

State of Hawai'i
Department of Health
Communicable Disease Division
STD/AIDS Prevention Branch
HIV Drug Assistance Program

Addendum Number 1

December 21, 2012

To

**Request for Proposals
No. HTH 100DI-14-1
Pharmacy Services for the HIV Drug
Assistance Program
Date Issued: October 25, 2012**

December 21, 2012

ADDENDUM NO. 1

To

**REQUEST FOR PROPOSALS No. HTH 100DI-14-1
Pharmacy Services for the HIV Drug Assistance Program**

The Department of Health, Communicable Disease Division, STD/AIDS Prevention Branch, HIV Drug Assistance Program is issuing this addendum to RFP No. HTH 100DI-14-1, Pharmacy Services for the HIV Drug Assistance Program for the purposes of:

- Responding to questions that arose at the orientation meeting of November 5, 2012 and written questions subsequently submitted in accordance with Section 1-III of the RFP.
- Amending the RFP.
- Final Revised Proposals

The proposal submittal deadline:

- is amended to <new date>.
- is not amended.
- for Final Revised Proposals is <date>.

Attached is (are):

- A summary of the questions raised and responses for purposes of clarification of the RFP requirements; examples of current reports as requested.
- Amendments to the RFP.
- Details of the request for final revised proposals.

If you have any questions, contact:

Timothy McCormick, Supervisor
HIV Medical Management Services Section
STD/AIDS Prevention Branch
3627 Kilauea Ave #306
Honolulu, HI 96816
(808) 733-9360
timothy.mccormick@doh.hawaii.gov

Responses to Questions Raised by Potential Applicants
for RFP HTH 100DI-14-1
Pharmacy Services for the HIV Drug Assistance Program

1. **Question: Can I get a copy of the current contract for HDAP pharmacy services? Can I get a copy of non-winning bids that were submitted six years ago?**

Response: *Yes. Once a contract has been executed, these documents are public record and are provided upon written request. Requests for HDAP-related procurement documents should be submitted to:*

*Timothy McCormick, Supervisor
HIV Medical Management Services Section
STD/AIDS Prevention Branch
3627 Kilauea Ave #306
Honolulu, HI 96816
timothy.mccormick@doh.hawaii.gov*

E-mailed requests are acceptable.

2. **Question: Will the state provide an HDAP client eligibility file?**

Response: *Yes. HDAP will provide an initial eligibility file of all clients enrolled at the start of services under this contract.*

3. **Question: How often will HDAP communicate client eligibility information to the provider?**

Response: *Information regarding newly eligible clients is transmitted (currently by fax) to the contracted pharmacy, one client at a time, as clients are enrolled. Discharge information is transmitted (by phone, fax, or secure e-mail) to the pharmacy as discharge determinations are made. Discharges are transmitted one client at a time, or in batch. The contract pharmacy maintains currently eligibility information on an ongoing basis by adding new enrollments and removing discharges. Although HDAP does not provide the current contract pharmacy with complete client eligibility files on an ongoing basis, HDAP would be willing to provide a complete eligibility file on a regular (e.g., monthly) basis, if that were needed.*

Eligibility can change at any time and new enrollment and discharges would need to be handed as they occur. As specified in the RFP, the provider shall have the

capacity to process and ship prescriptions by the end of the business day following receipt of a new prescription (see RFP p. 2-4, C. Dispensing and Statewide Delivery of Medications). Therefore, the provider would need to have the capacity to serve a newly eligible client within that timeframe. Similarly, no dispense can be billed to HDAP for a date after a notification of discharge.

4. **Question:** Please provide HDAP demographic data regarding those clients covered by HDAP and those covered by 3rd party insurers; Island/ region of residence, # clients per Island/ region and prescription totals by Island/ region?

