



Rockford Board of Education
501 Seventh Street
Rockford, IL 61104

August 14, 2015

Addendum No. 1: 16-09 RFP Pharmacy Benefits Manager

To All Bidders:

Attached are modification, clarifications and/or corrections for the Project Manual and is hereby made a part of the contract documents. Please see attached to this addendum the Project Manual(s) in your possession. Please note the receipt of this addendum on the bid form. Bidders shall review changes to all portions of this work as changes to one portion may affect the work of another.

RFP Opening: Friday, August 21, 2015 at 11:00 AM (CDST), Rockford Board of Education, 6th floor Conference Room, 501 Seventh St., Rockford, IL 61104. The date and time as stated is also the time of the public opening. All vendors are welcome to attend the RFP opening.

Refer all questions relative to the business aspect, Instructions to Bidders, Special Conditions, and questions concerning the technical aspect of the documents to the Executive Director of Budget and Purchasing by email at stacie.scott@rps205.com.

ROCKFORD BOARD OF EDUCATION

By: Tamara Pugh

Purchasing Process Manager

Rockford Public Schools

ADDENDUM ONE

ADDENDUM DATE: August 14, 2015

RE: RFP No. 16-09 Pharmacy Benefits Manager

REQUEST FOR INFORMATION RESPONSES:

1. Would you please provide an extension for the completed submissions to allow time to review at least six months of claims data or high level historical utilization metrics (mail penetration, generic utilization) as well as census details?
Time line is non-negotiable.
2. Will detailed claim data be released? *Claim information will be made available though it may not be as detailed as requested. This information will go out the latest on Monday, August 17, 2015.*
3. Please provide the proposal package, as applicable, in Microsoft Word format. *The format in which the proposal was sent is the only format available.*
4. Page 2 of the RFP states that 1 copy of the required forms and an electronic PDF version of the response should be submitted. However, page 28 indicates that 1 bound original, four copies, and 1 CD should be submitted. Please confirm that the submission instructions on page 28 are correct. Please also confirm that bound can mean use of a 3 ring notebook. *Please follow the instructions on page 28.*
5. Please confirm that the RFP response should follow the numbered outline beginning on page 28 and that each item, beginning with item 2, is to represent a separate section of the proposal package. *That is correct, as stated in the RFP please make sure that all categories are in order as they are listed in the submittal requirements.*
6. Does the District prefer that the required signed documents be placed in the end of the proposal package following the checklist on page 37? *That is fine; all signed documents can follow the required forms checklist.*
7. Please confirm that the questions presented in on pages 28-36 can be responded to on PBM letter head so long as the original question is retained, following the PBM response, in the order the items appear in the RFP. *Confirmed*
8. Is a copy of the PBM's insurance certificate required with the RFP submission, as is indicated in item 6 d. on page 30? Page 37 seems to indicate that this may only be necessary if awarded the contract. If it is required to submit an insurance certificate with the RFP response, please confirm that the District would only need to be included on the certificate upon award of the business and does not need to be named at the time of RFP submission. *Yes, we do need confirmation of insurance, but the District would only need to be included on the certificate if awarded the business.*

9. Is the PBM required to meet any specific Minority, Women and disabled-owned business requirements? **No**
10. Please define the “Rockford Service Area.” **Approximately within a 100 mile radius of Rockford.**
11. Please provide a census document. **This information has been provided via the zip code census, no further census information will be provided, this information is included in the addendum.**
12. Page 27, Limitations: Does the District intend to select more than 1 PBM? **Only 1 PBM will be chosen**
13. Page 28, Submittal Requirements: How should PBM outline exceptions to, or deviations from the specifications included in the RFP? Will the District accept any modifications, or proposed modifications, to the General Terms and Conditions and/or the Supplemental Terms and Conditions via redlines or should a unique document be prepared? **Modifications to the General Terms and Conditions and/or the Supplemental Terms and Conditions that are specified in RFP document are non-negotiable**
14. What information is the District hoping to see in response to item 7 e. on page 30? **We want to understand both the member experience when accessing the pharmacy through the PBM as well as the process for the district as the employer. Please include mail order and retail processes. We also want to understand how customer service will operate and interact with employees and the district when issues arise.**
15. Please confirm that by “claim form” in item 7 l. on page 31 the District means manual claim form. **Confirmed**
16. Please verify that the District wishes to obtain turnaround times from 2011 and 2012 in question 9.d. on page 31 over more recent data. **Data should not be older than 2011 but you may use more up to date data as long as each year is a full 12 months.**
17. Please confirm that items 10 a.-c. On page 31 are applicable to generic drugs dispensed from the PBM’s mail service pharmacy. **Confirmed**
18. Please clarify if item 14 a. i. – iii. Is in reference to electronic or manual claims. **Yes it is electronic claims as indicated, though paper claim times would be helpful.**
19. Please provide attachment 3.D.3 as referenced in 11 c on page 32 unless the Top 25 specialty list is to serve as such attachment. **Top drug list will be provided with claim detail information.**
20. Please confirm that Drug Pricing is to be provided for Retail 30, Retail 90, Mail Order and Specialty pharmacy services. **Confirmed**
21. Please confirm that references requested in 21 can be the same as the references requested in item 5. **Correct**
22. Please define “integrated program” as it appears on page 38 **Integrated programs would refer to operating as the third party PBM and interacting with a traditionally fully insured entity and exchanging real time deductible and OPM information as required by the ACA.**

