



## REQUEST FOR PROPOSAL #16RP009

### WORKER'S COMPENSATION MEDICAL BILL REVIEW AND PHARMACY SERVICES

#### ADDENDUM #1

OCTOBER 14, 2015

#### **NOTICE TO ALL BIDDERS AND PLAN HOLDERS**

The Solicitation is amended by the following clarifications/changes/additional information. If any provision in this Addendum conflicts with any existing provisions in the Solicitation, this Addendum will control. All other terms, conditions, and provisions of the Solicitation remain in effect as published.

#### **BID SUBMITTAL DEADLINE**

The submittal due date and time **remains 2:00 P.M., LOCAL TIME, OCTOBER 21, 2015** and is **NOT CHANGED BY THIS ADDENDUM.**

#### **1. CHANGES/CLARIFICATIONS**

##### **A. CLARIFICATIONS**

1. **SUBMITTAL REQUIREMENTS CHECKLIST**, Page 42 of the solicitation document (46 of the PDF), **DELETE** the requirement for Supplemental Questions.

##### **B. PRICING PROPOSAL FORM**

1. Page 54, Part Two – Pharmacy Program – Sample Prescription Pricing has been revised with the applicable NDC No and date of service. **DELETE** page 54 and **REPLACE** with "Revised – Page 54" (**attached**).
2. Page 94, Item 5, is missing 5a. and 5b. as listed in the Location descriptions. The total square footage for that section is not incorrect. **DELETE** page 94 and **REPLACE** with "Revised – Page 94" (**attached**).

#### **2. CONTRACTOR QUESTIONS AND ANSWERS**

**The following are the Questions (Q#) and Answers (A#) the City received during the Question Submittal period.**

Q1 In order to address the questions regarding Risk Master and Pharmacy we will need to know if the City of Scottsdale would like every open claim to receive a pharmacy benefit card **OR** if the adjuster will input the decision of who receives a card into the system.

A1 The City of Scottsdale would like to review the options for both.

- Q2 Page 54, "Part Two- Pharmacy Program – Sample Prescription Pricing"
- 1) The NDC number is not included with the drug name, this is necessary to price appropriately.
  - 2) The header for the amount says 30 day supply, are we to assume it's a quantity of 30 pills?
- A2 NDC numbers have been updated, as well as the quantities for the 30 day supply. See revised page 54.
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- Q3 Page 54, "Part Two- Pharmacy Program – Sample Prescription Pricing" what date of service would you like for us to use when obtaining pricing for the indicated medications?

A3 Please use OCTOBER 1, 2015

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- Q4 Sub-Consultants – Offeror's document shall list all sub-consultants (if any) that will be used in the completion of services and projects identified herein, and the sub-consultants envisioned role in each service or project." Are you referring to network partners?

A4 Sub-Consultants are any company or companies your firm will use to meet the requirements of this contract.

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- Q5 Is it the intent for the purpose of the RFP that the "Scope of Work 5.1, 5.2 and Submittal requirements" be incorporated into the answers under subheading "Part 2 Pharmacy Program Plan 2, page 45" or answered independently in each sections?

A5 There is a Part One and Part 2; please response to each independently within one submittal.

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- Q6 Are you asking in both K. and I on page 44 how we would set up EFT payments for invoices and would this information be answered under Part 2 – Pharmacy Program Plan (page 45).

k. Describe in detail what would be needed to set up the account for the program including all banking requirements and responsibilities.

l. Specifically describe information and money transactions & transfers in a flow chart format.

A6 General Submission Requirements on Page 43 are applicable to Part 1 and Part 2 on page 45 independently.

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By signing and submitting a Bid or Proposal, the Bidder/Proposer is acknowledging that they will abide by all Addenda issued prior to the opening of the Bids/Proposals and agreeing that all pricing takes into account all such Addenda.

**END OF ADDENDUM #1**

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**PRICE PROPOSAL FORM – PHARMACY SERVICES PRICING – CONT'D**



**WORKER'S COMPENSATION MEDICAL BILL REVIEW AND PHARMACY SERVICES**

**RFP # 16RP009**

**PART TWO - PHARMACY PROGRAM – SAMPLE PRESCRIPTION PRICING**

**DATE OF SERVICE: OCTOBER 1, 2015**

ITEM	Prescription 30 day supply Quantity 30	A. Manufacturer Suggested Retail	B. Contractors Fill Cost	C. Return of Rebate (if applicable)	D. All applicable fees for this prescription and payment	Total Cost to City Per Prescription (B-C+D)	NDC Number
1	Tramadol ER 150	\$_____	\$_____		\$_____	\$_____	10147-0901-3
2	Gabapentin 300 mg	\$_____	\$_____		\$_____	\$_____	00071-0805
3	Meloxicam 7.5 mg	\$_____	\$_____		\$_____	\$_____	68180-0501
4	Morphine Sulfate Cap ER 80mg	\$_____	\$_____		\$_____	\$_____	0591-3576-30
5	Morphine Sulfate tab 15mg	\$_____	\$_____		\$_____	\$_____	00406-8315
6	Lunesta tab 3 mg	\$_____	\$_____		\$_____	\$_____	63402-190-30
7	Duloxetine cap 60mg	\$_____	\$_____		\$_____	\$_____	68180-0296-06
8	Celebrex cap 200mg	\$_____	\$_____		\$_____	\$_____	000251-1525-31
9	Senna tab 8.6mg	\$_____	\$_____		\$_____	\$_____	65437-087-50
10	Duloxetine HCL Cap 60 mg.	\$_____	\$_____		\$_____	\$_____	0002-3270-30
<b>TOTAL COST FOR PRESCRIPTIONS</b>						\$_____	_____

**COMPANY NAME:** \_\_\_\_\_