STATE OF NORTH CAROLINA **Department of Health and Human Services** **Division of Health Benefits**	**REQUEST FOR INFORMATION NO. 30-2024-015-DHB**
	Issue Date: December 18, 2024
	Due Date: February 5, 2025
Refer ALL Inquiries regarding this RFI to: Amanda Valentine – Contract Development Specialist Medicaid.Procurement@dhhs.nc.gov	Commodity Number: 8510 Comprehensive Health Services
	Description: Pharmacy Analytical & Clinical Support Services
	Using Agency: NC Department of Health and Human Services, Division of Health Benefits

This Pharmacy Analytical and Clinical Support Services Solution Request for Information ("RFI") is available electronically on the North Carolina electronic Vendor Portal ("NC eVP") at https://evp.nc.gov/.

The purpose of this RFI is to survey the market for information requested herein and not to award a contract. Submission of a response does not create an offer, and no award will result by submitting a response.

Any information provided by the Respondent in response to this RFI is designed to assist the North Carolina Department of Health and Human Services, Division of Health Benefits ("Department") in understanding the market so that the Department may draft and issue one or more related procurements, although the Department is under no obligation to issue any such solicitation. By providing information in response to this RFI, the Respondent consents to the Department's use of such information to develop one of more future solicitations. The Department and Respondent each recognize that considerable effort may be required in preparing a response to this RFI. However, the Respondent shall bear all costs for preparing and submitting a response, and the Respondent understands and agrees that it will not be compensated for its response. Likewise, the Department understands and agrees that the information provided by the Respondent is subject to change at any time prior to any solicitation and the Respondent will not be bound in a future solicitation (if any) by its response hereto.

Responses to this RFI will be received until 2:00 p.m. EST, February 5, 2025.

By signing below, respondent acknowledges the above and the within rights and obligations of submitting a response to this RFI.

EXECUTION

RESPONDENT NAME:	**E-MAIL:**	
STREET ADDRESS:	**P.O. BOX:**	**ZIP:**
CITY & STATE:	**TELEPHONE NO:**	**TOLL FREE TEL. NO:**
TYPE OR PRINT NAME & TITLE OF PERSON SIGNING:	**FAX NUMBER:**	
AUTHORIZED SIGNATURE:	**DATE:**	

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SECTION I. RESPONDENT QUESTIONS, RESPONSE INSTRUCTIONS, AND CONFIDENTIALITY

A. Respondent Questions Regarding this Request for Information (RFI)

1. Written questions concerning this RFI must be received by January 9, 2025, by 2:00 PM ET.
2. The Questions must be submitted to Contract Specialist listed on Page One of this RFI via email at Medicaid.Procurement@dhhs.nc.gov. Enter **"Questions RFI 30-2024-015-DHB"** as the subject for the message. The questions should be submitted in the format below, adding additional lines as needed.

No.	RFI Section	RFI Page Number	Respondent's Question
1	(Ex. Section IV.C.1.a)	(Ex. Page 8)	
2			

3. The Department intends to prepare responses to written questions submitted by the specified deadline and post an addendum with the Department's responses to the North Carolina Electronic Vendor Portal eVP by January 23, 2025.
4. For training on how to use the North Carolina Electronic Vendor Portal eVP Sourcing Tool to view solicitations, Respondents should go to the following site: https://eprocurement.nc.gov/training/vendor-training.

   Questions or issues related to using NC eVP Sourcing Tool can be directed to the North Carolina eProcurement Help Desk at 888-211-7440, Option 2. Help Desk representatives are available Monday through Friday from 7:30 a.m. EST to 5:00 p.m. EST.

B. Schedule

The Department will make every effort to adhere to the following schedule.

