

ADDENDUM I
DATE: February 27, 2023
FOR
REQUEST OF INFORMATION
FOR
CENTRALIZED DRUG PROGRAM (CDP)
FOR
THE CURATORS OF THE UNIVERSITY OF MISSOURI
ON BEHALF OF
UNIVERSITY OF MISSOURI- COLUMBIA
MISSOURI KIDNEY PROGRAM
RFP# 23085
DATED: January 20, 2023

The above entitled specifications are modified as follows and except as set forth herein remain unchanged and in full force and effect:

Modification: The RFP deadline is extended to **March 6 at 2:00 P.M.**

1. **Question:** Section 8 Insurance Requirement on page 25: The insurance coverage limits are significantly different than the previous RFP. Specifically, Commercial General Liability increased from a \$1M/\$3M policy to a \$5/\$10M policy. This is a significant change that would increase our current insurance premiums substantially. Was this increase intentional and if so, is it negotiable or is it set as the new standard for all RFP contracts issued by University of Missouri Procurement Department?
Answer: Commercial General Liability is changed from 5/\$10M policy to \$1M/\$3M policy.

2. **Question:** Is the RFP format set up to have respondent acknowledgements and responses starting within the Scope Description of the document (page 15) OR is it intended to begin acknowledgements later in the document such as Page 27 Mandatory Criteria or somewhere in between? Example: It seems logical that item #1 on page 28 is in reference to the large list of mandatory requirements listed on pages 15-17.
Answer: Mandatory question number one directly relates to the scope beginning on page 15. Respondent must provide the following in Volume 1;
 - Response to Information for Respondents and General Conditions,
 - Mandatory Specifications and supplier responses,
 - Desirable Specifications and supplier responses,
 - If there is a supplier-related contract that must be signed as part of doing business, it should also be included in this section.

3. **Question:** We have the ability to process claims based on an eligibility file. Would you be able to provide an eligibility file so that our locations could bill to primary and the balance to us for a very efficient process.

Answer: MoKP will submit a Patient Profile when a participant is approved for the Centralized Drug Program which provides, among other data, the possible payers. Payer order is determined by the drug being dispensed and Medicare Part B, Coordination of Benefits. Awarded vendor must contact the MoKP by phone or by secure email within the same business day it is found that a participant's insurance has changed or been terminated as will the MoKP in return. It is more likely though that the awarded vendor will find out the participants insurance has changed, terminated, etc. Quite often MoKP finds out that a participant has other coverage and will request claims be resubmitted in the correct payer order and must notify MoKP of the change. Awarded vendor must utilize an automated system for verifying insurance.

4. **Question:** Can you share timing of billing and format you are expecting

Answer: Page 16 discusses that the awarded vendor must invoice weekly for medications and immunosuppressants billed to Part D, Part C, Private and EGHP. Immunosuppressant medications billed to Part B should be billed on a bi-weekly basis. It is also mandatory that all claims be submitted within 6 months of the date-of-service or the last provider EOB.

Formatting is discussed on Page 19 under the heading Electronic Claim Filing and on Page 20 under the heading Data. Transaction files shall be formatted as XML and validated against the document type declaration (DTD) file. Attachment K gives an example of XML Electronic Transaction and Attachment L shows the pharmacy bill DTD file. Transaction file transmitted by electronic transfer shall be encrypted using the SFTP encryption method.

5. **Question:** You also are requesting a direct line? Is there expecting outreach on our behalf?

Answer: Page 16 discusses that the awarded vendor must have a dedicated phone number, toll free number, and fax line that should only be used for MoKP participants, facilities and MoKP staff and should not be used for calls from clients from the awarded vendors retail pharmacy. An adequate number of lines should be provided to avoid busy calls or participant call back and must have dedicated personnel to answer calls received on these lines.

The awarded vendor must contact participants within 1 week of being approved to tell them the benefits of the MoKP Centralized Drug Program and the dedicated phone number local and toll free on how to reach them to order medications. There is also a lot of calls made by the awarded vendor to reach out to participants and work with them on issues regarding insurance rejections, coordination of benefits, etc. and the

awarded vendor must contact all insurances and ensure coordination of benefits is correct including timeframes and notification methods.

6. **Question:** What happens if the program runs out of money? Pg 5, section 6.6.
Appropriation: The Curators of the University of Missouri is a public corporation and, as such, cannot create indebtedness in any one year (the fiscal year beginning July 1 to June 30) above what they can pay out of the annual income of said year as set forth in 172.250, RSMo. Therefore, if the University determines it has not received adequate appropriations, budget allocations or income to enable it to meet the terms of this contract, the University reserves the right to cancel this contract with 30 days' notice.

Answer: MoKp will send the awarded vendor a thirty (30)-day notice of termination upon being informed of a cut or reduction in our appropriation. MoKP also has prepared for this and have funds set aside to pay outstanding bills. This is why it is required that the awarded vendors submit bills on a weekly or bi-weekly basis depending on whom the medication is billed to. It is also mandatory that all claims be submitted within six (6) months of the date-of-service or the last provider EOB.

7. **Question:** How are we able to track where a member is at in the spenddown?
Answer: Mo HealthNet (Missouri Medicaid) eligibility, including spenddown status, should be confirmed for MoKP participants in the same way that eligibility for any Medicaid patient being serviced at your pharmacy would be. Typically, pharmacies have access to a system provided by MO Department of Social Services, called EMOMED, which has current Medicaid status, including whether spenddown has been met for the month. It will be the responsibility of the awarded vendor to know whether a participant has Medicaid coverage. Utilizing our access to FAMIS and our dedicated MHN eligibility specialist, MoKP will send a weekly list of participants who have not met their spenddown to the awarded vendor.