



MONTANA DEPARTMENT OF ADMINISTRATION

Director's Office

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NOTICE OF INTENT TO AWARD

Solicitation Title/Event Name:

Solicitation Number:

Solicitation Close Date:

Notice of Intent to Award Post Date:

Issuing Contracts Officer contact information:

The State intends to award a contract to the apparent successful offeror(s) of the above-mentioned solicitation. The Notice of Intent to Award shall not be considered a binding commitment by the state.

Under the Montana Procurement Act, the State has made the relevant scoring matrix/bid tab for the above-mentioned solicitation available for public inspection. Comments from the public regarding the proposed award must be submitted to the Contracts Officer listed above within this 7-day notice period.

Apparent Successful Offeror(s)

Unsuccessful Offeror(s)

Pharmacy Benefit Manager				
HCBD-RFP-2026-0229TBH				
SCORE SUMMARY WORKSHEET				
Section Number	Evaluated RFP Section	Point Values	MedImpact Healthcare Systems, Inc.	Navitus Health Solutions
Step 1	Scope of work and Offeror Qualifications	5,500Total		
1.4	Claims Administration	825 Points Possible		
1.4.1	Benefit Plan Design and Administration	825 Points	620.00	790.00
1.4.2	Claim Administration System and Processing			
1.4.3	Audit, Claims Oversight, Payment Integrity, Fraud/Waste/Abuse Prevention			
1.5	Plan Member Service Support	550 Points Possible		
1.5.1	Member Service Support Team and Pharmacy Help Desk	550 Points	425.00	520.00
1.5.2	Member Online Access, Website, and Mobile Applications			
1.5.3	Network Search and Cost Tools			
1.5.4	Claims Assistance			
1.5.5	Plan Member Clinical Support			
1.5.6	Eligibility Management			
1.6	Program and Plan Operation Support	550 Points Possible		
1.6.1	Account Level Service	550 Points	430.00	490.00
1.6.2	Communications and Member Engagement			

1.6.3	Billing and Invoicing			
1.6.4	Reporting and Data Requirements			
1.6.5	Class Action Settlement Recovery Assistance			
1.6.6	Audit Requirements			
1.6.7	Legislative and Legal Compliance Support			
1.6.8	Data Security			
1.7	Clinical Operations and Formulary Management	1,100 Points Possible		
1.7.1	Clinical Management	1,100 Points	900.00	1,050.00
1.7.2	Drug Utilization Review (DUR)			
1.7.3	Prior Authorizations and Plan Exceptions			
1.7.4	Formulary Management			
1.7.5	Drug Manufacturer Assistance Programs			
1.8	Network Development and Access	550 Points Possible		
1.8.1	Network Development	550 Points	425.00	500.00
1.8.2	Pharmacy Network Disruption Analysis			
1.9	Specialty Pharmacy	1,100 Points Possible		
1.9.1	Specialty Pharmacy	1,100 Points	824.00	1,050.00
1.1	Employer Group Waiver Plan (EGWP)	165 Points Possible		
1.10.1	EGWP General Requirements	165 Points	120.00	160.00
1.10.2	Medicare Prescription Payment Plan (M3P Plan)			
1.10.3	EGWP Claim Processing			
1.10.4	EGWP CMS Compliant Clinical Programs			
1.10.5	EGWP CMS Required Support and Reporting			

1.11	Implementation and Transition	275 Points Possible		
1.11.1	Implementation and Transition	275 Points	225.00	225.00
2.2	Offeror Qualifications	385 Points Possible		
2.3	Offeror Profile and Experience	220 Points	200.00	205.00
2.4	Resumes	165 Points	150.00	165.00
2.5	References (Provided complete information for three)	P/F	Pass	Pass
Technical Proposal	Total	5,500 Points Possible		
Step 1 Total	Offerors who do not achieve a Technical Score of 4,675 (85% of 5,500) may be removed from further consideration	Offeror Technical Score Total:	4,319.00	5,155.00
Step 2	Cost Proposal	2,500 Points Possible		
Step 2 Total	Administrative Fees and Prescription Drug Pricing Guarantee – Commercial (combined offer)	2,250 Points	N/A	2,250.00
	Administrative Fees and Prescription Drug Pricing Guarantee – EGWP (combined offer)	250 Points	N/A	250.00
Step 1 and 2 Subtotal	Offerors who do not achieve a Subtotal score of 6,800 (85% of 8,000) may be removed from further consideration	Offeror Technical Score Total:	0.00	2,500.00
Step 3	Oral Presentation / Interview	2,000 Points Possible		
Step 3 Total	Offerors Presentation Offerors who do not achieve a	2,000 Points	N/A	N/A
Step 4	Equal Pay	500 Points Possible		