Action	Responsibility	Date
RFI Issued	Department	December 18, 2024
Written Questions Deadline	Respondent(s)	2:00 p.m. EST on January 9, 2025
Department's Response to Written Questions / RFI Addendum Issued	Department	January 23, 2025
Responses Due	Respondent(s)	2:00 p.m. EST on February 5, 2025

C. Instructions for Developing Responses

When developing Responses to the RFI, the Respondent should consider the following:

1. Read and carefully review all Sections of this RFI.
2. Prepare responses in a straightforward and detailed manner. Responses are to be submitted to the Department according to the instructions found on the cover page of the RFI and this Section
3. Complete the Execution section on Page 1 of this RFI and number the pages in the response.

4. Clearly identify the specific section(s), subsection number(s) or other identifiers that corresponds with each response. This allows the Department to clearly understand the specific questions or items being addressed. To the extent possible within each section of the response, items should be addressed in the order in which they appear in the RFI.
5. Provide detailed information in a format that may include a narrative, exhibits, charts, tables or other artifacts that support the response.
6. Responses to all items within the RFI are encouraged but there is no obligation to do so.
7. The Department reserves the right to contact any Respondent and request additional information. Therefore, include the contact information for the individual(s) best suited to engage with the Department.

D. Instructions for Submitting Responses

1. Respondent must submit its response to this RFI to Contract Specialist listed on Page 1 of this RFI via email at Medicaid.Procurement@dhhs.nc.gov by 2:00 p.m. EST on February 5, 2025, as stated in the Schedule.
2. When submitting a response, Respondent must include all pages of the RFI, a completed and signed Execution Section on Page 1, and responses to the information contained in Section IV.
3. The following copies are required to be provided to the Department in response to this RFI:
    a. One (1) electronic copy of the signed, completed response identified as **RFI 30-2024-015-DHB - Respondent's Name**.
    b. One (1) electronic copy of a redacted response in accordance with Chapter 132 of the North Carolina General Statutes, the Public Records Act, identified as **RFI 30-2024-015-DHB - Respondent's Name - Redacted**. For the purposes of this RFI, redaction means to edit a document by obscuring or removing information that is considered confidential and/or proprietary by the Respondent and that meets the definition of Confidential Information set forth in NCGS. § 132-1.2. Any information removed by the Respondent should be replaced with the word, "Redacted." If Respondent's response does not contain Confidential Information, the Respondent must submit a signed statement to that effect identified as **RFI 30-2024-015-DHB - Respondent's Name - Statement of Confidential Information.**
4. The electronic copies of the response must not be password protected.
5. The electronic copies of the response must be in PDF format.

E. Notice Regarding Confidentiality

1. As provided for in the North Carolina Administrative Code (NCAC), including but not limited to 01 NCAC 05B .0103, 09 NCAC 06B .0103 and 09 NCAC 06B .0302, all information and documentation whether electronic, written or verbal relative to the development of a contractual document for a proposed procurement or contract shall be deemed confidential in nature. In accordance with these and other applicable rules and statutes, such material shall remain confidential until the award of a contract or until the need for procurement no longer exists. **Any proprietary or confidential information, which conforms to exclusions from public records as provided by NCGS § 132, must be clearly marked as such with each page containing the trade secret or confidential information identified in boldface as "CONFIDENTIAL." If only a portion of each page marked "CONFIDENTIAL" contains trade secret information, the trade secret information shall be designated with a contrasting color or by a box around such information. In addition to marking confidential information as required by NCAC 05B.0103, confidential**

pages or portions of the response shall be reflected in the redacted copy identified as RFI 30-2024-015 - Respondent's Name – Redacted. By submitting a redacted copy, the Respondent warrants that it has formed a good faith opinion, having received such necessary or proper review by counsel and other knowledgeable advisors that the portions marked confidential and redacted meet the requirements of NCGS §132. The Respondent must identify the legal grounds for asserting that the information is confidential, including the citation to State law.

2. Protection of Cost Information – Under State procurement rules and practices, Respondents submitting offers, proposals, bids or quotes in response to competitive or other procurement solicitations are typically prohibited from designating cost information as confidential. However, since the purpose of this RFI is to survey the market for information and not to award a contract, Respondents should mark and redact any proprietary or confidential cost information which meets the requirements of NCGS §132-1.2.

