



# Request for Quotation

State of West Virginia  
 Department of Health & Human Resources  
 Office of Purchasing  
 One Davis Square, Suite 100  
 Charleston, WV 25301

RFQ NUMBER
MED11003

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
DONNA D. SMITH
304-957-0218

V E N D O R	
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S H I P T O	BUREAU FOR MEDICAL SERVICES 350 CAPITOL STREET, ROOM 251 CHARLESTON, WV 25301-3706
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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FUND
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BID OPENING DATE: 8/3/2010      BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				1. QUESTIONS AND ANSWERS ARE ATTACHED. 2. BID OPENING DATE HAS BEEN EXTENDED FROM JULY 29, 2010, 1:30 P.M. TO AUGUST 3, 2010, 1:30 P.M. 3. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR PROPOSAL.		
				REQUISITION NO.: MED11003		
				ADDENDUM ACKNOWLEDGEMENT		
				I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATIONS, ETC.		
				ADDENDUM NO."S"		
				NO. 1 _____		
				NO. 2 _____		
				NO. 3 _____		
				NO. 4 _____		
				NO. 5 _____		
				I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF PROPOSAL.		

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFP, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED "VENDOR"

**GENERAL TERMS & CONDITIONS  
PURCHASE ORDER/CONTRACT**

- 1. ACCEPTANCE:** Seller shall be bound by this order and its terms and conditions upon receipt of this order.
- 2. APPLICABLE LAW:** The laws of the State of West Virginia and the BMS Purchasing Manual shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
- 3. NON-FUNDING:** All services performed or goods delivered under BMS Purchase Orders/Contracts are to be continued for the terms of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, the Purchase Order/Contract becomes void and of no effect after June 30.
- 4. COMPLIANCE:** Seller shall comply with all federal, state and local laws, regulations and ordinance including, but not limited to, the prevailing wage rates of the WV Division of Labor.
- 5. MODIFICATIONS:** This writing is the parties' final expression of intent. No modification of this order shall be binding unless agreed to in writing by the Buyer.
- 6. ASSIGNMENT:** Neither this Order or any monies due, or to become due hereunder may be assigned by the Seller without the Buyer's consent.
- 7. WARRANTY:** The Seller expressly warrants that the goods and/or services covered by this order will: {a} conform to the specifications, drawings, samples or other description furnished or specified by the BUYER; {b} be merchantable and fit for the purpose intended; and/or {c} be free from defect in material and workmanship.
- 8. CANCELLATION:** The director of the DHHR Office of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 9. SHIPPING, BILLING & PRICES:** Prices are those stated in this order. No price increase will be accepted without written authority from the Buyer. All goods or services shall be shipped on or before the date specified in the Order.
- 10. LATE PAYMENTS:** Payment may only be made after the delivery of goods or services. Interest may be paid on late payments in accordance with the *West Virginia Code*.
- 11. TAXES:** The State of West Virginia is exempt from the federal and state taxes and will not pay or reimburse such taxes.
- 12. RENEWAL:** Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon contract null and void, and terminate such contract without further order.
- 13. BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
- 14. HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at [www.state.wv.us/admin/purchase/vrc/hipaa.htm](http://www.state.wv.us/admin/purchase/vrc/hipaa.htm) and is hereby made part of the agreement provided that the Agency meets the definition of a Cover Entity (45 CFR § 160.103) and will be disclosing Protected Health Information (45 CFR § 160.103) to the vendor.
- 15. CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedure, and rules.
- 16. LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirement by any state or local agency of West Virginia, including but not limited to, the West Virginia Secretary of State's Office, the West Virginia Insurance Commission, or any other state agency or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.



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<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p>						
<p>SIGNATURE _____</p>						
<p>COMPANY _____</p>						
<p>DATE _____</p>						
<p>END OF ADDENDUM NO. 1</p>						

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- 7. WARRANTY:** The Seller expressly warrants that the goods and/or services covered by this order will: (a) conform to the specifications, drawings, samples or other description furnished or specified by the BUYER; (b) be merchantable and fit for the purpose intended; and/or (c) be free from defect in material and workmanship.
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**Request for Proposals  
West Virginia Bureau for Medical Services  
Retrospective Drug Utilization Services  
#MED11003**

