MedImpact

Proposal for PBA Services for the

State of Georgia with NASPO ValuePoint

eRFP Number: 41900-DCH0000136

APRIL 24, 2024

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Attachment R
PBA Services Mandatory Scored Response Worksheet

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

Each narrative response must adhere to any assigned page limits and b

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

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

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

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

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

MedImpact Healthcare Systems, LLC (MedImpact) is pleased to submit our proposal for Pharmacy Benefit Services to the State of Georgia (Lead State), Department of Administrative Services (DOAS), State Purchasing Division (SPD), and the Department of Community Health (DCH) in furtherance of the NASPO ValuePoint Cooperative Purchasing Program.

For over 30 years, MedImpact has supported Medicaid programs with innovative pharmacy benefit management services grounded in proven technology and steeped in extensive knowledge and experience. Our proven pharmacy platforms, processes, and solutions qualify MedImpact as the right choice for Georgia (and any Participating Entity) to provide pharmacy benefit services that enhance the well-being of all their members.

MedImpact stands ready to support DCH's vision by delivering comprehensive PBM services for the State of Georgia. Our approach to providing credible solutions, expertise, flexibility, and innovation will enhance DCH's PBA Services program. We further differentiate ourselves through extensive collaboration with our customers. Our teams are accountable, proactive, and responsive.

Background and History

MedImpact was established in 1989 by a pharmacist with the goal of providing flexible and credible solutions to payers. From our beginnings as a third-party administrator, we have spent the last 35 years investing in technology and creating innovative solutions for our customers. Our first Medicaid customer was in the State of California, in support of their managed care program, in 1992.

Today, we remain a privately held company with approximately 2,100 employees nationwide. We are the 5th largest PBM (by claims volume[1]) in the United States providing full-service pharmacy and drug rebate services to state agencies, health plans, and employers serving approximately 20 million lives (including over million Medicaid lives, across 29 customers state

[1] https://www.drugchannels.net/2024/04/the-top-pharmacy-benefit-managers-of.html

agency and health plans). We are the largest privately held PBM solutions company in the United States.

MedImpact is headquartered in San Diego, California with satellite offices in Tempe, Arizona and Tucson, Arizona. We are a health services and technology company that has met every regulatory and technical challenge along our journey including implementing Medicaid managed care programs in the 90s, Medicare in 2006, Marketplace programs (Exchange) in 2014, and fee-for-service Medicaid in 2021 (adding 3 more FFS Medicaid contracts since that time). We are a customer-focused company and proud to say that our first Medicaid customer is still a customer today. As our customers' businesses have evolved, MedImpact has been there to provide new solutions for these regulated markets.

Since the beginning, we have not waivered on our core differentiating principles of:

- Independence (we are privately held)
- Conflict free (not owned by a health plan or own retail pharmacies)
- Transparency

Our mission is to deliver pharmaceutical and technology-related solutions that improve the value of healthcare. We provide superior outcomes to every customer through innovative solutions, systems, and services that provide transparency and promote choice in decision making. MedImpact's solutions provide customers and their members with the clarity, control, and confidence they deserve in a pharmacy benefit management partner.

The FFS PBM market has changed extensively in the last few years with the acquisition of niche vendors by large vertically integrated PBMs and the emergence of other vendors, such as MedImpact. Our FFS Medicaid team has decades of combined experience and are leaders in their respective fields. As an independently held company we are unencumbered by Wall Street expectations or competing lines of business. No drug manufacturer, distributor, or pharmacy organization serves in an ownership, day-to-day management, or board of director position within MedImpact.

We continue to invest millions of dollars in clinical programs, technology, operations, and analytics to ensure we provide robust solutions for the ever-changing PBM landscape. We continue to make investments in our proprietary technology to enhance automation, visibility, accountability, and transparency. **Table 1** highlights the key adaptations and milestones of the organization since its inception.

Year	
1989	Founded MedImpact by pharmacist Fred Howe as an LLC
1992	Implemented first Medicaid health plan (California)
1993	Incorporated as MedImpact Healthcare Systems, Inc
1999	Earned NCQA accreditation and quality improvement standards compliance
2000	Established MedImpact retail pharmacy network with more than 55,000 pharmacies
2004	Became a Medicare Drug Discount Card endorsed PBM
2006	Implemented Medicare Part D program with PDP and MA-PD plans; CMS contract support provided through relationship with Transamerica

2008	Increased retail pharmacy network to more than 60,000 pharmacies Accredited by URAC for pharmacy benefit management Opened Southwest Regional Operations Center in Tempe, Arizona
2010	Launched MedImpact International, LLC
2012	Acquired SUNRx®, 340B program administration
2013	Acquired ScriptSave and Apex Affinity
2014	Implemented state-based exchange programs based on Affordable Care Act Introduced mail order pharmacy and specialty pharmacy programs to the market
2015	Implemented SAS enterprise analytic platform Received PBMI (Pharmacy Benefit Management Institute) Excellence Award
2017	Received 2-year NCQA UM certification
2019	Received a 3-year NCQA UM accreditation Launched point-of-sale rebates program Expanded MedImpact's San Diego headquarters with a second LEED-certified building Developed proprietary FFS (fee for service) Medicaid drug rebate platform, MedInvoice™ Implemented FFS Medicaid provider payment support
2020	Implemented enhanced coordination of benefits claims processing for FFS claims Awarded first Medicaid FFS contract
2021	Implemented Medi-Span as an alternative drug attribute source Implemented first Medicaid FFS customer
2022	Launched OTC (over the counter) Covid home test solutions Received 3-year NCQA UM reaccreditation
2023	URAC PBM accreditation renewed for 3 years Received HITRUST certification Awarded Commonwealth of Kentucky and State of Mississippi FFS Medicaid business Received an intent to award from the state of Colorado for FFS Medicaid business Acquisition of AspenRx
2024	Acquisition of Elixir Solutions

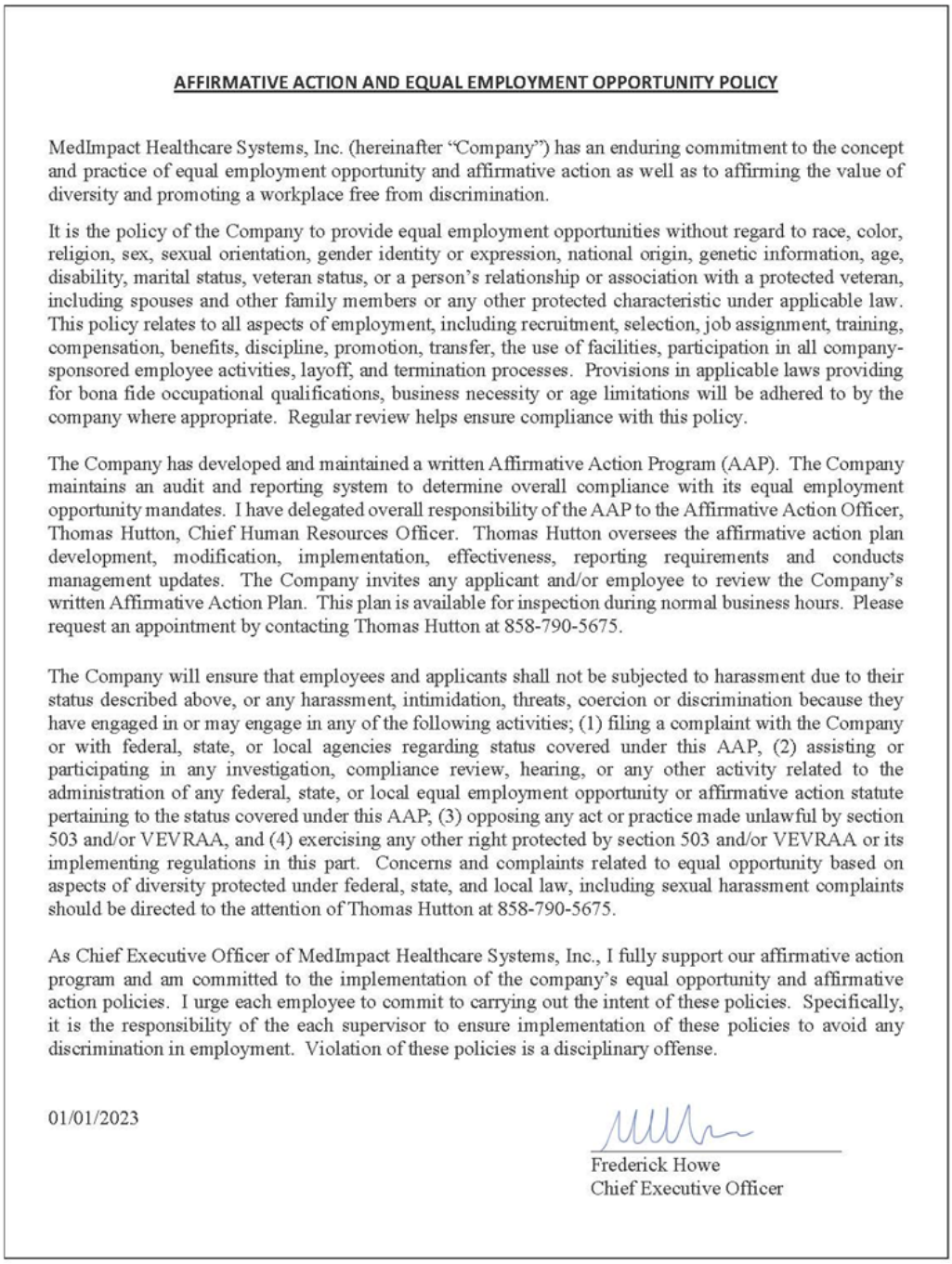
Table 1: MedImpact's Corporate History

Equal Employment Opportunity

MedImpact seeks diversity in our recruiting, hiring, and career advancing practices by posting to job boards and publications with diverse audiences. We track and analyze demographic data on our internal workforce for over/under representation including those in management and senior leadership positions. MedImpact's percentage demographic breakdown for the executive team is 60% female and 40% minority.

We utilize a comprehensive nondiscrimination policy, stating MedImpact does not discriminate against an applicant or employee on the basis of race, color, religion, national origin, ancestry, sex, age, physical or mental disability, military or veteran status, genetic information, sexual orientation, gender identity, gender expression, marital status, or any other characteristic protected by applicable federal, state, or local law. We verify compliance at all MedImpact facilities with the Americans with Disabilities Act. MedImpact's chief human resources officer is the EEO (equality employment opportunity) officer serving as the point person to identify additional opportunities that can enhance and expand the company's commitment to diversity.

Figure 1 provides a copy of MedImpact's Affirmative Action and Equal Employment Opportunity Policy.



AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY POLICY

MedImpact Healthcare Systems, Inc. (hereinafter "Company") has an enduring commitment to the concept and practice of equal employment opportunity and affirmative action as well as to affirming the value of diversity and promoting a workplace free from discrimination.

It is the policy of the Company to provide equal employment opportunities without regard to race, color, religion, sex, sexual orientation, gender identity or expression, national origin, genetic information, age, disability, marital status, veteran status, or a person's relationship or association with a protected veteran, including spouses and other family members or any other protected characteristic under applicable law. This policy relates to all aspects of employment, including recruitment, selection, job assignment, training, compensation, benefits, discipline, promotion, transfer, the use of facilities, participation in all company-sponsored employee activities, layoff, and termination processes. Provisions in applicable laws providing for bona fide occupational qualifications, business necessity or age limitations will be adhered to by the company where appropriate. Regular review helps ensure compliance with this policy.

The Company has developed and maintained a written Affirmative Action Program (AAP). The Company maintains an audit and reporting system to determine overall compliance with its equal employment opportunity mandates. I have delegated overall responsibility of the AAP to the Affirmative Action Officer, Thomas Hutton, Chief Human Resources Officer. Thomas Hutton oversees the affirmative action plan development, modification, implementation, effectiveness, reporting requirements and conducts management updates. The Company invites any applicant and/or employee to review the Company's written Affirmative Action Plan. This plan is available for inspection during normal business hours. Please request an appointment by contacting Thomas Hutton at 858-790-5675.

The Company will ensure that employees and applicants shall not be subjected to harassment due to their status described above, or any harassment, intimidation, threats, coercion or discrimination because they have engaged in or may engage in any of the following activities; (1) filing a complaint with the Company or with federal, state, or local agencies regarding status covered under this AAP, (2) assisting or participating in any investigation, compliance review, hearing, or any other activity related to the administration of any federal, state, or local equal employment opportunity or affirmative action statute pertaining to the status covered under this AAP; (3) opposing any act or practice made unlawful by section 503 and/or VEVRAA, and (4) exercising any other right protected by section 503 and/or VEVRAA or its implementing regulations in this part. Concerns and complaints related to equal opportunity based on aspects of diversity protected under federal, state, and local law, including sexual harassment complaints should be directed to the attention of Thomas Hutton at 858-790-5675.

As Chief Executive Officer of MedImpact Healthcare Systems, Inc., I fully support our affirmative action program and am committed to the implementation of the company's equal opportunity and affirmative action policies. I urge each employee to commit to carrying out the intent of these policies. Specifically, it is the responsibility of the each supervisor to ensure implementation of these policies to avoid any discrimination in employment. Violation of these policies is a disciplinary offense.

01/01/2023

Frederick Howe
Chief Executive Officer

Figure 1: MedImpact Affirmative Action and EEO Policy

Pharmacy Benefits Administration Services

MedImpact has reviewed *PBA Services Scope of Work and Attachment C - Common Scope Requirements and Security Standards* and understands the requirements of DCH's PBA Services FFS (Fee-for-Service) Medicaid program. We will support the overarching goals of the program, provide cost-effective utilization programs, improve pharmacy administrative services, and ensure compliance with federal and state laws. MedImpact will support all components of the program including PDL (Preferred Drug List) services, POS (point of sale) claims processing, TPL (third party liability), COB (coordination of benefits), PA (prior authorization) services, financial management services, and customer support including a customer call center and member web portal. We will work closely with DCH and all parties participating in the successful implementation and coordination of all clinical programs including but not limited to:

- PDL management and reporting
- POS claims processing including TPL and COB
- PA including appeals, denials, and peer-to-peer reviews
- Financial management services including AR (account receivable), non-claims, and cash receipts
- Customer support including call center and web portal
- Reporting and data requirements

We are an experienced PBM and Medicaid FFS partner offering DCH expertise, flexibility, and innovative programs and tools to support DCH's PBA program.

Expertise

MedImpact's PBA Services offering is led by Managing Principal of Government Programs and Services, Dean Beuglass, RPh. Prior to joining MedImpact in January of 2020, Mr. Beuglass served as Senior Pharmacy Policy and Data Strategist at the Virginia Department of Medical Assistance Services; as Vice President, Government Implementations at Magellan Rx Management; and in principal consulting roles at RyBAC Solutions and Istari Consulting. Mr. Beuglass holds a bachelor’s degree in pharmacy from Medical College of Virginia. He is a licensed pharmacist with over 28 years of experience in varied pharmacy practice settings including public sector, mail order, hospital, and retail. Mr. Beuglass leads a group of highly qualified and experienced staff members across several different FFS customers and states. Our staff is highly knowledgeable and experienced in the unique requirements of the Medicaid FFS population. DCH's assigned Key Staff will report up to Mr. Beuglass, and he will be involved in an advisory position throughout the contract.

