

MDFA OI Request for Proposals for Pharmacy Benefit Manager Services
MDFA OI RFP RFX Number: 3120003010
Amendment One
Issue Date: November 21, 2024

The Mississippi Department of Finance and Administration (MDFA) Office of Insurance (OI) through this Amendment One, modifies the original MDFA OI RFP RFX 3120003010 issued on October 16, 2024.

1. The **attached Questions and Answers document** is incorporated fully along with this Amendment One as part of MDFA OI RFP RFX 3120003010.
2. **Exhibit B, PBM Services Vendor Reports**, on RFP page 76 is amended, attached, and incorporated fully along with this Amendment One as part of MDFA OI RFP RFX 3120003010.
3. **RFP Subsection 10.2 on RFP pages 64-65** is amended as follows:

10.2 Important Dates and Deadlines

October 16, 2024	Request for Proposal released
October 31, 2024, 5:00 PM CST	Questions and Requests for Clarification due to OI
November 7, 2024, 5:00 PM CST	Anticipated responses to vendor questions to be posted
January 3, 2025, 2:00 PM CST	Proposals submission deadline
January 3, 2025, 3:00 PM CST	Proposal Opening
January 31, 2025	Anticipated Finalists selected
February 6-7, 2025	Anticipated Presentations by finalists*
February 2025 Board Meeting	Anticipated Notice of Intent to Award distributed
2 Days following Board Meeting	Anticipated Notice of Contract Award published
3 Business Days of Notice of Intent to Award	Anticipated Post-Award Debriefing Request Due Date
3 Business Days of Debriefing Request	Anticipated Post-Award Debriefing Held by Date
7 Calendar Days of Notice of Intent to Award	Anticipated Request for Reconsideration of the Intent to Award Deadline Date
January 1, 2026	Contract(s) Effective Date/Services Begin

* Adjustments to the schedule may be made as deemed necessary by OI. The Board anticipates vendors selected as finalists will make presentations (possibly virtual) in Jackson, Mississippi. **Due to the constraints of the RFP timeline and the relative importance of presentations in the evaluation process, interested vendors are encouraged to be prepared to accommodate this schedule.**

Please acknowledge receipt of MDFA OI RFP RFx 3120003010 Amendment One by signing and returning this amendment, along with your proposal, **on or before 2:00 PM CST, January 3, 2025**. 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: _____

Appendix B

Pharmacy Benefit Manager Services Vendor Reports

The selected vendor will provide reporting which will reflect transactional (monthly) elements as well as the overall success of the program (quarterly and semi-annual) elements. Reports and frequency may be modified upon mutual agreement. The report list and frequency will be as follows:

Deliverable	Ongoing Frequency	Description
Quality Control Evaluation Report	Quarterly	Quarterly report showing the adherence to the required performance guarantees.
Pharmacy Field and Desk Audit Services Report	Quarterly	Quarterly report of audit activities and findings of the pharmacy field and desk audit services.
Manufacturers Rebate Report	Quarterly	Quarterly report of all pass-through price protection received from manufacturers through rebates to the Plan by therapeutic category and by manufacturer down to the NDC level.
Reconciliation Report	Monthly and Annually	Report that shows the reconciliation between the invoices and the pharmacy claims details.
Manufacturers Rebate and Paid Ancillary Fee Report	Monthly and Annually	Monthly and annual NDC level report on earned rebate dollars and all ancillary fees paid by pharmaceutical manufacturers for medications dispensed for the Plan.
SOC or similar audit report	Annually	Report generated by an independent audit of a company's information security systems and the controls it has in place to secure those systems and the information stored, processed, and/or transmitted by them.
Standard/Ad Hoc Reporting	Per Board request	Detailed report provided at the Board's request in a hard copy and/or electronic media format that provides web-based reporting tools that allow the Board to view, print and download reports to spreadsheet software.
State of MS Top Calls Handled by CS	Monthly	Monthly customer care - top call type inquiry

