

**Missouri Consolidated Health Care Plan
Responses to Vendor Questions
2027 Commercial PBM and Part D EGWP PBM RFP
February 13, 2026**

These responses are provided by MCHCP to questions received from potential bidders for the 2027 Commercial PBM and Part D EGWP PBM RFP.

| Question | Response |
|--|---|
| 1 We meet some of the minimum bidder requirements and are close to meeting the others. Before we respond to the bid, we wanted to ask if not meeting all of the minimum bid requirements would preclude our bid from being reviewed. | As stated on Page 4 of the Introduction and Instructions document, bids from companies not meeting all the minimum requirements will not be considered by MCHCP for this contract. |
| 2 Please provide how MCHCP is looking to award the individual populations (commercial and EGWP), and the likelihood that MCHCP would consider awarding those individual populations to separate vendors. | MCHCP intends to award one contract to administer the EGWP and commercial plan, though bidders may propose using a subcontractor to administer the EGWP plan. |
| 3 Please confirm whether bidders may submit a proposal limited for the commercial line of business only. If submitting a commercial-only bid, should EGWP sections of the proposal be left blank? | Not confirmed. Bidders are required to submit bids that include both the commercial and EGWP populations, but are welcome to utilize a subcontractor if necessary. |
| 4 Are there any specific pain points with the current PBM arrangement that MCHCP is looking to address through this process? | MCHCP is a governmental entity and goes out to bid for services on a consistent basis. |
| 5 Please confirm MCHCP will cover GLP-1 for weight loss. | Confirmed. |
| 6 Can the PBM underwrite the following dispensing channels and day-supply thresholds: Retail 30-day for 1-83 days, Retail 90-day for 84+ days, and Mail for 84+ days? | Underwriting for dispensing channels should be as follows: Days' supply for retail 30 is 1-30 days and retail 90 is 31+ days for all other channels. |
| 7 Please confirm that MCHCP does not have a custom formulary. | Confirmed, though MCHCP reserves the right to customize the formulary to meet its needs. |
| 8 Is it MCHCP's preference to go with an overall PMPM cost guarantee or PMPM on rebates guarantee only? | The PMPM will be requested of Finalists only. The PMPM guarantee is to be layered on top of a standard pricing offer. |
| 9 Please provide MCHCP's current drug spend. | Through Q3 for CY25, pharmacy expense net of rebates is nearly \$275 million. |
| 10 How quickly will we receive access to the data after submitting our completed LDUA? | Segal will be contacting the individual listed in Section 5 of the LDUA shortly after receipt of the signed Intent to Bid and LDUA to coordinate completion of their NDA and release of data. |
| 11 Because the claims data is not available before the February 3rd question deadline, will data related questions be prioritized if asked later? | MCHCP will accept questions after the Feb. 3 deadline and will answer them as time permits. |
| 12 What is the percentage of HSA plan membership as a percent of total membership? | Approximately 15 percent of subscribers and 17 percent of members are enrolled in the HSA plan. |

