QUESTIONS AND RESPONSES

FOR:

RFP: 340 B Drug Pricing Program and Outpatient Pharmacy Services

1) Who are the other companies invited to participate in this RFP? Any company may participate in this RFP.

2) Would you accept certification from our independent accounting firm certifying our financial soundness rather than the annual financial statements and quarterly reports outlined in Section 6 as it is our policy not to publish such information? No, NuHealth requires annual financial statements and quarterly reports.

3) With regard to Schedule B section 9 (a), due to the large investment in time and resources that would be required we would not agree to termination without cause or immediate termination with cause without reasonable time to cure any breach, would this be acceptable? This term could be negotiated.

4) Please clarify whether the RFP response is due by 3:00pm or 4:00pm on Friday, May 21, 2010. 4:00pm

5) Section II. Contents of Proposals, Question C.7: Please clarify “business” references. Is NuHealth requesting current customer references? Yes

6) In the Pharmacy Needs section (page 3), it states that NuHealth maintains a database of approximately 570 prescribers. Please provide a breakdown of prescribers by campus/health center. Data not available

7) In the Acute Pharmacy Needs section (page 4) it states that the vendor would also assist with procurement and management of specialty medications, along with the development of split-billing capabilities so that 340b drugs can be utilized in mixed-use settings. Please clarify whether this refers to a revenue sharing model for those third party claims billed to 340b eligible patients? Not necessarily, but you may propose such a model.

8) In the breakdown provided does the outpatient payor mix indicate patients or patient visits? Visits

   Outpatient Payor Mix HIV (2008 Visit Volume)
   Medicare 844 20.3%
   Medicaid 1,229 29.6%
A. Does the "Other/Govt." data point refer to the New York ADAP program? It is based on unique visits.

B. Is the HIV patient utilization concentrated to a specific pharmacy or is use spread amongst various locations? If possible, please provide a percentage breakdown of patient utilization by pharmacy. The patients are given prescriptions for their medications and fill their prescriptions in the pharmacy of their choice. We will dispense one month supply upon discharge. Most patients will be eligible for ADAP or an indigent drug program.

9) In the General Requirements section (page 7 item S) you state that an eligible vendor must “agree to readjudicate claims to ADAP, Medicaid, and other 3rd party payers...” Please elaborate and provide an estimate on the frequency of occurrence. In the instance where a patient is identified by NuHealth as not having coverage/insurance at the time of fill, please provide the estimated lag time before the pharmacy is notified of updated coverage status. Once the patients fill their prescriptions with any vendor, the vendor should be responsible for the readjudication of all prescriptions to make every effort to capture payment. I am not aware of the frequency of this occurrence since we do not dispense to an outpatient population. I do not know the number of patients without drug coverage nor the lag time to obtain it since we do not have an outpatient pharmacy at this point.