# Attachment Z
# Pharmacy Drug Rebate Services
# Mandatory Scored Response Sheet

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<br><br>The Executive Summary is limited to five (5) pages.<br><br>Provide an Executive Summary that illustrates the Supplier's understanding of and capability to provide the requested services as described in Attachment I - Pharmacy Drug Rebate Services Scope of Work and Attachment C - Common Scope Requirements and Security Standards.<br><br>The Executive Summary must include a brief corporate background of the Supplier, including the date the Supplier was formed, established, or created, total number of employees, Equal Employment Opportunity policy and current percentages in key positions, and location of the Supplier's primary and any satellite offices. |

**Supplier Response**

Conduent State Healthcare, LLC (Conduent), is excited that the NASPO ValuePoint Cooperative Purchasing Program, with Georgia as the lead state, is seeking a Pharmacy Drug Rebate Services (PDR Services) vendor. We are pleased to present the Georgia Department of Administrative Services and other NASPO States (DOAS and other States) with our Conduent Medicaid System (CMdS) Rebate Administration solution which provides functionality and services for the DOAS and other NASPO States (DOAS and other States). After carefully reviewing the defined scope of work for the PDR Services project, the CMdS Rebate Administration solution meets or exceeds the requirements for DOAS and other States Medicaid Program-specific functionality. **Our goal is to optimize rebates, eliminate waste, and lower costs.**

## Conduent's PDR Services Team and Solution

States need a partner to help ensure all policies and regulations are followed to the letter and that PBM rebates are correctly determined and processed efficiently for the benefit of the state and its constituents.

Conduent believes that we are the strongest available partner to deliver the PDR Services Scope of Work for DOAS and participating States.

**Maximizing rebates translates to savings!**

As an industry leader with a robust PDR Services solution, **Conduent typically collects 95% to 99% of all rebates invoiced**. Our rebate team's operational expertise maximizes rebates by talking to clients daily and providing the right information to the right person at the right time.

**We have the Medicaid rebate experience and expertise you need to run the drug rebate services program smoothly.** Conduent has provided rebate administration services to state Medicaid programs for 25 years. Our CMdS Rebate Administration solution was developed specifically for the Medicaid Drug Rebate Program (MDRP). ***We have a perfect record; since we began supporting states with their drug rebate program needs, we have never failed to meet a CMS-required deadline.***

**We assign an experienced team of Conduent Medicaid PBM practitioners to assess and implement Conduent Medicaid System (CMdS) Rebate Administration solution aligned with each client's goals and financial objectives.** Unlike some vendors, Conduent does not have a learning curve for Medicaid rebate administration requirements.

**We are Independent. Conduent** offers complete independence from drug manufacturers, wholesalers, specialty pharmacies, or other parties that may seek to influence prescribing and utilization patterns. Furthermore, we do not own a Specialty Pharmacy or a multi-state pooled PDL supplemental rebate program. **This remains one of our strongest advantages as we continue providing personalized services without forcing you into a one-size-fits-all solution.** Your needs are never placed behind the needs of others. Our experience is well known; however, we are not locked into current policies and procedures that may have been developed for other clients.

**As an independent provider with no conflict of interest, Conduent provides full transparency in manufacturer negotiations, discussions, and methodology.** We collect approximately $5 billion annually for our ten drug rebate customers and never take any portion of the rebate dollars we collect. As a passthrough provider, the rebate funds go directly to our customers to help meet critical budgetary needs. In addition, Conduent does not keep a percentage of the direct or indirect savings.

**We bring an Innovative and Efficient rebate system.** Conduent provides a robust, configurable, and easy-to-use CMdS Rebate Administration solution. Our experience supporting multiple Medicaid programs and time-tested technology provides DOAS and other States with a complete solution. *Features and benefits of our solution include*:

**Updating in real-time with one system**

- We provide an FTP site to facilitate transmitting interfaces
- Other vendors have multiple systems with data in different systems, creating additional work

**Identifying every dollar available for invoicing and receiving rebate dollars faster than other vendors**

**Limiting the need for manual intervention**

**Auditing capability for claim and drug audits**

- The system runs audits when the claim is received
- The system has role-based access to allow different users to access information on a need-to-know basis

Our solution and services for delivery of the PDR Services scope requirements are detailed in Table Z.1-1.

**Table Z.1-1. Conduent's Solution and Services for Delivery**

| Service | Description |
|---|---|
| Pharmacy Drug Rebate and Supplemental Rebate Processing | [redacted] |

| | |
|---|---|
| | [redacted] |
| Supplemental Rebate (SR) Activity | |
| Invoice Processing | |
| Reporting | |
| Accounting for Rebate Activity | |



Redacted Copy-Available for Public Review Trade Secret

## Date Established and 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 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, **33 years** of pharmacy audit, **39 years** of fraud, waste, and abuse (FWA) detection, and more than **50 years** of government-sponsored healthcare experience, with a primary focus on Medicaid. We have provided rebate services supporting Medicaid for **25 years.**

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. **We provide a superior understanding of and capability to navigate the challenges associated with government benefits and services delivery. Conduent offers complete independence from drug manufacturers, wholesalers, specialty pharmacies, and other parties that may seek to influence prescribing and utilization patterns.** 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 then became the first contractor to process Medicaid pharmacy claims at the Point of Sale in 1992.** Since then, we have developed, implemented, and operated several generations of POS claims processing systems for our customers. We also implemented one of the nation's first pharmacy clinical services suites, delivering automated PA, therapeutic drug management, and pharmacy audit services.

**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. In terms of annual claims volume, we are one of the largest PBM vendors supporting government customers. 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.

While the PBM industry is consolidating with vendor takeover acquisitions, Conduent and our PBM solution operations are **100% focused on our Medicaid customers and the members they serve**. Conduent is the low-risk, transparent choice and DOAS can be confident in our abilities to

serve the families of Georgia and other NASPO states. We have the resources necessary to perform a seamless implementation and provide quality service throughout the contract term

## Certification Success

Conduent follows a proven, documented approach to achieving CMS certification. Unlike other vendors, CMS certification is not a learning curve for Conduent. We understand the importance of the certification process and protect your access to claim the maximum available federal matching funds. In early 2024, Conduent's Pharmacy Benefit Management (PBM) and Point of Sale (POS) solution met the CMS Medicaid Enterprise Certification Toolkit (MECT) for **Maryland on February 22, 2024.**

Our solution also received CMS certification in **North Dakota in May 2019** as part of our Medicaid Management Information System (MMIS). Certification allowed North Dakota to claim the maximum federal reimbursement amount of 75 percent for costs associated with the operation of the system going back to October 2015, the date the system began processing and paying Medicaid claims.

In fact, this same solution received CMS certification in **Montana in 2017** retroactive to our go-live date. This was a historic achievement, making Conduent the first vendor to earn CMS certification for a Medicaid pharmacy POS module based on federal checklists for modularity standards. **CMS praised our certification response to Medicaid Enterprise Certification Toolkit (MECT) protocols as being "best practice."**

## Equal Employment Opportunity Policy

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."

Conduent is strongly committed to the principles of equal employment opportunity and values diversity in the workplace. Please refer to our corporate-wide Statement of Equal Opportunity Employment, located at the end of this Executive Summary. In Table Z.1-2, we provide the

percentage of employees in key positions (i.e., management, directors, vice presidents, and officers) by equal employment opportunity (EEO) category as of March 2024.

**Table Z.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 this 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

In selecting Conduent, DOAS and other States partner with a vendor that understands your needs and provides a solution designed for today and the future. Our CMdS Rebate Administration solution is a Federal Risk and Authorization Management Program (FedRAMP)-certified, cloud-hosted, configurable, and mobile-friendly platform solution. Our deep rebate experience combined with our proposed innovative solution, qualified staff, and project management approach are the building blocks to providing exemplary services to DOAS and other States and, ultimately, Medicaid providers and members.

Our approach includes immediately identifying nuances and details in the data to relay pertinent information. We readily display analytics showing the impact of data findings. The result of this approach is **a more tailored supplemental rebate program for DOAS and Other States.** With Conduent's deep Medicaid and PBM experience, and our inventive CMdS Rebate Administration solution, we bring dynamic and creative capabilities to the DOAS and NASPO Participating Entities in providing PDR Services. The following pages detail how our expertise and attention to detail separate us from other vendors.

| | |
|---|---|
| **2.** | Bookmark Title: MSQ2 – System Capabilities<br>Bookmark Title for Supporting Material: MSQ2.1 – System Screenshots<br><br>Narrative description is limited to three (3) pages, not including the required supporting material.<br><br>Describe the Supplier's system's capabilities and limitations for allowing the State's online access to Centers for Medicare and Medicaid Services (CMS) Rebate and Supplemental Rebate program information. Include the following in the response descriptions (and appropriate screenshots in Supporting Material):<br><br>a. How the Supplier will provide the State's Authorized Solution Users access to review information such as invoice status, reporting data and reviewing the status of payments.<br><br>b. Any limitations with accessing information, such as payments received, or disputes resolved.<br><br>c. Any limitations with accessing information to see the bidding submission system for Supplemental Rebates.<br>d. The Windows or web browser that will be used.<br><br>e. Limitations, if any, on the number of State users who can be given access to any of the systems.<br><br>Refer to Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 2.1 General Requirements. |

**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 PDR Services and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 2.1 General Requirements.

Conduent is pleased to present an overview of the Conduent Medicaid Service Rebate Administration solution capabilities and limitations regarding online access for the Georgia Department of Administrative Services (DOAS) and other NASPO States to the Centers for Medicare and Medicaid Services (CMS) Rebate and Supplemental Rebate program information. This detailed narrative is structured to specifically address the aspects requested by DOAS and Other States, confirming clarity and comprehensive understanding of the system's functionality and user experience.

### a. How the Supplier Will Provide the State's Authorized Solution Users Access to Review Information Such as Invoice Status, Reporting Data and Reviewing the Status of Payments

Conduent Medicaid Service Rebate Administration solution introduces a user-friendly, web-based portal that allows Authorized Solution Users from DOAS and other States unparalleled access to crucial program data. Users can seamlessly navigate the system to check invoice statuses, explore detailed reporting data, and monitor the status of payments. This feature ensures transparency and

efficiency in managing both CMS Rebate and Supplemental Rebate programs, equipping the State with necessary oversight tools. This includes:

- **Invoice Status Tracking.** Users can quickly ascertain the status of invoices, which provide insights into processing stages, pending actions, and completions.
- **Comprehensive Reporting Data.** The system features robust reporting tools that enables users to generate detailed reports for a deeper understanding of rebate claims, financial summaries, and performance metrics.
- **Payment Status Overview.** Tracking the status of payments becomes streamlined, allows users to monitor received, pending, and processed payments effectively, thereby ensuring financial accountability and transparency.

### b. Any Limitations with Accessing Information, Such as Payments Received, or Disputes Resolved

While our solution delivers extensive information on received payments and resolved disputes, there may be limitations in accessing real-time data for disputes still under resolution or payments in the process of being settled. We commit to provide timely updates once these issues are resolved, ensuring the information's accuracy and reliability.

- **Real-Time Updates on Disputes and Payments.** Accessing real-time data for ongoing disputes or payments in process may be limited. The system is configured to update these records as soon as resolutions are reached or payments are finalized, aiming to keep all stakeholders promptly informed.

### c. Any Limitations with Accessing Information to See the Bidding Submission System for Supplemental Rebates

The system grants authorized users participation access in the bidding process for Supplemental Rebates. However, access to real-time negotiation statuses or specific bid details might be restricted until finalized. This approach guarantees that only confirmed and approved information is made available, safeguarding the bidding process's integrity. Conduent Medicaid Service Rebate Administration solution facilitates participation in the bidding process for Supplemental Rebates by providing:

- **Controlled Access to Bidding Information.** While the system enables participation in bidding, viewing real-time statuses or details of negotiations may be limited until they are officially concluded, ensuring the integrity of the process.

### d. The Windows or Web Browser that Will be Used

Conduent Medicaid Service Rebate Administration solution is compatible with the most prominent and most recent version of web browsers such as Google Chrome, Microsoft Edge, Mozilla Firefox, Apple Safari, and Opera One without requiring any additional plugins. This allows for broad access and a smooth user experience across all State user interfaces – fully supporting DOAS and other States' technical requirements. To provide a continuous user experience, PDR Services maintains:

- **Wide Compatibility.** The system is optimized for the latest versions of major web browsers and the Windows operating system. This ensures that all users, regardless of their specific technical setup, can access the system efficiently and without compatibility issues.

### e. Limitations, if any, on the Number of State Users Who Can Be Given Access to any of the Systems

Conduent's solution does not impose inherent limitations on the number of State users who can be granted access. We work closely with DOAS and other States to establish user roles and permissions, ensuring that access levels are appropriately assigned based on individual responsibilities and the need for data security and integrity. PDR Services does not impose strict limitations on the number of State users with system access. However, it emphasizes:

- **Tailored Access and Permissions.** In collaboration with DOAS and other States, Conduent Medicaid Service Rebate Administration solution establishes user roles and permissions, ensuring each user's access level is appropriately aligned with their role and the data's sensitivity.

Conduent Medicaid Service Rebate Administration solution offered by Conduent, stands as a comprehensive solution for DOAS and other States that allows for effective online access to program information. By providing detailed insights into invoice statuses, reporting data, and payment statuses, alongside assuring system compatibility and flexible user access, Conduent Medicaid Service Rebate Administration solution supports the States in efficiently managing and overseeing these crucial programs. Our commitment to overcoming potential limitations and continuously improving system capabilities emphasizes our dedication to supporting the States' pharmacy benefit management goals effectively.

| | |
|---|---|
| **3.** | Bookmark Title: MSQ3 – Bid Solicitation<br><br>Narrative description is limited to two (2) pages.<br><br>Describe the Supplier's bid solicitation process for Supplemental Rebates, including, but not limited to, identification of pharmaceutical contacts for all Products included in the Supplemental Rebate program and a description of the electronic bid system used for Manufacturer submission of bids.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.2 Bid Solicitation. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 3.2 Bid Solicitation.

**We offer unique guidance on evaluating bids from pharmaceutical labelers.** Our extensive experience with various industry manufacturers equips us with the insights to offer the Georgia Department of Administrative Services (DOAS) and other NASPO States informed advice on collaborating with each entity. Conduent's holistic approach aims to secure favorable terms and help you make well-informed decisions on PDL drug choices, now and in the future. We monitor changes in contracting practices and their impact on clinical trends and Medicaid FFS rebating. Table Z.3-1 describes our bid solicitation process.

**Table Z.3-1. Conduent Supplemental Rebate Bid Solicitation Process**

| Process Step | Description |
|---|---|
| Preliminary Financial Cost Analysis | [redacted] |
| Utilization Analysis | |
| Review Bid Solicitation Materials | |

| | |
|---|---|
| Communication with Vendors | [redacted] |
| Data Sharing and Validation | |
| Final Financial Cost Analysis | |
| Selection | |
| Contract Monitoring | |
| Repository | |

| | |
|---|---|
| **4.** | Bookmark Title: MSQ4 – Bid Solicitation (Diabetic Supply)<br>Narrative description is limited to two (2) pages.<br>Describe how the Supplier proposes to conduct a diabetic supply bid solicitation for purposes of Supplemental Rebate contracting.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.2 Bid Solicitation. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 3.2 Bid Solicitation

**Experience Matters**

As your vendor, Conduent manages all inquiries from diabetic supply manufacturers.

We provide a list of all inquiries, resolutions, and discussions to DOAS and other States in the quarterly manufacturer's status report.

As with the PDL, Conduent manages all aspects of the Diabetic Supply Program (DSP) services, including negotiating, contracting, and preparing financial analyses for DOAS and other States. Conduent presents the information to DOAS and other States, answers any questions, and carries out the updates directed by DOAS and other States.

Like the PDL supplemental rebate contracting process, we negotiate new or renegotiate existing rebates with diabetic supply manufacturers annually. In addition to the annual bid solicitation/renegotiation occurring in the last half of each year, we execute the diabetic supply rebate agreements by ensuring that all new NDCs or products added by a manufacturer under a preferred product line are included in the agreement through an addendum.

We review all new and reinstated NDCs that enter the First Databanks, or MediSpan, if you prefer. drug file weekly and identify those that fall under existing rebate agreements. Upon identification of such a product, we generate a bid solicitation to the manufacturer and undertake the process to negotiate and analyze the bids received. Conduent notifies DOAS and other States and provides a financial analysis. We complete the process by ensuring that a rebate agreement or addendum is fully executed on behalf of DOAS and other States.

We understand that market conditions change and may significantly impact Georgia Medicaid. For example, a discontinued product or a newly released product changes the dynamics of the marketplace. We notify you and provide a financial and clinical overview of the implications of the change. With the approval and agreement of DOAS and other States, Conduent reopens a class for bid solicitation or renegotiation and financial analysis outside of the annual cycle. Our priority is always meeting your best interests.

Like the PDL rebate agreements, the DSP rebate agreements are kept confidential and separate from any past or future Conduent clients. Electronic copies of the DSP rebate agreements are housed in a secure repository and only accessible to users authorized by DOAS and other States. The contracts are kept confidential and compliant with state or federal guidance.

| | |
|---|---|
| **5.** | Bookmark Title: MSQ5 – Negotiation<br>Narrative description is limited to two (2) pages.<br>Describe the Supplier's experience in negotiation of Supplemental Rebates with generic Manufacturers and/or Manufacturers of Products not traditionally included in Supplemental Rebate programs (e.g., aerochambers, spacers, glucometers, diabetes testing supplies, etc.).<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.2 Bid Solicitation. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 3.2 Bid Solicitation

Our services include providing full financial analysis and utilization impact of all new generic products. We create edits based on what is financially cheaper for DOAS and other States net of rebates. Conduent adheres to an approved timeline by DOAS and other States, which includes time for your review recommendations and approval.

In some cases, we advocate for preferring brand-name drugs over their corresponding generics. We create a brand over generic edit where:

- [redacted]
- [redacted]

In other cases, we create system edits to prefer generics over brands when a generic medication with a rebate is more cost-effective than a retiring brand. Similar to our negotiations with brand-name drug manufacturers, based on utilization data, we begin discussions and negotiations with generic manufacturers for supplemental rebates. While generally less common than rebates for brand medications, rebate potential does exist with generic manufacturers.

Conduent annually negotiates new rebates or renegotiates existing rebates with generic and Manufacturers of Products not traditionally included in Supplemental Rebate programs (e.g., aero

chambers, spacers, glucometers, diabetes testing supplies, etc.). This process is similar to the PDL and diabetic supplies supplemental rebate contracting process described earlier.

We assess expansion opportunities in addition to the standard supplemental drug rebate program to enhance negotiating leverage and collections and assess value- and outcomes-based contracting opportunities with pharmaceutical manufacturers, etc.

Conduent's clinically driven approach means more than capturing rebates. We look at the true value of benefit dollars with clinical outcomes in mind. Our clinical methodology and recommendations use scientific data as their foundation. Combined with our rebate expertise we:

- Help lower net costs and make clinically appropriate decisions
- Consider short- and long-term goals in our PDL negotiation process
- Strategize to enhance current DOAS and other States rebate opportunities and lower net pharmacy program costs

| | |
|---|---|
| **6.** | Bookmark Title: MSQ6 – Negotiation (Outside the Standard Cycle)<br>Narrative description is limited to two (2) pages.<br>Describe the Supplier's process to negotiate or renegotiate Supplemental Rebates as needed outside the standard cycle throughout the Contract period for drugs that are added to the Pharmacy Program, newly approved drugs, or as requested by the State.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.2 Bid Solicitation. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 3.2 Bid Solicitation

The process of negotiating or renegotiating Supplemental Rebates outside the standard cycle is part of Conduent's monitoring process.

### Conduent's Drug Rebate Monitoring Process

Conduent's PDL team and the PDL Program Manager, a PharmD, perform weekly comprehensive reviews of new NDCs that enter First Databank (FDB) and assign the appropriate PDL status to each new NDC (for both the PDL and DSP). We monitor for:

- New first-time generics
- New drug entities
- New dosage strengths
- New NDCs
- New formulations
- Changes in the pricing of non-preferred or preferred agents not under a supplemental rebate agreement (and therefore not price protected)

In preparing a financial analysis of new drugs, the PDLClinician and our team of dedicated experts provide superior analytics to support the efforts. The team researches and documents the implications, and then evaluates the pros and cons of each agent.

A financial cost analysis is done by calculating pricing using the DOAS and other States' reimbursement algorithms and:

- An estimated amount for new agents, or
- An actual federal unit rebate amount for existing agents.

We also provide benchmark pricing by comparing new agents to existing competitor drugs within our recommendations.

Once our analysis is complete, we recommend inclusion or exclusion based on the findings. To support our recommendations, we present patent information for the new agent or its parent

product, pipeline agents, prospective manufacturer marketing strategies, and other applicable information.

Conduent makes weekly financial and clinical recommendations to DOAS and other States – in addition to the analyses performed prior to the quarterly State Advisory Board and DUR Board meetings – so that you are kept abreast of any changes or developments affecting the PDL or the DSP.

### *Existing Supplemental Rebate Agreement*

New NDCs that fall under existing PDL drugs under a supplemental rebate agreement are solicited for rebate. They are incorporated into the active supplemental rebate agreement by addendum. The solicitation happens weekly as needed and is part of the routine maintenance of the existing supplemental rebate agreements.

### *Out-of-cycle Negotiation*

When a new agent enters an existing PDL class, we solicit an "out-of-cycle" bid – a bid that is outside the normal annual review cycle of that therapeutic class. We perform all solicitations in accordance with DOAS and other States' guidelines and approval. Conduent presents the results of negotiations and the clinical aspects of the new drug in relation to other competitor drugs to DOAS and other States, the State Advisory Board, and the DUR Board.

### *Out-of-cycle Renegotiation*

Due to changes in market conditions and as directed and approved by DOAS and other States, we open off-cycle therapeutic class renegotiations. Market conditions that would cause the renegotiation of a class include factors such as:

- FDA approval of a new agent within a therapeutic class
- FDA withdrawal or recall of agents within a therapeutic class
- A major market change in the clinical landscape or treatment of a disease state

Conduent completes the contract and addenda execution on behalf of DOAS and other States and informs you of the status.

### *Physician-administered drugs*

By collecting NDCs on physician-administered drug claims and contracting with manufacturers, Conduent explores ways to increase rebate revenues from those sources.

### Ongoing PDL Management

Conduent will provide clinical services including but not limited to:

- Maintain previous supplemental rebate agreements
- Negotiate new supplemental rebate agreements with pharmaceutical manufacturers
- Renegotiate new supplemental rebate agreements with pharmaceutical manufacturers
- Provide Therapeutic Clinical Reviews (TCRs) and New Drug Monographs as needed
- Provide clinical support

- Present at quarterly State Advisory Board and Drug Utilization Review (DUR) Board meetings as requested by DOAS and other States
- Provide clinical support to DOAS and other States
- Provide education, answering inquiries from stakeholders, and informing stakeholders of changes or transitions in the program
- Interface with manufacturers on behalf of DOAS and other States for all financial and clinical needs, questions, or information requests
- Provide reports detailing all manufacturer activity and the status of contract execution
- Provide required reporting
- Promote flexibility and transparency in all activities so DOAS and other States is continually kept abreast of activities that affect its programs and participants

We provide comprehensive packaging of services for managing the PDL and Diabetic Supply Program, and all other related consultation, support, and assistance to DOAS and other States.

| | |
|---|---|
| **7.** | Bookmark Title: MSQ7 – Contract Management Experience<br><br>Narrative description is limited to two (2) pages.<br><br>Describe the Supplier's process for managing, tracking, and overseeing all negotiated Supplemental Rebate Contracts. The narrative must address how the Supplier plans to assist the State with the development of any future Supplemental Rebates contract templates (e.g., Value-based).<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.1 Overview. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 3.1 Overview

Conduent knows value-based agreements and value-based contracting is a growing area stemming from the rise in specialty pharmaceutical drug development and the corresponding increase in pharmaceutical drug costs. We watch the market to stay abreast of legislative changes and national trends impacting pharmaceutical pricing and changes in contracting modalities.

***We review your existing CMS-approved supplemental rebate agreement and provide recommendations to change contracting methodologies and ideas for value-based agreements that are not only practical but clinically and economically sound.***

**Conduent can maintain your existing supplemental and value-based agreements while working to develop and revise your agreements to promote the growth of your PDL program.** Our formal process includes comprehensive Management, Tracking, and Oversight.

**Management.** In the negotiations and analysis of value-based agreements, we present the administrative costs, operational impact, and ability to measure appropriate clinical outcomes in totality, so you understand the value-based agreement's fiscal and strategic impact. If a CMS-approved, value-based agreement is not in progress or currently in place, **Conduent is well-positioned to assist DOAS and other States in the development of a value-based contract for CMS submission**. We are excited to share our ideas and best practices with DOAS and other States.

**Tracking.** Although Conduent does not currently offer a multi-state pool, our team actively reviews opportunities to develop new supplemental rebate contracts incorporating new population programs and contracting strategies (i.e., outcomes-based contracting, market share-based contracting, etc.) to provide you with continued value.

With our solid knowledge of the PDL landscape, **we regularly accept and handle all supplemental rebate inquiries, discussions, and meetings with manufacturers.** Our team's involvement continues the same transparent communication with stakeholders and allows us to provide more timely responses to issues as they arise.

**Oversight.** Conduent will continue to use DOAS and other States' CMS-approved, State-specific supplemental rebate contract agreements on behalf of DOAS and other States when negotiating with pharmaceutical manufacturers. **We assist in revising and gaining CMS approval of the contract agreements as necessary.**

Conduent regularly provides DOAS and other States with an activity report showing status discussions, issues, meetings, and the status of all supplemental rebate agreements and negotiations. We provide flexible and transparent information, so you are always aware of what is emerging from a PDL perspective. The report and our communications make sure expectations are aligned between manufacturers, DOAS and other States, and Conduent so we all stay on the same page throughout the contracting process.

The supplemental rebate agreements are kept confidential and separate from any of Conduent's other clients. Conduent does not keep any portion of the rebates or accept services from manufacturers in lieu of preferred drug positioning. The DOAS and other States keep 100% of the rebate monies collected.

| | |
|---|---|
| **8.** | Bookmark Title: MSQ8 – Rebate Value Evaluation Experience<br>Narrative description is limited to two (2) pages.<br>Describe the Supplier's experience in evaluating the rebate value in relation to the Drug Product utilization mix of a therapeutic class.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.1 Overview. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.1 Overview.

As a new PDL vendor to a well-established and mature PDL program, we bring a new perspective and vision to PDL programs. We fully review existing CMS-approved supplemental rebate agreements to determine whether any changes are needed based on current utilization, new drugs, or the likelihood of obtaining better terms with manufacturers. We provide recommendations to change contracting methodologies and ideas for value-based agreements that are not only practical but clinically and economically sound. As applicable per a client's requirements, we maintain existing supplemental and value-based agreements while working to develop and revise our clients' agreements to promote the growth of their PDL programs. We present the administrative costs, operational impact, and ability to measure appropriate clinical outcomes in totality, so you understand the value-based agreement's fiscal and strategic impact.

Conduent brings 23 years of experience evaluating the rebate value in relation to the Drug Product utilization mix of a therapeutic class for our clients. We analyze utilization and define strategies on new therapeutic drug classes that are beneficial for PDL review. In our review, we use the drug pipeline, the patent expiration pipeline, weekly new drug list indications, generics, warnings, label changes, clinical studies, and consensus guidelines.

## Financial Cost Analysis

We provide clients with PDL comprehensive financial cost analysis of all drugs within the PDL therapeutic classes being reviewed. These PDL cost analyses include the modeling of various scenarios of preferred and non-preferred drugs within their PDL therapeutic classes and any additional scenarios based on client requests. We create PDL analyses using PBM program utilization and pharmacy reimbursement data and include drug costs with and without federal and supplemental rebates. These financial analyses serve as a transparent tool for clients to make informed decisions regarding PDL inclusion.

The financial cost analysis details current and projected market share movement, the projected financial savings incurred from market share shift, and federal and supplemental rebate amounts on a quarterly and annualized basis. The grace period allowed is also incorporated into the projected quarterly and annualized savings. All drugs are normalized to represent appropriate comparator costs.

Financial cost analyses also include a twelve-month pipeline of anticipated pertinent generic drug launches and new drug/biosimilar approvals within the PDL therapeutic classes being reviewed. Additionally, we include an executive financial summary at the PDL class level that demonstrates the savings associated with the various scenarios presented and indicates changes in manufacturer participation from last year to the current year. Conduent leads the pre-DURB meeting internal financial presentations with DOAS well in advance of the DURB Meeting so clinical recommendations and PDL prior authorization criteria are discussed and approved ahead of the general DURB meeting.

After we review the PDL financial cost analyses with our client, we incorporate all requested additional scenarios, changes, and final decisions into the cost analyses and submit them to the client along with the external cost sheets.

Please see Proposal Section MSQ11 – Financial Modeling Reports, for a sample of the Internal Financial Cost Analysis.

[redacted]

Another prime example of creating an equal playing field among pricing is the review of growth hormones at an equivalent dosage strength of “1 mg.” Given that all growth hormones may be used in a wide array of dosing ranges for pediatric and adult members of varying weights, the growth hormone therapeutic class is typically financially analyzed by reviewing the final net cost per 1 mg to make appropriate comparisons.

### Weekly Monitoring Activities

On a weekly basis Conduent monitors for the following:

- New national drug codes (NDCS)
- NDC divestitures to other manufacturers
- NDC termination dates
- Pricing changes
- Manufacturer termination or additions to the Medicaid Drug Rebate Program
- Clinical and legislative changes
- Other activities that result in a change to the rebates and/or a change required to the contracts

Conduent keeps the DOAS and other States aware of all activities so that you can be assured your contracts are being appropriately maintained.

| | |
|---|---|
| **9.** | Bookmark Title: MSQ9 – PDL Contract Negotiations<br><br>Narrative description is limited to two (2) pages.<br><br>Describe the Supplier's experience in contract negotiations for Supplemental Rebates on Preferred Drug List (PDL) drugs. The narrative must address previous successes and challenges.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.1 Overview. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.1 Overview.

Conduent brings more than 23 years of experience in the design, development, implementation, operation, and maintenance of PDL programs. We conduct clinical analysis of drug and diabetic supplies; negotiate supplemental rebates with manufacturers (including value-based purchasing agreements and diabetic supplies); communicate with the provider community; create prior authorization (PA) criteria; and process PA requests for non-preferred drugs.

