

**MDFA OI Request for Proposals for Third Party Administration Services**  
**MDFA OI RFP RFX Number: 3120002270**  
**Amendment One**  
**Issue Date: December 15, 2021**

The Mississippi Department of Finance and Administration (MDFA) Office of Insurance (OI) through this Amendment One, modifies the original MDFA OI RFP RFX 3120002270 issued on November 17, 2021.

1. The **attached Questions and Answers document** is incorporated fully along with this Amendment One as part of MDFA OI RFP RFX 3120002270.

2. **Question 18 from RFP Subsection 8.3 on RFP page 90** is amended as follows:

18. Providers and facilities are required to provide patients with Notice and ~~O~~obtain consent under certain circumstances involving:

- a. A nonparticipating provider or emergency facility when furnishing certain post-stabilization services, or
- b. A nonparticipating provider or facility when furnishing non-emergency services (other than ancillary services) at certain participating health care facilities.

Please confirm you will comply with this requirement.

3. The **Network Access Detail portion of RFP Section 9 on RFP page 94** is amended as follows:

To further support the network access grid in subsection 7.11, question ~~146147~~, vendors must also complete **Appendix B3, Network Access Detail**. Appendix B3 requests network access by population classification (urban/suburban and rural), by ~~C~~county, and by facility/provider type. The mapping or methodology used to measure distance must be based on actual driving distance.

Please acknowledge receipt of MDFA OI RFP RFX 3120002270 Amendment One by signing and returning this amendment, along with your proposal, **on or before 2:00 PM CST, January 12, 2022**. This acknowledgment should be enclosed in your proposal packet in accordance with the submission instructions located in the RFP. **Failure to submit this acknowledgment may result in rejection of the proposal.**

**Company Name:** \_\_\_\_\_

**Printed Name of Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**RFP RfX # 3120002270**  
**RFP for Third Party Administration Services**  
**Procurement Questions and Answers**

	<b>Procurement Section, Page Number</b>	<b>Date Received</b>	<b>Question (As submitted)</b>	<b>Response</b>
1.		11/23/2021	Where can I access all of the files needed for this RFP?	Please refer to RFP Section 1.2, Instructions to Vendors.
2.		11/23/2021	Would you happen to know in what area the majority of the population falls under?	Please refer to RFP Section 1.1, Overview and Process.
3.		12/07/2021	Are you currently using a client specific fee schedule for the network, or are you using the TPA's network fee schedule?	Yes, our State network is and will remain a client specific fee schedule. Refer to RFP Section 3.52 for additional information regarding our exclusive State network.
4.		12/07/2021	Can you provide the names of the 330 employer units, which are responsible for submitting enrollment data to the Third Party Administrator (TPA)?	Please refer to RFP Section 1.1, Overview and Process.
5.		12/07/2021	Whom is the lead producer at Segal?	Not applicable.
6.		12/07/2021	Is the HDHP A plan tied to an HSA or HRA plan?	Please refer to the Base Coverage description of the Plan Document, which is available on the MDFA OI Publications webpage at: <a href="https://knowyourbenefits.dfa.ms.gov/media/m2ulalaj/2022-plan-document_12-01-2021.pdf">https://knowyourbenefits.dfa.ms.gov/media/m2ulalaj/2022-plan-document_12-01-2021.pdf</a> .
7.		12/07/2021	If so, is the banking integrated with the current carrier today?	Not applicable.
8.		12/07/2021	If so, what amount, if any, does the employer contribute to the HSA/HRA fund?	Not applicable.
9.		12/07/2021	How long has the group been with ASBAIT for medical?	Not applicable.

