	Questions and Answers Part # 2 Drug Use Review Analyses, Evaluations & Interventions for Maryland Medicaid Participants (DUR) MDH/ OPASS – 19-17828 July 27, 2018	
RFP Section Number and Page Number	***Question***	***Response***
RFP Section 2.3.1, pages 3 – 5:	a. What is the anticipated Design, Development, and Implementation (DDI) timeline (e.g., one month, three months, etc.)? b. What is the anticipated Program Start (Go-Live) Date?	Based on the RFP sections 2.3.1 (Planning Phase), 2.3.1.2 (Kick-Off meeting) and 2.3.1.6 (Transition Results Report) - a. timeline is One calendar Month from NTP (Notice to Proceed) b. anticipated Program Start (Go-Live) Date is August 1, 2019
RFP Section 2.3.2.3, pages 10 – 11:	a. How will the DUR vendor receive data from the MCOs? Will it be from the State or directly from the MCOs? b. Historically, what is the number of Lock-In Participants per month? c. Is the selected vendor responsible for sending Lock-In letters to Participants?	a. Data will be provided by the Department b.It varies and depends on the criteria however Historically, up to 6 participants are enrolled in locked-in program every month for FFS. c. Yes.
RFP Section 2.3.2.5.1, page 11	a. Please confirm which vendor(s) currently supports and administers online formulary services under the existing contract. b. Please describe what is expected of the selected vendor specific to the requirement to complete monthly reviews for each HealthChoice MCO formulary as specified in RFP Section 2.3.2.5.1.b.	a. HID (Health Information Designs, LLC.) through their contract with MMIT (Managed Markets Insight and Technology, LLC.) which has online resource, Formulary Navigator b. Requirement is to identify and gather the report generated based on recently added new medication list from First Data Bank to the Formulary Navigator. Each month this report is sent to MCOs to review and assign formulary status designations and additional information such as clinical criteria, quantity limit, etc. for those medications listed in the report. b. The Offeror is expected to collect MCOs' such information and thoroughly review for any errors and discrepancies based on MMPP guidelines and COMAR regulations. See RFP sections 2.3.2.2.4, and 2.3.2.2.7.
RFP Section 2.3.2.8.2, page 14:	Please provide a definition of "part-time" in terms of hours per week.	Part-time is based on the Offerors need to provide required deliverables. Historically, these positions have been on Ad-hoc basis.
RFP Section 5.2.4, page 44:	Is it acceptable to consecutively page number within tabbed sections?	All pages should be consecutively numbered. Exceptions may possible; however, they need to be identified in the transmittal letter, table of contents, individual Tab, and separate cover page within each Tab in the technical proposal.
RFP Section 2.3.2.7, page 12	Please confirm that the total number of live CE programs required annually is four (i.e., two live programs providing 1.5 CEUs each for Department professional staff plus two live DUR programs for State-wide Medicaid providers and Prescribers [one for four CE credits and one for 2 CE credits]).	Yes. The State confirms.
RFP Section 5.4.2.1.1 Page 48	Due to the number of pages needed for two years of financial reports, would it be permitted provide a link in the proposal directing the State to electronic copies of our Annual Reports?	Yes
Section 2.3.2.5, page 11	Please confirm that the State is the actual contract holder for the Electronic Formulary Hosting Services tool and that the selected vendor is not the contract holder.	This statement is incorrect. The selected vendor is required to provide Online Electronic Formulary Hosting Services tool and therefore, they are the contract holder.
RFP Section 2.2.1 Page 2-3	How many additional administrative hearings was the current vendor asked to join as part of the Lock-In program during the last fiscal year (FY17-18)?	Historically, none.
RFP Section 2.2.1 Page 2-3	Is the current vendor responsible for management and oversight of the Lock-In program?	Yes for FFS participants.
RFP Section 2.3.2.1.1.10 Page 6	How many "other MDH official functions" occurred during the last fiscal year?	During FY 2017 there were 3 (three) functions.
