Request for Information

On utilization and formulary management services for medical pharmacy offering a balance of clinical and cost-effective therapies for plan members within a preferred provider network. And information concerning services offered for preferred network(s) of infusion drugs promoting patient engagement along with information regarding manufacturer copay assistance administration for physician-administered drugs.

Released by:

Office of the State Comptroller

November 15, 2024

To participate in this RFI and submit a response, follow the process below: Go to http://www.proposaltech.com/home/app.php/register.
Enter vendor's email address into the field provided. No registration code is necessary. Click "Begin Registration." If Vendor has already had an account with Proposal Tech, it will be listed on the registration page, if Vendor does not, it will be asked to provide company information. Once Vendor's account has been confirmed, check the appropriate box for the RFI Vendor is registering for and click the "Register" button. An invitation will be emailed to Vendo within fifteen minutes. If Vendor has any questions regarding the registration process, contact Proposal Tech Support at 877-211-8316 x84.

1. Introduction

1.1 **INTRODUCTION**

The State of Connecticut (the "State"), Office of the State Comptroller ("Comptroller"), is seeking information for Benefit Providers to administer various pharmacy service areas under the medical benefit for active employees and non-Medicare eligible retirees, and their eligible dependents. Due to collective bargaining contracts, the State must duplicate current plan design arrangements. In addition to providing benefits to State employees and some retirees, the State also covers certain employees in the probate court system, General Assembly members, former legislators, and other groups, as authorized by statute. The State also offers pharmacy benefits through its current PBM to local municipalities under the Connecticut Partnership Plan. A complete listing of Partnership groups can be found here: https://www.osc.ct.gov/ctpartner/members.html

The Comptroller is soliciting information through this Request for Information ("RFI") from vendors interested in providing certain health care services and products to State Plan and Partnership Plan employees, retirees, and their eligible dependents in accordance with Connecticut General Statutes ("C.G.S.") §§3-123bbb and 5-259.

This RFI is not a Request for Proposal ("RFP") and should not be construed as such. The State is not soliciting offers to enter into a contractual agreement at this time. The objective of this RFI is to obtain specific information regarding medical pharmacy services.

Based on the information gleaned in the RFI, the Comptroller may issue a subsequent RFP.

PLEASE NOTE: Only vendors that respond to the Request for Information (RFI) for health care services and products will be eligible to participate in the subsequent RFP.

If the Comptroller elects to award a contract to a vendor pursuant to an RFP, the anticipated start date will be July 1, 2025, and the contract will be for a three-year period with two optional one-year extensions. Implementation will be expected to start three months earlier (i.e., on April 1, 2025.)

RESPONSE INSTRUCTIONS

Detailed instructions for the completion and submission of responses will be found in the electronic RFI ("eRFI") on the ProposalTech software platform. ProposalTech will be available to assist you with technical aspects of utilizing the system. All sections must be answered completely as outlined in the RFI using ProposalTech.

Declaration of Confidential Information. Respondents are advised that all materials associated with this RFI are subject to the terms of the Connecticut Freedom of Information Act ("FOIA"), and all rules, regulations, and interpretations. If a Respondent deems that certain information required by this RFI is confidential, the Respondent must label such information as CONFIDENTIAL in ProposalTech prior to submission.

The identification of confidential responses has been turned on for this RFI. If you feel that a response to a question contains proprietary/confidential information, click the "Disclosure" tab located underneath the question and check the box for "Exemption from Disclosure." Provide a reason for the exemption in the text field provided citing FOIA. If you do not provide a reason for exemption, the question will not be considered answered. **DO NOT** make every response confidential. If you have questions regarding this process, please contact ProposalTech Support at 877-211-8316 x84.

Final submissions must be posted via ProposalTech at www.proposaltech.com before the due date and time cited. Access to the eRFI will be locked after that time. Respondents will not be able to post or change their responses. Late responses will not be considered.

The State reserves the right to ask follow-up questions through ProposalTech as may be necessary.

RESPONDENT QUESTIONS

Any questions regarding RFI content should be submitted directly to Segal using the "Ask Questions" feature on the main RFP page by the deadline, posted in Section 3 below. Questions sent via email or telephone will not be accepted. The State reserves the right to provide a combined answer to similar questions. Any and all questions and answers to this RFI will be posted on ProposalTech by the date posted in Section 3 below and the OSC website at http://www.osc.ct.gov/vendor/index.html.

Questions regarding technical issues should be directed to ProposalTech, by calling (877) 211-8316, ext. #4, and asking for support.

The main Segal contact for this RFI is Terry DeMattie who can be reached at tdematie@segalco.com.

1.2 **Definitions**

"**Drug**" means (A) an article recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States or official National Formulary, or any supplement to any of them; (B) an article intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals; (C) an article, other than food, intended to affect the structure or any function of the body of humans or any other animal; and (D) an article intended for use as a component of any article specified in this subdivision, but does not include a device.

