GOVERNMENT OF PUERTO RICO

ADMINISTRACIÓN DE SEGUROS DE SALUD (ASES)

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

REQUEST FOR INFORMATION

PHARMACY BENEFIT MANAGER AUDIT SERVICES

RFI #2025-001 (PBMA)

Issue Date: November 21, 2025
Response Due Date: February 6, 2026, on or before 11:59 PM (AST)

Table of Contents

I. PURPOSE OF THE REQUEST FOR INFORMATION (RFI)

The Puerto Rico Health Insurance Administration (PRHIA or ASES, for its Spanish acronym) seeks to gather information through this RFI concerning providers' experience, qualifications, and capabilities for the provision of qualified, experienced Pharmacy Benefit Manager (PBM) audit review of a specified PBM contracted in Puerto Rico by PRHIA under the Government Health Plan (GHP or "Plan Vital") to determine compliance with relevant state and federal laws and regulations. The Responders to this RFI should provide input on their capabilities to carry out an independent audit review of regulatory requirements for payment, audits, edits, formulary policies, and appeals conducted by the PBM, among others.

PRHIA also seeks input on recommended methodologies, audit tools, and best practices; data requirements and technical capabilities needed for audit execution; timelines and approximate costs; potential challenges or risks in auditing PBM contracts; and recommendations on frequency, scope, and independence of audits.

The general Scope of Work of the PBM Audit Review is found in Appendix A of this RFI.

This RFI is being issued solely for information purposes. It is not a request for proposals (RFP) nor a promise to issue an RFP in the future and should not be construed as such. Responses to this RFI will be used to assess market capabilities, best practices, and potential approaches for a potential future procurement.

PRHIA shall not be responsible for administrative costs incurred in response to this RFI. All costs or expenses incurred by the Respondent in preparing, transmitting, or presenting any Response or other material submitted in response to this RFI shall be borne solely by the Respondent.

II. BACKGROUND INFORMATION

2.1 Government Health Plan

2.1.1 Pursuant to Title XIX of the Federal Social Security Act, codified as 42 USC 1396 *et seq*. ("the Social Security Act"), and Puerto Rico Act No. 72 of September 7, 1993, as amended, the Puerto Rico Medicaid Program administers a comprehensive program of medical assistance. The Puerto Rico Health Department ("the Health Department" or PRHD) is the single State Agency designated to administer medical assistance in Puerto Rico under Title XIX of the Social Security Act and is charged with ensuring the appropriate delivery of health care services under the Medicaid and the Children's Health Insurance Program ("CHIP") in Puerto Rico.

2.1.2 PRHIA is a public corporation with autonomy to develop and execute the terms of its enabling statute, Act No. 72. As part of its responsibilities, PRHIA contracts with Managed Care Organizations (MCOs) to provide health services to people who are eligible for Medicaid and other Enrollees, as established by applicable law. Pursuant to this statutory provision, PRHIA has established a managed care program under the medical assistance program, known as the "Government Health Plan" (GHP) or "Plan Vital". The GHP is available island-wide in Puerto Rico.

2.1.3 As of September 2025, the GHP approximately serves 1,060,066 beneficiaries. The Commonwealth population includes low-income individuals who do not otherwise qualify for Medicaid and certain Commonwealth employees who have selected Plan Vital as their health plan.

2.2 Pharmacy Benefit Manager for the Puerto Rico GHP

2.2.1 A Pharmacy Benefit Manager (PBM), as defined by Section 1150A of the Social Security Act, 42 U.S.C. sec. 1320b-23, is a health benefits plan or any entity that provides pharmacy benefits management services on behalf of a health benefits plan that manages prescription drug coverage under a contract with (1) a PDP sponsor of a prescription drug plan or an MA organization offering an MA–PD plan under part D of title XVIII; or (2) a qualified health benefits plan offered through an exchange established by a State under section 1311 of the Patient Protection and Affordable Care Act.

2.2.2 PRHIA currently holds a contract with Abarca Health, LLC (Contract No. 2023-000048) for the provision of Pharmacy Benefit Manager (PBM) and Rebate

Aggregator (RA) services for the GHP. This contract is attached to this RFI as Appendix B.