Our end-to-end PDL services and approach includes but is not limited to the following:

- Providing clinical support, including conducting therapeutic clinical reviews; developing clinical criteria; and providing pharmacy and therapeutics (P&T) committee and drug management review advisory board (DMRAB), including conducting presentations
- Performing supplemental rebate bid solicitations, bid receipt, and negotiations with manufacturers on behalf of our clients
- Creating and presenting the results of negotiations in a comprehensive financial analysis to clients prior to P&T and DMRAB meetings
- Creating supplemental rebate contracts for all accepted manufacturer bids and shepherding these contracts among all parties to full contract execution
- Maintaining supplemental rebates and value-based agreements in accordance with legislative, pricing, and contracting modalities changes
- Assisting with the submission of rebate agreement templates to the Centers for Medicare and Medicaid Services (CMS) for approval
- Invoicing and collecting supplemental rebates

Significantly, **we offer complete independence from drug manufacturers, wholesalers, or other groups that may override client interests and/or seek to influence prescribing and utilization patterns**. We act independently for our clients to achieve the greatest advantages for their PDL programs. **Conduent has no ownership or affiliation with a commercial MCO; does not operate a commercial rebate program; and does not own or administer a Multi-State**

**Pooled Purchasing PDL Program or a Specialty Pharmacy that would compromise or create potential conflicts of interest in providing PDL services.**

Further, we provide full transparency in manufacturer negotiations, discussions, and methodology. As the current multi-state supplemental rebate pools – National Medicaid Pooling Initiative (NMPI), The Optimal PDL $olution (TOP$), and Sovereign States Drug Consortium (SSDC) – are considered confidential and will not be transferred to the new vendor, Conduent assists in moving each customer to a state-specific PDL and diabetic supply program (DSP). Given the purchasing power that the combined Medicaid managed care and FFS member lives have, we recommend a State Specific Supplemental Rebate Program/PDL. Our solution provides our state customers a tailormade PDL that meets the needs of each state.

We take a holistic approach to contract negotiations that helps our clients to secure favorable terms and to make well-informed decisions on PDL drug choices, now and in the future. We monitor changes in contracting practices and their influence on clinical trends and impact on federal and Medicaid FFS and supplemental rebating.

**As a seasoned rebate lifecycle management vendor, we offer unique guidance on evaluating bids from pharmaceutical labelers.** Our extensive experience with manufacturers across the pharmaceutical spectrum equips us to provide sound advice on working and successfully collaborating with each entity. For example, a manufacturer's history of timely invoice payment, ease of doing business, and responsiveness to our clients' initiatives are considered during negotiations and recommendations.

Our PDL negotiation process takes short- and long-term goals into account. We merge clinical information with the financial impact to prevent disruptions in the PDL or DSP programs. We look past the short-term rebate impact with the goal of achieving program continuity and stability. For example, we routinely advise against accepting supplemental rebate contracts on new brand name drugs when we anticipate the patent expiration of a known market share leader in the class. In such cases, the short-term gains of the accrued supplemental rebate could decrease the opportunities for our clients to lower their overall pharmacy program costs.

In some cases, we advocate for preferring brand-name drugs over their corresponding generics. Brand name drugs nearing the end of their patent life typically have much higher federal rebates that often make the brand name agent much more cost-effective for several months (and sometimes years) over their available corresponding generics. Supplemental rebate contracts on these end-of-life brand-name drugs are often negotiated to provide price protection, ensuring that the final net price stays at a minimum threshold.

In other cases, similar to our negotiations with brand name drug manufacturers, based on utilization data, we begin discussions and negotiations with generic manufactures for supplemental rebates. While generally less common than rebates for brand medications, rebate potential does exist with generic manufacturers. We advocate these and other strategies to enhance current rebate opportunities, eliminate waste, and to lower net pharmacy program costs.

Please see Proposal MSQ3 – Bid Solicitation through MSQ7 - Contract Management Experience for additional information.

| | |
|---|---|
| **10.** | Bookmark Title: MSQ10 – Drug File Update Process<br><br>Narrative description is limited to two (2) pages.<br><br>Describe the Supplier's process for providing information used for updating the drug file resulting from new drugs, new strengths, dosage forms, or the expiration of drugs from CMS or from Manufacturers ceasing to participate in the program. Describe the frequency and turnaround time for updating the Supplier's Solution and the process to ensure updates are also made to the PBA POS system & the Medicaid Management Information System (MMIS).<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.3 New Drugs and Labeler Changes. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.3 New Drugs and Labeler Changes.

Conduent is dedicated to providing the DOAS and other States with a dynamic and responsive approach to managing Medicaid pharmacy benefits, central to which is the accurate and timely updating of the drug file within the CMdS Rebate Administration solution. Our commitment extends beyond basic compliance, focusing on the rapid integration of new drugs, adjustments in drug strengths and dosage forms, and the meticulous tracking of labeler participation changes. This allows for DOAS and other States pharmacy benefit management systems to remain aligned with the latest pharmaceutical market developments and regulatory guidelines, thereby supporting optimal healthcare outcomes for beneficiaries.

## Our Update Management Strategy

Timely updates are vital for confirming the accuracy of pharmacy benefit administration and compliance with CMS regulations. The CMdS Rebate Administration solution is designed with this priority in mind, featuring automated processes for capturing and implementing changes to the drug file as a result of new drugs entering the market, existing drugs undergoing changes, or labelers ceasing their participation in the Medicaid program.

### *Capturing and Implementing Drug File Updates*

We employ a dynamic approach to identifying and incorporating new drugs, strengths, dosage forms, and noting labeler changes, including those ceasing participation in the Medicaid Drug Rebate Program (MDRP). Our system is set up to automatically receive notifications about any new drugs, changes in strengths or dosage forms, and any labeler updates. Here's how we handle these updates:

- **Automated Alerts.** Our solution receives automated alerts for new market entries, dosage updates, and labeler changes directly from CMS or manufacturer notifications. This information triggers a review process within our solution.

- **Review and Analysis.** Each update undergoes a thorough review to assess its impact on the State's drug file. This includes evaluating new drugs for potential inclusion, updating dosage forms, and adjusting for any labeler terminations.
- **Update Implementation.** Once validated, changes are implemented into the drug file within the solution. This update process is completed swiftly to minimize any lag between official CMS updates or manufacturer changes and our system updates.

### *Frequency and Turnaround of Updates*

The essence of effective pharmacy benefit management lies in the system's ability to adapt quickly to changes in the pharmaceutical landscape. The frequency and turnaround time for updating the drug file are critical metrics of this adaptability. Conduent's solution is designed to respond promptly to new information, confirming that the State's drug file reflects the most current and accurate data.

- **Real-time and Scheduled Updates.** Our system is configured to handle both immediate changes and scheduled updates, confirming no delay in reflecting new drug entries or labeler changes. Immediate changes triggered by CMS notifications or manufacturer announcements are processed on the same day, typically within 24 hours of receipt, safeguarding the drug file's accuracy and relevance.
- **Handling Comprehensive Updates.** For broader updates affecting multiple entries, such as bulk drug additions or extensive labeler status changes, our solution efficiently processes these within a 48 to 72-hour window. This rapid turnaround is crucial for maintaining the drug file's integrity and confirming that pharmacy benefits management aligns with current offerings and compliance standards.

### *Integrating Updates Across Systems*

Smooth integration between the drug file management system and the State's broader healthcare management infrastructure is pivotal for the coherent operation of pharmacy benefits. The integration of CMdS Rebate Administration solution with the DOAS and other States' PBA POS system and MMIS is a testament to our holistic approach to pharmacy benefit management. This comprehensive integration strategy underscores our dedication to supporting your efforts in providing efficient, effective, and integrated healthcare services to its Medicaid beneficiaries.

- **Automated Synchronization Across Platforms.** The CMdS Rebate Administration solution updates are automatically synced with the DOAS and other States' PBA Pont of Sale (POS) system and MMIS. This synchronization is crucial for confirming that updates made to the drug file are instantly available across your healthcare and benefits management systems, facilitating a cohesive and unified approach to pharmacy benefits management.
- **Rigorous Quality Assurance and Consistency Checks.** We conduct thorough quality assurance processes to verify that every update correctly reflects across the integrated systems. Regular audits and cross-verification measures are in place to identify and rectify any discrepancies immediately, confirming the PBA POS system and MMIS consistently mirror the updated and accurate drug file.

- **Streamlined Communication and Training.** Recognizing the importance of stakeholder engagement, we provide detailed communications and training sessions following significant updates. This verifies that your staff and other stakeholders are fully informed and equipped to utilize the updated system features and information, supporting effective pharmacy benefits management.

At Conduent, we're dedicated to confirming that DOAS and other States have the tools and information they need to manage its Medicaid pharmacy benefits effectively. CMdS Rebate Administration solution helps you provide better care, stay compliant with CMS regulations, and manage pharmaceutical costs efficiently.

| | |
|---|---|
| **11.** | Bookmark Title: MSQ11 – Financial Modeling Reports<br><br>Narrative description page limit is not applicable.<br><br>Provide samples of all financial modeling reports used with current clients to perform financial evaluations for all therapeutic classes, as defined by the State, to include Provider administered drugs and for presentation to the State Advisory Board, including Supplemental Rebates. If different reports are used for clients than for their State Advisory Board, then provide both types of reports with identification of the differences between reports based on the receiving party. Explain how the cost sheet can be customized for the State and discuss its advantages and limitations.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.4 Financial Review and Recommendations. |

**Supplier Response**

***We approach supplemental rebate negotiation and PDL development with your best interests in mind. Conduent provides full transparency in manufacturer negotiations, discussions, and methodology. We offer complete independence from drug manufacturers, wholesalers, or other groups that may override DOAS interests and seek to influence prescribing and utilization patterns.***

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I Section 3.4. We provide the requirements listed in this section.

Conduent brings more than 18 years of experience in the design, development, implementation, operation, and maintenance of PDL programs and financial modeling reports.

Conduent creates relevant fiscal impact analyses for DOAS and other States. Our financial cost analysis include the average final net cost per claim for each drug in a defined therapeutic class as shown in Figure Z.11-1. This number is net of all applicable rebates (both federal and supplemental rebates).

**Figure Z.11-1. Financial Cost Analysis**
*This sample financial cost analysis reflects the true final net cost of each product for the assessment of DOAS and other States.*

We review all drugs individually to ensure that comparable clinical and financial comparisons are made. We use actual claims and reimbursement from the Georgia Department of Administrative Services (DOAS) and other NASPO States when creating the financial analyses. We also model new drugs (without utilization) using the pharmacy reimbursement algorithm from DOAS and other States to be sure that the financial analysis represents all stakeholders.

Our financial analyses include multiple scenarios on which DOAS and other States makes final recommendations and decisions. The financial cost analysis shown above presents samples of multiple financial scenarios. Typically, we present three scenarios. The first financial analysis scenario reviewed is the current “as-is” PDL status of all drugs within therapeutic drug classes. The second scenario presented is a “best-case” recommendation based on clinical, financial, market intelligence, and State-specific information known. We rely on input from DOAS and other States to create the third scenario. We do not limit the number of scenarios DOAS and other States want to see presented. More complex scenarios may require that we perform greater analysis and may

require follow-up meetings to garner perspective on your needs and present findings. We collaborate with you to be sure that you have all the information needed to make informed decisions.

If the Conduent best-case scenario includes a recommendation to move away from an existing highly utilized preferred agent, with or without a supplemental rebate agreement, we perform a break-even analysis. The break-even analysis demonstrates the amount of market share that needs to be moved away from the currently preferred drug to other drugs in the class to see a savings if the drug is made non-preferred. The break-even point assists DOAS and other States in determining whether changes to the PDL are feasible and if the potential savings are attainable.

Conduent analyzes utilization by DOAS and other States and defines strategies on new therapeutic drug classes that are beneficial for PDL review. We use the drug pipeline, the patent expiration pipeline, weekly new drug list indications, generics, warnings, label changes, clinical studies, and consensus guidelines in our review. Our Program Manager, a PharmD., meets and presents such opportunities to DOAS and other States as they arise, and at your request.

- We analyze DOAS and other States' utilization and defines strategies on new therapeutic drug classes that are beneficial for PDL review. We use the drug pipeline, the patent expiration pipeline, weekly new drug list indications, generics, warnings, label changes, clinical studies, and consensus guidelines in our review. Our team meets and presents such opportunities to DOAS and other States as they arise and as requested.
- If a best-case scenario includes a recommendation to move away from an existing highly utilized preferred agent, with or without a supplemental rebate agreement, we perform a break-even analysis.
- The break-even analysis demonstrates the amount of market share that needs to be moved away from the currently preferred drug to other drugs in the class to see a savings if the drug is made non-preferred. The break-even point assists DOAS and other States in determining whether changes to the PDL are feasible and if the potential savings are attainable.
- In addition to existing utilization review, we also model new drugs (without utilization) to ensure that they are represented in the financial analysis.

We provide the PDL sheets as a transparent tool for DOAS and other States to make informed decisions regarding PDL inclusion.

We modify and customize the financial cost analysis at the request of DOAS and other States to best meet your needs. By customizing the process, we start with a detailed understanding of your specific financial goals and determine your primary objectives of the financial model. Based on the needs identified, the financial cost analysis inputs and assumptions are unique to your market and population of members and provide the following **advantages**:

- **Informed Decision-Making.** Customized financial models provide insights tailored to the specific strategic questions that you have, supporting better, more informed decision-making.
- **Flexibility.** The financial modeling offers the flexibility to explore a variety of scenarios, helping DOAS and other States prepare for different possible futures.

- **Efficiency.** As part of integrating with existing systems, the modeling streamlines the process, improves accuracy, and saves time in financial planning and analysis.

The following **limitations:**

- **Complexity.** Highly customized models can become more complex, which may make it more difficult for users without a financial background to understand and operate.

As your collaborative partner, we work with you to identify opportunities and support you through understanding how to navigate and plan for potential savings.

- **Maintenance.** The model needs regular updates and maintenance to ensure assumptions and integrations remain accurate and relevant, which requires dedicated resources.

Our experience and support provides DOAS and other States the insight necessary to achieve your goals.

| | |
|---|---|
| **12.** | Bookmark Title: MSQ12 – Pricing Structures<br><br>Narrative description is limited to two (2) pages.<br><br>Describe the Supplier's ability to accept different pricing structures for supplemental bid submission, financial evaluation, and invoicing, including percent of Wholesale Acquisition Cost (WAC), Average Sales Price (ASP), and Guaranteed Net Price (GNP). Describe all the pricing structures currently utilized for the Supplier's book of business with a brief description of each structure.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.7 Supplemental Rebates. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 4.7 Supplemental Rebates.

The CMdS Rebate Administration solution is capable of handling various pricing structures for supplemental bid submissions, financial evaluation, and invoicing are central to our comprehensive pharmacy benefit management (PBM) services. Our solution is designed to accommodate a wide range of pricing models, including Wholesale Acquisition Cost (WAC), Average Sales Price (ASP), and Guaranteed Net Price (GNP), maintaining flexibility and compliance with the DOAS and other States' Medicaid program requirements.

## Pharmacy Pricing Flexibility

We understand the complexities and nuances associated with the management of supplemental rebates within the Medicaid Drug Rebate Program (MDRP). CMdS Rebate Administration solution design provides you and your Care Management Organizations (CMOs) with a thorough tool for financial evaluation, bid submission, and invoicing processes. Our approach is built on a foundation of adaptability and precision, making certain that DOAS and other States can navigate the varied landscape of drug pricing with confidence.

### *Pricing Structure Capabilities*

The PDR Services design caters to the complex nature of drug pricing and rebate management. We provide a detailed overview of our ability to accept and process supplemental bids utilizing various pricing structures. This includes an exploration of WAC, ASP, and GNP, among others, revealing how each model is utilized within our current book of business for comprehensive financial evaluation and invoicing accuracy.

- **Percent of Wholesale Acquisition Cost (WAC).** Our solution seamlessly manages rebates calculated as a percentage of the WAC, facilitating accurate and timely processing of these rebate claims. This structure is commonly used for traditional rebate agreements and allows for straightforward financial analysis and forecasting.
- **Average Sales Price (ASP).** For drugs reimbursed under the ASP model, our solution automates the calculation of rebates based on the ASP data, ensuring compliance with CMS

guidelines. This model is particularly relevant for provider-administered drugs and supports the State in managing rebates effectively for these products.

- **Guaranteed Net Price (GNP).** The GNP model, which sets a fixed net price for drugs after rebates, is fully supported by our solution. This structure is increasingly used in value-based contracting, allowing the State to secure predictable drug costs and manage budgetary expectations more efficiently.

### *Pricing Structures Utilized*

Containing several pricing models, the PDR Services have flexibility in managing supplemental bids and rebates. Each pricing model is briefly described, offering insight into how these models are applied in practice to maximize rebate collection and confirm the financial efficiency of the DOAS and other States' drug rebate program.

- **WAC-Based Rebates.** Utilized for the majority of pharmaceuticals, this is a common structure for calculating rebates which provides a starting point for negotiations and rebate application.
- **ASP-Based Rebates.** Utilized for drugs administered by physicians, applied in scenarios where Medicare Part B coverage intersects with Medicaid which follows federal reimbursement methodologies.
- **GNP-Based Agreements.** Increasingly popular for states seeking cost predictability and transparency in their drug rebate programs, our system supports these agreements to provide budget stability and transparency.

It is clear that the PDR Services solution adheres to CMS compliance, underlining our commitment to upholding the highest standards in rebate processing. Our CMdS Rebate Administration's flexibility in managing various pricing structures is enhanced by our continuous compliance with CMS regulations, including updates from the ACA and SUPPORT Act, making certain that our solution remains current and fully effective for your particular needs.

PDR Services offers DOAS and other States a comprehensive and compliant approach to managing supplemental bids and financial evaluations across a variety of pricing structures. The system's adaptability, combined with our adherence to CMS guidelines, positions us as a reliable partner in the management of the State's drug rebate program.

| | |
|---|---|
| **13.** | Bookmark Title: MSQ13 – Invoice Methodology<br>Bookmark Title for Supporting Material: MSQ13.1 – Sample Invoice<br><br>Narrative description is limited to three (3) pages, exclusive of sample invoice.<br><br>Describe your Supplemental Rebate calculation methodology, invoicing process, and submission of invoices to Manufacturers, including processes for ensuring accuracy and timeliness of completing invoices. Include a copy of a sample invoice.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.7 Supplemental Rebates. |

**Supplier Response**

***Conduent provides full transparency in manufacturer negotiations, discussions, and methodology. We currently, as of Q1 2024, collect approximately $5 billion annually for our ten drug rebate customers and we never take any portion of the rebate dollars that we collect. As a passthrough provider, the rebate funds go directly to our customers to help meet critical budgetary needs. In addition, Conduent does not keep a percentage of the direct or indirect savings.***

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.7 Supplemental Rebates.

## Supplemental Rebate Calculation Methodology

With the CMdS Rebate Administration solution, you have the option to create one rebate program that is inclusive of all MCOs, or you may choose to create separate rebate programs for each MCO to give more granular oversight. The setup of the groups and plans in the POS system determine the setup of the rebate programs in the drug rebate system. You may choose to have one or more rebate programs for supplemental rebate processing. Many states often split their state-only programs (such as ADAP) into separate rebate programs. Regardless of how you choose to design the rebate program setup, authorized users always have the option of looking at data across individual rebate programs or combined into summary reports. During implementation, you work with us to define the optimal setup to meet your specific objectives.

Both primary and supplemental rebate programs follow the same rebate administration guidelines as CMS defines and use the same utilization data; however, the CMdS Rebate Administration solution calculates URA differently for both. For the primary (federal) program, the URA used for invoicing comes from CMS each quarter. For the supplemental rebate programs, the drug rebate system calculates the supplemental URA using the methodology defined in the supplemental rebate contracts. Our rebate solution can accommodate a multitude of algorithms with various pricing components, such as the following to calculate the supplemental rebate:

- Wholesale Acquisition Cost (WAC)
- AMP
- Guaranteed Net Price (GNP)

- Flat price
- Supplemental Unit Rebate Amount (SURA) and UROA

To accurately calculate the supplemental rebate, we enter all state supplemental rebate agreements into the system with their appropriate contracting methodology. The application can use the contracted URA calculation methodology to accurately calculate supplemental rebates.

Once we enter the contract information, rebate specialists use an almost identical process to calculate, generate, and distribute supplemental invoices, as we do for federal programs. This includes using the same paid claims data and meeting the same timeline for mailing supplemental rebates as for federal rebates (60 days from the end of the quarter) or as directed by DOAS and other States.

The rebate team produces separate invoices and allocates payments to each program independently of one another as CMS requires.

### Invoicing process

Once we enter the contract information, rebate specialists use an almost identical process to calculate, generate, and distribute supplemental invoices, as we do for federal programs. This includes using the same paid claims data and meeting the same timeline for mailing supplemental rebates as for federal rebates (60 days from the end of the quarter) or as directed by DOAS and other States.

The rebate team produces separate invoices and allocates payments to each program independently of one another as CMS requires.

### Submission of Invoices to Manufacturers and Ensuring Accuracy

Manufacturers receive a separate invoice for each defined rebate program where there was at least one rebate-eligible claim received during the quarter. We create federal invoices after the loading of the CMS data, which occurs approximately 45 days after the quarter ends. Each quarter, CMS notifies authorized state technical contacts when the quarterly CMS reference files are available on the CMS DDR site. Immediately upon receiving notification that the latest quarter's files are available, the rebate staff member downloads the files to a secure file server.

After download, the technical support team tests the files to confirm the information is complete, in the correct format, and ready for use. We also rename the files with unique file names indicating the quarter to which the files apply. An automated, scheduled job looks for those new files each night and uploads the new data into the drug rebate database as soon as the system finds them.

Once we have loaded all data necessary to calculate invoices (updated drug data, updated provider data, and URAs), the system can calculate current-quarter invoices. The rebate team typically has 15 days in which to create, review, generate, and mail manufacturer invoices to comply with the 60-day invoicing limit imposed by CMS regulations. We calculate invoices either in a group or individually.

We may execute the process for calculating invoices multiple times per quarter before the invoice data is acceptable for labelers to receive. Our solution creates separate invoices with unique invoice numbers for the primary and supplemental programs.

The CMdS Rebate Administration solution automatically excludes NDCs from nonparticipating manufacturers from invoice calculations. Each quarter, we load the latest CMS labeler file prior to invoicing. The system only includes units from participating labelers in invoice calculations. With the system, users can enter providers whose claims the user wants to exclude from invoicing such as 340B providers. Users may set other parameters to exclude claims from invoicing, as well, such as program types, provider types, etc., based on DOAS preferences.

Our solution flags any claim for exclusion and gives it a non-invoiced reason code to identify the specific reason the system excludes the claim. A report of excluded NDCs, including those not covered by an active rebate agreement, is available directly from the GUI's reporting menu.

As soon as we load the latest CMS reference data into the CMdS Rebate Administration system, the rebate team begins the quarterly invoicing process to calculate, generate, and distribute the invoices. To reduce manufacturer disputes as much as possible, we perform a series of invoice audits prior to final invoice creation.

Once the rebate specialist corrects all appropriate exceptions discovered by the invoice audit process, we notify DOAS and other States of findings and recalculate the invoices, if needed, until DOAS and other States approves the invoices, at which time we freeze the invoices. Any changes made after the freeze date the system reflects in the next quarter, and the data invoiced in the present quarter remains fixed, so reporting on original invoiced values is possible. We distribute frozen invoices according to each manufacturer's desired invoice format.

### Sample Invoice

Figures Z.13-1 and Z.13-2 show sample invoice screenshots.

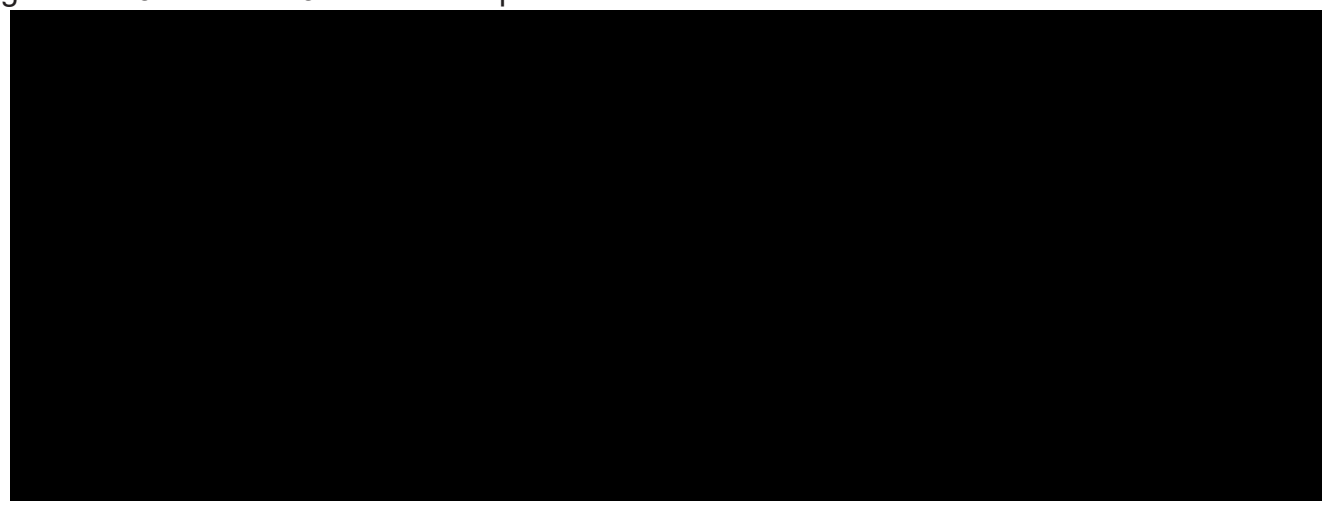


**Figure Z.13-1. Drug Rebate Paper Invoice Screenshot**

**Figure Z.13-2. Invoice Details Report Screenshot**

| | |
|---|---|
| **14.** | Bookmark Title: MSQ14 – Labeler Data Maintenance<br><br>Narrative description is limited to two (2) pages.<br><br>Describe the Supplier's capability to maintain, in its system, information regarding Labelers' entries and Termination Dates in the CMS rebate program with access for State's view and utilization and describe the system's capabilities for displaying entry and exit dates of Labelers.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.1 Rebate Eligible Claims Identification. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.1 Rebate Eligible Claims Identification.

Conduent State Healthcare, LLC's (Conduent) refined methodology for maintaining and providing access to information regarding labelers' participation dates in the CMS rebate program showcases our commitment to compliance, transparency, and ease of access for the DOAS and other States. Our approach is structured to not only keep pace with CMS regulations but also to verify that DOAS and other States—and their Care Management Organizations (CMOs)—have the tools necessary to effectively oversee and utilize this critical data.

### Maintaining Labeler Participation Information

Our Pharmacy Drug Rebate Services (PDR Services) system is designed to support the CMS Medicaid Drug Rebate Program, verifying full compliance with the latest CMS regulations, including significant amendments brought by the ACA and the SUPPORT Act. This section explains how we keep DOAS and other States' data current and accurate to enable effective program management.

- **Real-Time Labeler Information Updates.** The PDR Services solution continuously updates labeler participation information, including entry and termination dates, in real-time, following CMS releases. This confirms that DOAS and other States's database always reflects the most current CMS data, enabling accurate and timely decision-making.
- **Automated Notifications.** To keep DOAS and other States informed, the PDR Services system sends automatic alerts about any updates or changes to labeler status, including new entries into the CMS rebate program and terminations, guaranteeing that DOAS and other States remains proactive in its program oversight.

### Access and Utilization by DOAS and Other States

Ease of access to labeler information is paramount for effective program management. Here, we delve into the system's user-friendly features that allow DOAS and other States' personnel to view and utilize labeler participation data effortlessly.

- **User-Friendly Interface.** Our web-based interface allows State officials to easily access labeler participation dates, offering a seamless experience for users to retrieve the data they need when they need it.
- **Custom Reporting Tools.** CMdS Rebate Administration solution includes configurable reporting capabilities, allowing DOAS and other States to generate reports detailing labeler entry and exit dates. These reports can be arranged to DOAS and other States' specific needs, providing insights that support strategic program management.

### Extending Capabilities to CMOs

Recognizing the unique needs of CMOs in managing pharmacy benefits and rebates, our system extends specialized capabilities to these organizations, verifying they have access to the labeler information pertinent to their operations.

- **Dedicated Lists for CMOs.** CMOs receive tailored lists, one for POS and another for HCPCS processed claims, reflecting labeler participation relevant to their managed care operations. This specificity aids CMOs in accurately managing rebates and verifying compliance.
- **Flexible Access and Reporting for CMOs.** Like DOAS and other States, CMOs benefit from customizable reporting and easy access to labeler data, enabling them to conduct detailed analyses and support their rebate management processes effectively.

### Continuous Compliance and Support

In a landscape of evolving CMS regulations, our commitment to maintaining a compliant and supportive system for DOAS and other States stands out. Our proactive measures affirm continuous compliance and offer unwavering support.

- **Adherence to CMS Regulations.** The CMdS Rebate Administration solution design and operational protocols are aligned with CMS's evolving requirements, verifying that DOAS and other States's program remains in compliance with federal guidelines.
- **Ongoing System Updates and Training.** We regularly update our system to meet new CMS mandates and provide comprehensive training to State and CMO staff. This confirms that all users are well-versed in utilizing the system to its full potential, fostering efficient program management.

Conduent offers a sturdy, compliant, and user-friendly PDR Services solution for managing and accessing labeler participation information within the CMS Medicaid Drug Rebate Program. By verifying real-time data updates, providing intuitive access, and reporting capabilities, and extending these functionalities to CMOs, we empower you to effectively manage its Medicaid pharmacy benefits and rebate programs. Our commitment to compliance and continuous support further maintains that DOAS and other States remains equipped to navigate the complexities of the CMS rebate program, optimizing its operations and serving its beneficiaries efficiently.

| | |
|---|---|
| **15.** | Bookmark Title: MSQ15 – Manufacturer Rebate Invoices<br>Narrative description is limited to two (2) pages.<br><br>Describe the Supplier's process to calculate, create, and mail invoices for CMS Rebates (OBRA, J-Codes, and SPAP), CMOs and Supplemental Rebates to ensure accuracy and timeliness of submitting invoices to the Manufacturers.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.1 Rebate Eligible Claims Identification. |

**Supplier Response**

***Conduent has provided federal and supplemental rebate administration services to state Medicaid programs for more than 20 years. As an industry leader, our robust Rebate solutions empowers us to typically collect between 95% to 99% of all rebates invoiced.***

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.1 Rebate Eligible Claims Identification.

