with the SEIB. The purpose of this provision is to prevent the SEIB from paying administrative fees to the primary vendor and multiple sub-vendors. While the SEIB’s preference is for the primary vendor and its subsidiaries and/or affiliates to perform 80% or more of the work, the SEIB is not prohibiting the primary vendor from sub-contracting work to business associates.

45. Section 1.3.3 Transmittal Letter requests statements from each “Sub-vendor” used by the PBM. Please define sub-vendor. Does this apply to third-party vendors the PBM uses across their book of business?

**Generally, for purposes of this RFP, a sub-vendor is considered an entity associated with the primary vendor, either by contract or other affiliation, that performs services required under this RFP for the primary vendor. The Transmittal Letter should only be signed by sub-vendors who will bill the SEIB separately from the primary vendor.**
46. For Specialty mail order turnaround times, since deliveries are scheduled with each patient for the specific place and time the patient needs the medication, the strict 2 and 5 day turnaround times would interfere with the personalized timing of sending the medications. Would SEIB agree to a different measurement related to the “need by” date being met?

You are free to disagree and provide comments as to the deviation from the noted guarantee request.

47. Since there is no mail order program, should we ignore the “Mail Order Dispensing Accuracy and Turnaround Time” Performance Guarantees?

No. Although the SEIB does not currently have a retail mail order program, the performance standards are held as a placeholder for future use if they become necessary.

48. In Section 2.3.25.2, the dedicated customer service unit is to be provided between 8:00 and 5:00 CT. Is that intended for Monday-Friday, or all seven days?

Monday-Friday.

49. In Section 2.3.26.1, is there any flexibility in the two implementation team members being on-site at SEIB at least 3 days per week, if the implementing PBM believes that an improved efficiency would occur without this strict timeframe?

There is flexibility. However, that is at the sole discretion of the Board.

50. In Section 2.3.27.20.1, please confirm that this relates to the administrative fees and that reimbursement for claims will occur more frequently than monthly.

Please see response to question No. 22.

51. In Section 2.3.27.24.2, please explain what fiduciary responsibilities the PBM must accept for claims.

Under the current arrangement, the SEIB delegates to the PBM the discretionary and fiduciary responsibility and authority to process and adjudicate drug claims under the Plan, to construe, interpret and administer the Plan in connection with the PBM’s processing and adjudication of drug claims under the Plan and to perform every other act necessary or appropriate in connection with the PBM’s provision of administrative services. To the extent not delegated to the PBM, the SEIB retains the discretionary authority to manage and administer the Plan. Whenever the PBM makes reasonable determinations that are neither arbitrary nor capricious in its administration of the Plan, those determinations will be final and binding on the Plan and participants subject only to applicable rights of review under the Plan and thereafter to judicial review to determine whether the PBM’s determination was arbitrary or capricious.

In Section 2.3.28.4.2, if the physician support number is not 24/7, is that cause for a downgrade in the evaluation of this response?
Yes

52. In Section 2.4.25.1, the rebate guarantees are required to be paid within 90 days after month adjudicated. Since this prepayment involves the cost of float, would SEIB agree to 90 days following the close of the quarter in which the claims are incurred?

You may respond and analyze the deal as needed. Please note scoring may be impacted based on deviations from the requested parameter.

53. 2.3.24.1 PBM agrees to offer an overall average 30 days “Price per Script” guarantee for all non-specialty brand, and generic scripts in the commercial plan. The SEIB will be made whole, dollar-for-dollar, if the PBM actual performance fails to meet the guaranteed level.

Q: Please provide additional clarification regarding the expectation of Per Script’ guarantee. Are transparent pass through financial offers being requested that also include a per script guarantee? If yes, are you looking for the PBM to take the risk?

The SEIB is seeking a transparent pass through financial offer with a per script guarantee included as a performance guarantee.

54. The RFP states to mail the hard copies "overnight" to the consultant. Please confirm that hard copies can arrive on Monday, May 2nd. "Overnighting" would deliver the hard copies on a Saturday.

Confirmed this is acceptable.

55. The Questionnaire Instructions state that if we have identical responses to sections 2.2-2.4 of both RFPs that we only need to respond once. If we have identical responses, do we need to upload these sections twice in Proposal Tech (one for SEIB and the same for LGHIB)? Do we also need to print three binders for each RFP for these sections (total of 6 binders)?

Yes, both RFPs require separate and distinct responses along with separate and distinct hard copy submissions.