Flexibility

MedImpact’s independent business model and inherent flexibility aligns with DCH without conflicting incentives providing low net cost to DCH and DCH's members. This value of flexibility flows into our benefit system structure which is easy to understand and apply. Our claims processing system can support an unlimited number of benefit designs. We

accommodate custom benefit (tier and copay design), edits, point of sale messages, and precertification. The flexible MedImpact system accommodates multiple tiers, deductibles, out-of-pocket maximums, benefit caps, utilization management, and associated restriction edits through a data driven, parameter-based infrastructure. This structure allows us to implement a benefit without the need for software customization. We have thousands of benefit edits in place that we use to configure our customers' pharmacy benefits. Because of the system's flexibility, we can customize new design configurations to DCH's specific needs. We design benefit edits using a hierarchy approach for drug, eligibility, pharmacy network, benefit utilization, and pricing data to provide DCH with the proper degree of control in managing complex benefit designs. This is just 1 example of how MedImpact embodies flexibility resulting in a streamlined overall PBA offering to bring ease and efficiency to our customers' programs.

Innovation

MedImpact values innovation and has developed our claims adjudication engine with an ecosystem of specialized applications that offer an innovative approach to pharmacy program management. These core applications reside within our unified information technology platform which enables us to leverage the efficiencies of shared infrastructure, tools, and technologies and provide a better way to support pharmacy benefit management. This structure offers a single source of truth for data which promotes accuracy, uniformity, and visibility. MedImpact continues to invest in creative and innovative programs and tools such as our new TPL application, which will benefit DCH and DCH's members.

MedImpact is confident we have the staff expertise, flexible PBA integrated applications, and innovative claims processing ecosystem to enhance DCH's PBM program. Dean Beuglass will continue to lead our FFS PBM solutions focusing on compliance and innovation through the everchanging healthcare landscape. We will streamline your PBA Services program through automation and efficiencies putting more money back into DCH's hands to invest in meaningful programs for DCH and DCH's members.

2.	**Bookmark Title: MSQ2 – PDL Workflow** Narrative description is limited to three (3) pages, excluding any diagrams or images. Describe, in detail, the process and the automated workflow tool that shall facilitate the review and approval of changes, modifications, deletions, or alterations to the Preferred Drug List (PDL), including any potential other (state and/or federal) program-specific PDLs, to meet the requirements. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 2 Preferred Drug List (PDL) Services.

Supplier Response

MedImpact has reviewed and understands the requirements outlined in this requirement as well as *Attachment F: Pharmacy Benefit Administrator Services Scope of Work, Section 2 Preferred Drug List (PDL) Services*. We are committed to maintaining the PDL and staying abreast of drugs as they leave and enter the market to make the proper adjustments to our customers' PDLs.

PDL Workflow Tool

MedImpact utilizes a web-based PDL management tool, EFS (Enterprise Formulary System), to manage and maintain PDLs. EFS provides a comprehensive solution with rules-based functionality, which includes:

- PDL management
- Utilization Management edits management
- Drug reference information
- A PDL search tool
- Reporting capabilities
- Testing modules

EFS is MedImpact's proprietary, consolidated, simplified cloud PDL management tool. EFS offers end-to-end integration to the adjudication system and allows for greater collaboration between MedImpact and DCH to effectively manage PDL and UM (utilization management) edits. EFS provides full visibility to, and control of, PDL content and coding. Overall, the system selections and auto-rule functionality of EFS eliminates manual data entry reducing coding errors and increasing the accuracy of the PDL build. Some key features within EFS are:

- **Customized Drug Grouping**: EFS enables users to define how drugs should be grouped together as a "Drug Entity," which can then be used as the basic unit for PDL and UM management within EFS. For example, users can define and have all NDCs with the same GCN, brand status, OTC/Rx status, and brand name grouped together as a Drug Entity. EFS also enables users to define exceptions for drug grouping, in case of any particular drug products that may require additional management more specific than at drug entity level.
- **Establishment of Drug Universe**: the Drug Universe feature enables users to determine what drug products to bring into EFS for management. This function can eliminate unwanted

products, so users do not waste unnecessary efforts for products that are excluded from Medicaid coverage such as bulk powders, drugs used for impotency, or drugs used for weight loss.

- **Formulary Master and Custom Formularies**: EFS is designed to enable the configuration of a Formulary Master, where users can configure the PDL and then apply different UM rules for different PDL versions created from the Formulary Master. This is particularly useful for FFS customers who have benefit variation between sub-population, like dual eligible, CHIP, and LTC members.

Changes to the PDL

Through our EFS tool, MedImpact tracks new NDCs to the market as part of the weekly PDL process and identifies new drugs, dosage forms, generics, and NDCs of currently contracted drugs. We proactively review the Clinical Pipeline and brand patent tracking to assure decisions are made regarding the best option given the market at the time of review and the best option for the future.

The Clinical Pipeline is a comprehensive, quarterly report of the significant drugs and biologicals currently in late-stage clinical development. Focusing on products with ingredients not yet marketed (also known as new molecular entities), the report details therapeutic category, anticipated member population or place in therapy, available safety, and efficacy data, expected FDA filing and approval, and latest news. MedImpact also proactively discusses pipeline products with manufacturers with a PDUFA (prescription drug user fee act) date within a year to anticipate potential new products and if the manufacturer plans to offer supplemental rebates in Medicaid.

MedImpact has tools and processes in place to best manage our customers' PDLs, whether that is adding, modifying, or removing drugs from the PDL. EFS helps us to manage drugs in the market and make recommendations for the PDL.

3.	**Bookmark Title: MSQ3 – POS** Narrative description is limited to ten (10) pages. Describe, in detail, how your Point-of-Sale (POS) Solution meets the requirements in Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing Solution including, but not limited to, the following: a. The real-time interface between your POS adjudication system and the Prior Authorization (PA) system to support the automated PA system protocols utilized during Claims processing. b. The capability and limitations of your Solution to currently support submission of International Classification of Diseases (ICD) codes (ICD-10 version or later, as may be required by the State) at POS to allow PA review via an automated process. c. The methodology utilized to integrate the State's PDL into your adjudication platform. d. The methodology utilized to incorporate medical data into the POS adjudication logic. e. The approach utilized to determine the Prospective Drug Utilization Review (ProDUR) editing and recommendations to improve the usefulness and validity of the edits returned to the dispenser. f. The ability to utilize a Prior Authorization (PA) process that is specific to edits (i.e., authorize a particular drug for coverage without overriding the edit for non-rebated Products). g. The ability to process and price compound prescriptions using the multiple ingredient compound list at POS. h. The ability to adjudicate and price multiple ingredient compound Claims when multiple National Drug Codes (NDCs) contained within that Claim carry different disposition statuses (pay vs. deny vs. prior authorization) according to State's Pharmacy Benefit Design (PBD). i. The ability to process mass reversals and adjustments including any limitations that may exist. j. The ability to cross-reference National Provider Identifier (NPI), Medicaid Provider ID, State License Number, Drug Enforcement Administration (DEA) Number and other unique prescriber identifiers during the Claims adjudication, Prior Authorization, and reporting process. k. The ability to confirm Medicaid-enrolled Provider Prescriptions are processed. l. The quality assurance process utilized to assure accuracy of the Claims processing and ancillary systems proposed (if applicable). m. The ability to provide customized messages back to retail pharmacies through a POS return adjudication response, including any limitations.

	n. The ability to deny Claims for Care Management Organization (CMO) members and communicate the member's CMO assignment back to the retail pharmacy. o. The system edits in place at POS to notify pharmacists of a potential Step Therapy program.

Supplier Response

MedImpact has reviewed and understands the requirements outlined in this requirement as well as *Attachment F: Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing Solution*. We have more than 30 years' experience processing POS pharmacy claims and have systems and processes in place to offer flexible and timely claims adjudication.

MedImpact's claims adjudication system supports online, real-time adjudication of pharmacy claims. While pharmacies generally submit claims electronically, MedImpact can support both online and manual paper process options. Our claims adjudication platform / processing system is fully HIPAA compliant with the NCPDP (National Council for Prescription Drug Program) Telecommunication Version D.Ø claims processing standard for Billing Transaction (B1), Reversal (B2), as well as the NCPDP 1.2 Batch Standard. MedImpact delivers a claims processing solution in a single, integrated platform. Our single platform delivers a higher degree of claims processing accuracy and efficiency. Our system is available 24 hours a day, 7 days a week, 365 days a year.

MedImpact's claims processing system can support an unlimited number of benefit designs. We can accommodate custom benefit (tier and copay design) custom edits, point of sale messages, and pre-certifications. We have no formulary design limitations or associated member cost share requirements and offer a flexible approach to meet formulary needs for the present and future. The flexible MedImpact system accommodates multiple tiers, deductibles, out-of-pocket maximums, benefit caps, utilization management, and associated restriction edits through a data driven, parameter-based infrastructure. This structure allows us to implement a benefit without the need for software customization.

MedImpact's benefit system is not rules-based. We offer benefits that are easy to understand and apply. MedImpact's claims processing system can support an unlimited number of benefit designs. We can accommodate custom benefit (multiple tiers, deductibles, copay design, out-of-pocket maximums, and benefit caps), custom edits, point of sale messages, and pre-certifications through a data driven, parameter-based infrastructure. We have no formulary design limitations or associated member cost share requirements and offer a flexible approach to meet formulary needs for the present and future.

This structure allows us to implement a benefit without the need for software customization. We have thousands of benefit edits in place that we use to configure our customers' pharmacy benefits. Because of the system's flexibility, we can customize new design configurations to DCH's specific needs. We design benefit edits using a hierarchy approach for drug, eligibility, pharmacy network, benefit utilization, and pricing data to provide DCH with the proper degree of control in managing complex benefit designs.

During implementation, MedImpact will discuss all file needs of DCH, its vendors, and MedImpact. MedImpact's member eligibility file load process accommodates the loading of all member-related data, using the X12N 834 standard and/or MedImpact's proprietary file specification, or a custom format mapped to the latter. Through this load process, we maintain Aid Codes and OHI information, along with scope and term of coverage information and a variety of member attributes that may also determine scope of coverage.

Real-time Interface Between POS and PA Systems

At POS (point of sale), MedImpact can automate approvals based upon diagnosis (either submitted on the claim or through medical claim history), as well as review medication history for alternatives. This allows a proactive bypass of the PA (prior authorization) requirements and payment of the claim at POS, provided the member meets the intended criteria.

MedImpact's automated PA solution removes barriers that exist in traditional PA processes. Our customizable solution will operationalize complex benefit design and utilization management strategies for DCH through the integration of multiple internal and external data streams during claim adjudication. MedImpact's automated PA solution minimizes the instances in which prescribers or pharmacists would otherwise need to stop and contact a PA representative and provides an enhanced provider experience.

MedImpact will partner with DCH to evaluate existing PA criteria throughout the term of the contract to review, recommend, and select existing and future edits that require PA. The goal of automating the evaluation of a claim and any required authorization to dispense, during adjudication, is to enhance the member experience and reduce provider burden. Leveraging available data regarding the drug product, member, prescriber, and provider, MedImpact's integrated automated PA solution will evaluate the request and return the appropriate claim status. During the sub-second evaluation required to completely process a pharmacy claim, our solution can access and assess information from multiple data domains to determine if all clinical criteria are met to approve the claim without provider intervention.

Data elements available for evaluation within our automated PA solution include:

- member diagnosis
- member age
- member gender
- member specific attributes or demographics (location, assigned benefit, program)
- Medical claim data (ICD-10, CPT, HCPCS codes)
- Claim history / step therapy
- Claim history / product not found
- Number of drug fills / units dispensed
- Prescriber ID and specialty
- Pharmacy ID and provider type or place of service

Our claims adjudication engine is supported by an ecosystem of specialized applications that offer an innovative approach to pharmacy program management. These core applications reside within our unified information technology platform which enables us to leverage the efficiencies of shared infrastructure, tools, and technologies and provide a better way to support pharmacy benefit management. This provides a single source of truth for data which promotes accuracy, uniformity, and visibility. **Figure 2** depicts the MedImpact claims processing ecosystem.

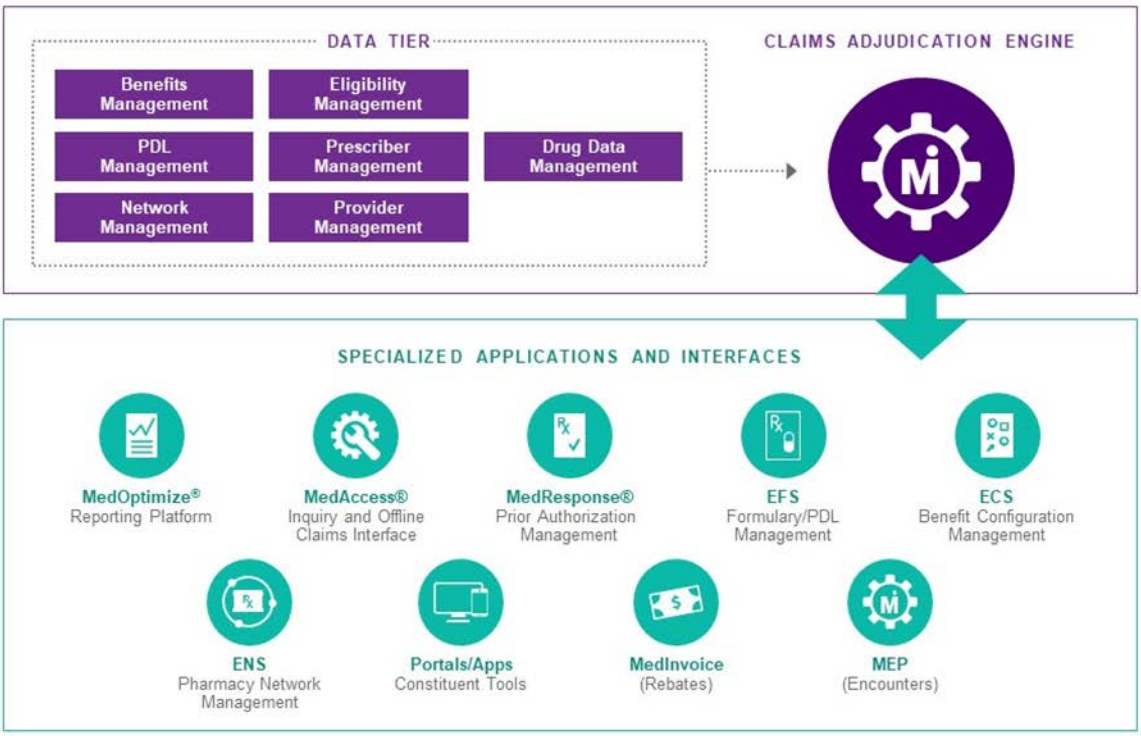


Figure 2: MedImpact Claims Processing Ecosystem

Submission of ICD at POS to Allow Automated PA Review

Our POS system will utilize ICD-10, either from the medical history or submitted on the claim, in addition to other information provided in the medical history, during claims processing. If the applicable and configured criteria are met, then the claim will bypass the PA requirement. All our PA@POS logic and steps can be viewed at the claim level in our MedAccess System. In addition, we have detailed reporting available for our automated PA review solution.

