

PEEHIP RFP 26-006 Pharmacy Benefit Consulting

Questions and Answers

Q: Do you have a data warehouse today? If yes, direct contract or through a current consultant or broker, name of warehouse?

A: Yes, through current consultant.

Q: Is your intention, if applicable, to continue leveraging the platform to support medical plan strategy?

A: Yes

Q: Are you seeking an alternative warehouse solution or to implement one? (whichever question is applicable)

A: No we are not seeking an alternative warehouse solution or to implement one.

Q: For the purposes of this RFP, what data are you looking to incorporate into the warehouse?

A: Retail and Medical Pharmacy.

Q: Does PEEHIP have a current pharmacy consultant providing these services?

A: Yes, PEEHIP has a current pharmacy consultant providing these services.

Q: Can you provide some more detail on the type of self service reporting, dashboard and drill downs they are looking for?

A: We are looking for your best package.

Q: Please clarify the RFP process. The RFP notes “Upon the award of this RFP, the PEEHIP will work with the Vendor(s) to further develop the scope of the contract”. Is purpose of this RFP to determine/prequalify a pool of qualified consultants to contract with for specific items listed in the Scope and that the awarding of projects in the Scope will be based on separate proposals among all awarded consultants for those specific Scope items after being awarded/prequalified as a consultant under this RFP?

A: The RFP is intended to identify one or more qualified Vendor(s) to provide ongoing or ad hoc benefits consulting services within the Scope of Services. Because certain services will be ad hoc in nature, PEEHIP may further define specific assignments, deliverables, timelines, and costs with the awarded Vendor(s) after award.

Award under this RFP does not guarantee any minimum volume of work.

Q: Section I.F.A.4 references a web-based application capable of presenting integrated pharmacy and medical claims information. Will PEEHIP provide a consolidated data feed, or should proposers anticipate aggregating data from multiple third-party administrators (e.g., Express Scripts, Blue Cross Blue Shield of Alabama, Humana) independently?

A: Anticipate aggregating data from multiple third-party administrators.

Q: Section I.F.A.4.b references drill-down capability and relevant medical claim diagnosis information. Should proposers plan for member-level detail within the dashboard, or is the expectation for summary-level analytics by diagnosis category, service type, or similar grouping? Can RSA provide samples or screenshots of the most frequently used reports?

A: Proposers should plan for member-level detail within the dashboard. PEEHIP is not providing samples or screenshots.

Q: How many users does PEEHIP anticipate accessing the dashboard, and are there role-based access requirements (e.g., executive summary views versus detailed analyst-level access)?

A: PEEHIP anticipates 5 users accessing the dashboard. They are not role based.

Q: The Cost Proposal format (Section II.B) is structured around composite hourly rates and estimated consultant hours. For proposers whose service model includes a technology platform or dashboard tool in addition to consulting hours, does PEEHIP have a preferred method for presenting technology licensing or platform access costs within the Fee Schedule, or should those costs be embedded in the composite hourly rate?

A: Please embed those costs within the composite hourly rates.

Q: If there was a previous solicitation for these services, what was its title, number, release date, and due date?

A: The PEEHIP is not providing this information as part of the RFP.

Q: Who is the incumbent, and how long has the incumbent been providing the requested services?

A: The PEEHIP is not providing this information as part of the RFP.

Q: Please describe your level of satisfaction with your current or recent Contractor for the same purchasing activity, if applicable.

A: The PEEHIP is not providing this information as part of the RFP.

Q: Has the current contract gone full term? Were all options exercised?

A: The PEEHIP is not providing this information as part of the RFP.

Q: In the Scope of Services, 4a "Dashboard and Data Access" section there is reference to pharmacy and medical claims information being available. Should that be "pharmacy and medical drug claims" or is the system required to have all medical claims data?

A: All medical claims.

Q: In addition to pharmacy claims, medical claims, and member plan enrollment data, what other data sources would be included, if any for the vendor to analyze and make available in a dashboard?

A: No additional data sources will be included.

Q: Is there a current dashboard used by PEEHIP that integrates medical and pharmacy claims?

A: Yes

Q: Would the medical claims include non-drug medical claims in addition to the drug-related medical claims?

A: Yes

Q: At what frequency would we get data updates from PEEHIP? (monthly?)

A: Monthly

Q: Who would be using the dashboard (roles)? How often?

A: PEEHIP staff will be using the dashboard daily.

Q: What would be the main goals/needs of dashboard users?

A: To identify opportunities for improvement, waste or cost control.

Q: Is there an incumbent vendor performing the work specified in the RFP or similar work? If so, can PEEHIP release the name of the vendor(s) and the services provided?

A: The PEEHIP is not providing this information as part of the RFP.

Q: Is there a budgeted amount for this scope of work and if so, what is that amount?

A: The PEEHIP is not providing this information as part of the RFP.

Q: The RFP states that the award of the bid would be eight days after the RFP receipt deadline. Is this correct?

A: That is correct.

Q: What pharmacy utilization management and cost containment programs and strategies are currently being utilized by PEEHIP?

A: Please provide your list of pharmacy utilization management and cost containment programs/strategies.

Q: What pharmacy utilization and cost containment program savings reports does PEEHIP currently receive from its pharmacy, medical and MAPD vendors and how frequently?

A: Please provide your list of pharmacy utilization and cost containment program savings reports.

Q: Can PEEHIP confirm whether GLP-1 medications are currently covered for weight-loss indications? If not, is PEEHIP considering adding coverage during the term of this engagement? If yes, does PEEHIP anticipate maintaining this coverage going forward? Additionally, can PEEHIP clarify whether any material formulary or coverage changes related to GLP-1s contributed to the decline in 2025 Rx spend reflected in the Express Scripts reporting?

A: PEEHIP does not cover GLP-1 meds for weight loss.

Q: Does PEEHIP currently engage a separate consultant or advisory firm for its medical benefits strategy and oversight? If so, to the extent permissible, can PEEHIP share whether the selected pharmacy consultant will be expected to coordinate with that firm?

A: Yes, PEEHIP does currently engage with a separate firm for medical benefits strategy and oversight. The selected pharmacy consultant will be expected to coordinate with that firm.

Q: How frequently has PEEHIP historically conducted PBM procurements or PBM RFPs, and what cadence should the selected consultant anticipate supporting during the contract term?

A: PEEHIP is required to bid PBM contracts every 3 years.

Q: How frequently does PEEHIP currently conduct PBM audits, rebate audits, and plan design or benefit administration audits? Additionally, what ongoing audit cadence or support model does PEEHIP expect from the selected consultant?

A: PEEHIP conducts these as they deem necessary.

Q: Can PEEHIP provide additional detail regarding the scoring methodology for the General Proposal Categories, including the evaluation criteria and relative weighting applied within those categories?

A: PEEHIP is not providing any additional detail regarding the scoring methodology outside of what is noted within the RFP.

Q: What specific data sources and reporting materials will be made available to the selected consultant for this engagement, such as pharmacy claims data, aggregate spend reports, annual PBM reporting packages, rebate reports, prior authorization data, or other operational reporting?

A: All of the above as allowed by the PBM.

Q: Can PEEHIP provide additional context on how it currently uses the integrated pharmacy and medical dashboard referenced in the RFP? To the extent available, can PEEHIP share examples of current outputs, primary use cases, and any gaps or enhancements it would like the selected consultant to address?

A: PEEHIP is not providing this information as part of the RFP.

Q: Are there any contract provisions, business terms, or legal requirements that PEEHIP considers non-negotiable at this stage of the procurement process?

A: See the Terms and Conditions documents provided as part of the RFP.
