

Q&A

The following questions/requests have been submitted concerning RFP 132001 – GROUP MEDICAL BENEFITS (Including Prescription Drugs). None of the questions (below) received indicated a need for a change to the RFP document. BUT an Addenda WILL be issued to change the “Proposal Timeline” on page 16 of the RFP. All questions received by various firms have been answered, even if asked by another firm. The questions below are provided verbatim from what was received and are grouped by inquiring firm:

- Will ECSD be willing to look at a fully insured solution for the post-65 retirees? **This current proposal request is for Self Insured Proposals...Please reference Attachment C for current/proposal instructions.**
- Will ECSD be willing to look at illustrative 2013 rates until 2014 rates are available? **For Stop Loss.**
- Do all Medicare eligible retirees have Part A and Part B? **This information is not available.**
- Which Policy Number/Account/Suffix is for the Medicare eligible retirees? **This information is not available.**
- Does this Policy Number/Account/Suffix include any non-Medicare eligible members? If so, can they be removed? If they can't be removed, can ECSD tell us how many are included? **Please see Attachment E for all eligible parameters to be included in proposals.**
- Are the Rx claims net of rebates? **The file provided represents AWP less discounts plus dispensing fee and minus member cost share.**
- Are the monthly premiums inclusive of the admin fee? **Yes**
- How does the current medical plan coordinate with Medicare? **TEFRA/DEFRA**
- Please confirm the PBM will have the option to quote one or all of 3 arrangements as listed in RFP (Pass thru, GDR Guarantee, and Avg Ingredient Cost Guarantee). **The proposals will be evaluated based on a firm's guaranteed response. GDR Guarantees are evaluated independent of guarantee discounts, Ave Ingredient cost represents what the firm expects the current network to perform. All three responses are required in the proposal.**

- Would Escambia be willing to accept an Average Script Price Guarantee (ASP) in lieu of the Avg Ingredient Cost Discount Guarantee? **No, firms are to submit proposals based on a transparent pricing structure.**

1. Can the District provide a listing of the top utilized providers, to include the number of unique utilizers, number to visits total, and total paid for plan year 2012? **Please reference Attachments F, G and H for claims experience.**
2. Please confirm the administrative services provided by the current vendor for the \$38.13 PEPM fee. **Please see Attachment C – ASO Worksheet for PEPM Fee.**
3. Are rebates utilized to offset any of the fees? Or does the District receive 100% of the rebates? **This is clarified in Attachment B Section 6. Firms are asked to quote based on the school district receiving a rebate guarantee for the Prescription Bid.**
4. Does the current carrier provide biometric screenings separately from the wellness budget or are those services purchased with the funds in the wellness budget? **Biometric Screening are utilized through a separate vendor and not included in the Wellness Budget.**
5. Please provide all of the programs the current carrier provided to the Employee Wellness Center. **Please list your programs as requested in Attachment C – Proposal instructions. This information will be provided after the RFP is awarded**
6. Is the District considering an on-site clinic? **Yes, Please see Attachment B and C, we are in the implementation phase.**
7. Please provide the current Sun Life policy for Stop Loss. **This will be provided to the finalist.**
8. We are interesting in learning more about your onsite clinic which is referenced in the PBM Questionnaire Bid-Terms. While we understand that due to the recent installation there is no member utilization available; however, please provide some additional insight on operational capabilities, NCPDP, etc. **Utilization is expected to be similar to other clients like the School District of Escambia County that you have with an in house pharmacy.**
9. For pharmacy, is a pass-through pricing arrangement a requirement? **Yes, Please reference Attachment B – Section 5.2**

-
1. For data and program integration purposes, who currently manages:
 - a. Disease management - **UnitedHealthcare**
 - b. Wellness programs - **UnitedHealthcare**
 - c. Data mining (that uses pharmacy and medical claims data) **UnitedHealthcare**
 2. Generics: The RFP mentions step therapies are in place. Programs such as generic step therapy can make a difference on generic utilization and rebate guarantees. **Step therapy in other programs that could generate savings will be requested when the finalist(s) are chosen. The bid should reflect a proposal with the information provided in Attachment G.**
 - a. For the step edits in place that the bidder is to match:
 1. Which drug classes allow for a generic only as the first step before ANY brand can be used?
 2. Which drug classes allow a brand drug, in addition to a generic, as a part of the first step?
 3. Does the Plan allow targeting current utilizers of brands, or only new utilizers for the step edit?

4. Will the Plan want the PBM to grandfather existing utilizers of brands and not target them for a generic step edit? If so, for how long would the Plan want to PBM to grandfather (e.g. 1 year or indefinitely?)
 - b. The RFP attachments indicate the following related to drug exclusions: “A Prescription Drug that contains (an) active ingredient(s) available in and Therapeutically Equivalent to another covered Prescription Drug”. Does this mean that brands with therapeutically equivalent generics are not covered for ECSD?
3. Does the plan currently have therapeutic interchange edits for existing utilizers of brands?

See response to question 2

 - a. Please indicate drug classes and details of the programs
 - b. Is the edit applied to all brand drugs in a class or selected drugs?
 - c. For brands to be targeted, what drug does the edit drive utilization to?

Are there any other clinical pharmacy programs/edits that the Plan has in place that the PBM should be providing and matching for their offer (e.g. gaps in care, adherence programs, enhanced safety edits, prior authorization, etc)? Please provide details of such programs, so we know what to try to match/propose.