"**Institutional pharmacy**" means that area within a licensed care-giving institution or within a correctional or juvenile training institution, commonly known as the pharmacy, that is under the direct charge of a pharmacist and in which drugs are stored and dispensed.

"Mail Order pharmacy" or "**nonresident pharmacy**" means any pharmacy located outside the state of Connecticut that ships, mails or delivers, in any manner, prescription devices or prescription drugs into the state of Connecticut pursuant to a prescription order.

"Pharmacy" means a place of business where drugs and devices may be sold at retail and for which a pharmacy license has been issued to an applicant under the provisions of C.G.S. §20-594.

"Pharmacy Benefits Manager" (PBM) means any person that administers the prescription drug, prescription device, pharmacist services or prescription drug and device and pharmacist services portion of a health benefit plan on behalf of plan sponsors such as self-insured employers, insurance companies, labor unions and health care centers.

"Pharmacy services" include (A) drug therapy and other patient care services provided by a licensed pharmacist intended to achieve outcomes related to the cure or prevention of a disease, elimination or reduction of a patient's symptoms; and (B) education or intervention by a licensed pharmacist intended to arrest or slow a disease process.

"Prescription" means a lawful order of a prescribing practitioner transmitted either orally, in writing or by electronic means for a drug or device for a specific patient.

"Specialty pharmacy" means a pharmacy that provides medications for complex and chronic conditions that require specialized care and management.

The State is seeking information for three (3) separate scopes of work (services):

Respondents may respond to any or all of the scopes of services.

2. Scope 1 - Medical Pharmacy Administration and Formulary Management

Utilization Management:
The State is seeking information about vendors who can provide utilization management services for medical pharmacy, including prior authorization services and site of care steerage designed to direct care toward the lowest acuity, most clinically appropriate site of care within a preferred provider network.

Formulary Management:
The State is seeking information on vendors who can manage medical pharmacy formularies. Vendors should balance clinical efficacy and cost-effective therapies for plan members to create the greatest value for the State as a payer while ensuring optimal outcomes for plan members. Vendors must collaborate closely with existing vendors, including the State's Utilization Management and Formulary Consultant, to ensure the formulary offers a balance of clinical and cost-effective therapies for plan members.

2.1 Key Questions

2.1.1 Please provide:
Your organization's full business name and address, corporate status (e.g., 501(c)(3), partnership, LLC), telephone number, main contact person and email address:

Unlimited.

2.1.2 Do you offer both utilization management and formulary management services?

Single, Radio group.
1: Yes,
2: No

2.1.3 If you offer only one service which do you offer and how could you partner with another entity to provide the missing service?

500 words.

2.1.4 Do you currently offer formulary and/or utilization management for medical pharmacy as a carve-out service for other clients?

Single, Radio group.
1: Yes,
2: No

2.1.5 How do you collaborate with a client's existing medical carriers to ensure that carved-out medical pharmacy services are provided in a seamless manner for plan members and providers?

500 words.

2.1.6 Do you provide these services for any employer plan sponsor? If so, detail your process and outcomes.

500 words.

2.1.7 How do you structure your fees?

500 words.

2.1.8 What data or other information would you need in order to provide a formal quote for these services to the State?

500 words.

2.2 Formulary Management Questions

2.2.1 Explain your philosophy to formulary development, including how evidence-based guidelines (e.g., National Comprehensive Cancer Network (NCCN) guidelines or similar are considered for special populations?

500 words.

2.2.2 Please attach your current medical pharmacy formulary.

Single, Radio group.
1: Attached,
2: Not attached, explain: [500 words]

2.2.3 Do you collect rebates based on client utilization of formulary drugs?

Single, Radio group.
1: Yes,
2: No

2.2.4 Are you willing to pass through all collected rebates to the State?

Single, Radio group.
1: Yes,
2: No, explain: [500 words]

2.2.5 How do you work with hospitals and providers to ensure optimal utilization of the formulary?

500 words.

2.2.6 Describe your process for managing medication shortages, including communication strategies with clients and providers How do you ensure continuity of care for patients affected by these shortages?

500 words.

2.2.7 How do you review formulary exceptions?

500 words.

2.2.8 What is your rate of formulary exception approvals and denials?

100 words.

2.2.9 Do you have experience working with formulary management consultants? If not, are you willing to collaborate with the State's consultants to make custom adjustments to your formulary? Do any customizations affect rebates?

500 words.

2.2.10 Do you have your own Pharmacy and Therapeutics Committee? If you can, please describe their role in the formulary review process and clinical utilization management overview.

500 words.

2.2.11 Describe how much transparency and supporting evidence you will provide the State of Connecticut in advance of any changes proposed to the Drug Formulary and Utilization Management programs.

500 words.

2.3 Utilization Management Questions

2.3.1 How is criteria developed for prior authorizations— and are they internally developed or from an external source?

500 words.

2.3.2 Provide your denial and appeal rates for prior authorizations.

100 words.

2.3.3 How do you work with providers to reduce the administrative burden of the prior authorization process and ensure that qualified cases are approved upon the first decision?

