

**QUESTIONS AND ANSWERS AND MODIFICATIONS**

**2122-02 ITN RM  
Pharmacy Benefit Management Services**

**Addendum No. 2**

**Failure to file a protest within the time prescribed in section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under chapter 120, Florida Statutes.**

This Addendum consists of the following sections:

- A. Questions and Answers
- B. Modifications to the ITN

**A. Questions and Answers**

Below are the questions and answers related to this solicitation. In the table below, the Department of Financial Services (Department) has answered each of the eighty-six (86) written questions submitted by potential respondents.

<b>No.</b>	<b>ITN Section</b>	<b>ITN Page #</b>	<b>Question</b>	<b>Answer</b>
<b>1</b>	SOW Part B-PBM Service Requirements	SOW Page 9	Please clarify your definition of a “network providers” in the statement made in the SOW page 9, question 3.d.ii -providing a secure internet website for “network providers”	Network providers are entities contracted with the PBM to provide pharmacy services.
<b>2</b>	Addendum B-Section 2.a. Background Checks	Addendum B page #2	Will you please confirm the page and section of the SOW that describes the background checks so that we can confirm compliance. Thank you!	See the modification to Addendum B, Data Security Requirements, 2. Data Access, a., i. See also section B of this Addendum No. 2.

3	ITN Document – Attachments	ITN Document page #4, Attachments Table	<p>Please confirm if all documents listed in the Attachments table require signatures for confirmation.</p> <p>Please also confirm if all documents listed in the Attachments table need to be completed and returned prior to 8/13.</p>	<p>Only Attachment C, Mandatory Criteria Certification, must be signed.</p> <p>Responses are due in accordance with the deadline established in ITN Section 2.2, Timeline. Respondents are responsible for ensuring that all Response documents are submitted by the deadline. See ITN Section 3.2 for the Mandatory Responsiveness Requirements. See also ITN Section 4, Selection Methodology.</p>
4	Statement of Work – Section 4.2, Table 1	Statement of Work document, pages #6-31	Please confirm if each item in Table 1 needs to be individually addressed in the response form.	Respondents must determine how to provide a Response to the ITN based on the information provided in the ITN. Responses will be evaluated during the evaluation phase of this ITN in accordance with ITN Sections 4.2-4.3. See ITN Sections 3, Response Instructions, and 4, Selection Methodology, for more information.
5	Statement of Work – Section 5, Table 2	Statement of Work document, pages #32-63	Please confirm if each item in Table 2 needs to be individually addressed/confirmed in the response form.	Respondents must determine how to provide a Response to the ITN based on the information provided in the ITN. Responses will be evaluated during the evaluation phase of this ITN in accordance with ITN Sections 4.2-4.3. See ITN Sections 3, Response Instructions, and 4, Selection Methodology, for more information.

6	ITN - Attachment 3 – Price Response - 3.3.3 Volume 3 Mandatory Responsiveness Requirements (B.)	Page 14	Could the State of Florida please provide 6-12 months on pharmacy invoicing data to accurate be able to complete RFP pricing proposal sheet? Below are the data elements we are that would be necessary to fully complete Attachment 3:	Responsive data is provided as Exhibit 1 to this addendum. The Department has done its best to provide this information in a readable format. If you would like a copy of the original Excel file, please request the file from the Department by the Procurement Officer at DFSPurchasing@myfloridacfo.com.
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<b>Data Period</b>	
6 - 12 months of Pharmacy Invoicing	
<b>Data Element</b>	<b>Description</b>
Claim Number	Individual Claimants can be used for formulary analysis
Date of Injury	Claimant date of injury can be used in formulary design and analysis
SOJ	Claim State of Jurisdiction. Needed to determine State Fee Schedule and Formulary.
Primary Body Part	Primary National Council on Compensation Insurance (NCCI) code. This can be used for injury specific formulary design and analysis.
Date of Service	Date the prescription was filled. Needed to determine the AWP and calculate State Fee Schedule.
NDC	FDA National Drug Code. Needed to determine the AWP and Clinical Data about the dispensed drug.
Quantity	Quantity of the drug dispensed. Needed to determine the AWP and for Clinical Analysis.
Days Supply	Days' supply. Needed for Clinical Analysis.
Compound (Y/N)	Whether the drug is a compound. Generally for compounds, the NDC provided is for the most expensive drug. We recommend excluding compounds from the analysis.
Drug Name	Directly derived from the NDC but used for error checking in Pricing and Clinical Analysis.
DAW Flag	The Dispense as Written (DAW) flag submitted by the dispensing pharmacy. Needed to calculate State Fee Schedule and some pricing schemes.
Medical Provider/ Prescriber Name	Can be used to detect Provider prescribing patterns
Medical Provider/ Prescriber DEA#	Can be used to detect Provider prescribing patterns
Dispensing Pharmacy Name	The pharmacy that dispensed the drug. Needed for detailed cost-plus pricing analysis and pricing for some third-party billers.
Dispensing Pharmacy NABP	The pharmacy that dispensed the drug. Needed for detailed cost-plus pricing analysis and pricing for some third-party billers.
Dispensing Pharmacy NPI	The pharmacy that dispensed the drug. Needed for detailed cost-plus pricing analysis and pricing for some third-party billers.