2.2.3 As per Article 6 of Contract No. 2023-000048, the PBM shall be responsible for implementing a comprehensive Pharmacy Benefit Management Program that includes, among others: forming, credentialing, and managing a Pharmacy Network that provides access to covered pharmacy services across Puerto Rico; maintaining a Pharmacy Call Center; adjudicating and processing accurately Pharmacy Claims and payment, including handling Coordination of Benefits ("COB") with other health insurance plans, including Medicare; developing, maintaining, and updating the Maximum Allowable Cost ("MAC") list for pharmacy reimbursement for generic drugs and multi-source brand drugs, other health insurance plans; providing a comprehensive Drug Utilization Review ("DUR") program; supporting PRHIA and the contracted MCOs with care management programs; maintaining an information system, information management processes, and technical support to meet the GHP requirements; performing pharmacy audits; and Providing an electronic platform to Pharmacies desiring to appeal MAC pricing in order to claim additional reimbursement for the difference between a pharmacy's drug acquisition cost and the amount eligible for reimbursement under the MAC list.

2.2.4 The current RA contracted services, as per Article 14 of Contract No. 2023-000048, included, among others: comprehensive management of the Medicaid Drug Rebate Program ("MDRP") for all applicable covered outpatient drugs in accordance with the Social Security Act and the terms of the Medicaid National Drug Rebate Agreement ("NDRA"); producing drug Rebate invoices for pharmaceutical manufacturers according to federal schedule requirements; reconciling and resolving drug Rebate disputes with pharmaceutical manufacturers; ensuring quality control to validate accuracy of drug Rebate Data; processing, invoicing, and reporting federal Rebates through the Contractor's Rebate administration system according to federal processing and schedule requirements; and reconciling and resolving prior period adjustments and drug Rebate disputes, including follow-up and resolution of unpaid invoices according to the terms of the NDRA.

2.2.5 As an additional service, Article 16 of the Contract was amended to include developing request for proposal ("RFP") of the Supplemental Rebates Program for all authorized therapeutic classes and conduct the RFP process, including evaluation and adjudicating the proposals, Rebate negotiations and contracts with the pharmaceutical manufacturers, supported by and under the instructions of PRHIA.

2.2.6 As per the available records in PRHIA's Clinical Operations Office, the yearly prescription claims processed under the PBM contract for 2002 (May to December) were 10,360,109; the total claims processed in 2023 were 17,233,611; and the total claims processed for 2024 were 16,736,993.

III. RFI GENERAL INFORMATION

3.1 Title & Number of the RFI

This RFI is titled PHARMACY BENEFIT MANAGER AUDIT SERVICES, and its reference number is **RFI #2025-001 (PBMA)**. It is required to refer to or include this number in all correspondence and documentation relating to the RFI.

3.2 RFI Contact

3.2.1 PRHIA has designated PRHIA's Principal Proposal Adjudicator (PPA) as the contact person responsible for the administration of this process. Any inquiries or requests regarding this process shall be submitted only to the PPA, in writing and by email. The PPA's contact information is as follows:

Leilani Valle Donato, Esq.
Principal Proposal Adjudicator
(787) 474-3300, ext. 1203
asesprocurement@ases.pr.gov

3.2.2 Responders to the RFI may only contact the PPA regarding this process. Other Government of Puerto Rico employees, consultants, and agents do not have the authority to respond on behalf of PRHIA. PRHIA shall not be held responsible for any answers or clarifications provided by other staff, or by any other Government of Puerto Rico employee or agent. A Respondent that contacts another Government of Puerto Rico employee or agent in violation of this requirement could be excluded from further participation in this process.

3.2.3 The answers or additional instructions provided notified by the PPA on any matter regarding this process shall be final.

3.3 Who should respond

This RFI is seeking input from interested parties who:

3.3.1 Are authorized to do business in Puerto Rico or are willing to submit appropriate documentation for such authorization.

3.3.2 Have at least five (5) years of experience in the implementation, management, and provision of services similar to those included in the scope of this RFI for a volume of beneficiaries similar to Plan Vital.

3.3.3 Comply or are willing to comply with all required certifications, documents, and requirements to become a contractor of the federal and state government (e.g., RUP, System for Award Management's Registration (SAM).

3.3.4 Do not have any interest that may or could represent an actual, potential or future Conflict of Interest, in relation to the award, execution and performance of a contract with PRHIA, nor with the grantors, personnel and PRHIA's public service officials, its Board of Directors, or any other personnel responsible for the evaluation or adjudication of a contract, their family members or persons with whom they live, up to a fourth-degree consanguinity or a second-degree affinity.

