



STATE OF TENNESSEE
Department of Finance and Administration, Division of TennCare
REQUEST FOR PROPOSAL # 31865-00632
AMENDMENT 3 FOR PHARMACY REIMBURSEMENT SERVICES

DATE: August 30, 2022

RFP # 31865-00632 IS AMENDED AS FOLLOWS:

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

| EVENT | TIME (central time zone) | DATE |
|--|-----------------------------|---|
| 1. RFP Issued | | June 15, 2022 |
| 2. Disability Accommodation Request Deadline | 2:00 p.m. | June 20, 2022 |
| 3. Pre-response Conference | 2:00 p.m. | June 24, 2022 |
| 4. Notice of Intent to Respond Deadline | 2:00 p.m. | June 27, 2022 |
| 5. Written "Questions & Comments" Deadline | 2:00 p.m. | July 11, 2022 |
| 6. State Response to Written "Questions & Comments" | | July 29, 2022 |
| 7. Response Deadline | 2:00 p.m. | August 12, 2022 |
| 8. State Completion of Technical Response Evaluations | | September 2, 2022 |
| 9. State Opening & Scoring of Cost Proposals | 2:00 p.m. | September 6, 2022 |
| 10. Cost Negotiations (Optional) | | September 7, 2022 through September 9, 2022 |
| 11. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection | | September 28, 2022 |
| 12. End of Open File Period | | October 5, 2022 |
| 13. State sends contract to Contractor for signature | | October 12, 2022 |
| 14. Contractor Signature Deadline | 2:00 p.m. | November 1, 2022 |
| 15. Anticipated Contract Start Date | | January 1, 2023 |

2. Delete RFP Attachment 6.3 (Cost Proposal and Scoring Guide) in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

ATTACHMENT 6.3

COST PROPOSAL & SCORING GUIDE

NOTICE: THIS COST PROPOSAL MUST BE COMPLETED EXACTLY AS REQUIRED

COST PROPOSAL SCHEDULE— The Cost Proposal, detailed below, shall indicate the proposed price for goods or services defined in the Scope of Services of the RFP Attachment 6.6., *Pro Forma* Contract and for the entire contract period. The Cost Proposal shall remain valid for at least one hundred twenty (120) days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract resulting from this RFP. All monetary amounts shall be in U.S. currency and limited to two (2) places to the right of the decimal point.

NOTICE: The Evaluation Factor associated with each cost item is for evaluation purposes only. The evaluation factors do NOT and should NOT be construed as any type of volume guarantee or minimum purchase quantity. The evaluation factors shall NOT create rights, interests, or claims of entitlement in the Respondent.

Notwithstanding the cost items herein, pursuant to the second paragraph of the *Pro Forma* Contract section C.1. (refer to RFP Attachment 6.6.), "The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract."

This Cost Proposal must be signed, in the space below, by an individual empowered to bind the Respondent to the provisions of this RFP and any contract awarded pursuant to it. If said individual is not the *President* or *Chief Executive Officer*, this document must attach evidence showing the individual's authority to legally bind the Respondent.

| | | | |
|--|----------------------|--------------------------|--|
| RESPONDENT SIGNATURE: | | | |
| PRINTED NAME & TITLE: | | | |
| DATE: | | | |
| RESPONDENT LEGAL ENTITY NAME: | | | |
| Cost Item Description | Proposed Cost | State Use Only | |
| | | Evaluation Factor | Evaluation Cost (cost x factor) |
| January 1, 2023 – December 31, 2025 (Initial 36-Month Term) | | | |
| Completion of Milestone #1 Pro Forma Section A.6.a. | \$ _____ /EA | 1 | |
| Completion of Milestone #2 Pro Forma Section A.6.b. | \$ _____ /EA | 1 | |

