Attachment U
Pharmacy Clinical Management Services
Mandatory Scored Response Worksheet

Suppliers must provide responses to all questions in the **Supplier Response section** in this document and submit them as a **single** PDF attachment **bookmarked** in sequential order with the title(s) provided in the question.

Each narrative response must adhere to any assigned page limits and be in Arial, size twelve (12) font. The narrative page count will begin after the page containing the question, i.e. the page with the question and response on the remainder of that page will count as page #0.

The narrative response, along with any required supporting material, will be evaluated and awarded points in accordance with Attachment A – Lead State eRFP, Section 6 Proposal Evaluation and Award. Documents not requested will not be evaluated.

Failure to provide responses and any required supporting documentation for all questions may result in disqualification of the proposal.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

1.	Bookmark Title: MSQ1 - Executive Summary The Executive Summary is limited to five (5) pages. Provide an Executive Summary that illustrates the Supplier's understanding of and capability to provide the requested services as described in Attachment G - Pharmacy Clinical Management Services Scope of Work and Attachment C - Common Scope Requirements and Security Standards.

Supplier Response

Thank you for the opportunity to partner with the Georgia Department of Administrative Services (DOAS) and other states in the NASPO ValuePoint Cooperating Purchasing program to provide Pharmacy Clinical Management (PCM) Services. Your clinical support team provides the foundation for the pharmacy program, and Conduent can assist with innovative initiatives to improve member care while optimizing program spending. We provide a highly-qualified team to support and work directly with DOAS and other NASPO States to achieve program objectives and RFP requirements.

Our team of clinical pharmacists, certified pharmacy technicians, and business analysts **will leverage decades of Medicaid experience** to work directly with the State and participating parties to successfully implement and coordinate your clinical programs. We offer complete independence from drug manufacturers, wholesalers, specialty pharmacies, and other parties that may seek to influence prescribing and utilization patterns. For the Georgia Department of Administrative Services (DOAS) and other NASPO States, this means having an active, experienced partner in the decision-making process, with a shared goal of providing the best drug treatment for Medicaid Members with the lowest risk and consideration for cost containment. **Our goal is not only to meet but to exceed your expectations as we take your clinical programs to the next level of service and make your Preferred Drug List (PDL) and Provider Administered Drug List (PADL) showcase examples for other states to follow.**

Conduent's clinical staff keeps a continuous watch on pharmaceutical trends and launches of new drugs, conducts ongoing therapeutic reviews of drugs on the market, and tracks drugs with potentially dangerous side effects. We maintain a comprehensive understanding of the Medicaid market and pharmaceutical industry.

This is critical knowledge needed to improve the quality of care and contain costs in a business characterized by rapidly escalating prices that have a powerful impact on Medicaid costs. Our focus on clinical services is grounded in awareness of the economic environment in which Medicaid programs operate and the importance of managing costs while maintaining the highest standard of care for Members.

Conduent and UIC DIG – Partnering for Success

To bolster your program with an additional level of clinically driven, evidence-based support, Conduent has partnered with University of Illinois at Chicago Drug Information Group (UIC DIG), a world-renowned teaching and research institute, to deliver the highest quality clinical services for the requirements described in the RFP. Conduent, together with UIC DIG, brings a deep understanding of the critical importance of expert clinical services for your member population. As an independent team of academic clinical experts, UIC DIG will assist in conducting research for drug monographs and therapeutic Class Reviews (TCRs), including new drugs, new indications,

product withdrawals/discontinuations, labeling revisions, updates to treatment guidelines, and new pivotal clinical studies. UIC DIG has several full-time and part-time drug information specialists who are faculty at the UIC College of Pharmacy. They teach courses in the College of Pharmacy involving drug information resources, literature evaluation, and evidence-based medicine.

Understanding of and Approach to the Requested Services

Conduent has a detailed understanding of the requirements described in the RFP because we have provided similar services to Medicaid programs across the nation. For example, we have had the honor of providing the Missouri Medicaid program with clinical services for the last 22 years, including management of their PDL since 2018.

Table U.1-1 highlights our clinical services and the work products we develop to support your requirements.

Table U.1-1. Clinical Services Highlights

Service	Approach	Work Products
Weekly Clinical Meetings	[redacted]	
Quarterly State Advisory Board Meetings		
Drug Utilization Review (DUR)		

	[redacted]
Utilization Management (UM) Program	
Retrospective Drug Utilization Review (RetroDUR)	
Security	

Company History

Conduent State Healthcare, LLC (Conduent), the bidding entity under this opportunity, and with over 3,000 employees, is a wholly owned subsidiary of Conduent Incorporated, a public company traded on NASDAQ under the ticker “CNDT.” Conduent was formed on March 25, 1999, as a Delaware

limited liability company (LLC) under the name Consultec, LLC. Through the predecessor company that was merged into it, Conduent has **32 years** of PBM, and more than **50 years** of government-sponsored healthcare experience, with a primary focus on Medicaid.

As a publicly traded company, Conduent is regulated by government organizations like the Securities and Exchange Commission (SEC). This provides more transparency than a privately held company. Conduent fully complies with the Sarbanes-Oxley Act (SOX) and other regulatory, financial, and SEC audit requirements.

Company Background

As one of the few companies focused on solutions and services for the public sector industry, Conduent brings unparalleled experience to the project. We provide a superior understanding of and capability to navigate the challenges associated with government benefits and service delivery.

As a publicly traded company with no ties to MCOs or pharmacies, we offer true transparency and accountability. Our pharmacy and clinical services organization is a leading full-service, independent vendor of government healthcare PBM services. Conduent has processed pharmacy claims through the MMIS since 1982 when we entered the fiscal agent arena. **We were the first contractor to process Medicaid pharmacy claims including clinical safety edits at the POS in 1992.**

We currently, as of Q1 2024, provide pharmacy claims processing, drug rebate, DUR, and/or clinical services for 13 accounts nationwide, including 10 Medicaid agencies and the United States Department of Labor (DOL), the Ohio Children with Medical Handicaps Program (CMH), and the University of Massachusetts Medical School Prescription Advantage Program. Annually, we process approximately 165 million pharmacy claims representing over 3 billion dollars in claim payments on behalf of 11 million program members. We collect nearly 5 billion dollars in federal and supplemental rebates annually.

Clinical Management Experience

Conduent brings **23 years of experience providing clinical management services to Medicaid fee-for-service (FFS) members.** We implemented one of the nation's first pharmacy clinical services suites that included therapeutic drug management and automated prior authorization (PA). Our evidence-based clinical management, cost containment, and healthcare analytics solutions have saved our clients hundreds of millions of dollars.

Equal Employment Opportunity (EEO) Policy and Statement

Our commitment to inclusion and diversity within our corporate culture has resulted in being named one of "America's Best 500 Employers for Diversity" by Forbes (2021, 2022 & 2023), a 95/100 score on the Human Rights Campaign Foundation's 2023 Corporate Equality Index (CEI), and honored by Comparably since 2021 for recognizing Conduent with 12 honors including: Best Global Culture, Best Company for Women , Best Company for Diversity, Best CEOs for Diversity, Best CEOs for Women and Best CEOs. Below please find our corporate-wide Statement of Equal Opportunity Employment.

"At Conduent, we are committed to providing an environment of mutual respect where equal employment opportunities are available to all applicants and associates without regard to race, color, religion, sex, pregnancy (including childbirth, lactation, and related medical conditions), national

origin, age, physical and mental disability, use of a guide dog or service animal, marital status, sexual orientation, gender identity, gender expression, genetic information (including characteristics and testing), military and veteran status, and any other characteristic protected by applicable law. Therefore, all employment decisions at Conduent are based on business needs, job requirements, and individual qualifications. Conduent believes that diversity and inclusion among our associates is critical to our success as a global company, and we seek to recruit, develop, and retain the most talented people from a diverse candidate pool."

In Table U.1-2, we provide the percentage of employees in key positions (i.e., management, directors, vice presidents, and officers) by EEO category as of March 2024.

Table U.1-2. Key Positions by EEO Category

	Conduent State Healthcare, LLC	
Gender	Female	[redacted]
	Male	
Race/Ethnicity	American Indian or Alaska Native	
	Asian	
	Black or African American	
	Hispanic or Latino	
	Native Hawaiian or other Pacific Islander	
	Not disclosed	
	Two or more races	
	White	

Primary and Satellite Offices

Conduent's corporate headquarters are located at 100 Campus Drive, Suite 200E, in Florham Park, New Jersey. In addition to our primary office, we also have satellite offices across 31 states, including Georgia, and the District of Columbia. Please note that all project work under this opportunity will be done within the continental US.

The Right Partner for DOAS

Medicaid pharmacy programs are continually confronted with unrelenting increases in drug costs and utilization and, at the same time, are expected to improve the quality of health care while cutting costs. We understand this delicate balance and the intricacies of the pharmaceutical industry. **Conduent is a Medicaid leader in implementing and supporting the clinical services required to tackle the complex challenges you face.** We combine clinical operations excellence with unique and innovative technology to support improved health outcomes for your member population. We will become your trusted partner that brings fresh perspectives and innovative solutions to deliver on your goals for a healthier population and better outcomes for both the State and recipients.

2.	Bookmark Title: MSQ2 – State Advisory Board Bookmark Title for Supporting Material: MSQ2.1 – Sample HIV Clinical Drug Monographs Narrative description is limited to five (5) pages, not including the required supporting material. Describe your experience, ability, and method (both administrative and clinical) for providing support to the State Advisory Board as described in Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.2 State Advisory Board.

Supplier Response

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for PCM services and provide a compliant narrative response to: Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.2 State Advisory Board. We include our experience, ability, and approach to supporting the State Advisory Board meetings in the following pages.

Conduent's clinical team will deliver the required clinical management services as detailed in the RFP, including:

- Supporting the State Preferred Drug List (PDL) and Provider Administered Drug List (PADL).
  - Making recommendations for coverage and developing clinical drug monographs to be presented to the State Advisory Board.
- Providing information regarding new drugs, as well as updates to existing drugs, and facilitate weekly clinical meetings with the State and other participating parties deemed necessary by the State.
- Maintaining a Preferred Drug List (PDL) to assure clinically appropriate and cost-effective coverage in high-use and high-cost drug categories.
- Supporting the increase in the use of clinically appropriate generic and other lower cost drugs.
- Protecting the health of Members through use of Retrospective Drug Utilization Review (RetroDUR) and Prospective Drug Utilization Review (ProDUR) editing to prevent inappropriate drug dispensing and/or use.
- Reviewing Covered Outpatient Drugs
  - Providing Utilization Management services, including development of Utilization Management criteria for Covered Drug Products designated on the PDL.

Direct Experience Supporting State Boards and Committees

Conduent has over 23 years' experience providing government healthcare programs with committee coordination for Medicaid services, allowing us to fully support the State Advisory Board. As discussed in Conduent's response to MSQ1 – Executive Summary, we supplement our Pharmacy Clinical Management (PCM) team with clinicians from the University of Illinois, Chicago (UIC), College of Pharmacy, Drug Information Group (DIG) to provide academic, independent clinical expertise for therapeutic class reviews and development of drug monographs for the

Advisory Board. We bring the required experience, specialized staff, and transformative technology to meet the needs of DOAS and the NASPO Participating Entities today and in the future.



We have supported 16 other states with Medicaid Services on retrospective (RetroDUR) and prospective (ProDUR) drug utilization review and disease management services. Our knowledge and experience serving state boards and committees assures DOAS of experienced and effective support from Conduent.

