



**Fee for Service Pharmacy Benefit Management
Services RFP- YH18-0020**

SOLICITATION AMENDMENT #1

YH18-0020 FFS PBM Services	Solicitation Due Date: February 28, 2018 3:00 pm Arizona Time	Procurement Officer: Meggan Harley Procurement@azahcccs.gov
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A signed copy of this amendment must be submitted with your solicitation response.

This Solicitation is amended as follows:

- A. The attached Answers to Questions are incorporated as part of this solicitation amendment.**
- B. Exhibit A is hereby removed and replaced with "UPDATED EXHIBIT A".**

OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.	THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: SIGNATURE ON FILE
TYPED NAME:	TYPED NAME: Meggan Harley, CPPO, MSW
TITLE:	TITLE: Chief Procurement Officer
DATE:	DATE: February 9, 2018



ANSWERS

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Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
1	Change Healthcare	4.14	9	Is it expected under this contract that the new vendor will manage FFS, MCO, and SR rebates?	No, at this time Magellan manages the federal and supplemental rebates programs for the AHCCCS Program.
2	Change Healthcare	4.14	9	Who currently processes rebates for the programs?	Please refer to the response in question 1.
3	Change Healthcare	4.14	9	Would the State consider joining a pool?	Not at this time.
4	Change Healthcare			Can the State please provide the claim volume for the past 3 years? If 3 years is not available, please provide the most recent claim volume detail. Can the claim volume be broken out by each plan please?	A *REVISED* Exhibit 1 will be posted and is for PBM adjudicated claims only. The date range is 7/1/2016 through 6/30/2017. Utilization by plan and three years of data will not be provided. The number of IHS/638 prescriptions claims is listed in the RFP.
5	Change Healthcare			Can the State please provide the current volume of brands and generics provided via mail and via specialty?	Non-specialty medications are not mailed. A majority of the specialty medications were provided by BrioVARX and pharmacies are listed in Exhibit 1.
6	Change Healthcare	9.8	13	Please provide the volume of paper claims processed for the last 3 years (or whatever years available if not the last 3).	Zero paper claims.
7	Change Healthcare	9.14.2.4	15	Is this requirement number left in error or is there meant to be a requirement 9.14.2.4?	Please disregard 9.14.2.4
8	Change Healthcare	N/A	N/A	Do each of the plans have different formularies? Is there separate eligibility for each plan?	Yes, not all plans utilize the same drug list. Yes, eligibility varies by program type.
9	Change Healthcare	N/A	N/A	Who currently maintains the PDL for each plan?	The current PBM.



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Question#	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
10	Change Healthcare	3.2.5	33	Does the State currently have a MAC listing and can it be provided?	The State does not manage the MAC List.
11	Change Healthcare	12.12	19	How many authorized representatives from AHCCCS currently have access to the vendor's systems? Do any representatives from the sister agencies require access?	Currently up to five AHCCCS representatives may have access to the claims system. Currently, the sister agencies are not a party to the current PBM's contract.
12	Change Healthcare	BAA	54-57	1. The BAA does not address the Contractor's right to use de-identified data. Please advise if the Contractor will be able to use properly de-identified data for its own purposes as permitted by HIPAA.	No, the data cannot be used for any other purposes.
13	Change Healthcare	Uniform Terms and Conditions	45-49	1. The indemnification provisions in the Uniform Terms and Conditions and the Special Terms and Conditions appear to be inconsistent with each other. 6.2.1 in the Uniform Terms and Conditions provides for indemnification for any vicarious liability regardless of its nature, but provides that each party is responsible for its own negligence. The Indemnification provision in the Special Terms and Conditions is limited to bodily injury and property damage, but provides that it covers any Claim unless it is solely the result of the State's negligence. This conflicts with the provision regarding each party being responsible for its own negligence because it would appear to require Contractor to indemnify even if the loss is almost entirely the fault of the State. Is this the intent, or is indemnification limited to proportionate fault? Please advise with respect to the conflict in scope and with respect to the conflict in proportionate responsibility for joint liability.	Though the State does not concur that the terms are conflicting, please refer to the Uniform Terms and Conditions Paragraph 2.3 "Contract Order of Precedence".
14	Change Healthcare	1 – 1 st Paragraph	4	How many lives are each of the plans currently covering?	Approximately 230,000 FFS members.
15	Change Healthcare			How many years of historical data is expected for the incoming vendor to load/maintain/retain and what are the retention expectations?	Per section 9.9.2.of the RFP, 24 months of historical data shall be transitioned. Please refer to section 17 of the RFP for records retention.
16	Change Healthcare	Attachment D, Part 1,	1	Can the state please define its definition of "utilizing network pharmacies" as it pertains to this performance measure? Does this	Pharmacies in the Offeror's network.



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Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
		Network Pharmacy Management SLA		pertain to the AZ and NM pharmacies only?	
17	Change Healthcare			Will the state allow for spread pricing between the pharmacy and state?	There are certain plan set-ups that have specific claims submission and reimbursement requirements. For claims outside of these situations, AHCCCS is not issuing an opinion.
18	Change Healthcare	10.2	1	What are the percentage of claims by state of the surrounding states? Please identify the states and the percentage of claims paid each.	The claim volume is minimal as these are generally rural communities of members living on the Arizona border.
19	Change Healthcare			Does the State have a unified PDL for the FFS and MCOs?	Yes, however, every federally and state reimbursable drug is eligible for coverage.
20	Change Healthcare	11.6	18	Please provide volume of announcements, letters, notices, brochures, forms and other supplies to members. How many times each year are these products provided?	Welcome letters are provided to new members and when there has been a PBM change. Notification letters are also sent for drug recalls.
21	Change Healthcare	16	21	Will the members for each Sister Agency be included in the 834 Eligibility file? If no, how will each agency provide eligibility to the PBM?	Each sister agency will electronically send the 834 eligibility file for their members.
22	Change Healthcare	16	21	Will Sister Agencies use the FFS drug pricing PDL and Formulary? If no, what is the expectation for each agency for drug pricing? What will be the source for a drug file?	All MCO Contractors, including sister agencies are required to use the AHCCCS Drug Lists. Contractors may add drugs to non-preferred therapeutic classes to meet the needs of their population. All federally and state reimbursable medications are eligible for coverage. Pricing may vary depending on additional needs of the sister agencies.
23	Change Healthcare	16	21	Will Sister agencies use the AHCCCS Pharmacy and Provider Network? If no, who is responsible for each network?	AHCCCS provides a Provider file of all AHCCCS registered providers, which is used by all Contractors to meet federal requirements.
24	Change Healthcare	16	21	Will Sister Agencies use Prior Authorizations? If yes, will they use the AHCCCS PA processes and Vendor solutions associated?	Sister agencies use prior authorization. All AHCCCS Contractors must adhere to required PA turnaround