## Drug Rebate Invoicing

When partnering with Conduent, you can be confident that your rebate invoicing is accurate and compliant because we create drug rebate invoices in accordance with federal and state regulations and guidelines. This includes CMS Rebates (OBRA, J-Codes, and SPAP), CMOs, and Supplemental Rebates.

Manufacturers receive a separate invoice for each defined rebate program where there was at least one rebate-eligible claim received during the quarter. We create federal invoices after the loading of the CMS data, which occurs approximately 45 days after the quarter ends. Each quarter, CMS notifies authorized state technical contacts when the quarterly CMS reference files are available on the CMS DDR site. Immediately upon receiving notification that the latest quarter's files are available, the rebate staff member downloads the files to a secure file server.

After download, the technical support team tests the files to confirm the information is complete, in the correct format, and ready for use. We also rename the files with unique file names indicating the quarter to which the files apply. An automated, scheduled job looks for those new files each night and uploads the new data into the drug rebate database as soon as the system finds them.

Once we have loaded all data necessary to calculate invoices (updated drug data, updated provider data, and URAs), the system can calculate current-quarter invoices. The rebate team typically has 15 days in which to create, review, generate, and mail manufacturer invoices to comply with the 60-day invoicing limit imposed by CMS regulations. We calculate invoices either in a group or individually.

We may execute the process for calculating invoices multiple times per quarter before the invoice data is acceptable for labelers to receive. The system creates separate invoices with unique invoice numbers for the primary and supplemental programs.

The drug rebate system automatically excludes NDCs from nonparticipating manufacturers from invoice calculations. Each quarter, we load the latest CMS labeler file prior to invoicing. The system only includes units from participating labelers in invoice calculations. With the system, users can enter providers whose claims the user wants to exclude from invoicing such as 340B providers. Users may set other parameters to exclude claims from invoicing, as well, such as program types, provider types, etc., based on DOAS and other States preferences.

The system flags any claim for exclusion and gives it a non-invoiced reason code to identify the specific reason the system excludes the claim. A report of excluded NDCs, including those not covered by an active rebate agreement, is available directly from the GUI's reporting menu.

As soon as we load the latest CMS reference data into the CMdS Rebate Administration solution, the rebate team begins the quarterly invoicing process to calculate, generate, and distribute the invoices. To reduce manufacturer disputes as much as possible, we perform a series of invoice audits prior to final invoice creation.

Once the rebate specialist corrects all appropriate exceptions discovered by the invoice audit process, we notify DOAS that invoices are ready for review. Rebate specialists act on DOAS findings and recalculate the invoices, if needed, until DOAS approves the invoices, at which time we freeze the invoices. Any changes made after the freeze date is reflected in the system in the next quarter, and the data invoiced in the present quarter remains fixed, so reporting on original invoiced values is possible. We distribute frozen invoices according to each manufacturer's desired invoice format.

| | |
|---|---|
| **16.** | Bookmark Title: MSQ16 – Converting Units<br>Narrative description is limited to two (2) pages.<br>Describe the Supplier's process to ensure accuracy in converting billed Units to CMS rebateable Units and invoice Labelers with correction(s) to accurately determine utilization.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.2 Unit Conversions. |

**Supplier Response**

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.2 Unit Conversions.

## Drug Rebate Unit Conversions

A standard function in the drug rebate system that assists the rebate team in producing accurate invoices is the unit conversion function that converts billing units to CMS invoice units when the two differ. The system has both automated and manual unit conversion capabilities.

The system performs the automated unit conversions as part of the claims load process for any NDC that has an existing unit conversion. If found, the application automatically calculates and applies the unit conversion, so the invoiced units are in the correct CMS invoice unit of measure. We continually update the unit conversion list as we identify new NDCs as problematic.

Staff can create manual conversions at any time they become aware that they need a conversion, which is typically during the claim audit process. Claim audits help users identify NDCs where they may need a unit conversion. With CMdS Rebate Administration solution, users can manually enter the appropriate unit conversion for the NDC in question. Users may apply different unit conversions for the same NDC depending on the type of claim submitted (pharmacy claim versus medical claim). Figure Z.16-1 shows the unit conversion maintenance screen in the drug rebate system.

**Figure Z.16-1. Unit Conversion Screen**
*On the Display Unit Conversion page, users can enter the billed and CMS unit factors along with effective dates and claim category to support automated unit conversions.*

Once a user manually adds a unit conversion to the system, the system automatically applies that unit conversion to all future claim loads from that point forward. This combination of automated and manual conversions proactively reduces the number of unit type discrepancy disputes by labelers. With this key capability, the rebate team can produce accurate invoices and distribute them within 60 calendar days after the end of the quarter.

| | |
|---|---|
| **17.** | Bookmark Title: MSQ17 – Invoice Methodology<br><br>Narrative description is limited to one (1) page.<br><br>Describe the Supplier's methodology for excluding National Drug Codes (NDCs) from non-participating Manufacturers and Drug Efficacy Study Implementation (DESI) drugs from being invoiced.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.1 Rebate Eligible Claims Identification. |

**Supplier Response**

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.1 Rebate Eligible Claims Identification.

### Methodology for Exclusion of Drug Codes

As noted previously, the drug rebate solution automatically excludes NDCs from non-participating manufacturers from invoice calculations. Each quarter, we load the latest CMS labeler file prior to invoicing. The system only includes units from participating labelers in invoice calculations. With the system, users can enter providers whose claims the user wants to exclude from invoicing such as 340B providers. Users may set other parameters to exclude claims from invoicing, as well, such as program types, provider types, etc., based on DOAS preferences.

### *Assuring DESI Exclusion from Invoicing*

To synchronize NDC termination dates and DESI flags on the drug database from data supplied by CMS, we receive a quarterly CMS drug file and apply the information to the drug database tables.

With this information integrated into the drug database, DOAS and other States pharmacy POS systems can accurately process and price POS claims according to your specifications.

| | |
|---|---|
| **18.** | Bookmark Title: MSQ18 – 340B Providers<br><br>Narrative description is limited to two (2) pages.<br><br>Describe the process the Supplier will follow to identify, download, and report to the State all exempt 340B Providers (pharmacy and medical) as identified from the Health Resources and Service Administration (HRSA) website (www.hrsa.gov/opa/) quarterly with one hundred percent (100%) accuracy prior to processing current invoices. These 340B Providers include pharmacies and clinics purchasing under the 340B provisions.<br><br>The Supplier's response must include a description of the system capability to be able exclude the 340B Providers. Additionally, the response must describe the ability to utilize data from the NCPDP D.0 transaction (specifically the submission clarification code 20) to exclude these Claims in the event that the State moves to this method of exclusion.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.4 340B. |

**Supplier Response**

***Because our drug rebate system has always been designed specifically to support the CMS Medicaid Drug Rebate Program, we ensure compliance with the latest CMS regulations.***

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.4 340B.

### Identifying, Downloading, and Reporting Exempt 340 B Providers

With the system, users can enter providers whose claims the user wants to exclude from invoicing such as 340B providers, both pharmacy and medical. Users may set other parameters to exclude claims from invoicing, as well, such as program types, provider types, etc., based on the preferences of DOAS and other States. This is part of our internal processing and occurs in regular quarterly intervals.

The system flags any claim for exclusion and gives it a non-invoiced reason code to identify the specific reason the system excludes the claim. A report of excluded NDCs, including those not covered by an active rebate agreement, is available directly from the GUI's reporting menu. This report can be downloaded by authorized users and used for reporting to the DOAS or other States. We are fully transparent on all rebate elements.

### *Drug Rebate 340B Claim Identification During Rebate Processing*

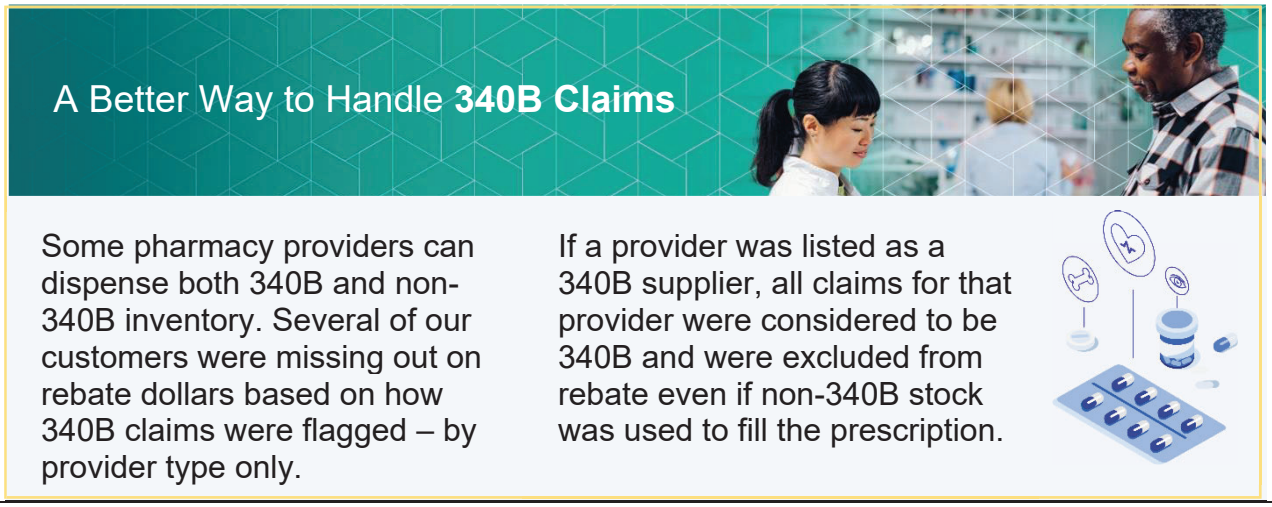
If you do not want to identify claims containing 340B inventory at the POS, we can enter 340B providers in the drug rebate provider exclusion list. Using this method, our staff reviews the Health Resources and Services Administration (HRSA) Medicaid Exclusion Database each quarter to download the latest 340B provider list for your state and surrounding states. When the system evaluates claims for inclusion in the invoice calculations, any claims from a 340B provider is excluded from the invoicing process.

### *Drug Rebate 340B Inventory Identification at POS*

Claims for your plan's 340B program process correctly at POS because we can identify and exclude 340B drugs from invoicing through the following methods:

- Pharmacies dispensing drugs purchased under the 340B Program flag 340B claims at the POS by entering a value of **08 in the Basis of Cost Determination field (423-DN)** in the NCPDP D.0 transaction. The POS system supports this methodology. An extract that the POS system sends to the drug rebate system captures claim parameters such as this.
- Pharmacies dispensing drugs purchased under the 340B Program flag 340B claims at the POS by entering a value of **20 in the Submission Clarification Code field (420-DK)** in the NCPDP D.0 transaction. The POS system also supports this methodology. An extract that the POS system sends to the drug rebate system captures claim parameters such as this.

When drug rebate system receives claims containing either of these 340B indicators, the system automatically excludes those claims from invoicing calculations. The team does not have to per22340B claim form any other actions.



| | |
|---|---|
| **19.** | Bookmark Title: MSQ19 – Compound Prescription Invoicing<br>Narrative description is limited to three (3) pages.<br>Describe the Supplier's rebate invoicing process for the following Claim type: compound prescriptions.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.1 Rebate Eligible Claims Identification. |

**Supplier Response**

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I Section 4.1.

## Compound Prescriptions

Our solution is designed to meet the dynamic and highly regulated needs of the Medicaid Drug Rebate Program (MDRP) and Supplemental Rebates. Our robust Rebate tool is not an accounting solution that has been retrofitted to support drug rebate operations.

With our solution, every component of your drug rebate operation and data, including compound prescription rebate invoicing, is contained in one single application. You have all the information you need in one place, which ensures accuracy and timeliness of data, and streamlines management oversight.

Using claims information from the PBA vendor, our rebate system captures all component details on compounded drug claims as needed. For example, our rebate system captures the Compound prescription/drug claims at the line level for each ingredient. Each compound drug is unique depending on the ingredients and quantity. Our system recognizes this when performing Rebate review for accurate processing with details captured on the Claim Line Number and Claim Category screens.

CMdS Rebate Administration solution also offers considerable configurability to further define and configure system protocols for compound drug claims. During implementation we can discuss the configuration types to meet your requirements. For example, where available, we capture the appropriate HCPCS/CPT-to-NDC billing unit conversion factor.

The solution calculates and generates invoices for all eligible rebates for products reimbursed by the State program with 100% accuracy.

| | |
|---|---|
| **20.** | Bookmark Title: MSQ20 – Adjustments<br><br>Narrative description is limited to two (2) pages.<br><br>Describe the Supplier's process for monitoring and follow up processes which accomplish the goal of requiring Manufacturers to use the standard Reconciliation of State Invoices (ROSI) and Prior Quarter Adjustment Summaries (PQAS) forms for adjustments to invoices and that they are able to follow CMS instructions for the completion of forms.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.5 Invoicing. |

**Supplier Response**

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.5 Invoicing.

### Monitoring and Follow-Up Processes for Manufacturer ROSI and PQAS

The solution's claims history database stores adjudicated claims that an authorized user can adjust or void. The solution supports the NCPDP D.0 transactions for adjustments and voids – B3 and B2. Additionally, the solution contains exam entry screens, so users can manually adjust or void claims according to DOAS and other States' policy.

The drug rebate system provides user-friendly data entry screens for both the ROSI and PQAS remittances. Both follow the CMS standard ROSI and PQAS format and provide the recording of payment information at the 11-digit NDC level. The screens are easy-to-use and intuitive, so rebate allocations specialists/manufacturers can enter information promptly.

Figure Z.20-1 shows the ROSI input screen. Figure Z.20-2 shows PQAS input screen. We staff enough rebate allocation specialists, so we can allocate all payments in a prompt manner upon receipt. You always have then current AR information at your fingertips.

**Figure Z.20-1. ROSI/PQAS Input Screen**
*The drug rebate system has two payment input screens: the ROSI tab is for current quarter payments.*

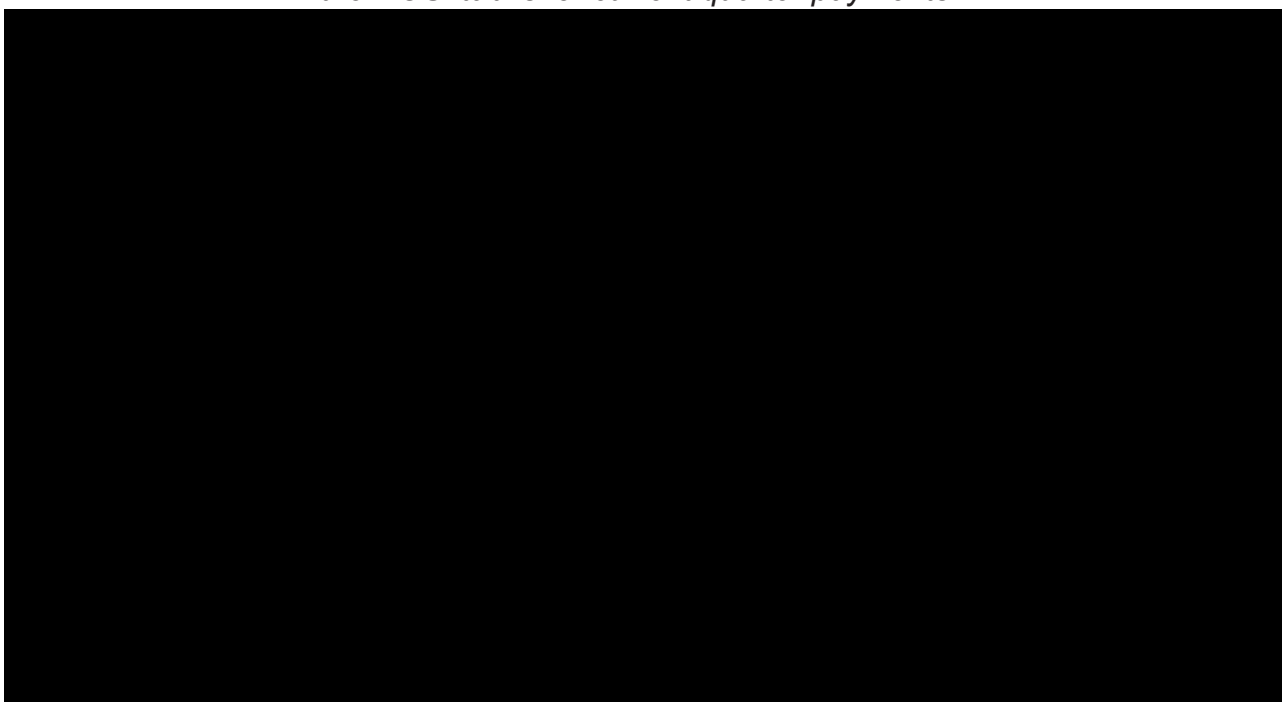


**Figure Z.20-2. ROSI/PQAS Input Screen**
*The PQAS tab is for prior quarter adjustment payments.*



Redacted Copy-Available for Public Review Trade Secret

| | |
|---|---|
| **21.** | Bookmark Title: MSQ21 – Invoice Delivery Process<br>Narrative description is limited to one (1) page.<br>Describe the Supplier's invoice delivery process, including but not limited to the receipt of mail, tracking of postmark dates, and storage of envelopes or tracking electronic notification and delivery of invoices.<br>Describe the Supplier's invoice delivery process for off cycle invoicing due to late Claim file delivery.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.5 Invoicing. |

**Supplier Response**

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 4.5 Invoicing.

## Drug Rebate Invoice Delivery

With us as your PBM partner, you can expect consistent and reliable delivery of rebate invoices, including cover letters, to manufacturers each quarter according to CMS and state required timelines. We follow a p50proven process to generate invoices in the format requested by the labeler or required by DOAS and other States to deliver them timely.

We use the invoice register to distribute invoices timely and to the correct manufacturer. After we calculate, audit, and print the invoices, the rebate staff prints an invoice register. The register displays the items listed in Table Z.20-1.

**Table Z.20-1. Invoice Register Displayed Items**

[redacted]

As we insert each invoice into an envelope, we place a checkmark next to the labeler code on the invoice register. This confirms each labeler only receives the invoice intended for them.

Once we insert all invoices into envelopes and postmark them, we enter the postmark date into the drug rebate system. We then mail the invoices in bulk. We mail all paper invoices within 60 calendar days from the end of the calendar quarter to meet CMS regulations. If we receive a returned invoice for any reason, we reset the mailing date and resend the invoice to the labeler.

The rebate staff notifies DOAS and other States of the time and date that we distributed invoices and cover letters. We can provide a copy of the invoice register or Invoice Detail Report that

displays the invoice create date, freeze date, and mail date for each labeler. Both reports are also available from the drug rebate application.

If a manufacturer only receives an electronic invoice, we upload the invoice to the drug rebate web portal and then insert the upload date into the postmark date field of the drug rebate system, so the system can calculate interest due correctly. We send an email notice to the manufacturer notifying them that we have uploaded their invoice to the drug rebate portal.

| | |
|---|---|
| **22.** | Bookmark Title: MSQ22 – Invoice Quality Assurance<br><br>Narrative description is limited to three (3) pages.<br><br>Describe the Supplier's quality assurance process to ensure that accurate invoices are produced and that invoices are electronically created for each Labeler. Describe the procedures in place for ensuring that duplicated invoices are never mailed except on specific requests. Also, describe the type of reporting process you propose to use for reporting quality assurance results to the State.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.9 Quality Assurance. |

**Supplier Response**

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 4.9 Quality Assurance.

### Drug Rebate Quality Control

The rebate calculation and invoice generation processes include built-in quality control that reviews the current quarter to previous quarter invoice totals, so you can compare the increase or decrease in invoice amounts for each labeler invoiced. Figure Z.22-1 shows a sample Current to Previous Quarter Invoice Comparison Report.

Additionally, we perform claim and invoice audits as additional quality control measures.

**Figure Z.22-1. Invoice Comparison Report**
*Using tools like the Current to Previous Quarter Invoice Comparison Report, we perform a variety of quality control activities, so we load data correctly prior to the generation of invoices.*

### *Accurate Electronic Invoicing*

For invoice accuracy, your drug rebate system maintains multiple labeler enrollment dates, termination dates, and address changes from CMS and labelers. Each invoice that we send to a labeler includes a cover letter specifying the address where they should mail your rebates. The cover letter also specifies the labeler contact information. We may print multiple copies of the invoices, so DOAS and other States can retain a hard copy of each invoice.

We include the interest due on the cover letter of each labeler's invoice each quarter. This provides the interest due amount along with the remainder of the invoice information. Additionally, we can include an optional third section of the invoice that provides our calculated interest due by quarter for all historical quarters where payment is still owed. If the manufacturer does not remit interest due with their late payments, one of the rebate specialists contacts the labeler via phone or email to notify them of the outstanding interest due.

To ensure invoice quality, rebate specialists also randomly select invoices from each rebate program for review. The claim data and URA assigned to each NDC are validated before invoices are frozen, printed and mailed. We maintain an audit trail that preserves original values for the status for collections, non-payments, non-responders, and all unit URA changes.

We upload invoices to our rebate portal for manufacturers to download their invoices electronically.

### *Ensuring that Duplicated Invoices are Mailed on Special Request Only*

The rebate staff uses a system-generated invoice register to QC the process and confirm that each labeler for which the system generated an invoice has a corresponding envelope. This

prevents missing or double-stuffed invoices from leaving the facility; each labeler only receives the invoice intended for them. Duplicate invoices are provided on special request in separate mailings.

### *Process for Reporting Quality Assurance Results to the State*

With the CMdS Rebate Administration solution, every component of your drug rebate operation and data, including reporting, we store in one single application. Containing over 50 standard reports, including the CMS64.9R, the drug rebate solution provides a wealth of program insight. The system process AR balance, in real-time. Users can run AR reports directly from the rebate system at any time, with results viewable online and available for printing or export to the state. All drug rebate system reports are exportable in a variety of formats, such as the following, for easy analysis and integration with other decision support systems:

- PDF
- CSV
- TXT
- XLSX
- Others

| | |
|---|---|
| **23.** | Bookmark Title: MSQ23 – PPA Methodology<br>Narrative description is limited to two (2) pages.<br>Describe the Supplier's method used to calculate, adjust, and record prior period adjustment (PPA) payments reported on the CMS tape.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.4 Dispute Resolution. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 5.4 Dispute Resolution.***

Conduent State Healthcare, LLC's (Conduent) approach to managing prior period adjustments (PPAs) within the CMdS Rebate Administration solution is thoroughly designed to assure accuracy, compliance, and the integrity of rebate management processes. Our Pharmacy Drug Rebate Services (PDR Services) system supports the CMS Medicaid Drug Rebate Program fully, adapting swiftly to regulatory changes, including those prompted by the Affordable Care Act (ACA) and the SUPPORT Act, verifying ongoing CMS compliance.

### Calculation of PPA Payments

- **Compliance and Adaptability.** PDR Services are regularly updated to align with CMS regulations. This includes modifications to the CMS64.9R Report for detailed information on MAT drugs and changes in file layouts exchanged with CMS and drug manufacturers, verifying that all bases are covered for CMS compliance.
- **Advanced Fraud Detection Integration.** The incorporation of ProDUR and RetroDUR functionalities into our PPA calculation process is critical. These tools assist in identifying claims that may require adjustments due to fraudulent, wasteful, or abusive patterns, verifying PPAs are accurately calculated based on legitimate and compliant claims data.

### Adjustment of PPA Payments

- **Rigorous Review Process.** Adjustments are thoughtfully made based on the initial analysis, considering any new insights gained from our fraud, waste, and abuse detection process. This confirms that all adjustments are substantiated and reflect the most accurate data.
- **CMS64.9R Report Modifications.** In response to CMS mandates, such as the SUPPORT Act, our team has expediently implemented required changes to the CMS64.9R Report, enhancing granularity around drug use, including OUD treatments. This confirms that PPAs reflect the latest CMS guidelines and reporting requirements.

### Recording of PPA Payments

- **Transparent and Compliant Recording.** Adjustments are recorded with complete transparency. The system documents all changes, providing a clear audit trail from calculation through to the final recording of PPAs.
- **Integration with Financial Reporting.** Our comprehensive reporting capabilities, including over 50 standard reports like the CMS64.9R, allow for accurate and timely reporting of rebate activities to CMS, verifying that all PPA adjustments are correctly reflected in financial statements.

### Continuous Compliance and System Updates

- **CMS Compliance Assurance.** Conduent's proactive approach confirms the drug rebate system is always aligned with current CMS regulations. We swiftly implement system updates in response to CMS changes, maintaining full compliance and verifying the integrity of PPA calculations and recordings.
- **Stakeholder Communication and Training.** Throughout the implementation and operation phases, we engage with the DOAS and other States to establish clear protocols for accessing CMdS Rebate Administration solution, providing training and support to assure all users are proficient in managing PPAs within the system.

Our methodology for calculating, adjusting, and recording PPAs within the CMS Medicaid Drug Rebate Program combines detailed compliance protocols with advanced fraud detection and system adaptability. In doing so, our clients, including the DOAS and other States, remain compliant with CMS requirements while effectively managing the financial implications of prior period adjustments. Conduent's commitment to accuracy, transparency, and compliance positions us as your trusted partner in Medicaid drug rebate management.

| | |
|---|---|
| **24.** | Bookmark Title: MSQ24 – Paid Claim Recording<br><br>Narrative description is limited to three (3) pages.<br><br>Describe the process the Supplier will use to collect, submit, and monitor all records in paid Claims data which do not have a corresponding NDC or URA on the current rebate tape, then submit these to the State, quarterly, in three (3) lists for the State Medicaid Fee-for-Service (FFS) Pharmacy Rebates:<br><br>a. One for NDCs on Claims that processed as POS.<br>b. One for NDCs that are contracted under the Supplemental Rebate program.<br>c. And one for those that processed as HCPCS.<br><br>In addition, describe how this would also be accomplished for the State's CMOs that would need 2 lists each – one for POS and another for HCPCS at a minimum.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 6.1 Reporting. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 6.1 Reporting.***

Conduent State Healthcare, LLC (Conduent) meticulously crafts a method to oversee the collection, submission, and monitoring of all paid claims data missing a National Drug Code (NDC) or Unit Rebate Amount (URA) on the current rebate tape. We carry out this process quarterly, tailored specifically for the DOAS and other States. Our primary goal is to confirm compliance, accuracy, and efficiency in managing Medicaid Fee-for-Service (FFS) Pharmacy Rebates, covering all aspects of rebate management comprehensively.

Additionally, our approach supports the specific requirements of the DOAS and other States' Care Management Organizations (CMOs) by:

- Creating essential lists for claims processed at the Point of Sale (POS), and
- Generating necessary lists for claims processed under the Healthcare Common Procedure Coding System (HCPCS).

### Collection and Submission Process

We collect and categorize claims data using our Pharmacy Drug Rebate Services (PDR Services) system. This system is designed to identify and segregate claims based on their NDC status, Supplemental Rebate program participation, and HCPCS processing status. For DOAS and other States' CMOs, the system similarly categorizes claims for POS and HCPCS.

### *Identifying and Segregating Claims*

- **NDCs Processed as POS.** Our solution automatically flags claims processed at the point of sale (POS) that lack a corresponding NDC or URA. This identification is facilitated by our advanced claims processing system, which is equipped to handle vast datasets and pinpoint discrepancies.
- **Supplemental Rebate Contracted NDCs.** For NDCs under the Supplemental Rebate program, we utilize a targeted approach to isolate claims that have processed but are missing in the rebate data. This is critical for verifying that all eligible claims are captured and appropriately managed.
- **HCPCS Processed Claims.** Claims processed under Healthcare Common Procedure Coding System (HCPCS) codes without a matching NDC or URA are identified through a similar automated process, so that even these more complex billing scenarios are accurately accounted for.

### *Submission Process*

After collecting and categorizing the claims, Conduent prepares three distinct lists for the State Medicaid FFS Pharmacy Rebates and two lists for each State CMO as required. The lists are compiled quarterly, capturing all claims from the previous quarter accurately and reporting them. Each list is verified for accuracy and completeness before submission to the State. Conduent provides a detailed summary alongside the lists, highlighting key findings, anomalies, or patterns that may require further attention.

### CMOs Lists Preparation

For the State's CMOs, the process mirrors the one described above, albeit streamlined to produce two essential lists: one for POS and another for HCPCS processed claims. This differentiation is vital for CMOs to effectively manage their rebate processes and confirm comprehensive coverage of all claims.

### *Monitoring and Compliance*

Conduent's approach includes continuous monitoring and analysis of claims data to identify trends, discrepancies, or areas for improvement. This proactive stance confirms that the State and CMOs are equipped with the necessary information to make informed decisions regarding pharmacy benefits management.

- **Continuous Monitoring.** CMdS Rebate Administration solution continuously monitors for claims data that may not have corresponding NDCs or URAs. This proactive approach enables early detection of discrepancies, verifying they are addressed promptly.
- **Compliance and Accuracy.** To guarantee compliance with CMS regulations and accuracy in data management, our process includes rigorous checks and balances. This includes regular updates to our claims processing algorithms and compliance checks against CMS updates and regulations.

### *Advanced Functionalities Integration*

- **Fraud, Waste, and Abuse Detection.** By integrating our advanced fraud, waste, and abuse detection capabilities, we confirm that the data being collected, submitted, and monitored is scrutinized for integrity. This layer of analysis aids in identifying and rectifying potential inaccuracies or anomalies in claims data.
- **Enhanced Claims Processing.** Utilizing the PDR Services' enhanced claims processing features allows for a more refined identification of claims without corresponding NDCs or URAs. This results in more accurate and comprehensive lists for submission.

Conduent's detailed process for collecting, submitting, and monitoring claims data plays a crucial role in the management of pharmacy rebates for the DOAS and other States' CMOs. Through precise data analysis, continuous monitoring, and the integration of advanced system capabilities, we confirm the integrity, accuracy, and compliance of rebate management processes. Our holistic approach supports DOAS and other States in managing Medicaid costs effectively while upholding high standards of care for its beneficiaries.

| | |
|---|---|
| **25.** | Bookmark Title: MSQ25 – Dispute Resolution<br><br>Narrative description is limited to three (3) pages.<br><br>Describe the Supplier's dispute resolution process, including how the Supplier will process, adjust, correct, and resolve all outstanding rebates and disputes dating from 1991 to present when it is determined to require service. Include a discussion of any limitations the Supplier may encounter associated with this process and how the Supplier proposes to address those limitations.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.4 Dispute Resolution and 5.5 Unpaid Rebate Balances. |

**Supplier Response**

***Conduent has provided federal and supplemental rebate administration services to state Medicaid programs for more than 20 years. As an industry leader, we typically collect between 95% to 99% of all rebates invoiced, using our robust Rebate solutions. We track all deliverables pertaining to dispute resolution as a standard business practice, which helps us maintain such a high rebate return. This includes metrics such as validation on requisite claims level detail, adherence to manufacturer follow-ups on an established timeline or frequency, and logging all communications tied to dispute resolution.***

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 5.4 Dispute Resolution and Section 5.5 Unpaid Rebate Balances and we agree to meet these requirements.