#	Section	Question
1.	1.10 Proposal Format and Submission Page 4	Should the bidders include electronic copies of both the technical and cost proposal on the one required CD or should two CDs be submitted (one for the technical proposal and another for the cost proposal)? <b>Two CDs should be submitted-one for the technical proposal and one for the cost proposal.</b>
2.	Requirement 3.1.1. Page 15	Are patients enrolled in managed care organizations to be included in the DUR reviews? <b>Yes; pharmacy services are carved out of the managed care benefits and are all provided on a fee-for-service basis.</b>
3.	Requirement 3.1.3 Page 15-16	How many users does the State expect will be given access to use the desktop tool? <b>We estimate that six (6) members of the staff would need access to the desktop tool.</b>
4.	Requirement 3.1.5 Page 16	How many member profiles are reviewed each month? <b>Currently, 250-300 member profiles are reviewed each month.</b> Who currently performs these reviews? <b>A RetroDUR Committee of five (5) members (non-BMS staff members), three (3) pharmacy staff members and one (1) pharmacist employed by the BMS fiscal agent.</b> Are they done on site at BMS offices, teleconference, other? <b>On site at the BMS offices.</b> How is this process currently done? <b>Vendor generates the monthly profiles based on data extracts provided by the Bureau and a set of therapeutic criteria exceptions that have been reviewed and approved by the RetroDUR Committee and the BMS pharmacy staff to ensure coordination with BMS policies. The profile are sent to BMS and are individually reviewed by the above mentioned RetroDUR Committee members and pharmacy staff, but are often discussed by the group if there are questions about letters that need to be sent to prescribers or pharmacy providers. The profiles, with recommendations for communications to prescribers and pharmacy providers, are returned to the RetroDUR Vendor and communications are sent out by them. Comments on those communications are logged and reported to the Bureau by the Vendor.</b> Does BMS wish to change the existing format of profile review? <b>BMS is open to suggestions for changing the format and also welcomes proposals for accomplishing the same goals by different methods, with the understanding that profile review is important for monitoring medication therapies and the effects of policies that have been adopted by the Pharmacy Program.</b>
5.	Requirement 3.1.8 Page 16	Is this requirement to provide at least 6 population-based education interventions per year? <b>Yes</b> Do the targeted interventions come from the contractor, the DUR commission, the BMS DUR Coordinator, or some combination of the above? <b>The interventions may come from some combination of the above.</b>

		<i>In many instances, targeted letters to prescribers and pharmacy providers regarding significant changes in prior authorization policies and the Preferred Drug List are regarded as population-based educational interventions, as agreed upon by the Bureau and the Vendor.</i>
6.	Requirement 3.1.9 Page 16	Does the state have established criteria for members with potential over utilization of controlled substances? <b>Yes</b> Is the state open to revisions to their existing criteria for lock-in consideration? <b>Yes, but changes must be reviewed and approved by the RetroDUR Committee and the DUR Board.</b>
7.	Requirement 3.1.10 Page 16	May the Help Desk call center be located outside of West Virginia? <b>Yes</b> What is the estimated call volume per day or month? <b>The current number of calls is 4-5 per month. It is anticipated that this volume will increase with the implementation of the initiative to lock-in members treated with Suboxone/Subutex.</b> What are the expected hours of operation? <b>Regular business hours-9 am-5 pm EST, Monday - Friday</b> If hours of operation are normal business hours, will emergency off-hours access (e.g. by pager) be required? <b>No</b>
8.	Requirement 3.1.11 Page 17	Who will be responsible for the mailing costs of the quarterly newsletter? <b>The Vendor is responsible for the mailing costs of the newsletter.</b> Will this be considered a pass-through cost? <b>No, the cost of mailing should be included in the Vendor's cost proposal and will not be reimbursed separately as a pass-through cost.</b>
9.	Requirement 3.1.12 Page 17	Do the pharmacists working on the WV RDUR project have to be 100% dedicated to West Virginia? <b>No, but the Bureau does expect that the Vendor will assign a pharmacist(s) to the account to provide continuity for the services provided and that they will be available to meet the needs of the WV RDUR Program.</b> Do any of the pharmacists have to be based in West Virginia and /or licensed in WV? <b>No</b>
10.	Scope of Work 3.2.2 Page 17	How much face-to-face contact typically takes place as a means for educational interventions? <b>No face-to-face contact has occurred at this point. This type of intervention would be mutually agreed upon by the Vendor and the Bureau. The Bureau hopes to have access to clinical personnel to contact prescribers or pharmacy providers, either face-to-face or by phone, if it is determined that this would be the best course of action for the situation.</b> What is the approximate number/frequency of face-to-face interventions required per year? <b>None are required.</b> How much time is typically spent on each intervention? <b>See above.</b>
11.	Scope of Work 3.2.6 Page 18	This requirement states that committee members are to be reimbursed at least \$275/member/month? Under what circumstances are Committee members paid more than \$275/member/month? <b>The Committee members are currently paid this set amount per</b>