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Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
					timelines notated in section 4.6.1.3 of the RFP
25	Change Healthcare	16	21	What reporting will be required for the Sister Agencies?	Reporting shall be in accordance with section 13 of the RFP.
26	Change Healthcare	16, 13.5	21, 19	Will staff from Sister Agencies need access to the Vendors Portals like the State staff or just to meet the reporting requirement in 13.? If yes, how many staff per Agency?	Please refer to section 13.5 of the RFP.
27	Change Healthcare	16	21	How many external interfaces will be required for each Sister Agency? i.e. claim extracts, eligibility feeds, etc.	<ul style="list-style-type: none"> • 834 daily and monthly (enrollment roster files including TPL data). Includes Behavioral Health Services coverage • A Provider file is also provided to the awarded contractor
28	Change Healthcare	16	21	Is the PBM vendor expected to handle any Fiscal Agent duties for Sister Agencies?	YES, further clarification to be determined by the sister agencies.
29	Change Healthcare	16	21	Will any members from Sister Agencies also be eligible for under Title XIX or other plans available through the AHCCCS PBM?	The majority of sister agencies members (99%) are Title XIX and we would not expect any to be eligible under AHCCCS FFS plans.
30	Change Healthcare	16	21	Will Sister Agencies want access to the Member Portal for their members?	Yes
31	Change Healthcare	16	21	Will the Sister Agencies have rebate requirements?	To be determined between the sister agency and the awarded Contractor.
32	Change Healthcare	16	21	Can you provide the Help Desk requirements and hours of availability for Sister Agencies?	Please refer to Section 11 Member Services of the RFP which addresses member, pharmacy providers and prescribing clinician requirements.
33	Change Healthcare	16	21	Will Sister Agencies require ProDUR and RetroDUR activities?	Yes
34	Change Healthcare	16	21	Will Sister Agencies require the use of the Mail Order and Specialty Pharmacies?	Sister Agencies may require the use of mail order and/or specialty pharmacies.



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Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
35	Change Healthcare	16	21	Will Sister Agencies use the ePrescribing Network and services provided by SureScripts?	Yes
36	Change Healthcare	4.6	8	Will the Vendor be provided Medical Claims for use in the Member drug profiles and diagnosis used in PA determinations and claim adjudications edits? If yes, who will provide the data feeds and at what frequency?	No, medical claims will not be provided.
37	Change Healthcare	9.1	13	Is it expected that the PBM Vendor will create the remittance advices or does this requirement assure that the adjudicated claims will support the billing process and remittance advices sent by the Fiscal Agent?	AHCCCS provides the current PBM an 835 along with a supplemental 835. The 835s are remittance files detailing the payment of claims that were processed in the prior week. They are expected to process and the 835s are to be used to support the electronic payment sent from the AHCCCS finance system.
38	Change Healthcare	Attachment A	N/A	Can the state provide details on the its policy for day-supply for retail versus mail order versus specialty? The pricing schedule in Attachment A only specifies more than 84-days and less than 84-days.	Mail order is currently not in use. The days supply shall be agreed upon with the awarded Contractor, should the agency elect to begin mail order prescription services.
39	Change Healthcare	Exhibit 1	N/A	Based on the information provided in Exhibit 1, can it be interpreted that the annual claims volume is approximately 105,000 for the FFS population?	No, a *REVISED* Exhibit 1 will be posted and is the annual claims volume for only PBM adjudicated claims. These claims do not include the IHS/638 claims currently paid at the AIR. Please refer to Section 9.14 of the RFP for additional AIR data.
40	Change Healthcare	Exhibit 1	N/A	Can the vendors interpret the information in Exhibit 1, column I to be inclusive of all the states that provide services to the FFS members served under this contract?	A *REVISED* Exhibit 1 will be posted shortly and is inclusive all PBM adjudicated claims for only AHCCCS-Arizona Medicaid FFS members.
41	Change Healthcare	N/A	N/A	Can the state please provide the plan designs for each plan, specifically the benefits that members get under each plan?	The high level plan designs are provided in the RFP under sections 9.11 through 9.20
42	Change Healthcare	N/A	N/A	The federally qualified pharmacies that participate in the 340B program currently, can the state please provide the isolated claims for the members participating in 340B?	No



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Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
43	Change Healthcare	Section 7	12	Regarding specialty, are there certain disease states applicable to the programs? For example, Hep C, MS, etc. which specialty drugs are covered under each benefit? Are there any drugs that are limited distribution drugs?	The specialty drugs shall be determined by AHCCCS and the awarded Contractor. Limited distribution drugs are managed by the designated specialty pharmacy under this contract.
44	Change Healthcare	4.14	9	Is it the states intention that the new PBM vendor will support the state and the existing SR Contractor for supplemental rebates?	No support is needed at this time.
45	Change Healthcare	10.5 and Attachment D, part 1	17, SLAs 1-2	<ul style="list-style-type: none"> How many utilizing pharmacies were in network last year? Is that 3% audited via desk and onsite or is the 3% audited via desk OR onsite? Would real time audits (Concurrent) be categorized as desk audits? 	The current pharmacy network list is available on the AHCCCS website under the Pharmacy section. Per the Performance Guarantee it states, "3% of utilizing network pharmacies are audited, including both desk top and onsite , each year. We do not consider "real time" audits to be the same as a desk top audit.
46	Change Healthcare	12.10	18	For Category of Service Enrollment Eligibility can the state expand on what a manual eligibility update might look like? Can the state confirm eligibility is maintained outside the PBMS contract?	The agency provides the eligibility file to the PBM. Occasionally, a new member is enrolled that is not in the eligibility. The eligibility has to be manually put in the PBM's system in order to adjudicate a claim. The new member's eligibility will be sent on the next eligibility file.
47	Change Healthcare	2.3	54-55	For Category of Service AHCCCS Account services specifically related to the 20-business day requirement for change request completion can the state expand on what they define a change request to be?	Changes for any of the current plan set-ups. For any new plan set-ups AHCCCS and the awarded Contractor shall agree on the amount of time to complete the new plan set up requirements.
48	Change Healthcare	4.6.1.2	8	What is the volume of telephonic, faxed and web based PA Requests?	This information is not collected nor retained by AHCCCS.
49	Change Healthcare	4.7	9	What level of COB is currently used by the State?	COB is required and acceptable codes are determined between the Contracted PBM and AHCCCS. Sister Agencies may have different COB acceptable codes.
50	Change Healthcare	4.6.1.3	6	Do calls from pharmacists or prescribers have to be answered by a live customer service representative after hours to satisfy the 24/7/365 requirement? Or can calls go to an afterhours IVR system with access to a pharmacist via cell phone for emergency PA	Calls must be answered by a "live" person.