Conduent's Clinical Team Ability to Support the State Advisory Board

With the development of a DUR program targeted, in part, at reducing clinical abuse and misuse of outpatient prescription drugs covered on the PDL that includes ProDUR, RetroDUR, data assessments of drug use against predetermined standards, and ongoing educational outreach activities, the Conduent Clinical Team is the high value partner for DOAS and NASPO Participating Entities. We bring the necessary experience, clinical expertise, resources, and deep understanding of the Medicaid mission to successfully support the State's program and Advisory Board support needs. Your Conduent Clinical Pharmacist/Account Manager and clinical team are dedicated to monitoring the clinical landscape, providing clinical information, and monitoring your program trends and needs to identify opportunities for clinical management. Our clinicians become trusted partners who work collaboratively to represent you and the pharmacy initiatives at all State Board meetings and operationalize these initiatives in an effective and well thought out manner.

Conduent Team clinicians create and edit therapeutic class reviews, drug monographs, and clinical prior authorization criteria regularly for clients across the country. In doing so, we systematically review the pharmacy and medical literature and therapeutic classes used to treat diseases and conditions. It is this experience that will bring the necessary expertise and ability to successfully manage all State Advisory Board tasks for DOAS.

Administrative and Clinical Support

Conduent's administrative and clinical support of Board and Committee activities includes preparing, attending, presenting, and following up with all outstanding questions, reports, and other needed items for board and committee meetings. The Conduent Clinical Pharmacist/Account Manager, Project Manager, and Clinical Analyst, and any other DOAS-requested personnel attend meetings and coordinate support activities.

We designate the appropriate primary and alternate Conduent staff to attend DUR meetings and perform all related administrative responsibilities for DUR and, subsequently, State Advisory Board meetings. We do the advance work necessary to make the meetings efficient and informative.

Our Clinical Pharmacist/Account Manager will serve as DOAS' key point of contact for many types of meeting support during the initial implementation and ongoing operational period. Table U.2-1 details these support methods.

Table U.2-1. Conduent Support Methods

Support	Description
Facilitating and managing	Our Clinical Pharmacist/Account Manager will be responsible for management and facilitation of State Advisory Board meetings, including scheduling, agendas, and recruitment of board members
Attending	Appropriate staff members attend meetings with DOAS to support system and operational functions
Scribing	We record meeting minutes and forward them to the State within three (3) Business Days after the meeting
Presenting	We currently present data for various state board and committee meetings throughout the year for our local and state clients using multiple forms of media including PowerPoint.
Analyzing data	We analyze data and generate a variety of reports at the client's request.
Preparing presentations and other meeting materials	We prepare meeting documents appropriate to the subject matter and attendees

Methodology and Process

In preparation for the meetings, our Clinical Pharmacist/Account Manager facilitates weekly meetings for our internal clinical team to discuss the upcoming agenda, action item tracker, utilization management reviews and criteria of focus, recommendations to be presented, and materials to be developed prior to each Advisory Board meeting. This preparation and process includes the following deliverables:

- Conduent Clinical Pharmacist/Account Manager to **manage and direct the State Advisory Board meetings**
- **Development of clinical drug monographs** for new drug entities
- **Preparation and distribution of meeting agendas** to the State Advisory Board
- **Posting meeting agendas on the website** as required by the Contract
- **Providing all State Advisory Board materials**, regardless of size, produced by DOAS, Conduent or interested stakeholders through a secured file
- **Providing recommendations to DOAS and the State Advisory Board regarding new or enhanced Utilization Management criteria,** including, but not limited to, clinical, fiscal, and Step Therapies for covered products and all new products, taking into consideration, the efficacy, medical appropriateness, quality of life, safety, and cost considerations within the applicable therapeutic categories
- **Recording meeting minutes and forwarding them to DOAS** within three business days after the meeting. We provide DOAS the expertise, specialized insight, and dependable services to deliver high quality meeting minutes that clearly reflect the proceedings of each meeting
- **Posting meeting minutes on the website** required under the Contract
- **Recruiting State Advisory Board members** as directed

3.	Bookmark Title: MSQ3 – Utilization Management Program Approach Bookmark Title for Supporting Material: MSQ3.1 – QLL Utilization Management Criteria Narrative description is limited to four (4) pages, not including the required supporting material. Describe in detail your approach to developing Utilization Management clinical review criteria and quantity level limit (QLL) programs. Include in your response the method(s) you will utilize to ensure the criteria development process is both clinically and fiscally sound for your clients under this RFP. Refer to Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.4 Utilization Management Program.

Supplier Response

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for PCM services and provide a compliant narrative response to: Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.4. We include our experience, ability, and approach to developing independent, objective clinical services and evidence-based criteria and collaborating with the DOAS and other States in the following pages.

For over 23 years we have been providing Medicaid client-specific utilization management (UM) clinical review criteria with strategic tools including; Prior Authorization, Step therapy, quantity limits, and drug utilization review (DUR) for Medicaid pharmacy programs. This extensive experience contributes to the development of our best practices for recommending new clinical criteria and edits, creating a consistent and systematic process that is both clinically and fiscally sound.

Medicaid programs continuously encounter challenges with controlling program costs and budgets while simultaneously improving patient care and population health outcomes. To attain these multiple objectives, programs often include cost-effective medically appropriate care driven by evidence-based utilization management (UM).

Extensive Protocol Library

We collaborate with you by providing access to our library of over 1,000 existing clinical rules. These existing protocols are a result of our partnerships and precise clinical criteria development process.

Development of Utilization Management Clinical Review Criteria

The process for criteria development begins by [redacted]

Our comprehensive approach includes establishing specific medical criteria necessary to address drug therapy problems and issues. Depending on the clinical topic, clinical pharmacists or physicians who have expertise or specialization in a particular area lead the protocol development and peer review. We understand Georgia Department of Administrative Services (DOAS) and other NASPO

States place emphasis on the importance of strategy and methodology as it relates to coverage criteria. Our clinicians bring a wealth of ideas from team members working in other states, as well as from topics trending in the drug pipeline and literature. We provide **written recommendations for utilization management to DOAS and other States as prospective DUR criteria, PA criteria, quantity limits and therapeutic criteria.** We present clinical criteria and utilization at monthly clinical meetings. Topics may include new ideas we bring to the table or topics specifically requested by DOAS. Our clinical team works with DOAS' and other States' goals in mind. With a variety of tools our clinician team brings updates to DOAS and other States from their specific specialty area. For example, we report on **new criteria recommendations for a PA edit and deliver updates regarding drug shortages. We draft new criteria based on data suggesting high utilization of the drug, potential overuse, off-label use, and cost data.** We compile a running list of new drugs and track utilization of those agents.

Figure U.3-1 demonstrates the steps taken to develop clinical policy and criteria for PA's. A summary of these steps follows.



Figure U.3-1. Clinical Policy and PA Criteria
Our clinicians develop, test, and obtain approval on criteria, then release to production.

Literature Search. Our clinical pharmacists review clinical resources daily to generate ideas for new clinical criteria and to identify how new literature impacts existing criteria.

Additionally, the clinical team considers specific medical conditions to comprehensively address the applicable criteria. The criteria then undergoes a peer review and demonstration to our internal Criteria Committee for approval prior to global presentation and release.

Clinical algorithm.

[redacted]

Internal Peer-Review. **Our clinical pharmacist presents clinical algorithms to our clinical team during weekly team meetings that are on-going to review existing and new clinical criteria.** The collaborative team includes representation from account management, rules administration and clinical management services. All team clinicians review the algorithm and provide feedback/ comments. Based on this review, the criteria may require additional research and appropriate updating of the algorithm. **The clinical algorithm criteria for each therapeutic class is reviewed on an annual basis.**

Rules Writing. Once the clinical algorithm is final, it is used to write the clinical rule. Our staff has extensive experience with the clinical rules engine and performs these functions quickly and efficiently. All rules are parameter driven and do not require programming. We enter the rule online into the rules engine using the PA solution graphical user interface.

Data Modeling. The data modeling applies the written rule against your data to identify clinical/business opportunities. This includes manually reviewing patient profiles to validate the rule.

Clinical Rule Validation. Based on the data modeling step, member profiles that have approved/denied on the respective criteria will go through an analysis process. The clinical pharmacist that develops the algorithm reviews the profiles to validate the clinical rule and identify rules that may require modification. To ensure the rule is correctly identifying issues, the clinical pharmacist may request additional profiles to observe that the rule confirms validation.

External Peer Review. Clinical proposal **development for all criteria sets, include components such as specific clinical criteria, drug lists, ICD codes, and CPT/HCPCS codes. These proposal presentations occur during (e.g., State Advisory Board, P&T Committee, pharmacy staff, etc.) for review and approval**. After this review, you may request changes to the criteria which are sent to the respective clinical pharmacist to create your specific criteria. These changes will proceed with testing and validation before deployment into production.

Production. After the review and validation of each algorithm, your specific set of clinical rules are set to release into production. Although all PA edits are parameter driven and do not require programming, to assure quality, we follow a strict approval and implementation process for new edits and changes to existing edits for quality assurance.

Quantity Level Limit (QLL) Programs

Our Pharmacy Clinical Management Services allows for **claim edits to ensure compliance with all DOAS and other States' regulations, including but not limited to, quantity limits, day supply, and monthly prescription limits.** For example, we can enforce regulations such as:

- **32-day supply** per prescription.
- **Exceptions** to the 32-day supply for maintenance drugs, in which case providers can dispense up to a 92-day supply or 100 units as per the prescriber's directions.
- **Quantity limits for designated drugs** identified on the PDL as "Maximum Quantity Limits"

As applicable, we support **quantity limits per fill or cumulative limits over a designated timeframe to help ensure safe and appropriate dosing and avoid dangerous drug interactions**. To provide a comprehensive approach to applying pharmacy quantity of service limits, the system defines limits at varying levels to use during claims adjudication. Benefit plans define coverage and limitation at the plan level, drug programs focus on drug type limitations, and PAs allow additional abilities to override (or ignore) limitations that are set more generically in other parts of the system. The rules engine provides additional flexibility over current systems in use today.

Method(s) Utilized to Ensure Criteria Development is Sound

Collaborative. We partner with DOAS and other States to develop and distribute clinical criteria, establish procedures for its application, and ensure proper documentation of all clinical decisions. These criteria provide appropriate access to non-preferred drugs and drugs with safety profiles or cost concerns that position them as second-line agents. **Our development of PA criteria is focused on current practice guidelines issued by national or international medical organizations, such as the American College of Cardiology and the American Diabetes Association (ADA). Standards of Care in Diabetes. This ensures that there is a strong clinical foundation for the criteria used to determine medical necessity.** In cases where new clinical data are published, but not yet incorporated into the practice guidelines of the medical organization, we will evaluate the data and, where indicated, recommend changes to the PA criteria. We initiate and develop prospective clinical and PDL PA criteria proposals for DOAS and other States' P&T Committee review and approval. Our Clinical Pharmacist will work with other clinical pharmacists to perform a comprehensive review of medical references and pharmacy compendia, including peer reviewed literature and clinical practice guidelines published by nationally recognized organizations. The entire team of clinical pharmacists works closely together to develop clinical recommendations, including clinical criteria for approval of non-preferred drugs within proposed therapeutic classes that leverage our experience from our customers across the country.