### MSQ25 –Dispute Resolution

Conduent uses invoice dispute resolution processes that comply with CMS dispute resolution guidance. We attend and actively participate on your behalf at dispute resolution meetings that are attended by CMS as required by the Department.

Our solution is designed to track every stage of the dispute resolution process and allows disputes to be assigned to individual users, if desired. CMdS Rebate Administration solution stores all dispute codes submitted for each invoiced NDC on the ROSI/PQAS documents and uses these codes to organize and prioritize dispute resolution activities. The solution also has a comments feature which allows our team to document key information directly in the system during dispute resolution. A dispute can be resolved in three ways. Each of these events is tracked within the drug rebate system.

- In the first method, claims may be adjusted through the claims payment system, resulting in a situation where units have been decreased and the remaining units have all been paid.
- Secondly, a correction to erroneous units within the drug rebate system may reduce disputed units to zero.
- Finally, a payment can be received which covers all formerly disputed units.

## Processing, Adjusting, Correcting, and Resolving All Outstanding Rebates and Disputes Dating from 1991 to Present

Our CMdS Rebate Administration solution maintains full historical drug rebate information for each rebate program, including invoice, payment, accounts receivable, and dispute data. Historical information is available from 1991 when the federal drug rebate program started, or as far back as electronic data is available for conversion.

Claims, encounter data, and drug reference data are loaded into CMdS Rebate Administration weekly. CMS data files (e.g., Labeler, URA, and UROA) are loaded quarterly as soon as CMS publishes the latest version. User-friendly screens allow easy access to drug rebate data, which is stored indefinitely. Authorized Department users can view historical data through the GUI which allows you to review claim, Provider, NDC, invoice, check, and calculated URA information. In addition, you can export most reports displaying historical data to .csv, .txt, or Excel formats for use in other data analysis tools.

We use this data to generate manufacturer communications such as dispute letters, invoices with cover letters, and dunning notices. We generate the appropriate notices to support dispute resolution and collection efforts and can include notification of interest accrual on invoices and dunning notices. We also maintain adjustment documentation related to units, rates, and balances, and dispute resolution settlements. Having all the data and communications in one solution enables the rebate team to respond to inquiries in a timely manner.

Containing over 50 standard reports, including the CMS64.9R, our solution provides a wealth of program insight. The detailed management and monitoring reports allow authorized users to closely and efficiently manage each rebate program individually, or as a whole. As payments are allocated, disputes are resolved, or new invoices are created. Accounts receivable (AR) totals are updated instantly and are available immediately from the system's GUI. Using parameters, including historical data, users can run the standard reports for any program, combination of programs, quarter, labeler, drug, or other criteria. This makes standard reporting flexible and provide sufficient information for effective oversight and management of all your rebate programs.

The system records all inputs, both automated and manual, and maintains a current AR balance at all times, in real-time. In fact, users can run AR reports directly from the drug rebate system at any time, with results being viewable online and available for printing or export. As soon as the next payment is allocated in the system, AR balances are updated and immediately visible.

In many cases, CMdS Rebate Administration offers multiple views of the same type data. A good example is the AR report. This report shows the original and current invoice information, payment information (both principal and interest), disputed units and dollar amounts, and other AR related information. The report can be requested by quarter which provides a great overview of the program's status or by labeler which allows the user to research a specific labeler's invoice and payment status at a glance. Regardless of where the user starts the reporting, CMdS Rebate Administration allows the user to drill down into more detailed data including at the NDC and/or claim level, as needed.

### *Process Limitations*

Through a combination of audits and reports which are configured in the drug rebate system, our rebate specialists make sure that claims data is as accurate as possible and does not contain values which are likely to lead to disputes from manufacturers.

Our solution eliminates manual rate calculations, conversions, and ad hoc updates freeing staff to allocate payments, manage disputes, and generate reports. These efforts are critical to manage the rebate programs and comply with both state and federal regulations.

Through Conduent's federal and supplemental Medicaid drug rebate programs administered nationwide, we have steadily enhanced our drug rebate solution so best practices are incorporated and continue to comply with federal and state requirements. Our team works constantly to improve CMdS Rebate Administration solution. If additional reports are needed to help meet CMS or state requirements or gain additional visibility into the rebate operation, we build/publish them for the benefit of all users.

Our customers enjoy the fact that CMdS Rebate Administration solution gives them complete control of their entire rebate program from one single application. They also appreciate the intuitive design and workflows that result from a system specifically designed to support the CMS Medicaid Drug Rebate Program (MDRP). Also beneficial to our customers is how our tool, our people, and our processes produce higher quality invoices, which result in fewer manufacturer disputes, minimal write-offs, and vastly increased collections. As CMS announces changes or new final rules, we quickly update our system to ensure our customers remain in full compliance at all times.

While we track and can report on dispute components, some aspects of dispute resolutions are outside of our control and, at the end of the day, it is up to the manufacturer to agree to close the dispute. We will track and document the dispute until closure.

| | |
|---|---|
| **26.** | Bookmark Title: MSQ26 – Manufacturer Dispute Resolution<br><br>Narrative description is limited to two (2) pages.<br><br>Describe the Supplier's processes and procedures to address disputes from Manufacturers with regards to unpaid rebates (e.g., via the provision of a help desk or designated employee for the acceptance of telephone calls from the Manufacturers).<br><br>As part of this response, the Supplier must provide detail on how many personnel will be employed for this task as well as the location of the help desk, if one is utilized.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 2.5 Accounting for Rebate Activity and Section 5.4 Dispute Resolution and 5.5 Unpaid Rebate Balances. |

**Supplier Response**

***Our operations support teams are seasoned veterans with significant years of experience and expertise coupled with customized tools and processes to meet the unique needs of each of our state partners.***

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for CMdS Rebate Administration sources and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 2.5 Accounting for Rebate Activity, Section 5.4 Dispute Resolution and Section 5.5 Unpaid Rebate Balances and we agree to meet these requirements.

## MSQ26 – Manufacturer Dispute Resolution

In support of GA pharmacy drug rebate services, we focus on a dedicated team for rebate administration versus shared resources and rely on experts truly familiar with the details of our client's accounts. Telephone calls from manufacturers are supported by Conduent's Account Director, pharmacy technicians and accounting specialists. Our PDRS team operation is based in Texas.

When a manufacturer disputes an invoiced amount, Conduent enters the adjustment and dispute codes exactly as supplied by the manufacturer on the payment documents.

**The Conduent Difference**

Manufacturer disputes are worked by the same team member that works claim audits. By clearing claim audits prior to invoicing, manufacturer disputes are minimized. If disputes do arise, the technician creates additional claim audit scenarios to prevent recurrence of the same issue; facilitating a steady decline in disputes quarter over quarter.

Disputes are worked to resolution by the team member that is responsible for the claim and rebate program drug audits in which the disputes originated. This provides consistency and continuity in the dispute resolution process as the responsible technician has in-depth familiarity with the program history, policies, and historical disputes and develops a strong working relationship with many of the labeler representatives. As part of our standard dispute resolution/collections efforts, our team contacts any labelers who have outstanding unpaid balances related to prior period adjustments. We work with the labeler to ensure

they are in agreement with invoiced amounts. We supply any claim level detail information needed to validate the invoiced units.

The dispute team member uses a variety of dispute reports that are built into CMdS Rebate Administration solution, including Outstanding Balance, Disputed Amounts, Dispute Activity, and Dispute Recapitulation reports. These reports provide different "views" into the disputed amounts enabling the user to focus on the top priority disputes each quarter. We typically prioritize labeler-initiated disputes first with the highest dollar disputes having highest priority. However, as each state has different policies and priorities, we do not assume that what works for one state will work equally well for another. We work closely with DOAS and other States during implementation and ongoing through operations to ensure we understand your top priorities as we resolve outstanding disputes. When a dispute is resolved, we immediately update the AR for that manufacturer, reflecting the update in system reports. Using the Research Disputes Reports, users can view disputed dollars by manufacturer and/or quarter. Figure Z.26-1 depicts a report commonly used to view disputed amounts by labeler and comments entered during dispute resolution activities.

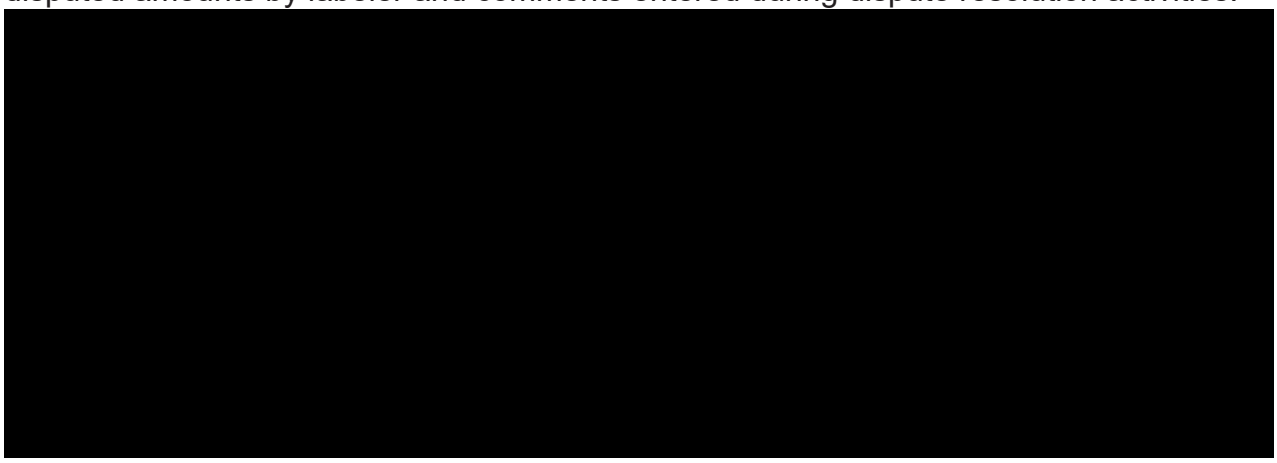


**Figure Z.26-1. Sample Research Disputes Report**
*This report provides detailed information on disputed amounts by labeler.*

We work aggressively to resolve outstanding rebate amounts owed to DOAS and other States. The solution maintains an audit trail, preserving unit and URA changes made during the dispute resolution process. We also track and maintain dispute correspondence electronically. By providing labelers with detailed claim-level detail data quickly, disputed amounts are resolved promptly, and payment is remitted without delay.

**Dispute Recapitulation Report.** Figure Z.26-2 provides a redacted report that shows the status of disputes for a manufacturer. We send this report to manufacturers to clarify what has arisen after a round of dispute resolution discussions.

**Figure Z.26-2. Excerpt from Dispute Recapitulation Report**
*This report displays disputed units by manufacturer.*



Redacted Copy-Available for Public Review Trade Secret

| | |
|---|---|
| **27.** | Bookmark Title: MSQ27 – Allocations and Adjustments<br><br>Narrative description is limited to four (4) pages.<br><br>Describe how the rebate system enforces the allocation of payments and adjustments at the NDC/quarter level. If the system does not enforce allocation at this level, please describe your methodology for allocation and adjustment and how accurate allocations and adjustments are achieved. Also, describe your process to ensure checks are allocated completely and how they are accurately allocated to the correct program (CMS, Supplemental/DME, CMO) one hundred percent (100%) of the time.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.3 Rebate Allocations. |

**Supplier Response**

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.3 Rebate Allocations.

### Enforcing /Methodology Allocation of Payments and Adjustments at NDC/Quarter Level

The CMdS Rebate Administration solution provides user-friendly data entry screens for both the Reconciliation of State Invoice statements (ROSI) and Prior Quarter Adjustment Statement (PQAS) remittances. Both follow the CMS standard ROSI and PQAS format and provide the recording of payment information at the 11-digit NDC level. The screens are easy-to-use and intuitive, so rebate allocations specialists can enter information promptly.

Invoice cover letters notify labelers where to remit payment, so there is no confusion over the mailing address for payments. Once a labeler makes payment, we are responsible for all aspects of the payment allocation process for each quarter. This includes recording the batch payments, logging the individual payments and allocating each payment at the NDC level into the drug rebate system.

### *Ensuring checks are allocated completely and accurately to the correct program (CMS, Supplemental/DME, CMO) 100% of the time.*

The standard practice is to use your bank's online system to obtain all required information for payment processing. During implementation, we work with you to refine this process to meet your financial reporting requirements. This process includes the following tasks:

1. Each business day, the rebate specialists access the lockbox's online reporting tools for new payment information supplied by labelers.
2. A manager or supervisor groups checks and electronic payments into batches (the system accepts both payment methodologies) and batches into the drug rebate system as we receive them - assigning each batch a unique number.

3. They record the number and total amount of the payments contained in each batch along with the date received, and they log each individual check and record the additional detail in the drug rebate system (Table Z.27-1.)

**Table Z.27-1. Drug Rebate System Record Additional Detail**

| Additional Detail | Definition |
|---|---|
| Check Number | [redacted] |
| Check Issuer | |
| Information | |
| Check Date | |
| Postmark/EFT Transmittal Date | |
| Received Date | |
| Check Amount | |
| Payment Type | |
| Dispute Resolution | |

When we receive a rebate payment, the following steps are followed:

1. A supervisor or manager logs it into the drug rebate system that displays it on a list of checks waiting for allocation.
2. The rebate specialist selects a check to allocate and then associates that check information with the invoice for which we are remitting payment. The specialist performs this allocation at the 11-digit NDC level for the selected quarter provided on the ROSI and any previous quarters for which there is a PQAS.
3. The rebate specialist allocates both the principal and interest amounts the labeler submits. The drug rebate solution retains the principal payment and the interest payments as separate data items. With the application, the user can enter a labeler-supplied URA if the labeler provides for any (or all) NDCs and any information related to disputed and/or adjusted units.

Conduent's CMdS Rebate Administration solution also supports the ability to allocate payments (and generate corresponding reports) to specific fund codes and revenue codes if DOAS and other States wishes to use this functionality. If the manufacturer does not fully pay the invoiced units, then the manufacturer should dispute those units with the appropriate dispute code. The rebate staff enters these dispute codes into the drug rebate system during allocation, and later rebate dispute specialists research them. As we allocate the payment, the system indicates if the check has been fully allocated and balances the allocations to the previously recorded totals.

Once we complete check allocation, the check no longer appears on the list of unallocated (or not fully allocated) payments. The drug rebate system systematically provides verification of the payment allocation process from the initial deposit entry through the posting of payments to the NDC level.

Each payment received should consist of a copy of the check and the accompanying payment documents that describe the invoice(s) to which we apply the payment (ROSI/PQAS). If we do not receive the expected documentation, we contact the submitting labeler to determine what they sent and when. We then proceed to work with the labeler and the bank to confirm we have received all required information before beginning allocation.

After we fully allocate each payment, we file any paper payment documents in banker's boxes by rebate program, quarter, and labeler number. This provides easy retrieval if there are questions about the payment.

With the drug rebate system, a user can correct rates and adjust units through the ROSI and PQAS payment allocation screens. During the allocation process, rebate allocations specialists can record rates (URA) and unit adjustments based on the documentation provided by the labeler. Rebate allocations specialists complete this through additional window fields to capture the change while retaining the original historical data sent with the invoice. With the ROSI and PQAS screens of the drug rebate system, a user can record both disputed as well as adjusted units provided in the labeler documentation. Our standard procedure includes:

1. Recording the payment postmark date as we log checks into the system. If the check postmark date is not legible, we use the date of the check instead.
2. The drug rebate system provides multiple date fields to record key dates related to the payment.

As users enter prior quarter adjustment payment information from the PQAS forms provided by the labeler, the drug rebate system automatically matches the amount allocated to the data on the CMS prior period adjustment records. This happens systematically and requires no human intervention. When we log checks into the drug rebate system, we record all key payment information. We can display this information on screen or export it as needed. Table Z.27-2 lists the fields captured from payments.

**Table Z.27-2. Payment Data Captured in the Drug Rebate System**

| Data Element | Data Element Description |
|---|---|
| Check Log Number | [redacted] |
| Batch Date | |
| Batch Number | |
| Check Number | |
| Check Issuer | |
| Check Amount | |
| Total Allocated Amount | |

| | |
|---|---|
| Check Date | [redacted] |
| Postmarked Date | |
| Received Date | |
| Suspended Date | |
| In Rec Format | |
| Payment Type | |
| Dispute Resolution | |
| Check Information | |
| CCN | |

Figure Z.27-1 shows the types of payment information available on the View List of Checks Report from the drug rebate system. Note that all drug rebate reports include data received from both paper check and electronic payment methodologies.

[redacted]

**Figure Z.27-1. View Check Report**
*This report shows the information captured from the payment documents.*

Each week, our team pulls the 13-week Treasury Bill investment rate information from the Treasury Direct Website and enters the latest weekly rate into CMdS Rebate Administration solution. To calculate interest due according to the CMS guidance, we use these weekly rates. This confirms that the interest calculation logic in the drug rebate system is compliant with CMS regulations. In the solution, we record principal and interest paid amounts separately and report them individually in the system. We allocate all payments, including interest payments, to the specific program and

quarter corresponding to the original invoice. We maintain federal and supplemental program payment information separately.

The drug rebate solution offers multiple reports that provide a view into the amounts invoiced, paid, adjusted, etc. The Payment Summary Report, shown in Figure Z.27-2, provides the ability to view the amounts posted in a specified time period showing the principal and interest payments, and payments for disputed amounts.

**Figure Z.27-2. Payment Summary Report**
*The drug rebate system offers multiple options to view payments, adjustments, and balances. This report shows the amounts received for routine payments as well as disputed amounts by date range.*

On the rare occasion that a manufacturer overpays an invoice and carries a credit balance, we offer two methodologies to handle this type of situation. The drug rebate system can retain the credit and apply it to a future invoice if the manufacturer wishes to do so. If mutually agreed upon by the manufacturer and DOAS and other States, we also offer the option of having DOAS and other States issue a refund check to the manufacturer.

| | |
|---|---|
| **28.** | Bookmark Title: MSQ28 – Accounting and Reconciliation<br><br>Narrative description is limited to three (3) pages.<br><br>Describe the Supplier's accounting system and reconciliation process for maintaining accurate accounting records using Generally Accepted Accounting Principles (GAAP) reflecting invoices billed, full amounts of payments received, data from Reconciliation of State Invoices (ROSI), other adjustments, updates from prior quarter adjustments, disputes, and interest.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.1 General Rebate Accounting Requirements. |

**Supplier Response**

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 5.1 General Rebate Accounting Requirements.

## Accounting System/ Reconciliation Process/ GAAPs

Conduent's CMdS Rebate Administration solution complies with current state and federal guidelines and includes the Omnibus Budget Reconciliation Act (OBRA) and HIPAA provisions. Strict processes for accounting of all rebate data is critical for DOAS and other States invoices to be accurate and to collect rebates owed per the CMS rebate agreement with labelers. Our solution is used to load and manage all rebate related data in accordance with Generally Accepted Accounting Principles (GAAP). From the drug rebate system, users can load and manage all rebate-related data including items listed in Table Z.28-1.

**Table Z.28-1. Rebate-Related Data Items**

[redacted]

The solution records all inputs, both automated and manual, and always maintains a current AR balance, in real-time. In fact, users can run the AR reports directly from the drug rebate system at any time with results being viewable online and available for printing or export. As soon as the system allocates the next payment, it updates and immediately makes visible AR balances.

Figure Z.28-1 and Figure Z.28-2 are sample screenshots demonstrating our accounts receivable by quarter and by manufacturer, respectively.

**Figure Z.28-1. Accounts Receivable by Quarter Summary**

**Figure Z.28-2. Accounts Receivable by Manufacturer Summary**

***Invoices Billed and Paid.*** All invoices are processed timely according to CMS-required timeline of 60 days past the end of the current quarter. Supporting data sources are updated daily, weekly, monthly or quarterly according to a defined schedule. All paid claims are imported and reconciled prior to the receipt of the quarterly CMS files. Upon

receipt of the pricing and manufacturer/labeler data from CMS, the invoice creation process begins. Once the rebate invoicing is created and completed to the satisfaction of DOAS and other States, the invoices are prepared for postal mailing and electronic delivery. Upon completion of delivery,

the CMS utilization file is created for electronic upload to the CMS website, for delivery within the required timeline.

***ROSI.*** When a rebate payment is received, it is logged into the drug rebate system and then displayed on a list of checks waiting to be allocated. Conduent rebate personnel select a check to allocate and then associate that check information with the invoice for which payment is being remitted. This allocation is performed at the 11-digit NDC level for the selected quarter provided on the ROSI and any previous quarters for which there is a PQAS.

***Updates/Adjustments/Disputes.*** Updated invoices are created containing appropriate correction flags, as necessary. Our solution is able to trace the NDC, quarter invoiced, payment history and account balances by labeler, by invoice, or by quarter. Details of any activity are tracked in an audit trail that allows complete transparency regarding the way in which balances, disputes, prior quarter adjustments, and any other activity have been reconciled. Invoices and prior quarter unit adjustments are generated and stored in the AR subsidiary at the NDC detail level; NDC detail is supported by claim-level detail and manufacturer pricing as per CMS.

***Interest.*** [redacted]

| | |
|---|---|
| **29.** | Bookmark Title: MSQ29 – Review Procedure<br>Narrative description is limited to two (2) pages.<br>Describe the Supplier's review procedure to ensure current rebate payments received are made without financial errors regarding "disputed Units" or "previously paid amounts" from prior quarters.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.4 Dispute Resolution. |

**Supplier Response**

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.4 Dispute Resolution

## Review Procedure to Ensure Error Free Rebate Payments

Through a combination of audits and reports configured in the drug rebate system, rebate specialists verify that your claims data is as accurate as possible and does not contain values that are likely to lead to disputes from manufacturers. Our review procedure ensures current rebate payments received are made without financial errors regarding "disputed Units" or "previously paid amounts" from prior quarters.

### *Drug Rebate Invoice Audits*

During invoice calculation, we perform user-specified drug audits and write them to the database. We have a rich set of audits that look for anomalies in claims data, invoiced dollars, unit conversions, etc.

To alert users of any unusual rebate invoice amounts that may result in a dispute, we produce audit exception reports. Several invoice audits are available. We may base one or more audits on parameter settings.

Prior to finalizing quarterly invoices, rebate specialists research and make corrections to invoice data, as necessary. This is an iterative process, and a user may run it as many times as necessary to verify that claims data is as accurate as possible prior to invoice generation.

The most used invoice audits include:

- **Units Greater Than % Prior Quarter.** With this, the user can compare the units being invoiced this quarter for each drug and rebate program to the prior quarter units times a predetermined percentage factor to help identify large increases in units from the prior quarter.
- **Rebate Charged Greater Than % Reimbursed Amount.** We use this audit to spot items where the rebate calculated is large in relation to the amount reimbursed to the provider. These are typically prime candidates for disputes.
- **Rebate for This NDC Exceeds % Rebate for Previous Quarter.** This audit identifies NDCs where the rebate amount this quarter is greater than a certain percentage of the rebate from the

prior quarter. It is like the first audit in this group. The difference is that this audit takes the URA into account to spot a significant dollar change from the prior quarter.

- **Rebate for This Labeler Exceeds % Rebate for Previous Quarter.** This compares the entire rebate for the current quarter of this invoice to the equivalent for the prior quarter.

Figure Z.29-1 shows a sample invoice audit.

**Figure Z.29-1. Display Invoice Audits**

*The Display Invoice Audit page of the drug rebate system displays all outlier drugs that the rebate specialist should review before the invoice is frozen and sent.*

These audits help identify several potentially problematic conditions that rebate specialist should review before completing invoicing; however, these audits alone do not detect all potential problems. To detect low-dollar amounts, zero-filled NDCs, claims billed with all 9s as the NDC, or NDCs that have zero URAs, users run a series of reports directly from the drug rebate system. For instance, to see a list of drugs that contain a $0 URA, users run the Current Zero URA Report as Figure Z.29-2 shows. This report provides a list of any NDCs that have $0 as the URA on the CMS Drug file.

If there is an error that the rebate specialist needs to correct, the rebate specialist can make the appropriate correction.

**Figure Z.29-2. Current Zero URA Report**
*Provides a list of NDCs invoiced at $0 URA, so users can complete proactive research.*

| | |
|---|---|
| **30.** | Bookmark Title: MSQ30 – Reconciliation Process<br><br>Narrative description is limited to three (3) pages.<br><br>Describe the Supplier's reconciliation process for paid invoices for both the CMS Rebates for FFS Medicaid and the CMOs and for the Supplemental FFS Pharmacy Rebates to ensure that all invoiced amounts for the current quarter are paid regardless of outstanding credits to the account.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.1 General Rebate Accounting Requirements. |

**Supplier Response**

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.1 General Rebate Accounting Requirements

## Reconciliation Process

Our rebate administration services center around the quarterly production of invoices and the receipt and reconciliation of payments from drug manufacturers. Our drug rebate team is responsible for day-to-day operations.

Using the drug rebate solution, our rebate team loads qualified paid claims, calculates invoice amounts based on either CMS-supplied or calculated URA and paid units, calculates unit conversions, and performs claim and invoice audits, so we provide accurate invoices to every drug manufacturer.

The solution provides rebate functionality for federal (primary), supplemental, and state-only rebate programs, accepting claims from FFS and managed care sources/CMOs and ensures all invoiced amounts for the current quarter are paid regardless of outstanding credits to the account.

**The Solution Provides Integration Supporting Ease in Rebate Administration**

Seamless integration of data among system components and external systems including data for:

- PA
- Rebate
- Formulary management
- Medical pharmacy claims (HCPCS) processing

Upon contract start, Conduent begins the process of receiving historical rebate data. The data is scrubbed, loaded, converted and validated. Conduent performs a complete financial reconciliation of the rebate data to verify that balances tie together and support dollar amounts reported for CMS quarterly reporting in the electronic format required. Conduent generates and delivers all drug rebate invoices to manufacturers within sixty days of the end of a calendar quarter. All payments and accompanying details on Reconciliation of State Invoice statements ROSIs and PQAS, and disputes are also recorded and stored at the NDC detail level.

## Rebate Integration

The rebate system receives your paid FFS and CMO claims and encounters via standard interfaces with the POS claims processing component. For seamless sharing of your data, we tightly integrate these components.

We maintain relationships with your CMO PBMs, and we verify CMO encounters correcting formatting as needed prior to loading. From the POS system, we have standard claims data exports that feed directly into the CMdS Rebate Administration solution. We also accept provider-administered claims from third-party systems such as the MMIS.

We load original claims as well as adjustments and reversals. Any time the drug rebate component receives an adjustment or reversal of a previous claim, the system automatically ties it back to the original paid claim. The system assigns the paid date from the original claim to the adjustment, so we can process the claim within the proper quarter to meet CMS guidelines. Additionally, at the time we load claims, the rebate component audits claims based on the settings defined by DOAS.

| | |
|---|---|
| **31.** | Bookmark Title: MSQ31 – Contacting Manufacturers<br>Narrative description is limited to two (2) pages.<br>Describe your process and timing for contacting the Manufacturers for resolution when more than two (2) quarters of CMS URAs do not match the rebate payments from the Manufacturers.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.5 Unpaid Rebate Balances. |

**Supplier Response**

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.5 Unpaid Rebate Balances.

## Manufacturer Resolution/Dispute Management

We work closely with you during the requirements phase of the implementation as well as during operations to understand your top priorities for when we resolve outstanding drug invoice disputes. Our solution includes process and timing for contacting the Manufacturers for resolution when more than two quarters of CMS URAs do not match the rebate payments.

When a manufacturer disputes an invoiced amount, we enter the adjustment and dispute codes exactly as supplied by the manufacturer on the payment documents. Table Z.31-1 shows valid codes.

**Table Z.31-1. Adjustment & Dispute Codes in the Drug Rebate System**

| Adjustment/ Dispute Code | Description |
|---|---|
| 1 | [redacted] |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| A | |
| B | |
| C | |
| D | |
| E | |
| F | |
| G | |
| H | |
| I | |

| | |
|---|---|
| J | [redacted] |
| K | |
| L | |
| M | |
| N | |
| O | |
| P | |
| Q | |
| R | |
| S | |
| T | |
| U | |
| V | |
| W | |
| X | |
| Y | |
| Z | |

The drug rebate solution tracks every stage of the dispute resolution process, so users can assign disputes to individual users, if desired. The solution stores all dispute codes submitted for each invoiced NDC on the ROSI and PQAS documents and uses these codes to organize and prioritize dispute resolution activities. The system also has a notes feature, the team can document key information directly in the system during dispute resolution. We can resolve a dispute in the following three ways:

1. Adjust claims through the claims payment system, resulting in a situation where units have been decreased and the remaining units have all been paid
2. Correct erroneous units within the drug rebate system to reduce disputed units to zero
3. Receive a payment that covers all formerly disputed units

The drug rebate system tracks each of these events.

A technician, who is responsible for the claim and drug audits of the rebate program in which the disputes originate, works disputes to resolution. This provides consistency and continuity in the dispute resolution process as the responsible technician has in-depth familiarity with the program history, policies, and

**Supporting Improvememts**

- The same technician works both manufacturer disputes and claim audits.
- By clearing all claim audits prior to invoicing, we minimize manufacturer disputes.
- If disputes do arise, the technician creates additional claim audit scenarios to prevent recurrences of the same issue.
- The result is a steady decline in disputes quarter over quarter.

historical disputes and develops a strong working relationship with many of the labeler representatives.

As part of the standard dispute resolution and collections efforts, the team contacts any labelers who have outstanding unpaid balances related to prior period adjustments. We work with the labeler to verify they agree with the invoiced amounts, and we supply any claim-level detail information needed to validate the invoiced units.

The dispute technician uses a variety of dispute reports that we built into CMdS Rebate Administration solution, including the Outstanding Balance, Disputed Amounts, Dispute Activity, and Dispute Recapitulation reports. These reports provide different views into the disputed amounts, so the user can focus on the top priority disputes each quarter.

We typically prioritize labeler-initiated disputes first with the highest dollar disputes having highest priority. However, as each state has different policies and priorities, we do not assume that what works for one state works equally well for another, so we work closely with DOAS and other States. When we resolve a dispute, we update the AR for that manufacturer immediately, which the system reports reflect.

