

AMENDMENT 1 FOR RFP NUMBER 0A05017

DATE AMENDMENT ISSUED: May 12, 2005

The state of Ohio, through the Office of Information Technology, Investment and Governance Division, for the Department of Job and Family Services is issuing this amendment for the Request for Proposals entitled:

JFS - Pharmacy Services

DATE RFP ISSUED: March 22, 2005
OPENING DATE: May 24, 2005
OPENING TIME: 11:00 A.M.
**OPENING LOCATION: Office of Information Technology
Contract Management Bid Room
30 East Broad Street, 40th Floor
Columbus, Ohio 43215**

The attached page(s) represent the Request for Proposals (RFP) amendment for the RFP listed above. Please use replacement pages contained in this document to replace the page(s) previously issued by the State.

Specifications and requirements that have been revised are surrounded by double asterisks, bold type and when applicable, strikethrough.

PART TWO: STRUCTURE OF THIS RFP

Organization. This RFP is organized into five (5) parts, ten (10) attachments, and three (3) supplements. The parts, attachments and supplement are listed below:

Parts:

Part 1	Executive Summary
Part 2	Structure of this RFP
Part 3	General Instructions
Part 4	Evaluation of Proposals
Part 5	Contract Award

Attachments:

Attachment 1	Project Requirements and Special Provisions
Attachment 2	Requirements for Proposals
Attachment 3	General Terms & Conditions
Attachment 4	Sample Contract
Attachment 5	Offeror Mandatory Requirement Profile Forms
Attachment 6	Offeror or Subcontractor Requirement Forms
Attachment 7	Personnel Profile Forms
Attachment 8	Cost Summary
Attachment 9	HIPAA Business Partner Agreement
Attachment 10	Contract Performance

Supplements:

Supplement 1	W-9 Form
Supplement 2	Drug Utilization Review (DUR) Board meeting minutes
Supplement 3	Sample Denial Letter

Additional Information.

PDL website: ** http://jfs.ohio.gov/ohp/bhpp/OH_PDLQuick_PrefOnly.PDF
www.emanuals.odjfs.state.oh.us/library/pdf/mal473attach.pdf **

Ohio Administrative Rules (including Prior Authorization information) Website:
http://emanuals.odjfs.state.oh.us/emanuals/medicaid/Drug/@Generic_BookView;cs=default;ts=default

Pharmacy Billing Instructions Website: <http://jfs.ohio.gov/ohp/bhpp/omdp/pdf/ohprovodjfs.pdf>

- Provide supplemental drug rebate and federal drug rebate calculations including National Drug Code (NDC) information and units of use necessary to invoice the contracted manufacturers and labelers on a quarterly basis, in accordance with timeframes approved by the state. The invoicing and reconciliation services must be ongoing for all claims with a paid date prior to the completion of the services of this Contract and must continue for a period not to exceed one hundred eighty (180) days from the completion of the services of this Contract;
- Achieve collection and dispute resolution with pharmaceutical manufacturers and labelers as it pertains to supplemental drug rebate calculations and federal drug rebates, in accordance with timeframes approved by the State. This must be ongoing for all claims with a paid date prior to the completion of the supplemental rebate services of this Contract and must continue for a period not to exceed one hundred eighty (180) days from the completion of the services of this Contract;
- Collect all rebates on behalf of the State for the sole benefit of the State. 100% of the supplemental drug rebates and federal drug rebates collected on behalf of the State will be remitted to the State;
- Amend existing supplemental rebate agreements for additions or deletions as approved by the State;
- Establish and operate a process for accurate reporting and monitoring of negotiated supplemental drug rebate payments and federal drug rebates;
- The Contractor must provide to the State, access to an electronic means of tracking rebate activity, including but not limited to monthly performance reports;
- The Contractor must be responsible for lockbox fees associated with the collection of supplemental and federal drug rebates. The State will have the option to own all lockbox number addresses associated with rebates upon the termination of this Contract; and
- All rebates invoiced/reconciled must be identified and reported by program type (i.e., Fee for Services [FFS], DA, federal and supplemental).

Transition

At the expiration of this Contract, or if at any time the state or Contractor should terminate this Contract, the Contractor will cooperate with any subsequent contractor who might assume operation of the Ohio-POS project. JFS will withhold final payment to the Contractor until transition to the new contractor is complete. The State will give the Contractor thirty (30) days notice that a transfer will occur. The Contractor must coordinate the transition of all program components (e.g., PA files, claims history, rebate data, etc.) to the new vendor or back to the State upon notice of Contract termination.

In the event that a subsequent Ohio-POS operator is unable to assume operations on the planned date for transfer, the Contractor will continue to perform Ohio-POS operations on a month to month basis for up to six months beyond the planned transfer date. ****The Contractor will continue to perform the services of this Contract during the extension at the Fiscal Year 2011 rates provided in the Cost Summary.**** The State will provide the Contractor a 30 day notice of an extension.

Contract Staffing

Operational Project Manager.

The Contractor must propose only one candidate to be dedicated 100% to the project, unless otherwise approved by JFS, for the position of Operational Manager and that candidate will be identified by name. The Operational Project Manager will, on a full-time basis, manage the daily

ATTACHMENT SEVEN: PERSONNEL PROFILE

SUPPORT PERSONNEL REQUIREMENTS

The support personnel must collectively meet the following requirements. At least one proposed support personnel must meet each requirement.

Candidate's Name:

Duplicate this form as necessary to provide sufficient information to provide that the candidate meets the requirement: Minimum of thirty-six (36) months experience presenting healthcare program information to healthcare professionals.

Client Company Name:	Client Contact Name:	
Address:	Phone Number:	
Project Name:	Beginning Date of Experience Month/Year:	Ending Date of Experience Month/Year:

~~**Description of experience supporting physicians, pharmacists or other healthcare professionals in the administration of a public or private healthcare program**.~~

****Description of experience presenting healthcare program information to healthcare professionals.****

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SUPPORT PERSONNEL REQUIREMENTS

The support personnel must collectively meet the following requirements. At least one proposed support personnel must meet each requirement.

Candidate's Name:

Duplicate this form as necessary to provide sufficient information to provide that the candidate meets the requirement: Minimum of twelve (12) months experience analyzing, negotiating and evaluating the financial impact of drug rebate agreements.

Client Company Name:	Client Contact Name:	
Address:	Phone Number:	
Project Name:	Beginning Date of Experience Month/Year:	Ending Date of Experience Month/Year:

~~**Description of experience supporting physicians, pharmacists or other healthcare professionals in the administration of a public or private healthcare program.**~~

****Description of experience analyzing, negotiating and evaluating the financial impact of drug rebate agreements.****