Use of Medical Data in POS Adjudication Logic

MedImpact will develop and execute the necessary data exchange agreements with DCH laboratory providers that govern receipt of lab data for members. Data exchange agreements will incorporate HIPAA standards and MIDA Contractor best practices and procedures for data and file integrations. DCH will review and approve all agreements prior to execution.

In 2021, MedImpact launched our first healthcare interoperability solution based on the Hl7.org standard. The FHIR standard allows true interoperability for data that ranges from clinical

information, including lab data, in the member's electronic chart in the EHR (electronic health record) to medical and pharmacy claims data from current or past payers, which are all accessible on-demand via real-time web services. Access to this information provides a host of possibilities such as streamlining PAs, improving predictive analytics, correlating drug spend with medical costs to better manage total cost of care, and empowering more effective MTM (medication therapy management) and care coordination.

Medical and lab data can be leveraged to support POS claims processing, develop, and recommend clinical edits and PA criteria. MedImpact's assigned Lead Clinical Program Manager and other clinical resources will review the lab data collected regularly and will make recommendations intended to meet DCH clinical objectives.

ProDUR Edits

ProDUR edits are modular, providing flexibility that makes it easy to make efficient changes to edits. When MedImpact receives member eligibility file load process, it loads all member-related data, using the X12N 834 standard and / or MedImpact's proprietary file specification, or a custom format mapped to the latter. Through this load process, we maintain Aid Codes and OHI information, along with scope and term of coverage information and a variety of member attributes that may also determine scope of coverage.

MedImpact configures the DCH hierarchical structures so that all CMOs are associated in our claims processing system for purposes of sharing the State's MAID (Medicaid identification number) to aggregate member history across multiple eligibility spans. Historical and ongoing enrollment / eligibility files do not create separate member profiles across multiple spans. During implementation, MedImpact works with DCH to determine the scope of use of member history to help ensure proper processing (e.g., used for clinical purposes but not for financial/accumulation purposes).

Our structure is modular and supports fast-cycle customization to meet quick deadlines and maintain quality through rigorous end-to-end testing in a production environment. We build all edits with adjudication codes or unique identifiers to enable reporting on concurrent edits. MedImpact's prospective DUR process will allow DCH to monitor prescription drug utilization for members, including:

- Possible adverse effects
- Therapeutic duplication
- Ingredient duplication
- Drug-disease interactions and contraindications
- Incorrect dosage, frequency, or duration of treatment
- Drug allergy
- Early refill
- Clinical misuse or abuse
- Drug-to-drug interactions
- Medication appropriateness (including age and presumed or actual diagnosis)

- Incorrect drug dosage or duration
- Overutilization and underutilization of drug treatment

MedImpact's system can return multiple ProDUR results in a single claim response to the pharmacist to support their responsibility to counsel members. The messages can include detailed information on the identified therapy issues including interacting drugs and diseases, accepted PPS (professional pharmacy service) codes the pharmacy provider can submit to override the rejection and appropriate next steps such as prior authorization required.

PA Process and Claims Edits

Our highly configurable rules-driven coverage configuration platform leverages full automation and reusability. Our system designs quickly and efficiently, tests, implements, and maintains DCH program coverage rules, including all applicable utilization management, PDL status, and non-covered / excluded drug products. We implement DCH program coverage at multiple layers, including therapeutic class as directed by DCH. Our automated coverage configuration interfaces are currently offered through batch-based formats using an XML-based standard. In addition, we support real-time Web service interface that can be leveraged to streamline ongoing program coverage changes.

NCPDP Standard for Multi-Ingredient Compound Claims

MedImpact's adjudication system supports defining, configuring, and use of effective date using the NCPDP standard for multi-ingredient compound claims and encounters. The proposed system automatically selects and applies pricing rules for each compound ingredient to determine pricing and coverage. We provide a variety of options for compound processing, including:

- PAs (prior authorizations)
- Labeler validation
- Maximum dollar thresholds
- Pricing determinations

When MedImpact receives a claim for a compounded medication or intravenous infusion therapy, a system flag overrides the AWP (average wholesale price) discount calculations, and the prescription pays the amount billed by the pharmacy plus the applicable dispensing fee. If the pharmacy submits a compound code of 2, the system typically labels the claim pay as billed. The billing amount must include the dispensing fee.

To prevent FWA (fraud, waste, and abuse), MedImpact has numerous POS edits that price compounds and only allow Federal Legend ingredients within the compound. We suggest blocking bulk chemicals from adjudication and setting a low maximum dollar claim amount for compounds ($100 that rejects a compound claim over $100). We can also require a PA (prior authorization) for all compounds to ensure no commercial product is available and/or the member has tried the commercial product first.

We can receive multiple NDCs (National Drug Codes) via NCPDP D.0 compounds. We can set up processing to do pay as billed or pay based on sum of ingredient costs (requires compound segment) or both. We apply restrictions such as ProDUR against all ingredient NDCs in the claim.

Mass Reversals

MedImpact's reprocessing application, MedAdjust® automatically processes mass adjustments of claims based upon claims selection using common filters, as well as by using a file of claims generated based on any required criteria. MedAdjust® is used to handle a variety of retroactive changes in data used for claim processing determined by any parameters defined by DCH, including retroactive changes in pricing, eligibility, or benefit structure. Our account support team will collaborate with DCH to determine which claims need to be reprocessed and with what parameters. Procedures are implemented to ensure all mass adjustment requests are performed at the direction of DCH following a review and approval process defined by DCH, Agency identified stakeholders, and MedImpact.

We will work with DCH to ensure we provide reports to support the mass adjustment reports.

Cross Reference Prescriber Identifiers

MedImpact's contracted prescriber data vendor, LexisNexis Risk Solutions, supplies MedImpact with prescriber data that includes:

- Prescriber mailing address data
  - NPI (National Provider Identifier) data as reported by NPPES (National Plan and Provider Enumeration System)
  - DEA (Drug Enforcement Administration) license data as reported by the DEA
- Prescriber validation taxonomy data as reported by NPPES (National Plan and Provider Enumeration System)
- Sanction date

MedImpact applies edits to evaluate eligibility based on the prescriber data. The following summarizes the various prescriber checks that MedImpact administers during the claim adjudication process:

- The pharmacy must submit a value in the Prescriber ID Qualifier field on the claim.
- The value submitted in the prescriber ID Qualifier field must be 01.
- The pharmacy must submit a value in the prescriber ID field on the claim.
- The value submitted by the pharmacy in the prescriber ID field must pass the algorithm check for NPIs.
- The NPI must exist in MedImpact's database.
- The NPI must be the prescriber's Individual (Type 1) NPI as opposed to an organization's (Type 2) NPI.
- The prescriber's NPI must be active as of the claim's date of service based on the latest data from NPPES.

- If MedImpact's data indicates the prescriber is deceased, the prescription written date must be prior to the death date, and the claim's date of service must be within 1 year of the death date.
- The prescriber must not be actively sanctioned as of the claim's date of service, based on the latest data from the OIG's (Office of Inspector General's) LEIE (List of Excluded Individuals and Entities).
- If the claim is for a controlled substance drug (DEA Schedule II-V), MedImpact checks for the following:
  - The prescriber's NPI maps to a DEA license.
  - The DEA license is active.
  - The controlled substance is consistent with the prescriber's DEA schedule registration.

Medicaid Enrolled Provider Prescriptions

MedImpact's provider functionality determines a pharmacy provider's eligibility to perform the services and receive reimbursement for the billed service on the date the service was provided, based upon the pharmacy provider files provided by DCH which is used to create the required network carriers and pharmacy panels required to process pharmacy claims. The following related determinations are made during adjudication:

- **Pharmacy Validation**—Verify the pharmacy is present in the NCPDP file based upon the submitted NPI; reject for non-matched pharmacy.
- **Carrier**—Verify inclusion in the network carrier associated with DCH on the date of service; reject for non-participating pharmacy.
- **Panel**—Determine if the pharmacy exists within a restrictive panel that limits dispensing for certain populations or lists of drugs; reject based upon edit type.
- **Excluded Provider Panel**—Identify if the pharmacy is on our excluded provider list, which incorporates exclusion data from state boards, state Medicaid programs, and the OIG LEIE list of excluded individuals and entities

Quality Assurance Process

Our QAP (Quality Assurance Plan) will address the ongoing monitoring of production claims to ensure accuracy and compliance with DCH guidelines and contract requirements. This will include an ongoing review of summary claim metrics, including denial rates and denial reasons to identify any patterns that would suggest an issue requiring investigation. We will also regularly review a sampling of claims to ensure that adjudication edits, reimbursement algorithms, etc. were properly configured and applied. Specific metrics and measures and frequencies of sampling and reporting will be established in the QAP in collaboration with DCH.

MedImpact's dedicated claims quality and audit support team performs an initial review of pricing, benefit setup, and claims adjudication accuracy directly following implementation. MedImpact also reviews 3% or up to 200 randomly selected claims, throughout the quarter, to ensure ongoing claims adjudication accuracy. We provide reporting on a quarterly basis. This team also routinely monitors denied claims for potential errors in processing and receives automated, real-time alerts when the system encounters certain anomalies in the number or types of rejections.

Customized Messages to Retail Pharmacies

MedImpact will provide DCH flexible messaging options to occur during POS adjudication. Messaging in the claim response provides the pharmacy with additional information to facilitate the pharmacy and/or member interaction, which can include details regarding potential harm involved with dispensing medications, rejection, and information on next steps. Most of our edits, which we use to implement a variety of programs, contain functionality to configure unique messaging, which the additional message information field provides in the claim response. MedImpact can configure these messages at various levels as follows:

- Program
- Organization
- CMS (Centers for Medicare and Medicaid Services) contract or plan
- Header
- HQ (headquarter)
- Group
- Carrier
- Benefit
- Tier
- Restriction

Hard messages accompany a rejected claim, while soft messages contain information regarding an approved claim. We can code custom messaging hard or soft at DCH's discretion.

Ability To Deny Claims for Care Management Organization (CMO) Members

MedImpact's MedAccess claims processing system is a centralized tool for managing processing edits, eligibility, validations, benefits, and pharmacy networks with inquiry and update capabilities for our Call Center, account management teams, and DCH. Every claim must pass system edits, including validation of provider and member eligibility.

Notify Pharmacists of Potential Step Therapy

During implementation, MedImpact will work with DCH to finalize the formulary and code our claims processing system with the formulary configuration to include the appropriate POS messaging and reject codes. These messages and codes communicate to the pharmacist the appropriate requirements for each member and member medication.

MedImpact's claims processing system has thousands of benefit edits in place that we use to configure our customers' pharmacy benefits. We design benefit edits using a hierarchy approach for drug, eligibility, pharmacy network, benefit utilization, and pricing data to provide DCH with the proper degree of control in managing complex benefit designs. Because of the system's flexibility, we can customize new design configurations to DCH's specific needs.

4.	**Bookmark Title: MSQ4 – POS Claims Processing** Narrative description is limited to four (4) pages. Describe, in detail, the Point-of Sale (POS) Claims Processing Solution that will be utilized for the Pharmacy Benefit Administrator Program (PBAP). Your response should include, but is not limited to, the following: a. Current Claims processing capacity and future scalability (including timeframes that may be required to achieve scalability needs) b. The length of time the current POS Solution has been used and any known major upgrades for the system and the timing of those upgrades. c. POS adjudication capability, ease of configuration, and any limitations. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing.

Supplier Response

MedImpact has reviewed and understands the requirements provided in this requirement and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing*. Our claims processing solution offers DCH the capacity to manage large claims volumes, a proven highly effective and efficient system that has managed customer claims for over 30 years, and flexible in applying edits to meet the needs of DCH.

MedImpact operates in full compliance of all federal laws and mandates and complies with required HIPAA-named transactions and code sets standards for claim processing and electronic data exchange. Additionally, we constantly monitor the development of future versions. In support of this effort, MedImpact's claims engine captures information on how claims adjudicate, including benefit plan details, the edits applied, distinct claim-level adjudication codes, and/or claim attributes. All configured edits are recorded with start and end dates, added and updated user IDs, and time-stamped to assure a complete audit trail. This information is available for reporting purposes and through our MedAccess tool, enabling DCH and MedImpact to monitor and validate claims are adjudicating as expected. For claims that deny, MedImpact also returns and stores the appropriate NCPDP reject code.

MedImpact’s claims adjudication platform can establish adjudication rules customized for each DCH program by category codes, eligibility status, member attributes (e.g., age, medical condition), drug or drug class (e.g., brand / generic status, drug coverage status, PDL status), Medicare/Medicaid dual eligible status, and other criteria specified by DCH.

MedImpact maintains complete documentation of the edits and configuration parameters, including which edits can be overridden by PAs, member attributes, and pharmacy submitted overrides. This listing is maintained on an ongoing basis, in a consumable format, and made available to DCH and others upon DCH request.

Current Claims Processing Capacity and Future Scalability

MedImpact's adjudication architecture has an unlimited overall capacity, subject to scalability enhancements. Our system operates at 50% capacity to allow for new and expanded business. Quarterly, we review system capacity and performance via our performance monitoring tools to ensure we are ready to meet future customer requirements. We can expand our processing and storage capabilities to satisfy any performance requirements. MedImpact's adjudication architecture is modular, meaning MedImpact IT (information technology) personnel can add additional memory, processing power, or disk space to increase performance as needed to support increased membership or reduce claims processing times to support DCH's SLAs (service level agreements). MedImpact's redundant, always on data centers allow for system resource changes without impacting DCH's services.

System architects meet quarterly with executive leadership to demonstrate current system capacity and performance, peak levels of processing during the reporting period, and ways in which system space or processing capabilities are increased to assure future readiness for user requirements.

Length of POS Solution and Major Upgrades

Our claims adjudication system has been in place since 1989. Historically, the system has had monthly scheduled releases with a 90-day development/testing lifecycle. We currently release new enhancements every 3 weeks. This allows us to release new functionality to the market quickly. These releases include enhancements to existing logic and the introduction of new capabilities such as utilization management logic, safety edits, or government requirements. In addition to functional changes, these releases also incorporate infrastructure maintenance efforts to ensure that the claims adjudication system aligns with the current technical and business needs.

In 2020, we updated the claims processing system and all supporting applications to support the Medi-Span drug language in addition to First Databank.

MedImpact anticipates the Department of Health and Human Services (HHS) will adopt the NCPDP Telecommunication Standard Implementation Guide, Version F6 (Version F6) and equivalent NCPDP Batch Standard Implementation Guide, Version 15 (Version 15); and NCPDP Batch Standard Pharmacy Subrogation Implementation Guide, Version 10, for non-Medicaid health plans and expects that the compliance deadline to fully implement the new standard will be no sooner than January 2026.

