



Written Questions and Answers

340B Review

RFP UK-2593-26

Closing Date: 04/09/2026

Today's Date: 03/31/2026

No.	Question	Answer
1	Regarding the 4.7 Criteria 3 – Financial Proposal (under separate cover) on page 20 of the RFP. Reference is made to using the format contained in Section 8.0 of the RFP. There is no Section 8.0 in the RFP. Should this instead be Section 7.1 Fee Schedule for the format?	Yes, see section 7.0 for information regarding the outline of the financial summary.
2	Can the University clarify whether this includes formal audit-style sampling, testing methodology, and written findings comparable to HRSA audit reports, or whether the intent is a compliance assessment with advisory recommendations?	Formal audit-style sampling (mirroring HRSA process and DRL) and testing methodology with a compliance assessment that includes advisory recommendations from a pharmacist.
3	What sample sizes do you expect to be assessed for mixed use, contract pharmacy, entity owned retail pharmacy dispensations?	Approximately 30 for mixed-use and 35 for retail, specialty, and contract pharmacy settings per covered entity. Final sample sizes may be adjusted based on risk considerations.
4	Should proposals assume that post-audit corrective action planning or implementation support is in scope, or would those services be issued under a separate future Scope of Work. This was referenced in Section 2.1 and 4.9.	No, UK to act on recommendations (i.e., no implementation support needed at this time).
5	Can the University provide an estimate of the number of covered entities, child sites, hospitals, and affiliated facilities currently participating in the 340B program?	3 DSH (total of ~180 separately registered child sites); 2 CH; 1 STD; 1HV; 1RW
6	Approximately how many contract pharmacy relationships are currently active, and should the compliance review include all contract pharmacy arrangements?	~265 across 3 DSH (not all have dispenses however)

7	Does the University anticipate the compliance review being conducted fully remotely, fully on-site, or via a hybrid approach?	Fully remote
8	Should proposers assume the University will prepare and provide requested datasets and documentation, or is the contractor expected to perform independent data pulls?	UK to provide requested data sets that mirror HRSA data request list elements.
9	The Financial Offer Summary references both fixed pricing and hourly rates. Can the University clarify whether the base engagement is expected to be fixed price, time-and-materials, or a hybrid approach?	For the initial 340B compliance review, Offerors should propose a fixed-fee for the defined scope of work. In addition, Offerors should complete the hourly rate schedule in Section 7.1, which will apply to any additional services or future Statements of Work.
10	<ul style="list-style-type: none"> • Are we required to validate OCE/NCCI edits for inpatient charges, or is this expectation only applicable for ad hoc outpatient audits? <ul style="list-style-type: none"> ○ If so, is there a way to determine if modifiers were added by the coder? 	Not required. Yes, modifiers can be provided for selected claims.
11	<ul style="list-style-type: none"> • Is there a method to verify the edits to ensure the coder completed the correct task during outpatient ad hoc reviews? 	Yes, edits can be reviewed within the EHR.
12	<ul style="list-style-type: none"> • The RFP appears to have elements of both coding and CDI audits. <ul style="list-style-type: none"> ○ Should we be providing rates for coding auditing services and clinical auditing services? ○ Please clarify if we are reviewing queries and clinical validity for the CDS's of the organization. ○ What criteria are used for query evaluation, such as evaluating appropriateness, compliance, or validity? <ul style="list-style-type: none"> ▪ Are we evaluating queries and opportunities for both the coders and CDS? ○ Typically, coders do not submit clinical validity queries since that is the scope of a CDI team. Would you be so kind as to explain the expectation regarding the review for clinical validity? 	<ul style="list-style-type: none"> - No rates required for coding auditing. - No review of clinical validity for CDS's of the organization; however, a pharmacist should be conducting these audits as clinical review is important for patient eligibility determination. - Not evaluating queries or opportunities for coders or CDS. - Clinical validity in the scope of the audit will be limited to satisfying the patient definition via documentation that supports an established patient relationship and ongoing responsibility of care.