State of MS Customer Service Performance Report	Monthly	Monthly customer care call metrics
PAA Weekly State of MS_PA-appeals-confidential and proprietary – contains PHI	Weekly	Prior Authorization and Appeals case review detail
COVID Vaccine Mississippi – fill year to date by month	Monthly	Monthly Covid vaccine report that was set up for distribution in 2020 to monitor COVID related costs when the pandemic began
YTD MS Top 25 Utilizing Members – Summary and Detail	Monthly	Year-to-date summary of top 25 high-cost utilizers
MS Top 25 Last Fill Month Total Utilizing Members – Summary and Detail	Monthly	Monthly summary of top 25 high-cost utilizers
MS LAG Report – Final Paid and Reversed View	Monthly	Lag report that includes invoice date and date of service
State of Mississippi_RXC_Performance Report	Quarterly & Annually	Report to monitor contractual discount guarantees
State of Mississippi Specialty Guarantee Report	Quarterly & Annually	Report to monitor contractual discount guarantees
State of MS Rebate Invoice Detail by NCD with Brand Claim Count Report	Quarterly	Quarterly report to support manufacturer rebate invoice
State of Mississippi Rebate Distribution Summary	Quarterly	Quarterly report to support rebate distribution payment
Rebates Estimates	Quarterly	Quarterly report to support manufacturer rebate invoicing
MS SSEHIP Network Performance	Quarterly	Quarterly report to monitor contractual discount guarantees
MS SSEHIP Performance Guarantee Report	Quarterly	Quarterly report to monitor contractual performance metrics
MS SSEHIP/CVS Caremark: RxInsights Report	Quarterly	Quarterly trend, top drivers, and benchmark report
(Year, Quarter) PA Appeals Summary_MSSSEHIP	Quarterly	Summary report of Prior Authorization and Appeal case reviews
Month In Review (month,year)	Monthly	Monthly report that includes all approved drugs in the previous month

(Month-Year) Specialty QL Drug List	Monthly	Monthly report outlining all updates/additions/to Specialty Quantity Limit program
(Year-Month) MBO Update	Monthly	Monthly update that provides any new drugs added or on the 'watch' list of the Medical Benefit Only strategy
(Month-Year) HDHP=HSA Preventive drug list STANDARD	Monthly	Monthly updates to HDHP/HSA Preventive drug list

NOTE: It is also important to note, while not actually received in a 'report' each month, the clinical pharmacist with the current PBM provides clinical updates including, but not limited to, formulary updates, drug list updates, utilization management updates that do not fall on the quarterly formulary announcements, specialty drug list updates, ACA updates, CDC guideline updates, pipeline drugs, market place announcements, Medispan (MONY) code changes affecting members, drug recalls and benefit fair activities.

RFP RFx # 3120003010
RFP for Pharmacy Benefit Manager Services
Procurement Questions and Answers

	Procurement Section, Page Number	Date Received	Question (As submitted)	Response
1.	General	10/31/2024, 1:41 PM	Please provide historical claims.	<p>Vendors must request access via email to InsuranceRFP@dfa.ms.gov. Vendors should enter “RFP RFx Number 3120003010 – Gallagher ShareFile Access Request” as the subject for the email. The email should include your organization’s primary contact, direct telephone number, email address and the contact information of the person Gallagher should contact for establishing access to the claims data file that is to be used to complete Section 9, Administrative Cost and Network Proposal, of your proposal.</p> <p>Upon receipt of the access request, Gallagher will work with the vendor to retrieve the data.</p>
2.	General	10/31/2024, 1:41 PM	Please provide a census file.	<p>No. This information is not considered relevant.</p> <p>However, the following is available to the public via https://www.dfa.ms.gov/opeb-gasb-7475-reports.</p>
3.	General	10/31/2024, 1:41 PM	Please provide live count for this opportunity. Is this RFP for commercial populations only?	<p>This RFP will cover the pharmacy benefits for the State of MS state employees and teachers. This RFP will not include any Medicaid, Medicare, or CHIP program.</p>
4.	General	10/31/2024, 1:41 PM	Could the Board provide the current formulary in Excel? What deviations from the current formulary have been requested in the past few years? How often are they requested?	<p>No. This information is not considered relevant.</p> <p>However, the following is available to the public via CVS Caremark Mississippi Department of Finance and Administration.</p>

