

ADDENDUM #1

February 17, 2020

Reference Request for Proposals #3000014396 soliciting Proposals from any qualified proposers to provide Administrative Services Only (“ASO”) for self-funded health plans offered by OGB.

Addendum #1 provides clarification to the RFP.

THIS ADDENDUM IS HEREBY OFFICIALLY MADE A PART OF THE REFERENCED REQUEST FOR PROPOSALS.

AMENDMENTS TO RFP

A. Amendment to RFP, ATTACHMENT III: TECHNICAL QUESTIONNAIRE

Original Text:

IX. Specialty Pharmacy Management Capabilities

1. What solutions do you have to control prescription claims that are covered through the Medical plan?
2. Describe your Medical Pharmacy program and capabilities.
3. How long has your Medical Pharmacy program been available?
4. What medical benefit therapy classes/drugs are targeted in your medical pharmacy program?
5. Describe your process for pricing and billing claims under the medical benefit.
6. Do you offer any reimbursement management programs to shift site of service to the most cost effective setting? If yes, does a drug have to be managed through prior authorization to be included in the site of service program?
7. Please detail your Site of Service program? Do you offer both mandatory and voluntary options? What drugs/conditions are targeted?
8. On the mandatory versus voluntary program, what is the potential plan savings a client could expect to realize?
9. What therapy classes are in scope for your site of service program? How often are you adding new drugs/therapeutic classes?
10. Please provide your Site of Service criteria document.
11. What capabilities do you have related to rebates?
12. Will you agree to pass through 100% of all prescription rebates received by the medical plan? If not, why?
13. Describe your reporting capabilities around pharmacy cost management under the medical plan.
14. Are you willing to provide any reimbursement cap guarantees on drugs adjudicated through the medical plan? If no, why not and what can you do to ensure that providers aren't submitting claims with extraordinary margins?
15. Describe your process for adding newly approved specialty medications for coverage.
16. Is there a formulary in place that drives preferred products through the medical benefit?
17. Describe how you would coordinate with OGB's PBM concerning specialty drug management.
18. Please provide a detailed overview of your hemophilia program.

Revised Text:

IX. Specialty Pharmacy Management Capabilities

1. What solutions do you have to control prescription claims that are covered through the Medical plan?
2. Describe your Medical Pharmacy program and capabilities.
3. How long has your Medical Pharmacy program been available?
4. What medical benefit therapy classes/drugs are targeted in your medical pharmacy program?
5. Describe your process for pricing and billing claims under the medical benefit.
6. Do you offer any reimbursement management programs to shift site of service to the most cost effective setting? If yes, does a drug have to be managed through prior authorization to be included in the site of service program?
7. Please detail your Site of Service program? Do you offer both mandatory and voluntary options? What drugs/conditions are targeted?
8. On the mandatory versus voluntary program, what is the potential plan savings a client could expect to realize?
9. What therapy classes are in scope for your site of service program? How often are you adding new drugs/therapeutic classes?
10. Please provide your Site of Service criteria document.
11. What capabilities do you have related to rebates?
12. Will you agree to pass through 100% of all prescription rebates received by the medical plan? If not, why?
13. Describe your reporting capabilities around pharmacy cost management under the medical plan.
14. Are you willing to provide any reimbursement cap guarantees on drugs adjudicated through the medical plan? If no, why not and what can you do to ensure that providers aren't submitting claims with extraordinary margins?
15. Describe your process for adding newly approved specialty medications for coverage.
16. Is there a formulary in place that drives preferred products through the medical benefit?
17. Describe how you would coordinate with OGB's PBM concerning specialty drug management.
18. Please provide a detailed overview of your hemophilia program.
19. Please provide your process for ensuring that out of state reimbursement at high cost, high profile providers (e.g., providers where their reimbursement is three or four times more than their peers) is in line with reimbursement within the State of Louisiana.
 - a. Is there site of service steerage applied to these providers?
20. Would you agree to put fees at risk to ensure these high-cost providers outside of Louisiana are in line with their peers within State of Louisiana reimbursement? If yes, please provide what percentage of fees you would put at risk?