Maintaining Industry Knowledge. Our clinical pharmacists are highly knowledgeable and skilled in their field, and they undergo a comprehensive approach to maintain their Medicaid expertise and stay current with the latest developments in the pharmaceutical industry. This means that they are well-equipped to provide clinical guidance and support to DOAS and other States in the management of your Utilization Management program. Our clinical pharmacists actively participate in:

- Clinical pharmacy preceptorships and academic affiliations
- Community pharmacy settings
- Continuous education
- Memberships in pharmacy organizations including:
  - American College of Clinical Pharmacy (ACCP)
  - American Drug Utilization Review Society (ADURS)
  - Academy of Managed Care Pharmacy (AMCP)
  - American Health Information Management Association (AHIMA)
  - American Pharmacists Association (APhA)
  - National Community Pharmacists Association (NCPA)
  - National Council for Prescription Drug Program (NCPDP)
  - Pharmacy Quality Alliance (PQA), and others

- Monitoring of developing trends and changes in the clinical landscape
- Proactive outreach and networking with national thought leaders

Our team of clinical pharmacists collaborate with you to apply our existing protocol library or create and implement additional PDL or customizable clinical policies and PA criteria sets to meet the unique needs of your organization. We can help to identify cost-effective drug therapies as well as recommend clinically appropriate alternatives. This support offers up-to-date information to assist your organization, so your program is comprehensive and clinically current.

4.	Bookmark Title: MSQ4 – Utilization Management Criteria Structure Bookmark Title for Supporting Material: MSQ4.1 – Utilization Management Process Visual MSQ4.2 – Utilization Management Algorithm Examples MSQ4.3 – QLL Override Criteria Narrative description is limited to two (2) pages, not including the required supporting material. Describe in detail how Utilization Management criteria will be structured as outlined, but not limited to, the requirements stated in Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.4 Utilization Management Program. Provide the following supporting material: Visual of Utilization Management Process that supports the State's requirements as described in the SOW. Examples of Utilization Management criteria developed for HIV atypical anti-psychotics and GLP-1 antagonists. Examples of quantity level limit (QLL) override criteria for four (4) classes of drugs of therapeutic categories that should require a QLL.

Supplier Response

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for PCM services and provide a compliant narrative response to: Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.4 Utilization Management Program.

Conduent's utilization management (UM) program offers a robust suite of strategic tools to ensure appropriate medication use and reductions in overall healthcare costs.

The following table highlights the tools within our utilization management program that promote requirements to be medically appropriate prior to approval and contributes to lower health care costs.

Table U.4-1. Utilization Management – Strategic Tools

[redacted]

Redacted Copy-Available for Public Review Trade Secret

Utilization Management Criteria Structure

Clinical criteria are developed by our clinical pharmacists. The evidence-based selection of drug products and development of program criteria include review of peer-reviewed medical literature, including randomized clinical trials, drug comparison studies, pharmacoeconomic studies, outcomes research data; published clinical practice guidelines, comparisons of efficacy, side effects, potential for off label use, and through DOAS and other States claims data analysis. We develop and maintain clinical criteria following DOAS and other States' P&T Committee review and approval. The role and function is to review, evaluate and obtain approval for clinical recommendations with oversight in place. The following table lists clinical criteria items and the frequency of review.

Table U.4-2. Utilization Management – Clinical Criteria

Clinical Criteria Items	Frequency of review
Evaluate clinical designations of all therapeutic classes and PDLs	[redacted]
Clinical/practice guidelines and/or criteria and procedures related to the timely use of, and access to, medications	
Medication policies, quality initiatives and other clinical pharmacy interventions	
Clinical policies that guide utilization management tools for PDL management, transition process and review of nonformulary drug requests,	
Drug utilization management strategies	
Clinical educational program for the states members, health care provider networks, and pharmacy providers	
Clinical guidelines (drug policies) impacting coverage for medications administered under the medical benefit	

Our full-spectrum UM program also includes a comparison of the efficacy and the type and frequency of side effects and potential drug interactions among alternative drug products and evaluating the impact of a drug product on patient compliance when compared to alternative products.

This comprehensive evaluation of the benefits, risks, and potential outcomes for members provides a thorough assessment for criteria consideration.

The clinical pharmacists responsible for program development present the clinical program and criteria to DOAS and other States P&T Committee. As needed, select new programs are also presented to the PDL Committee prior to implementation. All criteria are reviewed by the DOAS and other States' P&T Committee before implemented. At least annually, medical literature is reviewed to determine if existing criteria needs to be modified based on new evidence for medications with clinical review.

Our clinical team works closely together to develop clinical recommendations, including clinical criteria for approval of non-preferred drugs within proposed therapeutic classes that enhance our experience from our state partners across the country. Therapeutic criteria are continually assessed as new or current clinical information develops. Recommendations for changes to the existing therapeutic criteria are provided to DOAS and other States for approval to ensure a successful implementation that meets your needs. Our clinical team is actively monitoring the clinical landscape and assesses how new clinical information will be incorporated into existing criteria or developed into new criteria for DOAS and other States to review. Our Clinical Pharmacist sends this information to DOAS and other

States as new products come to market and new criteria are developed. In addition, the Clinical Pharmacist will also be responsible for monitoring utilization data and ProDUR edit/message trends and making sound recommendations.

5.	Bookmark Title: MSQ5 – RetroDUR Narrative description is limited to six (6) pages. Describe in detail (1) the RetroDUR programs that will be made available to the State, (2) the potential customization available to the State, (3) the methods that will be utilized to identify feasible RetroDUR opportunities and targeted providers, and (4) the plan to execute intervention and assess outcomes. Refer to Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.5 Retrospective DUR (RETRO-DUR) Services.

Supplier Response

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for PCM services and provide a compliant narrative response to: Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.4 Utilization Management Program.

Based on decades of direct Medicaid experience, our RetroDUR system provides Medicaid clients across the country with best practices and a single-source solution for conducting clinical analyses of drug therapy and disease states. Conduent identifies your care management and quality improvement issues, progressing downward from a client-wide perspective to a plan-level view to a member-level view and, ultimately, to a claim-level view. Our process allows you to screen literature, clinical data, and existing guidelines, and evaluate data to identify patterns of clinical concern, including fraud, waste, abuse, and medically unnecessary care.

With systematic and scientifically sound data, we support your clinical activities. Along with the RetroDUR tool support, pharmacists can conduct a peer-reviewed literature search. We also can compile applicable articles and review them. Materials include printed and online drug information sources, as shown in Table U.5-1.

Table U.5-1. Drug Information Sources

[redacted]

To guide criteria development, we also use clinical practice guidelines, such as the Agency for Healthcare Research and Quality (AHRQ) and those developed by leading clinical entities or expert panels. Depending on the clinical topic, we assign the protocol development to SMEs.

The RetroDUR program includes a clinical pharmacist team, rules engine, web-based data analytics, and a means to create quarterly reports, and member or prescriber profiles. Conduent's outcomes Based Drug Utilization Review solution includes an expert-based clinical system component that

provides a web-based solution for conducting clinical analyses. This web-based tool provides the ability to **proactively manage both the business and clinical aspects of a pharmacy program**.

RetroDUR Programs Available

For a true holistic view of your program's utilization, the backbone of the RetroDUR solution combines your pharmacy and medical claims data with a flexible table-driven software application and relational database file structure. The clinical rules system includes a collection of clinical and business rules (comprehensive criteria) and a rules engine that queries the claims data. As claims pass through the clinical rules system, the system flags claims marked with specific labels detailing which criteria the member met or failed. Figure U.5-1 depicts the role of the clinical rules system as it relates to data and flagged claims.

All new and updated criteria go through a rigorous internal peer review process before we implement in production. This process begins with an evidence-based literature search and ends with us pushing the criteria to production. To organize the information and documentation concerning the proposed initiative, we use a standardized form.



Figure U.5-1. Clinical Rules System Workflow
The clinical rules system provides the ongoing support needed to constantly monitor paid claims data and make recommendations for additions or changes to the DUR program.

In the provision of clinical services, we deliver to another state's Medicaid program, we offer this data as an example of our commitment to offer clinical services that provide tangible results. Together with our state partners, we have developed solutions that resulted in improved processes, greater efficiencies, and cost savings including

[redacted]

The clinical rules system effectively minimizes false positives by identifying meaningful member issues for intervention. Our PCM Services solution, which meets and exceeds the OBRA '90 requirements and all DUR requirements, achieves measurable outcomes for quality improvement reports while minimizing the time required of

The key features of the clinical rules system are:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

This sophisticated clinical rule system is the foundation of the clinical analyses and management services provided to our Medicaid clients. Although our clinical team has a library of clinical RetroDUR rules, we continually review the literature to reaffirm and improve the applicability of existing criteria. For program improvement, we also evaluate and prioritize new therapeutic opportunities.

Customization Available

We understand clinical needs vary from one client to another and may often be different by geographical location. A particular strength of the clinical rules system is its flexibility. Because the rules engine is a table-driven platform, meaning it is not hard-coded, a nonprogrammer (such as a clinician) can easily update the existing criteria to meet the changing needs of DOAS and other states. With this flexibility, we can modify the system as your needs evolve. As necessary, we tailor the clinical rules system and the rules engine applications to meet and exceed your requirements.

Conduent evaluates your program's processes and rules and uncovers opportunities for improvements that ensure appropriate therapies for your members. But rather than focus only on individual cases, our clinical analytics review and analyze your population's medical and pharmacy issues to easily trace sub-optimal therapy sources.

Our comprehensive and customizable rules engine uses both pharmacy and medical claims data available to identify clinical opportunities to improve member care and population-health. The flexibility of our rules engine makes rule configuration easy and adaptable to your RetroDUR program. Our services include clinical support and recommendations on disease and therapeutic areas where opportunities exist to improve care. This includes recognizing updates to treatment guidelines, quality metrics, CMS guidance, and any State requested clinical or waiver initiatives.

Our PCM Services solution provides customers with an increased ability to proactively manage their pharmacy programs and support DUR reporting functions. The comprehensive rules set, data analytics, and web-based functionality provides the ability to analyze State Advisory Board data and identify provider outliers and member utilization.

Methods Utilized to Identify Feasible RetroDUR Opportunities and Providers

Our rules engine, which utilizes both pharmacy and medical claims, is data mined by our team of clinical pharmacists to identify clinical opportunities to improve member care. Our services include clinical support and recommendations on disease state management and therapeutic areas where opportunities exist to improve care. This includes recognizing updates to treatment guidelines for chronic diseases (including by not limited to hypertension, asthma, diabetes, heart failure, cardiovascular diseases, pain management, and mental health disorders), targeting national drug-related quality care metrics, and incorporating recommendations from CMS. Additionally, the DUR rules engine identifies clinical opportunities based on pharmacy and medical claims data, for identified clinical areas (including but not limited to polypharmacy, coordination of care, drug-disease contraindications, drug-induced illness, drug-drug interactions, incorrect drug dosage/duration of therapy, overutilization, therapeutic appropriateness, therapeutic duplication, underutilization, age/gender contraindications, adverse drug effects, use of high-cost prescriptions, and other criteria, etc.).

Conduent's RetroDUR program also creates efficiencies by educating prescribers on evidence-based guidelines. Our clinical analytics tools review and analyze population-level medical and pharmacy histories to easily find sources of sub-optimal therapies. By targeting these prescribers, we produce a multiplier effect – an intervention mailed to 500 providers can affect more than 5,000 members. By educating your prescribers, we help foster better medication choices and prescribing practices without large expenditures. We also evaluate your program's processes and rules and uncover opportunities for improvements that ensure appropriate therapies for your members.

Examples of population-based interventions include:

DUE. This intervention targets specific drugs and drug categories where pharmacotherapy is often inappropriate, cost-ineffective, potentially harmful, or of limited clinical benefit.

Therapeutic Interchange. This intervention identifies opportunities for more cost-effective drug therapy within selected drug classes.

Table U.5-2 illustrates some of the clinical issues that population-based interventions can address.