3. Except as otherwise provided above, pursuant to NCGS § 132-1, et seq., information or documents provided to the Department in response to this RFI are Public Record and subject to inspection, copy and release to the public unless exempt from disclosure by statute, including, but not limited to, NCGS § 132-1.2. Redacted copies provided by the Respondent to the Department may be released in response to public record requests without notification to the Respondent.

4. During the period spanning the issuance of the RFI to the time the Department completes any procurement activities related to this RFI, possession of responses, accompanying information, and subsequent Department led discussions are limited to personnel of the Department and any third parties involved in this procurement process.

5. Each Respondent submitting a response (including its representatives, subcontractors, and suppliers or other pilot partners or affiliates) is prohibited from having any communications with any person inside or outside the using agency, issuing agency, other government agency office, or body (including the Department's Contract Administrator named on page 1 above, department secretary, agency head, members of the General Assembly and Governor's office), or private entity, if the communication refers to the content of Respondent's response or another Respondent's response, and/or the transmittal of any other communication of information that could be reasonably considered to have the effect of directly or indirectly influencing the review of a response. Only those discussions, communications or transmittals of information authorized or initiated by the issuing agency for this RFI or general inquiries directed to the Department's Contract Administrator regarding requirements of the RFI are excepted from this provision.

6. The Department may serve as custodian of Respondent's confidential information and not as an arbiter of claims against Respondent's assertion of confidentiality. If an action is brought pursuant to NCGS §132-9 to compel the Department to disclose information marked confidential, the Respondent agrees that it will intervene in the action through its counsel and participate in defending the Department, including any public official(s) or public employee(s). The Respondent agrees that it shall hold the Department, State of North Carolina, and any official(s) and individual(s) harmless from all damages, costs, and attorneys' fees awarded against the Department in the action. The Department will provide reasonable notice to the Respondent in writing of any action seeking to compel the disclosure of Respondent's confidential information. The Department shall have the right, at its option and expense, to participate in the defense of the action through its counsel. The Department shall have no liability to Respondent with respect to the disclosure of Respondent's confidential information ordered by a court of competent authority pursuant to NCGS § 132-9 or other applicable law.

SECTION II. RIGHTS AND OBLIGATIONS

A. Rights to Submitted Material

All responses, inquiries or correspondence relating to or in reference to this RFI, and all documentation submitted by the various Respondents shall become the property of the Department when received. Ideas, approaches, and options presented by Respondents may be used in whole or in part by the Department in developing a future solicitation should the Department decide to proceed with a solicitation. Further, combinations of ideas from various Respondents may also become part of a solicitation, based on consideration of various RFI submissions and the needs of the Department, which may differ from any Respondent's experience in other places.

B. Obligations of the Department

The Department may choose to issue a solicitation for the procurement of a solution. However, this RFI is not a guarantee that a solicitation will be issued for any or all of the services or systems referenced herein, about which ideas and approaches are being sought. As provided in Section I.E of this RFI, information submitted by Respondents for this RFI will remain confidential until after the award of any solicitation or until the Department decides not to issue a solicitation.

SECTION III. PHARMACY, MEDICAL, AND ANCILLARY CLINICAL SUPPORT SERVICES SOLUTION

A. Background and Program Information

The Department provides health benefits to eligible adults, children, pregnant women, seniors, and people with disabilities under the North Carolina Medicaid Program ("NC Medicaid"). Operating within NC Medicaid, the North Carolina Medicaid Pharmacy Program ("Pharmacy Program") offers a comprehensive prescription drug benefit, ensuring low-income North Carolinians have access to the medicine they need. Program management through stakeholder collaboration, effective use of drug rebates, and careful selection of drugs to be covered by NC Medicaid ensures the Pharmacy Program is able to provide access to the right drugs while providing the overall best value to beneficiaries, providers, and the State.