10.		12/07/2021	How long has the group been with CVS/Caremark for Pharmacy?	The current Pharmacy Benefits Management Services contract began 01/01/2021. However, pharmacy benefit management services are not being solicited.
11.		12/07/2021	Have there been any plan changes in the past 12 months? If so, please outline those changes.	Yes, benefits are reviewed and modified when needed on an annual basis. Please refer to our September 2021 Know Your Benefits Newsletter available on the MDFA OI Publications webpage at: <a href="https://knowyourbenefits.dfa.ms.gov/media/ihlitjwl/kyb-newsletter_mailed-by-hederman_oct-27-31.pdf">https://knowyourbenefits.dfa.ms.gov/media/ihlitjwl/kyb-newsletter_mailed-by-hederman_oct-27-31.pdf</a> .
12.		12/07/2021	Please provide detailed plan documents (benefit summaries and or plan design/ SPD's).	The 2022 Plan Document is available on the MDFA OI Publications webpage at <a href="https://knowyourbenefits.dfa.ms.gov/media/m2ulalaj/2022-plan-document_12-01-2021.pdf">https://knowyourbenefits.dfa.ms.gov/media/m2ulalaj/2022-plan-document_12-01-2021.pdf</a> .
13.		12/07/2021	Census should list total eligible employees including waivers. And should include Gender/DOB/Home zip/Plan Name by type and Plan Elections.	Census data will not be provided. However, the Plan consist of the following: <b>Active:</b> 161,153 <b>Employees:</b> 109,160 <b>Spouses:</b> 9,330 <b>Children:</b> 42,663 <b>Retiree, Non Medicare:</b> 9,897 <b>Employees:</b> 7,839 <b>Spouses:</b> 1,123 <b>Children:</b> 935 <b>Retiree, Medicare Eligible:</b> 21,321 <b>Employees:</b> 18,070 <b>Spouses:</b> 3,012 <b>Children:</b> 239 <b>COBRA:</b> 1,193 <b>Employees:</b> 783 <b>Spouses:</b> 109 <b>Children:</b> 301 <b>Overall:</b> 193,564 <b>Employees:</b> 135,852 <b>Spouses:</b> 13,574

				<b>Children: 44,138</b>
14.		12/07/2021	If there are dependents/spouses listed, they should be listed on a separate line from the EE.	Please refer to the response to Question 13 above.
15.		12/07/2021	Is there is any current dissatisfaction with the current carrier. If so, please provide details.	Not applicable.
16.		12/07/2021	Is there a specific file type that we must use when uploading to the Segal Secure File Transfer Server?	Appendix B6 is the claims data extract to be repriced and returned <b>in the same format and in the same order</b> . The <b>only</b> change to this file should be the three (3) additional fields that you add, as described in the RFP.
17.		12/07/2021	Is there a file size limit max for uploading files into the Segal Secure File Transfer Server?	Please refer to the instructions provided by Segal.
18.		12/07/2021	<p>If you are seeking PBM services, then we would like to ask the following questions:</p> <ul style="list-style-type: none"> <li>a) What is the current and proposed pharmacy plan designs? 2 Tier, 3 Tier or 4 tier?</li> <li>b) Can you please provide a copy of the current pharmacy booklets for all plans in place today with the incumbent PBM Carrier?</li> <li>c) Does the group have a Retail 90 Pharmacy Network in place today? <ul style="list-style-type: none"> <li>i. If so, are there any pharmacies excluded from the Retail 90 Network?</li> </ul> </li> <li>d) Does the group have any special benefits related to Specialty medication either at retail or mail?</li> <li>e) Does the group have any special benefits related to Preventive medications (e.g.</li> </ul>	RFP RFX 3120002270 is for Third Party Administration services, not Pharmacy Benefits Management Services.