Table U.5-2. Population-Based Interventions

Intervention	Clinical Issues
DUE	[redacted]
Therapeutic Interchange	

Plan to Execute Intervention

The clinical pharmacist team collaborates and identifies interventions that we use successfully with other Medicaid states and shares those experiences with DOAS and other states. We work with you to provide quarterly population-based mailed interventions, in the form of educational provider letters, to improve safe and effective use of medications. Member utilization drives interventions, prescribing patterns, new and updated guidelines, and state specific initiatives. Once we finalize an intervention topic, the clinical pharmacist team presents it to the State Advisory Board for approval and works with them throughout the intervention process. Our team works with DOAS and other states on approval of all RetroDUR interventions.

The clinical pharmacy team regularly reviews documentation, such as shown in Table U.5-3, that we can leverage to sharpen criteria.

Table U.5-3. Documentation Reviewed by Clinical Pharmacy Team

[redacted]

Using the methods shown in Table U.5-4, we track new developments in pharmacotherapy.

Table U.5-4. Methods to Track Pharmacotherapy New Developments

[redacted]

Assess Outcomes

We document outcomes analyses for RetroDUR interventions to determine the impact of the intervention on the target population and prescriber habits. We complete detailed outcome reports for all RetroDUR interventions once we collect sufficient data. We present the full results of each outcome report to the State, the DUR Board and provide the results for the CMS Drug Utilization Review Annual Survey.

6.	Bookmark Title: MSQ6 – Approach to Appeals Narrative description is limited to four (4) pages. not including the required supporting material. Describe in detail your company's approach to Appeals with regards to how your company will respond to inquiries and complaints about the Utilization Management criteria and review process. Include in your response, the process for sharing this information with the State. Refer to Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.4 Utilization Management Program.

Supplier Response

Conduent is committed to confirming providers have the necessary support and resources for an efficient UM criteria appeal process through the PCM Services. Our approach includes comprehensive and streamlined communication with the provider(s), and detailed reporting to facilitate understanding and compliance with our appeals process.

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for PCM services and provide a compliant narrative response to: Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.4 Utilization Management Program.

Appeals Process

Conduent is a proven partner in Medicaid Pharmacy Benefit Management with decades of problem-solving experience. Supporting your providers in the appeals process is critical to ensure beneficiaries receive a standardized and efficient processing of their requests that aligns to CFR42.Subpart E 431.200-431.250, DOAS, and other State standards. Our PCM Services provide all the necessary staff and workflows to quickly and effectively manage appeals.

Provider Access

Providers have easy access to an online appeals form from our PCM Services portal. Letters are also accepted for processing. The appeal forms/letters are faxed or mailed. Upon receipt, the appeal is recorded in our PCM Services CRM tool, and a copy of the appeal form/letter is attached to the CRM entry and routed to our clinical team for review. Upon request, expedited appeal review is denoted in the CRM tool which highlights the record for an urgent review.

Receipt of Appeal. Upon receipt of a provider appeal, our PCM Services team initiates the appeal process for initial inquiries and response timelines.

- **Initial Inquiries.** With the PCM Services solution, we start looking into any questions or appeals within 24 hours.
- **First Response.** Within 72 hours, PCM Services alerts providers that we are addressing the issue. These alerts tell providers what happens next, if we need more information, and estimated timing for response/resolution.

Review

Once the appeal is reviewed by the clinical team, the reason for the decision is documented in CRM. A letter is generated to the provider for the appeal indicating an approval or denial of the request and the reason for the decision. At DOAS and NASPO State request, all relevant information used in the appeal review will be delivered within twenty-for (24) hours upon receipt of request.

UM Appeals Management Policy Documentation

During the Solution Planning and Design phase, we work with Department to finalize the appeal process and Conduent support during appeal hearings. These sessions include confirmation and documentation of all State requirements governing denials and second level Appeals including communications and processing time. Once reviewed and approved by the Department, Conduent maintains this policy documentation for the contract term, including any edits needed as State requirements are updated.

For Provider appeals, as an example, we follow a standard appeal process as illustrated in Figure U.6-1.



Figure U.6-1. Provider Appeal Process

Providers have easy access to an appeals form from our CMdS Pharmacy portal. Once the form is received, reviewers follow a clear path to support DOAS and other States final appeal decision.

7.	Bookmark Title: MSQ7 – Document Repository Narrative description must be uploaded as an attachment and is limited to five (5) pages, inclusive of any diagrams. Describe in detail the design and maintenance of the document repository that will meet the requirements as outlined in Attachment C: Common Scope Requirements and Security Standards, Section 2.14.1 Document Repository and Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 3.2 Document Management.

Supplier Response

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for PCM services and provide a compliant narrative response to: Attachment C: Common Scope Requirements and Security Standards, Section 2.14.1 Document Repository and Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 3.2 Document Management.

Conduent provides a comprehensive document repository, as well as robust document management processes based on best practices and practical project experience.

Conduent typically uses Microsoft SharePoint as a secure standard document management and collaboration tool to assist in the development, maintenance, and overall management of project deliverables and operational documentation. We provide State staff with access to the SharePoint repository and store all project documentation on SharePoint for team access. Other document library tools can be used as applicable.

Throughout the project, Conduent posts documentation to the approved document repository for easy, secure online access using standard web browser applications. The repository's automated documentation tracking and management functionality provides an easy-to-use mechanism for tracking and reporting on documentation status and updates. Browse-and-search capabilities allow users to quickly locate specific information and operational documents. The repository also features document collaboration, document check-out/check-in, version control, and browser-related display features that support effective and timely review of documentation.

Document Repository

As an example, our comprehensive SharePoint site template, pictured in Figure U.7-1, allows our implementation team to skip the administrative burden of setting up and organizing a new project repository. It comes pre-set with our recommended document libraries, lists, filters, customized views, and field sets that work in accordance with our baseline project plans.



Figure U.7-1. Conduent QMS SharePoint Site Template
We set up a dedicated SharePoint site before the project officially begins.

We use standard training materials and procedures to train our team on best practices for document check-out, check-in, version control, comments, properties, views, filtering, sorting, and even browser settings, alerts, and tips to optimize the SharePoint experience. SharePoint's ability to track and maintain version history and control deliverable access supports our stringent document and deliverable management processes.

We also use SharePoint's list functionality to track risks, issues, and action items and use libraries to store groups of documents like those for our project management processes, requirements documentation, status reporting, and more. Our project SharePoint site makes deliverables and critical program information easily available to State staff.

Once a document is approved by the State, we baseline it and place it under configuration control within the document repository. This means we only modify it through approved change requests and maintenance protocols. We work with you to agree on the level of control and maintenance frequency for each document. These fundamental processes guide our team in developing and controlling documentation that fully conforms to requirements, accurately reflects services, and retains a complete history of feedback and approval.

Conduent has an extensive history of managing documents on Microsoft SharePoint, and as a result, our team members are well versed in the tool's features, functions, and best practices. We look forward to sharing this knowledge to benefit DOAS and other States' users.

Role-based Access

Security permissions determine the role-based access to the SharePoint document repository. Using the project's SharePoint site, authorized State staff have access to timely, accurate, and comprehensive project documentation and information. They can easily and securely access the project's work products via a web browser from the convenience of their desktops, laptops, or mobile

devices. This SharePoint site includes user-configurable alerts so the system can notify State staff and Conduent users via email when document changes, additions, or removals occur.

Document Management

Conduent provides a secure content management repository with full workflow capability to allow for image creation, capture, retention, tracking, and retrieval. This integration supports the capability to store, track, and access electronic files and images of records in a single, well-organized document repository. The PCM Services solution stores and categorizes all documents regardless of type, whether an incoming paper document, faxed or emailed document, electronically submitted document, or a document generated by the PCM Services solution. For clinical management services this can include a variety of formats (e.g., PNF, JPEG, and GIF Types of electronic files may include medical images (digital X-rays, MRI, ultrasounds, etc.)

8.	Bookmark Title: MSQ8 – Staffing Narrative description is limited to five (5) pages, exclusive of organizational chart(s) and Subcontractor contract(s) or letter(s) of agreement, if applicable. Provide a narrative description of the proposed staffing plan that details policies, plans and staffing strategies. The proposed plan must include the following: a. Organizational charts that provide a complete and detailed description of the proposed organizational structure the Supplier will use, including Subcontractors and how they fit into the Supplier's overall organizational structure. b. Roles and responsibilities of staff. c. Job titles and the requisite qualifications, skills, and credentials, including clinical licensures relevant to this Contract. If Subcontractors will be used, provide the following: a. Subcontractor's name and address. b. Roles and responsibilities to be delegated to the Subcontractor for purposes of this Contract. c. Subcontractor's qualifications to perform these roles and responsibilities. d. Copy of the Subcontractor contract; the State will accept a letter of agreement with a prospective Subcontractor pending formalization of a final contract with details relevant to "c" in this section. Refer to Attachment G - Pharmacy Clinical Management Services Scope of Work and Attachment C - Common Scope Requirements and Security Standards, Sections 2.15 Staff Management and 3 Staffing.

Supplier Response

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for PCM services and provide a compliant narrative response to: Attachment C Section 2.15 Staff Management and 3 Staffing.

Since our company's inception, we have entered into Medicaid contracts directly with our Medicaid customers. As a long-standing Medicaid ally, our PCM Services solution and spirit of innovation are directly tied to our contracts and meeting the needs of our state partners. We bring more than 30 years of **direct Medicaid experience**; we have institutionalized the expertise, skills, and understanding of the Medicaid mission enabling Conduent to deliver the resources necessary to perform a seamless implementation and provide quality service throughout the contract term.

We are a collaborative, innovative, flexible, and customer-oriented partner, that can deliver a high PCM Services solution that meets DOAS and other States' current and future needs.

In this section, we present our staffing strategies, policies and roles, responsibilities of key staff, and proposed organizational structure for this project.

Staffing Plan

Conduent's staffing plan for the Contract aligns with the PMBOK Guide processes for Resource Management. The plan establishes the level of effort for each task and phase of the Clinical Management Services project. It includes proven strategies for both monitoring and improving staff performance; helps us to continually meet the organizational and staffing needs of the project; and supports quality performance.

Our overall process flow for resource management is shown in Figure U.8-1.