NC Medicaid uses state and federal funds to pay for health care services for low-income parents, children, seniors, and people with disabilities. It covers more than 2.9 million people in North Carolina, including children, the aged, blind, and/or disabled, and people who are eligible to receive federally assisted income maintenance payments. With drug costs and expenditures steadily increasing, the Department needs a solution to support the maintenance and monitoring of the drugs covered by the NC Medicaid Pharmacy Program. The Department seeks information from qualified entities with pharmacy expertise evaluating claims data on a federal, state, and commercial level. The information received will assist the Pharmacy Program in the evaluation of all valued-based clinical program initiatives including quality improvement and cost containment strategies, as well as provide analysis related to the pharmacy, durable medical equipment, and medical coverage component of managed care in accordance with 42 C.F.R. Part 447.

B. Purpose of the RFI

The purpose of the RFI is to:

1. Survey the market for a cost saving Pharmacy Program Solution for the Department that encompasses the capability to support the core functions of the Pharmacy, Medical, Clinical, and Ancillary Services Program.

2. Solicit feedback from potential vendors with experience analyzing data, forecasting drug utilization trends, conducting financial auditing, pharmacoeconomic modeling with pharmacy policy, assisting with legislative inquiries, prediction of health care outcomes with cost/benefit analysis on a federal, state, and commercial level, identification of pipeline drugs, assisting with interpretation and application of new federal and state requirements, rebate auditing, and monitoring of managed Medicaid plan to ensure appropriate application of State and Federal Policies to include appropriate reimbursement to providers for drugs, medical, and ancillary services as needed, and to ensure appropriate drug, medical, and ancillary services coverage.
3. Solicit information from potential vendors with experience and ability providing a solution for the evaluation, assessment, analysis, design, and implementation needs related to all value-based clinical program initiatives including quality improvement and cost containment strategies,
4. Obtain rough order magnitude estimate of the total cost of ownership to develop, implement, and maintain the solution defined in this RFI.
5. Obtain information from vendors that can provide analysis related to the pharmacy coverage component of managed care in accordance with 42 C.F.R. Part 447. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-447?toc=1 outlined in this RFI, and
6. Obtain information which may be used to develop a Request for Proposal (RFP) to solicit a vendor to provide Data Analytics of drug and medical claims to the Pharmacy, Medical, and Ancillary Services Program.

C. Definitions and Acronyms

1. ACIP: Advisory Committee on Immunization Practices
2. Compendia: Resources widely accepted by the medical profession in the efficacious use of drugs (i.e.
3. CMS: Centers for Medicare & Medicaid Services
4. Department: Collectively North Carolina Department of Health and Human Services, Division of Health Benefits
5. FDA: Food and Drug Administration
6. FFS: Fee-For-Service
7. HCPCS: Healthcare Common Procedure Coding System
8. HUB: Historically Underutilized Business
9. JCODE: Code that represents a specific medication and total dosage.
10. MAC: Maximum Allowable Cost
11. MCO: Managed Care Organization
12. MDRP: Medicaid Drug Rebate Program
13. NCAC: North Carolina Administrative Code
14. NCCN: National Comprehensive Cancer Network
15. NCGS: North Carolina General Statute
16. NDC: National Drug Code
17. PA: Prior Authorization

18. PADP: Physician Administered Drug Program
19. PDL: Preferred Drug List
20. POS: Point of Sale
21. RFI: Request for Information
22. SMAC: State Maximum Allowable Cost
23. SSA: Social Security Act
24. URA: Unit Rebate Amount

D. Core Program Functions

The core functions and service delivery of the Department's Pharmacy Program are required by state and federal law. In order to carry out the core functions the solution should have the capability to monitor and analyze Pharmacy Program data to determine adherence. The solution should also have the ability to develop fee schedules and publications based on data that has been evaluated. The solution should have the capability to support the core functions of the Pharmacy program listed below:

1. **State Maximum Allowable Cost Medications (SMAC) Rate Listing**

   The Pharmacy Program utilizes a SMAC list, located at NC_Legend_SMAC_Rates_without_GCN.xlsx (ncdhhs.gov) , for generic and multi-source brand drug products that do not have a NADAC brand or generic price. The determination of which drug products are assigned a SMAC is the direct responsibility of the Pharmacy Program. The federal and state SMAC lists work in conjunction with one another.

