

Invitation to Bid (ITB) #08-X2192281
Alabama Medicaid Agency
Pharmacy Clinical Support
Question and Response

**Update: Per the request of the State of Alabama's Finance Department,
Purchasing Division, the submission date for this ITB has been changed to
Tuesday, May 20, 2008.**

Questions received 4/25/08

Section 2.1.1, page 12

Q: How many fair hearings are conducted per month?

A: On average no more than one or two provider fair hearings are held per month. Many more are requested but are settled prior to the fair hearing meeting. For example in the months of September through December 2007, one provider fair hearing was scheduled for each month. However, all of them were settled and no fair hearing meeting was held.

Section 2.1.1, page 12

Q: What is the typical "no show" rate for the fair hearings?

A: Historically, Alabama Medicaid providers have attended all fair hearings when requested.

Section 2.1.1, page 12

Q: Please define when the vendor needs to be physically present for the fair hearings.

A: The vendor needs to be physically present for all fair hearings that will include any cases included in the Hemophilia Audit Program.

Section 2.5, page 19

Q: Do the Project Manager and the Clinical Manager need to be dedicated and on site 100% of the time?

A: No. However, as stated in Section 2.5.1, page 20, "Contractor's Project Manager shall serve as liaison and shall be available and responsible, as the need arises, for consultation and assistance with Medicaid Personnel; he/she shall attend, upon request, Medicaid meetings, administrative hearings, meetings and hearings of Legislative Committees and interested governmental bodies, agencies, and officers; and he/she shall provide timely and informed responses when operational and administrative issues arise in administration of the Alabama Medicaid Program. Whenever the Project Manager is not reasonably available, Contractor shall provide a designated alternate fully capable of meeting the requirements of this section. Contractor's Clinical Pharmacist shall serve as clinical resource and shall be available and responsible, as

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the need arises, for consultation and assistance with Medicaid personnel; he/she shall attend, upon request, meetings relevant to the scope of work in this ITB to include all meetings of the Pharmacy and Therapeutics Committee. Whenever the Clinical Pharmacist is not reasonably available, Contractor shall provide a designated alternate fully capable of meeting the requirements of this section.”

Also, Section 2.3, items 20 (page 17) and 29 (page 18) state “Provide staff who are available to respond to Medicaid requests in a timely manner. It is expected that all telephone calls, emails and faxes from Medicaid should be responded to within one (1) business day. All requests for information are to be delivered within the timeframe established by Medicaid in coordination with Contractor....”

Section 2.5.2, page 20

Q: Would the Agency consider a co-account manager structure of a medical doctor plus a registered pharmacist?

A: The ITB states that “At a minimum, a Project Manager and a Clinical Pharmacist must be named. It is acceptable for the Project Manager to be the named Clinical Pharmacist.”

General

Q: Would the Agency please provide the present annual contract price?

A: \$156,150.00

Q: How many clinical reviews of targeted classes or sub-classes of drugs will be required per quarter on average within the scope of this ITB?

A: The Agency is required by State law 22-6-122 (f) “To the extent feasible, the (P&T) committee shall review all drug classes included in the Medicaid Preferred Drug Plan at least every 12 months”. Currently, due to the number of classes included in the Preferred Drug Program (PDP), each class is reviewed bi-annually. Also, there may be other classes and their subclasses, not currently included in the PDP, included in future meetings for an initial review. Please see the historical P&T meeting agendas, reviews, etc. by clicking the following link:

2007

http://www.medicaid.alabama.gov/programs/pharmacy_svcs/meetings_2007.aspx?tab=4

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Also, see the tentative P&T meeting (for reviews of classes/subclasses currently included in the PDP) schedules by clicking the links below:

2008

[http://www.medicaid.alabama.gov/documents/program-RX/PnTCommittee/2008 Meetings/Proposed 08 Agenda 3-22-07 FINAL.pdf](http://www.medicaid.alabama.gov/documents/program-RX/PnTCommittee/2008%20Meetings/Proposed%2008%20Agenda%203-22-07%20FINAL.pdf)

2009

[http://www.medicaid.alabama.gov/documents/program-RX/PnTCommittee/2009 Meetings/Proposed 09 Agenda 3-22-07 FINAL.pdf](http://www.medicaid.alabama.gov/documents/program-RX/PnTCommittee/2009%20Meetings/Proposed%2009%20Agenda%203-22-07%20FINAL.pdf)

Q: How many clinical reviews of drugs new to the market as well as drugs the P&T Committee believes should be re-evaluated will be required per quarter on average within the scope of this ITB?

