

Ohio Department of Medicaid
Request for Information
ODMR-2021-0015

Single Pharmacy Benefit Manager

Section I - General Information

The Ohio Department of Medicaid (ODM) releases this Request for Information (RFI) to gather information to establish the eligibility criteria for a third-party administrator to serve as the single pharmacy benefit manager (PBM) to be responsible for processing all pharmacy claims under the care management system.

ODM is interested in hearing from vendors in the PBM industry about their experience with various PBM functions and contract models, including experience with Medicaid, and their ideas for improving the delivery of the pharmacy benefit to individuals receiving Medicaid services.

General Overview of Project

Pursuant to Ohio Revised Code (ORC) § 5167.24, recently added by the 133rd General Assembly, H.B. 166 §101.01, effective 10/17/2019, ODM, through a procurement process, is required to select a third-party administrator to serve as the single PBM used by Medicaid managed care organizations (MCOs) under the care management system.¹ Through this RFI ODM is seeking information to inform the requirements for the single PBM procurement.

This RFI is issued solely for information and planning purposes and does not constitute a solicitation. Respondents should note that no contract will be awarded pursuant to this RFI and that responding to, or not responding to, this RFI will neither increase nor decrease any Respondent's chance of being awarded a contract from a subsequent solicitation by ODM. ODM may conduct interviews with Respondents to gather additional information or obtain clarification. Selection for interviews will be at ODM's sole discretion and will be based on the value the agency, as determined by ODM. Attendance at an interview will neither increase nor decrease any Respondent's chance of being awarded a contract from a subsequent solicitation by ODM. ODM may issue a request for written clarifications in lieu of interviews. All Responses to clarifications must be received by the close of the Request for Clarifications period.

The State of Ohio is not liable for any costs incurred by a Supplier for the development and provision of a response to this RFI, and/or participating in an interview. Respondents may be referred to as "Interested Parties", "Suppliers", or "Respondents".

¹ A copy of the enrolled bill is available at <https://www.legislature.ohio.gov/legislation/legislation-documents?id=GA133-HB-166>, and a copy of the Governor's veto message is available at https://content.govdelivery.com/attachments/OHOOD/2019/07/18/file_attachments/1250127/Veto%20Message%20Signed%20%287.18.19%29.pdf.

Section II - Timeline Information

Anticipated Timetable

Date	Event/Activity
10/7/2019	ODM releases the RFI to the Supplier Community on the ODM and Department of Administrative Services (DAS) websites: -Question and Answer (Q&A) period opens. -RFI becomes active. -Interested Parties may submit inquiries.
10/15/2019	Q&A Period Closes; 8 a.m. (for inquiries for RFI clarification). -No further inquiries will be accepted. -ODM will provide Answers to the inquiries on the DAS website as Questions are submitted. Answers will be compiled in the Final Q&A Document.
10/30/2019	Deadline for Interested Parties to submit responses to ODM (4 p.m. EST).
11/18/2019 – 11/22/2019	ODM may interview Interested Parties and/or request written clarifications.
12/6/2019	Request for Clarifications closes; 8 a.m. -Interested Parties may submit Responses to ODM’s Request for Clarifications.

Section III - Internet Question and Answer Period; RFI Clarification Opportunity

Interested Parties may ask clarifying questions regarding this RFI. To ask a question, Interested Parties must use the following Internet process:

1. Access the ODM Web Page at <http://medicaid.ohio.gov>;
2. Go to the “Resources” tab and select “Legal and Contracts”;
3. Select “RFPs”, under “Current Opportunities”, select the appropriate posting;
4. Select the “Submit Inquiry” option button; and
5. Follow instructions to submit a question, or to view posted questions and answers, select “View Q and A” near the bottom of the webpage.

In submitting a question, the Interested Party must include the name of a representative of the Interested Party, the organization’s name, email address, and business phone number. ODM will not respond to any questions submitted after 8:00 a.m. on the date the Q&A period closes.

Questions will be answered only if they are submitted using this process and are received before the close of the Q&A period. The answers provided by ODM may be accessed by following the instructions above.

ODM Answers to Questions will be posted on the website dedicated to this RFI for reference by all Interested Parties. Answers will only be provided in this forum. Answers obtained outside this process will be null and void. Clarifying questions asked and ODM Answers will be compiled in the “ODM Q&A Document” for this RFI.

In the event of any technical difficulties with this Q&A process, Interested Parties may seek assistance by contacting the ODM, Office of Contracts and Procurement: (614) 752-1552.