5.	General	10/31/2024, 1:41 PM	Please provide the average number of prior authorizations, appeals, and grievances per month (or annually).	For CY 2023, there were 24,552 Prior Authorizations, 873 Appeals, and 14,180 Exceptions.
6.	General	10/31/2024, 1:41 PM	Are there any in-house pharmacies? If so, please provide the NPI.	The PBM will establish the pharmacy network.
7.	General	10/31/2024, 1:41 PM	Please provide the average number of DMRs (direct member reimbursement) per month (or annually).	No. This information is not deemed pertinent for the submission of a response to this RFP.
8.	General	10/31/2024, 1:41 PM	We reconcile claims using Medi-Span but would it be acceptable to adjudicate using First DataBank?	Medi-Span is the preferred database.
9.	1.2 Purpose and Goals, page 6	10/31/2024, 1:41 PM	The requirement is as follows: “The only compensation the PBM will receive from or on behalf of the Board, for the services described in this proposal or any subsequent contract, shall be the PBM’s quoted administrative fees listed in the PBM’s proposal, or agreed upon in writing through subsequent discussion with the Board. Considering that the RFP Appendix E-K includes a tab for us to provide fees for optional services, confirm that the above proposed financial structure would not apply for this opportunity.	<p>The administrative fees will be the only compensation the PBM receives from or on behalf of the Board for the services described in the RFP, the PBM’s proposal, or/and subsequent contract.</p> <p>Payment of pharmacy claims (RFP Appendix E-K) is paid separately, meaning outside of MAGIC, from the subsequent PBM contract.</p>
10.	SECTION 3. Minimum Vendor Requirements, page 23	10/31/2024, 1:41 PM	Question 3.3 requests a dedicated and exclusive clinical pharmacist to participate in employer health/benefit fairs and visit physician offices and pharmacies. Can the Board advise on the timing and type of support that would be needed for these activities?	<p>The dedicated and exclusive clinical pharmacist, in addition to those duties contained within the RFP, will:</p> <ul style="list-style-type: none"> • Provide advice regarding drugs for which the Plan may require prior authorization for coverage; • Provide notification of blockbuster or pipeline drugs, FDA approval of new drugs, and education regarding therapeutic substitutions; • Provide support and representation of all clinical-based programs as the pharmaceutical clinical advisor to the Board;

				<ul style="list-style-type: none"> • Meet as frequently as needed to discuss utilization patterns and trends identified by analysis of Plan claims data; • Assist in analyzing trends gleaned from ad hoc reports, and review the overall effectiveness of Plan benefits; • Analyze and evaluate drug utilization information; • Develop and present educational materials to physicians, pharmacists, and members; • Prepare periodic summary reports; • Create, implement, and maintain formulary programs; • Introduce new clinical programs; • Serve as a drug information resource; • Assist in plan performance evaluation and drug coverage benefit design development; and • Other duties as needed and assigned to provide prescription drug benefit management services to the Plan and assist the Board relative to all aspects of the contract between the Board and the PBM. <p>There are several State agencies that hold annual benefit fairs that this position will be required to attend. There are also Plan vendors that hold annual conferences that this position will be required to attend. This position will set up a booth and provide information, etc. to participants.</p>
11.	2.2	10/31/2024, 1:41 PM	Can the Board provide clarification on the type of federal and management reports requested in 2.2.6 and 2.211? What types of reports and format is the Board looking for? What is the frequency?	Refer to the attached updated RFP Exhibit C, PBM Services Vendor Reports .
12.	2.5	10/31/2024, 1:41 PM	Please confirm if the reports referenced are the reports mentioned in Exhibit C on page 44.	No, ad hoc reporting refers to reports requested from the State that are outside of the listed reports provided in RFP Exhibit C, PBM Services Vendor Reports .
13.	8.2.9	10/31/2024, 1:41 PM	As a privately held company, [REDACTED] only releases its audited financial statements to a	Send the most recent annual report for your organization and for your parent organization (if applicable), as well as

