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QUESTIONS AND ANSWERS
PHARMACY BENEFITS MANAGEMENT SERVICES AND PURCHASING POOL MANAGEMENT

SOLICITATION NUMBER – BPM039929

1. We loaded the data that was provided and have noticed something we will certainly need clarity on. Our data analytics team used the cardholder ID on the claims file as a unique patient ID. When we compare the counts of unique utilizing patients to the member counts provided in the RFP document (see below), there are far more utilizing patients than actual members in the EGWP population. Would you be able to provide clarity on the Cardholder ID field and why there would be more unique id's than there are total members? We will need to understand this in order to proceed with other components of our analysis so hoping this is one that can be answered quickly.

Total Active/Early Retiree: Members: 162,653 Utilizing Patients: 146,972 90% of members are utilizing the benefit
Total EGWP Retiree: Members: 55,761 Utilizing Patients: 83,207 149% of members are utilizing the benefit

Response: The State confirms the member counts indicated in the MS-IFB are accurate. The cardholder IDs found in the claims data should not be used for analysis purposes.

2. We'd like to make sure we're clear on the Phase II due date. The RFP360 system is showing a due date of 4/1, 5PM EST. However, none of the amended materials or updates issued to this point indicate that the timeline has been amended or extended from 3/28. Can you please advise?

Response: 4/1/2024 is the due date for Phase II.

3. In regards to the claims data, please confirm the intent was to include 6 months of claims (7/1/22 – 12/31/22) for FA1, and 12 months of claims (7/1/22 – 6/30/23) for FA1.

Response: Twelve (12) months of claims were provided for FA1 and FA2 for experience dated 7/1/22 - 6/30/23. Please note that if opening files via MS Excel, some records may be truncated.

4. Given the example/response provided below to item 32 in the Q&A, is the expectation that the PBM have the ability to offset the 1st half reconciliation of the year against the 2nd half reconciliation of the year? Please also confirm rebates can be reconciled in aggregate as stated below.

32. Are there any limitations regarding rebate offsetting?

Response: Please the Amendment to Attachment T. The intent is that Rebates cannot offset any other pricing categories (i.e., discount guarantees, dispensing fee minimums, etc.). The intent of minimum rebate guarantees is for those claims to be calculated per component (i.e., retail 30 cannot offset retail 90). **100% of Rebates and Manufacturer Payments collected, may be reconciled in aggregate**; they may not, however, offset any pricing category outside of Rebates (i.e., network guarantee performance, etc.).

Reconciliation Example: The reconciliation for the first half of 2025 (2025 H1), shall occur around October 1, 2025. Minimum calculations (Minimum Value) shall include all rebatable claims adjudicated during January 1 – June 30, 2025. The total of the 100% of rebates (100% Value) shall include all rebates collected during January 1 – June 30, 2025, including claims adjudicated at any time in history up to the date of reconciliation. The 2025 H1 reconciliation will compare the Minimum Value to the 100% Value. Should the aggregate 100% Value exceed the total of each individual minimum rebate, the PBM shall pay the difference between the 100% Value and the Minimum Value.

100% Value Example: A claim for a rebatable Brand drug (Claim A) adjudicates and has a date filled of 12/31/2025. Claim A is paid by the manufacturer on June 1, 2026. The reconciliation for the second half of 2025 (2025 H2) occurs around April 1, 2026 and final reconciliation of 2026 H1 occurs around October 1, 2026. Claim A shall be included in the minimum guarantees around April 1, 2026 (2025 H2); Claim A shall be included in the 100% collected/received rebates guarantee around October 1, 2026 (2026 H1).

Response: No, the reconciliation periods are semi-annual and the first half shall not offset the second half and vice versa. As indicated in the response to question 32, the reconciliation of the potential overperformance shall compare the aggregate 100% Value (rebates collected in the measurement period) to the total individual minimum guarantee values (minimum guarantees for claims adjudicated in the measurement period). The quarterly minimum rebate guarantees are component level calculations and not to be calculated in aggregate.

5. Could we get an official definition of what an "Open Formulary" means? The current MD formulary seems to have drug exclusions with access when preferred options are not clinically appropriate. Are exclusions allowed, when there are exceptions for medical necessity?

Response: Please refer to the definition of Standard Broad Formulary as referenced in Attachment T, Section 4.1.

6. Are you able to confirm that there are no significant differences between the formulary and UM criteria that are in "Attachment S" and what was in place during 2022 for the claims data provided?

Response: Yes. There were no significant differences between the formulary and UM criteria reflected in Attachment S.