Response: *The recent number of clients and number of prescriptions for those covered by HDAP only (HDAP Primary) as well as by 3rd party insurers (HDAP Secondary), by county of residence, are shown in the table below.*

**HDAP Clients and Number of Prescription by
Benefit Level and County of Residence
July 1, 2011 to June 30, 2012**

County	HDAP Primary		HDAP Secondary	
	Clients	Rx	Clients	Rx
Hawaii	51	1,291	24	730
Kauai	12	313	8	245
Maui	28	662	10	341
Honolulu	230	5,249	71	1,900

5. **Question:** Please explain the retroactive billing process and time line for submitting retroactive claims to Medicaid or 3rd party insurers?

Response: *HDAP expects retroactive billing to be processed in the same billing cycle as the other coverage is identified. HDAP does not impose any time limits, but submission of retroactive claims to Medicaid or other 3rd party coverage would be subject to Medicaid policies and/or industry standards.*

6. **Question:** Please provide HDAP monthly or annual medication utilization data available; type of medication, days of therapy and total quantity dispensed.

Response: *The recent average monthly utilization by medication type is shown in the table below.*

HDAP Average Monthly Dispensing by Medication Type
July 1, 2011 to June 30, 2012

Medication Type		Total of Days Supply	# Dispenses
Antiretroviral agents	Nucleoside/nucleotide reverse transcriptase inhibitors (NRTI)	6,409	212
	Protease inhibitors	6,460	214
	Single table regimen	3,083	100
	Integrase inhibitor	1,584	53
	Non-nucleoside reverse transcriptase inhibitors (NNRTI)	1,399	47
	Entry inhibitor	128	4
	Fusion inhibitor	28	1
Agents for	Opportunistic infections	1,861	67
	PCP prophylaxis/tx	727	24
	Anemia/neutropenia	19	1
	Hyperlipidemia	1,718	57
	Other	3,597	115

7. **Question:** Does the state currently have a claims processor that will be processing the claims for this program, please identify.

Response: *No, HDAP does not have a claims processor. With respect to claims on which HDAP is billed secondary, it is the responsibility of the contracted pharmacy to process the insurance portion of the claim and bill HDAP only for the client's share of cost that remains after the insurance portion. Under the contract to be awarded through this RFP, it will also be the responsibility of the contracted pharmacy to ensure that Medicare Part D claims are processed through CMS's TrOOP Facilitation Contractor (see RFP p. 2-5, D. Reporting Medicare Transaction for TrOOP).*

8. **Question:** Will current processor continue to process HDAP claims through the new contract period.

Response: *The contracted pharmacy provider shall process claims. See response above.*

9. **Question:** Please describe how medications are currently dispensed; mail, retail, combination.

Response: *Currently, medications are dispensed primarily by mail. Delivery by mail (or delivery service) is required (see RFP p. 2-4, C. Dispensing and Statewide Delivery of Medications). A small number of clients currently pick up medications at the provider's site. This is an acceptable option, but is not required.*

10. **Question:** What are the current medication dispensing fee(s), In-store pickup and mail?

Response: *The current dispensing fees are shown in the table below. Dispensing fees are charged for transactions on which HDAP is the primary (only) payer. HDAP does not currently pay any additional dispensing fee for transactions on which HDAP is the secondary payer. Dispensing fees are inclusive of mailing/shipping. Fees are not affected by whether medication is mailed or picked up at provider's location.*

Current HDAP Dispensing Fees, 2012

Medication	Dispensing Fee
dispenses of medication, except as indicated below	\$12.50
dispenses of acyclovir, amitriptyline, amphotericin B, amphotericin B liposomal, bupropion, cephalexin, clotrimazole, doxycycline, gemfibrozil, glyburide, hexachlorophene, hydrocortisone cream, isoniazid, ketoconazole, loperamide, metformin, prochlorperazine, and trimethoprim/sulfamethoxazole (TMP/SMX)	\$7.50
dispenses of controlled substances: diphenoxylate hydrochloride/atropine sulfate, pregabalin, testosterone cypionate, testosterone gel <i>(current pricing is AWP less 10.5% plus dispensing fee of \$4.67)</i>	\$4.67 (included in medication charge)

11. **Question:** Please explain how provider payment is handled in the event HDAP program funding is exhausted during the contract term.