			potential client's direct financial contact. Please provide the name and contact method for a financial contact for [REDACTED] to submit the requested documents.	your firm's and those of your parent organization, if applicable) most recent audited financial statements, including any auditor's recommendations or opinions via email directly to the MDFA OI Account Manager, Lori Paes, at Lori.Paes@dfa.ms.gov . Vendors should enter " RFP RFx Number 3120003010 – Annual Reports & Audited Financial Statements " as the subject for the email.
14.	10.1 Instructions to Vendors, page 61	10/31/2024, 1:41 PM	Please confirm we can submit proposals electronically and would not need to submit paper copies.	Confirmed a Complete Unredacted Proposal File and Redacted Proposal File may be submitted electronically via the State of Mississippi's Accountability System for Governmental Information and Collaboration (MAGIC) as prescribed in RFP Section 10.1 .
15.	6. E-Payment and Paymode, page 18	10/31/2024, 1:41 PM	Understanding there is no advance funding of service/administrative fees and acknowledging the seven (7) day pharmacy prompt pay requirement in the State of Mississippi, will the State provide a prompt pay deposit for drug/covered product claims to ensure the State's compliance with payments being made to pharmacies in compliance with the State pharmacy prompt pay laws?	MDFA will comply with all applicable laws. The E-Payment and Paymode clauses refer to payment to the PBM Vendor for services (administrative fees). These two clauses are not applicable to the prompt pay laws as payment of pharmacy claims is paid separately.
16.	General	10/31/2024, 1:41 PM	Can the Board clarify how claims payments are made today to comply with Mississippi's prompt pay regulations?	Internal payment processes and/or procedures are not deemed pertinent for the submission of a response to this RFP. MDFA will comply with all applicable laws. Refer to Q&A #9 & 15 above.
17.	RFP_Appendix_E_-_K, Financial Requirements	10/31/2024, 1:41 PM	Can the Board confirm that we can provide quarterly rebate payments within 90 days as requested in Question 73? 45 days and 60 days are mentioned elsewhere.	The Board requires quarterly rebate payments within 60 days.
18.	?	10/31/2024, 1:41 PM	Would it be possible to provide the claims data before bidder response timeline? Would	Refer to response to Question 4 above.

			it also be possible to receive an Excel file of the current formulary, so that we can run a comparison?	
19.	n/a	10/31/2024, 2:01 PM	<p>No data was included to complete the formulary disruption, please confirm when the data files will be provided.</p> <p>Additionally, will there be an opportunity to ask questions specific to the claims data file once provided?</p>	<p>Refer to response to Question 1 above.</p> <p>No.</p>
20.	n/a	10/31/2024, 2:01 PM	After reviewing the online training, there are some components of the MAGIC system that are unclear. Will there be an opportunity for a live walk-through? If not, please clarify how to navigate to the draft response after clicking "Create Response"?	For support with MAGIC, please submit an email via mash@dfa.ms.gov or call the MMRS Call Center at (601) 359-1343.
21.	n/a	10/31/2024, 2:01 PM	<p>For GLP-1s, are there any plan coverage changes planned in the coming year for the following indications?</p> <p>Weight Loss</p> <p>Diabetes</p> <p>Cardiovascular</p> <p>Other – please specify</p>	The Board considers possible Plan changes at least annually, based on determined needs for benefit enhancements and revisions and/or fiscal factors.
22.	n/a	10/31/2024, 2:01 PM	<p>Please confirm if the State is considering any future changes in biosimilar coverage strategy.</p> <p>Additionally, please confirm if the State is requiring bidders to provide rebate guarantees with or without the assumption of rebate credit value for any known events, i.e. low WAC insulins and Humira and its biosimilars.</p> <p>Finally, please confirm that the State will accept proposals inclusive of rebate credit for</p>	Refer to response to Question 21 above.