Section IV – Format of Response

In the interest of time, ODM has a strong desire to receive and review condensed, content rich responses from potential Suppliers (“Response”). To meet this objective, ODM has established a structured format for Responses to the RFI. Responses should indicate the question by number and provide a brief narrative in response. All Responses must be provided to ODM in PDF.

Section V - Content of Response

Suppliers and other interested parties responding to this RFI should address the following topics and questions associated with the single PBM. Please note, while Respondents are encouraged to submit narrative responses to any or all questions, it is not mandatory to respond to each question.

- General Vendor Information.
- Innovation and Differentiated Value.
- Individual/Provider Services and Engagement.
- Pharmacy Provider Reimbursement.
- Formulary and Utilization Management and Clinical Programs.
- Specialty Benefit Management.
- Systems and Technology.
- Data Warehouse/Analytics/Reporting.
- Implementation and Vendor Oversight.
- Claims Adjudication.
- Rebate Management.

General Vendor Information

1. Briefly describe your organization, including your organization’s ownership structure, number of employees, client base, and office locations.
2. Governor DeWine’s Executive Order 2019-12D prohibits agencies such as ODM from entering into any contract for services to be performed outside of the United States. Please provide your principal place of business and the location that any proposed PBM services would likely be performed and where any related data would likely be stored.
3. Describe any affiliation or financial relationship between your organization and any of the following entities and how that affiliation/relationship might impact your organization’s performance of the functions identified in question #4 below:
 - a. Ohio managed care plans (MCPs), MyCare Ohio plans (MCOPs), or managed care organizations (MCOs) contracted with another state Medicaid program.
 - b. Ohio Medicaid enrolled pharmacy providers (specialty and/or retail pharmacies).
 - c. Pharmacy wholesalers or buying groups doing business in Ohio.
 - d. Pharmaceutical manufacturers.

e. Other health industry groups.

4. Using a table format similar to that below, summarize your organization’s experience providing each of the following 14 PBM functions to clients) including any experience with Medicaid. Please include the role of any subcontractors.

Function Number	Function	Experience Summary
1	Claims Adjudication	
2	Member Services and Engagement Services	
3	Provider Services and Engagement Services	
4	Provider Reimbursement and Benefit Design (including mail order and OTC)	
5	Formulary Management	
6	Utilization Management	
7	Clinical Programs (including MTM, care coordination, etc.)	
8	Specialty Benefit Management	
9	Systems and Technology	
10	Data Warehouse/Analytics/Reporting	
11	Vendor Oversight (including implementation and audits)	
12	Other Administrative Services (including appeals and 340B)	
13	Network Management (including retail and specialty networks)	
14	Rebate Management	

5. Using the list of 14 PBM functions in question #4 above, which functions would your organization recommend be conducted by ODM, the single PBM, the MCO, and/or another entity, and why?
6. What are the top three greatest challenges (related to Pharmacy) working with state Medicaid programs? How does your organization propose to address those challenges?
7. ODM is considering a wide variety of approaches, including, from a managed care perspective, contracting with a single PBM as a prepaid ambulatory health plan (PAHP), as defined at 42 CFR 438.2. Key characteristics of a PAHP include: the ability to accept risk; develop and manage a provider network; pay providers, including potentially using non-State plan rates; and comply with the applicable managed care requirements in 42 CFR 438. Please identify any potential barriers to engaging in this type of contractual arrangement, including any relevant experience. What other types of managed care models should Ohio consider?
8. Describe your organization’s experience and proposed approach to providing transparency and avoiding conflicts of interest with respect to drug pricing, other provider payments, contracting, and other PBM functions.

9. Describe your organization's ability and experience (including examples) with the following PBM payment arrangements and the benefits and challenges to each:
 - a. Transparent (pass-through) arrangements for pharmacy provider payments and PBM administrative costs.
 - b. Innovative payment and risk models for PBM services.
 - c. Other (please describe).
10. Please describe your organization's experience accepting risk, including a description of the set of services included in the risk arrangement, the risk sharing methodology, and the payer type (e.g., employer, health plan, Medicaid agency, or MCO).
11. Based on questions 9 & 10, what PBM payment methodology does your organization think is the best fit for ODM to consider implementing for the single PBM and why?
12. Contractors doing business with all state-level agencies, including ODM, are required to identify and set aside at least 15% of the cost of contract-related work each fiscal year to be exclusively performed by Ohio-certified Minority Business Enterprise (MBE) businesses. Please identify and describe any services related to the PBM scope of work that would be appropriate to carve out for MBE subcontractors. For additional assistance identifying MBE partnership opportunities, you may contact the ODM MBE Officer, at ODM_Procurement@medicaid.ohio.gov or visit <https://eodreporting.oit.ohio.gov/mbe-certification>.
13. Describe your organization's current accreditation and/or certifications specific to PBM services your organization provides and the value these accreditations and/or certifications bring to your organization's clients.