Using the research disputes reports, users can view the disputed dollars by manufacturer and quarter as desired. Users commonly use the report that Figure Z.31-1 displays to view disputed amounts by labeler as well as any comments entered during dispute resolution activities.

**Figure Z.31-1. Research Disputes Report**
*This report provides detailed information on disputed amounts by labeler.*



Redacted Copy-Available for Public Review Trade Secret

| | |
|---|---|
| **32.** | Bookmark Title: MSQ32 – Interest Calculation<br><br>Narrative description is limited to two (2) pages.<br><br>Describe the Supplier's interest calculation process including your level of accuracy and how that level of accuracy is determined. Also, describe how credit adjustments are made after payments have been received.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.5 Invoicing. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 4.5 Invoicing.

**Interest Calculation.** Per CMS regulations, labelers are responsible for calculating interest due and remitting the correct interest amount when due. With us as your PBM partner, you receive our drug rebate solution that confirms the accuracy of the labeler's interest payment.

**Reliable Interest Calculation for DOAS and other States**

The system is configured to your requirements with:

- Automated interest calculation
- Flexible invoice options
- Credit adjustments
- Quality monitoring

CMdS Rebate Administration solution calculates the interest due using the number of days between the invoice postmark date and check postmark date (or EFT transmittals), along with the 13-week Treasury Bill investment rates entered each week. Then, our team can confirm the accuracy of the labeler's interest payment and engage the labeler when there is a difference between the calculated amount and the amount the labeler remits. We retain the labeler's postmarked envelopes as proof of dates for receipt.

Each week, our team pulls the 13-week Treasury Bill investment rate information from the Treasury Direct Website and enters the latest weekly rate into the drug rebate system. To calculate interest due according to the CMS guidance, we use these weekly rates. This confirms that the interest calculation logic in the drug rebate system is compliant with CMS regulations.

**Invoice Options for DOAS and other States.** We calculate interest due for any payment mailed more than 38 days after the invoice postmark date using the 13-week Treasury Bill investment rate. We can communicate the interest calculated by us to the manufacturers on the invoice in two ways.

- First, the cover letter that accompanies the invoice can display the total interest due.
- Second, the drug rebate solution offers the ability to include a third, optional section of the invoice that displays the calculated interest due for each quarter where there is an outstanding balance due. CMS does not require section three of the invoice, but the customers (and the drug manufacturers) find the section useful to obtain a holistic view of all outstanding balances. You control whether you wish to include this optional third section of the invoice.

- Additionally, we may include the calculated interest due by NDC during dispute resolution or other discussions with the labeler.

Per DOAS and other States requirements, the invoice summary sent to labelers includes that interest will begin to accrue on disputes and unpaid balances on the 38th calendar day after the date of the quarter's invoice postmark date.

**DOAS and other States-approved Letter Templates.** Our team reviews AR information and dispute reports to identify any invoiced amounts that labelers have not paid within the 38-day interest-free period. Using the letter template functionality of the drug rebate system, we send any labelers with outstanding amounts after the 38 days a dunning or collection letter to encourage prompt payment regardless of outstanding credits available to that labeler. The letter templates offer the ability to merge any information contained in the database in addition to free text. We send the notices on a schedule approved by DOAS and other States and with content that you have preapproved.

**Credit Adjustments.** As users enter prior quarter adjustment payment information from the PQAS forms provided by the labeler, CMdS Rebate Administration solution automatically matches the amount allocated to the data on the CMS prior period adjustment records. This happens systematically and requires no human intervention. When we log checks into the drug rebate system, we record all key payment information. We can display this information on the screen or export it as needed.

On the rare occasion that a labeler overpays an invoice and carries a credit balance, we offer two methodologies to handle this type of situation. The drug rebate system can retain the credit and apply it to a future invoice if the labeler wishes to do so. If mutually agreed upon by the labeler and DOAS and other States, we also offer the option of having DOAS and other States issue a refund check to the labeler.

**Quality Assurance.** The system is configured to verify the calculated interest due and monitor remittance documentation to ensure the collection of the correct amount of interest. DOAS and other States can rely on these automated processes for accurate labeler's interest payments.

| | |
|---|---|
| **33.** | Bookmark Title: MSQ33 – Write-Off Procedures<br>Narrative description is limited to one (1) page.<br>Describe the Supplier's write-off procedures for unpaid balances. Describe the process for tracking and determining when a write-off should be recommended.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.4 Dispute Resolution. |

**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 PBM services and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 5.4 Dispute Resolution.

### Write-Off Procedures

We have successfully transitioned drug rebate operations from other vendors, always resulting in cleaner invoicing, fewer disputes, higher collections, and lower write-offs. DOAS and other States have the option to complete Section 3 for your invoices. This section shows every outstanding balance from all previous quarters to give manufacturers a holistic view of all unpaid amounts. The result is higher and faster collection rates and fewer write-offs.

When write-offs do become necessary, (e.g., for uncollected balances or post-bankruptcy actions) we seek approval by DOAS and other States and, use established operational procedures. Write-offs are included in the accounts receivable (AR) process as an adjustment.

Following federal and DOAS policies, our solution maintains a complete record of checks received, units adjusted, write-offs, disputes resolved, interest paid, original and corrected units, and outstanding balances. Data captured for each check includes identification information, such as the deposit number, check number, and issuing party's name.

Write-offs are tracked in the system and reported on Line 2 – Adjustments in the CMS 64.9R Report. Adjustments and State approved write-offs are captured at the drug detail level.

| | |
|---|---|
| **34.** | Bookmark Title: MSQ34 – Accounts Receivable<br>Narrative description is limited to three (3) pages.<br>Describe the Supplier's receivables process which includes posting each quarter's invoices to the accounts receivable ledger and updating the ledgers with posting of payments, interest, and adjustments. The description must include the use of subsidiary ledgers, if used.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.1 General Rebate Accounting Requirements. |

**Supplier Response**

***In alignment with our state partners, our mission is to serve as a true steward of the public trust. Conduent supports and delivers AR recoupment processing with timeliness, accuracy, and accountability.***

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 5.1 General Rebate Accounting Requirements and we agree to meet these requirements.

## Accounts Receivable (AR) Process

Accurate accounting of all rebate data is critical to ensure DOAS and other States invoices for and collects all rebate amounts owed per the CMS rebate agreement with labelers. Our CMdS Rebate Administration solution is used to load and manage all rebate-related accounting data. This includes:

- Invoiced amounts
- Payments received
- Data submitted on ROSI and PQAS documents accompanying payments
- All unit adjustments and URA changes
- All disputed units and their associated dispute codes
- Interest due and paid
- All past due rebate amounts
- Account balances and payment history

**The Conduent Difference**

A Conduent best practice is to have a manager or supervisor log batches of checks, for subsequent allocation of payment by an allocations specialist. This creates a separation of duties and helps ensure 100% accuracy of payment allocations. The result: cleaner accounts receivables data and satisfied auditors.

The solution records all inputs, both automated and manual, and maintains current AR balances at all times. Conduent provides you with access to AR information for all programs in accordance with State requirements – including past due rebate amounts. In fact, users can run the AR reports from CMdS Rebate Administration solution at any time, with results being viewable online and available for printing or export. Each quarter, we also run the Manufacturer Outstanding Balance Report that provides information for a labeler's current outstanding balance due.

## *Posting Invoices to AR Ledger*

As new invoices are created, accounts receivable totals are updated instantly and are available immediately from the system's GUI.

### *Invoice Reporting*

CMdS Rebate Administration solution loads and retains all rebate-related accounting data for the life of the contract. The system uses this data to populate the 50+ standard reports available directly via the system's GUI. Each report runs quickly, usually returning results in seconds. Using parameters, users can run the standard reports for any program, combination of programs, quarter, labeler, drug, or other criteria. This makes the standard reports flexible and ensures they provide sufficient information for effective oversight and management of your rebate program(s). The application and the standard reports are available online. Standard reports are designed to provide critical information in useful formats for program management and oversight. Key reporting areas include:

- Invoice amounts, original and current (after adjustments)
- Paid amounts, principal, and interest
- Outstanding balances, by program, labeler, NDC
- Disputed amounts, by program, labeler, NDC
- Excluded providers or NDCs
- Reference data from CMS (e.g., labeler, URA, UROA), First Databank (drug size and pricing), interest rates (from the U.S. Department of Treasury), etc.

**Invoice Register Report.** We have designed this report to give you a quick look at the invoices created for a given rebate program and quarter. You may use it at several different times in the quarterly cycle, with different settings.

## *Posting Payments, Interest, and Adjustments to Update AR Ledger*

CMdS Rebate Administration solution provides user-friendly data entry screens for both the ROSI and PQAS remittances. Both are designed to follow the CMS standard ROSI/PQAS format and allow the recording of payment information at the 11-digit NDC level. When a rebate payment is received, it is logged into CMdS Rebate Administration solution and then displayed on a list of checks waiting to be allocated. Conduent rebate personnel select a check to allocate and then associate that check information with the invoice for which payment is being remitted.

This allocation is performed for the selected quarter provided on the ROSI and any previous quarters for which there is a PQAS. Conduent rebate staff allocate both the principal and interest amounts submitted by the labeler. CMdS Rebate Administration solution retains the principal and interest payments as separate data items. The application also allows the user to enter a labeler-supplied URA if provided by the labeler for any (or all) NDCs, and any information related to disputed and/or adjusted units. CMdS Rebate Administration solution supports the ability to allocate payments (and generate corresponding reports) to specific fund codes/revenue codes if DOAS wishes to use this functionality.

**Figure Z.34-1. Invoice Register Report**
*The Invoice Register Report displays pertinent information for each generated Invoice.*

If the invoiced units are not fully paid, then those units are expected to be disputed by the manufacturer with the appropriate dispute code. These dispute codes are entered into CMdS Rebate Administration during allocation and later researched by the rebate dispute specialists. As the payment is being allocated, the system indicates if the check has been fully allocated and balances the allocations to the previously recorded totals. Once the allocation of the check is complete, the check no longer appears on the list of unallocated (or not fully allocated) payments. CMdS Rebate Administration solution systematically provides verification of the payment allocation process from the initial deposit entry through the posting of payments.



Redacted Copy-Available for Public Review Trade Secret

| | |
|---|---|
| **35.** | Bookmark Title: MSQ35 – Unpaid Balances<br>Bookmark Title for Supporting Material:<br>➢ MSQ35.1 – Sample Notice Letters<br>➢ MSQ35.2 – Sample Manufacturer Tracking Reports<br>Narrative description is limited to three (3) pages, exclusive of sample letters and reports.<br>Describe the Supplier's system for performing collection of all portions of unpaid balances without a minimum balance threshold.<br>Describe the Supplier's process and plans to collect unpaid rebates from Manufacturers, including sample letters of notices.<br>Provide examples of reports used to track Manufacturers who are late in paying, actions taken, and resolution to issues.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.5 Unpaid Rebate Balances. |

**Supplier Response**

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 5.5 Unpaid Rebate Balances.

In our experience, we have learned that providing the manufacturers and laborers a holistic view of all unpaid amounts, showing every outstanding balance from all previous quarters' results in higher and faster collection rates and fewer write-offs.

We produce invoices each quarter for every manufacturer that includes a cover letter and Sections 1 and 2 with Section 3 being optional.

The invoice includes:

- Section 1 that states the current quarter activity section of the invoice. It contains the invoice details for the manufacturer at the NDC level.
- Section 2 displays the unit changes section of the invoice and reflects any changes in units or URA previously invoiced. This is present whenever any unit changes have occurred during the invoice quarter against any previous quarter. The drug rebate system stores all original and updated URAs to maintain a complete audit trail for reference purposes. If the system populates this section, then we must print the invoice and mail it even if the current quarter section is not present.
- You receive the option to add a Section 3 to your drug rebate invoices that shows the holistic view. This is the informational section of the invoice which contains data on all outstanding manufacturer invoices (both principal and interest) including the current outstanding balance as of the time we mailed the invoice. This section, along with Section 2, can display corrected invoice information as well, so manufacturers can view any updates and quickly see all open and unpaid balances from prior invoices. Because CMS does not require this section, users can

turn it off via the drug rebate system's GUI. All payment allocations, including prior period adjustment payments, reduce the balance due from the labeler shown in Section 3.

To maximize invoice quality, rebate specialists also randomly select invoices from each rebate program for review. We validate the claim data and URA assigned to each NDC before we freeze, print, and mail invoices.

Our CMdS Rebate Administration solution maintains an audit trail that preserves original values for the status of collections, non-payments, non-responders, and all unit and URA changes.

### System for Performing Collection of all Portions of Unpaid Balances

We systematically and accurately:

- Research amounts invoiced in previous quarters with "0" amounts paid or amounts paid less than billed.
- Follow up with Labelers that have not fulfilled responsibilities relative to PQAS.
- Contact Labelers and CMS regarding claims data without corresponding URAs noted for the two most recent consecutive quarterly rebate file.

To submit corrected units and for notifying DOAS and other States PBA or Fiscal Agent of necessary unit changes in the system and for recouping incorrect payments to Providers after discussion and agreement with the Labelers we use the DOAS and other State adjustment form or other agreed upon process.

### Process and Plans to Collect of Unpaid Rebates from Manufacturers

We also contact Labelers that do not respond to disputes or unpaid balances with:

- Second notices mailed 30 calendar days after the date of initial corrected invoice
- Final notices mailed sixty 60 calendar days after date of initial corrected invoice

Within 30 calendar days of final notice, we notify DOAS and other States, in writing, information on Labelers who have not responded with remittances, as well as, our remedy plan.

We also inform DOAS and other States, in writing, of Labelers who are uncooperative with payments or who are unwilling to complete the dispute process when two quarters are in arrears. Our written notification to DOAS and other States occurs within ten business days of the end of the second quarter along with our plan of action to ensure collection.

| | |
|---|---|
| **36.** | Bookmark Title: MSQ36 – CMS 64 Quarterly Report<br>Narrative description is limited to two (2) pages.<br>Describe the Supplier's process, indicating the frequency and method, of delivering a completed drug rebate section of the CMS 64 quarterly reporting, which combines CMS and Supplemental Rebate amounts and provides a list and narrative explaining the amounts in dispute.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.6 CMS 64. |

**Supplier Response**

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for CMdS Rebate Administration solution and provide a compliant response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 5.6 CMS 64.

### Delivering Completed Drug Rebate Section

We provide DOAS and or other States with the 64.9R report no later than the fifteenth 15th day of the month following invoicing for the quarter with 100% accuracy and provide a narrative explaining 75% percent of the amount in disputes. The CMS 64.9R reconciles to check totals.

### *Drug Rebate CMS-64.9R*

The CMS-64.9R Report is the most used CMS Quarterly Report for Medicaid and forms part of a larger report (the CMS 64) filed by DOAS or other State with CMS on a quarterly basis. The report is available directly from the drug rebate GUI for DOAS and other States' rebate programs or multiple programs can be grouped together into a single report. We supply this report to you after each quarter. A similar report, called the CMS 21 Report, states file for CHIP programs. The drug rebate system's CMS-64.9R Report handles both.

The CMS-64.9R shows the financial impact of drug rebate transactions that occur during a given calendar quarter. The reporting is by rebate quarter and program, and the transactions include rebate invoicing, rebate collection, utilization, and URA adjustments.

In the drug rebate solution, we can perform CMS-64.9R reporting for each individual rebate program, or we can group multiple programs. The report shows the aggregate information for all combined programs. For example, if there are multiple managed care rebate programs, users have the option to generate a report for each individual MCO rebate program or produce a single report that encompasses all MCO programs. Regardless of the type of report preferred, users can view the report on screen or export it in PDF, Excel, or text formats.

Figure Z.36-1 shows a sample drug rebate CMS-64.9R Report created at the end of each quarter.

**Figure Z.36-1. CMS-64.9R Report**

*CMS-64.9R Report generation for each individual rebate program or for groups of programs.*

The report includes the following columns:

- The first **Qtr Ending** column displays the results for the previous quarter. When looking at data elsewhere in the drug rebate system, this is the most recent quarter to use.
- The next three columns labeled **Qtr Ending** contain the ending dates of the quarters immediately preceding the one in the first column. This format provides a view of the last four quarters (one year) of history.
- The **Previous Quarters** column represents activity against any invoice created in a quarter earlier than that of column four (greater than one year ago).
- The **Final Totals** column is a sum of the numbers in the previous columns.

Table Z.36-1 explains the line contents of the CMS-64.9R Report.

**Table Z.36-1. CMS-64.9R Report Lines**

[redacted]



Redacted Copy-Available for Public Review Trade Secret

| | |
|---|---|
| **37.** | Bookmark Title: MSQ37 – Account Maintenance<br>Narrative description is limited to two (2) pages.<br>Describe the Supplier's process to maintain account balances and payment history for Federal and Supplemental Rebates.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.6 Federal Rebates and 4.7 Supplemental Rebates. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 4.6 Federal Rebates and 4.7 Supplemental Rebates.

## Account Maintenance

With CMdS Rebate Administration solution, you have the option to create one rebate program that is inclusive of all MCOs, or you may choose to create separate rebate programs for each MCO to give more granular oversight. The setup of the groups and plans in the PBA Services system determines the setup of the rebate programs in the rebate system.

You may choose to have one or more rebate programs for supplemental rebate processing. Many states often split their State-only programs such as the AIDS Drug Assistance Program (ADAP) into separate rebate programs. Regardless of how you choose to design the rebate program setup, authorized users always have the option of looking at data across individual rebate programs or combined into summary reports. During implementation, you work with us to define the optimal setup.

Both primary and supplemental rebate programs follow the same rebate administration guidelines as CMS defines and uses the same utilization data; however, the system calculates the Unit Rebate Amount (URA) differently for both. For the primary (federal) program, the URA used for invoicing comes from CMS each quarter. For the supplemental rebate programs, the drug rebate system calculates the supplemental URA using the methodology defined in the supplemental rebate contracts. The rebate system can accommodate a multitude of algorithms with various pricing components, such as the following to calculate the supplemental rebate:

- Wholesale Acquisition Cost (WAC)
- Average Manufacturer Price (AMP)
- Guaranteed Net Price (GNUP)
- Flat price
- URA and Unit Rebate Offset Amount (UROA)

To accurately calculate the supplemental rebate, we enter all State supplemental rebate agreements into the drug rebate system with their appropriate contracting methodology. The application can use the contracted URA calculation methodology to accurately calculate supplemental rebates.

Once we enter the contract information, rebate specialists use an almost identical process to calculate, generate, and distribute supplemental invoices, as we do for federal programs. This includes using the same paid claims data and meeting the same timeline for mailing supplemental rebates as for federal rebates (60 days from the end of the quarter) or as directed by DOAS. The rebate team produces separate invoices and allocates payments to each program independently of one another as CMS requires.

**Drug Rebate Accounting Summary with Account Balances and Payment History.** Accurate accounting of all rebate data is critical for DOAS invoices to be accurate and to collect rebates owed per the CMS rebate agreement with labelers. From the drug rebate system, users can load and manage all rebate-related data including account balances, payment history, and the other data as follows:

- Invoiced amounts
- Data submitted on ROSI and PQAS documents accompanying payments
- All past-due rebate amounts
- All disputed units and associated codes
- Payments received
- All unit adjustments and URA changes
- Interest due and paid
- Account balances and payment history conversions

The solution records all inputs, both automated and manual, and always maintains a current accounts receivable (AR) balance, in real-time. Users can run the AR reports directly from the drug rebate system at any time with results being viewable online and available for printing or export. As soon as the system allocates the next payment, it updates and immediately makes visible new AR balances.

**Adjustment Report.** The system provides user-friendly data entry screens for ROSI and PQAS remittances. Both are designed to follow the CMS standard ROSI/PQAS format and allow the recording of payment information at the 11-digit NDC level. The screens are easy-to-use, intuitive, and allow for prompt entry of information by the rebate allocations specialists. The ROSI input screen is shown in Figure Z.37-1 and the PQAS input screen in Figure Z.37-2. Staffing levels of rebate allocation specialists allow all payments to be allocated promptly so that current AR information is at your fingertips.

**Allocation.** Our drug rebate system allows for rate corrections and unit adjustment through the ROSI/PQAS payment allocation screens. During the allocation process, rebate allocation specialists record rates (URA) and unit adjustments based on the labeler's documentation. This is completed through additional fields that capture the change while retaining the original historical data sent with the invoice.

The ROSI/PQAS screens of the drug rebate system allow for the recording of disputed as well as adjusted units provided in the labeler documentation. As users enter prior quarter adjustment payment information from the labeler's PQAS forms, the drug rebate system automatically matches the amount allocated to the data on the CMS Prior Period Adjustment (PPA) records. As payments are allocated, disputes are resolved, or new invoices are created, the system updates AR totals for immediate availability.

**Figure Z.37-1. ROSI Input Screen for Current Quarter Payments**

**Figure Z.37-2. PQAS Input Screen for Prior Quarter Adjustment Payments**

| | |
|---|---|
| **38.** | Bookmark Title: MSQ38 – Claims Data Exchange Experience<br>Narrative description is limited to two (2) pages.<br>Describe the Supplier's experience working and exchanging pharmacy Claims data with Pharmacy Benefit Administrators (PBAs) and fiscal agents.<br>Provide a description of how the Supplier anticipates handling receipt of data, problems, and conflict resolution processes. Provide examples of past experiences, when applicable.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.3 Claim Adjustments. |

**Supplier Response**

***Because of the broad spectrum of our Medicaid services and roles, we fully understand the data needs of all enterprise stakeholders and are well versed in the implementation of industry-standard data exchange methods and practices. Conduent brings significant experience providing rebate as well as PBM/POS technology and operations services to government-funded healthcare programs, with particular emphasis on state administered Medicaid programs, which constitutes our primary line of business.***

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.3 Claim Adjustments. Experience Working/Exchanging Pharmacy Claims Data with PBAs / Fiscal Agents

Conduent brings 52 years' overall Medicaid experience and 32 years' Managed Medicaid PBM/POS and rebate services experience successfully working with and exchanging data with Medicaid enterprise stakeholders, including PBAs and fiscal agents. Figure Z.38-1 illustrates the breadth of our Medicaid services experience.

**Figure Z.38-1. Conduent's Extensive Medicaid, PBM/POS, and Rebate Experience**
*We successfully work with and exchanging data with PBAs and fiscal agents.*

## Handling Receipt of Data, Problems, and Conflict Resolution Processes

Conduent uses standardized, proven automated claim and reference data loading processes. Every eligible paid claim, from all authorized sources, and all required reference data are loaded into CMdS Rebate Administration solution on a consistent schedule.

Using header and trailer records, our automated jobs reconcile the information in the source files against the data loaded into our rebate solution. This way, we load all appropriate claim/encounter data throughout the quarter. We load and verify paid claims data, quarterly CMS reference data, and other reference data such as drug files. Then, the Conduent rebate team performs all required rebate administration functions including calculating quarterly invoices using utilization/ encounter and claims data combined with either federally supplied URA data or contractually derived state and supplemental URA data. This allows us to accurately calculate the amount due by NDC for every participating labeler for which claims have been paid in the preceding quarter.

**The Conduent Difference**

Built-in quality control checks result in more accurate invoicing, fewer manufacturer disputes, higher collection rates, and Accounts Receivables data that you can rely on.

**Quality Control.** Our rebate calculation and invoice generation processes include built-in quality controls, for example, the review of current quarter to previous quarter invoice totals. This allows for a comparison to review the increase/decrease in invoice amounts for each labeler invoiced. Figure Z.38-2 shows an example Invoice Comparison Report. Additionally, we perform claim and invoice audits as additional quality control measures.

**Figure Z.38-2. Example Current to Previous Quarter Invoice Comparison Report.**
*Using tools like this report, we perform a variety of quality control activities to confirm data is loaded correctly prior to the generation of invoices.*

| | |
|---|---|
| **39.** | Bookmark Title: MSQ39 – Reports<br><br>Narrative description is limited to fifteen (15) pages, inclusive of sample reports.<br><br>Provide a listing of all rebate proposed reports with a synopsis, purpose, and frequency of each that will be provided to the State.<br><br>Provide sample reports the Supplier will develop for the State, including but not limited to, price comparisons, cash receipts, trial balance, overall savings, impact on Pharmacy Management Programs, market share movement, utilizing members and other pertinent information including Ad hoc reports as requested by the State.<br><br>The Supplier shall confirm all reports can be customized to meet the needs of the State at no additional cost to the State and can be readily accessed by Authorized Solution Users.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 6.1 Reporting. |

**Supplier Response**

***Conduent offers a full-service rebate solution meeting all of DOAS and other States Federal and Supplemental Rebate Program requirements including contract negotiations, invoicing on rebates, rebates processing, and management including reporting.***

***As an industry leader, our tool is not an accounting solution that has been retrofitted to support drug rebate operations. Instead, the Conduent system is supported by a dedicated team of technology experts who understand the complexities and intricacies of the MDRP to interpret CMS mandates and perform the necessary system changes.***

In addition to the RFP requirements for this section, we have fully reviewed the following attachment in the development of our proposal for PBM services and provide a compliant response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 6.1 Reporting.

Conduent confirms we can customize all reports to meet the needs of DOAS and other States at no additional cost to the State and can be readily accessed by authorized users.

The CMdS Rebate Administration solution loads and retains all rebate related data for the life of the contract. The system uses this data to populate the 50+ standard reports available directly via the system's GUI. Each report runs quickly, usually returning results in seconds.

Using parameters, authorized users can run the standard reports for any program, combination of programs, quarter, Labeler, drug, or other criteria. This makes the standard reports flexible and ensures they provide sufficient information for effective oversight and management of all your rebate programs.

The application and the standard reports are available online. The standard reports are designed to provide critical information in useful formats for program management and oversight. Key reporting areas include:

- Invoice amounts, original and current (after adjustments)
- Paid amounts, principal, and interest
- Outstanding balances, by program, Labeler, NDC

- Disputed amounts, by program, Labeler, NDC
- Excluded providers or NDCs
- Reference data from CMS (e.g., Labeler, URA, UROA), First Databank (drug size and pricing), interest rates (from the U.S. Department of Treasury), etc.

In many cases, our drug rebate solution offers multiple views of the same type data. A good example is the Accounts Receivable report. This report shows the original and current invoice information, payment information (both principal and interest), disputed units and dollar amounts, and other AR related information. The report can be requested by quarter, which provides a great overview of the program's status or by Labeler which allows the user to research a specific Labeler's invoice and payment status at-a-glance.

Regardless of where the user starts the reporting, the drug rebate system allows the user to drill down into more detailed data including at the NDC and/or claim level, as needed.

### CMS64.9R

The CMS-64.9R Report is the most used CMS Quarterly Report for Medicaid and forms part of a larger report (the CMS 64) filed by DOAS or other State with CMS on a quarterly basis. The report is available directly from the drug rebate GUI for DOAS and other States' rebate programs or multiple programs can be grouped together into a single report. We supply this report to you after each quarter. A similar report, called the CMS 21 Report, states file for CHIP programs. The drug rebate solution's CMS-64.9R Report handles both.

The CMS-64.9R shows the financial impact of drug rebate transactions that occur during a given calendar quarter. The reporting is by rebate quarter and program, and the transactions include rebate invoicing, rebate collection, utilization, and URA adjustments.

In CMdS Rebate Administration solution, we can perform CMS-64.9R reporting for each individual rebate program, or we can group multiple programs. The report shows the aggregate information for all combined programs. For example, if there are multiple managed care rebate programs, users have the option to generate a report for each individual MCO rebate program or produce a single report that encompasses all MCO programs. Regardless of the type of report preferred, users can view the report on screen or export it in PDF, Excel, or text formats.

Figure Z.39-1 shows a sample drug rebate CMS-64.9R Report created at the end of each quarter.

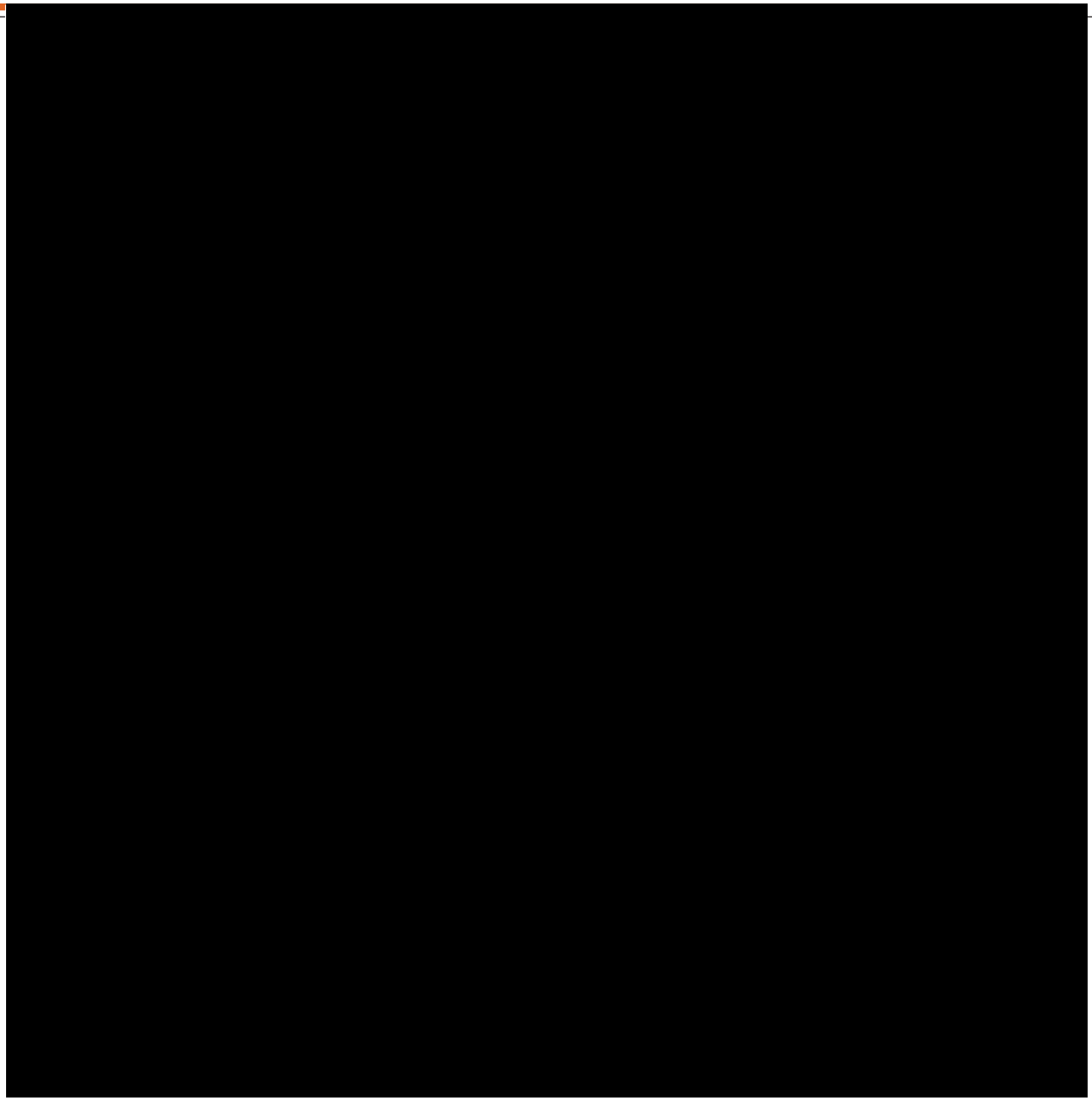


**Figure Z.39-1. CMS-64.9R Report**
*Users can generate the CMS-64.9R Report for each individual rebate program or for groups of programs.*

The report includes the following columns:

- The first **Qtr Ending** column displays the results for the previous quarter. When looking at data elsewhere in the drug rebate system, this is the most recent quarter to use.
- The next three columns labeled **Qtr Ending** contain the ending dates of the quarters immediately preceding the one in the first column. This format provides a view of the last four quarters (one year) of history.