	Channel	Legal Values: <b>Retail, Mail or Paper Bill.</b> Retail and Mail are in-network prospectively filled through the PBM BIN/PCN, while a Paper Bill is for out-of-network. Needed to determine which pricing to apply.
	Co-mingled Paper Bill	Legal values <b>Y/N</b> : Yes - for paper bills where the pharmacy line(s) appear on a bill with non-pharmacy lines.
	Biller Name	Entity receiving payment. Needed for Paper Bill pricing.
	Biller TIN	Entity receiving payment. Needed for Paper Bill pricing.
	Billed Generic (Y/N)	Whether the drug was billed as a Brand or Generic. Different billers use different methodologies.
	Billed Amount	The amount charged by the biller for the drug.
	Paid Amount	The amount paid to the biller for the drug. This field is required to complete a price comparison.

<b>7</b>	ITN - Section 1.2 – Background & WC Program Statistics	Page 14	Will the State provide the overall pharmacy penetration rate?	Pharmacies are required in all sixty-seven (67) counties and any other jurisdiction that applies.
<b>8</b>	ITN - Section 1.2 – Background & WC Program Statistics	Page 14	Will the State please provide your total in-network PBM spend for 2020?	See Exhibit 1 to this Addendum No. 2 for fiscal year 2020-2021 data. All entries in the column titled “Line of Business” are in-network except for those labelled as “Bill Review.” (See Legend)
<b>9</b>	ITN - Section 1.2 – Background & WC Program Statistics	Page 14	Will the State please provide your total in-network PBM prescription count for 2020?	Approximately 61,268.
<b>10</b>	ITN - 3.3.2 A. (H.) Division of Workers’ Compensation Compliance	Page 13	How are third party, physician-dispensed and compound medication bills identified and passed to your current PBM for review and processing?	Invoiced on CMS-1500, approved by the MCM, and transmitted, via FTP, to the PBM for review and processing.
<b>11</b>	ITN - B. Respondent’s Proposed Approach (D)	Page 13	Should we answer all SOW questions within this section?	Respondents must determine how to provide a Response to the ITN based on the information provided in the ITN. See ITN Section 3.3, Contents of the Response, and see generally ITN Sections 3, Response Information, and 4, Selection Methodology, for further information.

12	ITN - 3.3.4	Page 14	<p><u>Contract Exception – Attachment A</u></p> <p>Does the State require a vendor to review and redline the following parts of our RFP response:</p> <ul style="list-style-type: none"> <li>- A. Standard Contract – Attachment, Standard Terms &amp; Conditions</li> <li>- A. Standard Contract – Attachment 2, Statement of Work (SOW)</li> <li>- Attachment D. – Description of Contract Dispute Form</li> <li>- Attachment E. - Business Reference Form</li> </ul>	A Respondent should submit a full description of any exceptions it has to the terms in the attachments that comprise Attachment A, Standard Contract. The list of documents that comprise Attachment A, Standard Contract, can be found in the table on page 4, of the ITN.
13	Attachment 2 – Statement of Work	Page 29	<p><u>URAC PBM Accreditation</u></p> <p>Does the State require a PBM URAC accreditation for your workers’ compensation PBM program? Florida’s Division of Workers’ Compensation does not require workers’ compensation PBM’s to be URAC accredited.</p>	Yes, PBM URAC accreditation is required for this contract.
14	Attachment 2 – Statement of Work	Page 30	<p>Subcontractors (D) – The Contractor shall submit a monthly Subcontractor Monitoring Report to the Division that contains the Contractor’s certification regarding the use of subcontractors and includes monitoring reports of all Subcontractor’s performance during the prior month.</p> <p>What data elements are required within the Subcontractor’s Monthly Monitoring Report?</p>	The Subcontractor Monthly Monitoring Report summarizes the required tasks in 30., Subcontractors. The Contractor shall provide the data elements that it proposes to use to monitor a subcontract in any monitoring plan it submits to the Department pursuant to Section 30 b. of Table 1, Part B – PBM Services Requirements of Attachment 2 – Statement of Work (SOW).
15	ITN – Section 1.2 Background	Page 4	Is there anything the State would like to improve about your current PBM program?	The Department is interested in understanding the potential options that may exist and expects Respondents

				to propose the solution/approach they believe provides the best value to the State.
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<b>16</b>	Section 1.2 – Background & WC Program Statistics	Page 14	Please provide a breakdown of the State of Florida’s 2020 PBM Program as follow:	Responsive data is provided as Exhibit 1 to this addendum. The Department has done its best to provide this information in a readable format. If you would like a copy of the original Excel file, please request the file from the Department by the Procurement Officer at DFSPurchasing@myfloridacfo.com.
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	Retail			Mail-Order			Physician Dispensing			Out-of-Network Paper Bills			Specialty		
	Rx Count	Total Charge	Paid Amount (Allowance)	Rx Count	Total Charge	Paid Amount (Allowance)	Rx Count	Total Charge	Paid Amount (Allowance)	Rx Count	Total Charge	Paid Amount (Allowance)	Rx Count	Total Charge	Paid Amount (Allowance)
Brand															
Generic															
Total															