MedImpact is currently working on gathering requirements, project and budget planning and will continue to be engaged in regulatory and industry activities. The most significant impacts are expected for BIN to IIN transition, Coordination of Benefits, DUR, Compounds, and the dollar value field expansions.

Our single, proprietary claims adjudication platform has evolved over the years to become a highly flexible, customizable, and configurable system supporting a wide variety of benefit designs and programs. It is fully integrated with our other applications, such as our Consumer Portal, MedAccess claims administration interface, and MedResponse PA (Prior Authorization) application. Having a proprietary, fully integrated system allows MedImpact to readily respond to

industry changes without the additional time required to integrate disparate systems. Additionally, MedImpact continually reviews and enhances the capabilities, capacity, and performance of these systems to ensure they are meeting or exceeding industry standards and expectations. However, if MedImpact moves to a new platform, we would perform extensive end-to-end testing for any customers undergoing that change including comparing the results of testing against both the current and new platform to identify potential discrepancies.

POS Adjudication Capability, Ease of Configuration, and any Limitations

MedImpact delivers a claims processing solution in a single, integrated platform. Our single, proprietary claims adjudication platform delivers a high degree of claims processing accuracy and efficiency, and it continues to evolve over the years to become a highly flexible, customizable, and configurable system supporting a wide variety of benefit designs and programs. It is fully integrated with our other applications, such as our Consumer Portal, MedAccess claims administration interface, and MedResponse PA (Prior Authorization) application. Having a proprietary, fully integrated system allows MedImpact to readily respond to industry changes without the additional time required to integrate disparate systems. Additionally, MedImpact continually reviews and enhances the capabilities, capacity, and performance of these systems to ensure they are meeting or exceeding industry standards and expectations. However, if MedImpact moves to a new platform, we would perform extensive end-to-end testing for any customers undergoing that change including comparing the results of testing against both the current and new platform to identify potential discrepancies.

MedImpact's claims processing system provides flexible benefit designs through the deployment of a data-driven, parameter-based infrastructure. This structure allows us to implement a benefit without the need for software customization. Because our system is highly flexible, it facilitates unlimited benefit design capabilities. MedImpact has thousands of benefit edits in place that DCH can use. We can typically implement existing edits in just a few working days. We can also create new benefit edits based on DCH’s specific needs. We can design new benefit edits at various levels including account, group, member, medical group, and prescriber.

5.	**Bookmark Title: MSQ5 – ProDUR Editing** Narrative description is limited to five (5) pages, including any images or diagrams. Describe, in detail, the systems you utilize for Prospective Drug Utilization Review (ProDUR) editing including the edits available and any customization options, as stated in the requirements. Your response should include, but is not limited to, the following: a. Description of the system(s) utilized for ProDUR editing. If purchased from a third party, include the name of the external data source. If self-developed, describe the similarities to available Products such as First DataBank, Medi-Span, or other similar sources. b. The various payment disposition options that can be applied to each of the clinical edits. c. Description of the ProDUR edits that can be suppressed at the State's request, including any limitations. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing*. Our claims processing system is coded with ProDUR editing to proactively assess the claim at the point of adjudication.

We offer a comprehensive DUR (drug utilization review) program that leverages technology to identify and manage drug problems through prospective DUR and concurrent DUR edits. Both types of edits identify potential problems at POS (point of sale) and enable the pharmacist to resolve issues before the member receives the medication. Our business processes apply prospective DUR drug reviews to all claims based on predetermined criteria from industry standard drug information databases that trigger prospective DUR. Customers can select the First Databank or Medi-Span drug information database. Prospective DUR edits have various customizable parameters including severity levels and clinical significance for each drug language. MedImpact's prospective DUR edits meet CMS requirements for regulated markets.

ProDUR System

MedImpact's comprehensive ProDUR (drug utilization review) solution leverages technology to identify and manage drug issues and deliver measurable improvements. Our business processes apply POS (point of sale) prospective DUR reviews that are NCPDP (National Council for Prescription Drug Programs) and HIPAA (Health Insurance Portability and Accountability Act) compliant and meet Medicaid federal requirements (42 CFR 456, subpart K).

Our ProDUR program meets CMS and DCH's requirements. The ProDUR system is fully automated, broadly customizable, and configurable to support Georgia's Medicaid policies, procedures, and benefit designs through a data-driven, parameter-based infrastructure.

MedImpact's compliance department initiates the ProDUR process by completing a formal review of the regulatory guidance with all impacted functional areas. In these reviews our teams discuss:

- Assessments of existing capabilities
- Changes that will be needed
- Actions and schedules required to meet the regulatory effective dates

Our ProDUR edits are modular which provide flexibility which makes it easy for us to make changes to edits efficiently at no additional cost to DCH. Our modular structure supports fast-cycle customization to meet quick deadlines and maintain quality through rigorous end-to-end testing in a production environment. We build all edits with adjudication codes or unique identifiers to enable reporting on concurrent edits. MedImpact's ProDUR process enables DCH to monitor prescription drug utilization for members including:

- Possible adverse effects
- Therapeutic duplication
- Ingredient duplication
- Drug-disease interactions and contraindications
- Incorrect dosage, frequency, or duration of treatment
- Drug allergy
- Early refill
- Clinical misuse or abuse
- Drug-to-drug interactions
- Medication appropriateness including age and presumed or actual diagnosis
- Incorrect drug dosage or duration
- Overutilization and underutilization of drug treatment

Our solution provides ProDUR services that apply only approved edits to claims including identified ProDUR alerts between single line-item pharmacy claims and multi-ingredient compounds. These ProDUR edits help identify potential problems with prescriptions and validate the appropriateness of the prescribed drug against established clinical criteria.

We capture and store all NCPDP-standard conflict, intervention, and outcome messages for reporting to DCH. MedImpact's ProDUR is coupled with concurrent DUR logic to produce automated ProDUR edits to identify and rectify potential safety issues during the dispensing process. Our alerts are based on algorithms obtained from First Databank, which our system administers as DUR edits.

Payment Disposition Options

For edits with denial functionality, such as refill too soon, quantity limits, day supply, or others, DCH can customize denial intervention outcomes using:

- Overrides by DCH-defined pharmacy provider service codes and submission clarification codes
- Operational PAs (prior authorizations) requiring a pharmacist to contact our call center

- Prescriber-required PAs
- MMCE (Medicaid Managed Care Entity)-approved step therapy

MedImpact's vast library of prospective DUR edits provide results from systematic drug reviews covering safety, appropriate therapeutic treatment, utilization management, preservation of financial resources and prevention of FWA (fraud, waste, and abuse).

We can configure prospective DUR edits for the following outcomes:

- **Informational alert**: The pharmacist receives a DUR NCPDP conflict code that identifies the reason or type of drug conflict such as drug-drug interaction along with necessary information for a pharmacist evaluation.
- **Soft reject**: The pharmacist receives DUR NCPDP conflict code along with necessary information for a pharmacist evaluation. After the evaluation, the pharmacist must respond with acceptable DUR or PPS codes for the claim to approve.
- **Hard denial**: The claim rejects and requires a PA or plan approved override. The pharmacist cannot override a hard denial using standard DUR or PPS codes.

DCH can further customize intervention outcomes for soft rejects and hard denials including overrides by DCH-defined pharmacy provider service codes, MedImpact customer service reviews approvals such as operational PA based on DCH-defined customer service notes, prescriber requested PAs, or DCH-approved step therapy. The assigned CPM (clinical program manager) will review options and assist with DCH's selections based upon best practice reviews and DCH's clinical program goals. DCH can use the standard pharmacist messaging or custom text messaging. **Table 2** shows common prospective and concurrent DUR edits performed at POS.

Edit	Description
Drug-Drug Interaction	
Drug-to-Drug Interaction	Returns DUR information to the pharmacy if the system determines the requested drug to have a drug-drug interaction with any qualified drugs in the member's prescription history. We can configure the edit for multiple outcomes based on severity level. For example, a customer can choose a different outcome for level 1 versus level 2 or 3. Additionally, we can turn off the lower severity levels if the DCH worries about alert fatigue.
Drug-Dosing	
High and Low Dosing Limits by member Age	Returns DUR information to the pharmacy if the quantity of the requested drug falls outside (higher or lower) of a safe dosing range. The drug information Modules define recommended quantities and not-to-exceed values specified for pediatric, adult, or geriatric age ranges. We will base the edit outcome on DCH-specified high or low daily dose and maximum daily claim dollar amount.
Precautions and Medical Conditions	
Drug-Disease Conflict	Returns DUR information to the pharmacy if the system determines the requested drug to have a drug-disease contraindication.
Drug-member Age	Returns DUR information to the pharmacy if the system determines the requested drug to have a precaution based on the member's age.

Drug-Pregnancy Precautions	Returns DUR information to the pharmacy if the system determines the requested drug to have a pregnancy precaution and the member is female between the age range coded within the edit.
Drug-Gender	Returns DUR information to the pharmacy if the system determines the requested drug to have a gender precaution with the member's gender.
Duplicate Ingredient/Therapy	
Ingredient Duplication	Returns DUR information to the pharmacy if the system determines the requested drug to have an ingredient duplication with any qualifying drug in the member's MedImpact prescription history.
Therapeutic Duplication	Returns DUR information to the pharmacy if the system determines requested drug to have therapeutic duplication with any qualifying drug in the member's MedImpact prescription history.
Underutilization	
Late Refill/Under use	Returns DUR information to the pharmacy if the requested drug is a maintenance drug and the number of days since the last fill exceeds the days' supply by a configured percentage.
Early Refill	
Refill Too Soon	Hard denial that will require authorization based on DCH-defined limits with the ability to use multiple limits for different therapeutic categories such as opioids.
Overutilization and Safety	
Concurrent Use	This stops the claim if the system determines the requested drug to have a drug-drug contraindication with any qualifying drug in the member's MedImpact prescription history using defined lists of drugs.
Cumulative Dosing	This stops the claim if the requested drug's dosage of a specified ingredient, combined with overlapping history claims, exceeds the maximum allowable daily dosage.
Opioid Cumulative Dosing	This is for use with opioid products only. Stops a claim if the requested drug will put a member's cumulative morphine milligram equivalent dose per day (across single or multiple opioid-containing claims) equal to or exceeding a defined daily threshold with multiple configuration options to override denied claims including qualifying history drugs, DUR or PPS codes, member attributes, etc.
Days' Supply Limitation for Drug Naïve Member	This stops a claim if the member is naïve to therapy (such as opioids) and does not have sufficient history of use of the product within a specified timeframe, and the requested drug exceeds the configured maximum days' supply.
Opioid Therapeutic Duplication Limits	Stops the claim if the member has an active days' supply of 1 of the drugs in history that overlaps with the requested drug's fill date of an opioid by a different prescriber with multiple configuration options to override denied claims including qualifying history drugs; DUR or PPS codes; member attributes; etc.
Fill Limits	This stops a claim if the requested drug exceeds the cumulative limit of prescriptions in the member's history file. Multiple configuration options to override denied claims including qualifying history drugs, DUR or PPS codes, member attributes, etc.
Duplicate Prescription	If a member fills a claim with the same member information on the same day with the same genetic code number, the system denies the claim.

Table 2: Common Prospective and Concurrent DUR Edits

MedImpact's dedicated account manager can review options and assist with DCH's selections based upon best practices and program goals.

ProDUR Edits Suppressed by DCH

MedImpact will work with DCH to discuss the ProDUR edits to be configured in the system. If DCH determines there are edits to suppress, MedImpact will suppress edits per DCH's request.

ProDUR Processing and Messaging

MedImpact's claims processing system applies ProDUR edits at adjudication. MedImpact's ProDUR edits allow screening for drug therapy concerns by high-risk diseases. For example, the ProDUR drug-disease contraindication edit uses ICD-10 codes submitted on the prescription claim or retrieved from stored member history that we can apply restriction tables (drug lists) target screening for high-risk diseases by using drug information vendor criteria to match drug-disease conflicts by severity the drug-disease contraindication edit offers configuration options for various dispositions. Possible outcomes include:

- Informational alert: Message only to pharmacy, does not stop claim
- Soft reject: Denied claim, which PPS codes can override
- Hard reject: Denied claim, which a prior authorization can override

Flexibility in Maximum Dollar Threshold for Single Drug Claims and Claims for Multi-ingredient Compounds

MedImpact's adjudication system supports defining, configuring, and use of effective date using the NCPDP standard for multi-ingredient compound claims and encounters. The proposed system automatically selects and applies pricing rules for each compound ingredient to determine pricing and coverage. We provide a variety of options for compound processing, including:

- PAs
- Labeler validation
- Maximum dollar thresholds
- Pricing determinations

Intervention Process

Prospective POS edits utilize predetermined criteria from drug information vendor FDB (First Databank). We preset standard ProDUR safety edit parameters. Some ProDUR edits offer customizable parameters that may include severity levels and clinical significance.

Pharmacy Alerts

Our claims adjudication system returns ProDUR alerts to the pharmacy in the claim response DUR Reason for Service field (field 439-E4) along with additional key information such as the previous date of service, quantity, etc.

Methods

Prospective edits can be informational messages, soft denials that a pharmacist can address, hard denials that require prescriber intervention, or a mixture of all 3 as DCH specifies. Standard DUR safety edits send informational messages and do not require pharmacist response with the exception of refill-too-soon.

6.	**Bookmark Title: MSQ6 – NCPDP Formatting** Narrative description is limited to five (5) pages. Describe, in detail, your capability to promptly upgrade your Solution to new National Council for Prescription Drug Program (NCPDP) formats, as required in Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing. Your response should include, but is not limited to, the following: a. Detailed internal, and any external, upgrade procedures required to accommodate the new NCPDP formats. b. The current format utilized for POS processing. c. Your participation in NCPDP committees.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing*. To provide a seamless claims adjudication process, MedImpact ensures the most current NCPDP (National Council for Prescription Drug Program) formats are utilized in our system.

Current NCPDP Format

Our claims adjudication system is fully compliant with the NCPDP Telecommunication Version D.Ø claims processing standard for B1, B2, B3, and E1 claims billing, reversal, and informational inquiries, as well as the NCPDP 1.2 Batch Standard. We support connectivity with each of the major switches, including RelayHealth and QS1.