- The **Previous Quarters** column represents activity against any invoice created in a quarter earlier than that of column four (greater than one year ago).
- The **Final Totals** column is a sum of the numbers in the previous columns.

Table Z.39-1 explains the line contents of the CMS-64.9R Report.

**Table Z.39-1. CMS-64.9R Report Lines**

| Line | Explanation |
|---|---|
| Line 1 – Balance | [redacted] |
| Line 2 – Adjustments | |
| Line 3 – Rebates Established this Quarter | |
| Line 4 – Subtotal | |
| Line 5 – Rebates Reported on this Expenditure Report | |
| Line 5a – Rebates Reported for MAT Drugs. | |
| Line 5b – Rebates Reported for non-MAT Drugs | |
| Line 6 – Balance as of the End of the Quarter | |
| QROA Change Amount | |

QROA for MAT Drugs

[redacted]

## Accounting Reports

Our drug rebate solution contains several reports that provides different data elements and views of manufacturer account information including invoices, payments, interest, adjustments, and disputes. One of the most commonly used reports is the Accounts Receivable (AR) report, which can be run for a single quarter or multiple quarters—or for a single manufacturer or multiple manufacturers.

Figures Z.39-2 to Z.39-5 provide examples of the various Accounts Receivable reports available.

The Accounts Receivable reports provide too much information to be displayed on one screen so users can scroll to the right to view the entire report. And, like all drug rebate solution reports, the data can be exported for manipulation in other applications. As demonstrated in these two reports, a new accounts receivable row is created each time a new invoice is created for a manufacturer, which allows for a much cleaner view of AR information spanning the entire history of the program.

**The Conduent Difference**

Ensuring all drug rebate system reports are exportable in a variety of formats such as PDF, CSV, TXT, XLSX, and others allows for easy analysis and integration with other Decision Support Systems.

**Figure Z.39-2. Accounts Receivable Summary by Quarter**
*Users can review AR information by quarter(s) including invoiced amount, amounts paid, interest due, and other key information.*

**Figure Z.39-3. Accounts Receivable Summary by Manufacturer (Page 1)**
*Users can review AR information by manufacturer including invoiced amount, amounts paid, interest due, and other key information. Page 1 displays the leftmost columns in the report.*

**Figure Z.39-4. Accounts Receivable Summary by Manufacturer (Page 2)**
*Users can review AR information by manufacturer including invoiced amount, amounts paid, interest due, and other key information. Page 2 displays additional columns in the report.*

As shown in Figure Z.39-5, this report reflects the amount of total payments, both principal and interest, by program by rebate program and Labeler.

**Figure Z.39-5. Cash Receipts Summary Report**
*Users select the rebate program, time period of the report, and all manufacturers or a specific manufacturer to obtain the data needed.*

The report shown in Figure Z.39-6 summarizes the amounts invoiced, paid, disputed, and the outstanding balance, by Labeler and quarter.

**Figure Z.39-6. Manufacturer Outstanding Balance Report**
*This report provides valuable information for the State.*

Our team works constantly to improve the drug rebate system. If additional reports are needed to help meet CMS requirements or gain additional visibility into the rebate operation, we develop and publish them for the benefit of all users.

Our customers enjoy the fact that CMdS Rebate Administration solution gives them complete control of their entire rebate program from one single application. They also appreciate the intuitive design and workflows that result from a system specifically designed to support the CMS MDR program. Perhaps what they find most beneficial is how our tool, our people, and our processes produce higher quality invoices which result in fewer manufacturer disputes, minimal write-offs, and vastly increased collections.

| | |
|---|---|
| **40.** | Bookmark Title: MSQ40 – IT System<br><br>Narrative description is limited to five (5) pages.<br><br>Describe the information technology system that the Supplier will use for the CMS Rebate and Supplemental Rebate Programs. In the response, describe:<br><br>a. How data in the system is continually updated as payments are received, disputes are resolved, or adjustments to Claims are made (either manual or through the Claims processing system).<br><br>b. How the Supplier plans to accept and track bids from Manufacturers.<br><br>c. System capability for accommodating the maintenance of separate rebate files for Pharmacy and Medical Policy (J-Codes) and the Supplemental Rebates and processes, including separate accounting for specific invoicing and reconciliation processes.<br><br>d. The capability of the system to allow Supplier's employees to access, review and provide information and data specific to one National Drug Code (NDC) for an identified quarter or range of time.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 6.2 Data Management. |

**Supplier Response**

***DOAS receives a modern reliable system configured per your business rules for automated and accurate pharmacy drug rebate processing.***

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 6.2 Data Management.

**The IT System Supports Optimal Performance for DOAS**

PDR Services system architecture delivers to DOAS a stable, secure platform that provides:

- Flexibility for future needs
- Scalability for changing demands
- Reliability and availability through the cloud-based design
- Strong security standards built-in

## Information Technology (IT) System

Innovation

DOAS can modernize your pharmacy rebate program with the proposed innovative PDR Services system. The system satisfies your rebate program's requirements and can easily adapt to your future needs. Using the solution's configurability and intuitiveness, a user can easily customize the system.

With the cloud-based design, you can expect little to no disruptive downtime and we plan and design system maintenance, upgrades, and other activities to avoid this and protect system performance and reliability.

The federally compliant system:

- Supports states migrating from one or more legacy systems to a digital, interoperable, and scalable enterprise
- Supports MITA goals
- Aligns with CMS Seven Standards and Conditions
- Supports applicable security standards

Designed for adapting to change and built for reliability, the solution follows industry-standard guidelines providing an open, standards-based architecture. The system uses the following:

- Interoperable software components
- Web-based technologies
- Externalized business rules
- COTS components

The solution has a modern SOA architecture, open interfaces, and APIs, providing an open solution to third-party sources or as part of a larger MMIS solution. The underlying architecture of the solution eliminates barriers among different application communication protocols and diverse data types. The architecture provides system-to-system data-sharing, efficient use of COTS products, and interoperability to promote collaboration across disparate healthcare programs and agencies.

### A. Continual Data Updates in System

PDR Services system provides rebate functionality for federal (primary), supplemental, and state-only rebate programs by accepting claims from FFS and managed care sources. Using our CMdS Rebate Administration solution, we load qualified paid claims, calculate invoice amounts based on either CMS-supplied or calculated URA and paid units, calculate unit conversions, and perform claim and invoice audits so accurate invoices are provided to every drug manufacturer.

All claim activity is available to the integrated PDR Services system in real time. As payments are allocated, disputes are resolved, or new invoices are created, accounts receivable (AR) totals are updated instantly and are available immediately from the system's graphical user interface (GUI).

Our solution eliminates manual rate calculations, conversions, and ad hoc updates freeing staff to allocate payments, manage disputes, and generate reports. These efforts are critical to managing the rebate programs and complying with both State and federal regulations.

### B. Accepting and Tracking Manufacturer Bids

Our PDR Services include receiving, tracking, and researching all manufacturer bids for presentation to DOAS in a financial analysis with multiple scenarios for each Preferred Drug List (PDL) class.

We base our approach to drug manufacturer negotiations on knowledge not only of the existing pharmacy utilization and trends but also of market intelligence. We acquire market intelligence on

drug pipeline data, drug patent expiration data, FDA guidance documents, manufacturer acquisitions, and product divestment information.

Paying close attention to other markets including the commercial sector we assess how contract changes in the commercial space influence clinical trends and affect federal and supplemental rebating in the Medicaid FFS space.

DOAS and other States approve all materials for bid solicitation before they are distributed to the manufacturers. We follow the State-approved timeline and method for distribution. Bids received from a secure portal process through the DOAS and other States'-approved bid lifecycle for tracking and management. This includes validation and analysis of the manufacturer data received.

After bid receipt and validation, we provide DOAS and other States with PDL cost sheets of all drugs within the PDL therapeutic classes being reviewed. The PDL cost sheets include the modeling of various scenarios of preferred and non-preferred drugs within their PDL therapeutic classes and any additional scenarios that DOAS requests. We create the cost sheets using utilization and pharmacy reimbursement data that includes drug costs with and without federal and supplemental rebates.

We provide the cost sheets as a transparent tool for DOAS to make informed decisions regarding PDL inclusion. The cost sheets detail current and projected market share movement, the projected financial savings incurred from market share shift, and federal and supplemental rebate amounts on a quarterly and annualized basis.

Once DOAS and other States make final decisions and accepts bids, we create the supplemental rebate and value-based contracts and shepherd the contracts between the manufacturer and DOAS for contract execution. The contracts are fully executed before PDL implementation to ensure that DOAS and other States receive all accepted rebates. Throughout the term of active contracts, we maintain the contracts with the appropriate NDCs and rates.

Every week we review and monitor for new NDCs, NDC divestitures to other manufacturers, NDC termination dates, pricing changes, manufacturer termination or additions to the Medicaid Drug Rebate Program, clinical and legislative changes, and any activities resulting in required changes to the rebates and/or the contracts.

Our negotiation process takes short- and long-term goals into account. We merge clinical information with the financial impact to look past the short-term rebate impact and plan for program continuity and stability. For example, we routinely advise against accepting supplemental rebate contracts on new brand-name drugs when we anticipate the patent expiration of a known market share leader in the class. In such cases, the short-term gains of the accrued supplemental rebate could decrease the opportunities for DOAS to lower its overall pharmacy program costs.

Another Medicaid savings opportunity we advocate for is the preference of brand name drugs over their corresponding generics in some cases. Brand name drugs nearing the end of their patent life typically have much higher federal rebates that make them more cost-effective for several months (and sometimes years) than the available corresponding generics. Often, supplemental rebate contracts on these end-of-life brand-name drugs are negotiated to provide price protection so that

the final net price of the drug stays at a minimum threshold. These and other strategies can enhance current DOAS rebate opportunities and/or lower net pharmacy program costs.

### C. Rebate File Maintenance

The system comes pre-built to accommodate separate rebate files and processes for pharmacy and medical policy (J-Codes) and supplemental rebates. This includes separate accounting for their specific invoicing and reconciliation. The system cross-references rebated drug information obtained from CMS with the drug formulary file to prevent DOAS from paying for terminated, obsolete, voided, and other non-rebated products unless otherwise specified.

Although both FDB and Medi-Span provide indicators on NDCs that indicate whether the NDC's manufacturer participates in the federal rebate program, the information sometimes lags and may be incorrect. If the system uses FDB and Medi-Span alone in adjudication, this lag may cause the inadvertent adjudication of federal rebate program terminated NDCs that are not eligible for FFP. Conversely, the delay may also prevent the adjudication of NDCs for newly participating manufacturers to the CMS federal rebate program.

To maximize DOAS and other States' potential for FFP, we apply information directly from CMS in several fashions. CMS Medicaid drug rebate bulletins announcing terminated and participating manufacturers in the federal rebate program are immediately applied to the claims system. To confirm that only NDCs on file pay, we also apply the quarterly CMS drug file to the system with a stipulation that new NDCs under a participating manufacturer's labeler code adjudicate for a specified number of days until they do or do not appear on a future CMS quarterly file.

### D. Manual Staff Changes

The claims system has functionality, so authorized staff can make emergency changes to the rebate and coverage status of drugs. These changes are specific to one NDC and can be for an identified quarter or range of time. Additionally, the system file updates, such as FDB and Medi-Span, do not override these changes. Figure Z.40-1 shows the screen where staff can enter this information.

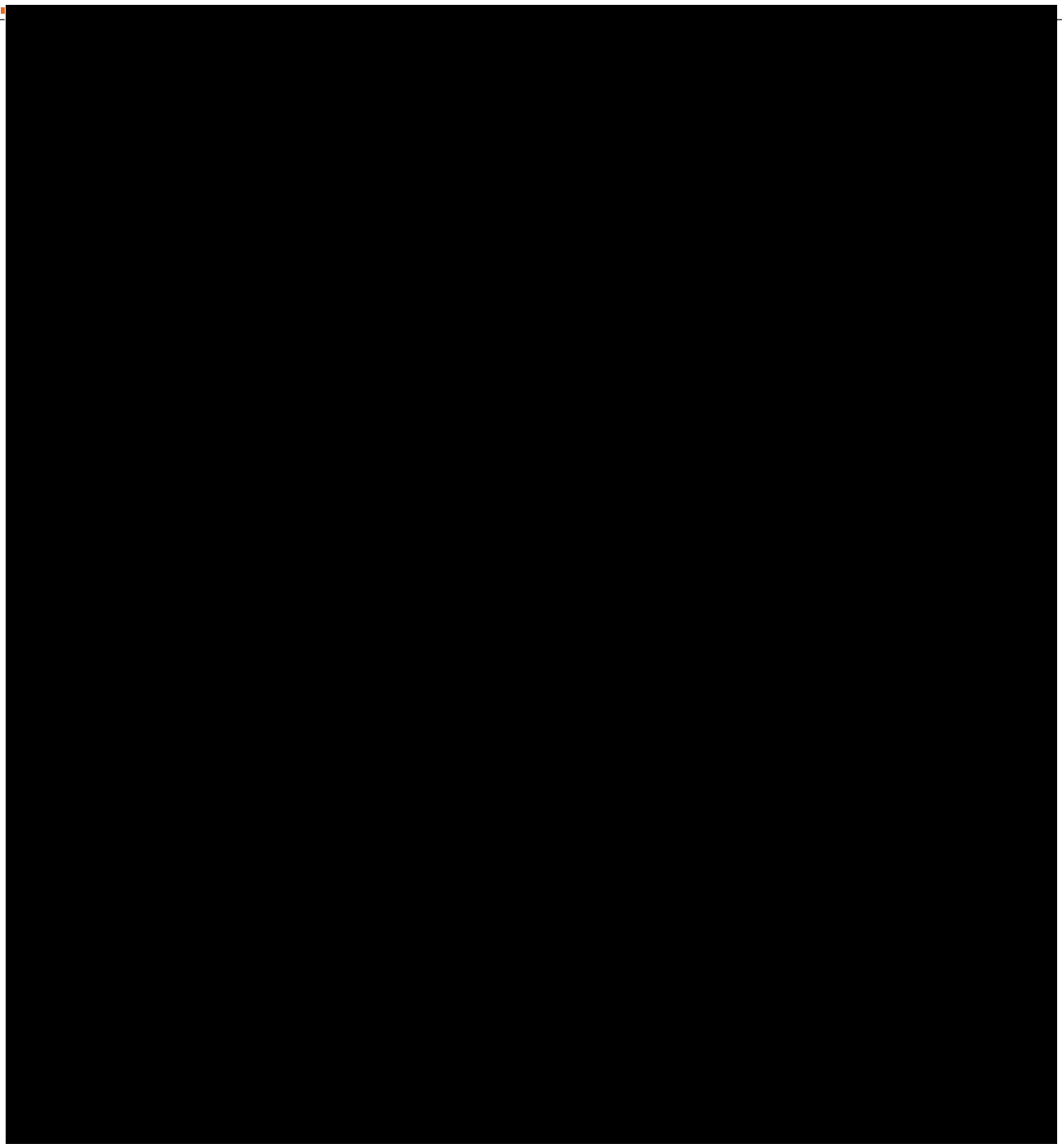


**Figure Z.40-1. Accessible UI Allows Changes When Needed**
*The system provides the flexibility to manually enter specific drug file updates to meet DOAS' needs.*



Redacted Copy-Available for Public Review Trade Secret

| | |
|---|---|
| **41.** | Bookmark Title: MSQ41 – System Interfaces<br>Narrative description is limited to two (2) pages, exclusive of attestation.<br>Describe the Supplier's process to interface with Manufacturers which have varying technological requirements.<br>As part of the response, indicate if the Supplier plans to use a variety of formats with web-enabled systems and identify the interface protocols the system supports (e.g., XML, HTML, SFTP, and Secure Web Services).<br>Provide attestation that the Supplier will be able to accept and send the specified file formats.<br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 6.2 Data Management. |

**Supplier Response**

***DOAS receives an interoperable solution for rebates that interfaces with vendors and the State's current and future systems providing an easy transition and supporting your program goals.***

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for CMdS Rebate solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 6.2 Data Management.

## System Interfaces

The Pharmacy Drug Rebate Services solution was built around the principle of high-quality data management; the data that flows in the repository is accurate, complete, securely stored, and accessible to DOAS and other States staff. The solution offers you the interoperable, adaptable, and innovative technologies necessary to fully integrate with your systems and any external systems you require today and tomorrow.

**A Drug Rebate Interface Approach that Meets DOAS' Needs**

Our interface strategies include:

- Preemptive Data Governance Activities
- Flexible Design for Interfaces
- Interface Control Documents (ICDs)
- Thorough Interface Testing with Trading Partners

We have worked with the State customers, System Integrator (SI) vendors, Medicaid Enterprise Management System (MEMS) module providers, and other trading partners to establish regularly scheduled data governance activities, communications, and interactions early in the project. Applying this experience and replicating these activities will support the successful design, development, and testing of the required interfaces for the PDR Services solution.

Leveraging the experience gained on other projects, the technology team assesses the State's infrastructure and that of your vendors (e.g., PBA system, manufacturers) to determine connectivity requirements and build the interfaces needed for effective, complete integration with the solution.

The solution design includes a variety of interfaces, such as web services, batch file transfer, and APIs for inbound and outbound exchanges.

**Industry Standards for Data Exchange.** With extensive experience on multi-vendor and collaborative projects, Conduent promotes a data exchange structure based on industry standards. To accomplish data exchanges with manufacturers and other partners, the system uses industry-standard transaction formats, that include:

- FedRAMP
- NIST 800-53
- HIPAA
- ADA Section 508
- NCPDP
- HL7 CDA

This approach to communicating and exchanging data with business partners provides a compatible and stable platform for future enhancements and technologies that we can easily integrate as technologies and standards advance.

**Interface Design and Protocols.** Our solution leverages an open web services architecture and adheres to key MITA standards such as SOAP, XML, WSDL, UDDI, SAML, and other web services standards and specifications as relevant from OASIS Web Services Security – Simple Object Access Protocol (SOAP) Message Security Version 1.2 Specifications. Our use of these industry-standard protocols to produce and consume information enables communication with your data trading partners.

Working collaboratively with DOAS and other States and its external entities, we develop and finalize Interface Control Documents (ICDs). The ICDs define the file details, frequency, security requirements, and secure data access/transmission protocols. Once approved by DOAS and other States, we use the ICDs to facilitate internal development and testing, integration testing with the data source vendors, and DOAS user acceptance testing.

**Interface Testing.** We check the system interfaces to confirm they function according to configuration and design. System testing accomplishes this objective through a structured set of tests that validate the integration of solution components and other vendor interfaces from a transactional perspective. The test team validates all aspects of the system, including inputs and outputs, using a subset of system test scripts that ensures maximum system coverage.

### Attestation

Conduent attests that the PDR Services system can accept and send the specified file formats in the RFP.

| | |
|---|---|
| **42.** | Bookmark Title: MSQ42 – Supplier Staffing Plan<br><br>Narrative description is limited to five (5) pages, exclusive of organizational chart(s) and Subcontractor contract(s) or letter(s) of agreement, if applicable.<br><br>Provide a narrative description of the proposed staffing plan that details policies, plans and staffing strategies. The proposed plan must include the following:<br><br>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.<br><br>b. Roles and responsibilities of staff.<br><br>c. Job titles and the requisite qualifications, skills, and credentials, including clinical licensures relevant to this Contract.<br><br>If Subcontractors will be used, provide the following:<br><br>a. Subcontractor's name and address.<br><br>b. Roles and responsibilities to be delegated to the Subcontractor for purposes of this Contract.<br><br>c. Subcontractor's qualifications to perform these roles and responsibilities.<br><br>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.<br><br>Refer to Attachment I - Pharmacy Drug Rebate 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 CMdS Rebate Administration solution and provide a compliant narrative response with requirements laid out in Attachment I - Pharmacy Drug Rebate Services Scope of Work and Attachment C – Common Scope Requirements and Security Standards, Sections 2.15 Staff Management and 3 Staffing.

As a long-standing Medicaid ally, our Medicaid PBM solutions 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.

Conduent offers complete independence from drug manufacturers, wholesalers, specialty pharmacies, or other parties that may seek to influence prescribing and utilization patterns. Furthermore, Conduent does not have ownership of a Specialty Pharmacy or a multi-State pooled PDL supplemental rebate program.

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

## Proposed Staffing Plan

Conduent's staffing plan aligns with the PMBOK Guide processes for Resource Management. The plan establishes the level of effort for each task and phase of the PDR 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 Z.42-1.

**Figure Z.42-1. 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 our PDRS Project Work Plan. The roles and responsibilities, by 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 PDR Services project and the State.

### *Conduent Staffing Plan Highlights*

- Provides a matrix of all assigned staff and responsibilities
- Includes Conduent and DOAS and 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

Our 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 PDRS project. Staffing strategies and our plan 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**. The Conduent approach contains processes for developing and monitoring resources throughout the project life cycle.

### a) An Efficient Organizational Structure

For DOAS and other States, Conduent brings industry experts with extensive experience operating Pharmacy Benefits Administrator 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, to deliver smooth operation of the PDR Services project.

Our organizational chart, Figure Z.42-1, provides the proposed organizational structure of the Conduent PDR Services team:

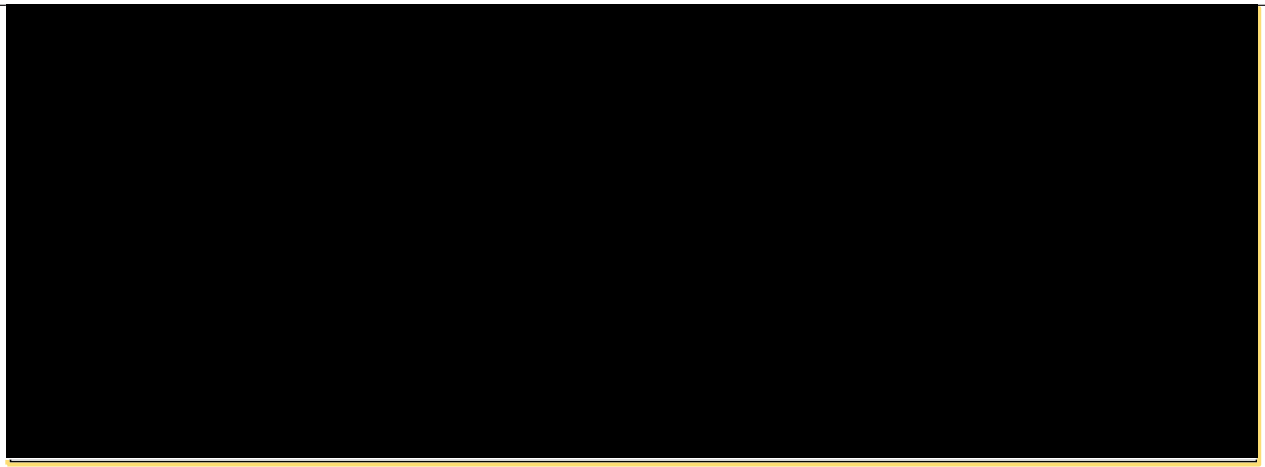


**Figure Z.42-1. Organizational Chart for Rebate Module**
*Our most efficient staffing structure, where lines of responsibilities and lines of communication are clear and direct.*

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 the Department. We base our staffing plan on our previous experience with 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 Z.42-1, 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 Z.42-1. Conduent PDR Staff Roles, Responsibilities and Required Qualifications**

| Role | Responsibilities and *Required Qualifications* |
|---|---|
| Account Director/Clinical Pharmacist | |
| SE Operations Manager, Rebate | |

| | |
|---|---|
| | [redacted] |
| PDL Clinician | |
| Project Manager, DDI | |
| Certification Manager | |

Other critical roles within our staffing structure include:

- **QA Analysts**
  - Gathers and integrates data from multiple sources to assess quality of rebate processes and program success
  - Monitors the quality of claims data to determine discrepancies and reduce disputes
  - Supports quarterly QA monitoring of invoices and Outcomes Report development
  - Analyzes data to determine effectiveness of quality standards and compliance in accordance with contract quality standards and SLAs
  - *Has 3+ years' experience managing/leading quality assurance activities*
  - *2+ years of experience with precision measurement tools*
- **Accounting Specialists**
  - Supports all NCPDP updates and releases
  - Supports PDL Clinician in pricing and reporting for supplemental rebate deliverables

- **Pharmacy Technicians (CPhT)**
  - Primary support to PDL Clinician for negotiation and management of supplemental rebate process
  - Manages all CMS communication and sends to State upon receipt
  - Supports reporting and financial analysis
  - Research claims, and supports disputed units review
  - *Certified Pharmacy Technical (CPhT) non-expired*
  - *2+ years of experience working as pharmacy technician in medical office/healthcare industry; Federal or supplemental drug rebate experience a plus.*
  - *Knowledge of billing and reimbursement procedures, including claims processing and adjudication*

### Subcontractors

Conduent will be responsible for all services as outlined in this RFP response and we will not be working with any subcontractor for this opportunity.

| | |
|---|---|
| **43.** | Bookmark Title: MSQ43 – Supplier Staffing Approach<br><br>Narrative description is limited to five (5) pages, exclusive of resumes of any identified staff persons, if applicable.<br><br>Provide a narrative description of the Supplier's approaches to:<br><br>a. Assuring the State that sufficiently experienced, licensed, and trained personnel are available to support implementation and ongoing administration of the Medicaid Rebate and Supplemental Pharmacy Rebate Programs.<br><br>b. Reducing employee turn-over rates and standard attrition in customer-facing relationships, such as account manager or rebate manager positions.<br><br>c. Seamlessly transitioning staff, if necessary, from implementation to ongoing operations.<br><br>d. Staffing to handle negotiation of Supplemental Rebates including required qualifications, experience, and amount of ongoing involvement in the Project. If staff persons are already identified, include resumes.<br><br>Refer to Attachment I - Pharmacy Drug Rebate 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 CMdS Rebate Administration solution and provide a compliant narrative response with requirements laid out in I - Pharmacy Drug Rebate Services Scope of Work and Attachment C - Common Scope Requirements and Security Standards, Sections 2.15 Staff Management and 3 Staffing.

Our organization design provides the staffing and resources necessary for timely, high-quality performance that meets project requirements, and emphasizes clear, direct lines of accountability, communication, and access to decision-makers.

To aid in a seamless transition from Implementation to Operations, most of our staff are prepared to start their responsibilities in the Operations Phase without onboarding. This is thanks to recruiting and retaining staff with the right credentials, experience, and attitude to spearhead smooth transitions for our clients.

Our commitment to the DOAS and other States is evident in the overall credentials and experience of our proposed staff is. Project success depends on an effective project team, accountable management, and innovative oversight. We recruit and hire a cohesive project team of employees with the expertise and knowledge to manage the project effectively.

### a) Availability of Experienced, Licensed and Trained Personnel

The Conduent recruiting process begins with planning and defining roles, creating job descriptions, job promotion paths, and advertising. Our recruiters and hiring managers understand the local job market and employers who compete with us for a comparable skilled workforce. We engage in

recruiting techniques to attract a skilled pool of talented employees specializing in customer service and engagement with the public. This helps ensure that hired staff have the necessary experience and skillset to effectively meet the needs of the project. Our proven recruiting programs obtain highly qualified candidates.

Hiring the right personnel starts with recruiting and tracking applicants using our human resource cloud recruiting platform iCIMS, an award-winning platform classified as a Platform as a Service (PaaS) solution. We employ agile human resource tools and processes powered by iCIMS that makes talent acquisition and onboarding easier for hiring managers and candidates alike. It streamlines talent acquisition processes from the requisition to onboarding. We employ a range of recruiting sources to attract a wider, more skilled, and more diverse candidate pool, including:

- Internet Job Postings
- Local Colleges and Universities
- Job Fairs
- Local News Sources and Radio Advertisements
- Employee Referrals
- Conduent Internal Transfers and Promotions
- Professional and Trade Associations
- Relationships with Specialized Recruiting Firms

We are especially proud of our Employee Referral program. In many projects up to one-fourth of staff have been employee referrals. Our associates understand what it takes to be successful at Conduent and to deliver an exceptional customer experience. Our Employee Referral program incentivizes them to refer candidates who will thrive in our environment, and we have paid out tens of thousands in referral bonus dollars to our staff in the past several years.

### b) Reducing Employee Turn-Over Rates and Standard Attrition

Conduent is fully invested in fostering a culture of employee engagement, collaboration, and work-life balance that leads to fulfilling careers and high employee retention. We strive to foster a “people first” focus within our workforce and an atmosphere of respect and thoughtfulness among our employees.

Encouraging the retention of good employees and specially, customer-facing relationships, such as Account Managers or Rebate Managers involves encouraging factors that fall under the general heading of creating a positive work environment and giving growth opportunities within the company. Important factors that promote retention are:

- Assist staff to develop into quality employees who perform their jobs well
- Rate and evaluate employees fairly and consistently
- Offer flexibility

All of these, added to our enthusiastic leadership, employee recognition processes, competitive benefit packages, spirited and fun team activities, and the satisfaction expressed by the people we serve, all contribute to excellent employee satisfaction and retention.

### c) Seamless Transition of Staff

If necessary, we are experienced in transitioning staff from implementation to ongoing operations, and have the capability and resources to support these efforts.