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| 13 Does the EGWP plan design match the Commercial plan design? | The plan designs are substantially similar. A summary of the plan designs can be found on MCHCP's website at https://www.mchcp.org/stateMembers/prescription/benefitChart.asp (commercial) and https://www.mchcp.org/stateMembers/medicare/benefitChart.asp (EGWP). |
| 14 For the PMPM guarantee, can you please provide membership by month for the claims data provided? | Please see attachment to this Q&A document. |
| 15 Please confirm that the PMPM Annual Maximum cost guarantee is an option for the finalist stage. | Confirmed. |
| 16 In terms of specialty, would the current specialty benefit apply with option to carve out? In other words, would we quote specialty pricing similar to the specialty benefit in place today? | Specialty carve out should remain an option. The RFP's intent is for Bidders to propose on all aspects of the pharmacy benefits which includes retail, mail, specialty, EGWP. It is permissible to use a subcontractor; however, the subcontractor and how they will be used must be clearly noted in proposal submissions. |
| 17 Are there specific therapeutic classes or specialty categories driving concern today (e.g., GLP-1s, oncology, immunology)? | MCHCP is concerned with all categories of the pharmacy spend. |
| 18 What level of clinical ROI guarantees does MCHCP expect from utilization management, specialty, or clinical programs? | MCHCP has no expectations and is open to any proposed guarantees. |
| 19 What are MCHCP's top priorities for member experience (e.g., digital tools, pricing transparency, concierge support, communication quality)? | Please refer to the Scope of Work for any required services. |
| 20 What are MCHCP's primary objectives for this RFP (e.g., cost reduction, transparency, specialty trend management, member experience), and how will these be priorities in finalist selection? | Please refer to Page 3 of the Introduction/Instructions document for criteria on how proposals will be evaluated. |
| 21 If we end up providing any redlines to the Sample Contract (Exhibit A-6) or the Business Associate Agreement (Exhibit A-7), should we include these exceptions in the Proposed Bidder Modifications (Exhibit A-3) document, or simply return the redlined agreements? | Please make note in the Proposed Bidder Modifications (Exhibit A-3) that there are redlines in the Sample contract and/or Business Associate Agreement. The requested modifications only have to be contained in one place. |
| 22 Please describe how you can verify that reimbursement rates and ingredient cost pricing for PBM-affiliated pharmacies are no less favorable than those offered to non-affiliated pharmacies, including audit rights and reporting frequency. | The intent of this RFP is to maximize transparency for the plan. Bidders are expected to provide contract terms that will ensure such transparency to the plan. |
| 23 Are there any cost containment strategies or vendors currently being utilized by MCHCP? | MCHCP currently contracts with RXSavings Solutions. All other cost containment strategies are part of the services received by our current PBM. |

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| 24 Who is the current medical carrier / TPA? | Anthem is the TPA for non-Medicare members. MCHCP contracts with UnitedHealthcare for its fully-insured group Medicare Advantage Plan. |
| 25 Is MCHCP shopping the medical side of the plan? | No. |
| 26 Is MCHCP willing to share other key vendors? Eligibility, Data, Wellness, Behavioral, etc? | Eligibility is maintained in-house; no outside vendor is used. MCHCP utilizes Merative for its data warehouse/decision support system. ComPsych is the current contractor for EAP services. |
| 27 Does MCHCP currently utilize a Custom formulary? Are there any custom formulary requests? | MCHCP does not use a custom formulary, though MCHCP reserves the right to customize the formulary to meet its needs. |
| 28 In order to most accurately analyze the pricing and comply with state laws, are you able to provide a census with employee location by state? | Attachment 3, available after completion of Exhibit A-2 Limited Data Use Agreement, includes census data by zip code. |
| 29 Please provide guidance on how Bidders should account for potential rebate losses due to Maximum Fair Price (MFP) drugs under the Inflation Reduction Act (IRA). | It is for the Bidder to determine if they will include MFP drugs, current or future, in the minimum rebate guarantees provided. If MFP drugs are not included, this must be clearly noted in the proposal submission. |
| 30 Given the material impact that Federal price negotiations has had, and is expected to continue to have, on the rebate value of products subject to Maximum Fair Price (MFP) negotiations, please confirm Bidders can exclude the 2026 and 2027 MFP drugs from Discount guarantees, with the understanding that they will process at a pass through of CMS contracted rates. | Confirmed. The Bidder must clearly state this or any deviation in their response. |
| 31 Given the material impact that Federal price negotiations has had, and is expected to continue to have, on the rebate value of products subject to Maximum Fair Price (MFP) negotiations, please confirm Bidders can exclude the 2026 and 2027 MFP drugs from rebate guarantees, with the understanding that any supplemental rebates earned would still be passed through to MCHCP. | Confirmed. The Bidder must clearly state this or any deviation in their response. |
| 32 Please confirm the requested list of drugs subject to rebate credit is limited to those known at the time of bid submission. | Confirmed. The Bidder must clearly state any deviation in their proposal submission. |
| 33 Please advise how MCHCP would prefer us to present rebate credits in our RFP response. | Bidders are to follow RFP specifications and include any contractual language that may have a material impact to the plan. |
| 34 Confirm that MCHCP's intention is to prefer a Low WAC only biosimilar strategy for Humira, where Low WAC alternatives are preferred on the commercial formulary. | Confirmed. |