<b>17</b>	10		Please specify what, if any, documents listed on the webpage <a href="http://dms.myflorida.com/business_operations/state_purchasing/documents_forms_references_resources/purchasing_forms">http://dms.myflorida.com/business_operations/state_purchasing/documents_forms_references_resources/purchasing_forms</a> must be submitted with the proposal.	This link provides vendors with access to the General Instructions to Respondents (PUR 1001). No documents from the website need to be submitted with the Response.
<b>18</b>	13 and SOW Page #7	SOW Section 4.2 Table 1 Part B Section 2a ii	Is this for both in-network and out-of-network?	Yes.

19	13 and SOW Page #8	SOW Section 4.2 Table 1, Part B Section 2e	Please specify or give example(s) of the type of technical training that should be on the quarterly technical training report.	An example would be training required as a result of a system navigation change or any system change impacting workflow.
20	13 and SOW Page #8	SOW Section 4.2 Table 1, Part B Section 2f	Please specify or give example(s) of the type of security updates.	An example would be a change to the firewall, secure password access, etc.
21	13 and SOW Page #8	SOW Section 4.2 Table 1, Part B Section 3.1.a	SOW section 3.1 a (Customer Service and Support) includes Items i-v, while the corresponding item in Table 2, Part B (Due Date or Time Period) states:  <i>"The Telephone Customer Service requirements specified in Table 1, Part B, Section 3.a. i. through vi. shall be met on a continuing basis."</i>  Is Item 3.a.vi missing or does it not exist?	Item 3., a., vi., does not exist. Replace "vi." with "v." in SOW Section 5, Table 2, Part B, 3.1 in the first paragraph in the Due Date or Time Period column.
22	13 and SOW Page #9	SOW Section 4.2 Table 1, Part B Section 3di	Please specify who the stakeholders are.	Stakeholders are the DRM, injured employees, the MCM, prescribers, third party billers, and pharmacies.
23	13 and SOW Page #9	SOW Section 4.2 Table 1, Part B Section 3dii	Please clarify what is meant by "secure internet website for network providers".	A website or transmission method that is secure for network providers to transmit claimant pharmacy information.
24	13 and SOW Pages #10-12	SOW Table 1, Part B, Section 5, Formulary	There is a discrepancy in certain items listed in the SOW and the Evaluator Score Sheet. Section 9 of the Evaluator Score Sheet directs respondents to address Items a-m within SOW Table 1, Part B, Section 5 ("Formulary"). However, that section in the SOW only includes Items a-l.	This is a typo in the Evaluator Score Sheet. Item "m" does not exist. The Evaluator Score Sheet is being revised to address this typo in section B of this Addendum No. 2. See the revised Evaluator Score Sheet.
25	13 and SOW Page #11	SOW Section 4.2 Table 1, Part B Section 5f and g	SOW Table 2, Part B, Section 5.3 (Formulary Management Requirements and Formulary Management Report, p.38) states <i>"As described in Table 1, Part B, Sections 5. f. and g."</i> and <i>"By the fifteenth (15th) Calendar Day of each month, the Contract shall provide the required <b>DAW Report</b>, unless a mutually agreeable</i>	Replace "DAW Report" with "Formulary Management Report" in SOW Section 5, Table 2, Part B, 5.3 in the second paragraph in the Due Date or Time Period column.

			<i>alternative timeline is established.</i> ” However, Table 1, Part B, Sections 5. f. and do not reference the DAW report. Please reconcile.	
<b>26</b>	13 and SOW Page #12	SOW Section 4.2 Table 1, Part B Section 5j	Please describe what is included in retrospective case management.	Retrospective Case Management is a summary of the PBM’s participation in any claims conferences that occurred during the prior month.
<b>27</b>	13 and SOW Page #12	SOW Section 4.2 Table 1, Part B Section 5l.	Please describe the kinds of information the DUR report should contain.	The DUR report should contain all elements listed in 5., k., i.– iii.
<b>28</b>	13 and SOW Page #13	SOW Section 4.2 Table 1, Part B Section 7b	Please clarify this requirement with regard to assigning a RXBIN to each claim.	An identifier that is assigned for the DRM’s account with the PBM.
<b>29</b>	13 and SOW Page #13	SOW Section 4.2 Table 1, Part B Section 7g and i	Can you provide more details around how we would determine who should be terminating and what “in writing” means? Is that an email, some type of daily file, etc.?	Termination is determined by the DRM, which is communicated via email. The PBM is required to acknowledge the termination of benefits, via email.
<b>30</b>	13 and SOW Page #15	SOW Section 4.2 Table 1, Part B Section 9b	Please describe your definition of “secured delivery”.	Secured delivery requires a signature of the recipient for certain classes of medications.
<b>31</b>	13 and SOW Page #17	SOW Section 4.2 Table 1, Part B Section 10 hii	Please describe your definition of “Maintenance Drug”.	The term “Maintenance Drugs” is defined in Section 2, DEFINITIONS, of Attachment 2, Statement of Work.
<b>32</b>	13 and SOW Page #18	SOW Section 4.2 Table 1, Part B Section 11	Does pass-through pricing refer to just mean the drug and admin files? If not, please elaborate.	Section 11, Pricing Requirements, refers to prescription payments.