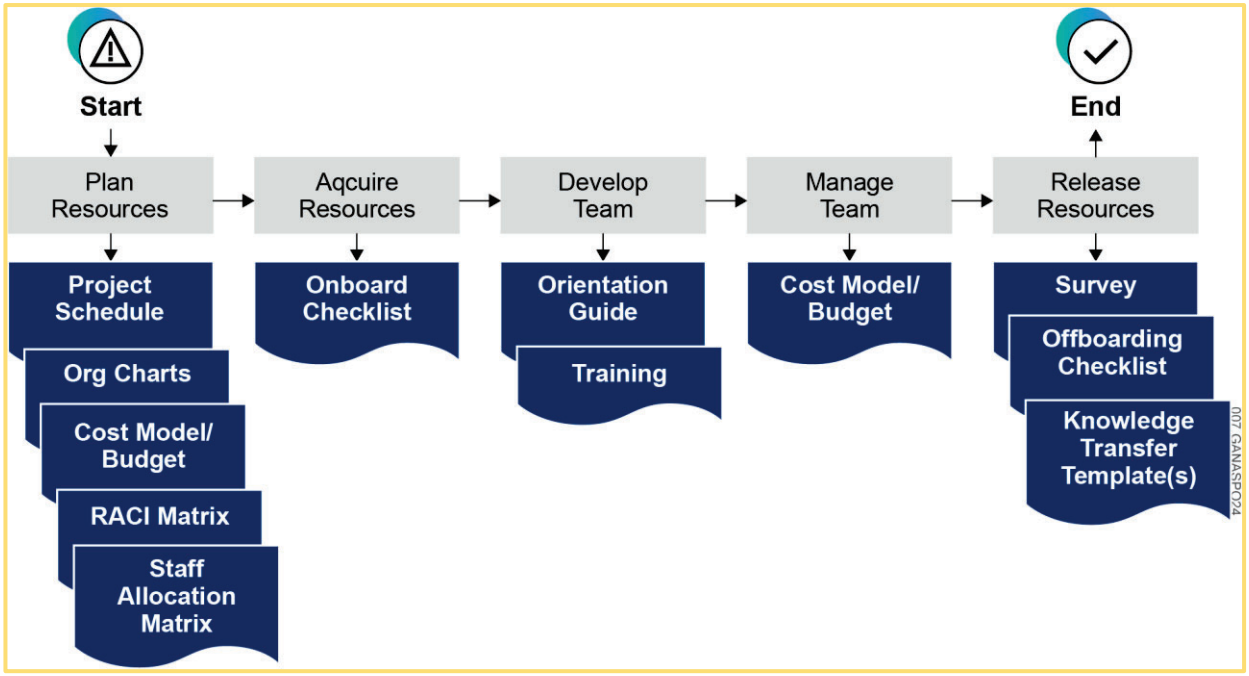


Figure U.8-1. Resource Management Process Flow
Our approach to resource management results in the right number and type of staff to accomplish project objectives.

The staffing plan helps Conduent identify the individuals that are assigned task ownership and responsibilities in the Project Work Plan. The roles and responsibilities, by dedicated resource type, are then documented throughout each of the individual deliverable plans. As the staffing plan establishes the appropriate staffing levels to fully support all operational requirements, it is a dynamic and constantly evolving project management tool throughout the project to evaluate current levels of services provided, the future level of services needed or requested, and the necessary staffing updates required to support those activities. It also details how staffing levels might be organized and physically located to provide optimal support to the PCM Services project, DOAS and other States. Additionally, the staffing plan identifies the tools and processes we use to screen available staff and fill positions and vacancies.

Conduent Staffing Plan Highlights

- Provides a matrix of all assigned staff and responsibilities
- Includes Conduent, DOAS, other States' staffing levels for every phase of the project

- Approach to providing consistent staffing levels
- Staffing procedures, including replacing vacancies

Staffing Strategies and Procedures

Staffing goals for the project reflect our overall policies of providing experienced and knowledgeable staff to avoid any significant learning curve. Conduent provides staff members who are thoroughly committed to the success of the implementation and ongoing operational management of the project. If applicable, we interview incumbent staff and make employment offers to individuals who meet our high standards. Staffing strategies include the following foundational components:

- Staffing strategies designed to bolster our ability to ensure minimal to zero impact on the end-users and operational staff during any transitions.
  - The management, change management, and outward-facing staff are trained to be sensitive to end-users' natural reluctance to change.
- Staffing plan outline of our process for identifying resource needs accurately and meeting such needs adequately.
  - All resource needs are tracked and monitored in a **Staffing Allocation Matrix** that provides the necessary information for a project to schedule resources effectively.
- Staffing strategies that focus on long-term retention and employee engagement
  - It is not only important to have skilled resources on the project; **it is just as important to keep them engaged for the long-term**. Our approach contains processes for developing and monitoring resources throughout the project life cycle. Whether it's continuous training, performance reviews, resource recognition, or scheduling, the staffing plan outlines detailed processes and references any related work products that can be utilized to achieve success in human resource management.

To acquire the most skilled and experienced resources to serve the project, management has the option to use either an internal recruiter or an onshore partnering firm, with specific processes outlined for both routes. Once the staff members are acquired, the project manager has various resources at his or her disposal to orient the new team members accordingly. These resources include a corporate Orientation Guide and a project-specific training processes, as well as an Onboarding Checklist and a variety of kick-off presentation templates. All these references ensure the resource is ready to engage with and contribute to the project as soon as possible.

a) An Efficient Organizational Structure of Medicaid Industry Experts

Conduent brings industry experts with extensive experience operating Clinical Management projects, with appropriate and expert oversight and support throughout the life of the contract. We are committed to providing the DOAS and other States with the right number and mix of staff, with the appropriate experience and skills to deliver smooth operation of the PCM Services project.

Our organizational chart, Figure U.8-2, provides the proposed structure of the Conduent CMS team:

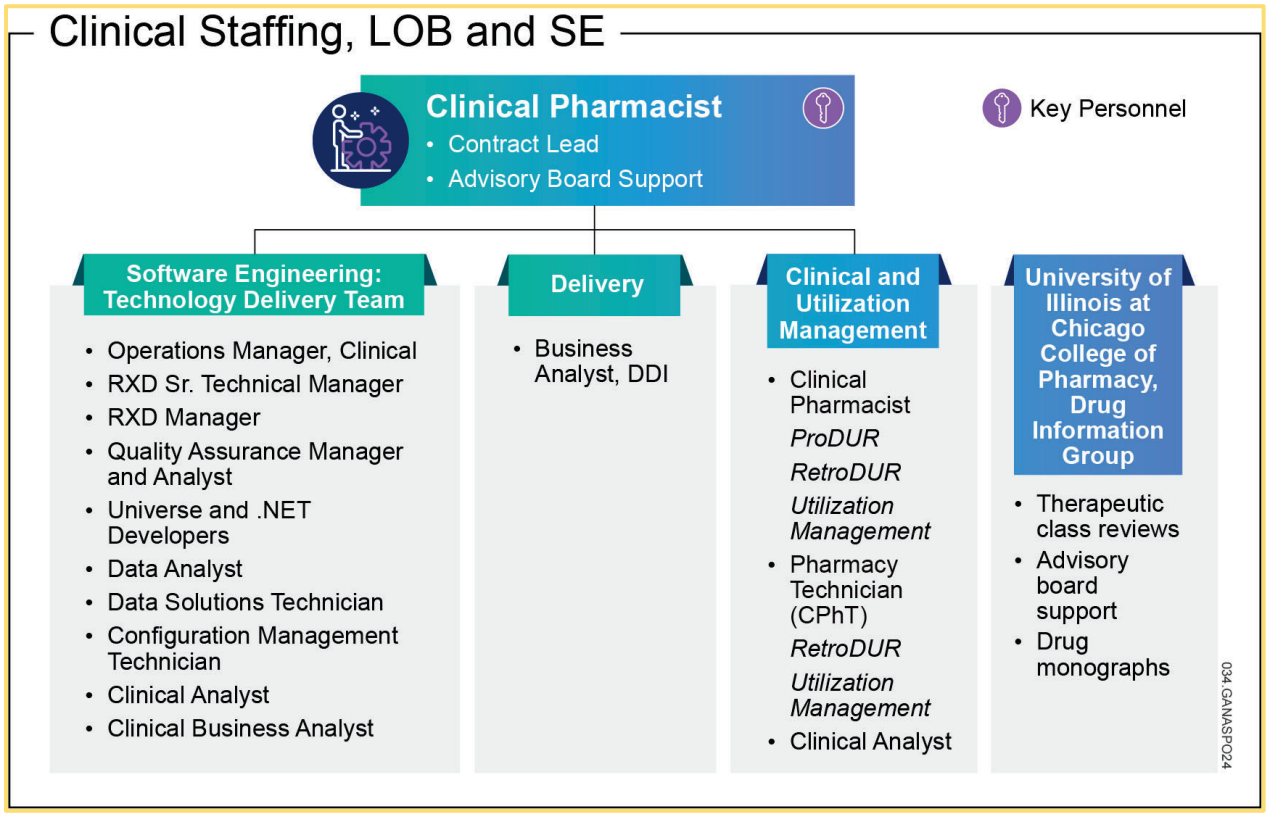


Figure U.8-2. Organizational Chart
Our most efficient staffing structure, where lines of responsibilities and lines of communication are clear and direct.

Our staffing approach addresses the key components necessary to drive a successful implementation. This includes employing a strong, disciplined, and qualified project management staff that is committed to working in collaboration with DOAS and other States. We base our staffing plan on our previous experience and successful implementations. We work closely with DOAS and other States to tailor this plan so that critical staff members are available as needed.

b) Roles and Responsibilities of Staff, and c) Job Titles and Qualifications

In Table U.8-1, we provide the roles, responsibilities, and required qualifications of key and critical staff for this Project. Additional key staff will be identified at the Participating Addendum level.

Table U.8-1. Conduent CMS Staff Roles, Responsibilities and Required Qualifications

Role	Responsibilities and Required Qualifications
Clinical Pharmacist (Key)	• Serves as the point-person for management of the relationship Conduent maintains with the Department and manages all escalations. • Manages and directs DOAS and other States' Advisory Board meetings • Manages and directs Conduent's DUR program staff, with responsibility for oversight of the RetroDUR program, including representation at the DOAS and other States' Advisory Board meetings • *5+ years of experience managing government healthcare accounts and contracts. Preferred to have experience in Managed Care or governmental pharmacy services* • *Bachelor's degree from an accredited pharmacy college or university, with a Pharm.D. degree preferred* • *Active professional pharmacy license*
SE Operations Manager, Clinical	• Oversight of key Software Engineering resources for operations team • Respond to internal team for issues or support • Maintenance and support for the PCM Services solution • During operations, serves as the single point of contact for system issues • Leads and coordinates Conduent's operations activities. • *Bachelor's degree from an accredited university* • *Minimum 5 years of experience managing large delivery teams*
Clinical Manager	• Actively supports Account Manager, with direct responsibility for clinical staff, including oversight and management of subcontractor performance • Serves as key subject matter expert and lead for ProDUR, RetroDUR, and Utilization Management deliverables • Bachelor's degree from an accredited pharmacy college or university, with a Pharm.D. degree preferred • Active professional pharmacy license • At least five (5) years of direct management experience in the healthcare industry • Preferred *experience in Managed Care or governmental pharmacy services*

Other critical roles within our staffing structure include:

- Clinical Pharmacist
  - Supports Clinical Manager for ProDUR, RetroDUR, and Utilization Management deliverables
  - Manages Utilization Management deliverables including criteria for covered products includes metabolic and nutritional formulas
  - Manages appeals reviews and attends hearings
  - *Bachelor's degree from an accredited pharmacy college or university, with a Pharm.D. degree preferred*
  - *Active professional pharmacy license*
- Clinical Analyst
  - Manages quarterly evaluations of ProDUR and RetroDUR interventions
  - Supports monthly and quarterly DUR summary reports
  - Supports Clinical Manager with annual DUR report
  - Provides pre and post RetroDUR mailing analysis.
  - Manages RetroDUR data mining in collaboration

- Business Analyst, DDI
  - Supports Project Manager for Requirements, RTM, Review of Test Cases, and Support Documentation Requirements
  - Works with our clinical team to code RetroDUR clinical criteria into our proprietary clinical rules software
- Certified Pharmacy Technicians (CPhT)
  - Supports Clinical Pharmacist and Clinical Manager or ProDUR, RetroDUR, and Utilization Management deliverables

Subcontractors

To bolster your program with an additional level of clinically driven, evidence-based support, our proposed subcontractor is the **University of Illinois at Chicago (UIC) College of Pharmacy, Drug Information Group (DIG)**.

Founded in 1896, the University of Illinois Chicago College of Pharmacy has a long history of excellence and is a world-renowned teaching and research institution with campuses in both Chicago and Rockford, Illinois. The institution has always been at the forefront of the ever-changing world of Pharmacy. Conduent has partnered with UIC DIG to deliver the highest quality clinical services for the requirements described in the RFP.