			future events, including but not limited to Stelera and its biosimilars.	
23.	1.3.6 (ii), page 7	10/31/2024, 2:01 PM	<p>With regard to 1.3.6 below, please confirm that the State is agreeable to amending (ii) to read “the discounted ingredient cost, plus dispensing fee; or” as noted in proposed edit below. For PBM services offers, this edit more appropriately captures the copay logic applicable when billing a member a “copayment”.</p> <p>1.3.6. “Copayment” means that portion for a covered prescription which, under the terms of the Plan, is required to be paid by the participant directly to the pharmacy. The Employee will pay the lower of:</p> <p>(i) the copayment, coinsurance or deductible;</p> <p>(ii) the discounted ingredient cost acquisition cost, plus dispensing fee; or</p> <p>(iii) the pharmacy’s usual and customary charge for the drug product, MAC (maximum allowable cost) or retail cash price.</p>	<p>The Board is not inclined at this time to change the definition of Copayment as provided in the RFP. If the vendor objects or suggests alternative language, it should be noted in Section 5, Signed Statement of Compliance & Exception(s) Form.</p>
24.	2.2.20.a, page 16; 2.2.20.f, page 16	10/31/2024, 2:01 PM	<p>The PBM is required to provide an open Specialty Network for prescription fulfillment and distribution of specialty medications and supplies, pharmaceutical care management services, customer service, utilization and clinical management, integrated reporting, and claims processing.</p> <p>The PBM must provide an overall specialty discount guarantee for those drugs dispensed through the exclusive specialty drug program in addition to a claim by claim, the greater of will apply.</p>	<p>MDFA OI cannot recommend how to submit an offer. Proposers should submit their most competitive proposal for consideration, provide the best options, not based on what is in place.</p> <p>However, the following is available to the public via CVS Caremark Mississippi Department of Finance and Administration.</p>

			Should we submit our offer based on Open or Exclusive Specialty?	
25.	Performance Standards, 9. Account Service, Page 29	10/31/2024, 2:01 PM	<p>For Performance Guarantee #9, please clarify if the second component should be interpreted as an Account Satisfaction Survey, i.e. client satisfaction with assigned Account team members OR a member satisfaction survey measuring client membership satisfaction with customer and mail service.</p> <p>If the latter, please advise if the State would agree to group this PG with PG #8.</p> <p>Finally, please confirm the PG is specific to conducting such survey and there is not a PG based upon achieving specific scores.</p>	<p>Member satisfaction survey.</p> <p>We will not group Performance Standards 8 and 9 into the same category as Performance Standard 8 is referencing the speed of answering our members' phone calls; while Performance Standard 9 is referencing customer satisfaction surveys.</p>
26.	Performance Standards, 11. Reporting Requirements, Page 29	10/31/2024, 2:01 PM	Regarding PG #11, can the State provide detail on what report quality control evaluation is and how the quality control will be evaluated and measured.	This information is considered proprietary and not deemed pertinent for the submission of a response to this RFP.
27.	Instructions to Vendors, Page 63	10/31/2024, 2:01 PM	If submitting in paper format, do we need to submit 1 original and 2 identical copies plus the redacted for a total of 4 binders or is one of the identical copies the redacted version for a total of 3 binders?	If submitting proposal in paper format, the original signed proposal with two identical copies in three-ring binders along with an electronic copy in a searchable Microsoft Office® format, preferably in Word® or Portable Document Format (PDF®) on flash drive or compact disc must be provided. The binders and electronic file must include the Complete Unredacted Proposal File and Redacted Proposal File, if applicable/elected. Both files consist of the three units of cost, technical, and management, or the 11 sections.

28.	Instructions to Vendors, Page 63	10/31/2024, 2:01 PM	If submitting in paper format, do we need to submit original (wet) signatures or will an electronic signature suffice?	Either the original (wet) signature or electronic signature of an appropriate vendor officer, principal, or owner will suffice.
29.	Proposal Evaluation and Basis for Award, Page 70	10/31/2024, 2:01 PM	Confirm that the highest achievable score for the Analysis Phase is 95%/points with Cost (45%/points) + Technical (35%/points) + Management (15%/points) with remaining 5%/points only available if invited to the finalist presentations.	Confirmed.
30.	All Retail Network Pricing, #42, Financial Requirements Tab	10/31/2024, 2:01 PM	Are you looking for and open to other options beside AWP discount? RFP is formatted for AWP, how would you like to receive additional options?	Use the AWP drug pricing metric.
31.	Section 1. Introduction; Requirement 1.2, Pages 10-11	10/31/2024, 2:12 PM	How will the State determine the level of transparency of PBM bidders, in the aggregate or at the claim level?	Currently, MDFA OI receives quarterly reports showing aggregate. However, the Board may elect to change at their discretion.
32.	Section 1. Introduction; Requirement 1.2, Pages 10-11	10/31/2024, 2:12 PM	<p>Section 1.2 "Purpose and Goals" states that, "The Board's goal is to partner with a PBM to serve as a fiduciary to provide a well-managed customizable formulary which provides access for our participants to clinically effective Food and Drug Administration or FDA-approved drugs at the lowest net cost and to exclude any drugs with proven low efficacy rates and high-cost drugs when lower cost clinically effective drugs are available."</p> <p>Vendor typically accepts fiduciary responsibility with respect to processing claims and performing initial prior authorization reviews (if delegated) in compliance with the benefit design and</p>	Confirmed.