MedImpact is compliant with required HIPAA-named transactions and code sets standards for claim and eligibility processing services, which include the NCPDP formats and standards, and we continuously monitor the development of future versions. Our systems currently support the following NCPDP standards:

- NCPDP Telecommunication Standard Version D.Ø (B1/B2)
- ASC X12N 834 Batch Enrollment Standard V5010
- ASC X12N 835 Claim Remittance Standard V5010
- NCPDP 1.2 Batch Standard
- NCPDP 2.2 Post-Adjudication Standard
- NCPDP 4.2 Post-Adjudication Standard
- NCPDP Benefit Integration Standard
- NCPDP 3.0 Subrogation Standard
- NCPDP PA Standard
- NCPDP SCRIPT Standard 2013101 (ePA)
- NCPDP SCRIPT Standard 2017071 (ePA and eAppeals)

- NCPDP Real-Time Prescription Benefit Standard (ePrescribing)
- NCPDP Formulary and Benefit Standard v1.3 (ePrescribing)
- ASC X112N 270/271 Eligibility Verification Standard V5010
- ASC X12N 837 (P) Claim Billing Standard V5010

MedImpact will comply with any future-named standards as remaining abreast of PBM standards, best practices, and technology is a corporate requirement. Our staff, active NCPDP members, who review changes to the standards and update our applications, when appropriate.

Upgrading NCPDP Formats

MedImpact anticipates the DHHS (Department of Health and Human Services) will adopt the:

- NCPDP Telecommunication Standard Implementation Guide, Version F6 and equivalent NCPDP Batch Standard Implementation Guide, Version 15; and
- NCPDP Batch Standard Pharmacy Subrogation Implementation Guide, Version 10, for non-Medicaid health plans.

We anticipate the compliance deadline to fully implement the new standard will be no sooner than January 2026.

MedImpact is currently working on gathering requirements, project development, and budget planning to be ready for the update. We will continue to be engaged in regulatory and industry activities. The most significant impacts we expect with the new update include:

- BIN to IIN transition
- COB (coordination of benefits)
- DUR (drug utilization review)
- Compounds
- Dollar value field expansions

Validating NDC Code is a Covered Drug

Our claims adjudication system validates the submitted NDC against the applicable drug compendia and will return a ‘M/I NDC Number’ reject if not found.

NCPDP Committees

MedImpact has staff who are active NCPDP members representing different functional areas. This membership allows for participation in task groups, voting during the work groups, and access to NCPDP standards and any educational materials. MedImpact reviews changes to the standards and updates our applications when appropriate. We test these modifications vigorously prior to moving them to the production environment.

7.	**Bookmark Title: MSQ7 – State MAC List** Narrative description is limited to eight (8) pages. Describe, in detail, your methodology for partnering with the State to customize the State's Maximum Allowable Cost (MAC) list. Your response should include, but is not limited to, the following: a. Qualifiers for MAC consideration. b. Frequency of updates. c. Verification methodology for MAC recommendation made to customers. d. Ongoing monitoring efforts for MACs already established and processed for recommended adjustments. e. The ability to customize your existing MAC list(s), as directed by the State, and any restrictions associated with the customization. f. The ability to establish a MAC price on Products not traditionally included in a MAC program, such as medical devices (i.e., spacers). g. Proposal to assist the State in establishing a MAC process for new generics and over-the-counter (OTC) medications as they become available. h. The ability to apply all MAC rates across a therapeutic class. i. Your experience managing state Medicaid MAC lists, including identifying if the list was developed by the State or your company. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing*. We have successfully created state-specific MAC (maximum allowable cost) list for our customers and we look forward to customizing a DCH-specific MAC list.

MedImpact creates MAC drug lists to offer customers an alternative to AWP (average wholesale price) generic discount pricing. The state-specific MAC list contains more than 2,000 price points for prescribed drugs and is not limited to prescription drugs dispensed in retail community settings. We save our customers money on generic drugs by limiting the reimbursement rate on individual products to the participating pharmacy. This strategy also encourages generic utilization which is beneficial to both customers and members. MedImpact can establish the MAC list for OTC (over the counter) medications, prenatal vitamins, specialty medications, and hemophilia products.

Qualifiers for MAC List

The individual pricing needs of our customers, a growing generic industry, rapid approval of more generic entities, and increased generic utilization have necessitated an expansion and development of a more diversified approach to pricing alternatives and cost saving strategies. MedImpact supports numerous MAC programs, including customer-specific and custom MAC programs. These MAC programs include federal legend, multisource brand, and over the counter products.

Drugs must meet strict criteria prior to MedImpact considering them for the MAC list. The protocols reviewed for each drug are as follows:

- Drug must be rebateable per CMS guidelines
- Drug must be a multisource product with generics available.
- A nationally marketed generic company (such as Mylan, Teva, Barr) must manufacture the drug; of the generic manufacturers, at least 1 must have an “A” Orange Book rating.
- Significant price spread must exist between the brand and the generic product.
- MedImpact pharmacy and therapeutics committee must approve a product for generic substitution.
- All drugs must be available; no drug shortages

Customers implementing their own custom MAC drug list may determine their own MAC criteria and algorithm. MedImpact or DCH can create and maintain custom MAC programs.

Frequency of Updates

MedImpact maintains our proprietary MAC lists internally and recalculates them at least monthly; we frequently update them daily. However, we can update the MAC list at a frequency determined by DCH. In addition to the scheduled maintenance, daily adjustments of prices often become necessary depending on market conditions and product availability.

Verification Methodology for MAC Recommendation

As part of our verification process, MedImpact obtains the proprietary, acquisition pricing information and verifies if a drug is eligible for MAC pricing. Once confirmed, the drug list is then customized by comparing the acquisition pricing to commonly published price points (such as NADAC, WAC, ACA FUL) to ensure drugs are reasonable and justifiable. We review and update this drug list to ensure at least 2 A-rated generic products and no drug shortages or access issues to drugs.

Monitoring Efforts for MACs Recommended for Adjustments

MedImpact considers the maintenance and pricing of MAC products a priority and dedicates personnel to handling all tasks involved in the MAC process and addressing any pharmacy issues. The MAC department constantly monitors for drug shortages and new product launches, drawing from publicly and privately available data from wholesalers, CMS (Centers for Medicare and Medicaid Services), PAC (predictive acquisition cost), and other data aggregators to update our

lists. In addition, we intake price inquiries from pharmacies daily. This process may also trigger an increase in MAC price in accordance with state MAC laws.

Customizing MAC List as Directed by DCH

MedImpact will customize this Medicaid MAC list into a DCH-specific MAC list by evaluating the local market conditions of Georgia and applying DCH-specific criteria to the Medicaid MAC list. This will result in new, suspended, and updated MAC rates to deliver a DCH-specific MAC program designed to reflect market availability and access specific to Georgia and the pharmacy providers who serve your program.

MAC Pricing of Untraditional MAC Drugs

MedImpact is able to include non-traditional drugs on the MAC list based on usage as opposed to the exact GCN and A/B rated generics. For example, MedImpact may include OTC (over-the-counter) drugs on the MAC list. In this instance, we may compare ingredients on the market as opposed to the exact GCN and A/B rated generics. Diabetic supplies are another non-traditional MAC product item. We may place drugs on the MAC list based on its use (e.g., diabetic syringes) and apply a set rate as opposed to GCM and A/B rated generics like we would for prescription drugs.

Assistance in Establishing a MAC Process for Generics and OTC Medications

MedImpact can establish the MAC list for OTC medications. The MAC list reflects the uniqueness of Medicaid programs and all aspects of product purchasing and reimbursement including issues related to wholesaler distribution, rural pharmacy product acquisition costs, product margin, PDL, and rebate status considerations. The state MAC list price will only include established drugs where there are 2 or more A-rated therapeutically equivalent, multisource, non-innovator products.

We will work with DCH to understand what products DCH is interested in adding to the MAC list and make recommends on specific OTC products for DCH's consideration. We will get DCH's approval before adding any items to the MAC list. The process used to add these drugs to DCH's MAC list is the same process we use for non-traditional MAC drugs (detailed above).

Applying MAC Rates Across a Therapeutic Class

Therapeutic classes of drugs typically fall under the specialty drug category. A specialty MAC option is available to DCH. We would like to better understand this requirement so that we can tailor the specialty MAC list to DCH's needs.

Experience Managing State Medicaid MAC Lists

MedImpact proposes to use our Medicaid MAC list as the foundation for the Georgia-specific MAC program. Utilized in 5 Medicaid programs, the Medicaid MAC is an acquisition-based cost model built upon sound, criteria-based pricing logic staffed by highly qualified professionals with extensive experience in MAC program implementation and maintenance. We will work with DCH to customize this Medicaid MAC list into a DCH-specific MAC list based on the needs of DCH and its members.

8.	**Bookmark Title: MSQ8 – Pricing Appeals** Bookmark Title for Supporting Material: MSQ8.1 – Sample Provider Communication Plan Narrative description is limited to two (2) pages, not including required supporting material. Describe, in detail, your pricing Appeals process regarding, but not limited to, Maximum Allowable Cost (MAC), National Average Drug Acquisition Cost (NADAC), Federal Upper Limits (FUL), Wholesale Acquisition Cost (WAC), 340B, and Actual Acquisition Cost (AAC), for Provider inquiries. Your response should include, but is not limited to, the following: a. Provider communication plan(s) (i.e., proposed receipt of and response to Provider inquiries). b. Turnaround time and routine communication of Provider inquiries and their resolutions. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3.1 Contractor Responsibilities (of Section 3 Point-of-Sale (POS) Claims Processing).

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3.1 Contractor Responsibilities of Section 3 Point-of-Sale (POS) Claims Processing*. Pharmacy providers can make inquiries to MedImpact if they believe that a claim was processed using an incorrect reimbursement calculation. The specific process depends on the reimbursement method used for the claim being reviewed. MedImpact sends notices to pharmacy providers twice yearly to provide details of the review or appeals processes available to them. We are an experienced appeals partner and can support DCH's MAC, NADAC, FUL, WAC, 340B, and AAC appeals processes including provider communications.

MAC Appeal Process

Participating Medicaid pharmacy providers may appeal the MAC for a drug when the reimbursement is below the pharmacy's purchase price of the drug or the pharmacy believes the drug has been placed in the MAC list in error. Pharmacy providers can submit an appeal and supporting documentation electronically through the provider portal or by paper mail. Appeals received by MedImpact will be investigated and a resolution will be sent in writing within 5 business days. The steps followed by the provider are as follows:

- MAC appeal submitted by a provider.
- MedImpact reviews submitted MAC appeal via proprietary algorithm for validation.
- If the appeals are approved, then the MAC rates are adjusted.
  - The provider is asked to reverse the original claim for resubmission, where the claim will be reprocessed the corrected MAC.
  - Adjusted MACs will be reported in the next weekly change file provided to DCH.
- Provider will receive a notification of final outcome of the MAC appeal.

Providers can access a MAC rate review form for completion and electronic submission. Confirmation of receipt of the submitted MAC rate review request will occur within a timeframe

agreed upon between MedImpact and DCH. A MAC issue review log of all MAC inquiries or appeals will be maintained and provided to DCH on an agreed-upon frequency.

NADAC Appeals Process

CMS has contracted with Myers & Stauffer, LC to survey providers to establish and publish NADAC pricing. For issues related to NADAC pricing, providers are referred to the NADAC Help Desk, which enables them to provide notification of recent drug price changes not already reflected in posted NADAC files.

Pharmacy providers should use the NADAC Help Desk Form to submit NADAC pricing inquiries. This form is available at https://www.medicaid.gov/medicaid/prescription-drugs/downloads/retail-price-survey/hdform.pdf. Providers must complete all fields for proper submission of this form and are instructed to not include any PHI (personal health information) with the submitted form or invoice.

If it is determined that the claim applied an incorrect NADAC price, providers would reach out to MedImpact for reconsideration.

WAC and FUL Appeals Process

Both WAC and FUL drug prices are established and published by external sources. For these reimbursement methodologies, MedImpact will validate the data to ensure our pricing is aligned with the published data for providers requesting reconsideration for claims using these pricing methods. If MedImpact confirms the data is correct, there are no further appeals available for either WAC of FUL pricing.

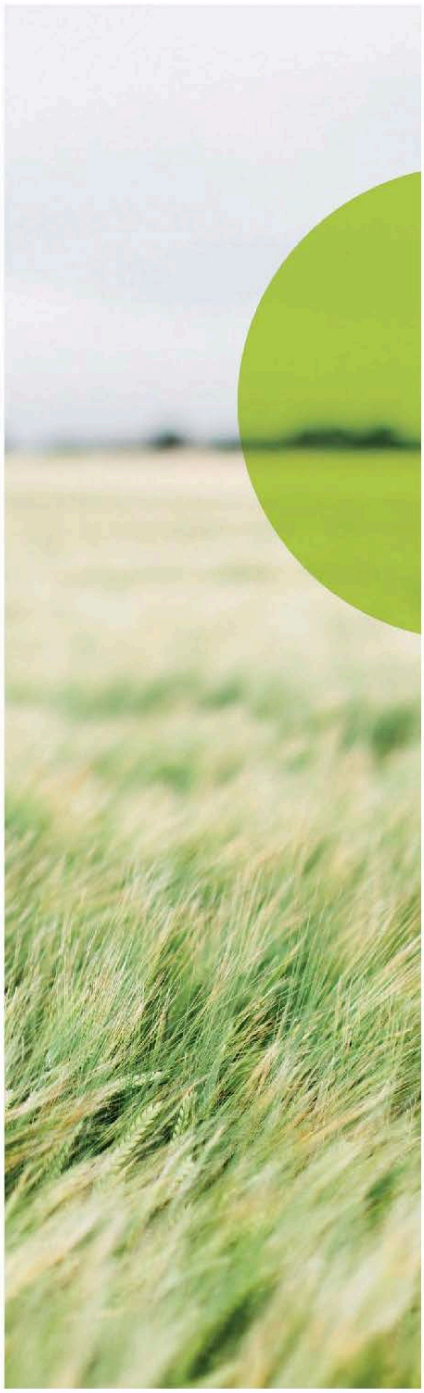
AAC Inquiry Process

If MedImpact receives an appeals inquiry related to 340B claims with the AAC data, we will review the claims processing algorithm to validate the claim was priced following the State of Georgia guidance for the processing of 340B claims. If the data is determined to be accurate, there are no further appeals available.

MSQ8.1 – Sample Provider Communication Plan

MedImpact

Provider Communication Plan – Pricing Appeals



State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-For- Service (FFS) Implementation

Version Ref 1.0

APRIL 4, 2024

MedImpact

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Deliverable Description

Objective

The objective of this document is to detail the strategy for communicating the appeals processes afforded to network providers for issues related to pharmacy claims pricing.

Purpose

The purpose of the Provider Communication Plan – Pricing Appeals is to delineate the process used to educate our provider community about the options available to request additional information about, or appeal, the pricing methodology of adjudicated pharmacy claims.

Overview

This plan is to provide the modes and schedule of delivery of the Pricing Appeals process document to the provider community supporting the Georgia FFS Medicaid FFS program.

This plan outlines the step-by-step approach to keeping providers informed:

Initial Notification: Upon enrollment in the MedImpact provider network serving Georgia FFS member, all providers are provided with the most recent process document that provides all steps necessary to make inquiries or appeals of pricing information.

Twice Yearly Notification: MedImpact provides these instructions via email 2 times yearly, once at the beginning of the second quarter and once at the beginning of the fourth quarter.

Update Notification: Should the process for inquiring about, or appealing any pricing methodology change, MedImpact will provide the updated document via email immediately. Notification of the update will also be placed on the Provider Portal for Georgia FFS Medicaid providers.