IV. GENERAL CONDITIONS AND INSTRUCTIONS GOVERNING THIS RFI

4.1 Submission of Response

Responses are due on February 6, 2026, on or before 11:59 PM (AST). The entire Response must be submitted exclusively by email at asesprocurement@ases.pr.gov.

4.2 General Instructions and Schedule of Events

Only information included in this RFI, and the information supplied by PRHIA in writing through the PPA in the form of questions and answers should be used as the basis for the preparation of Respondents' submission.

Responders will have the opportunity to send in written questions using the Questions & Answers Template provided in Appendix F. Each Responder may submit up to ten (10) questions with their template.

Respondents shall submit all questions in writing by a nonencrypted email to the RFI's Contact. PRHIA will not accept questions and issues submitted by means other than email. The email message must contain the following as the subject line:

Question/Clarifications: (Respondent's Name)

Questions must be received by 11:59 PM (AST) on **December 10, 2025**. PRHIA reserves the right to disregard any questions that have not been submitted during the proper Q&A period. Questions shall be clearly labeled and shall cite the Section(s) in this RFI or other document that forms the basis of the question. Questions in excess of the limit herein stated will not be considered. No compound or multi-part questions are allowed. If submitted, each part of the compound or multi-part question will count as one (1) of the ten (10) questions allowed. PRHIA will not answer more than ten (10) questions per Respondent.

Written responses to written questions and any RFI amendments will be made available to all Responders on December 30, 2025, by posting them to PRHIA's website. PRHIA shall make every effort to provide answers on the stated deadline. In case of any delays, PRHIA reserves the right to change this deadline. PRHIA's official responses and other official communications pursuant to this RFI shall constitute an amendment or supplement of this RFI.

The information in Table 1 shown below represents PRHIA's best estimate of the schedule that will be followed for this RFI.

TABLE 1

ACTION	RESPONSIBLE PARTY	DATE
1. Issuance of RFI	**PRHIA**	**November 21, 2025**
2. Written questions	**Responders**	**December 10, 2025**
3. Publication of responses to submitted questions	**PRHIA**	**December 30, 2025**
4. Submission of Responses	**Responders**	**February 6, 2025**
Note: PRHIA reserves the right to request additional/clarification from Responders at any time during the process.		

4.3 Response Format

All responses must be prepared in a word processing computer software, such as Microsoft Word, in pages size 8 ½" x 11". The pages should have one-inch margins, and the font shall be 12-point Times New Roman. The response must be set at a one and one-half (1.5) line spacing. The responses must be submitted in Microsoft Word format or a searchable PDF format. All pages of the response shall include the RFI title "**RFI #2025-001 (PBMA)**" consistently in either the footer or header on each page.

The response must be drafted in the English language and shall not be password protected or locked.

4.4 Response Organization

Responses should be prepared simply and economically, providing straightforward, concise answers.

The response must follow the order stated in Appendix D this RFI. The pages must be numbered sequentially.

All information must be incorporated in response to a specific question and clearly referenced. PRHIA will not search for responses outside of the response when citations to other sources or hyperlinks are provided. A policy, brochure, manual, or reference to a policy, manual, or website does not constitute an adequate response and will not be considered.

4.5 Signature

Each RFI appendix that requires a signature and/or initials and/or all certifications or attestations required in this RFI must be signed by the person identified in Appendix C that is duly authorized to represent the Responder.

V. RESPONSE

5.1 Letter of Transmittal

Include a Letter of Transmittal, Appendix C of this RFI, duly signed by an authorized representative of the Responder.

5.2 Qualifications & Experience

5.2.1 In the provided answers, the Responder's should include their form of business (e.g., individual, sole proprietor, corporation, nonprofit corporation, partnership, Limited Liability Company) and detail the names, addresses, telephone numbers, and email addresses of its officers and directors and any partners, if applicable.

5.2.2 The Responders should provide in their answers a description of the company and its operations, addressing the following:

A. General description of primary business of the organization and its client base;

B. Responder's areas of specialization;

C. Any current or recent experience, within the last five (5) years, working with state Medicaid agencies.

D. Length of time the company has been in business.

E. The number of resources currently available for the Scope of Work described in this RFI;

F. If the Responder would use subcontractors for tasks and responsibilities under the Scope of Work of this RFI, identify them, including area of expertise, and history of work with your company.