			<p>lower cost sharing for preventive medications)?</p> <p>f) Does the group have any special drug coverages (e.g. employees get drugs covered at \$0 cost from specific providers/locations?)</p> <p>g) Can you please provide a descriptive listing of all clinical programs in place on the current pharmacy plans (i.e. Step Therapy, Quantity Limits, and Prior Authorizations)?</p> <p>h) Mandatory Drug Requirements: Does the group have any mandatory strategy for Maintenance drugs and/or Specialty medications (e.g. Maintenance Drugs at Home Delivery Only)?</p> <p>i) What is the current pharmacy pricing arrangement: Traditional (Average Wholesale Price/AWP) or Transparent (pass through)?</p> <p>j) Does the current PBM retain aggregator fees or Manufacturer Administrative Fees (MAF)?</p> <p>k) Rebates:</p> <ul style="list-style-type: none"> <li>i. Is there a rebate management fee in place today?</li> <li>ii. Are rebates included on specialty drugs?</li> <li>iii. Are rebates credited to the admin fee or shared with the client?</li> <li>iv. If rebates are credited to the admin fee, can you please provide the percent of rebates credited, and the dollar value of the credit?</li> </ul>	
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			<p>v. If rebates are shared, can you please confirm if the client receives 100% of rebates, or, if another percentage, what is the percentage?</p> <p>vi. Can you please advise how rebates are paid today: paid on all scripts paid; a flat dollar amount per script; or, a percentage of the gross, brand only, rebatable brand only?</p> <p>vii. Can you please advise how rebates are paid to the City today: Quarterly or Annually?</p> <p>viii. Discount Guarantees: Can you please provide a copy of the current Pharmacy Administrative Services Agreement, pharmacy pricing page and a list of the discount guarantees currently in place?</p> <p>ix. How Are Single Source, Dual Source, &amp; Generics treated within the pharmacy pricing?</p> <p>x. Pharmacy Utilization Data: In order to provide our best pricing offer for the client we need detailed pharmacy utilization data. Can you please provide an electronic data file (MS Excel, Access, etc.) for the most recent 12 months of pharmacy utilization data from the incumbent PBM? The following fields are the required minimum fields of data needed (one claim per line):</p> <ul style="list-style-type: none"><li>• NDC-11 Code</li><li>• drug name/strength</li><li>• metric quantity</li><li>• days' supply</li></ul>	
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			<ul style="list-style-type: none"> <li>• date of service / fill date</li> <li>• mail/retail indicator</li> <li>• generic/brand indicator</li> <li>• channel – retail 30, retail 90, mail order</li> <li>• NABP/NPI/NCPDP of dispensing pharmacy</li> <li>• Optional: <ul style="list-style-type: none"> <li>○ Incumbent formulary tier [required if requesting a formulary disruption]</li> <li>○ specialty indicator</li> <li>○ compound indicator</li> </ul> </li> </ul>	
19.		12/09/2021	<p>Did not see the medical repricing file in the attachments we received earlier today.</p> <p>Please provide the file in excel format and see the required fields needed below.</p> <p>Required fields for performing a Provider-Specific Repricing</p> <p>Claims should be for most recent 12 month period for inpatient, outpatient, professional and other medical services utilized:</p> <p>Field Name - Comment  Provider TIN -  Provider Name -  Provider city - if possible, provider service address, not billing address</p>	<p>Appendix B6 is the claims data extract to be repriced and returned <b><u>in the same format and in the same order</u></b>. The <b><u>only</u></b> change to this file should be the 3 additional fields that you add, as described in the RFP.</p> <p>Appendix B2 and Appendix B6 are jumbo data files, as is typical of a State client. These pipe-delimited .txt files are far too large to simply open in Notepad and far too large to be exported into Excel. We strongly suggest that you import these .txt files into Microsoft SQL or similar jumbo data application to be able to use the data and respond appropriately to this RFP.</p>

