



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: October 1, 2014

HSS 14 038

AIDS DRUG ASSISTANCE PROGRAM PRESCRIPTION FULFILLMENT BENEFIT &
INFORMATION MANAGEMENT

FOR

DIVISION OF PUBLIC HEALTH

Date Due: November 18, 2014
11:00AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE
MENTIONED BID.

Responses to questions discussed at the pre-bid meeting on October 1,
2014 are attached.

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Aids Drug Assistance Program Prescription Fulfillment Benefit & Information
Management
Questions & Answers
RFP: HSS 14 038
October 1, 2014

RFP HSS 14 038 Questions:

Question Number	RFP Section	Page Number	Question & Answers
1	Required Reporting	13	<p>This section states the following, “A complete and accurate Usage Report (Appendix G) shall be furnished in an Excel format and submitted electronically, no later than the 15th (or next business day after the 15th day) of each month, detailing the purchasing of all items on this contract.”</p> <p>Please clarify the intent of Appendix G, and confirm that this report as included in Appendix G is required in the fulfillment of services as expressed in this RFP.</p> <p>This only applies to the awarded bidder. This will be worked out with that bidder.</p>
2	Background	7	<p>Please identify the total number of patients served by ADAP in fiscal/calendar year 2013, and the (estimated) expected number of patients served for the contract years identified in this RFP.</p> <p>In fiscal year 2013 there were 1794 clients. I'm expecting approximately 1800 clients for the new contract period. The Program fiscal year is from April 1st to March 31st.</p>
3	Scope of Services	9	<p>The reporting and data management requirements state the following,</p> <p>“Reporting and Data Management - Electronic reports for Ryan White Part B/ADAP grant requirements such as ADAP Quarterly reports, ADAP Data reports, RSR reports that are compatible with HRSA Careware software system and submitted to HRSA prior to reporting requirement(s) due date.”</p> <p>Please provide further detail regarding the contractor’s obligations in the creation and delivery of such reports.</p> <p>Specifically, there are fields of information required in the ADAP Data reports and the</p>

			<p>ADAP Quarterly report that are not called out as data elements in this RFP.</p> <p>What is Delaware ADAP's expectation from the contractor in the delivery of such data elements and/or reports?</p> <p>Delaware's expectation is for the contractor to provide reports electronically that meets the HRSA standards and reporting requirements, these reports provided by the contractor will be compatible with HRSA Careware in order for Delaware to meet HRSA standards and reporting requirements on time.</p>
4	Standards and Policies and Procedures	10	<p>The Standards and Policies and Procedures section states the following, "The Contractor will adhere to standards and policies and procedures developed by the Delaware Ryan White Program." Does the Delaware Ryan White Program have written standards and policies and procedures? If so, please provide a copy. The Delaware Program follows the HRSA monitoring and program standards, which can be found at www.hrsa.gov</p>
5	Ryan White Part B/ADAP Grant Requirements	10	<p>Is it the expectation that the contractor's system be used to submit reports into the HRSA Careware software system? The contractor will have to create a CSV file in a format that we would be able to upload onto CAREWare database. Fields and data format of those fields are to be determined by State of Delaware and HRSA.</p>
6	Scope of Services	8	<p>Does Delaware ADAP have more than 1 statewide pharmacy network? If so, please describe. DE ADAP has two pharmacy networks, retail pharmacy and wellness clinics. Uninsured clients go to the wellness clinics for medications and insured clients receive their medications form retail pharmacies such as Walgreens, Rite Aid, etc. The program currently has 90 clients uninsured.</p>
7	Scope of Services	9	<p>Please clarify the number of formularies managed as described in the ADAP Formulary Management section, and provide a copy of the formulary(ies). DE ADAP has one formulary and it is located at http://www.ramsellcorp.com/individuals/de.aspx</p>
8	Scope of Services	9	<p>How will the Delaware ADAP client eligibility data be provided to the contractor? For example, will information be provided via a file exchange process? If so, what is the frequency of</p>

			<p>file submission? And, if so, is there a specified format for the eligibility file?</p> <p>A file exchange of all the program clients will be provided to the contractor, however, DPH will update the client eligibility information once all program clients have been successfully updated in the contractor's database.</p>
9	—	—	<p>How many clients are in the ADAP population? In Fiscal Year 2013 there were 1794 clients.</p>
10	—	—	<p>Are client appeals allowed, and is there an existing method of appeal? Yes</p> <p>If so, would the contractor need to attend the fair hearing? Possibly if the appeal is concerning the contractor.</p>
11	—	—	<p>Will any clinical expertise (Pharmacist) be required for meeting attendance? Possibly a pharmacist might be needed to serve on a committee such as the formulary or quality management.</p>
12	II	9	<p>What is the process for approval of non-formulary medications? The RFP states that only items on the formulary will be approved at the time of service. A request to add a non-formulary medication would be sent to the DE ADAP formulary committee, whom decides if the request is approved. DE ADAP does not cover medications not on the formulary.</p>
13	II	9	<p>Will the current formulary be kept, or is the vendor expected to make changes and adjustments at some interval? Who will be responsible for determining formulary status of newly approved medications?</p> <p>Yes the current formulary will be kept. The contractor will make changes to the formulary after being notified by DPH. All medications on the formulary are approved by the DE ADAP Formulary Committee.</p>
14	VI	23	<p>Is the start date the contract sign by date or the go-live implementation date? The contract start date is April 1, 2015.</p>
15	—	—	<p>Does DPH collect supplemental rebate on ADAP formulary? If so, is this the responsibility of DPH or the contractor? DE ADAP collects the supplemental rebate, but contractor's systems will provide a report to calculate the rebates.</p>
16	II	8	<p>Will biannual eligibility verification be maintained by DPH or the contractor? Eligibility verification will be maintained by the contractor's database and</p>

			DPH will update eligibility in the contractor's database.
17	II	8	Does DPH have a list for the preferred pharmacy network, or can any willing provider in Delaware enroll? Does DPH anticipate any difference from how DMAP pharmacies currently enroll? Yes, DE ADAP has a preferred pharmacy network. I'm not able to answer this question regarding DMAP, because DPH and DMAP are two different programs.
18	II	8	Will pharmacies need to be 340B? Only HIV Wellness Centers are 340B Pharmacies.
19	II	8	Will drugs requiring prior authorization be reviewed by DPH or the contractor? DPH will approve prior authorization. For items such as a client losing their medication and early refills, those items will be discussed and setup in the contractor's database.
20	II	9	How is prior authorization criteria determined? How is it utilized and who evaluates it? DE ADAP determines and evaluates prior authorizations criteria. It will be utilized through the contractor's database.
21			Will the program be self-dependent on reporting or will the vendor be needed to make changes? The contractor will have to supply the reporting capability to ensure the program is able to meet all of the Federal and State reporting requirements. If a new report is needed that cannot be generated by the contractor's database, the contractor will be needed to provide support to make certain the program reporting requirements are being met.
22			What type of leveraging exists on access pharmacy data, what type of platform of platform resides right now with the pharmacy network? It is an electronic coordination of program client benefits to ensure the program is payor of last resort.
23			What is the size of the file for the program clients? That size of the file is approximately 1.5 Meg
24			Do you have a dashboard where you can see where things are on a daily, monthly, and annually in one screen sheet that can be downloaded on to spreadsheets and shared with officials at a higher level? Yes