Conduent, together with UIC DIG, brings an exhaustive understanding of pharmacy clinical services. As an independent team of academic clinical experts, UIC DIG will support our clinical team for clinical drug monographs, therapeutic Class Reviews (TCRs), and State Advisory Board presentation support.

We have had the privilege of prior partnering with UIC DIG to deliver quality services in support of Conduent state Medicaid clients. We value our successful history working with UIC DIG and look forward to continuing our collaboration for the PCM services.

Table U.8-2 provides additional information about Conduent's proposed subcontractor, UIC DIG, and the independent academic experience and qualifications they will bring to the Contract.

Table U.8-2. Subcontractor Information: University of Illinois at Chicago College of Pharmacy, Drug Information Group

Requirement	Response
a. Subcontractor's name and address	University of Illinois at Chicago College of Pharmacy, Drug Information Group Department of Pharmacy Practice 833 S. Wood Street, Room 164 Chicago, IL 60612
b. Roles and responsibilities to be delegated to the Subcontractor for purposes of this Contract	UIC DIG will support Conduent in the following roles and responsibilities of this Contract: • Clinical Management Services – Supporting the State Preferred Drug List (PDL) and Provider Administered Drug List (PADL). This support will include supplying factors for formulary consideration and developing clinical monographs. • DOAS and other States' Advisory Board Support – Developing drug monographs for new drug entities – Supporting Conduent clinical staff in the creation of presentation material for the State Advisory Board meeting

c. Subcontractor's qualifications to perform these roles and responsibilities.	The UIC Drug Information Group (DIG) is a business unit within the University of Illinois at Chicago College of Pharmacy. As a team of 15 trained clinical pharmacists and drug information faculty who specialize in retrieving, analyzing, and synthesizing evidence used to inform clinical decision making, they bring many years of experience writing and updating therapeutic class reviews for several clients. The UIC DIG is a premier drug information service with experience and expertise in: • Application of the systematic approach to deliver timely, evidence-based responses to drug information queries • Development of high-quality, clinically-focused resources • Education of pharmacy and healthcare professionals
d. Copy of the Subcontractor contract; the State will accept a letter of agreement with a prospective Subcontractor pending formalization of a final contract with details relevant to "c" in this section.	At the end of this Response Worksheet, we provide a letter of agreement with UIC DIG pending formalization of a final contract with details relevant to "c" in this section.

9.	Bookmark Title: MSQ9 – Project Stages and Phases Bookmark Title for Supporting Material: ➢ MSQ9.1 – Best Practices ➢ MSQ9.2 – Lessons Learned Narrative description is limited to five (5) pages, exclusive of required supporting material. Demonstrate your understanding of the Project Stages, Project Phases, timeline, expectations, and responsibilities as outlined in the Attachment C: Common Scope Requirements and Security Standards, Section 2.2 Project Stages and Project Phases. If your plans for the proposed services differ from the suggested outline, please explain the differences and how the proposed plan is a better fit for the State's needs. Include best practices and lessons learned that may be applied in the execution of these services and identify any additional proposed Milestones for the project.

Supplier Response

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for PCM services and provide a compliant narrative response to: Attachment C – Common Scope Requirements and Security Standards, Section 2.2 Project Stages and Project Phases.

Conduent has a deep understanding of the Medicaid environment, partnering with complex pharmacy systems, healthcare data, and what it takes to implement and operate the Pharmacy Clinical Management Services (PCM) module.



To deliver the functionality this RFP requires, we implement and operate a set of modules as part of our PCM Services solution. These modules include all the functionality required for PCM operations, including:

- DOAS and other States' Advisory Board Support
  - Conducting therapeutic class reviews/clinical drug monographs
  - Developing presentation materials
  - Recruiting board members
- Drug Utilization Review (DUR) Program including Prospective Drug Utilization Review (ProDUR)
- Utilization Management Program/Steerage
  - Developing and maintaining criteria
  - Step therapy and QLLs guidance
  - Managing the denials/appeals process and attending hearings
- Retrospective Drug Utilization Review (RetroDUR)
  - Providing Clinical Pharmacist oversight
  - Receiving claims from PBA vendor
  - Maintaining RetroDUR criteria
  - Submitting communication/intervention materials to prescribers
  - Conducting educational outreach

We also provide a list of implementation and operational best practices and lessons learned with our submission in attachments MSQ9.1 – Best Practices and MSQ9.2 – Lessons Learned.

Approach to Design, Development, and Implementation (DDI) Project Stage

Unlike solutions some of our competitors offer, our PCM Services solution was built specifically for Medicaid, by Medicaid experts. This modern, up-to-date Medicaid foundation enables us to meet your requirements using our base PCM Services solution. This means no costly, ground-up development work is needed. Our highly configurable solution enables us to implement the PCM Services project in just five months as depicted in Figure U.9-1.

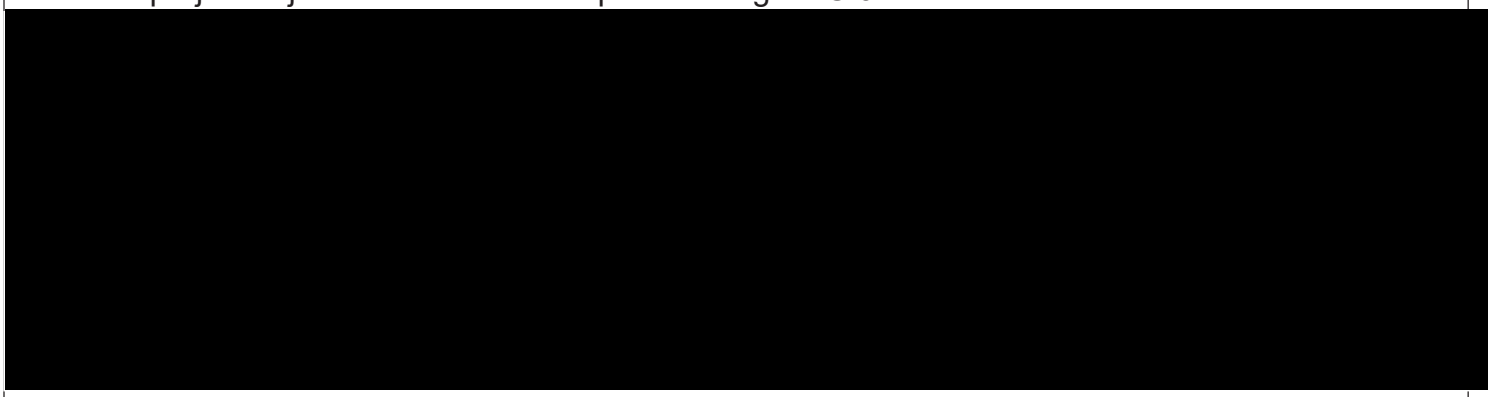


Figure U.9-1. High-Level Implementation Timeline
Conduent's highly configurable PCM Services solution can be implemented in just five months.

Our DDI phases closely match the required phases identified in the NASPO RFP; however, our solution does not require custom design or development to meet your requirements. **This key benefit reduces implementation time and costs.**

In the sections below, Conduent identifies key activities within each phase.

Project Planning and Startup. During this phase, we hold a project kickoff meeting with the State and all PCM stakeholders to introduce key project staff, review project goals, provide a solution overview, and discuss other topics related to the new PCM Services solution. We also work closely with you to finalize the project schedule and confirm the project scope of work and requirements.

Figure U.9-2 shows the tasks conducted during the Project Planning and Startup phase. Completing these tasks helps our team establish what needs to be accomplished during the project and define processes for monitoring, tracking, and recording work.



Figure U.9-2. Project Planning and Startup Phase
Project planning and startup phase tasks help our team define project objectives, and processes for monitoring, tracking, and recording work.

Design, Configuration, and Testing. We work with you to configure the baseline solution to become a State specific PCM Services solution. We apply an iterative approach to deliver functionality within multiple workstreams, allowing different teams to work simultaneously on the project. This approach helps us expedite the solution standup process. Recommended workstreams include the following:

- State Advisory Board Support
- Drug Utilization Review (DUR) Program including Prospective Drug Utilization Review (ProDUR)
- Utilization Management Program/Steerage
- Retrospective Drug Utilization Review (RetroDUR)
- Reporting

Using this approach, we can quickly establish interfaces with external systems, document data layouts and definitions, configure reports, and learn about your areas of concern. We also hold knowledge transfer sessions with the State and incumbent vendor to understand your “as is” and “to be” business functions and integrate into your program environment.

Operational Readiness and Production Cutover. Before launching the PCM Services solution into operations, the Conduent leadership team and State hold a Go/No-Go meeting to review implementation activities and confirm that the systems, processes, policies, and support infrastructure are ready to provide the PCM functionality in operations. We begin operations following written approval from the State. Following this process, you can be confident that our implementation approach accounts for the entire solution, from technology to people and processes.

Approach to Operations and Maintenance (O&M) Project Stage

Our operations approach provides best practices for managing, overseeing, and continually improving the processes and procedures used for operational activities and maintenance.

Our recommended O&M phases match the required phases identified in the NASPO RFP. In the sections below, Conduent identifies key activities within each O&M phase.

Initial Operations. Once the PCM Services solution enters operations, Conduent provides a warranty period to confirm the solution functions according to your requirements. During this time:

- Conduent identifies any nonconformances and documents and logs them as defects.
- Conduent remediates defects to confirm the system functions according to design.
- Conduent corrects the defects at no charge.

Operations. We bring a 360-degree support and maintenance structure, as depicted in Figure U.9-3, that preserves the achievements gained during the implementation. We provide ongoing maintenance of the PCM Services solution to meet your requirements and expectations throughout the life of the contract.

Table U.9-1 highlights key services provided as part of operations.



Figure U.9-3. Conduent's Comprehensive Operational Support
Our operational support provides our clients with access to the resources and tools needed to meet their requirements and goals throughout the Operations Phase.

Table U.9-1. Highlights of Conduent PCM Solution

Business Area	Conduent's Services
Seamless Integration	
Clinical Support Services	
Reporting	

Our operations approach is grounded in the principles we follow starting from the first tasks of the Project Planning and Startup Phase and continuing through the life of the engagement. Our focus remains centered on delivering and maintaining business processes that the State needs.

Turnover and Contract Closeout. Our approach to project closeout and turnover focuses on customer satisfaction with little to no disruption in services. Our Turnover Team completes turnover tasks efficiently and professionally, in accordance with DOAS and other States' requirements and preferences. Conduent strives for a “top-down” turnover, in which all aspects of the project – including operations, services, and module components – are identified, detailed, and turned over to DOAS and other States or the successor contractor in an orderly fashion.

10.	Bookmark Title: MSQ10 – Transition & Integration Narrative description is limited to three (3) pages. Describe how you will handle the transition activities from the incumbent Clinical Management vendor. Include the value-add of your approach and techniques in terms of cost savings, quality improvement, and/or savings to the project schedule for the State. Describe your integration approach with the Pharmacy Benefit Administrator (PBA) vendor and its system.

Supplier Response

Transition Overview

Our transition approach embraces cooperation with DOAS and other States, incumbent PCM vendor, and PBA vendor to support a collaborative transition period and minimize disruption to program stakeholders. We carefully prepare, plan, oversee, and execute transition activities to advance this critical phase smoothly, with minimal adverse impact on program services.

We designate a Conduent Project Manager and Implementation Lead at the beginning of the project to minimize the potential for disruptions. The Project Manager is responsible for the completion of all Conduent transition activities, serving as the primary point of contact for DOAS and other States, incumbent vendor, and PBA vendor. The Implementation Lead coordinates the PCM Services solution establishment, including software installation, site preparation (if needed), scheduling, and data migration activities.