See response to question 2

4. Are there any particular challenges the Plan faces with serving their member population (e.g. particular languages, member education, excessive emergency room visits, non-adherence, long tenure and aging population, etc.)? Please describe. **No**
5. What pharmacy/medical strategies does the plan have in place to focus on the health outcomes of your members? Please describe any disease management and wellness programs in place. Is the Plan interested in an offer from the bidder to provide any such programs? **Please see Attachment A, Proposal instructions for clarification and bid request**
6. On www.myFBMC.com, there is a list of pharmacies in the ECSD network. Are these the only pharmacies currently in your network (e.g. no Costco, limited independents, etc.)? Please indicate if the PBM should match the current network, propose our largest network, or propose a limited network similar in size to your current network. **Please see Attachment E for census and Attachment A for Geo access analysis**
7. Does the plan want the bidder to manage Rx appeals if awarded the business (level I, II, IRO)? **Please see Attachment B, Section 5.4 and Attachment C**
8. What is the grandfather status for the plan(s) under Health Care Reform? **Please see Attachment C – Current Medical information**
9. If the Plan prefers a three year agreement, why does the RFP request an initial term of 1 year? **Please see Attachment B, Section 7.1. Termination with and without cause is covered in Section 7.2 and 7.3 and are at the discretion of the bidder.**
10. Terms of payment for claims: cash flow; ask if have to be 30 days or word it to ask if accept 2 days terms. **Please see Attachment A**
11. Does ECSD currently provide drug benefits for retirees over 65? **Yes**, Is ECSD Requesting Med D drug benefits for retirees over 65? **Yes** If so, please describe request (RDS, EGWP, etc.) **Current Part D subsidy and an alternative proposal from bidding PBM**
12. Is ECSD an ERISA plan? **Yes**
13. Regarding specialty drugs:

- a. Please provide details of the specialty network in place today. Is it solely the specialty mail facility managed by the current provider, a limited network, open, etc. **UHC is the current provider, Please reference Attachment C**
 - b. Should our offer for specialty medications be based on the PBM specialty pharmacy being the exclusive provider, a limited specialty network, or an open specialty network? **Yes**
 - c. The RFP mentions that details of coverage for specialty drugs are provided in the SPD. Can you please provide the SPD? **Please see Attachment H**
 - d. What specialty drugs should be covered by the PBM? **The bidders current specialty drugs list**
 - e. What is the copay/coinsurance for specialty medications? **Please see Attachment H**
 - f. Please provide details of any specialty pharmacy clinical management programs the plan has in place. Should the bidder base the offer on similar programs? **Please see response to question 2**
14. Does ECSD currently have a traditional (spread) or transparent arrangement for pharmacy benefits? Transparent Please see Attachment B. **Bidders are asked to respond with transparent arrangement.** Would ECSD consider a traditional (spread) offer for this RFP? **See above**
15. The drug list provided in the RFP indicates that there may be some drug exclusions. Please provide the SPD or other documents that may indicate which drugs are excluded from coverage. Will ECSD consider an offer with a limited number of drug exclusions? **Please see response to question 2**
16. Does ECSD use any particular network for the biometric screenings? **No, Escambia uses a vendor**
17. Please clarify through issuance of an Addenda the requirements of Section II.B. of the RFP's General Terms and Conditions, and confirm whether the School District will agree not to make public or otherwise disclose any information identified by a proposer as exempt from disclosure without first providing notice to the proposer of such intent and allowing the proposer to seek judicial relief to prevent such disclosure. If the School District does not agree, what protections from disclosure is the School District willing to recognize for information designated as confidential information? **No Addenda will be issued regarding this issue, it is governed by Florida State Statute. That being said The Florida Sunshine Act requires that any claim to an exemption from disclosure must be accompanied by a statutory citation to the authority for the exemption, and upon request, must state "with particularity the reasons for the conclusion that the record is exempt or confidential." §119.07(1)(e)&(f). If documents submitted are requested for disclosure we will ask all proposers who asserted a claim of confidentiality/proprietary information to provide the legal basis for that claim. The purpose is that we must provide all public records upon request, with a specific citation to any statutory exemption. This is strictly to allow us to meet our obligations under the Florida Sunshine Act while allowing your company to claim any applicable exemption.**
18. Please clarify through issuance of an Addenda the requirements of Section III.E. (Proposal Public Record), and confirm whether the School District will recognize a proposer's right under State of Florida Sunshine and Public Records Laws to designate information contained in its response as protected confidential information and further that the School District will not make public or otherwise disclose such identified confidential information without first providing notice to the proposer of such intent and allowing the proposer to seek judicial relief to prevent such disclosure. If the School District does not agree, what protections from disclosure is the School District willing to recognize for information designated as confidential information? **Please see response to question 17.**
-

Plan History:

- What date did you add the second HRA plan? **January 1, 2012**
- What date did you eliminate the Choice EPO plan? **December 31, 2011**
- What date did you add the HSA plan? **January 1, 2012**

2014 PY Stop Loss Marketing:

- Aggregating Specific Liability – Please verify there is \$0 (No Aggregating Specific) liability? **There is no aggregating specific. Please see Attachment Current medical information for details.**

IV. Response:

- One electronic version in WORD/EXCEL 2010 was requested in the RFP. Please clarify if you are requesting this in the form of a CD or an email? **CD, DVD or Flash drive. Please include in the package presented with your hard copy proposals.**

D. Requirements of Agreement:

- Do you require an “On-Site” (Office located at the School District Facility) Representative or do you require a “Local Service Representative” (Located at our Regional Florida Blue Office on Airport Blvd) to be available upon request? **Please see Attachment A for clarification**

Pharmacy/PBM

- The census provided listed 6,089 eligible and 4,762 enrolled employees. However, on the PBM questionnaire client information, 8,100 total members covered were indicated. Please provide a census of total membership. **Please bid based on eligibility in Attachment E.**
- Are generic drugs covered through the clinic? **Yes**
- Please provide the total number of prescriptions dispensed through the clinic for 2012. **Zero**
- 3.5.2: Does open formulary imply Tier 2? **Yes**