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				requests.	
51	Change Healthcare	6.10	12	What is the current ePrescribing volume?	This information is not available.
52	Change Healthcare	7 & 8	12-13	Please confirm the number of lives eligible for these benefits and confirm they are part of the tribal community under the FFS program.	Section 7- please refer to prescription utilization provided in Exhibit 1 for Briova Rx. Section 8 – Mail order is not a current service provided.
53	Change Healthcare	7 & 8	12-13	How many prescriptions are being filled on an annual basis?	Please refer to question 52.
54	Change Healthcare	7 & 8	12-13	What is the day supply minimum and maximum?	Minimum is 1 day supply. Maximum is a 30-day supply unless an override has been entered.
55	Change Healthcare	7 & 8	12-13	What are members currently paying for their mail and specialty medications?	Zero dollars.
56	Change Healthcare	7 & 8	12-13	What are the expectations for hours of operation?	It is unclear from the question as to whether the “hours of operation” refers to pharmacies, PBM provider help desk or member desk. Please refer to the RFP.
57	Change Healthcare	7 & 8	12-13	Are prescriptions typically sent to a member’s provider or place of residence?	It varies by individual and prescriber.
58	Change Healthcare	7 & 8	12-13	Are there specific medications covered under mail and specialty, a closed formulary or a specific PDL for each distribution channel?	Mail order is not a current provided service. Federally and state reimbursable medications are eligible for coverage under Medicaid.
59	Change Healthcare	11.8	18	Can the State please provide clarification regarding what "materials" are being referred to in this requirement?	Please refer to section 11.5 which defines “materials”.
60	Change Healthcare			Will AHCCCS require that the vendor support CMS Certification of the PBMS? If so, which CMS required milestone reviews will the state require the vendor to support?	This is not a MMIS procurement. The question is not relevant to this RFP.
61	Change Healthcare			Has the state contracted with an Independent Verification and Validation (IV&V) vendor to provide oversight of this project? If so, can the state provide a copy of the scope of work for the IV&V contractor?	This is not a MMIS procurement. The question is not relevant to this RFP.



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Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
62	Change Healthcare			Has the State received CMS approval of an IAPD for this project? If so, can the State provide a copy of the approved IAPD?	This is not a MMIS procurement. The question is not relevant to this RFP.
63	Change Healthcare			Is the PBMS procurement a one-off project or part of a broader Medicaid Enterprise Solution replacement? If this project is part of a larger modernization, can the state provide the roadmap for the modernization	This is not a MMIS procurement. The questions is not relevant to this RFP.
64	Change Healthcare			Does the State have a PMO established to support the implementation? a. If not, will the State have dedicated project manager to manage DDI and CMS Certification tasks owned by the State? b. If so, can the state provide a copy of the scope of work for the project manager?	This is not a MMIS procurement. The question is not relevant to this RFP.
65	Change Healthcare			Has the State completed its consultation with CMS to define the checklists that will be used to certify the system? a. If so, can the State provide copies of the agreed upon checklists? b. If not, does the State have a timeline for completion of this activity?	This is not a MMIS procurement. The question is not relevant to this RFP.
66	Change Healthcare	4.2 / 4.2.4.3		Requirement 4.2 states "Provide and support an online Point-of-Sale (POS) pharmacy claims adjudication system that is National Council for Prescription Drug Programs (NCPDP) compliant (with the version currently required by AHCCCS), HIPAA compliant, and available 24 hours per day, 7 days per week, 365 days per year for:....." Dual Eligible Medication Coverage for: 4.2.4.3 Medicare Part B Secondary Coverage" Can the State please verify that the Medicare Part B claims will be submitted to the Contractor via NCPDP standards?	AHCCCS is a secondary payer to Medicare Part B. Secondary claims shall be submitted in accordance with the NCPDP standard for claims adjudication.
67	Change Healthcare	6.3	12	Item 6.3, with regards to "full authority" to turn edit off. Does AHCCCS anticipate turning edits off or will they inform the vendor to have an edit turned off?	AHCCCS will notify the awarded Contractor if an edit needs to be added, changed for stopped. It is the Contractor's responsibility to make the change request.
68	Change Healthcare	6.13.8	12	Item 6.13.8 What type of ProDUR patient education materials does AHCCCS expect to be provided to patients? What format and route are these materials provided?	To be determined in conjunction with the awarded Contractor.



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Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
69	Change Healthcare	6.14.3	12	6.14.3 The restriction of prescribers from designated therapeutic class of drugs – is this based on prescriber type, taxonomy code, DEA status, etc.? Or, selected individual prescribers?	Restrictions can be based on prescriber type, prescriber type, DEA status, or individual prescribers. Generally it has been by individual prescriber.
70	Change Healthcare	13.2	19	Due to the page limitation in the Method of Approach section of the RFP, would the State allow the addition of an attachment in which we provide sample reports?	Yes, the Offeror may submit a separate attachment of sample reports.
71.	Involve Pharmacy Solutions	Section 11. Member Services	18	Under “Scope of Work”, sections 11.6, 11.7 & 11.8; How many mailings are sent out per year?	Please see the response to question 20.
72.	Involve Pharmacy Solutions	Section 10. Request for Confidential /Proprietary Determination	35	Under “Specialty Instructions to Offerors”, section 10.2 reads “Pricing shall not be considered as confidential”. Please clarify if this includes the following: - AWP Discounts - Admin Fees - Rebates - Other Program Fees	Yes, pricing is not considered confidential.
73.	Involve Pharmacy Solutions	Section 6. Award	31	If possible, please confirm the targeted effective date.	The earliest effective date is 10/1/2018 but this is subject to change.
74.	Magellan Medicaid Administration, Inc.	9.14 (Indian Health Services) IHS and 638 Tribal Pharmacies; Paragraph: 9.14.2.4	15	RFP Section 9.14.2.4 has no requirement language. Please confirm if a requirement is associated with this section number.	Please refer to the response to Question 7.
75.	Magellan Medicaid Administration, Inc.	4. Contractor Requirements ; Paragraph: 4.2 and in Attachment D Performance Guarantee	7	Please indicate if the 24X7X365 availability requirement can be modified to exclude scheduled and agreed upon maintenance windows. These times are usually scheduled during low activity hours (e.g. night, non-business days) and are necessary for system optimization, updates and security purposes (as described in 13.12).	Yes, advance notice must be provided to AHCCCS and Sister Agencies when system maintenance is scheduled.