Innovation and Differentiated Value

14. Describe any innovative programs and services your organization has implemented or is currently developing that might be of interest to ODM. Explain how it might be used for Ohio Medicaid, and your organization's experience with the innovation, including and Medicaid experience. In particular:
 - a. *Technology Innovation:*
 - b. *Service Innovation:*
 - c. *Cost Control Innovation:*
 - d. *Other (please define).*
15. What innovation(s) does your organization suggest ODM focus their efforts on and why? Does your organization recommend a phased-in approach to implementing innovation? If yes, how would your organization design this?
16. We are interested in your organization's culture of, and commitment to, continuous quality improvement and innovation. Provide concrete examples, including your example of a specific approach you have implemented, of your organization's continuous quality improvement initiatives and activities that demonstrate your organization's commitment to quality improvement over time. For each example, provide the metrics used to measure improvement over time and your organization's success in achieving measurable improvement.

Individual/Provider Services and Engagement

17. How does your organization propose to communicate with individuals enrolled in MCOs and their families to regularly provide input and feedback?
18. Describe your organization's prescriber and individual engagement strategies to align prescribing patterns and individual behavior with unified preferred drug list (PDL) adherence and how your organization would apply those strategies to Ohio Medicaid.
19. Please provide examples of your organization's efforts of coordination of care management with the entities listed below. Please provide care coordination examples including data and reporting.
 - a. MCO.
 - b. Comprehensive Primary Care (CPC) providers.
 - c. Care management entities.
 - d. ODM.
 - e. Other entities.
20. What techniques has your organization employed for successful prescriber outreach in a state similar to Ohio? How does your organization measure prescriber engagement success?

Pharmacy Provider Reimbursement

21. Describe your organization's experience and flexibility in implementing various pharmacy reimbursement methodologies for ingredient costs, including but not limited to Average Acquisition Cost (AAC), National Drug Acquisition Cost (NADAC), Wholesale Acquisition Cost (WAC), Average Wholesale Price (AWP), and/or Maximum Allowable Cost (MAC), and incorporating these methodologies into "lower of" reimbursement logic. Also describe your organization's experience and flexibility with negotiation of dispensing fees and ingredient cost payments as well as value-based purchasing models.
22. What pharmacy provider reimbursement methodologies does your organization recommend ODM consider implementing and why?
23. Describe your organization's recommended approach to 340B program management including program design, engagement with 340B covered entities, contract pharmacies, and cost analysis.

Formulary and Utilization Management and Clinical Programs

Formulary and Preferred Drug List (PDL) Management

24. Describe your organization's viewpoint, experience, abilities, and proposed application to Ohio Medicaid regarding the following:
 - a. Strategies to assess the evidence-based value of high cost prescription drugs for inclusion in the PDL.
 - b. Methods to measure the effectiveness of formulary/PDL program designs.
 - c. Incorporating clinical recommendations and pharmaco-economic analysis experience into a PDL.

Pharmacy & Therapeutics (P&T) Committee

25. Describe your organization's experience and proposed approach to the management and oversight of a P&T committee for Ohio Medicaid including innovation related to:
- a. Integration of evidence-based research and analysis.
 - b. Ensuring clinical specialty expertise related to populations served by ODM.
 - c. Prospective review of emerging therapies.

Drug Utilization Review (DUR) Board

26. Describe your organization's experience and proposed approach to the management and oversight of a DUR board for Ohio Medicaid, including innovation related to:
- a. Integration of medical, pharmacy and other relevant data.
 - b. Educational provider outreach.
 - c. Timely analysis and reporting.

Physician Administered Drugs (PADs)

27. Describe any current or future innovative strategies for managing PADs your organization would propose for Ohio Medicaid, including your organization's experience with the applicable strategy(ies).

Specialty Benefit Management

28. Describe what criteria your organization uses to define specialty drugs for inclusion in your organization's specialty pharmacy program.
29. Describe how your organization would implement the language in ORC § 5167.24 prohibiting the single PBM from requiring an individual receiving Medicaid services to obtain a specialty drug from a specialty pharmacy owned or otherwise associated with the PBM.
30. How does your organization ensure providers and individuals understand how to timely access specialty medications? How is timely access to specialty medications monitored?
31. What specialty drug management strategies does your organization recommend for ODM and why?

Systems and Technology

ePrescribing and ePrior Authorization (ePA)

32. Does your organization currently support ePrescribing functionality? If so, briefly describe which transactions, including the release version your organization supports and in which ePrescribing network(s) your organization participates.
33. Describe your organization's current ePA capabilities and all methods providers may use to access your ePA solution. What percentage of your organization's prior authorization are processed through your ePA solution, in general and specific to Medicaid?