Response: *HDAP cannot enroll more clients than the program has funds available to serve. HDAP monitors program enrollment and utilization on an ongoing basis in order to avoid running out of program funds and makes every effort to limit incurred costs to the amount of available funds. Demand in excess of program capacity might be addressed through a range of cost containment strategies such as changing program eligibility to reduce enrollment, reducing formulary, and capping enrollment and initiating a program waiting list.*

12. **Question:** Does HDAP require segmented physical 340B pharmaceutical inventory or would a virtual inventory be acceptable?

Response: *Virtual inventory is acceptable.*

13. **Question:** Please provide examples of current reports.

Response: *Sample formats for the utilization report, inventory reconciliation report, and monthly invoice are provided on pages 8, 9, and 10 of this addendum. The samples are provided to illustrate data fields and layout of currently used reports. Note that the samples do not reflect actual utilization levels or expenditures.*

14. **Question:** Are there HDAP program or client satisfaction data available regarding the current provider's service? Please Provide

Response: *HDAP does not have any client satisfaction data regarding the current service.*

HDAP Utilization Report
SAMPLE

										INVOICE DATE	INVOICE #	TOTAL AMOUNT DUE
										11/15/2012	5555	\$530.42
HDAPNUM	Date of Dispense	Rx-No_Rfl	Drug Name	Drug Strength	NDC	Days Supply	Qty Shipped	Amount Due	Prescriber	Benefit Level	Primary U & C	MEDICARE PART D
974-739	10/1/2012	3046213-0	BUPROPION HCL SR	150MG	00378341201	30	30	7.50	ZHIVAGO	PRIMARY	0.00	N
964-929	10/1/2012	3040339-1	TRUVADA	0	61958070101	30	30	12.50	RIEUX	PRIMARY	0.00	N
964-929	10/1/2012	3040390-1	ISENTRESS	400MG	00006022761	30	60	12.50	RIEUX	PRIMARY	0.00	N
964-929	10/1/2012	3040391-1	PREZISTA	600MG	59676056201	30	60	12.50	RIEUX	PRIMARY	0.00	N
964-929	10/1/2012	3040392-1	NORVIR TABLET	100MG	00074333330	30	60	12.50	RIEUX	PRIMARY	0.00	N
929-292	10/1/2012	3044954-0	ATRIPLA	0	15584010101	30	30	12.50	KILDARE	PRIMARY	0.00	N
974-739	10/1/2012	3046217-0	PAROXETINE HCL	20MG	13107015530	30	30	12.50	ZHIVAGO	PRIMARY	0.00	N
974-739	10/1/2012	3046219-0	REYATAZ	300MG	00003362212	30	30	12.50	ZHIVAGO	PRIMARY	0.00	N
974-739	10/1/2012	3046220-0	NORVIR TABLET	100MG	00074333330	30	30	12.50	ZHIVAGO	PRIMARY	0.00	N
974-739	10/1/2012	3046221-0	TRUVADA	0	61958070101	30	30	12.50	ZHIVAGO	PRIMARY	0.00	N
974-794	10/1/2012	3024366-5	COMBIVIR #	150/300MG	49702020218	30	60	14.18	ZHIVAGO	SECONDARY	1,192.87	N
977-969	10/1/2012	3010522-6	SUSTIVA	600MG	00056051030	30	30	15.00	SPOCK	SECONDARY	791.05	Y
964-929	10/1/2012	3034774-2	DIPHENOXYLATE/ATROP	2.5/.025M	00378041510	30	180	94.17	BLINKINSOP	PRIMARY	0.00	N
929-788	10/10/2012	3042244-0	COMPLERA	0	61958110101	30	30	95.83	KILDARE	SECONDARY	2,418.41	N
777-979	10/10/2012	3022396-5	ATRIPLA	0	15584010101	30	30	96.24	ECKLEBURG	SECONDARY	2,321.65	Y
974-752	10/25/2012	3043973-0	LOPERAMIDE HCL++ #	2MG	00378210001	30	240	7.50	ZHIVAGO	PRIMARY	0.00	N
974-752	10/25/2012	3035430-2	TRUVADA	0	61958070101	30	30	12.50	ZHIVAGO	PRIMARY	0.00	N
974-752	10/25/2012	3035431-2	VALACYCLOVIR++ #	1GM	00093725956	7	21	12.50	ZHIVAGO	PRIMARY	0.00	N
974-752	10/25/2012	3039140-1	ISENTRESS	400MG	00006022761	30	60	12.50	ZHIVAGO	PRIMARY	0.00	N
974-752	10/25/2012	3039141-1	SELZENTRY	300MG	49702022418	30	60	12.50	ZHIVAGO	PRIMARY	0.00	N
974-752	10/25/2012	3039142-1	PRAVASTATIN SODIUM	80MG	00093727098	30	30	12.50	ZHIVAGO	PRIMARY	0.00	N
929-374	10/26/2012	3049243-0	SUSTIVA	600MG	00056051030	30	30	12.50	KILDARE	PRIMARY	0.00	Y
929-374	10/26/2012	3049244-0	EPZICOM	600/300MG	49702020613	30	30	12.50	KILDARE	PRIMARY	0.00	Y