Provider Portal Access: All process documents, including the Pricing Appeals document, are available via download from the Georgia Medicaid FFS Provider Portal.

Copy of most recent communication document is attached below.

DATE: April 19, 2024

TO: Third Party/Pharmacy

FROM: Pharmacy Network Management
MedImpact Healthcare Systems

Subject: Pricing Appeals for Georgia Medicaid Program

BIN: 123456
PCN: GAPROD1
Group: GAF01

For Georgia Medicaid Program, MedImpact returns the Basis of Reimbursement Determination in NCPDP field 522-FM in your claim response. Should a pharmacy wish to appeal either the NADAC or MAC price point, please validate the reimbursement price point used on the claim and submit the appeal to the appropriate resource below:

NADAC Appeals:

Providers can contact the NADAC Help Desk to provide notification of recent drug price changes that are not reflected in posted NADAC files.

The NADAC Help Desk can be contacted through the following means.
Toll-free phone: (855) 457-5264
Electronic mail: info@mslcrps.com
Facsimile: (844) 860-0236

Pharmacy providers should use the NADAC Help Desk Form to submit NADAC pricing inquiries. This form is available at https://www.medicaid.gov/medicaid/prescription-drugs/downloads/retail-price-survey/hdform.pdf. All fields must be complete for proper submission of this form. Please do not include any personal health information (PHI) with submitted form or invoice.

Please note that the NADAC Help Desk will not address pharmacy inquiries into specific Georgia claim reimbursement related questions or concerns. Please contact MedImpact regarding specific claim reimbursement questions.

MAC Appeals:

A 10181 Scripps Gateway Ct, San Diego, CA 92131
P 800.210.7628

Pharmacies can initiate a MAC research request by completing the form located here: https://Sample_Rx_MAC_Price_Research_Request_Form-ABC123.pdf

Return the form with a copy of the invoice listing the current acquisition cost to MedImpact,
Attn: MAC Department
Fax: 888-555-1212 or
E-mail: StateMACProgram@medimpact.com

WAC/FUL Appeals:
Currently, there is no mechanism to appeal a WAC or FUL price point. If you would like to have MedImpact validate the data used in pricing, please submit a request, including all pertinent claim data to sample_email@medimpact.com

A 10181 Scripps Gateway Ct, San Diego, CA 92131
P 800.210.7628

9.	**Bookmark Title: MSQ9 – Drug Reimbursement Methodology Support** Narrative description is limited to four (4) pages. Describe, in detail, how your POS Claims Processing Solution fully supports the State's drug reimbursement methodology as it may be amended. Your response should include, but is not limited to, the Solution's ability to: a. Accommodate an Actual Acquisition Cost (AAC) methodology using National Average Drug Acquisition Cost (NADAC), the State's model, or other CMS-approved methodology. b. Receive and load at various frequency, up to real-time, the NADAC file and other data files as requested by the State to support the drug reimbursement methodology. c. Fully support the State's professional dispensing fee structure as it may be amended periodically. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3.2 POS Claims Processing Solution Requirements.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3.2 POS Claims Processing Solution Requirements*. MedImpact's pharmacy claim pricing capabilities support the complexities inherent in state Medicaid provider reimbursement methodologies including government pricing procurement. The following government-supplied price indices are loaded to our POS adjudication system:

- NADAC (National Average Drug Acquisition Cost)
- ACA FUL (Affordable Care Act Federal Upper Limit)
- ASP (Average Sales Price)
- State Supplied AAC

These price indices supplement our existing price types:

- AWP (Average Wholesale Price)
- WAC (Wholesale Acquisition Cost)
- Direct price
- MedImpact MAC (Maximum Allowable Cost)
- Any DCH custom MAC pricing (such as blood clotting)
- Other custom externally maintained pricing schedules
- GMAC (Georgia Maximum Allowable Cost)
- GEAC (Georgia Estimated Acquisition Cost)
- SSPR (Select Specialty Pharmacy Rate)

We can map and load an unlimited number of additional custom MAC lists and price indices through a proven process. This enables us to support states that wish to maintain a regional,

survey based AAC, state MAC-based reimbursement, or other reimbursement methodology. MedImpact will support DCH now and as its reimbursement strategies evolve.

MedImpact supports the configuration and processing of complex reimbursement methodologies, referred to as price strategies which allow for definition of:

- Pricing contexts that define the application of pricing rules based on claim, drug, and provider attributes.
- Multiple pricing sets to be interrogated during adjudication to arrive at a claim price.
  - Each set can include an unlimited combination of price indices.
  - Each price index can have a percentage markup/markdown applied.
  - Each set has a price selection method defined.
- Lowest of which compares all defined price indices to identify the lowest extended price.
- Lowest of, including U&C (usual and customary), which compares the defined price indices and the submitted U&C price.
- First found which calculates extended price for defined price indices in prioritized order, uses first found.
- Price as used when a single price index is applied.
- An unlimited number of sets can be chained together, if required
- Alternative set can be used when the prior set yields no price.
- Alternative set can be used when a required index is not available for a drug.
- Complementary structures to define dispense fees.

Our highly configurable adjudication system affords MedImpact the flexibility to configure complex dispense fee rules based upon program edits such as compounded drugs, specialty drugs, and additional criteria as directed by the State of Georgia DCH.

10.	**Bookmark Title: MSQ10 – Drug File Customization** Narrative description is limited to three (3) pages. Describe, in detail, your ability to support customization of the drug file. Include in your response, at a minimum, your ability to: a. Customize pricing, including items such as Manufacturer-reported pricing that differs or is missing from the Supplier's reference drug file Provider. b. Maintain customization as new drug pricing updates are received and uploaded into your system identifying if the process is automated or manual. c. Support the addition of new NDCs, or Universal Product Codes (UPCs) formatted as NDCs on the drug file for Products not listed on the Supplier's drug file. d. Process inactive, deleted, or reused NDCs including how inactive, deleted, and reused NDCs are stored and accessed for Claims billed retroactively by the Provider. e. Maintain preferred status for selected branded Products over their generic option. Indicate whether the system is automated to maintain branded Products over the generic preference or if the system requires manual updates with each drug file upload. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing*. Drug files and our ability to customize them are a vital component of our claims processing system.

Customized Pricing

MedImpact can support an unlimited number of price indexes/lists customized to Georgia-specific requirements that would not be overwritten by drug compendia updates.

Maintain Customization

DCH would maintain the custom price list that can be sent to MedImpact via an 879-price file and upload. We establish and maintain a DRF (drug reference file) which contains all critical data elements. DRF files are updated at least weekly to correct data and pricing errors to assure the information on the DRF is accurate and complete. MedImpact utilizes modules and clinical drug tables from First Databank and Medi-Span to regularly assess changes in state or federal regulations to modify claim processing edits at point-of-sale. We will partner with DCH to integrate non-drug pricing.

We update codified and descriptive data regularly including applicable source data for compendia, manufacturer contracts, CMS, and local data elements. We refer to local data elements for adjudication population because of rules-based processing. Historical integrity of DRFs, data element values, associations, and calculations for drug records is also completed.

Support the Addition of New Drugs Not Listed on Supplier Drug File

As new drugs enter the market, MedImpact codes formularies using First Databank or Medi-Span maintained drug classifications including GPI (generic product identifier), GCN (generic code number), and NDC (National Drug Code). We can support the addition of new NDCs, or UPCs (Universal Product Codes) formatted as NDCs on the drug file for Products not listed on the Supplier's drug file.

Process Inactive, Deleted, or Reused NDCs

Drugs that become inactive or deleted as well as reused NDCs are removed from the PDL. A claim will not be processed if the submitted NDC is inactive according to Medi-Span.

Maintain Preferred Status for Selected Branded Products Over Their Generic Option

MedImpact's EFS (Enterprise Formulary System) enables custom PDL configuration including managing Brand Preferred Over Generic products. EFS will be able to aggregate NDCs at a higher hierarchy (such as GCN (Generic Code Number) or GPI (Generic Product Identifier) with specific brand/generic status and apply PDL status assignments accordingly. For example, brand name Adderall XR is preferred over generic amphetamine-dextroamphetamine ER. MedImpact will be able to configure all brand name Adderall XR products as preferred at the GCN level and all generic amphetamine-dextroamphetamine ER as non-preferred and require a PA at the GCN level. All new NDCs released by manufacturers will automatically apply the PDL coding configured in EFS without manual intervention whenever new NDCs are released.

The PDL is a living and breathing list, and MedImpact works to ensure the information is current, competitive, and offers options of both preferred and generic drugs. MedImpact has several processes in place to manage and customize drug files. We will receive drug files from DCH and we constantly monitor the market for new drugs and codes formularies according to compendia.

11.	**Bookmark Title: MSQ11 – Authorized Solution User Access** Narrative description is limited to ten (10) pages, including screenshots. Describe, in detail, the capabilities and limitations with regards to the Authorized Solution Users' access to the POS Claims Processing Solution, including the web link. Include descriptions for the following in your response: a. The type of functionality the State will be able to access. b. The type of information the State will be able to access (i.e., Claim level status information, prior authorization information, plan performance information). c. The type of information the State's vendors will be able to access (i.e., Claim level status information, prior authorization information, plan performance information). d. Any limitations with accessing information, including the number of State users who can be given access to any of the Solution's platforms needed to meet the requirements identified in this eRFP. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing Solution.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing Solution*.

We understand the importance of customer access to claims information. MedAccess® is MedImpact's secure, real-time interactive web-based application which allows authorized users to immediately access and view pharmacy claims data and member information online. This easy-to-use tool empowers users to quickly access member information in a secure environment. Supporting MedAccess is MedResponse, MedImpact's PA electronic workflow management system. The data captured in these systems are available to our reporting tool, MedOptimize, that allows DCH to query these systems as you work to assess utilization and identify trends to name just a few of the many options and reporting queries afforded by MedOptimize.

DCH has access to the following MedImpact systems:

MedAccess

As part of the pharmacy benefit management industry, MedImpact manages sensitive member information and private customer data. Therefore, data security is essential.

MedAccess will provide DCH visibility into claim adjudication, including adjudicated benefit plan details, edits applied, and distinct claim-level adjudication codes and/or claim attributes available for a large set of edits.

MedAccess® will enable DCH's authorized users to:

- Add, update, or delete member eligibility
- Manage benefits management, prior authorization, claims and appeals, patient case management.
- Access drug data
- Access to Pharmacy Transaction
- View PA guidelines
- View detailed or summarized claims history
- Analyze a denied claim to determine denial criteria
- Analyze an approved claim to view calculation
- Create real-time PA approvals or view PA history
- Track adjudicated pharmacy claims
- Option to mask the Social Security Number, DOB field for restricted members, masks first and last names for restricted records
- Option to flag certain Group or members with the Notes Administration (exclusive to the customer only) which appear only once super-imposed on top of the member summary screen when the member record is first accessed
- Customer Call Log Functionality

MedAccess provides customers with easy access to timely, pertinent data empowering them to take charge of their prescription drug benefit and provide superior customer service to their members. **Figure 3** displays the MedAccess' home page where users can perform member and claim searches. From the member Services tab, users have options to access:

- Search by edits, group benefit, member collect, member history, and more.
- Tools for benefits highlights and pharmacy search.
- Advanced functions like add member, copy member, or create PA (if not using our MedResponse PA tool), and more.

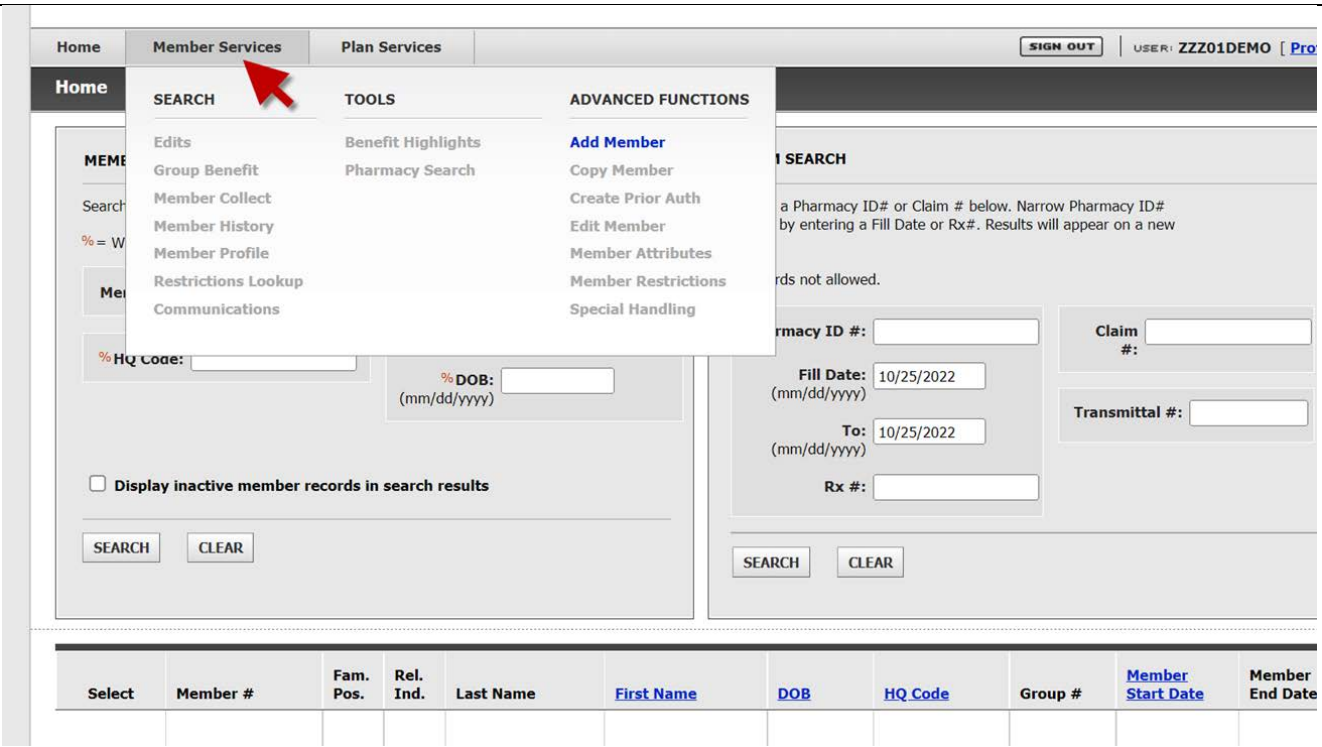


Figure 3: MedAccess Home Page and Member Services Tab

The MedAccess home page was designed as an easily accessible dashboard for the most commonly needed functionalities. Additional functionality can be found on the other tabs. For example, **Figure** 4 provides options under the Plan Services tab where users can access:

- The Search function by First Databank drug, physician, or PA.
- Pharmacy network inquiry tool.
- Advanced functions like plan support or printing ID cards.