Pharmacy, Prescriber and Individual-Based Technology

34. Briefly describe your organization's current capabilities to integrate pharmacy and medical data and how your organization uses the integrated data, including what information your organization shares with pharmacies and prescribers, and how your organization provides this information.
35. Describe your organization's ability to create and maintain a dynamic (searchable, linked) formulary and PDL on the portal that is accessible by prescribers, pharmacies, and individuals.
36. Describe any applications or other methods of engaging individuals your organization utilizes, including the scope of content or services available to the individual. Discuss any obstacles to adoption and your organization's actions or recommendations to resolve those obstacles.
37. Describe what advances in health information technology your organization would implement as the single PBM and how these advances would promote better health outcomes.

Centers for Medicare & Medicaid Services (CMS) Certification

38. Describe your organization's experience supporting states through the CMS certification process, including any CMS findings and process delays.

Data Warehouse, Analytics and Reporting

39. Describe the clinical and fiscal data analysis your organization performs, and how your organization would proactively inform ODM and/or other related entities of emerging trends, monitor pharmacy benefit utilization, and present opportunities to improve and expand services to individuals and providers.
40. Discuss how standard and ad hoc reporting solutions support improved access to data, ongoing program analytics, and predictive modeling activities. Describe how your organization tailors data solutions to the Medicaid population and improving health outcomes.
41. Please describe how your organization would share pharmacy claims data with ODM, other related entities, and prescribing providers.
42. Describe your experience sharing information with managed care organizations and equivalent sister partners, accountable care organizations (ACOs), and other at-risk types of entities.

Implementation and Vendor Oversight

43. Based on your organization's experience, what timeline would your organization recommend for implementation of the single PBM? What are the major considerations that would impact the implementation timeline?
44. Describe your organization's experience offering performance guarantees. What guarantees does your organization recommend ODM consider related to the following:
 - a. Clinical outcomes.
 - b. Cost trend.
 - c. Operational excellence.
 - d. Other.

Claims Adjudication

45. Describe how your organization's point of sale (POS) pharmacy claims system would interface with the State's Ohio Medicaid Enterprise Systems (OMES), the State's accounting system, the State's enterprise data warehouse, the MCOs, prescribers, and any other necessary entities.
46. ODM estimates the single PBM would need to pay approximately 200,000 claims per day. Does your organization's claims system have the capacity to handle that volume? If not, please explain how your organization would handle the anticipated volume.

Rebate Management

47. Describe your organization's experience supporting the federal Medicaid Drug Rebate Program (MDRP).
48. Describe your organization's experience supporting state Medicaid programs with their supplemental rebate program pursuant to Section 1927 of the Social Security Act. Describe your organization's affiliation or association with a specific multistate supplemental rebate pool or other collaborative drug rebate negotiation group.

Section VI - Public Information Disclaimer; Trade Secrets

Responses received are deemed to be public records pursuant to ORC § 149.43. The responses shall become property of ODM.

However, respondents may include trade secret information, as defined in ORC § 1333.61, in the contents of their response to this RFI. If trade secret information is included, respondents shall include the trade secret information under separate cover and shall identify the information as such. ODM will treat the identified trade secret information as confidential. In the event that a trade secret exertion is challenged, Respondents shall have the responsibility to defend their trade secret claim.

ODM shall consider the contents of a Response not marked as trade secret as public information, pursuant to ORC § 149.43. Public information will be made available upon request.

Section VII - Response Submission Procedures

ODM requests Responses to be submitted in electronic format and e-mailed to ODM_Procurement@medicaid.ohio.gov. The Responses must be received by the ODM Office of Contracts and Procurement (OCP) no later than **4:00 p.m.** on October 30, 2019. No other method of submission will be accepted.

Please convert the response into one single .pdf document attached to the e-mail. If the submission's size necessitates more than the two .pdf documents to contain the entire response, please use the fewest separate .pdf documents possible. Trade Secret information should be converted into one single .pdf document, labeled as such, and attached to the email.

All submissions must be received by OCP by the specified deadline. Materials received after the deadline will not be added to any previously received submissions. Submissions must contain the organization's name, the RFI title and number, and the submission date. The electronic copy may be used by ODM for

archiving and public records requests. OCP will accept submissions at any time prior to the posted submission deadline (date and time). ODM is not responsible for submissions incorrectly addressed or sent to any email other than the address specified above.

Thank you for your efforts to provide ODM with your suggestions, comments and relevant information to assist with this project.