	Equal Pay for Montana Women	500 Points	N/A	500.00
	Technical Proposal		4,319.00	5,155.00
	Cost Proposal		N/A	
	Subtotal		4,319.00	5,155.00
	Demonstration		N/A	
	TOTAL POINTS		4,319.00	5,155.00
	Bonus Points			500.00
	Final TOTAL POINTS			5,655.00

Offeror (Company) Name:		MedImpact Healthcare Systems, Inc.		
Section Number	Evaluated RFP Section	Point Values	Points Awarded	Mandatory Justification
Step 1	Scope of work and Offeror Qualifications	5,500Total		
1.4	Claims Administration	825 Points Possible		
1.4.1	Benefit Plan Design and Administration	825 Points	620	<p>Can modify plan based on State request. Does have care management plan and DUR edits in place. Can except future and retro eligibility files. Online portal has good level of access. State is responsible for sending COB information. System is well established. Claim report can come out daily. Dynamic refill too soon enables a lookback for accurate medication regulation. Site of care services system is impressive.</p> <p>Only confirm they can administer but didn't show any additional information. Didn't include examples. Has benefit modeling to assist with benefit decisions. Includes claims adjudication. Some of the RFP may have been for another State. Didn't respond to claims process procedures or quality assurance process. Seemed to imply they rely on prescriber and member to determine benefits. Didn't provide information about Pharmacy criteria/locations. No details on appeals process and didn't sound like it would be compliant. Lack of clarity of appeals process is very concerning. Does not provide information on claims data access and no integration with third party administrator. No mention of Section 1.11 reporting. Utilization policies was extremely vague and didn't really confirm they have a utilization policy "Defer to client/member".</p>
1.4.2	Claim Administration System and Processing			
1.4.3	Audit, Claims Oversight, Payment Integrity, Fraud/Waste/Abuse Prevention			

1.5	Plan Member Service Support	550 Points Possible		
1.5.1	Member Service Support Team and Pharmacy Help Desk	550 Points	425	<p>Dedicated team for the State, Does not include warm transfer calls, Customer Service Team is not dedicated to the State but does include designated number. Established in US, not overseas. Does crosswalk data between records for customer continuity. Consumer portal has lots of access options. Overall included only partial answers. Provides pharmacy specific CSRs and has all one helpdesk approach. State benefit will be trained to each CSR team member to be State specific. Requires add on fee for warm transfer calls. Referrals process wasn't explained. CSR can be accessed via phone or email but no chat function and didn't address mobile app information or usage. Notification of network changes or recalls was discussed in good detail. Didn't fully respond to call resolution metric. Supervisors use web based call monitoring and utilizes customer surveys for feedback. System does have tax report tool for users. Does accept daily eligibility files. Web portal cobranded. Didn't address if they would direct calls to that State or not. Recently implemented cost search tools between pharmacy's</p>
1.5.2	Member Online Access, Website, and Mobile Applications			
1.5.3	Network Search and Cost Tools			
1.5.4	Claims Assistance			
1.5.5	Plan Member Clinical Support			
1.5.6	Eligibility Management			
1.6	Program and Plan Operation Support	550 Points Possible		
1.6.1	Account Level Service	550 Points	430	<p>Provided account team information and consumer portal. Class action lawsuits can be assisted with. Indicates they will auto debit our account which is a deal breaker. Answer doesn't meet machine readable requirements and requires separate secure messaging service. Process feels cumbersome for users. Doesn't indicate how long</p>
1.6.2	Communications and Member Engagement			
1.6.3	Billing and Invoicing			
1.6.4	Reporting and Data Requirements			

1.6.5	Class Action Settlement Recovery Assistance			emails are retained for audit. Does RXDC reporting but mixed messaging about fees. Didn't seem to grasp depth of legislative support for audit compliance.
1.6.6	Audit Requirements			
1.6.7	Legislative and Legal Compliance Support			
1.6.8	Data Security			
1.7	Clinical Operations and Formulary Management	1,100 Points Possible		
1.7.1	Clinical Management	1,100 Points	900	Web based software built by pharmacists for pharmacists. Provides 24/7 access and education list looks good. Missed several points from RFP. Doesn't provide performance guarantees for clinical programs which isn't industry standard. Has therapeutic interchange program. Formulary management looks good and provides P&T notes from committee. Stated they would approve non FDA approved drugs but didn't explain reasoning. International sourcing and manufacture assistance doesn't seem as comprehensive. Didn't describe member communications as part of response. Consistently refer to mobile app but doesn't explain or describe if it's just a wellness app or benefit consumer portal. Didn't discuss grandfathering existing members current prescriptions.
1.7.2	Drug Utilization Review (DUR)			
1.7.3	Prior Authorizations and Plan Exceptions			
1.7.4	Formulary Management			
1.7.5	Drug Manufacturer Assistance Programs			
1.8	Network Development and Access	550 Points Possible		
1.8.1	Network Development	550 Points	425	Network is complainant with State requirements. Includes automated notifications through consumer portal. Copay can be managed based on what pharmacy is utilized. Appears to have a lack of human access points and no proactivity for adding pharmacy's. Response seemed rigid and not customized to Montana. Didn't go into detail on the statute that requires mail order service, but stated
1.8.2	Pharmacy Network Disruption Analysis			