RFP Section 2.3.2.1.1.12 Page 6-7	What is the total number of previous mailings during the last fiscal year?	As indicated in RFP section 2.3.2.1.1.12, there were 56,000 mailings during the last fiscal year
RFP Section 2.3.2.1.1.16 Page 7	How is the medical encounter data provided to the vendor?	Vendor will receive this data from the State through the State's MMIS via connect direct. Refer to RFP section 2.3.2.6 and Appendices 26 and 27
RFP Section 2.3.2.2.6 Page 9	What is the total number of AHFS therapeutic classes?	AHFS therapeutic classes varies depending on the reviews of each MCOs' formulary and FFS PDL.
RFP Section 2.3.2.3.l.ii Page 10	How many Participant CMC program meetings and hearings was the current vendor asked to attend during the last fiscal year?	Historically, none.
RFP Section 2.3.2.5.1.b Page 11	How many formulary reviews were performed by the current vendor during the last fiscal year?	There were 127 formulary reviews during the last fiscal year. Those included monthly, semi-annual, and annual reviews. There are currently 9 MCOs in the HealthCoice program however, one MCO started in the middle of the fiscal year.
RFP Section 2.3.2.7.2.d Page 12	Does the awarded vendor have to ensure 50% participation of all prescribers?	Yes.
RFP Section 2.3.2.9.1 Page 14-15	How many requests for DUR prospective criteria sets for special studies were made to the current vendor within the last fiscal year?	Last FY, there was 1 (one).

RFP Section 2.3.2.1.1.14, 2.3.2.5.1c Page 7,11	For all electronic devices (i.e. tablets, Smart Phones) that the vendor will supply, are there additional security measures we must consider in the purchase and management of features on these devices?	Not at this time.
RFP Section 2.3.2.5.1c Page 11	How many Smart Phones will the vendor supply per personnel member?	The Contractor shall provide 1 (one) Smart Phone per personnel member. There are 2 (two) personnel members.
Section 5 – Proposal Format Page 44	What is the expected contract start date?	Projected start date of the contract is July 1, 2019 with a projected Go-Live date of August 1, 2019.
Section 2.2.1 Page 3	"The current vendor summarizes profiles of recalcitrant Participants and presents them to the DUR Board for disposition recommendations, makes referrals to investigative organizations, and attends administrative hearings as necessary." What is the expected number of administrative hearings per year? What is the location (or locations) of the administrative hearings?	The Department cannot provide an expected number of administrative hearings per year. Over the past 3 (three) years there have been none.-The location of the administrative hearings can be anywhere in the state.
Section 2.3.2.1.1.8 Page 6	"Conduct a minimum of six (6) yearly statistically valid retrospective analyses using Fee-For-Service and encounter claims data, including a proposal, draft report, and final report. Prior to each DUR Board meeting, the Contractor shall perform quarterly analyses of Fee-For-Service Participant and encounter claims data to identify patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among prescribers, pharmacies, and Maryland Medicaid Participants." What is meant by "minimum of 6 yearly statistically valid retrospective analyses": is this to mean one analysis per contract year? (the PoP is 3-year base +2*2-year options for a total of 7 years) • Is this 6 analyses per year or 6 analyses during the contract? How are the quarterly analyses different (scope, topic, claims history included) than the yearly analyses? • When is the start date of the contract? When is the first quarterly analysis due? What topics have been covered in 2016, 2017, 2018?	The Contractor shall conduct 6 retrospective analyses annually. See DUR Board minutes on the MDH website (https://mmcp.health.maryland.gov/pap/pages/Drug-Utilization-Review.aspx) for examples of previous analyses. Projected start date of the contract is July 1, 2019 with a projected Go-Live date of August 1, 2019. The quarterly analyses include tabulation of information collected based on interventions done and responses received as well as analyzing the impact of those interventions. The annual analysis is aggregate calculation of quarterly results. The first quarterly analysis is due no earlier than one (1) quarter after the initiation of the first intervention.
Section 2.3.2.7.3 Page 13	"2.3.2.7.3 No later than two (2) years from the Go-Live date, conduct focus groups with the Prescribers of the Maryland Medicaid Pharmacy Program to identify the most beneficial day and time for the Prescribers to maximize participation in the CE programs." Will the focus be made available to the in-coming contractor as part of planning?	This is a new requirement. The details related to the forces groups are identified in RFP section 2.3.2.7.3
Section 2.3.2.7.4 Page 13	"2.3.2.7.4 Upon completion of the focus groups, present the findings and the recommendations to the Department. Upon review and approval by the Department, the Contractor will conduct future CE programs at agreed upon days and times." Will prior focus groups reports be made available to bidders and to the new contractor for planning of upcoming CE programs?	This is a new requirement. There are no prior focus groups reports.