5.2.3 Responders should describe relevant experience and performance in performing the types of duties described in this RFI and details on the number of years of providing such services, with emphasis on clients of similar size as the GHP. Concrete examples should be provided.

5.3 Attestation on Requirements to become a Government Contractor – Appendix E

5.3.1 Answer each item of Appendix E. At the end of the Form, the Responder must attest and certify that all the representations made in this form are true and correct to the best of their knowledge and after diligent investigation and that if any of the information provided is false, it agrees that PRHIA may not consider the response for any purpose.

5.3.2 If the answer to any statement is that it partially complies or does not comply, a concise explanation should be provided.

5.3.3 If additional space is needed for explanations, attach additional pages and identify them with the Item # to which it corresponds and state the number of the attachment in the corresponding explanation column.

Appendix A

SCOPE OF WORK OF PBM AUDIT SERVICES

RFI # 2025-001 (PBMA)

This section contains general information on services and procedures encompassed in the Scope of Work for the sole purposes of this RFI. In the following description, the term "company" refers to the Responder.

1.1 Audit Services

To ensure program integrity, compliance with federal and state regulations, and fiscal accountability, PRHIA intends to conduct independent audits of the contracted PBM. The audits may include, but are not limited to:

- Claims adjudication processes
- Pricing methodologies and guarantees
- Manufacturer rebate administration
- Network adequacy and access compliance
- Utilization management practices
- Performance guarantees and contract compliance
- Fraud, waste, and abuse prevention

1.1.1 The company must provide a dedicated project manager with at least five (5) years of pharmacy benefit manager audit experience to participate in activities related to all aspects of the contract between PRHIA and the company. This individual will meet with PRHIA staff as required to provide analytics, results and review audit samples and attend meetings (if requested) and make recommendations regarding compliance with regulations regarding the PBM audited.

1.1.2 The company must employ and assign key personnel with a minimum of five (5) years of pharmacy claims compliance to advise, consult, and participate in activities related to all aspects of the contract between PRHIA and the company. Duties of the pharmacist will include, but are not limited to, review of regulatory compliance by the PBM through analysis, conduct a survey of claims data, and provide a report to PRHIA of compliance with state and federal regulations.

1.1.3 The company must employ and assign a certified fraud examiner with a minimum of five (5) years experience to perform services related to the aspects of the contract with PRHIA.

1.1.4 The company will review claims data and provide analysis regarding payments, underpayments, overpayments, any adjustments and report results to PRHIA to ensure that the PBM has accurately paid pharmacy claims using the nationally recognized references for the pricing calculations on the

date of claims service. As per the available records in PRHIA's Clinical Operations Office, the yearly prescription claims processed under the PBM contract for 2002 (May to December) were 10,360,109; the total claims processed in 2023 were 17,233,611; and the total claims processed for 2024 were 16,736,993.

1.1.5 The company will review data to determine the PBM's updates to the nationally recognized reference prices or amounts used for calculation of reimbursement for prescription drugs and other products and supplies.

1.1.6 The company will conduct an analysis, from both chain and independent pharmacies, of paid claims in accordance with state and federal regulations to ensure timeliness, accuracy and compliance with the prompt payment provisions of applicable laws in Puerto Rico.

1.1.7 The company will conduct an examination of any claims found in the sample to have been subsequently denied or reduced after adjudication in violation of applicable federal and local laws in Puerto Rico including, but not limited to, a review of any contractual effective rate true-ups.

1.1.8 Analysis to determine PBM compliance with the percentage payment of clean claims.

1.1.9 Submit a report to PRHIA of the compliance of the PBM with the Maximum Allowable Costo (MAC) appeals process. The report shall include all relevant elements including, but not limited to, the full response provided by the PBM in the approval or denial for all submitted appeals.

1.1.10 Review the policies and procedures of the PBM to determine compliance with appeals process.

1.1.11 Analysis and audit pharmacy service provider payments.

1.1.12 Submit a Final Audit Report of its findings to the PRHIA on the required date. The Final Audit Report shall also include general observations of business practices noted during its review of the data sets provided by the Auditee. If requested by PRHIA, a close-out presentation of such Final Report shall be made.