13	<ul style="list-style-type: none"> • Please provide clarification about the type of medical necessity reviews. <ul style="list-style-type: none"> ○ Are these coding vs. clinical reviews? ○ Are these prebill, post-bill and/or denial reviews? 	<ul style="list-style-type: none"> - While review of coding is out of scope, clinical reviews are in scope to ensure responsibility of care is met as part of the patient definition. A pharmacist auditor is needed to complete this review. - Most reviews are post-bill.
14	Can you provide the 340B IDs that will be included in the scope of the work.	DSH180067 DSH180018 DSH180009 CH044525A CH044525B HV00719 STD40513 RWIID406211
15	What EMR does UK use?	Epic, Meditech (All will be on Epic by July 2026)
16	Which split billing software does UK use?	In-House: Verity, Sentry, Epic Willow, Epic WAM, ScriptPro (After July 2026 will be limited to Verity, Epic Willow, and Epic WAM) CP: Verity, Wellpartner, 340B Complete, Epic WAM
17	Does UK have any entity owned pharmacies that will included in the audit scope? If so, how many?	Yes, 16 all within scope
18	Will the audit be performed remotely or onsite?	Remotely
19	How is UK's 340B program structured? <ol style="list-style-type: none"> 1. Will this review only focus UK HealthCare Chandler Hospital and its child sites and contract pharmacies? Will it also include UK King's Daughters Medical Center? 2. # of child sites UK plans to include in the review. Will all child sites be reviewed or only a sample? If so, how large is the sample? 3. # of contract pharmacies UK plans to include in the review. Will all contract pharmacies be reviewed or only a sample? If so, how large is the sample? 4. Annual 340B purchase volume 5. 340B dispensing locations 	Enterprise oversight for the following locations: <ol style="list-style-type: none"> 1. UK Chandler, UK King's Daughters (Ashland), UK St. Claire, and grantees listed in this RFP. 2. ~180 separately registered child sites across 3 DSH. All child sites will be reviewed in terms of registration. Pinpointed review based on sample (30 mixed-use/35 retail/specialty/contract). 3. ~265 across 3 DSH. All will be reviewed in terms of registration. Pinpointed review based on sample (30 mixed-use/35 retail/specialty/contract).

	6. Does UK carve out Medicaid?	<ul style="list-style-type: none"> 4. 1M+ units across all locations. 5. In-house retail/specialty & mixed-use pharmacies. 6. Carve-in Medicaid for 3 DSH.
20	<p>TPA</p> <ul style="list-style-type: none"> 1. Which TPA is used for split billing? 2. Which TPAs are used for contract pharmacies? 	<ul style="list-style-type: none"> 1. In-House: Verity, Sentry, Epic Willow, Epic WAM, ScriptPro (After July 2026 will be limited to Verity, Epic Willow, and Epic WAM) 2. CP: Verity, Wellpartner, 340B Complete, Epic WAM
21	<p>Historical Audits?</p> <ul style="list-style-type: none"> 1. Have there been previous HRSA audits? If so, what were the results? 2. Have there been previous independent audits? If so, what were the results? 3. Are internal audits being performed? Frequency? 	<ul style="list-style-type: none"> 1. Yes, DSH180067 (FY25 – limited to OPAIS database finding); DSH180018 (FY16 – limited to incorrect MEF with no duplicate discounts occurring; DSH180009 (FY15 – Diversion for 340B drug at contract pharmacy for prescription originating from an ineligible site)
22	<p>Other</p> <ul style="list-style-type: none"> 1. What is the anticipated timeline for audit completion? 2. Have there been any self-reported diversions? 	<ul style="list-style-type: none"> 1. Initiate in 2026 and complete each audit within a quarter. 2. No self-reported diversions.
23	<p>Outside Scope</p> <ul style="list-style-type: none"> 1. Would UK be interested in recommendations identifying potential opportunities to enhance or optimize its 340B Program, including but not limited to: <ul style="list-style-type: none"> 1. Pharmacy/medical claims ESP Claim submission 2. MFP (Maximum Fair Price) rebate reconciliation for owned pharmacies 3. Contract pharmacy restrictions 4. Analyses to evaluate optimal pathways for owned pharmacies (MFP rebate vs. 340B 	<ul style="list-style-type: none"> 1. No, only interested an independent external audit. 2. No, support for 340B rebate preparation is not needed.