33	13 and SOW Page #20	SOW Section 4.2 Table 1, Part B Section 13f	Is the unique identifier the PCN? If not, what is it?  Please clarify where the Reconsiderations should go.	The unique identifier is a field in the data file that identifies the transaction as a reconsideration.  After the PBM's review of the reconsideration, the adjustment to the adjudication is transmitted to the DRM on the prescription payment data file.
34	13 and SOW Page #26	Table 1 Part B Section 21	Please describe your definition of "discount guarantee true-up"	The discount guarantee true-up of drug pricing is determined by comparing total invoiced drug prices to the total of all invoiced drugs recalculated at the contract guaranteed AWP discount.
35	13 and SOW Page #27	SOW Table 1, Part B, Section 23, Ad-Hoc Reports	There is a discrepancy in certain items listed in the SOW and the Evaluator Score Sheet. Section 27 of the Evaluator Score Sheet directs respondents to address Items a-b within SOW Table 1, Part B, Section 23 ("Ad-Hoc Reports"). However, that section in the SOW only includes Item a.	This is a typo in the Evaluator Score Sheet. Item "b" does not exist. The Evaluator Score Sheet is being revised to address this typo in section B of this Addendum No. 2. See the revised Evaluator Score Sheet.
36	13 and SOW Page #32	SOW Section 5 Table 2, Part A Section 1.2	Is "effective date of the contract" the same as the contract award date?	The effective date of the Contract is the date the Contract is fully executed. The award of the Contract will take place prior to the Contract being executed. See ITN Section 5.6, Execution of Contract.
37	3.3.2	Page 13	5. Is the Respondent's formulary readily available for prescribers and/or members (a) for identification of utilization restrictions and (b) for formulary alternatives for high cost non-formulary products?  The formulary can be provided upon request as well as during implementation phase. Will this meet criteria for readily available to claimants and providers?	The PBM's formulary should be accessible from their system at any time for prescribers and members. A member is the DRM and the MCM, not a claimant.
38	6i	Page 13	SOW pg. 29 and 58 - Describe the Respondent's process for assessing consumer satisfaction and provide an example of some recent findings.	The requirements are defined in Section 29 of the SOW. How the Respondent addresses this requirement will be evaluated upon submission of the proposed process. The Department is interested in proposed innovations and alternatives which can be discussed during the

			Customer satisfaction and surveys outlined are approached from a group health stance. Would the State be against requiring a phone tree and customer surveys?	negotiations process. See ITN Section 3.3.5 (Volume 5) and Section 4, Selection Methodology, for additional information.
39	6i	Page 13	<p>B. Respondent Proposed Approach: D. The Respondent shall fully describe its plan for carrying out the services contained in the SOW: SOW p 21 and 53 Annually by the thirtieth calendar day after the end of each contract year, unless a mutually agreeable alternative timeline is established.</p> <p>Annual true-ups would need to be completed 45 days post close of annual period. If there is a true-up deficit is there an issue with payment 90 day post closure?</p>	This can be discussed during the negotiation process.
40	6i	Page 13	<p>B. Respondent Proposed Approach: D. The Respondent shall fully describe its plan for carrying out the services contained in the SOW: SOW p 11, 5.c. The contractor shall require Prior Authorization, according to section 440.13(3)(d), F.S., and/or section 440.13(3)(i), F.S., of medications submitted with DAW Code 1 or DAW Code 2 designation. The Prior Authorization process shall include the following tiered approach: Levels 1 - 4 and appeal process.</p> <p>Do adjusters handle all prior authorizations currently for the DWC, and will this process continue upon benefits change?</p>	The TCMs and adjusters handle all prior authorizations for the DRM, not the DWC. Yes, the process will remain the same for this Contract.
41	6i	Page 13	<p>B. Respondent Proposed Approach: D. The Respondent shall fully describe its plan for carrying out the services contained in the SOW: SOW p 15, 9.c</p> <p>If a claimant asks CorVel to manage/order mail order refills on their behalf, are we able too?</p>	The claimant has free choice of pharmacy, but the mail order service should be provided by the PBM.