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| 35 As it relates to financial evaluation, if a High or Mid WAC biosimilar strategy is proposed, will the modeling adjust the ingredient cost for any existing low WAC products to be shifted to the high or mid WAC to account for lost ingredient cost savings? | MCHCP prefers a low WAC biosimilar strategy. If your organization is unable to provide this strategy, please indicate clearly so Segal may incorporate into its modeling. |
| 36 Please confirm the MCHCP's requirement of a Low-WAC only strategy requires to bid Low- WAC biosimilars, i.e. for Stelara or Humira, as opposed to Mid- or High-WAC biosimilars. | Confirmed. Please note any deviations in your proposal submission. |
| 37 As it relates to section on rebate credit provisions for commercial formulary, does MCHCP prefer to limit rebate credit applications that all known WAC reductions are accounted for and have been removed from rebate credit assumption (e.g. Humira and insulins)? | It is the intent of MCHCP to limit the use of rebate credits as much as possible. If your organization must use rebate credits, please clearly indicate your strategy in your proposal submission. |
| 38 Please confirm that MCHCP wants to maintain the exclusive specialty arrangement in place today. The pricing proposal asks for exclusive specialty and the Financial Questionnaire states "Confirm the PBM understands that only a specialty pharmacy arrangement similar to what is currently in place will be accepted and the PBM may be disqualified if it proposes a different specialty pharmacy program arrangement." However, the Sample Contract seems to contradict that in the specialty pharmacy definition that states "PBM may not require the use of its own or affiliated specialty pharmacy as a condition of contracting." | Specialty carve out should remain an option. The RFP's intent is for Bidders to propose on all aspects of the pharmacy benefits which includes retail, mail, specialty, EGWP. It is permissible to use a subcontractor; however, the subcontractor and how they will be used must be clearly noted in proposal submissions. |
| 39 Given that MCHCP reserves the right to carve out specialty pharmacy, and recognizing that specialty carve outs typically drive narrower specialty formularies to achieve lowest net cost, will MCHCP permit Bidders to propose a specialty formulary that is more limited than the current design if specialty services are excluded from the PBM scope? | Bidders are requested to provide their most advantageous formulary to MCHCP for all current services for future contracts. MCHCP reserves the right to carve out specialty pharmacy services. |
| 40 Will MCHCP allow Bidders to submit two initial proposals—one that includes specialty pharmacy services within the PBM scope and one that assumes specialty pharmacy is carved out—so that MCHCP and its consultant may directly compare the financial and clinical impact of each approach? | Confirmed. MCHCP reserves the right to carve out specialty pharmacy services with the understanding that the carve out will not have any impact on non-specialty pharmacy pricing and guarantees. |