		<p><b>month for each meeting they attend. There are no circumstances under which they are paid more. The only instance for which this would increase would be if the Bureau and the Vendor agreed upon an increase in payment to all members per month.</b></p> <p>Do Committee members get reimbursed monthly even if the DUR Committee has no activities in a given month?</p> <p><b>No, this reimbursement is provided to RetroDUR Committee members only if they participate in the RetroDUR Committee review of profiles for the month.</b></p> <p>How many DUR Committee members do you anticipate there will be during the term of this new contract?</p> <p><b>There have always been five (5) Committee members and a change in that number is not anticipated, unless the volume of work increases as to be too large for five members (in combination with BMS staff members) to complete within the three hours the Committee meets each month.</b></p>
12.	Part 4 Proposal Format and Response Requirements Page 20	<p>The RFP states that proposals must follow the outline described in Part IV. Will the State allow bidders to include appendices or attachments that contain sample reports or other supplemental information?</p> <p><b>The state welcomes appendices that contain reports and other supplemental information.</b></p>
13.	Part 4 Proposal Format and Response Requirements Page 22	<p>Can the State please provide the cost summary form as a Microsoft Word document?</p> <p><b>Yes, please see the attachment to these questions.</b></p>
14.	Scope of Work 3.2.5 Page 17	<p>A method for regularly reviewing member history and communicating with prescribers and pharmacy providers when it is determined that a member's drug treatment falls outside of accepted therapeutic standards and to assure that all communications by the vendor with prescribers and pharmacy providers are reviewed and approved by the Bureau. Please confirm that this requirement relates to the monthly profile review.</p> <p><b>This does refer to monthly profile review, which is currently the practice of the program. However, suggestions for alternate retrospective drug utilization review methods, both for changing the process for profile review and/or another method for retrospective drug utilization review are welcome.</b></p>
15.	Scope of Work Page 18	<p>A monthly quality analysis of the member profile data for review to assure that it is current</p> <p>Will the State please provide additional detail on this requirement?</p> <p><b>The profiles, member histories, or other data for review by the Committee should first be inspected by the Vendor to insure that the data provided has been updated from the most current claims data load provided to the Vendor.</b></p>
16.	Cost Summary Page 22	<p>Does the State wish to receive option pricing for additional profiles reviewed over the vendor base pricing? (Increased member profile reviews or addition of Suboxone patients into lock-in program). If yes, should the vendor include this pricing on the Cost Summary Sheet or a separate page?</p> <p><b>The State does <u>not want</u> to receive pricing for additional profiles for review. The current number of profiles reviewed (250-300) monthly requires the maximum amount of time available to the Committee for their monthly meetings.</b></p> <p><b>Although BMS plans to add members to the lock-in program who have prescriptions for Suboxone/Subutex, a complete profile review will not be necessary in order to determine if the member should be included in the lock-in program. The presence of</b></p>

		<p><b>Suboxone/Subutex in the member's current medication regimen will qualify the member for inclusion in the lock-in program. Profiles of those members (receiving Suboxone/Subutex) can be incorporated for review at monthly meetings if they contain other therapeutic criteria exceptions, which would trigger a therapeutic or lock-in review. Members will not need to be reviewed for consideration of continued lock-in (annual review) as long as they continue to receive Suboxone/Subutex. Letters of therapeutic duplication or warning to members, their prescribers and pharmacy providers, as a preliminary step to pharmacy lock-in, will not be necessary for members receiving Suboxone/Subutex, as they will qualify for the Lock-In Program based on their treatment with Suboxone/Subutex and the monitoring required for medication-assisted treatment.</b></p> <p><b>However, a letter of lock-in notification to each member and their prescriber receiving Suboxone/Subutex and communications with the members' choice of pharmacy should be factored into the Vendor's cost proposal, as well as additional phone calls which can be expected from members regarding the implementation of this policy.</b></p> <p><b>The Vendor's cost proposal should include the cost of implementing lock-in for Suboxone/Subutex treatment (approximately 1100 members) and 100 members now in the lock-in program and monthly profile review of 250-300 profiles (if that is the method proposed for retrospective drug utilization review).</b></p>
17.	<p>Proposal Format and Submission Part 1.10.3 Page 4</p>	<p>Vendors responding to this RFP shall submit: One (1) original technical and one original cost proposal plus (6) convenience copies, including one copy on CD, Would the Bureau like us to submit one CD that contains both the technical and the cost proposal, or a separate CD for each?</p> <p><b>A separate CD for the technical and cost proposal is requested. The technical proposal CD and the cost proposal CD must be in separate envelopes and clearly marked</b></p> <p>Is the Bureau expecting 5 or 6 paper copies of the technical and cost proposal? <b>The Bureau is expecting five (5) paper convenience copies and one on CD.</b></p>
18.	<p>General Information, Terms and Conditions Part 1.10.4.5 Page 5</p> <p>Part 4 Pages 19-21</p>	<p>Vendors should provide credible, detailed evidence of their related experience and capabilities in providing retrospective drug utilization review services. At least three vendor references from work within the last five years should be provided.</p> <p>The vendor experience outlined in the table on page 5 outlines an overview of the vendor's experience. Does the Bureau expect this to be in the same section, Relevant Experience, which is to include the three references to be provided?</p> <p><b>Yes, the Vendor's experience should be included in this section and include the three references requested.</b></p> <p>Does the Bureau expect this section to include overall experience of the vendor and not just the experience of the three (3) references?</p> <p><b>This section includes overall experience that is relevant and not to be limited to the three references requested.</b></p>



