

Instructions

This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on separate lines.

Instructions: Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.

Question ID	RFP Reference (page number, section number, paragraph)	Specific RFP Language	Question	Answers																		
Example	Page 7, section 1.15, C	J. Vendors may submit multiple bid.	May vendors submit more than one bid?	yes See section 1.15, J																		
1	IFB Page 7, Section 1.18(B) & C & Official Bid Price Sheet	NADAC-based pricing for prescription and OTC med	Will the Department of Human Services consider revising the drug pricing requirement to either WAC or AWP-based pricing (plus a dispensing fee) instead of NADAC-based pricing without any dispensing fee? In the alternative, will the Department of Human Services eliminate the "% off" requirement from the NADAC-based pricing and, instead, require vendors to offer NADAC+0% pricing plus a dispensing fee of the vendor's choice? This would more closely resemble current Arkansas Medicaid pricing which is NADAC+0% plus either a \$9.00 or \$10.50 dispensing fee (depending on drug category).	See updated price sheet																		
2			Who is the incumbent on the current contract and what was the total award amount?	Not relevant to bid.																		
3			Do you have the licensed capacity of each facility listed. Could you also provide the average daily censuses for each facility?	<table border="1"> <thead> <tr> <th>Facility</th> <th>Licensed Capacity</th> <th>Functional Capacity</th> </tr> </thead> <tbody> <tr> <td>AHDC</td> <td>125</td> <td>117</td> </tr> <tr> <td>BHDC</td> <td>138</td> <td>131</td> </tr> <tr> <td>CHDC</td> <td>518</td> <td>480</td> </tr> <tr> <td>JHDC</td> <td>109</td> <td>109</td> </tr> <tr> <td>SEAHDC</td> <td>100</td> <td>96</td> </tr> </tbody> </table>	Facility	Licensed Capacity	Functional Capacity	AHDC	125	117	BHDC	138	131	CHDC	518	480	JHDC	109	109	SEAHDC	100	96
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4			Do you have space in the Conway location for us to renovate into a pharmacy to be used as a hub to serve these facilities? If there is no space available, please answer the following questions: Is the Conway facility built on a slab or is there a basement to the building? Would you consider allowing us to add a pharmacy space onto the existing building if it was financially feasible for us to do so?	CHDC has an existing pharmacy area and this is the area that we would like to continue to be utilized for pharmacy.																		
5			What does the payer mix look like for the consumers at these facilities? ___% Medicaid ___% Medicare ___% Commercial ___% Uninsured ? Self-Pay	100% Medicaid 61% Medicare 4% Commercial All residents have Medicaid. 61% additionally have Medicare and 4% have private insurance.																		
6			Is the plan here to have the pharmacy bill the facilities or State for the medications provided?	All drugs covered by Medicaid are paid at the Medicaid rate. Private insurance and Medicare are billed first, Medicaid is then billed. Facility is billed for medications not covered by Medicaid.																		
7																						
8																						
9																						
10																						