### d) Staffing to Handle Negotiation of Supplemental Rebates

People are the most important part of any enterprise, and the contract with the State is no different. Conduent prides itself in selecting the best qualified and more wholesomely trained staff.

Table Z.43-1, lists the titles of our proposed staff that will handle negotiation of Supplemental Rebates, including sample qualifications and experience, and ongoing involvement in the Project.

**Table Z.43-1. Key and Support Staffing for Negotiations**

[redacted]

| | |
|---|---|
| **44.** | Bookmark Title: MSQ44 – State Training<br><br>Narrative description is limited to two (2) pages.<br><br>Describe the Supplier's proposed training for the State on the systems to support the State CMS Rebate and Supplemental Rebate programs.<br><br>As part of your response, confirm your ability to perform training as necessary for all systems used by the State personnel or as requested by the State when a new staff member is hired or as system updates and changes are made.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 7.3: Training. |

**Supplier Response**

***We design a comprehensive, innovative training program that provides our DOAS and other project stakeholders with the knowledge, skills, and abilities required to understand and successfully use the CMdS Rebate Administration solution.***

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 7.3: Training.

## Introduction

Training plays a pivotal role in helping users understand the features and functionality of the new PDR solution. Early in the project, our trainer works with the State to complete a training needs assessment that identifies the unique needs of different State user groups. The training needs assessment, detailed in Figure Z.44-1, allows us to develop a structured training program to meet the needs of different job functions.

**Figure Z.44-1. Training Plan Needs Assessment**
*A living document aligned with each stakeholder's specific needs, the Training Plan contains qualitative and quantitative metrics documenting all aspects of project training.*

## Training Plan

Information from the assessment is also used to create a State-specific Training Plan. The Training Plan serves as the controlling document our team uses to govern and manage the overall activities, efforts, and scope of training for the State, as well as each end-user training group – providing a complete picture of our plan to implement training for the project. We submit the plan to the State for review and approval to ensure alignment and coordination with your needs and requirements.

## Training Material and Courses

We develop training and materials for both in-person and web-based training. On the web portal, users can access training materials at any time. The web portal solution provides an information center for system users to access training and system information. The portal hosts the information users need when they need it.

Conduent develops training modules and materials to train users on CMdS Rebate Administration solution features, functions, limitations, standards, and tools. Our instructional designers work with leadership to identify and develop the training materials required for delivering effective initial and ongoing training. It is important for the trainee to understand the following: how to use CMdS Rebate Administration components efficiently and proficiently; how the new solution affects and streamlines operation functions; and how to obtain support during interactions with Providers, Members, and other stakeholders. Table Z.44-1 outlines at a high level the training courses we offer State users.

**Table 44-1. CMdS Rebate Administration solution Training Courses for State Users**

## Training Updates

Our training program is designed to be flexible as project and program needs change. While we prepare both initial implementation and operations-focused trainings, our training team also reviews new system functionality and major software releases to understand the change, evaluate its impact on processes and procedures, and incorporate any necessary changes into our training modules and materials or to develop new modules or materials.

Conduent follows a structured procedure for updating course material as well as other training-related documentation (e.g., training plans; user manuals; job aids, online help and similar items) throughout the life of the contract. We review materials regularly and make updates when solution or business process changes occur so that our training materials always reflect the latest version of the system and procedures.

The Training Plan documents the roadmap for communicating any changes to training materials. Our training team works with our project team (e.g., technical and operations teams) to provide a better understanding of the change and its impact on end-users and incorporate appropriate

updates to training content. We submit any updated training material to the State for review and approval. Additionally, we create, store, and maintain all course material in our training repository that supports full document version control over all training-related documentation.

| | |
|---|---|
| **45.** | Bookmark Title: MSQ45 – Supplier Training<br><br>Narrative description is limited to two (2) pages.<br><br>Provide the Supplier's training program and curriculum for all Supplier staff assigned to support the Contract that may result from this eRFP. Indicate training based on specific areas of responsibility. Include information about the topics for which the Supplier's staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules. Additionally, indicate if the Supplier is willing to add training functions at the State's request and any limitations associated with meeting this request.<br><br>Refer to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 7.3 Training. |

**Supplier Response**

***Our comprehensive, innovative training program prepares our staff with the knowledge, skills, and abilities required to understand and successfully use the CMdS Rebate Administration solution.***

In addition to the RFP requirements for this section, we have fully reviewed the following attachments in the development of our proposal for CMdS Rebate Administration solution and provide a compliant narrative response: Attachment I – Pharmacy Drug Rebate Services Scope of Work, Section 7.3: Training.

## Supplier Staff Training

We begin by assessing training needs, drawing from program policies and procedures to develop a Conduent Staff Training Plan specific to requirements, job needs, and skills needed to maintain and operate the system. We design training modules with specific objectives for each user audience. We identify and develop the training materials required for delivering effective initial and ongoing training. As shown in Figure Z.45-1, our training process encompasses the entire training life cycle – from planning through ongoing improvement efforts. We monitor and continually improve our training program to meet your goals for the project.

**Figure Z.45-1. Conduent Training Life Cycle**
*Our comprehensive training process encompasses training planning through ongoing monitoring and improvement efforts.*

**New Hire Training.** Through Conduent's comprehensive training program, participants learn how to use the CMdS Rebate Administration solution components. It is important for the trainee to understand how to use the system efficiently, how the solution affects operations functions, and how to obtain support during interactions with Providers, Members, and other stakeholders. Trainers use the user acceptance environment for hands on system training along with our web portal solution. Over the life of your project, training activities and materials need to be dynamic, adaptable, and current. Just as business processes and policies change over time, our training plan(s), approach, and materials change over time. While specialized activities are needed at the outset for new hires, a more standardized curriculum supports smooth, ongoing operations. We maintain training materials throughout the operational period and update them as necessary. The living training plan ensures that Conduent staff understand how to use and execute the components that comprise the CMdS Rebate Administration solution.

**Ongoing Training.** Conduent also provides ongoing training sessions, including the use of NCPDP reject codes, billing procedures, and dispensing fees. As we begin new initiatives, we add or update functionality; as project processes change, our training resources act swiftly to identify the training impact. We provide refresher training sessions to reinforce understanding of existing functionality, and we disseminate information about new or updated functionality or processes. We work with you to determine the frequency and number of training sessions required.

We additionally design staff training to minimize security risks. Our HIPAA Privacy and Security Policy requires all employees and contractors to be trained within five days of hire and before any system access is granted. All employees and contingent staff are required to complete initial and annual training, which includes content related to legal compliance, data privacy, and security awareness prior to handling protected health information (PHI)/PII. This policy allows our staff to be fully trained and capable of safeguarding your data including manufacturer and labeler pricing.

The following are overarching components of our training approach to privacy and security:

- **Confidentiality.** Information is not disclosed to unauthorized individuals or entered into unauthorized systems.
- **Integrity.** The condition of data or information has not been accessed, altered, deleted, or transmitted in an unauthorized manner.
- **Accountability.** Data is accessible and usable on demand by an authorized person. Actions are traceable to the individual who accessed the data.

Conduent is willing to add training functions at the State's request. Throughout our contract tenure, our instructional designers work collaboratively with the State to tailor our training functionality to meet your needs.

| | |
|---|---|
| **46.** | Bookmark Title: MSQ46 – Test Plan<br><br>Narrative description is limited to three (3) pages.<br><br>Provide a detailed description of the Supplier's test plan for the entire drug rebate system to ensure that the system is functionally sound and operates to desired specifications.<br><br>Please indicate whether the Supplier proposes to maintain a test Database and test copy of the program or whether the Supplier will implement changes directly into the "live" version of the system.<br><br>Refer to Attachment C - Common Scope Requirements and Security Standards, Section 2 Procurement Project Organization and 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 CMdS Rebate Administration solution and provide a compliant narrative response: Attachment C – Common Scope Requirements and Security Standards, Section 2 Procurement Project Organization and Management.

**Testing Management Overview.** Our testing methodology includes sound management principles, industry-standard processes, collaborative tools, and best practices gathered during our history of large-scale system development projects. Our testing approach drives the implementation of a complete, tested, and proven CMdS Rebate Administration solution at Go-Live and incorporates ongoing improvements to the system throughout the contract. We promote transparency and collaboration with the State in all aspects of testing.

Conduent works with the State early on to align the testing approach for the project. We document our testing approach in the State approved **Master Test Plan** before starting testing activities. The plan documents our testing approach and methodology covering:

- **Unit Testing.** Developers test the smallest elements of changed or added code, programs, and configurations to validate that the system performs to specifications.
- **System Testing.** We check the features and functions of the system to confirm they work according to design documentation. System testing does this through a structured set of tests validating the solution from a transactional perspective called functional testing. We test all system aspects including system inputs and outputs.
- **Integration Testing.** Also known as system integration testing (SIT), this testing involves functional, end-to-end, compliance, and business-based testing. The testing validates transactions with external or third-party interfacing systems and includes data interchanges and integration touchpoints with other program stakeholders.
- **Regression Testing.** Regression testing validates that recent program or configuration changes have not adversely impacted the solution's existing features. The testing verifies that only code meeting specific quality standards is introduced into subsequent cycles or phases of testing. We use automation to run large volumes of tests in a short time to validate repeatable and consistent test results.

- **Performance Testing.** This testing measures and evaluates response times, transaction rates, and other time-sensitive requirements of the system to verify that performance requirements are achieved. Performance tests include **Load, Volume, Stress, and Benchmark Timing**.
- **User Acceptance Testing (UAT).** UAT validates that the system meets users' expectations and system requirements. We emphasize comprehensive UAT to verify the smooth implementation of the system into a production environment. The State receives a UAT Plan that outlines Conduent support during this critical phase that includes training for your UAT participants.
- **Parallel Testing.** This testing proves that the new solution provides results consistent with the legacy system as appropriate. To confirm this, we execute operational processes in both systems using the same input data and show the results match over an extended period. Results validate that the migrated system, converted data, and new enhancements produce consistent and accurate outcomes.
- **Disaster Recovery (DR) Testing.** DR testing examines each step in the DR and Business Continuity (BC) processes, as outlined in our State-approved DR/BC Plans. We engage in detailed plan reviews and "tabletop" tests in which stakeholders collectively walk through components of the plans. We also conduct simulated DR/BC activities to validate that procedures and resources, including backup systems and recovery sites, work in situations as close to the real world as possible.

**Test Cases.** We build and execute automated and manual test scripts per the Master Test Plan. In preparing test scenarios and test scripts, we reference requirements and design artifacts to confirm we validate the requirements and design specifications and trace them to applicable test cases. We execute test cases with specific test data defined during test design. For higher quality and efficiency, we determine which test cases are candidates for reuse.

**Test Results.** At the end of each testing phase, we provide a test results report to the State for review and approval before advancing to the next test phase. Providing full visibility into our testing, results include identifying the requirements tested, associated test case scenarios, disposition of the test (pass/fail), defect tracking, and resolution. We conduct walkthroughs with the State, as necessary, to review test cases and results.

**Testing Traceability.** The RTM shows how requirements identified by the State and CMS are met by tracing each one to specific solution capabilities. Using Microsoft Azure DevOps, we develop and maintain an RTM that documents your requirements and CMS certification criteria. As illustrated in Figure Z.46-1, the RTM shows linkages to supporting configuration and design deliverables along with related test cases and test results.

**Figure Z.46-1. Testing Traceability Through Azure DevOps**
*DOAS and other States can view this information at any time in our test management tool.*

**Test Data.** Our testing practices maintain the security and fidelity of your program data. We make a copy of production data in a test database and test in a separate schema. The data, now distinct from the production database, is de-identified according to HIPAA guidelines and loaded into the test environments for test execution. We refresh the test environments with the de-identified copy as needed and refresh the data from production on a defined schedule. This preserves data integrity and prevents the staleness of data scenarios.

**UAT Environment.** UAT occurs in a separate controlled and stable environment with the necessary technology, software, and data to support ongoing testing for the life of the project. To maintain proper version control, we migrate data, software changes, and other configuration changes into the region on a coordinated basis. To minimize the risk of disrupting testing efforts, we perform system and regression testing of any changes before migrating them into the UAT environment.

**Defect Management.** We log defects and errors into our defect management tool, Azure DevOps, as soon as they are found for tracking and to assess the impact on end users, business processes, and the quality of the solution. This includes all executed tests with discrepancies or abnormal results between the predicted results and the actual results. The defect log captures all necessary information to identify and resolve defects, such as functional area, severity, steps to reproduce, status, and potential schedule impact.

We triage and assign defects to the team or person responsible for resolution based on the functional area. The severity assigned to the defect alerts staff to the need for corrective action. The highest severity indicates no further testing can occur on this function until resolution. We prioritize these defects, as they impact the testing schedule if not given immediate attention. Managers track testing progress reports and defect resolution metrics generated by the tool to confirm the efficient correction and retesting of anomalies.

| | |
|---|---|
| **47.** | Bookmark Title: MSQ47 – Project Stages and Phases<br><br>Narrative description is limited to five (5) pages.<br><br>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 any best practices and lessons learned that may be applied in the execution of these services and identify any additional proposed Milestones for the project 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. |

**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 CMdS Rebate Administration solution and provide a compliant narrative response, Attachment C – Common Scope Requirements and Security Standards, Section 2.2 Project Stages and Project Phases.

***For decades, Conduent has worked closely with Medicaid agencies to help provide vulnerable citizens with access to affordable, quality healthcare. We have a deep understanding of the Medicaid environment, pharmacy systems, healthcare data, and what it takes to implement and operate the Pharmacy Drug Rebate (PDR) Services module.***

To deliver the functionality this RFP requires, we implement and operate a set of modules from our Conduent Medicaid Suite (CMdS) of products. These modules include all the functionality RFP requires for pharmacy drug rebate services, Federal and supplemental rebate administrative operations, and supplemental rebate contracting with Formulary and PDL Support.

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

Unlike systems offered by some of our competitors, the CMdS Rebate Administration solution was built specifically for Medicaid, by Medicaid experts. This modern, up-to-date Medicaid foundation enables us to meet your requirements right out of the box or through configuration changes only. This means no costly, ground-up development work is needed. Our highly configurable solution enables us to implement the PDR Services project in just nine months as depicted in Figure Z.47-1.

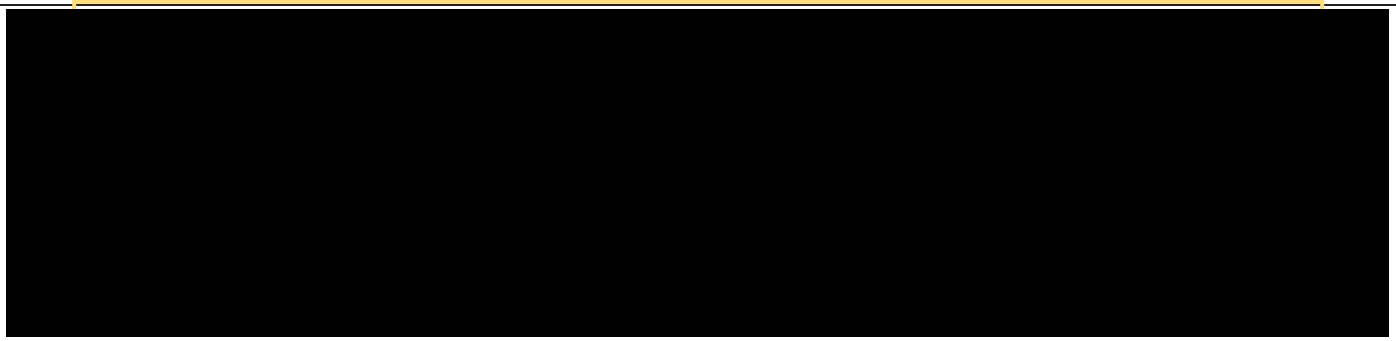


**Figure Z.47-1. High-Level Implementation Timeline**
*Conduent's highly configurable CMdS solution can be implemented in just nine months.*

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

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

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

Figure Z.47-2 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

*Project planning and startup phase tasks help our team define project objectives, and processes for monitoring, tracking, and recording work.*

**Design, Configuration, and Testing.** During this phase, we execute iterative design, configuration, and testing sprints to successively configure the baseline CMdS Rebate

Administration solution to become a state-specific 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 streamline the design, configuration, and testing process. Recommended workstreams include the following:

- Federal and Supplemental Rebate Administrative Operations
- Rebate Reporting
- Supplemental Rebate Contracting with Formulary and PDL Support

We follow an agile-based methodology using three weeks sprints to iteratively design, configure, and test different parts of the solution. Please refer to the response to requirement Z48 below for additional details relating to our recommended SDLC.

At the conclusion of each sprint, we hold review and retrospective meetings to show the progress made, confirm completion of required functionality, and determine ways to improve the process moving forward. After completing the sprint, Conduent repeats this process as we iteratively design, configure, and test the PDR module.

**Operational Readiness and Production Cutover.** To prepare for go-live, Conduent conducts parallel testing and Operational Readiness Review (ORR) to fully validate the CMdS Rebate Administration solution. We perform final data conversion/migration as the implementation date approaches to confirm that our system has the latest program data. We also work with CMS and DOAS and other States to complete CMS ORR and confirm our solution qualifies for full federal funding.

Before launching the solution into production, the Conduent and State leadership team hold a Go/No-Go meeting to review implementation activities and confirm that the systems, processes, policies, environments, and support infrastructure are ready to provide the required functionality in production. We promote the solution into production and begin operations following written approval from the State. 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 systems maintenance.

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

**Initial Operations and CMS Certification.** Once the system enters production, Conduent provides a warranty period to confirm that the solution functions according to system requirements and design documentation. During this time we:

[redacted]

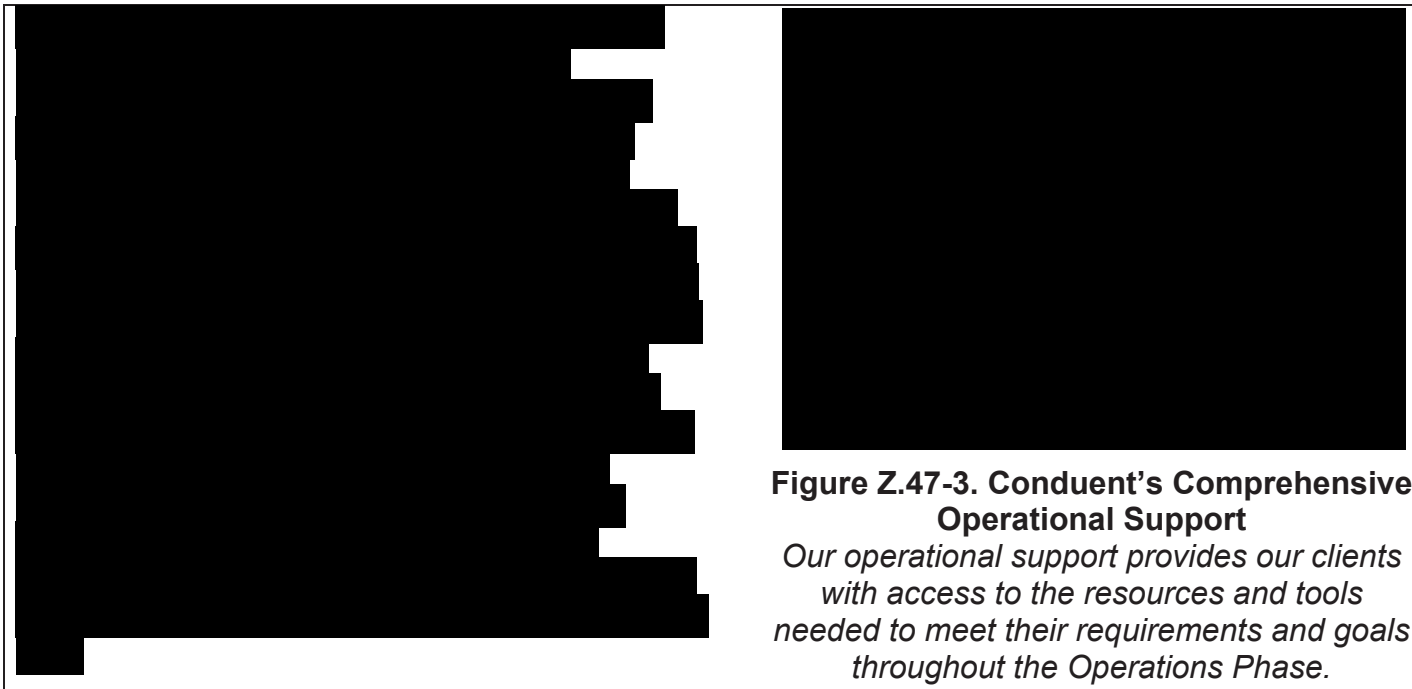


**Figure Z.47-3. Conduent's Comprehensive Operational Support**
*Our operational support provides our clients with access to the resources and tools needed to meet their requirements and goals throughout the Operations Phase.*

**Operations.** Our operations methodology provides best practices for managing the people, processes, policies, and systems used for operational activities. We bring a 360-degree support and maintenance structure, as depicted in Figure Z.47-3, that preserves the achievements gained during the implementation.

Our solution's features and functionality are the richest and most readily configurable in the PBM industry. We continuously monitor and work with the State to improve our service offering throughout the operational period. Table Z.47-1 highlights key services performed during operations.

**Table Z.47-1. Highlights of Our CMdS Pharmacy Solution**

| Functional Area | Conduent's Services |
|---|---|
| **Drug Rebate Administration** | |
| **Seamless Integration** | |
| **Reporting** | |

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

**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 State 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.

## Best Practices and Lessons Learned

Conduent offers significant experience implementing large, complex government healthcare projects. We are proud pioneers in this space – providing healthcare solutions to a wide variety of federal, state, and local government clients for over 50 years. This experience gives us the resources, know-how, and best-practices to implement the solution smoothly, cost-efficiently, and with minimal risk.

Conduent's extensive history of successfully planning, organizing, and managing government healthcare solutions has taught us many lessons about the keys to a successful transition, implementation, and operations. While some factors vary from project to project, many principles remain constant. We use the best practices identified below to help develop and inform the implementation and operations approach for the project.

**Foster a Collaborative Partnership with our Clients.** Building a strong relationship between Conduent, the State, and your vendors means we communicate frequently and honestly. Regularly scheduled reporting, status meetings, and governance meetings help us continuously align on project goals and expectations.

**Establish a Strong Foundation.** Using the Conduent's Quality Management System (QMS) and supporting tools such as Microsoft SharePoint and Azure DevOps, we hit the ground running with the resources needed to guide the project through its early stages.

**Use Best Practices and Lessons Learned.** Incorporating best practices from the Project Management Institute's PMBOK Guide, our CMMI level 3 appraisal, as well as lessons learned on other projects, means our team implements an established PMM in alignment with your requirements.

**Embrace Technology and Innovation.** Take advantage of opportunities for technology advancement, enhance our offering, save our client's money, and support more effective and efficient operations. Infuse innovation in the way we approach work and solve problems.

**Document and Execute the Project Management Plan.** Maintaining State-approved project management documentation means all project team members know their responsibilities for completing project tasks.

**Communication Early, Often, and Transparently with All Project Stakeholders.** Proactively identifying risks and issues, escalating problems when necessary, and keeping other modular

vendors informed enables our management team to keep the project on track and prepare stakeholders for the new solution.

**Infuse Quality into all Aspects of the Project.** Peer reviews, document quality reviews, end-to-end testing, and user acceptance testing all contribute to a more aligned and accurate project and solution.

**Establish, Maintain, and Monitor the Scope Baseline.** By establishing a solid scope baseline, we control changes when they arise and keep the project schedule and budget on track.

**Monitor the Critical Path**. Having a predictive Project Schedule is only possible if the tasks, dependencies, duration, and resources are sequenced, resourced, and scheduled to align with project priorities.

**Plan for Change.** Our PMM encompasses key change topics such as system changes, documentation changes, and also organizational change methods. By planning for all aspects of change up front, we can address the attributes of people, process, and technology that make change lasting and successful.

**Training.** Training is the key to make a great plan succeed. Create stakeholder groups, train them accordingly, and empower them with the knowledge and know-how that makes a difference. Test and build skills frequently and repeatedly.

**Readiness Testing.** We validate that both our clients and our teams are ready for operations. Using a standard set of procedures and checklists gives both teams the confidence that we are ready to move the project forward to Go Live!

**Commitment to Continuous Improvement.** Through process monitoring, operational quality audits, a “suggestion box,” and more, we embrace the changes that improve delivery, quality, and efficiency to meet program objectives.

Our approach to implementation and operations incorporates the best practices detailed above, the “best of” technology, and experience garnered over decades of implementation and operations experience.

| | |
|---|---|
| **48.** | Bookmark Title: MSQ48 – SDLC & Transition Activities<br>Bookmark Title for Supporting Material: MSQ48.1 Cutover/Transition Plan<br>Narrative description is limited to five (5) pages, exclusive of required supporting material.<br>Describe your recommended Software Development Life Cycle (SDLC) that covers all Stages and Project Phases.<br>Please include how you plan to develop and test your plan to meet the requirements of providing all the Rebate services and operating a CMS-certified Solution (hardware and software).<br>Describe how you will handle the transition activities from the incumbent Rebate vendor. Include the value-add of your approach and techniques in terms of cost savings, quality improvement, and/or savings to the project schedule to the State.<br>Refer to Attachment C - Common Scope Requirements and Security Standards, Section 2.2 Project Stages and Project Phases and Section 6.2 Security Requirements. |

**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 PDR services and provide a compliant narrative response, Attachment C – Common Scope Requirements and Security Standards, Section 2.2 Project Stages and Project Phases and Section 6.2 Security Requirements.

Our proposed hybrid Agile system development life cycle (SDLC) incorporates stakeholder feedback early and often through comprehensive planning meetings, collaborative sprints, iterative configuration reviews, and extensive testing. Conduent engages our State partners in the system design and configuration process to maximize your familiarity with the new solution, facilitate approvals, mitigate risks, and incorporate human-centric design.

Our SDLC encompasses a series of well-defined phases that help establish the quality, reliability, and security of the PDR solution. Figure Z.48-1 provides an overview of the phases within our SDLC.

**Figure Z.48-1. Overview of Conduent's System Development Life Cycle**
*Our SDLC encompasses a series of well-defined project phases that allow for the configuration of our base product.*

We prioritize early collaboration with the State to establish a shared understanding and alignment with your program standards. The sections that follow provide an overview of each phase within Conduent's recommended SDLC.

## Project Planning and Startup Phase

The Project Planning and Startup Phase lays the foundation for the overall success of the PDR project. At this time, we work closely with the State to create a kickoff presentation for all PDR stakeholders that outlines project goals, objectives, and timelines. We work with the State to finalize the Project Schedule and project management plans. These initial deliverables help us determine the tasks that need to be completed during the project, how to achieve those tasks, and what processes to use for monitoring, tracking, and recording work.

We also load RFP requirements into our requirements management tool, Microsoft Azure DevOps, to establish the initial traceability that we update throughout the SDLC. We then facilitate collaborative requirements validation sessions with the State to clarify your goals, objectives, business processes, and requirements. These meetings serve as a forum to clarify and document project requirements. Conduent captures clarified requirements in Microsoft Azure DevOps. This content forms the first iteration of the Requirements Traceability Matrix (RTM), which captures the project scope of work.

## Design, Configuration, and Testing Phase

Once we have completed project planning, we execute design, configuration, and testing sprints to successively configure the baseline product to become a State-specific solution. We apply an iterative approach to deliver functionality within different workstreams including:

- Federal and supplemental rebate administrative operations
- Rebate Reporting
- Supplemental rebated contracting with Formulary and PDL Support

Requirements are grouped into workstreams to streamline the design and configuration process and assign work to the appropriate team. We then work in scrum teams with the State to design, configure, and test solution functionality. Each team commits to satisfying a selection of requirements from the product backlog over the course of a three-week sprint.

As each sprint begins, the team holds sprint planning meetings to estimate user stories, assign tasks, and create the sprint backlog. The scrum team works to design, configure, build, integrate, and test functionality included in the sprint backlog. The scrum team meets daily to provide updates on progress, plans, and blockers. **We submit all design, build, and testing documentation created during the sprint to the State for approval; Conduent maintains all documentation with links in Azure DevOps to the requirement that the functionality satisfies.**

Figure Z.48-2 depicts an overview of the key activities within each sprint.

**Figure Z.48-2. Sprint Activity Overview**
*Sprints allow for continuous collaboration with our client as we design, configure, and test your PDR module.*

We then perform testing to validate that the completed functionality in the PDR solution performs as intended. We integrate testing with the development process and the cross-functional Agile team carries it out. The team creates test cases and tests their assigned requirements in the system.

Conduent performs and presents the results of each of the following testing levels:

- **System Testing.** Tests every feature and function in the sprint to confirm it functions according to design.
- **Regression Testing/Hardening.** Reruns previously passed tests to verify functionality is still performing correctly after changes have been made during the sprint.
- **Integration Testing.** Verifies that all individual components of the system are functioning and working correctly when integrated.
- **Interface Testing.** Confirms inbound and outbound interfaces are working in accordance with requirements and the Interface Control Documents (ICDs).
- **Performance Testing.** Tests how well the solution performs under various stressful conditions.
- **Regression Testing.** Confirms that changes or updates have not introduced new defects and that existing functionality has not been affected by those changes.
- **Security Testing.** Identifies and mitigates potential security risks and identifies vulnerabilities in the system.
- **Business Continuity and Disaster Recovery Testing.** Tests the ability of the organization to effectively switch to an alternative operations site and/or hosting environment and recover from a disaster event.

- **User Acceptance Testing.** Allows the State and end users to perform hands-on testing of the solution to confirm alignment with requirements and desired functionality.

Throughout the testing process, we demonstrate full traceability between requirements, design documents, test case, and test results, as well as any defects. We provide the State with real-time access to Azure DevOps to monitor test progress.

At the conclusion of each sprint, we hold review and retrospective meetings to show progress made during the sprint and determine how to improve the process moving forward.

## Operational Readiness and Production Cutover

Once all design, configuration, and testing activities are complete, Conduent works to confirm the readiness of the solution to enter production. Figure Z.48-3 shows readiness tasks.