42	6i	Page 13	<p>B. Respondent Proposed Approach: D. The Respondent shall fully describe its plan for carrying out the services contained in the SOW: SOW p 14, 8.f</p> <p>Will a notice to the claims handler for file updating suffice in lieu of reporting?</p>	No, the report is required.
43	4.b in SOW	Page 10	<p>SOW, section b. The Contractor shall process all pharmacy bills, submitted on-line or off-line, to include the following:</p> <ul style="list-style-type: none"> <li>i. electronic and paper bills from pharmacies;</li> <li>ii. bills related to physician dispensing;</li> <li>iii. bills for Compound Medications; and</li> <li>iv. bills for medical foods</li> </ul> <p>Are in-office Physician Dispensed bills currently processed through your Bill Review Vendor?</p>	No.
44	4.b in SOW	Page 10	<p>SOW, section b. The Contractor shall process all pharmacy bills, submitted on-line or off-line, to include the following:</p> <ul style="list-style-type: none"> <li>i. electronic and paper bills from pharmacies;</li> <li>ii. bills related to physician dispensing;</li> <li>iii. bills for Compound Medications; and</li> <li>iv. bills for medical foods</li> </ul> <p>Are in-office Physician Dispensed bills currently processed through the PBM? If yes, how does the PBM receive these bills?</p>	Yes, they are received via FTP.
45			<p>Does the State currently have a PBM vendor contract in place? If so, where can the current contract information be accessed?</p>	Yes, Progressive Medical is the DRM's current PBM. The contract can be obtained in the Florida Accountability Contract Tracking System (FACTS) at:

				<a href="https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=430000&amp;ContractId=D0706">https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=430000&amp;ContractId=D0706</a>
46	3.3.2, Technical, subpart A, item I	13	Can the State clarify the meaning of “stewardship report” in the context of the preceding question: “Describe the Respondent’s process for assessing consumer satisfaction and provide an example of some recent findings.	The stewardship report is typically presented by the PBM during the stewardship meetings identified in the SOW, Section 22., Stewardship Meetings. Consumer satisfaction refers to the SOW, Section 29., Satisfaction Survey.
47	Contract Signature Page		Is the date of December 20, 2021, reflected in the Contract Signature Page the anticipated contract start date? If so, can the State provide the projected “go-live” date?	The Department expects for the Contract to begin on the later of December 20, 2021, or the date the Contract is signed as noted in the Contract Signature Page.  The Contractor shall, within ninety (90) Calendar Days of the effective date of the Contract, complete Administrative Set-Up (SOW, Table 1, Part A). The Contractor shall begin performing the requirements for delivering PBM Services upon completion of all Administrative Set-Up requirements (SOW, Table 1, Part B).
48			Is the State able to provide historical claims data prior to the ITN submission date, so that we can create the most responsive and competitive solicitation response possible?	Responsive data is provided as Exhibit 1 to this addendum. The Department has done its best to provide this information in a readable format. If you would like a copy of the original Excel file, please request the file from the Department by the Procurement Officer at DFSPurchasing@myfloridacfo.com.
49			Can the State provide their GDR by rx_type (specialty vs traditional) and utilization by therapy class/rx_type (e.g. diabetes/trad meds = X scripts, hypertension/trad meds = Y scripts, oral oncology/spec meds = Z scripts)?	The DRM does not track GDR by therapeutic class.

50			To create a competitive and responsive proposal, is the State able to provide demographic info for their members?	The most current information regarding State workforce populations may be obtained through the Florida Department of Management Services at: <a href="https://www.dms.myflorida.com/content/download/149462/996706/FY_2018-19_Annual_Workforce_Report_(FINAL).pdf">https://www.dms.myflorida.com/content/download/149462/996706/FY_2018-19_Annual_Workforce_Report_(FINAL).pdf</a>
51			If a member is on a branded drug and there is a generic equivalent for that drug, can the Contractor move the member to the generic equivalent?	If a prescription is written for a brand medication a generic may be substituted, if not a DAW 1.
52	SOW Attachment 2: Table 1, Part B, Section 11 - Pricing Requirements, Items d and e	18	Is the Contractor required to provide a MAC list with the ITN response?	No, a MAC list is not required with the submission of a Response to this ITN.
53	ITN Sec. 1.2 WC Program Statistics	5	Would it be possible, with a properly executed Non-Disclosure Agreement, for the prospective Contractor to receive a sample data set of prescription transactions processed over the past 60, 90, or 120 days (or some other defined period) for review? This type of information would be helpful when estimating the overall impact of rebate volumes based on actual drugs being dispensed within the Division's injured worker population and how they would be factored into the proposed pricing model.	See answer to Question 6.
54	ITN Sec. 1.2 WC Program Statistics	5	What is your current network penetration expressed in terms of a dollar value of total Rx spend as well as a percentage of overall Rx spend? What is the brand vs. generic Rx mix for those transactions?	Network penetration for fiscal year 2020-2021 was 85.3%. See Exhibit 1 for additional information. All entries in the column titled "Line of Business" are in-network except for those labelled as "Bill Review." (See Legend)
55	ITN Sec. 1.2 WC Program Statistics	5	Would it be possible to get a department list of all State employees that are covered by the program described in the ITN?	The most current information regarding State workforce populations may be obtained through the Florida Department of Management Services at:

				<a href="https://www.dms.myflorida.com/content/download/149462/996706/FY_2018-19_Annual_Workforce_Report_(FINAL).pdf">https://www.dms.myflorida.com/content/download/149462/996706/FY_2018-19_Annual_Workforce_Report_(FINAL).pdf</a> .  See also Exhibit 2, List of Entities Covered by the DRM.
56	ITN Sec. 1.2 WC Program Statistics	5	What is your current “out-of-network” (i.e. physician dispense, specialty dispense, compounds, etc.) Rx spend? Can it be broken down by type? How many “paper bills” does DFS receive and process on a monthly and/or yearly basis?	Please refer to the answer to Question 54. The DRM does not track the number of paper bills submitted. A transaction count is provided as part of Question 54.
57	ITN Sec. 1.2 WC Program Statistics	5	Do you have statistical information that would indicate how many Rx prescriptions were processed (on average, both in-network and out-of-network) per year during the last five (5) fiscal years (2014-2018)?	Exhibit 1 contains responsive data for the previous fiscal year. As described in the Legend for Exhibit 1, all entries in the column titled “Line of Business” are in-network except for those labelled as “Bill Review.” The Excel version of Exhibit 1 can be obtained by emailing a request to the Procurement Officer at DFSPurchasing@myfloridacfo.com.
58	ITN Sec. 3.3.2 A, d, 5	13	How would the Division expect the Contactor/Respondent to communicate its formulary to prescribers and/or members?	The PBM’s formulary should be accessible from their system at any time for pharmacies and members. A member is the DRM and the MCM, not a claimant.
59	ITN Section 4.5.3	18	Should completed business reference forms be included with the initial response or are these references not required until the negotiation process?	No, if the DRM requests that Business Reference Forms be completed, it will be during the negotiation process.
60	Attachment 2 SOW, Sec. 4.2 Table 1 1 a & b	6	Shall the Contractor submit an actual proposed implementation plan with a start date of December 20, 2021, or will a detailed outline of how said plan would look suffice at this stage of the ITN?	A detailed outline that reflects the implementation period is sufficient. The beginning and end dates for the implementation period will be finalized once the Contract is awarded.
61	Attachment 2 SOW, Sec. 4.2, Table 1 3, iv	9	Does “menu options available for claimant issues” mean available for adjuster or for the claimants to access themselves?	For claimants to access themselves.

62	Attachment 2 SOW, Sec. 4.2, Table 1 4, 5, c	10	Will the Contractor be expected to provide “tiered” levels of drug review when a medication rejects for prior authorization or are these the levels of review expected of the offeror upon a medication rejecting or requiring Adjuster approval?	The PBM contractor will be required to provide a “tiered” level of review if requested by the pharmacy or prescriber when a medication has been rejected.
63	Attachment 2 SOW, Sec. 4.2, Table 1 6, a	12	“The Contractor shall provide case management services for claimants utilizing Specialty Pharmacies.” Please define what is meant by “case management services”.	Case management services involve overseeing the specialty medication cases and may include reviewing physician orders, notes, medications ordered, coordination of medication delivery, or liaison working with skilled nurses’ administration of medications.
64	Attachment 2 SOW, Sec. 4.2, Table 1, 7, d	13	Who is the Division’s current MCM provider? If multiple, please list all.	USIS, Inc., dba Amerisys.
65	Attachment 2 SOW, Table 1, Sec. 4.2 7, d	13	Will the Contractor set up a direct EDI connection with the MCM provider under contract with the Division or will this information flow through the Division’s electronic interface with the Contractor?	The information will flow from the MCM to the PBM. An interface connection will be required.
66	Attachment 2 SOW, Sec. 4.2, Table 1 7, i	13	Please explain how the Contractor will be receiving notification of benefit terminations (i.e. claim closure, settlement, etc.) from the Division to provide said notifications to the MCM and subsequent monthly reporting to the Division? In what way would the Division like to receive notification, in addition to the eligibility file being updated?	Notification of benefit terminations are sent via email. The PBM provides an email to the DRM acknowledging receipt (see SOW Section 4.2, Table 1, Part B, 7., Claims Eligibility File Maintenance, g.).
67	Attachment 2 SOW, Sec. 4.2, Table 1 11 a-b	18	In the introduction statement, it says that the “Contractor shall submit prescription payment data to the Division based upon one hundred (100%) fully Pass-Through-Pricing.” Please define Pass-Through-Pricing? Is the Division looking for a “cost-plus” model for pricing where AWP discounts and MAC pricing would NOT be a factor?	The definition of Pass-Through-Pricing can be found in the SOW, 2. Definitions, rr. The DRM’s proposed pricing model is outlined in the SOW, Section 4.2, Table 1, Part B, 11., Pricing Requirements, a.