23. Please confirm that by “fixed fee” on page 38 the District is referring to a fixed fee administrative fee for PBM services. We are looking for a fixed discount off of AWP, dispensing fees, and rebates off of brand-generic.
24. Page 38 references a Bid Offer Form and a Net Price that the District will pay. Please clarify which form is considered the Bid Offer Form and what the Net Price should be composed of as there does not appear to be a document that includes this information in the proposal package. The pricing would be included as part of your submission which is referenced on page 34, numbers 16, 17, and 18.
25. Will the formularies in place be available in Excel format? You will need to work from the formulary list in its currently provided format.
26. The RFP refers to claims data that will be available for this bid. As the incumbent has access to the district’s specific claims utilization detail, we also respectfully request 6 - 12 months of claims detail (inclusive of fill date, drug name, quantity dispensed, days’ supply, pharmacy name, pharmacy NPI/NABP, mail/retail indicator, etc.) in order to provide the most aggressive price and proposal possible. Can you please advise when this data will be available? Available claim data will be provided by August 17th at the latest
27. There was not a claims file included in the RFP. We request the last 12 months of data. Here are the key 6 fields we need. Noted, please see response to previous question.
 - a. NDC
 - b. NABP or NPI #
 - c. Date of Fill
 - d. retail/mail
 - e. Day Supply
 - f. Quantity

If you want us to drill a little further we'd need the following:

- g. formulary indicator
- h. specialty indicator

1-1-16 ROCKFORD PUBLIC SCHOOLS ZIP CODES

Zip	
33903	1
34476	1
37738	1
38558	1
53024	1
53094	1
53105	1
53115	2
53188	1
53191	1
53511	16
53520	2
53541	1
53545	2
53546	5
53550	1
53585	1
53590	1
53704	1
55356	1
56442	1
60005	1
60010	1
60012	1
60013	2
60014	3
60030	1
60033	5
60042	1
60050	1
60051	1
60055	1
60073	2
60074	1
60097	1
60098	6
60102	2
60112	1
60115	11
60118	1
60123	3
60124	5

60126	1
60135	5
60136	1
60140	5
60142	3
60145	6
60146	4
60152	8
60156	3
60169	1
60174	1
60175	1
60177	1
60178	12
60188	2
60193	1
60440	1
60461	1
60473	1
60504	1
60505	1
60506	1
60510	1
60538	1
60543	2
60546	1
60550	1
60623	1
60714	1
61006	1
61008	83
61010	43
61011	35
61012	2
61014	1
61016	76
61019	12
61020	5
61021	3
61024	15
61031	1
61032	14
61038	2
61039	3

61047	4
61049	2
61052	9
61060	1
61061	14
61062	2
61063	25
61064	1
61065	32
61068	7
61070	5
61072	76
61073	153
61077	1
61078	1
61080	37
61081	3
61084	22
61088	77
61089	1
61101	143
61102	133
61103	210
61104	99
61105	3
61106	1
61107	468
61108	328
61109	255
61110	2
61111	178
61114	239
61115	118
61125	2
61126	4
61131	1
61132	2
61250	1
61270	1
61348	1
61350	1
61353	1
61354	1
61377	1

63385	1
64402	1
65624	1
68516	1
72459	1