Transition Plan. Working with DOAS and other States, we develop a Transition Plan to fully document the approach to PCM transition and cutover. The plan provides the framework, formats, content, and timelines to conduct an orderly, controlled, and complete transition that minimizes processing and service disruption.

- **Orderly.** Our transition approach incorporates DOAS- and other States-specific requirements and follows our standard transition structure, beginning with technical and operations workgroups that plan and execute transition activities. Our Project Manager identifies and schedules requirements verification meetings, knowledge transfer sessions, and cutover activities to support a comprehensive transition. We work with DOAS, other States, and the incumbent vendor to define and agree upon transition processes and timelines so that these activities occur with predictability and precision.
- **Controlled.** We apply the same project management rigor and progress monitoring in all project phases including transition. We work with the DOAS, other States, the incumbent vendor, and PBA vendor to implement a governance model that includes a management team and an oversight committee to carefully track progress against the planned schedule, mitigate risks, handle escalations, review data, and monitor the completion of transition activities. Through these levels of governance, we proactively identify, track, and report on transition risks and issues, noting status, ownership, and resolution dates for each item.

- **Complete.** Our Transition Plan covers a variety of topics that include data migration, knowledge transfer, and system cutover activities. We maintain an inventory of project deliverables, contract and operational documents, work-in-process, and other assets. We track information, training, and knowledge that we must gather from the incumbent vendor and the information that we need to share with DOAS and other States or other modular vendors as part of the transition. We plan and track transition activities against these inventories to make certain all operational components are ready for implementation.

Our approach to transitioning PCM services from the current vendor supports a transition with minimal disruption to program stakeholders. We emphasize the need to collaborate with DOAS and other States to understand your current program environment, maximize your familiarity with the new solution, facilitate approvals, and mitigate risks.

Knowledge Transfer. To support a seamless transition of PCM services, we schedule knowledge transfer sessions with the State and the incumbent vendor to gather current program information. We also work with the incumbent vendor and PBA vendor (as needed) to document the following information:

- State Advisory Board Support and Board Members
- DUR and ProDUR State-specific Rules
- Utilization Management Program Criteria and Processes
- RetroDUR Processes and Criteria

This information helps us understand the current program environment, identify areas for potential improvements, and facilitate a transition that minimizes disruption to program stakeholders. When possible, we request that vendors provide current documentation before the knowledge transfer meeting allowing our team to formulate questions and facilitate discussions.

Integration with Pharmacy Benefit Administrator. We work closely with DOAS, other States, and the PBA vendor to establish protocols, schedules, rules, and error-handling processes for each interface. This includes the definition of the message structure and protocols that govern the exchange of data between systems; the identification of the communication path for data to flow between the systems; completion times, timing windows, and inbound definitions, as well as delivery requirements for outbound interfaces.

We complete an Interface Control Document (ICD) for each required interface. The ICD captures the information needed to establish each interface, including definition, file layout, and specification as well as data assembly (envelope), data elements, communications, and security. We review the ICD for alignment with DOAS and other States' requirements and update it as required. Figure U.10-1 shows an excerpt from our ICD.

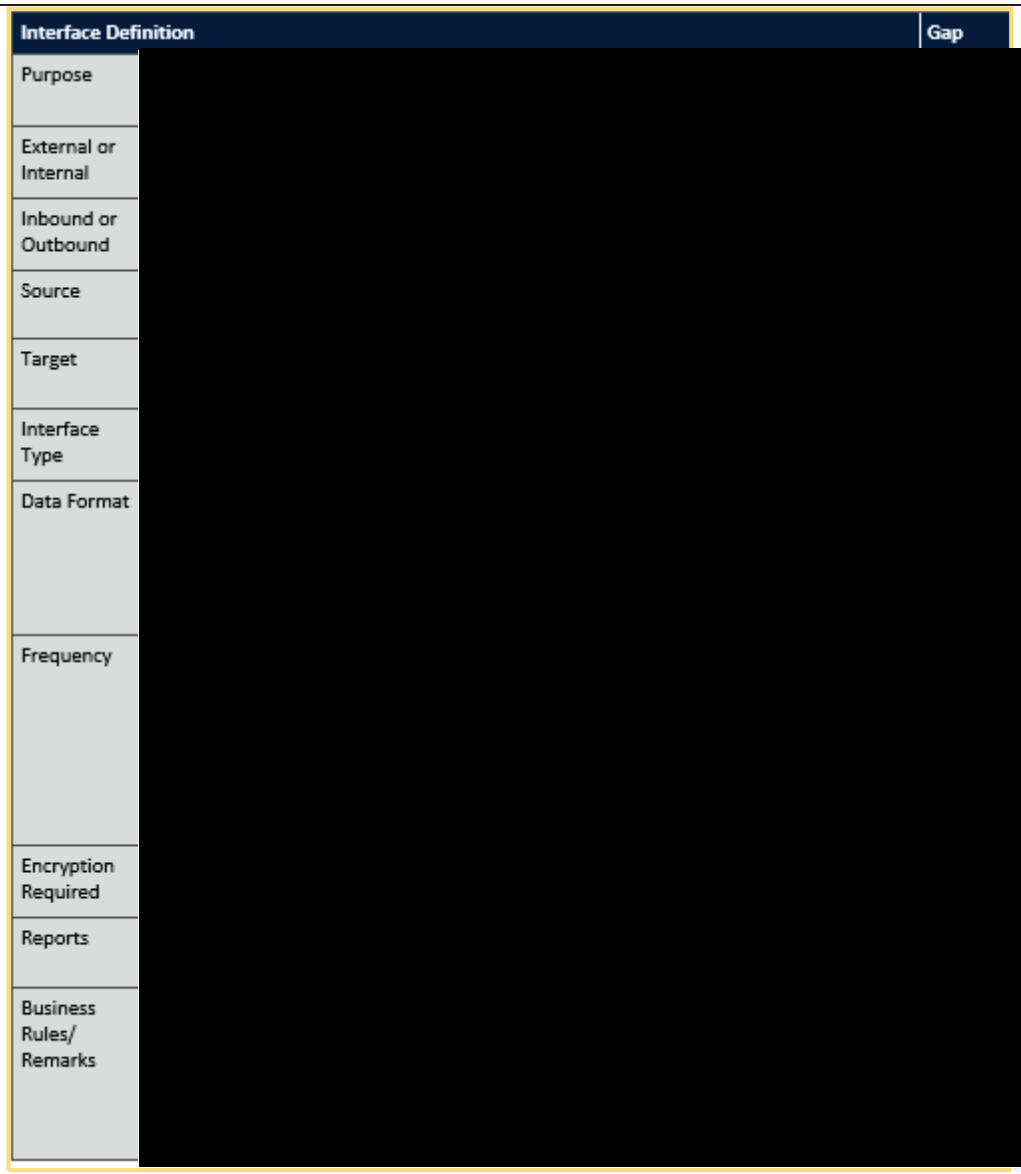


Figure U.10-1. Interface Control Document Excerpt

Our ICD template helps facilitate the flow of data between the PBA and PCM vendors.

Throughout the project, Conduent maintains current data interfaces and develops new interfaces as necessary to meet project needs. We test interfaces both internally and externally with business partners, to achieve true end-to-end functionality and put the measures in place for handling file receipt errors and other failures.

11.	Bookmark Title: MSQ11 - Project Management Bookmark Title for Supporting Material: • MSQ11.1 - Project Schedule/Project Work Plan (Sample) • MSQ11.2 - WBS tasks and Project Outputs (Sample) • MSQ11.3 - Implementation Plan (Sample) • MSQ11.4 - Quality Management Plan (Sample) • MSQ11.5 - Requirements Management Plan (Sample) • MSQ11.6 - Change Management Plan (Sample) • MSQ11.7 - Risk Management Plan (Sample) • MSQ11.8 - Communications Management Plan (Sample) • MSQ11.9 - Integration Plan (Sample) • MSQ11.10 - Operations & Maintenance Plan (Sample) • MSQ11.11 - Training Plan (Sample) • MSQ11.12 - Cost Management Plan (Sample) • MSQ11.13 - Stakeholder Management Plan (Sample) Narrative description is limited to five (5) Pages, exclusive of required supporting material. Provide a description of the project management approach, including, but not limited to, the methodology and implementation of the system to be used for monitoring and control of scope, schedule, and cost. Additionally, describe any previous experience managing similar projects using the Project Management Lifecycle (PMLC) and Project Management Book of Knowledge (PMBOK) throughout the life of the contract. Refer to Attachment C - Common Scope Requirements and Security Standards, Section 2 Project Organization and Management and Attachment F – Pharmacy Benefit Administrator Services Scope of Work. In the Supporting Material, include a draft or sample project management plan representative of this project. In your narrative response, explicitly identify any differences between the State's project management approach from your proposed approach, including all responsibilities.

Supplier Response

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for PCM services and provide a compliant narrative response to: Attachment C - Common Scope Requirements and Security Standards, Section 2 Project Organization.

Managing Start-up with Conduent's Quality Management System

Conduent's project management and service delivery approach is based on our innovative Quality Management System (QMS) – a collection of turnkey plans, processes, and procedures that enable our team to reliably plan, execute, monitor, control, and close project activities in alignment with your requirements and standards. The QMS includes project management, system development, operations, and training processes based on our experience and industry standards such as:

- Project Management Institute's A Guide to the Project Management Body of Knowledge (PMBOK® Guide)
- Project Management Lifecycle (PMLC)

- Software Engineering Institute's (SEI) Capability Maturity Model Integration (CMMI®)
- CMS Certification and Testing Framework

This holistic approach enables our team to execute project tasks, while closely monitoring and controlling scope, schedule, and costs. Advocating the standardized and consistent processes in our QMS, not only allows us to achieve a successful implementation but also enables us to repeat these processes to support your operations and future system enhancements.

Table U.11-1 provides an overview of the key areas within our QMS, as well as the benefits the QMS provides to DOAS, other States, and your stakeholders.

Table U.11-1. QMS Methodology Overview

QMS Methodology	Key Attributes and Benefits
Project Management Methodology (PMM)	[redacted]
System Development Methodology (SDM)	
Training Methodology	
Operations Methodology	

Our QMS processes closely align with RFP requirements and industry standards and best practices. **This initial alignment means Conduent can meet your project management requirements through only minor modifications to our existing project management processes.**

Project Management Methodology (PMM)

To guide the implementation of the PCM Services Project, we offer a comprehensive PMM that includes processes, procedures, templates, tools, training, and best practices.

Our PMM, documented in our project management plans, defines key project management processes, roles, responsibilities, and metrics required to execute and monitor all project activities.

Our project management plans are standardized and easily configurable, meaning we can quickly tailor the plans to align with your project management requirements. Applying our PMM helps us monitor and control the project to keep it on schedule, on budget, and within scope.

We set aside time during project startup and planning to review each project management plan with you. We collaborate with the State and your partners to configure our processes and supporting artifacts. We submit the completed documentation to the State for review, feedback, and approval to align project processes and goals. We execute these processes early in the project to set the stage for success.

