ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO (ASES)

PUERTO RICO HEALTH INSURANCE ADMINISTRATION (PRHIA)





PHARMACY BENEFIT MANAGER (PBM) AND REBATE AGGREGATOR (RA) SERVICES

GOVERNMENT HEALTH PLAN

REQUEST FOR PROPOSALS
RFP # PHARMACY 2022

ISSUE DATE: MARCH 31, 2021

PROPOSAL DUE DATE: MAY 5, 2021 6:00 PM (AST)

AMENDMENT #1 ISSUE DATE: APRIL 5, 2021

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1. Amendments to the RFP

This document constitutes an amendment to the request for competitive proposals (RFP) titled Pharmacy Benefit Manager (PBM) and Rebate Aggregator (RA) Services for the Government Health Plan (RFP #Pharmacy 2022), issued by the Puerto Rico Health Insurance Administration (Administración de Seguros de Salud - ASES) (referred to herein as "Amendment #1"). Amendment #1 is being issued on April 5, 2021 and amends the RFP by modifying Sections 3.3.2, 4.8 and Appendix A of the RFP, as herein below explained. Changes are included in track changes. Accordingly, deletions to the initial RFP language are noted in strikethrough and additions are noted in underline.

Amendment #1 will be available in the secure website by April 5, 2021. Also, the Procurement Contact will send Amendment #1 via e-mail to all Potential Offerors that have already acquired the RFP Document Package.

2. Amendment to Section 3.3.2.

Section 3.3.2 is amended to modify the person who must sign the Acknowledgement of Receipt Form, as follows.

3.3.2 Acknowledgement of Receipt of RFP Form and Notice of Intent to Participate

Potential Offerors must return by email the Acknowledgment of Receipt Form of RFP and Notice of Intent to Participate that accompanies this document (Appendix A of this RFP) to have their organization placed on the procurement distribution list and be able to participate in this RFP. The form must be signed by an authorized representative of the Offeror, that is, either the Offeror's authorized person to communicate during the process with ASES' Procurement Contact or the Offeror's representative person authorized to legally bind the Offeror, dated, and returned to pharmacyrfp2022@asespr.org.

FAILURE TO SUBMIT AN ACKNOWLEDGEMENT OF RECEIPT FORM BY 3:00 PM (AST) APRIL 14, 2021 SHALL CONSTITUTE A PRESUMPTION OF RECEIPT OF THE RFP AND WILL RESULT IN THE POTENTIAL OFFEROR NOT ABLE TO CONTINUE TO PARTICPATE IN THE PROCUREMENT PROCESS.

At a minimum, the procurement distribution list will be used to distribute:

- Written responses to questions
- Any RFP amendments
- Link to join virtually the Pre-proposal Conference, if not able to attend in person.

Offerors who submit an Acknowledgment of Receipt of RFP Form will receive a username and password to access the secure site where Proposals will be uploaded. If an Offeror does not receive a username and password within three (3) Business Days from the date of submission of App. A, the Offeror may contact the Procurement Contact.

3. Amendment to Section 4.8

Section 4.8 is amended to capture the change made in Section 3.3.2 regarding the signature of Appendix A, as follows:

4.8 Signature

The person authorized to legally bind the Offeror must sign each RFP appendix that requires a signature and/or initials, except Appendix A which may also be signed by the person authorized by the Offeror to communicate during the process with ASES' Procurement Contact.

4. Appendix A of the RFP

Appendix A of the RFP is amended to capture the modifications made to Sections 3.3.2 and 4.8 of the RFP and for further clarification purposes, as follows. Attached is the Amended Appendix A.

Amended Appendix A

Acknowledgement of Receipt Form of RFP and Notice of Intent to Participate

RFP # Pharmacy 2022

0004117471011

In acknowledgment of receipt of this Request for Proposal (RFP), the undersigned agrees that s/he has received a complete copy, beginning with the title page and table of contents, and ending with Appendix K.

The Acknowledgment of Receipt Form should be signed and returned to the Procurement Contact BY EMAIL on or before April 14, 2021 at 3:00 PM (AST). Only potential Offerors who return this completed form, indicating the intent to submit a Proposal, will be able to participate in the Preproposal Conference, receive Offerors' written questions, the written responses to those questions, and RFP amendments, if any are issued, and may continue to participate in this RFP process.

ORGANIZATION:		-
CONTACT REPRESENTATIVE*:		
TITLE*:	PHONE NO*.:	
EMAIL*:	FAX NO.:	

MAILING ADDRESS*	:								
CITY:		STATE	STATE: ZIP CODE:						
Please resp	oond as follows:								
1. 2.	, , ,								
 a. PBM Services Only b. RA Services Only c. Combined Services 3. Name of individuals participating in the Preproposal Conference:									
FIRST NAME	LAST NAME	EMAIL ADDRESS	PHONE NUMBER	IN PERSON	VIRTUAL				
SIGNATURE**: DATE:									

*Name and address herein provided will be used for all correspondence related to this RFP except that the invitation to present the best and final offer and the Notice of Intent to Award will be notified to the person authorized to sign the Contract, that is, the person identified under Item 2 of Appendix B. Hence, the contact information in this Appendix must be the same information provided of the same person identified in the Certification requesting for the RFP Documents and to be provided in Appendix B, Item 3.

**This document must be signed <u>either</u> by <u>the person authorized to communicate during the process with ASES' Procurement Contact or</u> the person authorized to contractually obligate the organization. See Sections 3.3.2, 4.8, 6.7.3.4 and Appendix B, Item<u>s</u> 2 <u>& 3</u> of this RFP.