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Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
		Matrix (Network Pharmacy Point of Sale Compliance)			
76.	Magellan Medicaid Administration, Inc.	4. Contractor Requirements ; Paragraph: 4.4	7	When AHCCCS directs the vendor to add a new plan (or sister agency program) is this work done on a mutually agreeable timeline for the implementation period?	The implementation timeline for sister agencies will be determined by the sister agency and the awarded contractor.
77.	Magellan Medicaid Administration, Inc.	4. Contractor Requirements ; Paragraph: 4.4	7	When AHCCCS directs the vendor to add a new plan that is a new 'sister agency' (as described in section 16) is there a mutually agreeable fee that covers the implementation work, once identified?	No additional fees may be charged for the services described in the scope of work.
78.	Magellan Medicaid Administration, Inc.	4. Contractor Requirements ; Paragraph: 4.2.11	8	Historically, how many 'sister agencies' (as identified in section 16) added to the FFS program?	Two sister agencies. ADES and ADCS
79.	Magellan Medicaid Administration, Inc.	4. Contractor Requirements ; Paragraph: 4.16	10	Please describe the sort of disease education AHCCCS is looking for in this requirement or that has historically been performed.	For the purposes of this RFP, the Offeror should provide what the Offeror has done previously.
80.	Magellan Medicaid Administration, Inc.	Introduction; Paragraph: 2	1	The RFP reads: Proposals received by the correct time and date will be opened and the name of each Offeror will be publicly read. Will this information be posted to the website or otherwise disseminated?	The names of Offerors will be recorded on the due date and time. If you wish to request the list, please either show up to the RFP public opening at the AHCCCS office listed on the solicitation, or email the procurement officer requesting the list and it will be provided electronically.
81.	Magellan Medicaid Administration, Inc.	10. Network Management; Paragraph: 10.5	17	Please clarify the time frame for "network pharmacies that have processed a minimum of 500 prescriptions." For example, 500 prescriptions daily, weekly, monthly, or annually.	Please refer to section 10.5 of the RFP which states "Provide a program to annually audit 100% of network pharmacies that have processed a minimum of 500 prescriptions"
82.	Magellan Medicaid	Exhibit 1: Claims Utilization	Exhibit 1 -	In order to provide a level playing field and optimal discount guarantees from each bidder, can the state provide additional data	A *REVISED* Exhibit 1 will be posted to the website. The Retail/Mail Order indicator is not included in the Exhibit.



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	Administration, Inc.	Data	Separate Document	elements to the Claims Utilization Data? These additional elements are essential in forecasting AWP/rebate discounts. The requested additional fields are: <ul style="list-style-type: none"> • Date of Service by claim • Days' Supply • Retail or Mail Indicator • NCPDP or Pharmacy NPI Number 	Mail order is not currently utilized.
83.	Magellan Medicaid Administration, Inc.	4. Contractor Requirements ; Paragraph 4.10	9	Will AHCCCS provide a listing of 'AHCCCS approved providers'?	AHCCCS provides a Provider File of all AHCCCS registered providers, which includes prescribing clinicians and pharmacies.
84.	Magellan Medicaid Administration, Inc.	13. Reporting Requirements ; Paragraph 13.10; 3.1 Proposed Method of Approach; Paragraph 3.1.2	20 and 32	The Scope of Work section 13.10 refers to a 90-day transition plan for an operational start date of 10/1/2018. In Section 3.1.2 of Special Instructions to Offerors, the instruction is to provide a six-month implementation/project plan. Are these different documents?	Please provide a 6-month implementation/transition plan.
85.	Magellan Medicaid Administration, Inc.	Attachment F: Offeror's MAC List	63	Offeror's Maximum Allowable Cost (MAC) List for Generic Drugs The heading of the first column reads "National Drug Cost" Please verify that this should be "National Drug Code"?	Yes, it should read National Drug Code (NDC)
86.	Magellan Medicaid Administration, Inc.	10. Network Management; Paragraph: 10.5	17	Regarding the annual pharmacy audit requirement to audit 100% of network pharmacies that have processed a minimum of 500 prescriptions, will the State please confirm that this is 500 prescriptions in the previous 12 months?	Please refer to question 81.



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87.	Magellan Medicaid Administration, Inc.	1. AHCCCS Overview	3	What percentage of the 125,000 total eligible members are Medicaid eligible (Title XIX)?	Approximately 98% are Title XIX.
88.	Magellan Medicaid Administration, Inc.	4. Contractor Requirements ; Paragraph: 4.14	9	This requirement is for a competitive supplemental rebate program. Would this program cover only the non-Medicaid (Title XIX) members, the entire membership (Title XIX and XXI, etc. or only the Medicaid (Title XIX)?	The RFP requirement states “ upon request by AHCCCS”. At this time we are not requesting this service. The Offeror should provide information on their capabilities of providing a supplemental rebate program.
89.	Magellan Medicaid Administration, Inc.	4. Contractor Requirements ; Paragraph: 4.14	9	This requirement is for a competitive supplemental rebate program. Would this replace the current CMS supplemental rebate program in place today (that covers the FFS and MCO lives)?	CMS does not provide a supplemental rebate program. Please refer to the response for question 88.
90.	Magellan Medicaid Administration, Inc.	13. Reporting Requirements ; Paragraph:13.5	19	Would AHCCCS provide a list of the Sister State Agencies that will each require five user IDs "to access the Contractor’s web-enabled online reporting tools as part of the base administrative fees with no additional charge"?	Each sister agency that contracts with the awarded Offeror will provide the Users to the Contractor.
91.	Magellan Medicaid Administration, Inc.	11. Member Services; Paragraph 11.2	18	Would AHCCCS specify how many years of claims history data are required to be loaded by the contractor prior to system go-live to initially seed the reporting database(s)?	Please refer to the response to question 15.
92.	Magellan Medicaid Administration, Inc.	4. Contractor Requirements ; Paragraph: 4.18 and 6. Clinical Programs and Drug Lists Management: Paragraph 6.7	10	Are these two requirements for academic-detailing services asking for face-to-face detailing or alternative methods (e.g. telephonic, mailings)?	The Offeror may propose the method of approach for academic detailing.
93.	Magellan Medicaid	1. AHCCCS Overview	4	Once the new contractor has gone live and is processing fee-for-service claims, in what frequency and format will MCO claims data	The MCO Contractors’ prescription claims will not be sent to the awarded Contractor. This procurement is