2. **Specialty Drug List**

   The Department's Pharmacy Program maintains a Specialty Drug list. This list is used to report expenditures and utilization related to specialty drugs and is maintained and updated based on information from compendia.

3. **Preferred Drug List (PDL) with Supplemental Rebates and Prior Authorization (PA) Program**

   The North Carolina General Assembly, through Session Law 2009-451 Sections 10.66(a)-(d), authorized the establishment of the NC Medicaid Preferred Drug List (PDL) Preferred Drug List |NC Medicaid (ncdhhs.gov), which allows the Department to obtain better prices for covered outpatient drugs through supplemental rebates. All therapeutic drug classes for which the drug manufacturer provides a supplemental rebate under the NC Medicaid Program are considered for inclusion on the list.

   The PDL includes medications, which the Department's Pharmacy Program has deemed to be at a financial advantage for the NC Medicaid Program to utilize, compared to equally effective medications on the PDL. Medications on the PDL are divided into preferred and non-preferred medications. Coverage for non-preferred medications generally requires trial and failure of two of the preferred medications to work as intended or a medical reason the preferred medication options cannot be used before the non-preferred medication will be covered.

4. **Beneficiary Management Lock-in Program (Lock-in Program)**

   Session Law (S.L.) 2023-134 supports NC Medicaid's development of procedures for the control of beneficiary overutilization of NC Medicaid benefits which includes implementing a Lock-In

program, designed to lock patients into one pharmacy and one prescriber when the utilization of opiates or benzodiazepines meets program criteria, and it has been determined that the pattern of utilization is not medically necessary. The proposed solution shall monitor and evaluate adherence of the Managed Care and FFS Lock-in Programs.

5. **Physician Administered Drug Program**

   The Physician Administered Drug Program (PADP) described at https://NCMedicaid.ncdhhs.gov/providers/programs-and-services/prescription-drugs/physician-administered-drug-program covers many, but not all, primarily injectable drugs that are purchased and administered by a medical professional in a physician's office or in an outpatient clinic setting. Drugs covered in the PADP include therapeutic drugs, some implants, biologic agents, immune globulins, vaccines, and therapeutic radiopharmaceutical agents. The Department's Pharmacy Program establishes and maintains fee schedule rates for drugs included in the PADP program.

6. **Vaccine Point of Sale Fee Schedule**

   The Department's Pharmacy Program establishes and maintains fee schedule rates for approved vaccines in accordance with the State Plan.

7. **Medicaid Drug Rebate Program (MDRP)**

   The Department covers drugs from manufacturers who have signed a national NC Medicaid Drug Rebate Agreement with CMS. Drug companies sign the Agreement for specific drug manufacturer codes. Drug coverage is determined by the manufacturer code and not by the manufacturer name. The manufacturer code is indicated by the first five digits of the 11-digit National Drug Code (NDC) number. Rebates are determined by NC Medicaid utilization data.

   The Department's Pharmacy Program captures and reviews all outpatient drug encounters to ensure claims for covered outpatient drugs are limited to rebate eligible covered drugs and are properly invoiced for manufacturer rebates to ensure compliance with Section 1927 of the Social Security Act (SSA).

8. **Managed Care Transformation and Fee-for-Service Program Monitoring**

   The Department currently maintains a Fee-for-Service (FFS) payment model and a Managed Care payment model, as directed by the North Carolina General Assembly. Under the NC Medicaid Managed Care program (Managed Care), the Department remains accountable for all aspects of the NC Medicaid program, while delegating direct management of physical health, behavioral health, long term services and supports, pharmacy services, unmet resource needs, and associated financial risks, to NC Medicaid Managed Care Organization Health Plans. The Department's Pharmacy Program requires quarterly and monthly summary reports to monitor encounter claims, adherence to drug lists, and track participation in the MDRP.