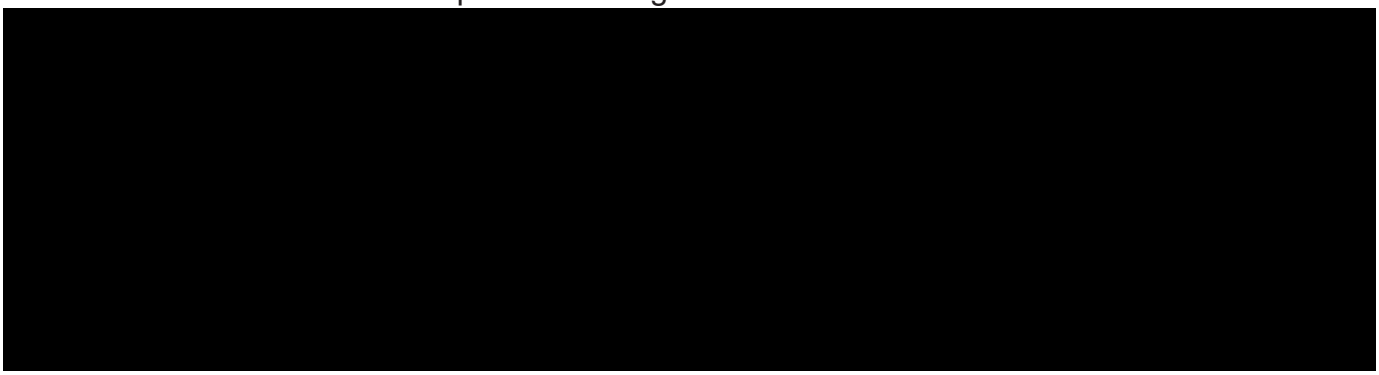


**Figure Z.48-3. Operational Readiness Tasks**

*Operational Readiness activities help us determine if the solution is ready for production.*

As the implementation date approaches, Conduent builds a detailed schedule specifically for go-live week that identifies cutover tasks and validation items. Business area leads define their teams' supplementary checklists. Together these artifacts represent a carefully orchestrated and integrated approach to implementation.

Before officially launching the solution, Conduent and State leadership 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 required functionality at Go Live. We then confirm the completion of the following items:

- User Acceptance Testing
- Operational Readiness Review
- Training
- Business Continuity and Disaster Recovery

We promote the solution into production and begin operations following written approval from the State. Our proven SDLC helps to prevent defects and operational deficiencies at Go Live and into full operation. Our shared goal is to offer uninterrupted service to program stakeholders, particularly to the beneficiaries and providers who depend on our services.

Please refer to the supporting material included with our proposal for the Cutover/Transition Plan, Bookmark Title MSQ48.1.

## System Development Life Cycle Approach Benefits

Our system development approach provides the following benefits:

**Flexibility and Adaptability.** Our approach allows us to define the project scope and requirements during project start up and planning and move swiftly into iterative design, configuration, and testing. We design and configure the product in collaboration with the State, demonstrating system functionality and configurations as the project progresses. This frequent feedback allows our team to course correct as we move through each sprint, which prevents the need for significant rework.

**Risk Mitigation.** The iterative nature of Agile allows for early and frequent stakeholder feedback during design and configuration, which helps to maximize business value and user satisfaction. On the other hand, incorporating aspects of Waterfall, such as comprehensive planning and requirements validation provides better control over scope, budget, quality, and timelines. Our approach helps strike a balance between agility and risk management as we implement the CMdS Rebate Administration solution.

**Framework for Collaboration.** Our approach facilitates collaboration by providing a framework that allows different teams to work together cohesively. This collaborative approach helps manage dependencies, streamline communication, and maintain a cohesive development effort across the project. It also promotes a mutual understanding of required training and Organizational Change Management activities as well as project progress transparency.

## Operational Enhancements

When operational changes or enhancements are identified, we work with the State to discuss, analyze, and document the impact of the change. We meet with your subject matter experts to gain an in-depth understanding of the necessary changes and document detailed requirements and business rules. Our team determines the effort required to implement the change. We identify its impact on the current systems and processes as well as the estimated cost and time needed to accomplish the tasks.

We present the impact analysis and level of effort to the State to confirm a full understanding of each change. This includes information (cost estimate, schedule duration, and change analysis) necessary to evaluate prioritization and implementation of changes. We do not begin work on any change until the State approves the change in writing. Once the work starts on an approved change request, we follow the same system development life cycle used during the implementation to finalize planning, clarify requirements, and iteratively design, configure, and test the change. Our leadership team applies the same System Development and Project Management Methodology to process all the changes regardless of whether made during DDI or as an enhancement during operations. We provide routine status updates to the State and seek your approval to proceed with user acceptance testing and operational readiness review, as appropriate. Finally, we seek your approval to deploy the change on a mutually agreed-upon schedule.

| | |
|---|---|
| **49.** | Bookmark Title: MSQ49 - Project Management Bookmark Title for Supporting Material:<br>• MSQ49.1 - Project Schedule/Project Work Plan (Sample)<br>• MSQ49.2 - WBS tasks and Project Outputs (Sample)<br>• MSQ49.3 - Implementation Plan (Sample)<br>• MSQ49.4 - Quality Management Plan (Sample)<br>• MSQ49.5 - Requirements Management Plan (Sample)<br>• MSQ49.6 - Change Management Plan (Sample)<br>• MSQ49.7 - Risk Management Plan (Sample)<br>• MSQ49.8 - Communications Management Plan (Sample)<br>• MSQ49.9 - Integration Plan (Sample)<br>• MSQ49.10 - Operations & Maintenance Plan (Sample)<br>• MSQ49.11 - Training Plan (Sample)<br>• MSQ49.12 - Cost Management Plan (Sample)<br>• MSQ49.13 - Stakeholder Management Plan (Sample)<br>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 PDR services and provide a compliant narrative response; Attachment C – Common Scope Requirements and Security Standards, Section 2 Project Organization and Management and Attachment F – PDR Services Scope of Work.

## 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 Z.49-1 provides an overview of the key areas within our QMS, as well as the benefits the QMS provides to the State and your stakeholders.

**Table Z.49-1. QMS Methodology Overview**

| QMS Methodology | Key Attributes and Benefits |
|---|---|
| Project Management Methodology (PMM) | • Flexible baseline documentation that can be quickly configured to align with your standards and requirements<br>• Comprehensive oversight and governance processes to monitor and control project schedule, scope, and costs<br>• Turnkey processes for communication management, schedule maintenance, project staff planning, risk/issue identification and mitigation, deliverable management, status reporting, and more<br>• Repeatable framework to plan, execute, and control project activities |
| System Development Methodology (SDM) | • Comprehensive system development life cycle to support our highly configurable solution and track the successful completion of your requirements<br>• Best practices, templates, procedures, and supporting tools to deploy our technical solutions with high-quality<br>• Methods to optimize the implementation of our scalable and flexible product<br>• Live system demonstrations to present incremental progress and gain timely feedback from our State partners |
| Training Methodology | • Comprehensive, user-centric learning approach<br>• Feedback loop, in which trainees' feedback and evaluations yield improvements to training materials and methods<br>• Aligned with the fundamental instructional design framework: Analyze, Design, Develop, Implement, and Evaluate (ADDIE) |
| Operations Methodology | • Proven standards, processes, and templates that prepare both the State and Conduent to successfully maintain and operate the CMdS solution<br>• Methods to incorporate enhancements and system changes based on industry best practices<br>• Comprehensive and proven CMS certification toolkit |

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

**To guide the implementation of the PBA 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:

- MSQ49.1 – Project Schedule/Project Work Plan
- MSQ49.2 – WBS tasks and Project Outputs
- MSQ49.3 – Implementation Plan
- MSQ49.4 – Quality Management Plan
- MSQ49.5 – Requirements Management Plan
- MSQ49.6 – Change Management Plan
- MSQ49.7 – Risk Management Plan
- MSQ49.8 – Communications Management Plan
- MSQ49.9 – Integration Plan
- MSQ49.10 – Operations & Maintenance Plan
- MSQ49.11 – Training Plan
- MSQ49.12 – Cost Management Plan
- MSQ49.13 – Stakeholder Management Plan

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 Z.49-1 outlines our recommended governance approach for the project.

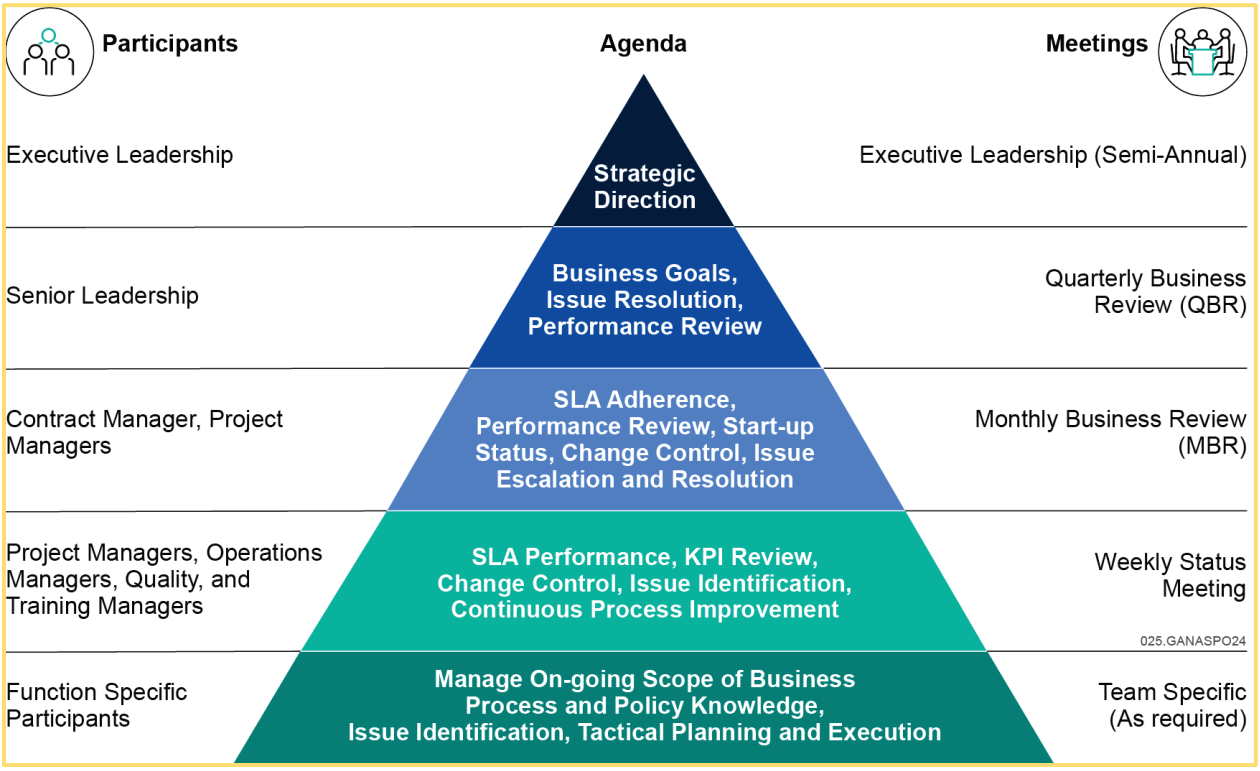



**Figure Z.49-1. Proposed Project Governance Model**

*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 State 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 the State early in the project to establish a weekly status meeting. We conduct status meetings with the State 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.

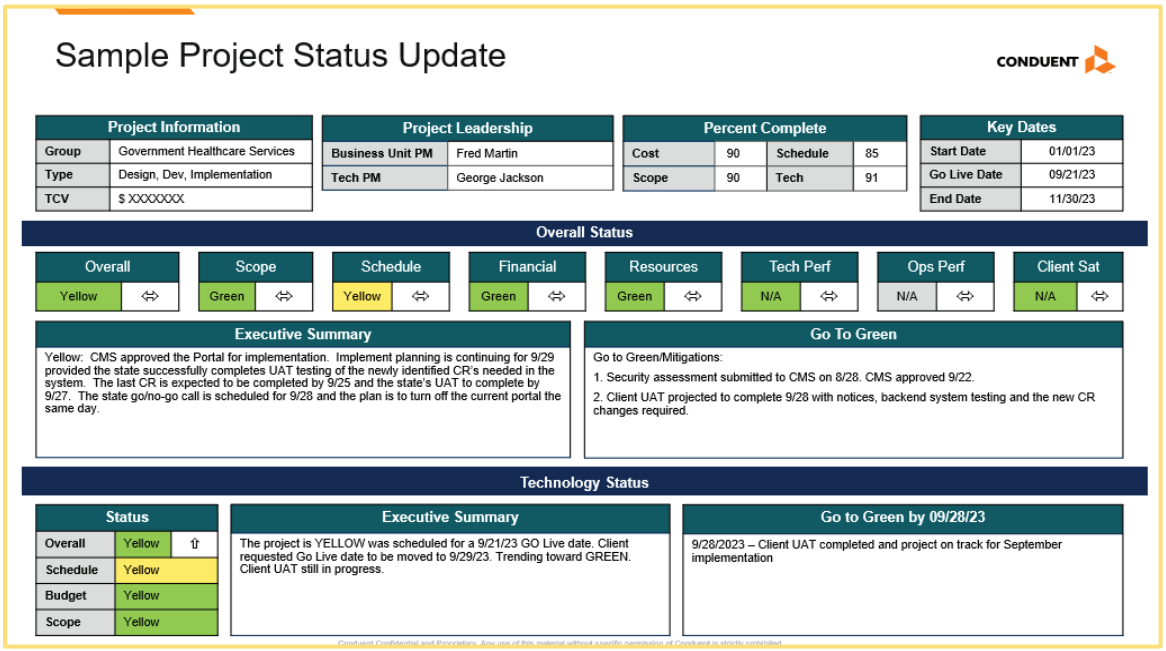
Figure Z.49-2 shows our project health repository dashboard, with sensitive client information redacted.

**Figure Z.49-2 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 Z.49-3. 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.



Sample Project Status Update

CONDUENT

| Project Information | |
|---|---|
| Group | Government Healthcare Services |
| Type | Design, Dev, Implementation |
| TCV | $ XXXXXXX |

| Project Leadership | |
|---|---|
| Business Unit PM | Fred Martin |
| Tech PM | George Jackson |

| Percent Complete | | | |
|---|---|---|---|
| Cost | 90 | Schedule | 85 |
| Scope | 90 | Tech | 91 |

| Key Dates | |
|---|---|
| Start Date | 01/01/23 |
| Go Live Date | 09/21/23 |
| End Date | 11/30/23 |

Overall Status

| Overall | Scope | Schedule | Financial | Resources | Tech Perf | Ops Perf | Client Sat |
|---|---|---|---|---|---|---|---|
| Yellow ⇔ | Green ⇔ | Yellow ⇔ | Green ⇔ | Green ⇔ | N/A ⇔ | N/A ⇔ | N/A ⇔ |

**Executive Summary**

Yellow: CMS approved the Portal for implementation. Implement planning is continuing for 9/29 provided the state successfully completes UAT testing of the newly identified CR's needed in the system. The last CR is expected to be completed by 9/25 and the state's UAT to complete by 9/27. The state go/no-go call is scheduled for 9/28 and the plan is to turn off the current portal the same day.

**Go To Green**

Go to Green/Mitigations:

1. Security assessment submitted to CMS on 8/28. CMS approved 9/22.
2. Client UAT projected to complete 9/28 with notices, backend system testing and the new CR changes required.

Technology Status

| Status | | |
|---|---|---|
| Overall | Yellow | ⇧ |
| Schedule | Yellow | |
| Budget | Yellow | |
| Scope | Yellow | |

**Executive Summary**

The project is YELLOW was scheduled for a 9/21/23 GO Live date. Client requested Go Live date to be moved to 9/29/23. Trending toward GREEN. Client UAT still in progress.

**Go to Green by 09/28/23**

9/28/2023 – Client UAT completed and project on track for September implementation

Conduent Confidential and Proprietary. Any use of this material without specific permission of Conduent is strictly prohibited.

**Figure Z.49-3. 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 both State and Conduent Leadership informed on project progress and ready to intervene if results deviate from expectations.

## Our Proven Experience and Industry Standards

For years, 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:

- Washington PBM
- Maryland PBM
- Mississippi MMIS/PBM/FA
- Missouri Clinical Management Services and System for Pharmacy Claims and Prior Authorization
- North Dakota MMIS/PBM

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.

| | |
|---|---|
| **50.** | Bookmark Title: MSQ50 – Roles and Responsibilities<br><br>Narrative description is limited to four (4) pages.<br><br>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 unit, Clinical Management vendor, Fraud, Waste, and Abuse Audit Services vendor, Pharmacy Benefit Administrator Services vendor, Independent Verification & Validation (IV&V) vendor, Data Source vendors (e.g., Operational Data Store or Data Warehouse), and legacy Medicaid Management Information System (MMIS) vendor.<br><br>Describe how you will collaborate and provide leadership among the various resources and stakeholders and provide examples of past successes in a similar environment.<br><br>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 PDR services and provide a compliant narrative response with requirements laid out in Attachment C: Common Scope Requirements and Security Standards.

## Approach to Project Roles and Responsibilities

Conduent's innovative culture helps our clients focus on what matters most – improved health outcomes and cost-effective care. We help government healthcare programs by making data easily accessible to our partners, streamlining processes, meeting regulatory mandates, and controlling costs.

As a core tenant of our approach, we foster a collaborative partnership with our 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 and your vendors to seamlessly integrate into your Medicaid environment. Our experience in multi-vendor environments across the nation, from both Pharmacy and MMIS perspectives, positions us to partner, advise, and support your decision-making processes. Together we can anticipate challenges and identify opportunities for improvement initiatives and collaboration.

For example, to better enable integration among a variety of vendors, our systems are built on the principles of modularity, **allowing us to integrate seamlessly through a single point of contact with disparate systems that are part of the Department's modular systems and solutions**. We leverage innovative technological approaches to automate and streamline data exchanges between the different modules in a state's modular ecosystem. Our interfaces are all designed with a canonical data model design pattern to meet the integration requirements through the configuration of our pre-built interfaces instead of ground-up development during the DDI Stage. This provides a significant advantage in reducing the implementation risk and optimizing data flow across the program.

## Expectations for Roles and Responsibilities

In Table Z.50-1, we provide details on how our relationship with other vendors and project stakeholders help with the proper development of the project.

**Table Z.50-1. Roles and Responsibilities in the Project**

| Resources and Stakeholders | Our Relationship to Them |
|---|---|
| State's Project Management Office (PMO) | • Conduent coordinates with the NASPO State's PMO to establish and maintain project management processes that help monitor and control project work.<br>• We post all project management documentation, including risks, issues, action items, and decisions, to the project's SharePoint site. All our project plans conform to the templates, standards, and processes as defined by the State PMO and support (and align with) project management activities at the program level.<br>• Conduent works with the State PMO to track completion of all project tasks and implement our solution, in alignment with your requirements. |
| Clinical Management Vendor | • Conduent will collaborate with the Clinical Management Vendor to support maintenance of the PDL and PADL. This includes:<br>– Our recommendations of additional therapeutic classes for inclusion in the PDL and bid solicitation when it may be financially advantageous<br>• Conduent will collaborate with the Clinical Management Vendor in sharing of information to the State Advisory Board. This includes:<br>– Providing cost information, inclusive of CMS [Unit Rebate Amount (URA) and Unit Rebate Offset Amount (UROA)] and SR offers to the State and the impact to the total net cost per drug.<br>– Coordinating for meetings and presentations according to a timeline approved by the State for State review of recommendations and approval through the State Advisory Board.<br>– Coordinating as needed on Conduent's attendance at all State Advisory Board meetings to support the State. |
| Fraud, Waste and Abuse Audit Services Vendor | If Conduent detects activities that identify potential fraud or abuse, we will present this information to the State within thirty (30) Calendar Days of identification |
| Pharmacy Benefit Services Vendor | We will collaborate with the PBA vendor to meet the scope requirements. This includes:<br>• Communicating changes on Labelers' entries and Termination Dates in the CMS Rebate Program for utilization in claims processing<br>• Performance of adjustments at the NDC and Provider (Claim) level to comply with findings from audits<br>• Support corrections based upon Identification of errors for claims that were billed with terminated/obsolete NDCs, Units that do not correspond to the package size, and other common and correctable errors<br>• Providing information regarding the CMS State Utilization Errors and Alerts Report<br>• Providing corrected Units changes in the system for recouping incorrect payments to Providers<br>• Confirming correct Claims processing parameters with the Provider and working with the State's PBA Vendor and the State to correct those errors |
| Independent Verification & Validation (IV&V) Vendor | • The Conduent quality management processes and communication protocols define our approach for working with all stakeholders, including the IV&V contractor, throughout the project life cycle to provide all required documentation and full visibility into project processes and deliverables.<br>• Conduent will provide project management Deliverables and other project artifacts to the State's IV&V vendor as requested for review. With DOAS approval, we provide the IV&V with access to all deliverables via the project SharePoint site, including project work plans and status information. We provide access to draft deliverables where appropriate |

| | |
|---|---|
| | • Our Account Director will be the primary point of contact and will respond to requests from the State's IV&V vendor for project information.<br>• Conduent project resources will be available for periodic meetings and/or interviews with the State's IV&V vendor. |
| Data Source Vendor | • Conduent will ensure that all drug rebate data can be loaded onto the State's data warehouse<br>• We will communicate with State staff and data vendors to ensure accurate drug files and to correct Provider billing errors. |
| Legacy Medicaid Management Information System (MMIS) vendor. | • For Provider billing errors, we will work with the MMIS vendor for necessary changes to the POS<br>• Conduent will identify Claims that were billed with terminated/obsolete NDCs, Units that do not correspond to the package size, and other common and correctable errors; we will confirm correct Claims processing parameters with the Provider and work with the State's MMIS vendor and the State to correct those errors. |

## Success Stories

Over the years, 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 PBM arena where we have held a prominent role for three decades in delivering integrated solutions to clients nationwide.

### *Southern State – Pharmacy Rebate Services*

#### *The Challenge*

Some pharmacy providers can dispense both 340B and non-340B inventory. Several of our customer were missing out on rebate dollars based on how 340B claims listed as a 340B supplier, all claims for that provider were considered to be 340B and were excluded from rebate even if non 340B stock was used to fill the prescription.

#### *The Solution*

To correct this issue, Conduent worked with our customers to change policy so that pharmacies are required to submit 340B claims with a cost determination code of "08" for FFS 340B claims and a clarification code of "20" for MCO 340B claims. By doing this, our customers were able to collect rebate dollars for those claims which were not filled from 340B inventory. 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.

### *Northeastern State – Pharmacy Rebate*

#### *The Challenge*

To identify non-rebateable and obsolete NDCs, our customer was using a manual process that took weeks to complete. Because of this lag time in identification, these NDCs remained on the formulary and were dispensed –prohibiting Medicaid from collecting rebate dollars.

*The Solution:*

To solve this problem, we partnered with our customer to design and implement an automated quarterly process to identify the non-rebateable NDCs using the CMS and FDB files. The first time the process ran, 460 non-rebateable and 1,800 obsolete NDCs were terminated within minutes. The auto-termination process continues to run today, saving our customer valuable time and money.

| | |
|---|---|
| **51.** | Bookmark Title: MSQ51 – Certifications<br>Narrative description is limited to five (5) pages.<br>Describe, in detail, your experience and expertise in conducting post-implementation CMS Certifications for projects of similar scale and complexity. Include information on the number of certifications performed, industry sectors, and any relevant certifications or accreditations held by your team members.<br>Refer to Attachment C – Common Scope Requirements and Security Standards, Section 6.3 Certification Requirements. |

**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 Pharmacy Drug Rebate services service and provide a compliant narrative response: Attachment C – Common Scope Requirements and Security Standards, Section 6.3 Certification Requirements.

**Unlike some competitors in the industry, Conduent brings extensive experience and expertise conducting post-implementation CMS Certifications for projects of similar scale and complexity.** Our support of Medicaid programs across the nation has helped our clients receive Federal matching funds for their information technology investments retroactively to the date requested.

***We have a 100% success rate of working in partnership with CMS and our clients to receive CMS certification for our solutions; this includes 17 successful certifications using the Medicaid Enterprise Certification Toolkit (MECT), Streamlined Modular Certifications (SMC) and/or Outcomes Based Certification (OBC) guidelines.***

Equally important, there is no learning curve for Conduent with the new streamlined modular certification (SMC) approach. The same solution we are proposing for DOAS and other States is in progress of being SMC certified for our Maryland Medicaid PBM account using the SMC process, as we are just finishing CR with full certification expected later this year. We are also currently using the SMC process for our Washington Medicaid PBM account.

Our experience also includes achieving CMS certification for our MMIS, data warehouse, MAR, SUR, T-MSIS, and EVV solutions. In February 2022, our Georgia Electronic Visit Verification (EVV) solution received CMS certification using the OBC guidelines. In the pages that follow, we discuss our approach to Streamlined Modular Certification (SMC) and the support we provide.

## Certification Leadership

We provide a certification manager who is knowledgeable and experienced with the planning and coordination of all CMS certification activities and with the current CMS SMC process. Our certification manager has 20+ years in information technology (IT); 20 years in public sector healthcare IT; and eight years performing CMS Medicaid system certifications, including managing a certification for a state Medicaid Agency.

## Approach to Streamlined Modular Certification (SMC)

Our certification timeline starts at the beginning of the project. As a partner to the DOAS and other States, we collectively review and validate all CMS conditions for enhanced funding evidence as well as required artifacts; CMS-required outcomes; test scenarios; and metrics in the CMS SMC Intake Form. We complete evidence packets by populating testing data for each applicable outcome; we use our tracking tool, Microsoft Azure DevOps, to load and trace SMC and RFP requirements. We then generate an RTM report that demonstrates the traceability of requirements to system functionality that meets CMS requirements. This process allows us to satisfy each applicable certification requirement either through existing system functionality or configuration changes to the system. We include all CMS certification activities in the Project Work Plan.

During project kickoff, we treat certification requirements just like RFP requirements, taking them through each step of the SDLC. This process allows us to include all the functionality required for the certification execution. As we complete the implementation, we leverage the produced documentation for certification.

We provide an overview of the project certification activities we perform in Table Z.51-1.

**Table Z.51-1. Certification Activities**

| Activity | Brief Description |
|---|---|
| Certification Management Plan | [redacted] |
| Certification Meetings | |
| CMS Certification Requirements | |
| Certification Evidence Packets | |
| Certification Evidence Approval | |
| Certification Intake Form Approval | |

## Certification Planning

Value Add

During certification planning, we work with the DOAS and other States to align our efforts to deliver the PBA module that complies with applicable certification requirements. Our expertise in the management and delivery of certification requirements brings significant value add to DOAS and other States Pharmacy Benefit

Services procurement. Our Project Work Plan includes but is not limited to the following certification activities:

- Conduct certification kickoff
- Set up the certification document repository (SharePoint)
- Create the requirements traceability matrix (RTM)
- Create the certification crosswalk using Azure DevOps
- Prepare certification outcomes evidence packets
- Gather evidence and required artifacts including security
- Prepare presentations for demonstrations during CMS Reviews
- Facilitate walkthroughs, dry runs, and final dress rehearsal for CMS Reviews
- Produce monthly and/or quarterly reports; calculate metric data and populate the CMS Operational Reporting Workbook
- Participate as needed in the CMS Reviews (CMS ORR and CR)
- Complete assigned action items

## Certification Process

Our SMC certification process adheres to current CMS standards, guidelines, and templates. We support the DOAS and other States in all certification activities outlined in the most current CMS SMC templates and forms for Medicaid Enterprise Systems (MES) modules. As CMS' standards and guidance for certification continue to evolve, we quickly adapt our efforts to certification changes as they become available from CMS. Conduent is prepared to pivot and continue providing certification support for all applicable CMS certification activities in the event CMS guidance changes during the project.

Our project management methodology (PMM) includes a collection of templates tailored to meet the specific needs of the DOAS and other States. We leverage repeatable processes and a complete set of CMS certification documents, including PowerPoint presentations as templates for meetings and Certification Reviews.

Figure Z.51-1 illustrates our SMC process and outputs for each process.

**Figure Z.51-1. Conduent's SMC Certification Process Flow**

## Certification Reviews

**CMS Operational Readiness Review (ORR).** As the project moves into user acceptance testing (UAT), we combined RFP requirements with CMdS Rebate Administration solution documentation and test results to create evidence packets in preparation for CMS ORR, demonstrating compliance with the business functions stated in the certification Intake Form. The Certification Lead works with the DOAS and other States to schedule joint sessions to review all evidence packets and documentation deliverables and obtain approvals.

Our Certification Lead and project SMEs coordinate with the DOAS and other States to prepare outlines of presentations for demonstration of the CMdS Rebate Administration solution module, and we work with the DOAS and other States to conduct walkthroughs, dry runs, and a final dress rehearsal two to three weeks before CMS ORR. We provide a complete team of technical and business staff resources to support the DOAS and other States during CMS ORR, and, if requested, can present, demonstrate, and discuss business or technical processes. We assist the DOAS and other States in researching and responding to assigned action items expeditiously.

**CMS Certification Review (CR).** Six months after the system goes live, in preparation for the CMS CR, production evidence is collected and stored in the certification document repository, as required. This evidence includes but is not limited to samples of production data, substantive and representative sets of reports and any other relevant information or data to validate expected business outcomes and metrics**.** Conduent works with the DOAS and other States to begin reviewing and calculating metrics, as CMS may request at least one-quarter of metrics data in production, three months after go-live. We continue to work with the DOAS and other States to provide a minimum of six months of metrics data prior to CMS CR.

We support the DOAS and other States throughout the entire certification process with CMS, providing additional information as needed and meeting with appropriate staff to clarify any issues. If issues are found that require resolution prior to certification, we document them, correct any deficiencies, review the results with the DOAS and other States, redeploy software if needed, and update any system or training documentation. At all times, we support the DOAS and other States in achieving certification of the PBA module back to day one.

### *Staffing*

Conduent's certification experience has instilled in us a strong familiarity with the process, planning, cooperation, communication, and teamwork required for a successful certification. Our certification staff has an enviable record and extensive experience in supporting the certification process and compliance with Medicaid Information Technology Architecture (MITA) standards.

We provide a team of dedicated professionals committed to helping the DOAS and other States achieve its CMdS Rebate Administration solution objectives. Conduent's Certification Manager serves both as our module certification lead and the CMS certification life cycle SME from the design, development, and implementation (DDI) phase through to CMS certification achievement. Table Z.51.1 lists the types of certifications and/or accreditations typically held by our Certification team members – underscoring our ability to support the PDR Services project. Additionally, our organization currently holds a CMMI Maturity Level 3 Certification both for software development and for Operations & Maintenance (O&M).

**Table Z.51-1. Staff Certifications or Accreditations**

| | |
|---|---|
| **Project Management** | [redacted] |
| **Technical Delivery** | |
| **Data Analysis** | |
| **Security** | |

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review

Redacted Copy-Available for Public Review