| RESPONDENT LEGAL ENTITY NAME: | | | |
|--|--------------------|--|---------------------------------|
| Cost Item Description | Proposed Cost | State Use Only | |
| | | Evaluation Factor | Evaluation Cost (cost x factor) |
| Completion of Milestone #3 Pro Forma Section A.6.c. | \$ _____/EA | 1 | |
| Proprietary Average Actual Acquisition Cost for all possible covered National Drug Codes (NDCs), First Data Bank Clinical Formulation ID (GSNs), and MediSpan Generic Product ID (GPIs) for all Provider Types – Pro Forma Section A.10. | \$ _____/Month | 36 | |
| 340B Help Desk Support – Pro Forma Section A.26. | \$ _____/Month | 36 | |
| 340B Quarterly Ceiling Price File – Pro Forma Section A.26. | \$ _____/Quarterly | 12 | |
| January 1, 2026 – December 31, 2027 (Pursuant to Contract Term Extension) | | | |
| Proprietary Average Actual Acquisition Cost for all possible covered National Drug Codes (NDCs), First Data Bank Clinical Formulation ID (GSNs), and MediSpan Generic Product ID (GPIs) for all Provider Types – Pro Forma Section A.10. | \$ _____/Month | 24 | |
| 340B Help Desk Support – Pro Forma Section A.26. | \$ _____/Month | 24 | |
| 340B Quarterly Ceiling Price File – Pro Forma Section A.26. | \$ _____/Quarterly | 8 | |
| EVALUATION COST AMOUNT (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations. | | | |
| $\frac{\text{lowest evaluation cost amount from all proposals}}{\text{evaluation cost amount being evaluated}}$ | | $\times 30$ (maximum section score) | = SCORE: |

| | | | |
|---|----------------------|--------------------------|---|
| RESPONDENT LEGAL ENTITY NAME: | | | |
| Cost Item Description | Proposed Cost | State Use Only | |
| | | Evaluation Factor | Evaluation Cost (cost x factor) |
| <i>State Use – Solicitation Coordinator Signature, Printed Name & Date:</i> | | | |

3. Delete Pro Forma Section A.15 in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

A.15. The Contractor shall provide by **March 1, 2023**, for the State's review and approval, a draft of a rigorous and timely protocol for the review, update, and maintenance of AAAC rates (AAAC Protocol). This Protocol shall include weekly examination of and comparison to published pricing information, current acquisition cost data, monitoring the marketplace for prescription drug patent expirations, and monitoring for drug shortages, changes, and other state-specific market indicators. Regular updates may also include, but are not limited to, cost changes related to high expenditure drugs, investigations initiated by new cost information, and lists of products that have had an increase in AAAC of greater than twenty percent (20%), as well as any other updates as directed by the State.

4. Delete Pro Forma Section B.1 in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

B.1. This Contract shall be effective for the period beginning on **January 1, 2023** ("Effective Date") and ending on **December 31, 2025**, ("Term"). The State shall have no obligation for goods delivered or services provided by the Contractor prior to the Effective Date.

5. Delete Pro Forma Section C.3 in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

C.3. Payment Methodology. The Contractor shall be compensated based on the payment methodology for goods or services authorized by the State in a total amount as set forth in Section C.1.

a. The Contractor's compensation shall be contingent upon the satisfactory provision of goods or services as set forth in Section A.

b. The Contractor shall be compensated based upon the following payment methodology:

| Goods or Services Description | Amount (per compensable increment) |
|---|--|
| January 1, 2023 – December 31, 2025 (Initial 36-Month Term) | |
| Completion of Milestone #1 (Pro Forma Section A.6.a.) | \$ _____ /EA |

| | |
|--|--------------------|
| Completion of Milestone #2 Pro Forma Section A.6.b. | \$ _____/EA |
| Completion of Milestone #3 Pro Forma Section A.6.c. | \$ _____/EA |
| Proprietary Average Actual Acquisition Cost for all possible covered National Drug Codes (NDCs), First Data Bank Clinical Formulation ID (GSNs), and MediSpan Generic Product ID (GPIs) for all Provider Types – Pro Forma Section A.10. | \$ _____/Month |
| 340B Help Desk Support – Pro Forma Section A.26. | \$ _____/Month |
| 340B Quarterly Ceiling Price File – Pro Forma Section A.26. | \$ _____/Quarterly |
| January 1, 2026 – December 31, 2027 (Pursuant to Contract Term Extension) | |
| Proprietary Average Actual Acquisition Cost for all possible covered National Drug Codes (NDCs), First Data Bank Clinical Formulation ID (GSNs), and MediSpan Generic Product ID (GPIs) for all Provider Types – Pro Forma Section A.10. | \$ _____/Month |
| 340B Help Desk Support – Pro Forma Section A.26. | \$ _____/Month |
| 340B Quarterly Ceiling Price File – Pro Forma Section A.26. | \$ _____/Quarterly |

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