9. **Pharmacy Initiatives, savings, tracking and other key statistics.**

   The Department's Pharmacy Program assesses cumulative pharmacy savings for the following programs:
   a. Preferred Drug List and Supplemental Rebates;
   b. Changes to pharmacy reimbursement;
   c. SMAC Drug Pricing;
   d. Clotting Factor SMAC Program Pricing
   e. Federal Rebate Collections.

10. **Clinical Reviews of new Drugs**

The Department's Pharmacy Program assesses new drugs added to the market to be evaluated and considered for inclusion into the Medicaid Pharmacy drug lists utilizing current drug compendia, FDA indications, peer reviewed literature, NCCN guidelines, ACIP recommendations, and other appropriate sources.

11. **Quarterly Utilization Reviews**

The Department's Pharmacy Program assesses quarterly utilization reviews and reports that include:

a. Specialty drugs spend impact estimates for new specialty drugs approved in the quarter;
b. Timelines for when traditional and biologic brand drugs lose their patents;
c. Quarterly FFS pharmacy gross and net expenditures and utilization trending for select drugs and therapeutic classes, including high-cost drugs (broken down by 340B and non-340B); and
d. Quarterly expenditures and utilization summaries for FFS pharmacy claims.

12. **Rebate Audit**

The Department's Pharmacy Program assesses claims and drug encounters and provides a quarterly outpatient and professional drug encounter rebate report that include the following:

a. Review of all outpatient and professional drug encounters (FFS and Managed Care) within a quarter, assessing for rebate eligibility and complete invoicing for rebates
b. Identification of claims that were not invoiced due to incorrect NDC/HCPS/JCODE.
c. Identification of units eligible for rebates that were not invoiced due to absence of the unit rebate amount (URA).

13. **Report Card**

The Department's Pharmacy Program evaluates the performance of the pharmacy benefit program via quarterly report cards, and a State Fiscal Year annual evaluation report card that include:

a. Information regarding key cost and utilization statistics;
b. Overall trends and opportunities to enhance NC Medicaid's pharmacy benefit for Medicaid recipients;
c. Medicare Part D report;
d. Dispenses as Written (DAW) statistical analysis;
e. High cost drugs

14. **Routine and Ad Hoc Reporting**

a. Pharmacy Ad hoc reports are initiated by the Pharmacy Program section and are used to monitor and evaluate strategic Pharmacy Programs.
b. Federal and State Budget Impact Analysis.
c. Supplemental Rebate process.
d. Rate updates and medications to SMAC and Specialty Drug Reimbursement lists.
e. Evaluation of potential clinical programs or coverage changes, including cost benefit (fiscal impact analysis), cost effectiveness reviews, and trending/forecasting.

15. **DME Oversight**

The Department is responsible for monitoring and oversight of managed care plans' compliance to North Carolina Medicaid FFS DMEPOS policies as they relate to similar benefits and correct reimbursement logic.

16. **Medical PA Oversight**

The Department is responsible for monitoring and oversight of managed care plans' compliance to selected North Carolina Medicaid FFS Medical procedure and policies as they relate to similar benefits and correct reimbursement logic.

17. **OTC Policy Adherence**

The Department may consider coverage for specific OTC products and OTC medications not available as legend drugs that provide cost-effective treatment as well as cost effective alternatives to legend drugs covered by Medicaid. The decision for coverage is based on the analysis of the cost savings or potential cost benefit of coverage of the OTC product. Monitoring will occur at least annually for each product on the OTC list to assess total utilization, per member per month rates, use rates, and cost effectiveness of continuing to include the OTC on the list. NC Medicaid is responsible for monitoring help plan adherence of the OTC Policy.

18. **Radiopharmaceutical Review**

The Department's Pharmacy Program assesses newly approved radiopharmaceuticals for addition to NC Medicaid covered drugs. If a drug and/or radiopharmaceutical is commercially available to providers, the Department develops article publications informing providers any updates and billing information.

19. **Federal Upper Limit and Dispensing Fee Aggregate Analysis**

The Department's Pharmacy Program is responsible for monitoring adherence to established Federal Upper Limits set forth by CMS. The Department also assess the average professional dispensing fee paid to ensure that it meets the required dispensing fee aggregate.