1.2 Experience

1.2.1 The company must have previous experience conducting Medicaid or other government program PBM audits.

1.2.2 The company must have key personnel with specific expertise based on the experience described under this section.

1.3 Technical Capabilities and Methodology

1.3.1 The company must have in place the systems, software, or tools necessary to carry out this Scope of Work.

1.3.2 The company must have in place data security and HIPAA compliance measures.

1.3.3 The company must have a clear audit approach and sampling methods for this Scope of Work.

Appendix B

Contract No. 2023-000048 with the Pharmacy Benefit Manager

RFI # 2025-001 (PBMA)

Contract No. 2023-000048 with PRHIA's Pharmacy Benefit Manager, Abarca Health, LLC, is provided with this RFI as a separate document.

Appendix C

Letter of Transmittal Form

RFI # 2025-001 (PBMA)

Responder's Name: _____

1. Name and Mailing Address of the responding organization:

_____
_____
_____

2. Person authorized by the Responder to represent the organization in this RFI and be contacted for clarifications and additional information, if needed:

Name _____
Title _____
Email address _____
Telephone number _____

3. Provide the Responder's federal taxpayer identification number and Commonwealth taxpayer identification numbers, if different: _____

On behalf of the responding organization herein identified, I accept the conditions governing this process. The submission of our Response constitutes acceptance of all the conditions and requirements of this RFI.

_____ _____, 2025.
Authorized Signature Date

Appendix D

Technical Questions for PBM Auditing Services

RFI # 2025-001 (PBMA)

Please include in your response the answers to each question below. Your answers must follow the same order of the questions below and each answer provided must be identified with the question number and letter which it refers to.

Your answers should confirm your capability and resources to provide the service as described. If your company can provide the service, but not exactly as described, respond by stating the specific exceptions. If your company is currently unable to provide a listed service, respond by stating, "Unable to provide this service" and the reasons.

1. Company information and Qualifications

A. Describe your form of business (e.g., individual, sole proprietor, corporation, nonprofit corporation, partnership, Limited Liability Company) and detail the names, telephone numbers, and email addresses of its officers and directors and any partners, if applicable.

B. Provide a description of the company and its operations, addressing the following:

i. General description of primary business of the organization and its client base;
ii. Responder's areas of specialization;
iii. Any current or recent experience, within the last five (5) years, working with state Medicaid agencies;
iv. Length of time the company has been in business.
v. The number of resources currently available for the Scope of Work described in this RFI;
vi. If the Responder would potentially use subcontractors for tasks and responsibilities under the Scope of Work of this RFI, identify them, including area of expertise, and history of work with your company.

C. Describe the relevant experience and performance in performing the types of duties described in this RFI and details on the number of years of providing such services, with emphasis on clients of similar size as the GHP. Concrete examples should be provided.

2. Audit Team and Qualifications

A. Describe the proposed audit team structure in your company that would be dedicated to PBM auditing services for the Puerto Rico Medicaid Program.

B. Identify the account manager who would serve as the primary contact. Include qualifications, similar project experience, and proposed duties.

C. Provide resumes of key personnel, including:

i. Lead auditor or project manager
ii. Pharmacist with claims compliance experience

iii. Certified Fraud Examiner (CFE) or data analyst

D. Indicate the number of Medicaid or government PBM audits each key staff member has led or participated in.

E. How many other clients will the assigned account manager handle concurrently?

3. Audit Methodology and Scope

A. Describe your company's methodology for conducting PBM compliance audits, including data sampling, verification of claim payments, and reconciliation processes.

B. Explain how you verify PBM compliance with:

i. Prompt payment requirements (e.g., within 15–30 days)
ii. Maximum Allowable Cost (MAC) pricing updates
iii. Denied or reduced claims post-adjudication
iv. Clean claims payment thresholds (e.g., 95% compliance)

C. Describe how your audit process accounts for both independent and chain pharmacy data.

D. Explain how your team identifies overpayments, underpayments, and retroactive adjustments by PBMs.

E. What statistical or data analysis tools are used to ensure sampling accuracy and reproducibility?

F. Provide a detailed description of your approaches to validating pricing guarantees and rebate pass-throughs.

G. Describe the data security and HIPAA compliance measures that your company has in place.

H. Describe what are the recommended deliverables for the Scope of Work described in this RFI.

I. List potential barriers or challenges that could impact the execution of the Scope of Work.

J. Highlight innovations or best practices in PBM audit services that your company has adopted.

4. **Regulatory and Legal Compliance**

A. Describe how does your firm ensure alignment with federal and state Medicaid requirements, including CMS and state-specific PBM statutes.

