|  |  |  |
| --- | --- | --- |
| ETF_logo_large | STATE OF WISCONSIN**Department of Employee Trust Funds****Robert J. Conlin** SECRETARY | 801 W Badger RoadPO Box 7931Madison WI 53707-79311-877-533-5020 (toll free)Fax (608) 267-4549http://etf.wi.gov |

Date: December 12, 2016

To: All RFP ETG0013 Proposers

RE: **ADDENDUM No. 1**

 **Request for Proposal (RFP) ETG0013**

**Administrative Services for the State of Wisconsin Pharmacy Benefit Program**

**Acknowledgement of receipt of this Addendum No. 1:**

**Proposers must acknowledge receipt of this Addendum No. 1 by providing the required information in the box below and including this Page 1 in Tab 1 of Proposer’s Proposal.**

|  |  |
| --- | --- |
|  |  |
| Proposer’s Company Name: |  |
|  |  |
| Authorized Printed Name: |  |
|  |  |
| Authorized Signature: |  |
|  | Date |

**NOTE: This Addendum No. 1 addresses errors noted in RFP ETG0013 and Exhibit 1 thereto. Vendor questions will be addressed in another Addendum to be released on or about January 4, 2017.**

**Please note the following updates to RFP ETG0013:**

1. **ADD** the following bullet to Page 20 of the RFP, Section 2.4 to the right of TAB 1 directly proceeding “Provide the following in the following order:”
* Page 1 of ADDENDUM No. 1: Completed and signed Page 1 of Addendum No. 1.
1. **ADD** the underlined text below, highlighted in red, to TAB 2 of the RFP (starting on page 20):

|  |  |
| --- | --- |
| **TAB 2** | **Response to Sections 6 (GENERAL QUESTIONNARE) and 7 (TECHNICAL QUESTIONNAIRE)**Provide a point-by-point response to each and every statement in Section 6 and Section 7. The response must follow the same numbering system, use the same headings, and address each point or sub-point. After the responses to Sections 6 and 7, provide the following in the following order:* Two (2) Audited Financial Statements (see Section 6.1.9)
* Account Manager Resume (see Section 6.2.1)
* Key Staff Organizational Chart (see Section 6.2.2)
* Detailed Implementation Plan (see Section 6.4.1)
* Sample Formulary Change Notification/Educational Materials (see Section 7.1.5)
* Sample Member Engagement Materials (see Section 7.1.7)
* Sample of Participating Pharmacy Contract (see Section 7.2.3) Credentialing Worksheet (see Section 7.2.3)
* Sample Mail Order Marketing/Communications Plan (see Section 7.2.4)
* Sample Provider Communications Documents (see Section 7.2.5)
* Trend Reports (see Section 7.5.2)
* Medicare Part D EGWP Member Materials (see Section 7.7.1)
 |

1. **REVISE** Section 6.3.1 of the RFP as follows:

|  |  |
| --- | --- |
| **6.3.1** | Explain how your company plans to meet the customer service requirements as specified in Sections ~~260~~ 255C and 315D of the Pro Forma State of Wisconsin Pharmacy Benefit Program Agreement (see Exhibit 1). Also include any additional performance standards or service level agreements that you are willing to provide and what penalties you would associate with such agreements. Provide examples of reports or materials related to meeting these requirements. |

1. **REVISE** Section 6.4.1 of the RFP as follows:

|  |  |
| --- | --- |
| **6.4.1** | Submit a detailed implementation plan under Tab 2 according to the formatting requirements specified in Section 2.4 Proposal Organization and Format identifying the tasks necessary to fulfill the requirements of the Contract, such as staff roles, programming changes, subcontractors involved, timeline, etc. Refer to Sections ~~260~~ 255A and 315A of the Pro Forma State of Wisconsin Pharmacy Benefit Program Agreement (see Exhibit 1).  |

1. **REVISE** the second paragraph of Section 8.1 of the RFP as follows:

Once the Proposer’s letter of intent~~,~~ and FORM F Non-Disclosure Agreement~~, and FORM E Designation of Confidential and Proprietary Information~~ are signed and submitted by the Proposer, a census file and two (2) network files containing participant utilized pharmacies for the most recent twelve (12)-month period will be made available through a secure file transfer protocol. No data will be made available prior to these forms being signed and submitted to ETF by the Proposer, and no modifications will be accepted.

1. **REVISE** the second paragraph of Section 8.2 of the RFP as follows:

Once the Proposer’s letter of intent~~,~~ and FORM F Non-Disclosure Agreement ~~and FORM E Designation of Confidential and Proprietary Information~~ are signed and submitted by the Proposer to ETF, two (2) repricing files containing participant drug claims experience for the most recent twelve (12)-month period will be made available by Segal through a secure file transfer protocol. No data will be made available prior to these forms being signed and submitted by Proposer, and no modifications will be accepted.

1. **REMOVE** Exhibit 1 – Pro Forma State of Wisconsin Pharmacy Benefit Program Agreement and **REPLACE** with Exhibit 1 – Pro Forma State of Wisconsin Pharmacy Benefit Program Agreement Revised 12/12/2016 (provided with this Addendum No. 1 and available on ETF’s extranet at the link below).

**Please note the following changes and deletions made to Exhibit 1 – Pro Forma State of Wisconsin Pharmacy Benefit Program Agreement. All changes and deletions are tracked and highlighted in the attached version, revised 12/12/2016:**

1. **Revised**: References to other sections within Exhibit 1 – Pro Forma State of Wisconsin Pharmacy Benefit Program Agreement were updated throughout the document. There were 42 updates completed.
2. **Revised**: The following seven sections within Exhibit 1 – Pro Forma State of Wisconsin Pharmacy Benefit Program Agreement were revised by removing the reference to “provider” and in some cases replacing the term “provider” with either “pharmacy” or “PARTICIPATING PHARMACY”:
* 125G Premiums; Subsection g)
* 130D Automated Clearinghouse (ACH)
* 225 Pharmacy Network Administration
* 255D Contractor Web Content and Web-Portal; subsection 2) b)
* 255F Errors
* 310A Deliverables to the Department; Subsections 7), 8), and 11)
* 310B Deliverables to Participants; Subsections 2), 3), and 4)
1. **Removed**: The following six deliverables within Exhibit 1 – Pro Forma State of Wisconsin Pharmacy Benefit Program Agreement were removed from Section 300 DELIVERABLES:
* 310B Deliverables to Participants; Subsections 7), 8), 9), and 10)
* 315F Eligibility/Enrollment; Subsection 5)
* 315G Other; Subsection 4)

END

This Addendum will be available on ETF’s Extranet at <http://etfextranet.it.state.wi.us/etf/internet/RFP/rfp.html>.