	<p>price) for owned pharmacies</p> <p>2. Does UK anticipate needing support for 340B Rebate preparation (likely to begin in 2027)?</p> <ol style="list-style-type: none"> 1. Readiness assessment for claim capture, data submission and reconciliation 2. Evaluation of infrastructure and workflow readiness to support rebate models. 	
24	<p>Please confirm the number of distinct 340B covered entities included in scope for this engagement. Based on our review, our current understanding is the following:</p> <ul style="list-style-type: none"> • DSH180067 – University of Kentucky • DSH180018 – St. Claire Medical Center • DSH180009 –King’s Daughters Medical Center • HM40436 – UK Hemophilia Treatment Center 	<p>DSH180067 DSH180018 DSH180009 CH044525A CH044525B HV00719 STD40513 RWIID406211</p>
25	<p>Does the University expect separate compliance reviews and reports for each covered entity, or a single system-wide 340B compliance assessment covering all covered entities?</p>	<p>Separate reports for each covered entity.</p>
26	<p>At a high level, can the University share what its 340B audit or compliance review process has been to date?</p>	<p>Established compliance monitoring plan executed via a dedicated 340B team with significant program and supply chain experience. Plan was developed in collaboration with the office of corporate compliance and consists of regularly scheduled audits.</p>
27	<p>Does the University anticipate that this engagement will require onsite fieldwork, or should offerors assume a primarily virtual approach?</p>	<p>Virtual</p>
28	<p>Are all hospitals operating on the same electronic medical record (EMR) system? Which EMR(s)?</p>	<p>No, Epic and Meditech. All will be on Epic as of July 2026.</p>

29	<p>Are all covered entities currently using the same third-party administrators (TPAs) for 340B split billing and contract pharmacy administration? Which TPA(s).</p>	<p>No, combinations of the following: 1. In-House: Verity, Sentry, Epic Willow, Epic WAM, ScriptPro (After July 2026 will be limited to Verity, Epic Willow, and Epic WAM) 2. CP: Verity, Wellpartner, 340B Complete, Epic WAM</p>
30	<p>Which covered entities are within the scope of the RFP? We understand that the following covered entities are associated with UK Healthcare:</p> <ul style="list-style-type: none"> a. DSH180067 b. DSH180018 c. DSH180009 d. RWIID406211 e. HV00719 f. STD40513 g. FP405360 h. HM40436 i. HM40906 j. HM41653 k. HM42503 l. CH044525A m. CH044525B <p>We would like to know if the intent is for us to bid on all entities or just a subset. If all of the entities, does UKHC have a preference on whether all reviews are conducted in the same general time period or spread out across a calendar or fiscal year?</p>	<p>DSH180067 DSH180018 DSH180009 CH044525A CH044525B HV00719 STD40513 RWIID406211</p> <p>Bid all entities</p> <p>Timelines dependent on competing priorities for areas in question.</p>
31	<p>Section 7 states that offerors are to provide a fixed price for the services offered, while also stating that payments will be based on hourly rates plus reasonable reimbursements and requiring a per-hour fee schedule. For the initial 340B compliance review under this RFP, does the University prefer: (a) a fixed-fee proposal, (b) a time-and-materials proposal based on hourly rates, or (c) both a fixed fee for the defined scope and an hourly rate schedule for any additional services?</p>	<p>See answer to question # 9</p>
32	<p>Is the preference for the review to be on-site or remote?</p>	<p>Remote</p>
33	<p>Consistent with HRSA/Bizzell standards, Alinea collects Medicaid bills for every registered child site as well as invoice copies for every purchasing account. There is a material level of effort for reviewing this data</p>	<p>Opt-out – supplier account list and MCR review in scope however. Review to be completed by a pharmacist.</p>

	and many entities “opt-out” of this review step outside of an actual HRSA audit. Will UKHC like to include or exclude this workstep?	
34	Consistent with HRSA/Bizzell standards, Alinea conducts credentialing and/or employment verification of providers. Some entities “opt-out” of this review. Will UKHC like to include or exclude this workstep?	Include based on samples reviewed.
35	Does UKHC have a preferred start and end date for this engagement?	Initiate in 2026. Complete audits within a quarter.
36	For our internal understanding, will we receive confirmation that questions have been received by the deadline? Additionally, when should we expect responses to the questions (so that we can plan for the creation of the final submission)?	Questions and Answers will be posted to our website, https://purchasing.uky.edu/bid-and-proposal-opportunities .
37	What is the anticipated term and renewal structure for the 340B audit engagement (single year, multi-year, extension options)?	See section 6.1 of RFP
38	What are your expectations around on-site vs. remote work (for interviews, pharmacy walkthroughs, etc.)?	Remote
39	Are there defined service level expectations (turnaround time from audit kick-off call to report receipt, response times to questions, availability during HRSA audits)?	Audits completed within a quarter. Option for availability during HRSA audits requested.
40	Does UKHC expect vendor assistance with CAP implementation, staff training, or mock HRSA prep as part of the initial review or future options?	Only HRSA audit prep in the event of an audit notice.
41	<ol style="list-style-type: none"> 1. Are there any top 2-3 compliance risks or pain points UKHC wants prioritized (e.g. accumulator gaps, replenishment data integrity, duplicate discount concerns)? <ol style="list-style-type: none"> a. Do you anticipate oversampling for such areas stated above? 	Not at this time.