		<p>terminate will not relieve vendor of the obligation to continue to provide services pursuant to the terms of the contract.</p> <p>Can the Agency clarify the Term of Contract and Renewals?  <b>Yes, see below responses to questions.</b></p> <p>Is the contract for a one (1) year period, plus up to a (two) 2 year renewal, for a maximum of up to 3 years? <b>Yes, the contract is for a one (1) year period with the option for two (2) one (1) year renewals for a maximum of up to three (3) years total.</b> Or is the contract for one year, with (two) 2 one-year extension periods and a last "reasonable time" period that could be up to another twelve (12) months for a possible 4 year contract?  <b>No</b></p> <p>Please clarify whether the contract is for up to 3 years or up to 4 years.  <b>The contract is for one year, with two (2) one year renewal periods, for a period of up to 3 years.</b></p>
22.	<p>General Information, Terms and Conditions  Part 1.21-25  Pages 9-14</p>	<p>Does the State expect the vendor to confirm each of these General Terms and Conditions in the Proposal or to make an affirmation to them individually or generally? Please provide guidance.  <b>When the Vendor signs their proposal, they are agreeing to the General Terms and Conditions in the contract. Each term and condition does not require a response.</b></p>
23.	<p>Special Information, Terms and Conditions  Part 1.21.15  Page 13</p>	<p>The Vendor agrees that liquidated damages shall be imposed at the rate of \$1,000 per day for failure to provide deliverables, meet milestones identified to keep the project on target or failure to meet specified deadlines.</p> <p>Can you provide clarification on this requirement? Will this be imposed on all milestones and deliverables or just those directly tied to timely go-live and operations of this RFP? Also, would you reconsider the penalty of \$1,000 per day? A penalty this severe will cause bidders to include additional resources in ensuring they do not violate this clause and will increase the ultimate cost of the project for BMS.</p> <p><b>The Vendor will not be penalized for any delays caused by situations beyond their control. Liquidated damages would only be imposed in circumstances in which the Vendor has not made a reasonable effort to perform the duties or meet the schedule set for deliverables in a timely manner.</b></p>
24.	<p>Part 3  Requirement 3.3.1.7  Page 16</p>	<p>Provide a reporting system which can generate monthly reports for the Bureau on the number of RetroDUR targeted interventions for prescribers and pharmacies performed, responses received, and the nature of the therapeutic criteria triggering the interventions. The system must also generate reports of responses to population-based educational interventions, cost savings from both targeted and population-based interventions, and ad hoc reports when requested. Please define what is meant by ad hoc reporting?  <b>Reports which are developed in response to a specific question and run at the request of the Bureau for that particular question in as short a time frame as reasonably possible. These reports are not expected to have the development or scheduled run dates of standard reports.</b></p>
25.	<p>Part 3  Requirement 3.1.9  Page 16</p>	<p>Maintain a member lock-in program, based on member utilization of controlled substances. The program will include reviews of members identified in the RetroDUR database for potential overutilization of controlled substances, referrals of members to the Bureau for review, prescriber and member notification of lock-in consideration, prescriber</p>