				it has to be a specific provider. Some Exhibits were difficult to read and would have benefited from a narrative/synopsis.
1.9	Specialty Pharmacy	1,100 Points Possible		
1.9.1	Specialty Pharmacy	1,100 Points	824	Medical specialty management capability and rebate management were very detailed. Can qualify savings between preferred and open programs and can support both open and exclusive specialty pharmacy. Didn't provide a lot of detail on biosimilar section. Carveout may disrupt pricing guarantees. Ad hoc reporting is available. Preferred program description was confusing and listed 5 different pharmacy's. Lost medication replacement cost isn't described and lack of detail on specialty pharmacy dispensing isn't clear. Response overall wasn't very detailed for such a big critical section that generates the majority of consumer issues.
1.1	Employer Group Waiver Plan (EGWP)	165 Points Possible		
1.10.1	EGWP General Requirements	165 Points	120	Response was primarily just confirming requirements but didn't offer any further narrative or explanation. Does name some companies and org structure and include subcontractors but didn't explain M3P provider. List process seems to meet requirement. LEP program description lacked detail. Left very little information to indicate actual compliance/understanding. Obligation is on plan to notify if there is additional Insurance. Information that was provided was confusing.
1.10.2	Medicare Prescription Payment Plan (M3P Plan)			
1.10.3	EGWP Claim Processing			
1.10.4	EGWP CMS Compliant Clinical Programs			
1.10.5	EGWP CMS Required Support and Reporting			
1.11	Implementation and Transition	275 Points Possible		

1.11.1	Implementation and Transition	275 Points	225	Implementation timeline exceeds stated requirement. Formulary notification and historic data collection all include appropriate information. Didn't discuss how to transition existing members or how they would be notified. Level of detail doesn't seem to capture complexity and scale of task.
2.2	Offeror Qualifications	385 Points Possible		
2.3	Offeror Profile and Experience	220 Points	200	36 years in business and privately owned. Describes a non vertically integrated PBM. Government programs and services team to provide support. Litigation listed was lengthy but detailed. Accredited program and has high trust certification. Several active State and Government Contracts including EGWP clients. Fifth largest PBM.
2.4	Resumes	165 Points	150	Resumes were full and complete but didn't identify what roles were filled by what position.
2.5	References (Provided complete information for 3)	P/F	Pass	

Offeror (Company) Name:		Navitus Health Solutions		
Section Number	Evaluated RFP Section	Point Values	Points Awarded	Mandatory Justification
Step 1	Scope of work and Offeror Qualifications	5,500Total		
1.4	Claims Administration	825 Points Possible		
1.4.1	Benefit Plan Design and Administration	825 Points	790	System is no code list based rule set drives application administration and has daily enrolment and eligibility file capability. State is not subject to prompt pay laws. Claims processing section was very detailed and utilizes committee to develop formulary. PA forms are available online. Appeal process can be customized by State preferences and State has access to online reporting. Crosswalk customer data between accounts and offers various online support methods. Has 100% audit system in place. Medical carve out program ties to formulary mapping and takes financial responsibility for their own errors and then launches root cause analysis. Didn't answer ability to modify existing member benefits. Called out House Bill 399 and highlighted compliance. Did not address third level appeals but provided full detail on policy development and State involvement.
1.4.2	Claim Administration System and Processing			
1.4.3	Audit, Claims Oversight, Payment Integrity, Fraud/Waste/Abuse Prevention			
1.5	Plan Member Service Support	550 Points Possible		
1.5.1	Member Service Support Team and Pharmacy Help Desk	550 Points	520	Performance Guarantees not all met. Customer care is full service pharmacy help desk and has multiple portals. Included good details about customer support staff, location, and call handling. Includes warm transfer process and complaints are monitored and reviewed
1.5.2	Member Online Access, Website, and Mobile Applications			