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	Administration, Inc.			be sent to the contractor for processing/loading into systems?	specific to AHCCCS Fee-For Service and sister state agencies.
94.	Magellan Medicaid Administration, Inc.	1. AHCCCS Overview	4	Will historical MCO claims noting which MCO processed the claims be received by the contractor as a separate feed from those claims processed as fee-for-service claims, enabling the contractor to differentiate between the two separate claims populations for reporting purposes?	Please refer to the response to question 93.
95.	Magellan Medicaid Administration, Inc.	13. Reporting Requirements ; Paragraph 13.1	19	Would AHCCCS provide the average number of ad hoc reports per month or per year during the current contract period?	Not at this time.
96.	Magellan Medicaid Administration, Inc.	11. Responsibilities, Responsiveness, and Susceptibility; Paragraph 11.2	35	Can you please provide additional information to clarify how vendors should interpret this requirement?	The State is obligated to award contracts to the most "Responsible" and "Responsive" Offeror, that is deemed susceptible for award and that is in the best interest of the State. That section explains the minimum criteria AHCCCS uses to determine this requirement.
97.	Magellan Medicaid Administration, Inc.	4. Contractor Requirements ; Paragraph: 4.19	10	Can AHCCCS describe how practice guidelines are disseminated by the current vendor?	Practice guidelines generally have been provided to AHCCCS.
98.	Magellan Medicaid Administration, Inc.	9. Claiming Activities; Paragraph 9.15	15	Is the intent that the pharmacy provider reverse and re-bill the claims?	Section 9.15 Prior Quarter Coverage Member's approved for enrollment for a prior quarter, based on the date of their application, have generally paid cash for their prescription(s). All prior quarter coverage claims are adjudicated through the FFS PBM whether or not the member is enrolled in FFS. AHCCCS manually enrolls the member in the PBM system and works with the pharmacy to submit claims to the FFS PBM for payment.



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99.	Magellan Medicaid Administration, Inc.	4. Contractor Requirements ; Paragraph: 4.6.1	7	Can AHCCCS provide the average monthly volume of calls to the call center for Prior Authorization requests?	This information is not collected or retained by AHCCCS.
100.	Magellan Medicaid Administration, Inc.	4. Contractor Requirements ; Paragraph: 4.6.1	7	Can AHCCCS provide the average monthly volume of faxed Prior Authorization requests?	This information is not collected or retained by AHCCCS.
101.	Magellan Medicaid Administration, Inc.	4. Contractor Requirements ; Paragraph: 4.6.1	7	Can AHCCCS provide the average monthly volume of web-based Prior Authorization requests?	None
102.	Magellan Medicaid Administration, Inc.	11. Member Services; Paragraph 11.2.1	18	Can AHCCCS provide the average monthly volume of member calls?	This information is not collected or retained by AHCCCS.
103.	Magellan Medicaid Administration, Inc.	12. Data and Systems; Paragraph 12.10	18	Can AHCCCS provide the average monthly volume of manual eligibility updates?	Five
104.	Magellan Medicaid Administration, Inc.	Attachment A: Pricing Schedule	n/a	May vendors propose additional ancillary fees in order to provide optimal flexibility to AHCCCS?	No additional fees may be proposed for the scope of work requirements.
105.	Magellan Medicaid Administration, Inc.	Attachment A: Pricing Schedule	n/a	May vendors propose optional services for consideration by AHCCCS?	Yes
106.	MedImpact Healthcare Systems, Inc.	Scope of Work #3.1 Acute Care	6 of 73	Question: If a claim is eligible for payment under T/RBHA Behavioral Health, will this claim be excluded from payment under the Medicaid FFS Acute Care AHCCCS benefit? Will AHCCCS please provide any instances where a claim would be paid by both T/RBHA and AHCCCS and under what conditions?	A prescription claim will only be paid by one plan. There are drugs that are on both the TRBHA and Acute Care Drug Lists. The Offeror is expected to differentiate how their claims adjudication system will ensure that the prescription claim adjudicates under the correct plan



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					when a FFS member has Acute/LTC and TRBHA coverage. The TRBHA and Acute/LTC Drug Lists are available on the AHCCCS website under the Pharmacy section under Pharmacy Member Information-American Indian Health Program.
107.	MedImpact Healthcare Systems, Inc.	Scope of Work #3.9 AHCCCS 340B Rule	7 of 73	Question: Will AHCCCS please provide a confirmed list of FQHC/FQHC look alike pharmacies registered and approved by AHCCCS where ALL prescriptions and subsequent claims are to be reimbursed at the “lesser of” Actual Acquisition Cost (AAC) or 340B Ceiling Prices, as well as provide the AAC and 340B price list (if available) to the PBM?	Yes, AHCCCS will provide the FQHC/FQHC Look ALike Pharmacies Listing and the 340B Unit Ceiling Price to the awarded Contractor.
108.	MedImpact Healthcare Systems, Inc.	Scope of Work #7	14 of 73	Question: Will AHCCCS provide a list of all AHCCCS approved and registered “IHS” & 340B Tribal pharmacies? Question: Will AHCCCS provide the PBM a list of specialty medications (LDD) with the actual acquisition cost (AAC) that AHCCCS is willing to pay these pharmacies?	AHCCCS will provide the IHS/638 pharmacy listing and the pricing methodology to the awarded Contractor.
109.	MedImpact Healthcare Systems, Inc.	Contract #9.1	52 of 73	Contract 9.1: <i>The contract between AHCCCS and the Contractor shall consist of (1) the Request for Proposal (RFP) including AHCCCS policies and procedures incorporated by reference as part of the RFP and (2) the proposal submitted by the Contractor in response to the RFP including any Best and Final Offers. In the event of a conflict in language between the proposal (including any Best and Final Offers) and the RFP (including AHCCCS policies and procedures incorporated by reference), the provisions and requirements set forth and/or referenced in the RFP (including AHCCCS policies and procedures incorporated by reference) shall govern.</i> Question: Please provide if there any sections within the RFP where AHCCCS will not accept changes or redlines.	AHCCCS will not accept redlines of any requirement in the solicitation.