20. **Help Desk Inquiries**

The Department's Pharmacy Program offers a SMAC provider Help Desk to research provider inquiries about the SMAC program. These inquiries may include specific questions or concerns regarding:

a. The SMAC rate;
b. rate calculation process;
c. changes in the acquisition cost of a drug;
d. changes in product availability; or
e. to obtain a copy of the SMAC listjng.

E. Standard Requirements

The proposed solution must be compliant with:

1. Federal, state and CMS rules, regulations and guidelines including but not limited to:
   a. 42 C.F.R. Part 447;
   b. Section 340B of the Public Health Service Act; and
   c. Section 1927 of the Social Security Act [42 U.S.C. 1396r–8].
2. The North Carolina State Plan;
3. Health Insurance Portability and Accountability Act (HIPAA) and its promulgating regulations;
4. Social Security Administration rules; and

5. The Department's Confidentiality, Privacy and Security policies and other applicable regulatory requirements.

SECTION IV. REQUESTED INFORMATION FROM RESPONDENT

A. Content and Format

1. The Department requests concise, detailed responses to the inquiries in Sections IV.B. and IV.C. below.
2. Responses should fully describe how the Respondent's services would comply with applicable state and federal laws, regulations, statutes, and regulations and meet the Departments goals, functions, and requirements.

B. Information about Respondent

1. Respondent is requested to provide an overview of Respondent company's history, scope of products and services offered, and location of operation.
2. Respondent should indicate its experience in providing solutions for the core program functions and service delivery requirements listed in this RFI, by choosing among the following experience ratings:

Level of Experience	Description of Level of Experience
None	New to the solution required in this RFI
In Progress	No implementation of a solution completed, one (1) or more implementations of a solution currently in progress
Limited	One (1) to three (3) successful implementations of a solution in the last two (2) years
Extensive	Four (4) or more successful implementations of a solution in the last two (2) years

3. Response should provide the following:
   a. Description of the Respondent's primary customer base or market, including other state Medicaid programs;
   b. Respondent's policy or statement outlining current and previous services similar to the core functions outlined in Section III.D. of this RFI;
   c. Description of relevant additional services offered by Respondent;
   d. Explanation of any issues or limitations in providing a solution for the Department's core program functions outlined in Section III.D. of this RFI ;
   e. Listing of states or agencies which utilize Respondent's solution in a manner that is the same or similar to those outlined in this RFI. Response should include the state/agency name, most recent implementation, contract start and end date, description of scope of work, the duration of the any contracts, and the termination dates.
   f. Lessons learned from working with other states or agencies to implement a solution of similar size, scope and with requirements the same or similar to those required by in this RFI.

g. A description of work done to support Medicaid Programs relating to services similar to those addressed in this RFI, including FFS and Managed Care and work done with a Pharmacy Benefit Manager.
h. Describe any current or previous efforts to utilize subcontractors and other support vendors that are Historically Underutilized Businesses (HUB's) or other historically underutilized business that may not be HUB certified.

4. Select from the table below the services and/or support Respondent can provide and indicate if it would directly provide the services and/or support or use subcontractors to provide the services and/or support.

Pharmacy Program Service/Support	Can Provide? (Yes/No)	Who Provides? (Company or Subcontractor)	Years of Experience Providing Service/Support
State Maximum Allowable Cost (SMAC) medication list			
Cost Benefit Analysis of Preferred Drug Lists (PDL) and Specialty Drug Lists including supplemental rebates and prior approvals.			
Preparation of relevant articles for publication			
Maintaining Fee Schedules and rate lists			
Monitoring, analysis, and reporting of Reporting of Encounter Data trends and program adherence			
Operation of Provider Help Desk			
Conducting Drug Utilization Reviews			
Conducting Clinical Reviews of new drugs and radiopharmaceuticals			
Creating Quarterly and Annual Report cards			
High Cost NCD Reporting			
Creating Ad Hoc Reports			