			applicable law. Please confirm this approach aligns with the State's language.	
33.	Section 3. Minimum Vendor Requirements; Requirement 3.14; Page 25	10/31/2024, 2:12 PM	State is requesting unrestricted audit rights, is the state open to agreeing to use an auditor mutually agreed upon by both parties?	No. A state agency is subject to numerous oversight authorities, which may also audit the state's contracts. Thus, the Selected Vendor must agree to allow audits by any entity authorized by law to conduct such audit and that entity's duly authorized representatives. A vendor must agree to all audits required and/or allowed under the law.
34.	Section 3. Minimum Vendor Requirements; Requirement 3.3; Page 23	10/31/2024, 2:12 PM	Does the state expect that the clinical pharmacist is a resource dedicated exclusively to the state plan?	Yes.
35.	General Question	10/31/2024, 2:12 PM	Vendor uses a NADAC-based pricing strategy in lieu of MAC lists. Please confirm Vendor can interpret MAC as NADAC price for the purposes of this RFP. Please note that NADAC is auditable at the claim level.	Refer to response to Question 30 above.
36.	General Question	10/31/2024, 2:12 PM	Please provide a list of current clinical management programs in place today.	No. This information is not considered relevant. Proposers should submit their most competitive proposal for consideration, provide the best options, not based on what is in place. However, the following benefit information is available to the public via https://www.dfa.ms.gov/insurance .
37.	General Question	10/31/2024, 2:12 PM	Please provide current prior authorization volume.	In CY 2023, there were 24,552 prior authorizations.
38.	Section 3. Minimum Vendor Requirements; Requirement 3.1.1; Page 22	10/31/2024, 2:12 PM	Vendor's organization was formed on 11/21/2017. Vendor requests modification of the mandatory requirement 3.1.1 to read as follows	Minimum Vendor Requirements cannot be waived. They are the minimum standard that all vendors must comply with to even be considered acceptable to warrant further evaluation.

			3.1.1 The proposing vendor must possess at least seven (7) years' experience as of December 1, 2024, as an organization providing the equivalent or similar in type, requirements, and scale to those required in this RFP. The proposing vendor must provide sufficient detail to demonstrate it has the minimum required experience in working with programs similar in type, size, and complexity to the Plan by providing client reference(s).	
39.	Section 5. Statement of Compliance and Exceptions Form; Page 34	10/31/2024, 2:12 PM	<p>Section 5 states, "If you object to any of the terms and conditions included in the <i>Draft Pharmacy Benefit Manager Services Contract</i> (refer to RFP Appendix A), or any requirements listed in this RFP, please note and explain your objection(s) on the Statement of Compliance and Exception(s) form."</p> <p>Will the state allow a redline of the contract in lieu of line by line changes/exceptions requests within the "Statement of Compliance and Exception(s) Form?"</p>	While a redline of the draft contract may be included, vendors must include all exceptions to the terms and conditions contained in the draft contract or any requirement listed in the RFP in Section 5, Signed Statement of Compliance & Exception(s) Form .
40.	Section 7. General Questionnaire; Requirement 7.14; Page 39	10/31/2024, 2:12 PM	Requirement 7.14 states, "Provide a brief description of any outside vendors or subcontractors (including aggregator and/or GPO) that will be involved in providing key services detailed within your proposal. Please include the term of your current contract with each vendor or subcontractor (including aggregator and/or GPO). Describe the nature of the relationship with the vendor or subcontractor (including aggregator and/or	No waiver.