1.5.3	Network Search and Cost Tools			daily. Included digital roadmap and forecasted accessibility. Training needs will be customized by State. Described retention of recording and how to access/request. Didn't address call dispute resolution or how care team is evaluated. Overall response is flexible and customizable but does miss some of the PG confirmations
1.5.4	Claims Assistance			
1.5.5	Plan Member Clinical Support			
1.5.6	Eligibility Management			
1.6	Program and Plan Operation Support	550 Points Possible		
1.6.1	Account Level Service	550 Points	490	Very thorough detail on customer service team and 24/7 services. Didn't distinguish between Account manager and Service Manager. Included monthly and quarterly meetings and listed support team members and locations. Didn't describe full dispute resolution process. Didn't confirm all pharmacy change approvals. Didn't discuss training on new system and didn't meet Cyber Security requirement.
1.6.2	Communications and Member Engagement			
1.6.3	Billing and Invoicing			
1.6.4	Reporting and Data Requirements			
1.6.5	Class Action Settlement Recovery Assistance			
1.6.6	Audit Requirements			
1.6.7	Legislative and Legal Compliance Support			
1.6.8	Data Security			
1.7	Clinical Operations and Formulary Management	1,100 Points Possible		
1.7.1	Clinical Management	1,100 Points	1050	Very thorough response with very detailed information. Provides free education information to plan members. Programs developed by pharmacists for pharmacists. Recognize unique client needs and uses predictive analytics. Locks price increases for map formulary. Alerts are customizable by user. New to market drugs
1.7.2	Drug Utilization Review (DUR)			
1.7.3	Prior Authorizations and Plan Exceptions			

1.7.4	Formulary Management			are excluded for 6 months to ensure research with specific handling for oncology drugs. Clinical program offerings are of benefit.
1.7.5	Drug Manufacturer Assistance Programs			
1.8	Network Development and Access	550 Points Possible		
1.8.1	Network Development	550 Points	500	Described continuation of network services and provider services and included 3-5 year vision. Network complies with State and Federal regulations however, doesn't receive notifications if a member isn't participating. Mail Order information complied with MCA and credentialing. Percentage of participating pharmacies and termination rates in Montana wasn't clear.
1.8.2	Pharmacy Network Disruption Analysis			
1.9	Specialty Pharmacy	1,100 Points Possible		
1.9.1	Specialty Pharmacy	1,100 Points	1050	Includes 100% transparent fee for service. Follows Cost plus pricing model and provides detailed process for communications and alerts. State has carve out capability. Client price breakdown was detailed. Patient focused system with emphasis on communication and trust and engagement with case managers and members. Facility locations are also described but hours of customer support had discrepancies. Centralized system ensures continuity between member information and access to consistent information.
1.1	Employer Group Waiver Plan (EGWP)	165 Points Possible		
1.10.1	EGWP General Requirements	165 Points	160	

1.10.2	Medicare Prescription Payment Plan (M3P Plan)			Provides compliance and confirmation. Outlines staff support structure, and included a 10 year CMS star rating. Complete outline of M3P program. State has ability to view member eligibility in system.
1.10.3	EGWP Claim Processing			
1.10.4	EGWP CMS Compliant Clinical Programs			
1.10.5	EGWP CMS Required Support and Reporting			
1.11	Implementation and Transition	275 Points Possible		
1.11.1	Implementation and Transition	275 Points	225	Project Managers and support team are clearly identified. Provided implementation plan for bringing on new program/system. Seems to indicate they don't do midyear eligibility and doesn't acknowledge the incumbent we're an existing client or the July 1, 2026 start date.
2.2	Offeror Qualifications	385 Points Possible		
2.3	Offeror Profile and Experience	220 Points	205	Strategic and sustainable trend management with 100% pass through. Indicates best in class EGWP Provide services for 18 million members. Commitment to communication and customer services. Didn't specifically track enrolment in Montana.
2.4	Resumes	165 Points	165	Included identified roles and experiences. Resumes weren't full but were good summaries and included necessary experience as well as background information.
2.5	References (Provided complete information for 3)	P/F	Pass	

Pharmacy Benefit Manager

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Cost Worksheet: EGWP

Lowest overall cost receives the maximum allotted points. All other proposals receive a percentage of the points available based on their cost relationship to the lowest. Example: Total possible points for cost are 300. Offeror A's cost is \$20,000. Offeror B's cost is \$30,000. Offeror A would receive 300 points. Offeror B would receive 200 points ($\$20,000/\$30,000 = 67\% \times 300 \text{ points} = 200$).

Cost: EGWP			
Points Available	250		
Lowest Cost	\$45,303,398.00		
Vendor Name	Proposed Cost	Points Earned	Notes:
MedImpact	\$48,878,024.00	232	
Navitus	\$45,303,398.00	250	

Cost: Commercial			
Points Available	2,250		
Lowest Cost	\$201,239,166.00		
Vendor Name	Proposed Cost	Points Earned	Notes:
MedImpact	\$230,049,874.00	1,968.22	
Navitus	\$201,239,166.00	2,250.00	