<b>68</b>	Attachment 2 SOW, Sec. 4.2, Table 1 16 a-c	22-23	How does the Division anticipate Contractors will pay the rebates back to Division? Will they be periodic lump sum payments, or at the transaction level? Will the Division be applying the rebates back to the claim file?	As a periodic lump sum payment paid by check. Rebates are not applied back to the claim file.
<b>69</b>	Attachment 2 SOW, Table 2 Sec. 5, Table1 1.1 - 32.8	32-62	Will the Contractor have an opportunity to discuss/ review with the Division any of the proposed performance agreement standards and corresponding financial consequences in order to clarify the measures and anticipated outcomes defined?	Proposed performance standards, acceptance criteria, and corresponding financial consequences may be discussed during the negotiations process.
<b>70</b>	Attachment 3 Pricing Response	1-5	Would the Division entertain having the option of choosing either a fully pass-through-pricing/cost-plus model (as stated within the ITN), or a fully transparent traditional spread pricing model (AWP – X% + Dispense Fee)?	Respondents are encouraged to offer creative pricing methods that support transparency and will provide the best value to the State for the Department’s consideration.
<b>71</b>	Attachment 3 Pricing Response	1-5	What is the Division’s current pricing model for the requested services in the ITN? Can you disclose current Administrative Fees, Discount off AWP + Dispense Fee, and pricing paid for clinical services?	The Division’s current pricing model is reflected in its current PBM contract. The version of the contract that is available to the public can be obtained in the Florida Accountability Contract Tracking System (FACTS) at: <a href="https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=430000&amp;ContractId=D0706">https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=430000&amp;ContractId=D0706</a>  A Respondent should submit its Price Response in accordance with ITN Section 3.3.3, B., Price Response.
<b>72</b>	ITN 3.4	14	Because many corporate offices remain closed due to COVID-19 precautions, would the Department consider electronic submissions of the five volumes of proposal documents instead of hard copies?	No, the Department does not accept electronic Response submissions. Responses must be submitted in accordance with ITN Section 3.4, How to Submit a Response.
<b>73</b>	n/a	n/a	What are the primary business drivers for the RFP?	Please see ITN Sections 1.3 and 1.4 (pp. 5 - 6) and the Department’s answer to Question 15 above.



74	n/a	n/a	What is the biggest challenge the Division faces with its current PBM program? What is the impact of this challenge in terms of risk, money or efficiency?	Please see ITN Sections 1.3 and 1.4 (pp. 5-6) and the Department's answer to Question 15 above.
75	n/a	n/a	What are the Division's desired improvements to the pharmacy program?	Please see ITN Sections 1.3 and 1.4 and the Department's answer to Question 15 above. The Department welcomes any proposed improvements to make the services more efficient, more valuable, or more manageable. See ITN Section 3.3.5.
76	Attachment 2 - Statement of Work 4.2, Part B	8, 9	Are all required reports listed in <i>Attachment 2 - Statement of Work</i> , Section 4.2, Part B? If not, will the Department please provide a list of required reports?	Yes.
77	Attachment 2 – Statement of Work 4.2, Part A – 1a	6	Has the Division secured resources internally to make a potential change within the targeted timeframe? What could potentially delay the implementation of this program?	Yes. See answer to Question 15. Potential delays are currently unknown.
78	Attachment 2 – Statement of Work 4.2, Part A – 4b	10	Does the Division currently have a solution to handling physician dispensed bills? If so, what would the Department like to see improved?	No. See answer to Question 15. The Department welcomes any proposed improvements to make the services more efficient, more valuable, or more manageable. See ITN Section 3.3.5.
79	n/a	n/a	Is there an external consultant involved in the process? If so, who?	At this point in time, there is not an external consultant involved. However, the DRM reserves the right to include other resources as deemed necessary during this ITN.
80	ITN 1.2	5	Are any State of Florida divisions excluded from this RFP for workers' compensation PBM services?	This ITN is for services to be provided to the Division of Risk Management. No other State of Florida divisions will be part of this Contract. See the list of covered entities under question 55.
81	Attachment 2 – Statement of Work 2	1	How should we add or revise definitions, terms, and conditions in <i>Attachment 2 – Statement of Work</i> to better align with our PBM service offering? Are redlines an acceptable way to communicate deviations for the Department's consideration?	In accordance with ITN Section 3.3.4, Contract Exceptions, a Respondent should submit a full description of any exceptions it has to the terms in the attachments that comprise Attachment A, Standard Contract. The list of documents that comprise Attachment A, Standard Contract, can be found in the table on page 4, of the ITN.

