



STATE OF TENNESSEE
DEPARTMENT OF FINANCE & ADMINISTRATION, BENEFITS ADMINISTRATION

**REQUEST FOR PROPOSALS #31786-00174
AMENDMENT #SIX
FOR PHARMACY BENEFITS MANAGEMENT**

DATE: December 15, 2023

RFP #31786-0074 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		September 28, 2023
2. Disability Accommodation Request Deadline	2:00 p.m.	October 3, 2023
3. Pre-response Conference	1:00 p.m.	October 4, 2023
4. Notice of Intent to Respond Deadline	2:00 p.m.	October 5, 2023
5. Written "Questions & Comments" Round 1 Deadline	2:00 p.m.	October 16, 2023
6. State Response to Written "Questions & Comments" Round 1		November 7, 2023
7. Written "Questions & Comments" Round 2 Deadline	2:00 p.m.	November 14, 2023
8. State Response to Written "Questions & Comments" Round 2 *NOTE: Vendors may submit no more than ten (10) questions to the State in the 2nd round of Written Questions and Comments.		December 1, 2024
9. Response Deadline	2:00 p.m.	December 19, 2024
10. State Opening of Cost Proposals		January 3, 2024
11. Cost Proposal Analysis		January 3, 2024 – February 12, 2024
12. State Completion of Technical Response Evaluations		January 31, 2024
13. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	1:00 p.m.	February 22, 2024
14. End of Open File Period		February 29, 2024
15. State sends contract to Contractor for signature		March 1, 2024
16. Contractor Signature Deadline	2:00 p.m.	March 8, 2024

2. Delete RFP Question C.2 in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted). Renumber any subsequent sections as necessary.

	C.2.	<u>Plan Implementation</u>																								
		<p>(a) Describe your experience with large-scale PBM implementations by completing the following table for your three largest implementations completed within the last 2 years:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Number of Covered Lives</th> <th style="width: 15%;">Industry</th> <th style="width: 15%;">Length of Implementation</th> <th style="width: 15%;">Implemented on time – Yes or No</th> </tr> </thead> <tbody> <tr> <td>Client 1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Client 2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Client 3</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>(b) Generally, what are the top three (3) implementation tasks you deem to be the most important? Describe your ability to successfully manage these tasks.</p> <p>(c) What do you consider to be the single biggest implementation risk of this program? How will you mitigate this risk?</p> <p>(d) Provide a project implementation plan that includes:</p> <ol style="list-style-type: none"> 1. A brief description of the role of each employee on the Respondent’s implementation team including the Implementation Project Lead. 2. The relevant experience of, and any certifications held by, the Implementation Project Lead that will be assigned to the state account. 		Number of Covered Lives	Industry	Length of Implementation	Implemented on time – Yes or No	Client 1					Client 2					Client 3							7	
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Client 3																										

3. Delete *Pro Forma Contract Sections A.16.f* in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted). Renumber any subsequent sections as necessary.

f. Contractor shall only exclude the following Claims from the calculation of Manufacturer Payment Guarantee; however, if Contractor does in fact receive Manufacturer Payments on any of these products or Claims, they will be passed back to the State in their entirety: Subrogation Claims; COVID Vaccine and Vaccine Administration Fee Claims, authorized and approved COVID treatment Claims and other COVID testing-related Claims; 340B Claims; COB Claims; Vaccine Claims; Paper Claims; and Compounds.

4. Delete *Pro Forma Contract Sections C.14* in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted). Renumber any subsequent sections as necessary.

C.14 Compensation Disclosure. All sources of indirect or transactional payment or compensation to the Contractor and any and all PBM Affiliates, including GPOs, as a result of or in connection with the State’s business, must be disclosed to the State In Writing. The Contractor, and any and all PBM Affiliates, including GPOs, shall submit an annual disclosure detail statement of all such sources of revenue within sixty (60) calendar days prior to the end of the year for the subsequent calendar year. The annual disclosure detail statement shall be updated and submitted to the State within sixty (60) calendar days of any changes throughout the year.

5. Delete RFP #31786-00174, Release #4 in its entirety, and replace with RFP #31786-00174, Release #5. Revisions of the original RFP document are emphasized within the new release. Any sentence or paragraph containing revised or new text is highlighted.

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.