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110.	MedImpact Healthcare Systems, Inc.	No Guaranteed Quantities #14	53 of 73	<p>No Guaranteed Quantities: AHCCCS does not guarantee the Contractor any minimum or maximum quantity of services or goods to be provided under this contract.</p> <p>Question: If any or all of the programs covered under this contract are moved to Medicaid Managed Care Organizations, or any other source of program funding which significantly impacts the costs of the PBM, will AHCCCS accept a PBM contingency fee escalator dependent on the percent change in the total population of AHCCCS FFS Acute members covered?</p> <p>If yes, can AHCCCS share which fee escalator percentages, by percentage of population impacted, AHCCCS will accept?</p>	No.
111.	OptumRx	Scope of Work Contractor Requirements 4.14	9	Please confirm the scope of work (SOW) for this RFP does not include the invoicing, collection, dispute resolution or other tasks for Federal rebates (OBRA '90) under the Medicaid Drug Rebate Program.	Confirmed.
112.	OptumRx	Scope of Work Contractor Requirements 4.14	9	Assuming this RFP's SOW does not include Federal rebate management, does the State's Federal rebate contractor make claim corrections in their rebate management system? If so, please explain how these corrections will be provided to the selected PBM contractor.	This question is not relevant to this RFP.
113.	OptumRx	Scope of Work Contractor Requirements 4.14	9	Are the current supplemental rebate contracts between the State and the manufacturers or between the current supplemental rebate contractor and the manufacturers? If the contracts are between the current supplemental rebate contractor and the manufacturers, will the selected PBM contractor be required to negotiate new supplemental rebate contracts that will be effective at the start of operations for the selected PBM?	Supplemental Rebates contracts are between AHCCCS and the manufacturer. Please refer to the responses to questions 1 and 88.



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Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
114.	OptumRx	Scope of Work Contractor Requirements 4.14	9	Please confirm the supplemental rebate management functions in this RFP's SOW include supplemental rebate negotiation, invoicing, collection and dispute resolution. If the previous statement can't be confirmed, please explain the supplemental rebate management functions for which the selected PBM contractor will be responsible.	Please refer to the responses to questions 1 and 88.
115.	OptumRx	Scope of Work Contractor Requirements 4.14	9	Will any historical supplemental rebate data be turned over to the selected PBM contractor? If so, please identify the data (e.g., invoiced claims, payments, dispute resolutions, etc.), the quarters involved and whether the data will be provided electronically.	No data will be provided. Please refer to the responses to questions 1 and 88.
116.	OptumRx	Scope of Work Contractor Requirements 4.14	9	Will the selected PBM contractor be responsible for the collection and dispute resolution of supplemental rebates originally invoiced by AHCCCS' current supplemental rebate contractor? If so, please identify by quarter the outstanding rebate amounts and of the outstanding amounts, that which is attributed to rebate disputes.	Please refer to the responses to questions 1 and 88.
117.	OptumRx	Scope of Work Contractor Requirements 4.14	9	If the selected PBM contractor will be responsible for the collection of supplemental rebates originally invoiced by AHCCCS' current supplemental rebate contractor, please explain how supplemental rebate unit rebate amounts (URAs) will be provided to the selected PBM contractor.	Please refer to the responses to questions 1 and 88.
118.	OptumRx	Scope of Work Contractor Requirements 4.14	9	Does the current supplemental rebate contractor receive claims level detail or is utilization aggregated at the NDC level to identify utilization eligible for supplemental rebates?	Please refer to the responses to questions 1 and 88.
119.	OptumRx	Scope of Work Contractor Requirements 4.14	9	Does the current Federal rebate contractor make claim corrections in their rebate operating system? If so, how are the changes conveyed to the supplemental rebate vendor?	Please refer to the responses to questions 1, 88 and 114.



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120.	OptumRx	Scope of Work Contractor Requirements 4.14	9	On average, how many supplemental rebate invoices does the current supplemental rebate contractor send out quarterly?	Please refer to the responses to questions 1 and 88.
121.	OptumRx	Scope of Work Contractor Requirements 4.14	9	Are supplemental rebate invoices for MCO utilization generated separately from FFS utilization or is the MCO and FFS utilization aggregated and invoiced together? If MCO utilization is invoiced separately, is all the utilization for MCOs aggregated into once invoice or is each MCO invoiced separately? If invoiced separately, how many MCOs are currently being invoiced?	Please refer to the responses to questions 1 and 88.
122.	OptumRx	Scope of Work Contractor Requirements 4.14	9	Are physician administered drug claims (medical) eligible for supplemental rebates?	Yes
123.	OptumRx	Scope of Work Contractor Requirements 4.14	9	How will supplemental rebate payments and supporting documents supplied by manufacturers be provided to the selected PBM contractor? Will the selected PBM contractor be required to maintain a lockbox for such rebate payments or will said contractor have access to the State's lockbox to retrieve them?	Please refer to the responses to questions 1 and 88.
124.	OptumRx	Scope of Work Contractor Requirements 4.14	9	Will the selected PBM contractor be required to assume possession of historical paper supplemental rebate documents from the current supplemental rebate contractor? If so, where (city, state) are the documents currently located, how many boxes will be transferred and will the selected PBM contractor be responsible for costs associated with the transfer?	Please refer to the responses to questions 1 and 88.
125.	OptumRx	Scope of Work Contractor Requirements 4.14	9	Please provide a sample of the supplemental rebate contract currently being utilized.	Please refer to the responses to questions 1 and 88.