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| 41 If MCHCP permits Bidders to submit more than one initial proposal, please confirm how multiple submissions will be evaluated for scoring purposes. Specifically, will each proposal be scored independently, or will MCHCP select a single submission per Bidder for financial and non-financial evaluation? | The intent of the RFP is for a single submission to be proposed to include all current PBM services requested. Additional proposals may be evaluated. They will not be considered in the scoring. |
| 42 Given the non-financial evaluation scoring threshold required to advance to the financial evaluation, please confirm whether proposing optional pricing structures or alternative models (e.g., specialty included vs. excluded) will negatively impact non-financial scoring compared to a single, consolidated response. | Not confirmed. Any financial variations submitted will not be considered when evaluating the non-financial scoring. |
| 43 Please provide more information around the PMPM guarantee ask. Is the PMPM guarantee a separate pricing offer or is MCHCP looking for a PMPM guarantee layered on top of a standard pricing offer that consists of discount, dispensing fee, and rebate guarantees? | The PMPM will be requested of Finalists only. The PMPM guarantee is to be layered on top of a standard pricing offer. |
| 44 Please confirm the PMPM guarantee should exclude member cost share. | Confirmed. |
| 45 Please confirm the Biosimilar Drugs (Low-WAC biosimilars and High-WAC biosimilars) referenced in the Financial Guar_Specialty tab within Exhibit A-8 and A-9 are only for specialty Biosimilars. | Confirmed. Please also refer to the definition of a biosimilar in Exhibit C - General Provisions document. |
| 46 What criteria is used to classify a Low-WAC biosimilar and a High-WAC biosimilar? | The Bidder should provide guidance on what they consider low WAC and high WAC biosimilar criteria and what the implications are for each, particularly regarding rebates. |
| 47 Referencing Exhibit A-8 and A-9, Financial Guar_Retail tab, please confirm if the day supply break should be 1-30, 31+ or 1-31, 32+ or should the day supply break be 1-83, 84+ as noted in the Financial Questionnaire, Section 2.15? | Days' supply for retail 30 is 1-30 days and retail 90 is 31+ days for all other channels. |
| 48 Please confirm 340B Claims will be allowed as an exclusion for discount, dispensing fee, and rebate guarantees. | Confirmed. Please indicate such exclusions in your response. |
| 49 Would MCHCP be open to allowing non-retail pharmacies (Long term care, home infusion, I/T/U) to be excluded from the discount and dispensing fee guarantees and provided standalone guarantees at these pharmacies (EGWP only)? | This option would not be preferred. If your organization does not have the capability to include non-retail pharmacies (Long term care, home infusion, I/T/U) as a whole, please indicate clearly in your proposal submission. |

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| 50 Please confirm the intent behind having separate pricing tables for retail chain pharmacies and independent pharmacies. Can pricing be aligned between retail chain pharmacies and the independent pharmacies? If not, please provide a list of pharmacy NABPs for pharmacies classified as independent. | The intent of the RFP is to confirm that Bidders have the capability to apply different pricing discounts to chain pharmacies and independent pharmacies to account for any possible future legislation that may require independent pharmacies having different reimbursement methodologies or requirements. If not offering different pricing for chain and independent pharmacies, Bidders can leave the independent tabs (Financial Guar_Indie) for Commercial and EGWP blank. |
| 51 Please confirm which type of 90 day network MCHCP is requesting. Currently MCHCP utilizes a narrow 90 day retail network. Should we match their existing network configuration, or should we instead provide our broadest 90 day network as outlined in the RFP? | Provide your broadest 90 day retail network as outlined in the RFP. |
| 52 Please confirm, for the EGWP population, that the 2026 and 2027 Maximum Fair Price (MFP) drugs should be accounted for in both pricing and rebate guarantees as part of this RFP. | It is for the Bidder to determine if they will include MFP drugs, current or future, in the minimum rebate guarantees provided. If MFP drugs are not included, this must be clearly noted in the proposal submission. |
| 53 Please confirm that the pricing proposal for the commercial population should reflect the Maximum Fair Price (MFP) impact for 2026 only, as the pricing impacts for 2027 have not yet been determined. | Confirmed. |
| 54 Please clarify which "Generic Drug" definition bidders should align to. Should Bidders use the definition in the Financial Questionnaire, Section 4.1 or the Generic Drug definition in Exhibit C - General Provisions, C1.20? | Please use the definition most advantageous to the MCHCP plan. |
| 55 Will definitions found in Exhibit C General Provisions, C1 Terminology and Definitions apply to MCHCP's Contract? Or the definitions found in the Financial Questionnaire? Some definitions are repeated in each but different between these two areas. | Please use the definition most advantageous to the MCHCP plan. |
| 56 Please provide a claims data file that contains critical fields including: NDC, Quantity, Days Supply (non-aggregated), Date of Service, Channel (i.e. R, M), Pharmacy NABP/NPI, Line of Business (i.e. Commercial/EGWP), Formulary Status (i.e. Y, N) and/or Teir (i.e. 1, 2, 3), Patient ID, Patient Zip Code. | Access to the claims data file is provided by Segal after receipt of Exhibit A-1 Intent to Bid, Exhibit A-2 Limited Data Use Agreement (LDUA), and agreement with Segal on an NDA. Once agreement on an NDA with Segal is finalized, Segal provides the data via secure workspace. Information on how to access Segal's secure workspace is provided to the individual listed in Section 5 of the signed LDUA. Access to the claims file is not provided through Optavise. |