2.3.2.8.1 Key Personnel Page 13	"1 FTE Project Director/Project Manager 1 FTE Corrective Managed Care (CMC) Coordinator" Can each of these positions be split among >1 person?	No. They can not.
Section 2.3.2.9 Additional Requirements and Duties Page 14	"The Fixed Price Contract amount encompasses items of work related to the Scope of Work that shall be completed at no expense to the Department for the life of this Contract, including but not limited to: 2.3.2.9.1 Criteria Sets – The Department may request DUR prospective criteria sets for special studies. The report of results or review of existing criteria sets must be reported within ten (10) Business Days for new priority medications and thirty (30) Business Days for existing medications. The electronic report is to be sent to the Department." For budgeting purposes, what is the expected number of criteria sets for special studies per year?	Historically these criteria sets have been at least 6 per month.
2.3.2.9.2 Restriction Criteria Page 15	"The Contractor shall provide written recommendations for existing and proposed prospective DUR criteria for approval for Fee-For-Service claims, prior authorization criteria or review of the other proposed administrative constraints, such as quantity limitations and therapeutic criteria. The Contractor shall provide an electronic report to the Department within ten (10) Business Days for new priority medications and thirty (30) Business Days for existing medications." For budgeting purposes, what is the expected number of proDUR,PA/QL/therapeutic criteria per year?	This depends on the specific medication and/or medications within a particular therapeutic class. Historically, these have been averaging 10-12 per month.

2.3.2.9.3 MCO Policy Review –Page 15	"The Contractor shall review MCO policy and procedure changes related to drug coverage as requested by the Department. Results of the review are due within ten (10) Business Days of receipt of the request in electronic format." For budgeting purposes, what is the expected frequency of review of P&P changes – e.g., quarterly, annually?	Historically such reviews have been conducted and completed on quarterly basis.
2.3.2.9.4 New and Updated DUR Criteria And 2.3.2.9.5 Responses to Questions of a Technical and Clinical Nature Page 15	"The Contractor shall provide new and updated retrospective DUR criteria to the Department within fourteen (14) Business Days of development. The Contractor shall provide a complete list of the retrospective DUR criteria quarterly." "The Contractor shall research drug indications/information/questions using official compendia and appropriate supplemental references, upon request by the Department. The Contractor shall provide information and recommendation from all compendia and references to the Department within one (1) Business Day or as specified by the Department at the time of the request." For budgeting purposes, what is the expected number of questions requiring a response per year?	The number varies based on the Program needs. Historically, we average 6-12 per year.
2.3.2.9.6 Miscellaneous Information Requests Page 15	"Periodically, the Department is requested by outside organizations to respond to surveys or questionnaires about the Department's DUR Program. The Contractor shall be responsible for drafting responses to these requests and transmitting these responses to the Department within three (3) Business Days." For budgeting purposes, what is the expected number of miscellaneous information requests per year?	The number varies based on the Program needs. Historically, we average 6-12 per year.
2.3.4 i. Ad-Hoc Reports Page 19	"Ad-hoc reports shall be completed in timeframes specified by the Department. These reports must be provided in the format requested by the Department. Evaluate all requests for ad-hoc reports for technical feasibility within five (5) Business Days of receipt and submit an estimated timeframe to the Department for approval." For budgeting purposes, what is the expected number of ad hoc reports per year? What is the typical timeframe or requested format?	The number varies based on the Program needs. Historically, 12 per year. The timeframe varies based on the report required by the Department. Historically, it has been five (5) business days. The format varies based on the report required by the Department.
2.3.4 j. Summary Reports Page 19	Provide summary reports at the discretion of the Contract Monitor, focusing on issues of importance to the Department such as Participant, provider, or Prescriber profiling and quarterly utilization by Maryland Medicaid Program." For budgeting purposes, what is the expected number of summary reports per year?	Summary reports are required to be provided each quarter at a minimum however, based on the Program needs the Department may require additional reports.
	***Additional Outstanding Questions and Answers will follow	