

**University of Maine System
RFP for PBM Services
RFP #2025-059
Bidders Questions & Answer Document
Issued : February 27, 2025**

Note to All Bidders: Please make sure that you have all four (4) parts to this Request for Proposal. The first three (3) parts are posted on the University System Procurement system, and the last part (4) is the Technical Package from WTW.

02.1 - 2025-059-RFP-PS-PBM RFP – This is the RFP (Part 1) which contains: Purpose Statement, Scope of Services, Timeline, Scoring Matrix, and general Respondent responsibilities and instructions.

02.2 - 2025-059-RFP-PS-PBM SubmissionFormPackage – This is the RFP (Part 2) which contains the Respondent submission information including: cover page, UMS Debarment, Performance and Non-Collusion Certification, Respondent References Form and Master Agreement Language Review.

02.3 - 2025-059-RFP-PS-PBM Appendix E-Master Agreement - This is the Master Agreement that UMS will require for award. Please red-line and return with your submission.

02.4 - 2025-050-RFP-PS-PBM Technical Package – Is a folder of information that wtw provides for claims repricing, questionnaires and fee proposals. Note that there is a separate RFP focused on TPA services; those vendors are also allowed to quote on a “carve in” basis. Note that all bidders have the same requirements, regardless of “carve in” or “carve out”.

Summary of Questions posed by Bidders as of Monday, February 24 :

1. **Can we have an extension ?** The due date of March 10 is very challenging given the breath of the specifications.

No extensions will be granted.

2. I noticed in the **“RFP 2025-059 Appendix E-Master Agreement”**, it is stated that **“The University of Maine System currently provides medical benefits to approximately 4,200 active employees, 2,200 under age 65 retirees and their dependents, totaling over 6,200 enrolled employees.”** I am seeing only 4667 Employees on the census. Can you please help me understand the

discrepancy from the 6200 enrolled employees (it seems were missing just over 1500 of these above-mentioned employees).

The census correctly captures the 4,700 active benefits-eligible employees. Of those 650 waive coverage. There are another **200** under 65 retirees that are not on the census. Given the small number, we will not be re-running the census. We apologies for the mistype in the counts on the Master Bid Text.

- 3. “Attachment 7 – Technical Questionnaire” in the “Pricing Structure” section, question #9 details to “Confirm that you utilize a pass-thru design for all drugs (retail, mail, and specialty)...”. However, in “Attachment 8 – Financial Bid Form Package” in question #3 on the “Deal parameters” page only instructs to “Confirm PBM’s proposal reflects a Transparent and 100% Pass-Through financial arrangement for Retail 30, Retail 90 and Retail Specialty including 100% pass-through arrangement for rebates.”. Please confirm the intent is to have transparent pricing apply to all channels for retail, mail and specialty at mail and that Attachment 7 supersedes the direction in Attachment 8.**

There should be no spread between the PBM and a pharmacy regardless of channel.

- 4. Please confirm if we should be building any broker commission/compensation into admin fees**

None.

- 5. Please confirm if the University of Maine system has any in-house pharmacies**

None.

- 6. How is anti-obesity coverage provided today?**

Drug class is currently excluded.

- 7. How is Dupixent categorized? Is it counted in the Specialty Claims or Non-specialty Claims?**

It is a Specialty Drug, categorized as Tier 4.

- 8. Is there any type of utilization management (PA, ST, QL) on the GLP1s indicated for diabetes and/or weight loss?**

Yes, there is industry standard language around utilization management for GLP1 for diabetes. Weight loss drugs are not covered.

9. Does UMS cover fertility medications on the pharmacy benefit?

Yes.

10. Does the plan currently have penalties on DAW 1 and/or 2?

The plans do have a penalty on DAW2.

11. Are you looking for spread pricing with 100% share of overperformance for rebates, or are you looking for truly transparent pricing where we are administering an admin fee?

Truly transparent pricing where TPA charges an administrative fee.

12. Based on the information provided it appears as though UM (PA, ST) is in place today. Are there more details that can be shared about their current formulary design today so that we can quote a best match?

It is CIGNA's value formulary. All clinical edits are currently in place.

13. Should an Rx consultant fee be underwritten as part of our response?

No.