We include several project management plan templates from our QMS in the supporting material section of this proposal, including:

- MSQ11.1 – Project Schedule/Project Work Plan (Sample)
- MSQ11.2 – WBS tasks and Project Outputs (Sample)
- MSQ11.3 – Implementation Plan (Sample)
- MSQ11.4 – Quality Management Plan (Sample)
- MSQ11.5 – Requirements Management Plan (Sample)
- MSQ11.6 – Change Management Plan (Sample)
- MSQ11.7 – Risk Management Plan (Sample)
- MSQ11.8 – Communications Management Plan (Sample)
- MSQ11.9 – Integration Plan (Sample)
- MSQ11.10 – Operations & Maintenance Plan (Sample)
- MSQ11.11 – Training Plan (Sample)
- MSQ11.12 – Cost Management Plan (Sample)
- MSQ11.13 – Stakeholder Management Plan (Sample)

We work with you throughout the project to make incremental improvements to our processes and to align our documentation with the project's evolving needs.

Project Governance, Status Reporting, and Leadership Controls

Governance. We work collaboratively with the State to establish a project governance model that defines channels of communication and processes to monitor and control the project's schedule, scope, and costs. Our proactive approach to governance allows us to anticipate potential risks and issues, implement changes effectively, improve project performance, and achieve program objectives. Figure U.11-1 outlines our recommended governance approach for the project.



Figure U.11-1. Proposed Project Governance Model
Our governance model improves project outcomes by enabling communication, alignment, and monitoring across all levels, stakeholders, and vendors.

Our proposed governance model emphasizes the importance of providing necessary, fact-based information to DOAS and other States' leadership for decision-making and issue escalation. Executive leadership draws on available data, opinions, and manager recommendations when rendering decisions and providing strategic direction.

Status Reporting. In alignment with our overall governance model, we work with DOAS and other States' early in the project to establish a weekly status meeting. We conduct status meetings with DOAS and other States to review project status, risks, issues, action items, solution and staffing changes, recent deliverables, upcoming milestones, and schedule progress. We work with you to review and modify our status report template to meet your reporting requirements. Our Project Status Report Template includes:

- A description of the project's overall schedule, resources, and budget status
- Planned and actual deliverable start dates, end dates, and percent complete
- Work planned and completed during the reporting period
- Work planned to be completed for the upcoming reporting period
- Open and closed issues and risks, project changes, and testing status and metrics

As the project moves into operations, we adjust our reporting approach, tracking SLAs and operational performance to meet your program requirements. We agree in advance on operational performance standards and how these performance standards are tracked and reported. We provide

progress reports and report any risks, problems, and Corrective Action Plans, if necessary, to provide a comprehensive view of our operational status.

Leadership Controls. Conduent leadership closely monitors implementation progress to keep our projects on time and under budget. Through weekly reporting, our leadership team ascertains the status of the project in key areas such as scope, schedule, budget, resources, technical performance, operational performance, and client satisfaction. This serves as both an early warning system, allowing our leadership team to quickly identify potential problems, and a pathway to problem resolution, supporting escalation and remediation before problems negatively impact project delivery.

Figure U.11-2 shows our project health repository dashboard, with sensitive client information redacted.



Figure U.11-2. Conduent Leadership Implementation Status Dashboard
The Implementation Status Dashboard allows executive leadership to view the health of each project and identify trends across implementations.

From this dashboard, leadership can drill down to specific project information as seen in Figure U.11-3. This detailed view provides additional information on each specific project, including an Executive Summary field that summarizes key tasks, activities, and escalations from the previous week. If a project is deemed to be in Yellow or Red status, the Project Manager must work with the executive leadership team to formulate a “Go to Green” plan. The Go to Green plan outlines a path to return the project to green status.

Depending on the type of problem, this could involve executive-level decision-making, additional resource allocations, re-baselining the schedule, identification of potential change requests to expand scope, or other forms of management intervention. Continuous engagement and collaboration between Conduent’s executive and project-level leadership helps to keep the project on track and address potential problems quickly.



Figure U.11-3. Conduent Leadership Project Status Detail
Detailed information on each implementation allows our leadership team to intervene quickly when potential problems arise.

Through accurate execution of our PMM, we generate work performance information and status reports that are informative, comprehensive, and transparent. This helps to keep DOAS, other States, and Conduent Leadership informed on project progress and ready to intervene if results deviate from expectations.

Proven Experience Meeting Industry Standards

For decades, we have worked with government healthcare agencies to implement systems and solutions that meet the needs and challenges of the evolving healthcare environment. We use our QMS on each implementation – incorporating industry standards and best practices from the PMLC and PMBOK Guide. These industry standards establish a foundation from which we build State-specific processes to monitor and control our projects. Recently, we have used these processes on projects including:

In addition, we also comply with the most important industry standard, CMS Streamlined Modular Certification (SMC). Our impeccable certification track record is a testament to our capability to adhere to industry standards and achieve our client's goals.

12.	Bookmark Title: MSQ12 – Role Understanding Narrative description is limited to five (5) pages. Describe your understanding of your role and responsibilities in the project, your relationship to the other resources and stakeholders involved, including the State's Project Management Office (PMO), or equivalent office, PBA vendor, and Fraud Waste and Abuse vendor. Describe how you will collaborate and provide leadership among the various resources and stakeholders and provide examples of past successes in a similar environment. Refer to Attachment C: Common Scope Requirements and Security Standards.

Supplier Response

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for PCM services and provide a compliant narrative response to: Attachment C: Common Scope Requirements and Security Standards.

Understanding of Roles and Responsibilities

As a core tenant of our approach, we foster a collaborative partnership with our Medicaid clients and program stakeholders. We provide leadership within our program area, support the needs of other stakeholders, share data and program insights, and establish project governance to oversee changes and implement improvements. We work with DOAS and other States to seamlessly integrate into your Medicaid environment. Our experience in complex multi-vendor environments across the nation, from both Pharmacy and MMIS perspectives, positions us to partner, advise, and support your clinical decision-making processes. Together we can anticipate challenges and identify opportunities for improvement initiatives and collaboration.

Expectations for Roles and Responsibilities

In Table U.12-1, we provide details on how our relationship with other vendors and project stakeholders supports the proper development and management of the project.

Table U.12-1. Roles and Responsibilities in the Project

Resources and Stakeholders	Relationship
State's Project Management Office (PMO)	• Conduent coordinates with the States' PMO, or equivalent unit, as well as other stakeholders to establish and maintain the project management processes to help manage the daily activity of our staff. We post all project management documentation, including risks, issues, action items, and decisions to the State's SharePoint site. • We notify the State of the number of staff who need access to the project SharePoint site, project management tools, and project dashboard and update the State throughout the life of the project when this number changes. All our project plans conform to the templates, standards, and processes as defined by the State's PMO, and support and align with project management activities at the program level. • Throughout the duration of the contract, Conduent works with or at the direction of the State or its designee to complete all project tasks and implement our solution, in alignment with requirements.
Fraud, Waste and Abuse Audit Services Vendor	Applicable clinical guidance and rules will be provided to the FWA vendor to enable their concurrent review and desk/field audits.
Pharmacy Benefit Services Vendor	We will provide clinical rules and guidance based on medical and pharmacy review to the Pharmacy Benefit Services vendor.

Success Stories

Over the decades, we have worked in partnership with our customers and their partners to modernize their solutions and adhere to new or revised rules, regulations, policies, standards, and guidelines. Our key strength lies in the PBA arena where we have held a prominent role for three decades in delivering integrated solutions to clients nationwide.

As an organization with over **52 years** of total Medicaid services experience, we have many success stories. In this section, we share some of these stories so you can be confident of the commitment we deliver to all our clients.

Opioid Utilization – Midwest (Medicaid)

The Challenge. Medicaid clients are prescribed opioids at twice the rate of the rest of the population and are three to six times more likely to overdose. Conduent worked with a state client on a multi-faceted approach to help combat the opioid crisis.

The Solution. We implemented our automated PA solution to help limit the dose and duration of initial opioid prescriptions and ensure safe dosing of chronic opioids.

Our solution included automating clinical PA business rules to conduct cumulative Morphine Milligram Equivalent (MME) editing of opioid prescriptions at the POS in addition to other safety checks such as: implementing edits to prevent doctor shopping/pharmacy hopping by improving coordination of care and automating both PDL and clinical criteria including quantity limits through PA solution rules.

Fee-for-Service (FFS) Transition – Upper Midwest (Medicaid)

The Challenge. Our state customer assessed the cost of pharmacy processing claims from current MCOs and considered an FFS transition for savings. The objective was to save the State an estimated $3.991 million in net administrative savings for 20,000 members by the avoidance of paying $4.554 million to MCOs for administrative costs.

The Solution. In 2020, our client requested the account management (AM) team to assist in the transition of FFS by consolidating pharmacy processing claims from two managed care organizations (MCOs) into our FFS claims processing system. Our AM team worked collaboratively with ND by creating an implementation plan to transition the pharmacy claims appropriately and efficiently.

ProDUR (SmartPA) / Claims evaluated at Point of Sale (POS) – Midwest (Medicaid)

The Challenge. The State's Prospective Drug Utilization Review (ProDUR) program requires prescription drug claims to be evaluated at the pharmacy point of sale and screened for drug therapy problems such as drug-disease interactions and contraindications, drug-drug interactions, incorrect drug dosage, duration or overutilization or underutilization of drug treatment, medication appropriateness, and therapeutic duplication. The objective is to provide the pharmacist with on-line adjudication processes with functionality to perform key checks that identify issues and resolve problems before the patient receives the medication.

The Solution. The State's AM Team supports the state by using our automated prior authorization (PA) process (SmartPA) application to implement rules such as "clinical edits" within the clinical rules engine. The automated PA process initiates once the claim submits through the pharmacy POS system. This submission prompts the SmartPA application to conduct a real-time analysis of information for all targeted medications and produces a comprehensive PA determination. The modeling for PA determination is set from defined criteria within the clinical rule's engine, combined with pharmacy and medical data and is presented to the pharmacy POS in real time.

We bring a history of innovation to the healthcare arena, developing products and services that have assisted our government clients to meet the challenges of an ever-changing state and federal regulatory landscape and to improve the administration of their programs.

UNIVERSITY OF
ILLINOIS CHICAGO

College of Pharmacy

April 10, 2024

Tracey Woods
Agency Sourcing Manager
State of Georgia, Department of Administrative Services, State Purchasing Division
200 Piedmont Avenue, SE
Atlanta, GA 30334-9010
PBA.Procurement@dch.ga.gov

Re: The State of Georgia, Department of Administrative Services (DOAS), on behalf of the Department of Community Health (DCH) request for proposals for Pharmacy Benefit Services in furtherance of the NASPO ValuePoint Cooperative Purchasing Program, eRFP (Event) Number: 41900-DCH0000136

Dear Ms. Woods,

In accordance with Attachment U, Requirement MSQ8 – Staffing, we confirm our participation in the Pharmacy Benefit Services eRFP (Event) Number: 41900-DCH0000136 proposal. This letter serves as our organization's intended commitment to working with Conduent State Healthcare, LLC. (Conduent).

The University of Illinois at Chicago (UIC) Drug Information Group (DIG) is a business unit within the University of Illinois at Chicago's College of Pharmacy. As a team of 15 trained clinical pharmacists and drug information faculty who specialize in retrieving, analyzing, and synthesizing evidence used to inform clinical decision making, our team brings many years of experience writing and updating therapeutic class reviews for several clients. The UIC DIG is a premier drug information service with expertise in:

- Application of the systematic approach to deliver timely, evidence-based responses to drug information queries
- Development of high-quality, clinically focused resources
- Education of pharmacy and healthcare professionals

Please let us know if you have any questions or if we can provide any additional information to assist in your evaluation and decision.

Sincerely,

Jen Phillips, PharmD, BCPS, FCCP, FASHP
Clinical Professor
Director, Drug Information Group
Department of Pharmacy Practice

College of Pharmacy
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833 S. Wood St., Room 164 (MC 886)
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