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126.	OptumRx	Scope of Work Contractor Requirements 4.14	9	Please explain the current methodologies utilized to calculate supplemental rebate URAs.	Please refer to the responses to questions 1 and 88.
127.	OptumRx	Scope of Work Contractor Requirements 4.14	9	Do late supplemental rebates payments accrue interest? If so, please explain how interest is calculated.	Please refer to the responses to questions 1 and 88.
128.	OptumRx	Scope of Work Contractor Requirements 4.15	9	Will the selected PBM contractor be responsible for any expenses associated with the AHCCCS Pharmacy and Therapeutic Committee meetings (e.g., committee member per diem, meeting facility, etc.)? If so, please identify the expense, the expense amount and the frequency of the expense (e.g., quarterly, yearly, etc.).	No.
129.	OptumRx	Scope of Work Contractor Requirements 4.15	9	Will the selected PBM contractor be responsible for presenting supplemental rebate or other financial data to the AHCCCS Pharmacy and Therapeutic Committee?	Please refer to the responses to questions 1 and 88.
130.	OptumRx	Scope of Work Clinical Programs and Drug Lists Management 6.9	12	Is AHCCCS currently receiving rebates for diabetic supplies (blood glucose supplies)? If so, is the negotiation, invoicing, collection and dispute resolution of diabetic supplies included in the scope of work of this RFP?	AHCCCS is not currently receiving rebates for blood glucose monitors, strips and supplies.



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Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
131.	OptumRx	Scope of Work Clinical Programs and Drug Lists Management 6.9	12	Are the current diabetic supply rebate contracts between the State and the manufacturers or between the current diabetic supply rebate contractor and the manufacturers? If the contracts are between the current diabetic supply rebate contractor and the manufacturers, will the selected PBM contractor be required to negotiate new supplemental rebate contracts that will be effective at the start of operations for the selected PBM?	Please refer to the response to question 132.
132.	OptumRx	Scope of Work Clinical Programs and Drug Lists Management 6.9	12	Will the selected PBM contractor be responsible for the collection and dispute resolution of diabetic supply rebates originally invoiced by AHCCCS' current diabetic supply rebate contractor? If so, please identify by quarter the outstanding rebate amounts and of the outstanding amounts, that which is attributed to rebate disputes.	Please refer to the response to question 132.
133.	OptumRx	Scope of Work Clinical Programs and Drug Lists Management 6.9	12	Is MCO utilization eligible for diabetic supply rebates? If so, are diabetic supply rebate invoices for MCO utilization generated separately from FFS utilization or is the MCO and FFS utilization aggregated and invoiced together? If MCO utilization is invoiced separately, is all the utilization for MCOs aggregated into once invoice or is each MCO invoiced separately? If invoiced separately, how many MCOs are currently being invoiced?	This question is not relevant to this RFP.
134.	OptumRx	Scope of Work Clinical Programs and Drug Lists Management 6.9	12	Please provide a sample of the diabetic supply rebate contract currently being utilized.	Please refer to the response to question 132.
135.	OptumRx	Scope of Work Clinical Programs and	12	Please explain the current methodologies utilized to calculate diabetic supply rebate URAs.	Please refer to the response to question 132.



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		Drug Lists Management 6.9			
136.	OptumRx	Scope of Work Clinical Programs and Drug Lists Management 6.9	12	Do late diabetic supply rebate payments accrue interest? If so, please explain how interest is calculated.	Please refer to the response to question 132.
137.	OptumRx	Scope of Work 9.20 KidsCare Title XXI	17	Is the State receiving rebates for KidsCare Title XXI utilization? If so, what is the source of those rebates (e.g., Federal rebate, supplemental rebates applicable to Title XIX FFS and MCO utilization, separate rebate contracts)?	Please refer to the response to question 1 and 88.
138.	OptumRx	Scope of Work 9.20 KidsCare Title XXI	17	If the State is receiving rebates for KidsCare Title XXI utilization, are rebate management functions included in this RFP's SOW? If so, do the functions include rebate negotiation, invoicing, collection and dispute resolution. If the previous statement can't be confirmed, please explain the supplemental rebate management functions for which the selected PBM contractor will be responsible.	Please refer to the response to question 1 and 88.
139.	OptumRx	Scope of Work 9.20 KidsCare Title XXI	17	If the State is receiving rebates for KidsCare Title XXI utilization and the rebates are pursuant to separate contracts, are the contracts between the State and the manufacturers or between the current rebate contractor and the manufacturers? If the contracts are between the current rebate contractor and the manufacturers, will the selected PBM contractor be required to negotiate new rebate contracts that will be effective at the start of operations for the selected PBM?	Please refer to the responses to questions 1 & 88.
140.	OptumRx	Scope of Work 9.20 KidsCare Title XXI	17	If the State is receiving rebates for KidsCare Title XXI utilization and the rebates are pursuant to separate contracts, please provide a sample of the rebate contract currently being utilized.	Please refer to the responses to questions 1 & 88.



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Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
141.	OptumRx	Scope of Work 9.20 KidsCare Title XXI	17	If the State is receiving rebates for KidsCare Title XXI utilization and the rebates are pursuant to separate contracts, please explain the current methodologies utilized to calculate diabetic rebate URAs.	Please refer to the responses to questions 1, 88 and 132.
142.	OptumRx	Scope of Work 9.20 KidsCare Title XXI	17	If the State is receiving rebates for KidsCare Title XXI utilization and the rebates are pursuant to separate contracts, do late rebate payments accrue interest? If so, please explain how interest is calculated.	Please refer to the responses to questions 1 & 88.
143.	OptumRx	Scope of Work 9.20 KidsCare Title XXI	17	If the State is not receiving rebates for KidsCare Title XXI utilization, can the PBM contractor responding to this RFP propose negotiating and managing rebates in its RFP response?	Please refer to the responses to questions 1 & 88.
144.	OptumRx	Scope of Work Reporting Requirement 13.3	19	Can the State provide examples of the reports listed in 13.3? Will a quarterly 64.9R or any other standardized reports be required to be delivered by the selected PBM contractor? If so, please provide examples.	Please refer to the responses to questions 1 & 88.
145.	OptumRx	YH18-0020 Attachment A Pricing Schedule Item 7.2		Section 7.2 states that "A listing of products covered under supplemental rebate agreements is available on the AHCCCS website under the Pharmacy information section". Upon search of the AHCCCS website, a listing was not found. Please provide the listing or more specific direction (such as the specific URL) where the listing can be found.	All preferred drugs are listed on the AHCCCS Drug Lists on the AHCCCS website at www.azahcccs.gov under the Pharmacy & Therapeutic tab under Pharmacy.
146.	OptumRx	YH18-0020 Attachment A Pricing Schedule Item 7.3		If the PBM contractor proposes a "per paid claim" rebate guarantee and subsequently the drugs AHCCCS receives supplemental rebates on changes, will corresponding changes to the rebate guarantee be allowed?	If AHCCCS is receiving a supplemental rebate for a drug, these claims are exempt from any additional rebates.
147.	OptumRx	YH18-0020 Attachment A Pricing Schedule Item 7.3		Please confirm any proposed "per paid claim" rebate guarantee applies only to utilization from the "KidCare" plan. If the rebate guarantee encompasses additional programs, please list the programs with utilization subject to the proposed rebate guarantee.	Please refer to Instruction and Terms on Attachment A Pricing Schedule section 7.3 which is not specific to only KidsCare.