A: Clinical reviews of drugs new to the market are requested by the pharmaceutical company after the drugs have been commercially available for six months. Currently, new drug reviews average 2 per meeting. See the policy regarding a new drug review request at the following link: [http://www.medicaid.alabama.gov/documents/program-RX/PnTCommittee/3J-5 P&T Operating Procedures 12-07.pdf](http://www.medicaid.alabama.gov/documents/program-RX/PnTCommittee/3J-5%20P&T%20Operating%20Procedures%2012-07.pdf)

Q: ITB Section 4.3, Bid Response, page 33 and Section 1.2, Bidder Qualifications, page 1 Item #8 on in section 4.3 on page 33 of the ITB specifies the requirement for two references, at a minimum, for both Contractor and Key Personnel. The Scope of Work repeats the requirement of two work references for specific key personnel. However, item 15 of section 1.2 on page 3 of the ITB specifies a requirement of three references for the successful bidder. Does the State require two or three references for the Contractor? If three, do the specifications as outlined in section 1.2 apply?

A: Item 15 of Section 1.2 on page three of the ITB specifies a requirement of three references for the bidder. These references will be regarding the statement in 1.2 "The successful bidder must demonstrate a high level of expertise in the pharmacy clinical support to include extensive experience in preferred drug list administration and clinical review. At least one of these references must be from a state Medicaid agency or other government program." Yes, these specifications do apply as outlined in section 1.2.

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The Scope of Work is requesting 3 references for each specific staff, in addition to the references requested in Section 1.2.

The references outlined in Section 4.3, page 33 can include the references requested in Sections 1.2 and the Scope of Work Overview. There should be a minimum of two references for both the Contractor and 3 Key Personnel.

Q: ITB Section 1.2, page 1, Attachment C, page 42

In the Bidder Qualifications defined in ITB Section 1.2 bidders are instructed to submit proof of a performance bond in the amount equal to two months payment and to submit a bid guarantee of \$5,000. These two items are also included in the Mandatory Bid Requirements Checklist in Attachment C. However, there is no information in the Bid Response format provided in ITB Section 4.2 instructs the bidder about where to include these documents. Where in their proposals should bidders include the bid guarantee and the proof of a performance bond?

A: This is a requirement of the Alabama's Department of State Finance, the Purchasing Division. Please contact The Department of State Finance for details regarding this requirement. The website is www.purchasing.alabama.gov.

Q: Section 1.2, page 1, Attachment C, page 42

In the Bidder Qualifications defined in ITB Section 1.2 bidders are instructed to submit a signed and notarized page one of the ITB. This document is also included in the Mandatory Bid Requirements Checklist in Attachment C. Where in their proposals should bidders include the signed and notarized page one of the ITB?

A: This is a requirement of State Finance, the Purchasing Division. Please contact The Department of State Finance for details regarding this requirement. The website is www.purchasing.alabama.gov.

Q: RFP Section 2.1, Preferred Drug Program and Listings (PDL) - #26 (page 9), Drug Coverage Recommendations - #31 (page 10), and Preferred Drug Program - #10 (page 16)

Does the State anticipate that "projected cost savings" analysis be performed solely through the use of the DSS? If not, then does the State intend the Contractor to import claims data and perform "in house" cost savings analysis?

A: The State anticipates that "projected cost savings" analysis be performed using Alabama specific claims data. Any process used to gather Alabama specific claims data must be approved by the State before use by the contractor. The use of the Alabama Medicaid DSS system is preferred.

Q: RFP Section 2.1, Preferred Drug Program and Listings (PDL) - #24 (page 9), Drug Coverage Recommendations - #29, #30 (page 10), Preferred Drug Program - #17 (page 17)

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Does the State anticipate the need to reference FDB information will be solely via the DSS tool? If not, then does the State intend the Contractor to procure a license for FDB?

A: As stated in section 2.1.2, page 13, "In order to provide current in-depth clinical information, Contractor must have readily available access to the following:...FBD....."

Q: RFP Section 2.1.2, Reference Tools, page 13

Please clarify what is meant by "readily available?" Does this refer to all of these reference tools or are they listed as examples?

A: Although this is not an all inclusive listing of available references, Alabama Medicaid expects that at a minimum, the contractor have access to those listed when requested or needed.

Q: RFP Section 2.3, Contractor Deliverables, P&T Committee - #2, (page 15)

What reference material does the State intend to provide regarding the DSS (e.g., User Guide, Data Dictionary, etc.)? Can the Data Dictionary be provided now, so gaps can be identified and solutions proposed within a bid submission?

A: The contractor awarded this contract will have access to any user reference material(s) that are available regarding DSS upon reward.