			<p>GPO), including any ownership interest. Please include a copy of the current contract as an appendix to your proposal in Section 12.”</p> <p>Subcontractor agreements, including aggregator and GPO agreements, are considered proprietary and confidential. Will the State please consider waiving the requirement to provide contracts as an appendix to our proposal submission? Vendor will instead provide as much information as is contractually possible to allow the State to appropriately analyze our capabilities in this area.</p>	
41.	Section 8. Technical Questionnaire; Requirement 8.1.1.1; Question 8.2.3.21; Page 48	10/31/2024, 2:12 PM	Please confirm the State is not requiring combined medical and pharmacy ID cards.	Confirmed.
42.	Appendix A. Draft Pharmacy Benefit Manager Services Contract; Page 12	10/31/2024, 2:12 PM	Section 25 states, “The Board must have access to all of the PBM, aggregator, and/or GPO’s financial records including the Maximum Allowable Cost (MAC) list used to adjudicate the Plan’s claims, claims data, remittance data, contracts (e.g. pharmacy network, pharmaceutical manufacturer, etc.), reports and other information required by the Board to verify that the transparency requirement is being met by the PBM, aggregator, and/or GPO during the period covered by the contractual term.”	<p>No.</p> <p>Mississippi Code Ann. § 25-15-301(6) states “The information maintained by any corporation, association, company or individual, relating to such contracts, shall be available for inspection upon request by the board and such information shall be compiled in a manner that will provide a clear audit trail.”</p>

			Please consider modifying this requirement to mandate access to PBM records only – removing reference to aggregator and GPO financial records unless contractually permitted by Vendor’s agreement with such aggregator and/or GPO.	
43.	Appendix K (all)	10/31/2024, 2:12 PM	Please provide historical claims data to assist in the underwriting process.	Refer to response to Question 1 above.
44.	Appendix K (all)	10/31/2024, 2:12 PM	Vendor uses a NADAC-based pricing strategy in lieu of guaranteed discounts off of AWP and annual effective rates. Please confirm vendor can crosswalk our model and provide illustrative AWP discounts for comparison within RFP Appendix K.	Refer to response to Question 30 above.
45.	N/A	10/31/2024, 2:22 PM	Biosimilar Strategy: Please confirm that you are only accepting a Low Wac (no rebate) strategy for Humira and Stelara biosimilars. If not please provide details.	This information is considered proprietary and not deemed pertinent for the submission of a response to this RFP.
46.	N/A	10/31/2024, 2:22 PM	Please provide a claims and census file.	Refer to response to Question 2 above.
47.	Appendix J: Mfc Coupon Programs, Page 84	10/31/2024, 4:16 PM	<p>The appendix references using client specific claims data-</p> <p><i>“Complete the below questions and the below chart using the client's specific claims data that has been provided and is applicable to your organization's specialty pharmacy (or your designated third-party partner).”</i></p> <p>If a client specific claims data file has been provided, where is it located? If the file has not been provided, when should it be available and where is it located?</p>	Refer to response to Question 1 above.
48.	Section 10, Page 61	10/31/2024, 4:16 PM	The link to the MAGIC portal appears to be inactive (https://www.dfa.ms.gov/vendor-	https://www.dfa.ms.gov/mississippi-suppliersvendors

			information). Can an updated link be provided?	
49.	Section 4, Page 27	10/31/2024, 4:16 PM	Per the RFP, "The following performance standards and discount guarantees will apply separately to each year of the resulting contract." Does this indicate that all performance guarantees are mandatory requirements?	The Board expects the selected vendor to meet the same or similar performance standards. Performance standards and guarantees will be negotiated between the Board and the selected vendor. Any objections, suggestions, or proposed conditions to these performance standards and/or guarantees should be noted in Section 5, Signed Statement of Compliance & Exception(s) Form.
50.	Section 4, Page 28, #1	10/31/2024, 4:16 PM	Will a member census file be provided to evaluate pharmacy network access?	Refer to response to Question 2 above.

Question Submission Deadline: October 31, 2024, 5:00 PM CST

Response Issue Date: November 21, 2024