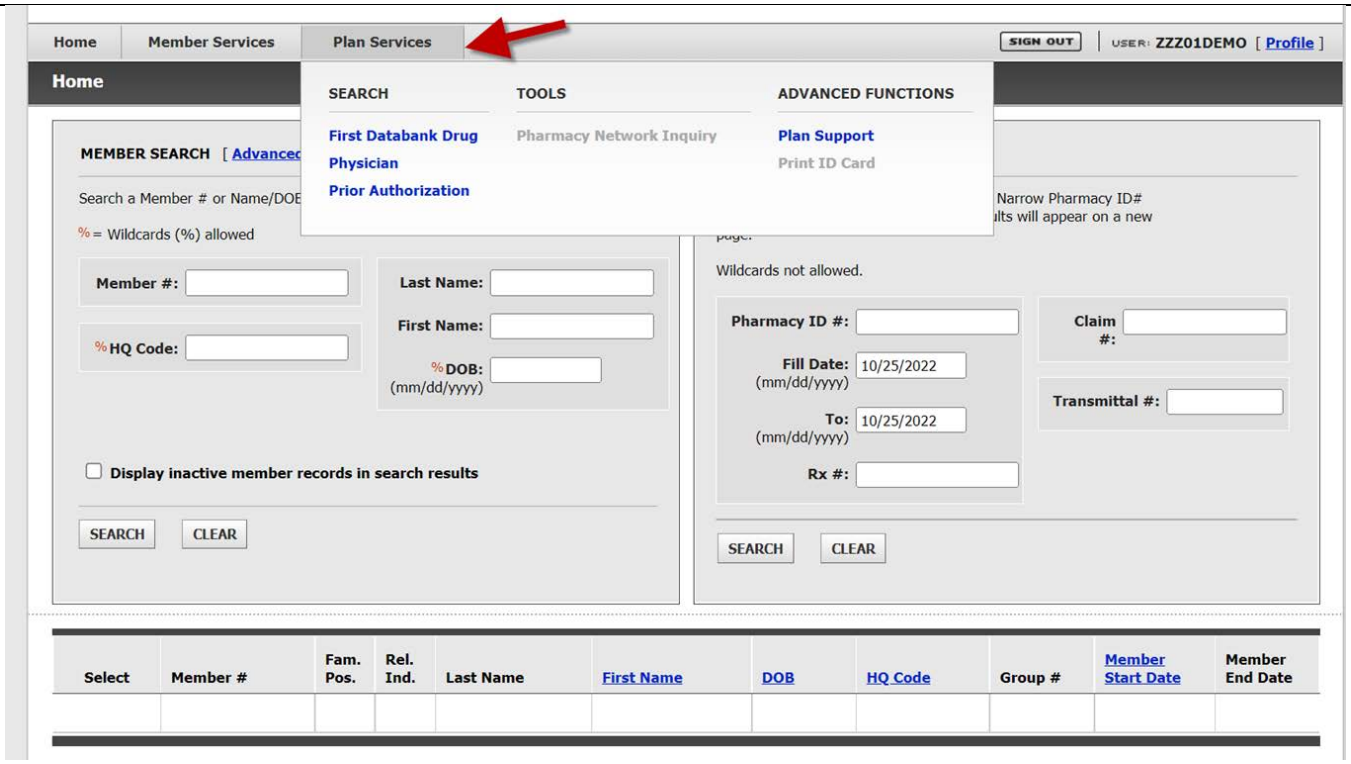


Figure 4: MedAccess Plan Services Tab

In addition to the Plan Services tab and the functionality it provides, MedAccess also enables DCH users to view claim processing details. **Figure 5** provides a screen shot of MedAccess's Claim History screen where a user can analyze claims.

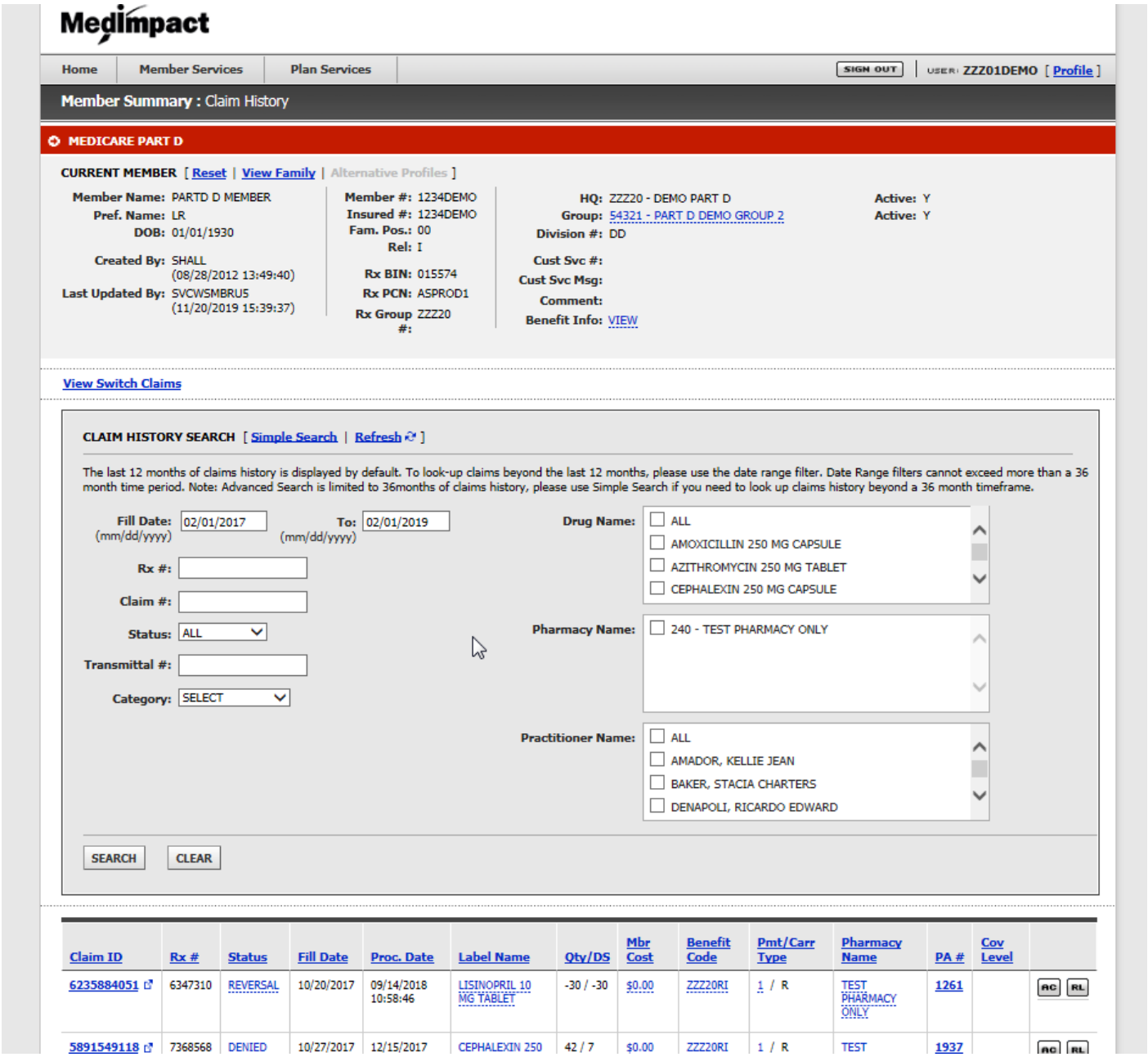


Figure 5: MedAccess's Claim History Screen

MedAccess offers a wealth of member data for DCH's users in an easy to use, secure format.

MedResponse

MedResponse® is MedImpact's PA electronic workflow management system which provides secure access to authorized users through a secure VPN .and streamlines the PA process for both MedImpact and DCH. In a shared delegation model, MedImpact shares the PA process with our customers through this tool. Both DCH and MedImpact Automated workflow management,

including a dashboard and prioritized review and outreach queues, allow for real-time tracking and monitoring of each PA. can use MedResponse where we create customer review queues for customer clinicians to access. All fax images, notes, and phone logs are available to customer reviewers and MedImpact users, so we share the same information seamlessly. Typically, in a shared delegation model, MedImpact defers PA cases that we cannot approve for a customer decision, and either the customer or MedImpact staff finalizes the decision.

Access to PA Processing Steps

MedResponse enables designated DCH staff and identified stakeholders view-only access to PA data. This provides DCH's authorized staff access to all PA workflow and decision processes. MedResponse integrates with MedImpact's MedAccess platform to provide users with 1 information source. Authorized users can view multiple instances of the same PA that are linked by the PA number through the member's profile.

The MedResponse platform may be accessed in view-only mode by designated DCH staff and is available in real-time, 24 hours per day, 7 days per week.

MedOptimize

MedImpact's reporting tool, MedOptimize, provides customers with flexible reporting, business intelligence, and decision-support options. MedOptimize empowers authorized users to look at virtually unlimited views of the data with user-defined filtering capabilities to intuitively drill down to detailed data required. With simple prompts, users can customize results for selected time periods and specific segments of book of business. The standard report suite comes with more than 100 reports and countless data views when applying the dynamic grouping, ranking, and filtering options available. There are also a variety of commonly used preformatted reports for plan analysis as well as ad hoc reporting capabilities.

DCH Vendors

DCH may have vendors that will need access to our claims processing systems as the program is administered. The type of information DCH's vendors can access is determined by DCH. The vendors can access the same type of information as DCH. However, if DCH requires us to restrict certain type of information from the vendor, it can be configured accordingly. As a roles-based system, access will be driven by user roles and the authorization granted to them.

The Account Manager will work with DCH during DDI to determine the level of access needed and appropriate security levels for each user. IT (Product Support) sets up the accounts based on user information provided by the Account Manager. The number of DCH users is decided by Account Manager in consultation with DCH and based on contract negotiations. Usually, the number of user accounts corresponds with the size of the customer.

Limitations to Accessing Information

Both MedImpact and DCH access to MedImpact systems are limited to assigned authorized user access, which also controls the types of information and systems that can be accessed.

DCH authorized users will have access to MedImpact's claims processing system (MedAccess), PA system (MedResponse), and online reporting tool (MedOptimize) to view member information and gain insight into the program and member utilization.

12.	**Bookmark Title: MSQ12 – ePrescribe** Narrative description is limited to five (5) pages. Describe, in detail, your ability to process electronic prescriptions with complete adjudication processing edits applied in real time (i.e., Quantity Limits and prior authorization required). Your response should include, but is not limited to, the following: a. Description of the ways those edits can be electronically supported (i.e., immediate submission and response capability for prior authorization processing). b. Your capability to be NCPDP-compliant and any limitations associated with your services. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Sections 3.2 POS Claims Processing Solution Requirements, 4.1 General Requirements (Prior Authorization (PA)), and 6.3 Web Portal.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3.2 Claims Processing Solution Requirements, 4.1 General Requirements (PA) and 6.3 Web Portal.* We understand the importance of a robust ePrescibing offering and the associated efficiencies for all stakeholders. We offer it as part of our MedPrescription Insight® suite.

MedImpact offers customers MedPrescription Insight, which is a comprehensive prescriber decision-support solution that combines ePrescribing, ePA (electronic prior authorization), and real-time benefit check functionality, providing member-specific prescription cost and coverage details, including lower cost therapeutic alternatives and preferred pharmacies at the prescriber point of care through their preferred electronic health record or electronic medical record technology.

Increased ePA Utilization

MedImpact identified top manual prescribing providers and partnered with CoverMyMeds to assist them with ePA set up, which resulted in a significant reduction in manual PAs over

Electronic Prescription Edit Processing

MedPrescription Insight includes real time benefit check functionality as well as e-Prescribing including real time eligibility check, real time medication history, and formulary and benefit data.

MedPrescription Insight Real Time Benefit Check shows prescribers:

- **Coverage information**: Before prescribing, prescribers know whether the member's plan covers the medication and other benefit information such as PA requirements, step therapy requirements, and any quantity limits.
- **ePA processing**: If the member's benefit plan requires a PA, the prescriber can process the PA within their current workflow before the member gets to the pharmacy.
- **Preferred Alternatives**: If available, we provide preferred alternatives including options that may not require authorization

Figure 6 shows the prescriber workflow in MedPrescription Insight to improve the member experience with prescriber and pharmacy.

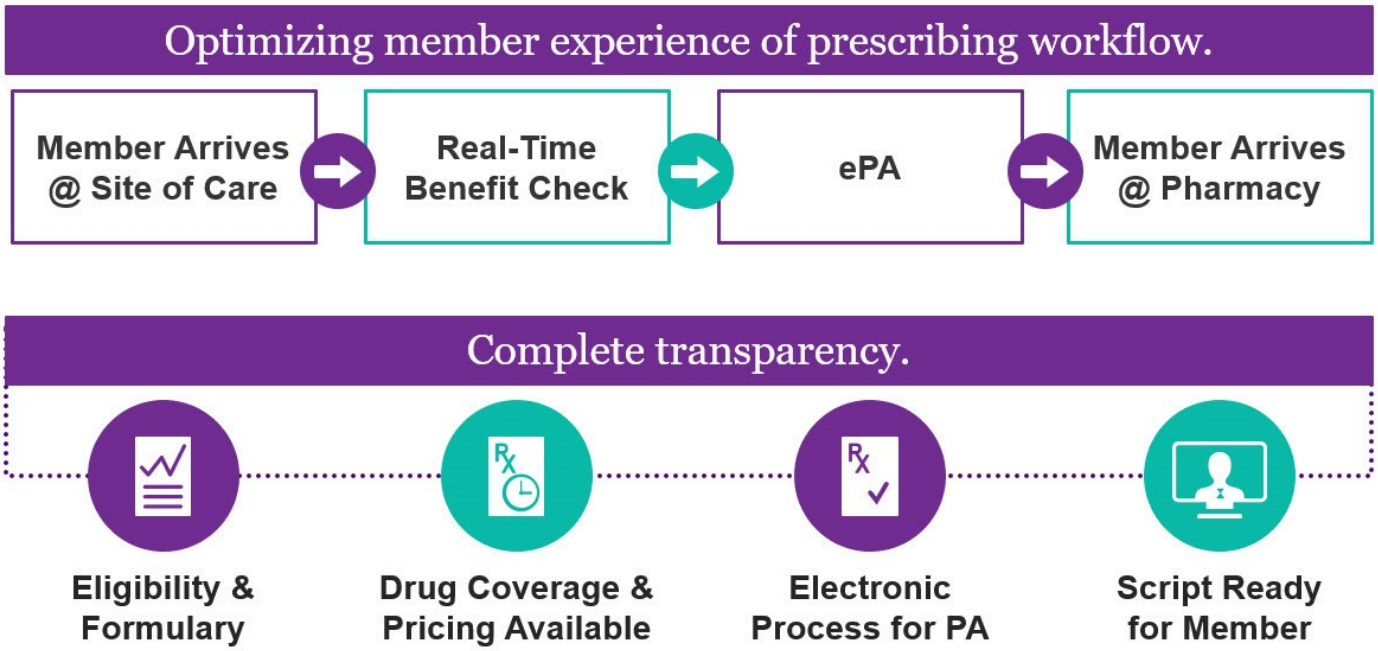


Figure 6: Optimizing Member Experience with MedPrescription Insight

This workflow helps to improve safety for members and efficiency for prescribers and pharmacies.