500 words.

2.3.4 Describe your patient support services.

500 words.

2.3.5 Explain your process for steering care to the lowest clinically appropriate site of care.

500 words.

2.3.6 Do you have experience working with a preferred provider network?

500 words.

2.3.7 Describe how much transparency and supporting evidence you will provide the State of Connecticut in advance of any changes proposed to the Drug Formulary and Utilization Management programs.

500 words.

2.3.8 Can you work with an existing utilization management vendor to coordinate?:

	Response
Formulary development and custom formulary changes?	*Compound, Pull-down list.* 1: Yes, 2: No, explain: [500 words]
Clinical rules such as prior authorization, step therapy, and quantity limits?	*Compound, Pull-down list.* 1: Yes, 2: No, explain: [500 words]
Rebate management?	*Compound, Pull-down list.* 1: Yes, 2: No, explain: [500 words]

3. Scope 2 - Preferred Infusion Network

The State is seeking information concerning the establishment of a preferred provider network for infusion drugs. To support this, the State plans to use the utilization review process to guide members toward preferred partners and is examining potential incentive structures to promote patient engagement with the preferred network. Individual providers, hospitals, or provider groups may respond directly to Scope 2 of the RFI. The State will also review information from network administrators that have established contracts with infusion providers and can offer a pre-contracted network of preferred providers.

3.1 Key Questions

3.1.1 Please provide: Your organization's full business name and address, corporate status, (e.g., 501(c)(3), partnership, LLC) telephone number, main contact person and email address:

Unlimited.

3.1.2 Please list the full network of entities and infusion sites that are part of or affiliated with your organization.

Unlimited.

3.1.3 What is your experience in coordinating care with prescribers, PCPs, and others?

500 words.

3.1.4 What are your average wait times for appointments at the proposed locations?

100 words.

3.1.5 Describe the services offered at your proposed locations.

500 words.

3.1.6 How do you manage patient quality and satisfaction? Share any data you may have.

500 words.

3.1.7 What quality measures do you track?

500 words.

3.1.8 Are your providers willing to work with the State's contracted vendor to leverage manufacturer assistance? Would there be additional fees for the administrative work involved?

500 words.

3.1.9 For network administrators: How do you structure your fees for any additional proposed administrative fee for administering the preferred network.

500 words.

3.1.10 What are your estimated discount ranges for preferred partners (both provider office and hospital-based)?

500 words.

3.1.11 What other questions should the State ask when considering the creation of a preferred infusion network?

500 words.

4. Scope 3 - Manufacturer Copay Assistance Administration for Physician-Administered Drugs

4.1 Key Questions

4.1.1 Please provide: Your firm's full business name and address, corporate status, (e.g., 501(c)(3), partnership, LLC), telephone number, contact person and email address:

Unlimited.

4.1.2 Does your organization manage manufacturer copay assistance programs for infused and specialty medications? If so, outline the services provided.

500 words.

4.1.3 Do you partner with an outside vendor for this program, or is it managed in-house?

100 words.

4.1.4 Please attach a list of all drugs currently included in your manufacturer copay assistance program.

Single, Radio group.
1: Attached,
2: Not attached, explain: [500 words]

4.1.5 Describe your ability to work with hospitals and independent provider practices.

500 words.

4.1.6 Explain the registration and enrollment process for patients to participate in the manufacturer copay assistance program.

500 words.

4.1.7 How do you structure your fees?

500 words.

4.1.8 Are any guarantees included in your program?

500 words.

4.1.9 What does your reporting include?

500 words.

4.1.10 Please attach a sample report.

Single, Radio group.
1: Attached,
2: Not attached, explain: [500 words]

4.1.11 How do you communicate program details and member out-of-pocket costs?

500 words.

4.1.12 What concierge services do you offer members regarding this program?

500 words.

4.1.13 How many clients are enrolled in the program, and how long has it been operating?

100 words.

4.1.14 Does your program include rebates?

Single, Radio group.
1: Yes, explain: [100 words] ,
2: No, explain: [100 words]

4.1.15 What other questions should the State ask when considering the introduction of manufacturer copay assistance administration for physician-administered drugs?

500 words.

5. RFI Schedule of Activities

5.1 The timeframe for the RFI is as follows:

RFI Issue Date: **11/15/2024**
Deadline for Questions from Respondents: **11/27/2024**
Answers to Questions Released by State: **12/4/2024**
RFI Responses Due Date to State: **12/11/2024** *

RFI Responses Due Date Extended to 2pm ET 12/18/2024

If the RFI generates the need for an RFP, the anticipated timeline is as follows:

RFP Issue Date: **1/17/2025**
Deadline for Questions: **1/24/2025**
Answers to Questions Released: **1/29/2025**
RFP Submissions Due Date: **2/11/2025**
Interviews, if needed: **3/14/2025**
Second Interviews, if needed: **3/18/2025**
Award of contract: **Week of 3/24/2025**
Implementation period start date: **4/1/2025**
Contract Effective Date: **7/1/2025**