		<p>and member notification of lock-in status, coordination with pharmacy providers for member lock-in, and method of periodic review of lock-in status for members. Members with prescriptions for Suboxone or Subutex must be included in the lock-in program if requested by the Bureau (approximately 1100 members).</p> <p>Are the approximately 1100 members the total number of members in the lock-in program or is the 1100 referring to only the members with prescriptions for Suboxone or Subutex medication?</p> <p><b>The 1100 refers to the number of members currently in the Medicaid program on Suboxone or Subutex.</b></p> <p>If it is the latter, please provide the total number of members in the lock-in program?</p> <p><b>The current number of members in the lock-in program is 100.</b></p>
26.	Part 3 Requirement 3.1.10 Page 16	<p>Maintain a help desk for Medicaid prescribers, pharmacy providers and members to answer inquiries about the RetroDUR program and any communications that may be received by them regarding the program. Can the BMS provide bidders the help desk call volume for 2009?</p> <p><b>The current number of calls is 4-5 monthly.</b></p>
27.	Part 3 Requirement 3.2.6 Page 18	<p>Support for a RetroDUR Committee, if the vendor proposes profile review by a RetroDUR Committee as the most effective method for targeted provider intervention. The Committee, made up of healthcare professionals selected by the Bureau, should consist of no more than eight nor less than five members. This support should include training for Committee members and reimbursement of at least \$275.00 per member per month.</p> <p>How many members are currently on the Committee?</p> <p><b>Five (5)</b></p> <p>Does the RetroDUR Committee travel to Charleston for the monthly profile reviews?</p> <p><b>Yes</b></p> <p>If so, Is the vendor also responsible for travel cost for the Committee members in addition to the monthly reimbursement?</p> <p><b>No, travel costs are not currently paid to the members.</b></p> <p>If vendors are responsible for travel costs, does the State mandate travel reimbursement rates?</p> <p><b>See above</b></p>
28.	Part 3 3.2.6 Page 18	<p>Support for a RetroDUR Committee, if the vendor proposes profile review by a RetroDUR Committee as the most effective method for targeted provider intervention. The Committee, made up of healthcare professionals selected by the Bureau, should consist of no more than eight nor less than five members. This support should include training for Committee members and reimbursement of at least \$275.00 per member per month.</p> <p>Can the Bureau provide details on what the \$275 per member per month reimbursement fee covers?</p> <p><b>The fee paid to the members for the time spent in participating in RetroDUR meetings and reviewing profiles.</b></p> <p>What type of training do Committee members receive? Does the training need to be conducted in person and what training materials are needed? How many people will need to be trained and how frequently?</p> <p><b>Members need to understand how the Vendor will incorporate the Committee's input into the retrospective review process. The Vendor should provide the training in person and supply the materials needed for training.</b></p> <p><b>All members of the Committee and 3 BMS staff members will need</b></p>

		<p><i>to be trained.</i></p> <p><i>The Vendor will need to attend as many meetings of the Committee as it takes the Committee to become familiar with the review process. In addition, the Vendor will be available for questions by phone or other remote means at the request of BMS or DUR Committee as needed.</i></p> <p>How many profiles does the RetroDUR Committee currently review every month?</p> <p><b><i>Between 250 and 300 profiles.</i></b></p>
29.	<p>Scope of Work 3.2.9 Page 18</p>	<p>A detailed plan to effectively communicate the results of their patients' profile reviews to prescribers and pharmacy providers and to incorporate the costs of providing these communications in the vendor's RetroDUR program.</p> <p>Is this requirement requesting that the vendor provide the prescribers' and pharmacy providers' follow-up communications detailing changes in clinical and or financial indicators for their patients several months after the provider received the initial intervention materials?</p> <p><b><i>Yes, as agreed upon by BMS and the Vendor.</i></b></p> <p>Also, is this requirement requesting that the vendor inform the prescriber and pharmacy provider of the administrative cost for sending out the RetroDUR program intervention materials or should the cost related to communication be included in the RetroDUR program cost?</p> <p><b><i>The cost should be included in the RetroDUR program cost proposal.</i></b></p>
30.	<p>Part 4 Signed Forms Page 21</p>	<p><b>Signed Forms.</b> Complete and sign all necessary forms, such as the affidavit and the cost summary</p> <p>Please clarify that the signed cost Summary should be included with the Cost Proposal and not in the Technical Proposal.</p> <p><b><i>The Cost Summary should be included in the Cost Proposal and must be kept entirely separate from the Technical Proposal. The proposals should be submitted in separate envelopes that are clearly marked.</i></b></p>
31.	<p>Cost Summary Page 22</p>	<p>Educational Programs for Prescribers and Pharmacy Providers, including Population- Based Interventions)</p> <p>What was the average number of letters mailed per population-based intervention in 2009?</p> <p><b><i>The average for 2009 was 500-600 letters per population based educational intervention. (The Vendor should anticipate an increase in the number of letters to be sent due to implementation of pharmacy lock-in for all members treated with Suboxone/Subutex. The member, treating prescriber and pharmacy chosen by the member will need to be informed about the program by letter.)</i></b></p>

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