HDAP
Inventory Reconciliation Report
SAMPLE (unit pricing is fictional)

		As of 8/31/12										As of 9/30/12		
		Beginning Inv		Inv# 54321		Inv# 65432		MTD Purchases		MTD Dispenses and Adjustments		Ending Inventory		
NDC	Description	Q3 340B Unit Cost	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
61442011301	ACYCLOVIR 800MG TAB 100'S	0.50	500	250.00	-	-	-	-	-	-	(360)	(180.00)	140	70.00
15584010101	ATRIPLA TAB 30'S	30.00	300	9,000.00	300	9,000.00	150	4,500.00	450	13,500.00	(390)	(11,700.00)	360	10,800.00
59676057101	INTELENCE 200MG TAB 60'S	9.00	600	5,400.00	480	4,320.00	-	-	480	4,320.00	(660)	(5,940.00)	420	3,780.00
59676056201	PREZISTA 600 MG TAB 60's	9.00	600	5,400.00	600	5,400.00	120	1,080.00	720	6,480.00	(900)	(8,100.00)	420	3,780.00
31722020930	TERBINAFINE HCL 250MG TAB 30'S	0.50	100	50.00	30	15.00	30	15.00	60	30.00	(270)	(135.00)	(110)	(55.00)
61958070101	TRUVADA TAB 30'S	30.00	500	15,000.00	500	15,000.00	-	-	500	15,000.00	(700)	(21,000.00)	300	9,000.00
00093738556	VENLAFAXINE ER 75MG CAP 30'S	0.50	300	150.00	300	150.00	-	-	300	150.00	(60)	(30.00)	540	270.00
			2,900	35,250.00	2,210	33,885	300	5,595	2,510	39,480.00	(3,340)	(47,085.00)	2,070	27,645.00

RX PHARMACY

OCTOBER INVOICE

Date: November 15, 2012
Invoice #: 5555

HAWAII HIV DRUG ASSISTANCE PROGRAM
3627 KILAUEA AVE #306
HONOLULU, HI 96816

Description	Amount
Primary Charges for October 2012	309.17
Secondary Charges for October 2012	221.25
Total Charges	530.42
Credits	0.00
Total Amount Due	530.42

Indicate invoice number on remittance advice – Thank you.

Please remit payment within 30 days of receipt to:

Rx Pharmacy
55 Main Street
Anytown, ST 55555

For billing inquires call: 1-800-555-5555