B. Describe how your audit approach ensures compliance with HIPAA, HITECH, and Medicaid confidentiality requirements.

C. Provide examples of prior findings or compliance issues identified in similar PBM audits and what were the recommended corrective actions.

D. What auditing standards (e.g., GAO Yellow Book, ISACA) does your organization follow for governmental regulatory reviews?

5. Data Management and Security

A. Describe what procedures does your company use for secure transmission, storage, and off-site backup of Medicaid claims data and PBM records.

B. Describe your data protection measures for confidential Medicaid or beneficiary information.

C. Outline your disaster recovery and data retention policies for audit materials.

D. Describe your incident response plan in the event of a data breach.

6. Implementation and Project Management

A. What is your company's general timeline for audit completion, from data request to final report delivery?

B. Describe the most frequent problems and/or challenges encountered in prior PBM audits and how your organization resolved them.

C. Describe your process for coordinating with state agencies, MCOs, or PBMs when requesting claims data or documentation.

7. Reporting and Deliverables

A. Describe the structure and content of your standard audit report, including how findings, compliance gaps, and recommendations are presented.

B. Explain how your company validates audit findings with PBMs prior to final report submission.

C. Describe your process for conducting a close-out presentation or exit conference with state officials.

8. Cost and Resource Transparency

Under this section, PRHIA intends to request general information on typical pricing models and approximate costs. This information is for planning purposes only and will not be considered a binding offer.

A. What kind of pricing models (e.g., hourly rates, fixed-fee, retainer, contingency-based) does your firm generally offer for PBM auditing services?

B. In general, are all implementation and administrative costs included in your proposed fee structures?

C. Identify any additional expenses (travel, software, subcontractors) that are usually not included in your base pricing.

D. Describe key cost drivers (e.g., audit scope, data volume, timeline).

E. Include a suggested or estimated cost range for Medicaid PBM audits of comparable size and complexity to Puerto Rico.

Appendix E

ATTESTATION ON REQUIREMENTS TO BECOME A GOVERNMENT CONTRACTOR

RFI # 2025-001 (PBMA)

This attestation outlines the minimum requirements and compliance obligations for entities seeking to become contractors for the United States Federal Government and the Government of Puerto Rico. It serves to affirm that the undersigned understands and agrees to meet all applicable federal regulations and standards, in case of a future contract with PRHIA.

I, the undersigned, and authorized representative of [Insert Company Name] for the purposes of this RFI, hereby attest that, if a contract is awarded to [Insert Company Name] after a future procurement process held by PRHIA, acknowledges and affirms compliance with the following requirements:

1. Legal Business Registration

A. The entity is legally registered in the United States or in an eligible country under federal procurement regulations.

B. The entity possesses a valid Unique Entity ID as required by SAM.gov or will register in case a federally funded contract was to be awarded.

C. The entity has North American Industry Classification System (NAICS) codes relevant to the goods or services offered.

D. The entity possesses a valid Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

2. Compliance with Federal Regulations

A. The entity is not listed on the Excluded Parties List System of the System for Award Management (SAM) and has not been debarred from receiving federal funds, awards, or federally funded contracts.

B. The entity complies with all Equal Employment Opportunity regulations.

C. The entity complies or will comply with all other applicable local and federal laws and/or regulations.

3. Financial and Ethical Responsibility

A. The entity maintains sound financial practices and internal controls.

B. Has no unresolved legal or ethical violations that would disqualify it from federal contracting.

CERTIFICATION

I certify that the information provided above is true and correct to the best of my knowledge, and after the appropriate due diligence, and that [Insert Company Name] is committed to maintaining compliance with all federal contracting requirements.

Signature: _____

Name: _____ [Insert Full Name]

Date: _____

Appendix F

Questions and Answers Template

RFI #2025-001 (PBMA)

The Questions and Answers Template to be used by Responders is not embedded in this RFI but will be provided separately in Microsoft Word format.