Q: RFP Section 4.3, Bid response, page 33

Please clarify what the required section "Bidder's Understanding of Alabama's Requirements" should include? How does this section differ from the information that is normally included in the Executive Summary?

A: This is a requirement of State Finance, the Purchasing Division. Please contact The Department of State Finance for details regarding this requirement. The website is www.purchasing.alabama.gov.

Q: I have just visited your website and am interested in responding to this ITB. Are there any additional steps that need to be completed to submit a bid for this ITB.

A: Before preparing and submitting a response you must receive the official ITB and all required forms from the Alabama Department of Finance, Division of Purchasing. Bids submitted without all forms and attachments required by the Division of Purchasing will be rejected. The website is www.purchasing.alabama.gov.

Questions received 4/10/08

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Q: Could we please request copies of the documents referenced in ITB # 008-X-2192281 on Page 4 to include "Proposal from the current primary contractor" and the "Previous ITB."

A: Items 1 and 2 listed on page 4 of the ITB document can be found in the bidder's library on our website at www.medicaid.alabama.gov. Once on the website, click Programs/Pharmacy Services/Alabama Medicaid Agency solicits...../Invitation to Bid/ and click on the name of the document that you want to view.

Additionally, items 3 and 4 can also be found on our website by clicking Programs/Pharmacy Services/Preferred Drug List to view the PDL and reference tool; Programs/Pharmacy Services/Pharmacy and Therapeutics Committee to view samples of P&T Committee packets; and Programs/Pharmacy Services/Drug Information to view the max unit and nutritional lists.

Q: Can you please clarify for us the differences in bid delivery due dates as identified on page 1 of the 5-page document entitled 'Invitation to Bid' (which lists 5/20/08 as due date), and page 4 of the larger 58-page pdf document which lists 5/16/08 as the due date.

A: The 5 page document was sent by the State of Alabama's Department of Finance Purchasing Division as an addendum and the submission date for this ITB has been changed to 5/20/08 at 5:00pm (CT) per the request of the Department of State Finance. Bids received after the 5/20/08 deadline will not be considered for the ITB process.

Q: In section 2.1 (Pharmacy Program Clinical Support) of the Scope of Work, can you please clarify the expectations of the contractor as it relates to the rating of studies and reports:

· will this require the Contractor to go back and rate all studies previously encompassed in P&T monographs and previously reviewed by the P&T Committee?

A: No, the Contractor will not be required to rate all studies previously encompassed in P&T monographs and previously reviewed by the P&T Committee.

· or, will ratings be a requirement for just new studies which are added to monographs since last P&T class review?

A: Yes, the ratings will be a requirement for just the new studies which are added to monographs since the last P&T class review.

· can you please define a 'report', as described in this section?

A: A report can be considered any relevant peer reviewed literature (original research articles), studies and evidence based medicine used in the review packet provided to the

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P&T Committee to support the contractor's recommendation(s) regarding the inclusion/exclusion of reviewed drugs on the Medicaid Preferred Drug List. This does not include reports of national guidelines or systematic reviews in peer reviewed literature.

Q: Is it permissible for manufacturers to appeal the Clinical Contractor's subjective rating of evidence of a particular study or studies using the chosen nationally-recognized scale?

A: Per Alabama Medicaid Agency's Administrative Code, Rule No. 560- X -16-.27, Preferred Drug List, "Manufacturers may request a reconsideration of a clinical recommendation of the Pharmacy and Therapeutics Committee....Request must include clinical documentation including references to justify a reconsideration."

Q: In section 2.2.1 (Hemophilia Audit Program), item 13 requires contractor to have staff available to attend fair hearings in Montgomery. How much lead time would be provided for such hearings, and if there were multiple hearings requested subsequent to a given audit, would those all be scheduled on the same day?

A: The average "lead time" is approximately one month. Alabama Medicaid sends requests for fair hearings to the Attorney General's (AG) office. The AG's office schedules the fair hearings. Medicaid is then notified by the AG's office regarding the schedule for fair hearings.

Q: In section 2.3 (Contractor Deliverables), item 9 refers to the possibility of 2 additional 'clinical reviews'. Can you please expand upon the definition of what may be considered a clinical review? Is this limited to drug or drug class reviews as defined in section 2.2?

A: These clinical reviews could include drug or drug class reviews as defined in Section 2.2. However, these clinical reviews listed in Section 2.3, item #9 will be used to support projects in addition to any reviews related to our Preferred Drug Program. For instance, previous contractors have completed clinical reviews/projects regarding antipsychotic drugs, cough and cold drugs, and hemophilia drugs.