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|---|---|
| 57 Reviewing the claims data, our team has run into some issues that are causing discrepancies with the Network Disruption ask. The claim counts in the worksheet are not matching up to the claim counts on the claim files that were sent over to us. There are a number of duplicate NPIs on the pre-populated Network Disruption tab where the pharmacy name or address changed during the reporting period. Please confirm that we are allowed to overwrite the pre-populated Network Disruption template so that everything is clean. | Updated Exhibits A-8 and A-9 have been provided that corrects the duplicate NPI issue. For the Network Disruption tab, the duplicate NPIs have been removed as well as the names of the retail pharmacies. The name of the retail pharmacies used different naming conventions, which made it appear as if there were duplicate NPIs. Please utilize the new exhibits when submitting your pricing proposals. |
| 58 Please confirm what the intent of Exhibit A-8 is. | Exhibits A-8 and A-9 are the documents bidders are required to use to submit pricing proposals for the commercial plan and EGWP. Please note that revised Exhibits A-8 and A-9 have been provided today, and the revised exhibits should be used. |

**Missouri Consolidated Health Care Plan
Enrollment by Month**

| | Subscribers | | | Members | | |
|----------|-------------|--------|---------------|------------|--------|---------------|
| | Commercial | EGWP | Total | Commercial | EGWP | Total |
| Dec 2025 | 38,865 | 13,294 | 52,159 | 72,804 | 17,337 | 90,141 |
| Nov 2025 | 38,836 | 13,267 | 52,103 | 72,738 | 17,317 | 90,055 |
| Oct 2025 | 38,845 | 13,232 | 52,077 | 72,802 | 17,272 | 90,074 |
| Sep 2025 | 38,867 | 13,214 | 52,081 | 72,922 | 17,244 | 90,166 |
| Aug 2025 | 38,924 | 13,176 | 52,100 | 72,995 | 17,208 | 90,203 |
| Jul 2025 | 39,012 | 13,162 | 52,174 | 73,272 | 17,184 | 90,456 |
| Jun 2025 | 38,954 | 13,127 | 52,081 | 73,128 | 17,138 | 90,266 |
| May 2025 | 39,200 | 13,104 | 52,304 | 73,584 | 17,114 | 90,698 |
| Apr 2025 | 39,313 | 13,083 | 52,396 | 73,713 | 17,082 | 90,795 |
| Mar 2025 | 39,342 | 13,087 | 52,429 | 73,824 | 17,083 | 90,907 |
| Feb 2025 | 39,430 | 13,054 | 52,484 | 73,916 | 17,041 | 90,957 |
| Jan 2025 | 39,337 | 13,050 | 52,387 | 73,766 | 17,034 | 90,800 |
| Dec 2024 | 38,805 | 13,065 | 51,870 | 72,542 | 17,045 | 89,587 |
| Nov 2024 | 38,794 | 13,039 | 51,833 | 72,504 | 17,009 | 89,513 |
| Oct 2024 | 38,795 | 13,040 | 51,835 | 72,605 | 17,015 | 89,620 |
| Sep 2024 | 38,799 | 13,007 | 51,806 | 72,599 | 16,985 | 89,584 |
| Aug 2024 | 38,844 | 12,984 | 51,828 | 72,699 | 16,977 | 89,676 |
| Jul 2024 | 38,810 | 12,957 | 51,767 | 72,657 | 16,936 | 89,593 |
| Jun 2024 | 38,766 | 12,952 | 51,718 | 72,591 | 16,922 | 89,513 |
| May 2024 | 38,815 | 12,943 | 51,758 | 72,667 | 16,906 | 89,573 |
| Apr 2024 | 38,783 | 12,926 | 51,709 | 72,557 | 16,872 | 89,429 |
| Mar 2024 | 38,748 | 12,932 | 51,680 | 72,523 | 16,876 | 89,399 |
| Feb 2024 | 38,750 | 12,905 | 51,655 | 72,523 | 16,845 | 89,368 |
| Jan 2024 | 38,729 | 12,884 | 51,613 | 72,429 | 16,834 | 89,263 |