		<p>Provider state - if possible, provider service address, not billing address</p> <p>Provider zip - if possible, provider service address, not billing address</p> <p>Member zip * -</p> <p>Inpatient/Outpatient/Professional indicator *** - If IP, OP, and Prof claims are included in the same file, then an indicator must be provided to differentiate between them (place of service code)</p> <p>CPT code - service code or diagnostic code</p> <p>CPT code modifier –</p> <p>Service units - if multiple claims are aggregated together, then service unit count must be included. Otherwise the default assumption will be that each record represents a single claim</p> <p>Submitted Charges ** - Total amount billed by the provider</p> <p>Non Covered Charges ** - Charges not covered due to plan limitations and exclusions (e.g., not medically necessary) - this does NOT include the savings from provider contract</p> <p>Allowable Charges * - defined as submitted - non covered - contract savings, ie the amount payable to the provider under terms of the provider contract</p> <p>* Not required, but still preferred in order to conduct a thorough analysis</p> <p>** If both Submitted and Non Covered Charges cannot be provided, a Covered Charge (Submitted less Non Covered, prior to provider discounts) can instead be provided</p> <p>*** Place of service code is acceptable</p>	
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20.	Section 1.1, pages 9 and 10	12/09/2021	Is the Complete Proposal File to be vendor-deidentified via a “blind” copy, or only the Technical Unit as part of the “Blind Proposal File”?	The Complete Proposal File should be viewable without “de-identification” and consist of Section 9 as the Cost Unit, Sections 7 and 8 as the Technical Unit, and Sections 1-6 and 10-14 as the Management Unit. The Blind Proposal File must be submitted de-identified for blind evaluation as these factors do not require knowledge of the name of the vendor. The Blind Proposal File consist of Section 9 as the Cost Unit and Sections 7 and 8 as the Technical Unit. The “price portion” of the Cost Unit (B4) will be evaluated un-blind, as it is objectively scored via formula-based methodology.
21.	Section 1.2, pages 9 and 10	12/09/2021	Does the Technical Unit for the purposes of a “blind” copy apply only to Sections 7 and 8?	The Technical Unit consists of Sections 7 and 8 and is statutorily required to be evaluated blindly without the knowledge of the vendor name. Therefore, any proposals that does not adhere to these requirements within the “Blind” copy will be deemed non-responsive and may be rejected on that basis.
22.	Section 1.1 and 1.2, pages 9 and 10	12/09/2021	If the Complete Proposal File is to be vendor-deidentified, how does the Vendor accomplish removing/redacting vendor-identifying information when the Complete Proposal File specifically calls for vendor-identifying information, such as Section 5 and 7.1?	The Blind Proposal File is required to be “de-identified”, not the Complete Proposal File nor the Redacted Proposal File. Make sure that your response to content of the Blind Proposal File is answered in a manner that does not necessitate the identification of the vendor name. However, ensure you answer every part of the question(s), address all aspects of the requirement(s), and provide all requested information. Remember the evaluation committee can only grade based on what you actually say in your response.
23.	Section 1.2, pages 9 and 10	12/09/2021	If the “Blind Proposal File” only applies to the Technical Proposal (or Technical Unit), is it be numbered as its own document or maintain the same page numbering sequence as in the Complete Proposal File?	Because the Technical Unit is a subset of/retracted from the Complete Proposal File, it should maintain the same page numbering sequence as in the Complete Proposal File.
24.	Section 1.13, Finalist Phase, page 18	12/09/2021	In light of the Finalist Phase and the ability to provide a Best and Final Offer, are Vendors entitled to mark their cost proposal “Confidential” until such time the contract has	Yes, Miss. Code Ann. Section 25-61-9(7)) is applicable to all procurement contracts that have been awarded.

			been awarded, as Miss. Code Ann §25-61-9(7) does not apply until the contract has been awarded?	
25.	Section 8.3, Question 18, page 90	12/09/2021	Clarification Needed: Since there are no corresponding questions to address under Item 18.a. and 18.b., are Vendors to confirm their understanding of the statement and ability to comply, or are there questions missing?	Yes, please confirm you will comply with this requirement.
26.	Section 9, Network Access Detail, page 94	12/09/2021	The statement references "To further support the network access grid in subsection 7.11, question 146, vendors must also complete Appendix B3, Network Access Detail." Question 146 pertains to a reimbursement table, so should the reference state question 147 related to Network Access Detail for Appendix B3?	Yes, the statement contained in the Network Access Detail portion of Section 9 on page 94 should have referenced question 147 of subsection 7.11.

**Question Submission Deadline:** December 9, 2021, 5:00 PM CST

**Response Issue Date:** December 15, 2021