C. Solution Functionality and Performance

Respondents are requested to provide detailed information regarding its Pharmacy Data Analytics and Clinical Services Solution and associated capabilities and approaches. Include detailed descriptions as follows:

1. The potential solution's capability in developing and maintaining a State Maximum Allowable Cost (SMAC) medication list.
2. The ability to maintain and update Pharmacy Program Fee schedules and rate lists.
3. Describe how the potential solution would monitor, analyze, and report on managed care trends and encounter data.
4. Describe the potential solution's capability to identify and conduct clinical reviews of new drugs as they become available, and utilization reviews of a pharmacy program.
5. Describe how the potential solution would operate and maintain a provider help desk for submission of questions related to the maintenance of the SMAC program and rate inquiries.
6. Describe the potential solution's capability to identify and report on high cost NDCs.
7. Describe the potential solution's system integration/interface capability to capture claims data and encounter data and provide data feeds to the State NC Medicaid Management Information System (MMIS) and other legacy systems.
8. Describe if the potential solution could provide web portals and, if so, how the Department would access the portals while maintaining security measures.
9. Experience around meeting service level agreements (SLAs) around performance, transaction time, and the submission of deliverables and reports.
10. Approach to performance monitoring.

Pharmacy Program Service/Support	Detailed Description of Solution and Associated Capabilities
State Maximum Allowable Cost (SMAC) medication list	
Specialty Drug List	
Preferred Drug List (PDL) with Supplemental Rebates and Prior Authorization (PA) Program	
Beneficiary Management Lock-in Program (Lock-in Program	
PADP	
Vaccine Point of Sale Fee Schedule and reimbursement rates	

Pharmacy Program Service/Support	Detailed Description of Solution and Associated Capabilities
Medicaid Drug Rebate Program (MDRP)	
Managed Care Transformation and Fee-for-Service Program Monitoring	
Pharmacy Initiatives, savings, tracking and other key statistics.	
Clinical Reviews of new Drugs	
Quarterly Utilization Reviews	
Rebate Audit	
Report Card	
Creating Ad Hoc Reports	
DME Oversight	
Medical PA Oversight	
OTC Policy Adherence	
Radiopharmaceutical Review	
Federal Upper Limit and Dispensing Fee Aggregate Analysis	
Help Desk Inquiries	
340B drug claim oversight and rate file	
DAW Code Use	
NDC Monitoring	

D. Financial / Total Cost of Ownership

1. Respondents are requested to provide information regarding estimated costs to procure and operate a Pharmacy Analytical and Clinical solution as described in this RFI. This information will help the Department understand acquisition and on-going costs and be used to support budget development and funding requests.
2. Respondents will not be held to pricing estimates provided in response to this RFI should the Department decide to proceed with a competitive solicitation.
3. Provide cost information in a format of the Respondent's choosing and, to the extent possible, include the following:
   a. An estimated cost model or likely range of costs to purchase, implement, and operate the described solution;
   b. If pricing information is limited or unavailable, describe Respondent's preferred pricing model or structure, including unit costs based on key variables;
   c. Assumptions underlying pricing response (e.g., charge basis, charge variances and sensitivities, etc.) and/or similar factors to consider; and
   d. Specify components which would need to be procured separately by the Department versus provided as a component of Respondent's described solution and included in Respondent's cost estimate.
4. Pursuant to Section I.D of this RFI and NCGS § 132-1, et seq., information or documents provided to the Department in response to this RFI are Public Record and subject to inspection, copy and release to the public unless properly marked and exempt from disclosure by statute, including, but not limited to, NCGS § 132-1.2.

E. Implementation Considerations

1. Respondents are asked to provide information regarding implementation requirements needed to stand up a Pharmacy Actuarial and Clinical solution to perform the services described Section III.D of this RFI. This information will help the Department understand the information required to operationalize the proposed solution and determine transitional needs.
2. Respondents should provide implementation estimates in the format of the Respondent's choosing and, to the extent possible, include the following:
   a. Staffing
   b. Education and Training needs
   c. Programming and Interfacing
   d. Implementation Timeline