



STATE OF TENNESSEE
 DEPARTMENT OF FINANCE AND ADMINISTRATION
 DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION

**REQUEST FOR PROPOSALS # 31865-00460
 AMENDMENT # 1
 FOR PHARMACY COST DISPENSING SURVEY**

DATE: September 23, 2016

RFP # 31865-00460 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	CONFIRMED/ UPDATED
1. RFP Issued		September 14, 2016	CONFIRMED
2. Disability Accommodation Request Deadline	2:00 p.m.	September 20, 2016	CONFIRMED
3. Pre-response Conference	2:00 p.m.	September 22, 2016	CONFIRMED
4. Notice of Intent to Respond Deadline	2:00 p.m.	September 23, 2016	CONFIRMED
5. Written "Questions & Comments" Deadline	2:00 p.m.	September 29, 2016	CONFIRMED
6. State Response to Written "Questions & Comments"		October 11, 2016	CONFIRMED
7. Response Deadline	12:00 p.m.	October 24, 2016	CONFIRMED
8. State Completion of Technical Response Evaluations		November 1, 2016	CONFIRMED
9. State Opening & Scoring of Cost Proposals	2:00 p.m.	November 2, 2016	CONFIRMED
10. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	November 3, 2016	CONFIRMED
11. End of Open File Period		November 15, 2016	CONFIRMED
12. State sends contract to Contractor for signature		November 16, 2016	CONFIRMED
12. Contractor Signature Deadline		November 18, 2016	CONFIRMED

13. Contract Start Date		December 1, 2016	CONFIRMED
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2. **RFP Attachment 6.2, Section C is deleted in its entirety and replaced with the following:**
 (any sentence or paragraph containing revised or new text is highlighted)

RFP ATTACHMENT 6.2. — SECTION C

TECHNICAL RESPONSE & EVALUATION GUIDE

SECTION C: TECHNICAL QUALIFICATIONS, EXPERIENCE & APPROACH. The Respondent must address all items (below) and provide, in sequence, the information and documentation as required (referenced with the associated item references). The Respondent must also detail the response page number for each item in the appropriate space below.

A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The Solicitation Coordinator will multiply the Item Score by the associated Evaluation Factor (indicating the relative emphasis of the item in the overall evaluation). The resulting product will be the item's Raw Weighted Score for purposes of calculating the section score as indicated.

RESPONDENT LEGAL ENTITY NAME:					
Response Page # (Respondent complete s)	Item Ref.	Section C— Technical Qualifications, Experience & Approach Items	Item Score	Evaluation Factor	Raw Weighted Score
	C.1.	Provide a narrative that illustrates how the Respondent will manage the project, ensure completion of the scope of services, and accomplish required objectives within the State's project schedule.		10	
	C.2.	Provide a sample template COD survey, or a blank copy of a COD survey recently used for another state. The sample COD survey provided by Respondent shall request sufficient information to satisfy all requirements of the Scope of Services contained in RFP Attachment 6.6, the pro forma Contract.		4	
	C.3.	Describe in detail how the Respondent proposes to address each of the following different types of pharmacy entities in the COD Survey in order to calculate a Cost of Dispensing that is fair to the pharmacy and to the State. For reference purposes, the current Dispensing Fees for the various types of TennCare pharmacy providers are indicated below: a. Ambulatory Pharmacies (includes all retail, hospital and clinic pharmacies): \$2.50 for brand, \$3.00 generic b. Long Term Care (LTC) Pharmacies (less than 28 day supply \$2.50 brand, \$3.00 generic) (equal to or greater than 28 day supply: \$5.00 brand, \$6.00 generic) c. Specialty Pharmacies: \$1.50 brand and generic		20	

RESPONDENT LEGAL ENTITY NAME:					
Response Page # (Respondent complete s)	Item Ref.	Section C— Technical Qualifications, Experience & Approach Items	Item Score	Evaluation Factor	Raw Weighted Score
		<p>d. 340B Pharmacies: no fee added to actual cost</p> <p>e. Pharmacies providing compounded prescriptions: dispensing fee based on Level of Effort (based on approximate time and technical requirements for compounding): Level 1 = \$10.00, Level 2 = \$15.00, Level 3 - \$25.00</p> <p>f. Physician Dispensaries: \$2.50 for brand, \$3.00 generic</p>			
	C.4.	Describe in detail how the Respondent proposes to verify the validity of self-reported data contained in the COD Survey response from each TennCare pharmacy network provider (Provider). Include all methods for verification, documentation and any other necessary components or steps the Respondent will take to ensure that each COD Survey contains valid information.		14	
	C.5.	Respondent shall provide documentation confirming that it has previously completed at least three (3) different state COD surveys which involved submissions from a minimum of eight hundred (800) different pharmacy responders in each survey.		6	
	C.6.	<p>For each of the COD surveys identified in Item C.5 above, provide the percentage of each of the following categories of pharmacies that participated in each survey, along with the Medicaid and long term care prescription volumes for each category::</p> <p>a. Retail Chain Pharmacies (defined as 4 or more locations with corporate or common ownership, excluding Specialty Pharmacies)</p> <p>b. Independent Pharmacies (defined as 1 – 3 pharmacy locations)</p> <p>c. Urban Pharmacies</p> <p>d. Rural Pharmacies</p> <p>e. Medicaid prescription volume (both total prescription volume and as a percentage of pharmacy's total prescription volume)</p> <p>e. Long-term care prescription volume (both total prescription volume and as a percentage of pharmacy's total prescription volume)</p>		6	
	C.7.	Describe in detail, the Respondents' plan to communicate and educate Providers, pharmacy associations and other stakeholders on all aspects of the TennCare COD Survey.		7	
	C.8.	Describe what forms of communication and assistance you propose to provide for Providers participating in the COD survey who have questions on how to complete the survey.		7	

RESPONDENT LEGAL ENTITY NAME:					
Response Page # (Respondent complete s)	Item Ref.	Section C— Technical Qualifications, Experience & Approach Items	Item Score	Evaluation Factor	Raw Weighted Score
	C.9.	Describe in detail the Respondent's on-site field work procedures (to be designed to assess the effectiveness of the Contractor's desk review procedures), which will be performed at no less than twenty (20) pharmacies to verify the data on submitted cod survey responses.		12	
	C.10.	Describe in detail how the Respondent proposes to assist TennCare in providing all documentation required by CMS which is to be included with the State Plan Amendment (SPA) submission, as well as how the Respondent proposes to assist with other aspects of the CMS submission process, including providing proposed SPA language, calculating the federal budget impact by federal fiscal year, and determining the potential impact on TennCare enrollee access to pharmacy services.		10	
	C.11.	Describe what databases or other tools the Respondent will provide to TennCare to ensure that the State has access to all Provider communications with Respondent, and other applicable information, including the COD Survey responses.		4	
<i>The Solicitation Coordinator will use this sum and the formula below to calculate the section score. All calculations will use and result in numbers rounded to two (2) places to the right of the decimal point.</i>			Total Raw Weighted Score: <i>(sum of Raw Weighted Scores above)</i>		
Total Raw Weighted Score			X 40 <i>(maximum possible score)</i>		= SCORE:
Maximum Possible Raw Weighted Score <i>(i.e., 5 x the sum of item weights above)</i>					
<i>State Use – Evaluator Identification:</i>					
<i>State Use – Solicitation Coordinator Signature, Printed Name & Date:</i>					

3. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.