82	ITN 1.1	4	<p>The ITN document references <i>Attachment A – Standard Contract</i>. However, there was no document labeled <i>Attachment A</i> available to download from the Florida Vendor Bid System site.</p> <p>Please confirm that <i>Attachment A – Standard Contract</i> will be comprised of the combination of <i>Attachment 1 – Standard Terms and Conditions</i> and <i>Attachment 2 – Statement of Work</i> mutually agreed upon between the Department and the winning bidder.</p>	<p>Please see page 4 of the ITN, Attachments. The Attachment A, Standard Contract is comprised of the following documents:</p> <ul style="list-style-type: none"> <li>• Contract Signature Page</li> <li>• Attachment 1, Standard Terms and Conditions</li> <li>• Attachment 2, Statement of Work</li> <li>• Attachment 3, Price Response</li> <li>• Attachment 4, PUR 1000</li> <li>• Addendum A, Public Records Requirements</li> <li>• Addendum B, Data Security Requirements</li> <li>• Addendum C, Relevant Portions of the Contractor’s Response (<i>Placeholder – Documents Not Yet Available</i>)</li> </ul> <p>This was provided on page 4 of the ITN in the Attachments table and is explained in ITN Section 2.7, Contract Formation.</p>
83	Attachment 2 – Statement of Work 4.2, Part B - 11	18	<p>Will the Department consider the traditional workers’ compensation drug pricing model (AWP discount)—or is the Department only interested in a pass-through pricing model with a financial guarantee of the proposed AWP discounts?</p> <p>If the Department is open to considering either pricing model, does the Department have a preference?</p>	<p>Respondents are encouraged to offer creative pricing methods that support transparency and will provide the best value to the State for the Department’s consideration.</p>
84	ITN 4.5, 4.6	17, 19	<p>A PBM that owns rebate contracts will provide 100% of rebates to the Department. PBMs that use the services of rebate aggregators must pay a fee to the rebate aggregator, thereby reducing the rebate dollars available to pay to the Department, so 100% of the rebates from those PBMs will be lower than 100% of the rebates from PBMs that own the rebate contracts.</p> <p>To ensure a fair evaluation of pricing proposals and to ensure that the Department is getting the best value, will</p>	<p>See ITN, 3.3.3, B., Price Response. Respondents are encouraged to offer creative pricing methods for the Department’s consideration.</p> <p>As provided in ITN Section 4.3.2, “[t]he Respondent’s Price Response will not be scored in the evaluation phase of the ITN and will not be considered by the Department in determining a Competitive Range and selecting Respondents to invite to negotiations.”</p>

			the Department require all bidders to provide a minimum rebate guarantee?	
85	ITN 4.5	17	<p>In order for bidders to provide the most competitive pricing, will the Department please provide a pharmacy claims file that includes the following minimum data elements:</p> <ul style="list-style-type: none"> <li>• NDC</li> <li>• Pharmacy NABP or Tax ID</li> <li>• Rx (script) count</li> <li>• Billed amount</li> <li>• Day supply</li> <li>• Quantity</li> <li>• Fee schedule amount</li> <li>• AWP</li> </ul>	Exhibit 1 contains responsive data for the previous fiscal year. As described in the Legend for Exhibit 1, all entries in the column titled "Line of Business" are in-network except for those labelled as "Bill Review." The Excel version of Exhibit 1 can be obtained by emailing a request to the Procurement Officer at DFSPurchasing@myfloridacfo.com.
86	ITN 4.5	17	<p>In order for bidders to provide an accurate estimate of potential savings by applying clinical and fraud, waste and abuse (FWA) programs, please also include the following data elements in the historical claims file:</p> <ul style="list-style-type: none"> <li>• Brand/generic indicator</li> <li>• Channel provider (e.g., IWP, StoneRiver, physician's name, other)</li> <li>• Claims examiner name</li> <li>• Claims examiner ID</li> <li>• Compound indicator (Y/N)</li> <li>• Date billed</li> <li>• Date filled</li> <li>• Date of injury</li> </ul>	Exhibit 1 contains responsive data for the previous fiscal year. As described in the Legend for Exhibit 1, all entries in the column titled "Line of Business" are in-network except for those labelled as "Bill Review." The Excel version of Exhibit 1 can be obtained by emailing a request to the Procurement Officer at DFSPurchasing@myfloridacfo.com.

			<ul style="list-style-type: none"> <li>• DAW code</li> <li>• Delivery method (retail, mail order, physician dispensed, paper bill)</li> <li>• Drug name</li> <li>• ICD-9/ICD-10</li> <li>• In-network indicator (Y/N)</li> <li>• Jurisdiction state</li> <li>• MNOY indicator</li> <li>• Patient ID (or Claim ID)</li> <li>• Prescriber DEA/NPI</li> <li>• Prescriber name</li> <li>• Rx ID</li> </ul>	
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**B. Modifications to the ITN**

1. Attachment 1, Standard Terms and Conditions, is hereby deleted in its entirety and replaced with the revised Attachment 1, Standard Terms and Conditions, that is posted with this Addendum No. 2.
2. Attachment 2, Statement of Work, is amended as set forth in the answers to Questions 21 and 25, in Part A of this Addendum No. 2, above.
3. Addendum B, Data Security Requirements, is hereby deleted in its entirety and replaced with the revised Addendum B, Data Security Requirements, that is posted with this Addendum No. 2.
  - Section 2.a., Background Checks, has been revised.
4. Attachment B, Evaluator Score Sheet, is hereby deleted in its entirety and replaced with the revised Attachment B, Evaluator Score Sheet, that is posted with this Addendum No. 2.
  - Category 2, #9, was updated to indicate that the applicable section of the Statement of Work was Section 4.2, Table 1, Part B, 4., a. through l.
  - Category 2, #27, was updated to indicate that the applicable section of the Statement of Work was Section 4.2, Table 1, Part B, 23., a. (See also related portion of Section 5, Table 2).