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148.	OptumRx	YH18-0020 Attachment A Pricing Schedule Item 7.3		YH18-0020 Attachment A Pricing Schedule Item 7.2 states “The PBM is prohibited from negotiating or collecting on any rebate contracts with drug manufacturers for preferred or other pharmaceutical products when AHCCCS has a supplemental rebate contract for the product and/or class.” Does that prohibit the PBM contractor from using utilization from any class that has a product AHCCCS is receiving supplemental rebates. For example. if AHCCCS is receiving supplemental rebates on drug “A” in the Inhaled Glucocorticoids class, and the vendor is able to secure rebates on drug “B” in the class in order to meet the proposed guarantee described in 7.3 without impacting the AHCCCS supplemental rebate on drug “A”. Would that be allowed?	Section 7.2 only applies to a drug when AHCCCS has a supplemental rebate agreement in place for that specific drug.
149.	OptumRx	YH18-0020 Attachment A Pricing Schedule Item 7.3		In order to calculate a per prescription rebate guarantee, utilization subject to the rebate guarantee is needed. Is all the utilization provided with this RFP (AHCCCS Solicitation YH18 - 0020 Exhibit 1 - AHCCCS Fee-For-Service Prescription Claims Utilization From 7/1/2016 through 6/30/2017), subject to the rebate guarantee? If not, please provide utilization for 7/1/2016 through 6/30/2017 that would be subject to the rebate guarantee.	Please refer to the response to question 40.
150.	OptumRx	3.1.1 & 3.1.5 Proposed Method of Approach	32-33	Please confirm that (1) the state does not require the vendor to replicate SOW requirements in the proposal response and (2) that the vendor can develop an original organization for the narrative in the Method of Approach insofar as the narrative explains how the requirements in the SOW will be addressed.	Confirmed. Please refer to section 3.1.5 on page 33.
151.	OptumRx	13.1	19	We would like to submit samples of our standard reports as per this requirement. Can we submit samples as an exhibit, and will this exhibit be exempt from the 75 page requirement?	Please refer to the response to question 70.
152.	PerformRx	General		Is there a consultant or advisor managing this process for the state?	No



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153.	PerformRx	General		There are a number of medication lists referenced throughout the Scope of Services. Can you please share with us how these medication lists are maintained today?	The medication lists are maintained by the current PBM.
154.	PerformRx	Specialty Pharmacy Services 7.5	13	Is the specialty pharmacy meant/allowed to be exclusive? What is the basis of the 90% registration requirement in 7.5?	To ensure that the specialty pharmacy is licensed as required by most states when a medication must be shipped to a member out of state.
155.	PerformRx	3.9 and 9.3	6	What is the current process to maintain the network of FQHC pharmacies and FQHC Look Alike pharmacies?	Please see the response to question 107.
156.	PerformRx	3.11 and 9.14	6	Is the AIR benefit design managed concurrently real time today or is it managed as a post adjudication edit?	The current AIR is managed by AHCCCS and is not real-time.
157.	PerformRx	Claims Utilization Provided		The Claims Utilization file provides 102k claims but the Pricing Schedule references 160k claims. Can you please provide more detail on the additional 58k claims?	Please refer to the response to question 40.
158.	PerformRx	Claims Utilization Provided		The Pricing Schedule file references a scenario of 1.1 M claims (based on inclusion of the HIS/638 pharmacy AIR claims). Is it possible to receive a file of those additional transactions not included in the Claims Utilization file?	IHS/638 claims utilization will not be provided.
159.	PerformRx	General		Please identify the incumbent vendor for this contract.	OptumRx
160.	PerformRx	General		How long has the above vendor been servicing this contract?	This question is not relevant to the RFP.
161.	PerformRx	General		Is there, and if so what, any anticipated increase or decrease in membership for the term of this contract?	AHCCCS cannot predict future changes in membership.
162.	PerformRx	General		Does the existing contract include a Traditional or Transparent pricing model?	Traditional
163.	PerformRx	3. Proposal Information	32	Instead of a CD-ROM, is it permissible to submit a thumb drive as the electronic version?	Please submit on CD-ROM.
164.	PerformRx	Claims Utilization Provided		There is no Retail indicator, mail indicator, Date Filled, Rx Count or Day's Supply. Therefore, Retail Mail breakdown is not possible. Can we ask for a new dataset to include this information?	Please refer to the response to question 5.



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165.	PerformRx	General		Is there a preferred formatting including font style, font size and margin size?	No.
166.	PerformRx	4.10 and 4.11	9	What is the difference between the "AHCCCS pharmacy providers" within 4.10 versus "AHCCCS registered pharmacies" within 4.11?	They are the same.
167.	PerformRx	Claims Utilization Provided		There is no FQHC, 340B, and HIS/638 have indicators in the data. Can we ask for a new dataset to include this information?	These indicators will not be provided.
168.	PerformRx	General		Generally at what point does modification of the system to support the benefit plans, constitute "creation of programming or systems" that the state might exert ownership rights on.	Generally speaking, modification of a vendor's existing system would not trigger ownership rights. Of course this is a high level non-specific statement that should not be interpreted to cover any and all scenarios in which ownership rights may or may not be exerted.
169.	PerformRx	Reporting Requirements 13.1	19	Please confirm the requested "Standard Reporting Package" can be cited as a proposal attachment and does not count toward our 75 page narrative limitation.	Please refer to the response to question 70.
170.	RxAdvance	File: Copy of YH18-0020_Exhibit+1Prescription ClaimsUtilizationData_0701 2016Thru6	N/A	The claims data does not include retail/ mail indicator, Rx Count, or Days Supply. Please provide a complete data set to allow us to analyze utilization and fill the proposed pricing schedule by pharmacy type.	Please refer to the response to question 40.