SureScripts Connection

MedImpact contracts directly with Surescripts, who provides connectivity with prescribers' EHR (electronic health record) or EMR (electronic medical record) systems. The MedPrescription Insight program supports the following transaction types with Surescripts:

- Real time benefit check: MedImpact initially connects with Surescripts using MedImpact's custom API, and once the NCPDP standard stabilizes, the connection will start using the NCPDP standard.
- ePrescribing: MedImpact connects with Surescripts for ePrescribing in the following ways:
  - For formulary and benefit, MedImpact sends information using NCPDP F&B 3.0 standard.
  - For the member directory, MedImpact sends the member demographic information to help route the transaction.
  - For eligibility, MedImpact connects following HL7 270/271 standard.
  - For medication history, MedImpact connects using NCPDP script standard 2017071 providing medication history to providers as needed.

MedImpact's partnership with SureScripts helps enable prescribers to connect to our tool within their EHP or EMR making it quick and easy to use.

E-Prescribing Capabilities

ePrescribing enables prescribers to submit and complete initial and refill prescriptions at the point of care. MedImpact's solution offers a full view into a member's benefits in order for both the prescriber and member to make the best decision for what drug will work for them and limits any surprise costs at the pharmacy. **Table 3** outlines MedImpact's current ePrescribing capabilities.

Provider Function	Current Capabilities (Yes/ No)	Comments
Allow provider to submit and complete prior authorization requests online	Yes	
Allow providers to submit initial prescription	Yes	
Allow providers to submit refill prescriptions	Yes	
Promote a formulary with preferred alternatives and expected copay to the provider's	Yes	
Promote both expected copay and total drug cost	Yes	
Promote lower cost alternatives	Yes	
Show lower cost generics for higher cost generics	Yes	
Show lower cost alternatives to members that may be available outside of the plan coverage.	Yes	With the understanding, this means we consider drugs outside the formulary for open formularies.
Allow providers to view quantity limit restrictions	Yes	

Table 3: MedImpact's ePrescribing Capabilities

MedPrescription Insight helps prescribers make educated therapy and prescription decisions by providing the following data displayed on their EHR technology:

- Eligibility information including retail and mail pharmacy coverage
- Formulary and benefit information
- Up to 2 years of medication history
- UM (utilization management) clinical rules

This tool supports the successful generation and transmission of information from the adjudication system to the EHR and allows generation of electronic prescriptions from the EHR to the pharmacy. **Figure 7** represents the 2023 ePrescribing statistics.

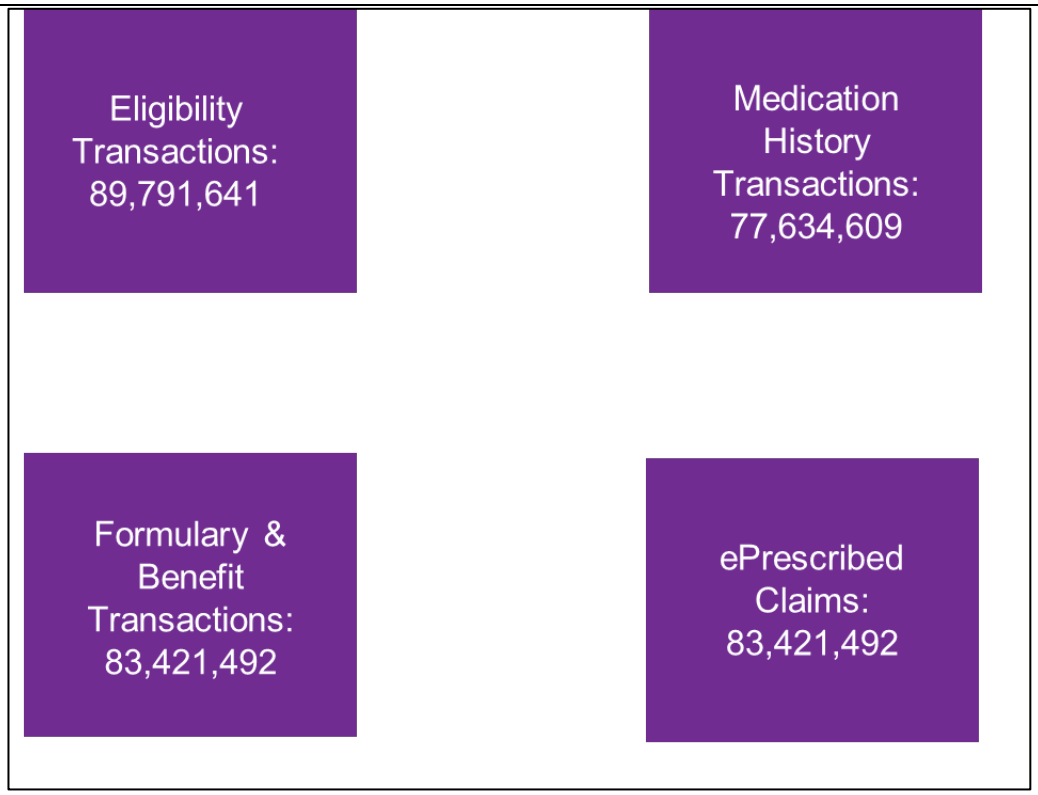


Figure 7: 2023 ePrescribing Transaction Requests

If DCH uses a different vendor than MedImpact currently uses, MedImpact will take the necessary steps to secure a contract with DCH's external vendor. MedImpact requires vendors to integrate with MedImpact using MedImpact's API for real time benefit check. Any additional cost apart from the program cost is the cost MedImpact incurs from the external vendor for integrating.

NCPDP Standards

MedImpact's custom API (application programming interface) supports all use cases outlined in the NCPDP v13 Real-Time Prescription Benefit Standard through integration with our RTBI (real-time benefit inquiry) vendors. MedImpact actively participates in the NCPDP task group and quarterly work group sessions through our NCPDP membership. This level of active participation enables us to be aware of upcoming standard changes and informs the development of our product roadmap. MedImpact follows CMS guidance and is prepared to support the yet to be named NCPDP Script standard and version for RTBI upon adoption which we anticipate will be in 2023 or 2024.

MedImpact maintains NCPDP-compliant connectivity with Surescripts and CenterX for eRx in the following ways:

- For formulary and benefit, MedImpact sends information using NCPDP Formulary and Benefit v1.3 standard.
- For the member directory, MedImpact sends member demographic information to help route the transaction.

- For eligibility, MedImpact connects following the HL7 270/271 standard.
- For medication history, MedImpact connects using NCPDP script standard 2017071 delivering medication history to prescribers as needed.

MedImpact updates the NCPDP standard versions for interface as needed and complies with all CMS version requirements.

MedPrescription Insight is HIPAA-compliant and securely transmits all member data. MedImpact protects all information entrusted to us in accordance with the HIPAA Privacy and Security Rule and as part of our role as a Business Associate as defined under HIPAA. MedImpact's privacy and security standards require comprehensive data protection to safeguard member information. MedImpact employs a layered approach to security protecting data at the operating system, application, database, and network levels. MedImpact requires annual training for all employees on ethics, privacy, and security.

13.	**Bookmark Title: MSQ13 – COB Activity** Narrative description is limited to five (5) pages. Describe, in detail, your ability to track and report all Coordination of Benefits (COB) activity including all deliverables. Your response should include, but is not limited to, the following: a. Payments made by Third Party Liability (TPL) carriers as reported by retail pharmacies. b. Your POS Claims Processing Solution's ability to provide the carrier ID, name, address, and phone number of the non-State carrier back through the National Council for Prescription Drug Programs (NCPDP) transactions to the Point-of Sale (POS) submitting Provider. c. Methods used to identify non-compliant carriers as those who fail to respond to billings and continually deny Claims. d. Proposal to report incorrect or missing TPL pharmacy information so the State TPL information and updates reflect the most current information. e. The method(s) used to report Providers who potentially abuse any third-party related override codes. f. Relevant third-party related issues you have encountered and have developed Solutions. g. Your POS Claims Processing Solution's ability to message pharmacies real-time with the TPL data provided by the State including any messaging limitations. h. Detailed system capabilities you can offer to the State to ensure Medicaid is always the payer of last resort and never pays more than the primary carrier(s) contracted amount. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3.3 Third Party Liability (TPL) & Coordination of Benefits (COB).

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3.3 Third Party Liability (TPL) & Coordination of Benefits (COB).* As an experienced customer partner, we regularly manage COB and TPL cost avoidance. Our systems are designed to make COB and TPL cost avoidance efficient and seamless at POS (point-of-sale).

As part of our comprehensive claims administration services for DCH, MedImpact will deliver timely, accurate COB and TPL cost avoidance as directed by DCH. All pharmacy claims submitted to our POS claims processing solution are adjudicated for other insurance coverage, also referred to as TPL. The billing pharmacy must indicate the member's other insurance was billed prior to submitting the claim to DCH. Therefore, all billing pharmacies must have online split-billing capability.

MedImpact processes the majority of our COB claims electronically. **Figure 8** depicts the high-level flowchart of MedImpact's COB process. The flowchart demonstrates eligibility loading, and how the electronic claims are reviewed for OHI and primary payers before payment.

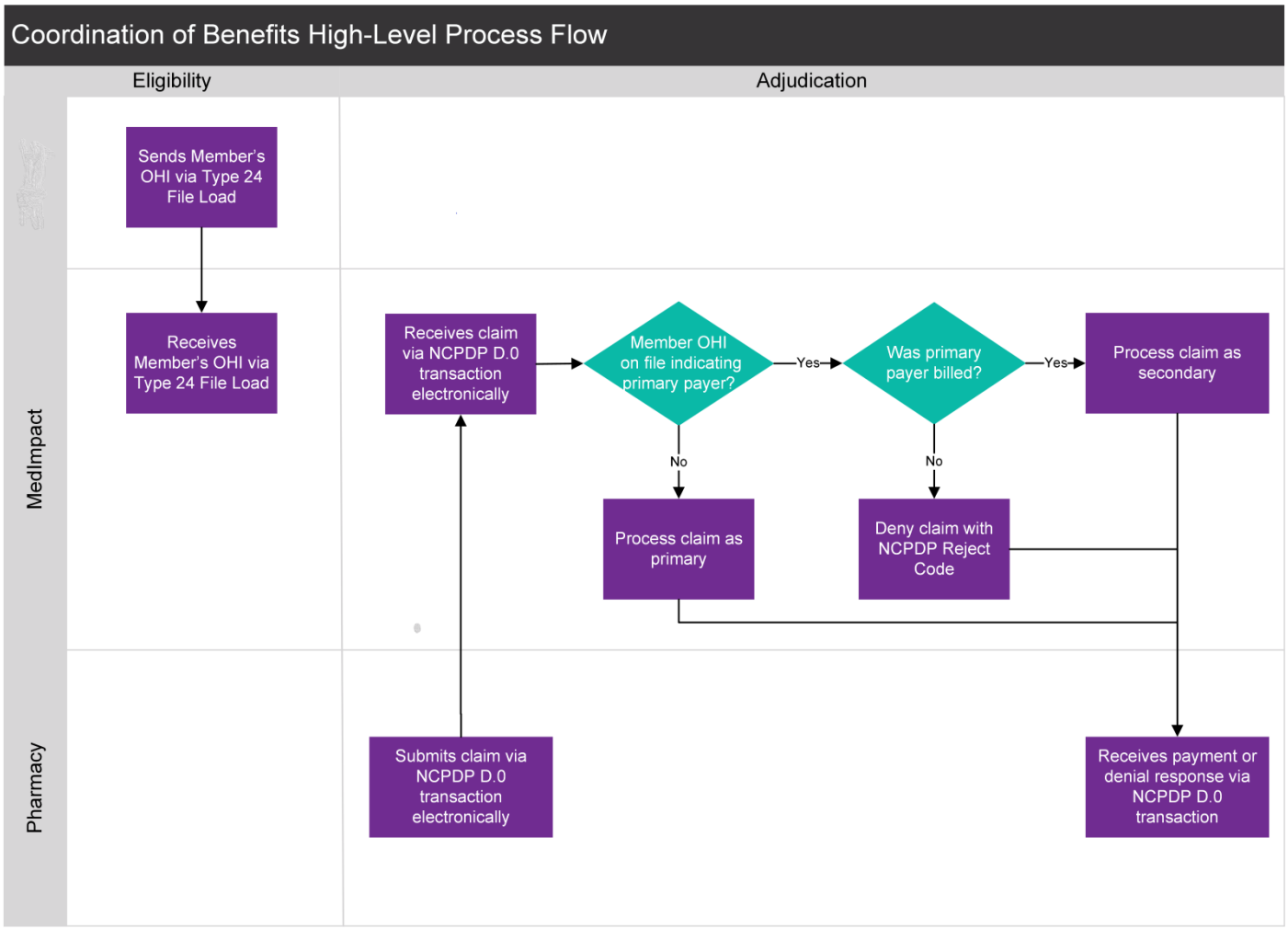


Figure 8: MedImpact COB Flow

Third-Party Liability and Coordination of Benefits

MedImpact provides a TPL solution that is compliant with CMS regulations and conforms with NCPDP guidance related to cost avoidance processing including using either OPAP (other payer amount paid) or OPPRA (Other Payer Patient Responsibility Amount) methodology. In addition, we support accepting and comparing OPAP and OPPRA submission, commonly referred to as "Government COB." MedImpact staff are active participants in many NCPDP work groups or task groups including COB Task Group supporting WG1 (Work Group 1): Telecommunication. This participation enables us to offer DCH the benefit of our insight and expertise. We have developed Medicaid-specific COB edits that, when applied and configured for DCH, help ensure program-specific requirements are met.

We can customize the logic to comply with DCH policy. If DCH requires brand over a generic or OTC (over the counter) option not covered by the primary payer, our system can be configured to auto-accept any reason codes required by DCH. We will work with DCH to ensure that this process complies with federal and state regulations. Our system can also identify and deny COB claims when the primary carrier is associated with a manufacturer patient assistance program or a discount program. To serve members requiring prescriptions in emergency situations, our system allows for updates and overrides to our database within 2 hours of receiving validation or verification from the TPL vendor.

Strategic cost avoidance practices within our unified technology platform will bring savings to DCH's program. MedImpact can maintain more than 9 third-party OHI (other health insurance) records through our eligibility load processes. If a member's eligibility record has active and effective OHI records, it triggers COB cost avoidance processing. A claim submitted to us as the primary payer, where OHI is present, is denied with NCPDP reject code 41 (Submit Bill to Other Processor or Primary Payer). Pharmacy responses include all available OHI, in accordance with NCDPD standards. This includes the BIN, PCN, group number, cardholder ID, and any other payer-specific data, whenever available. MedImpact can accept and message OHI data that does not conform to conventional standards for OHI. Providers may also contact our call center for applicable OHI information.

For claims submitted to us as a secondary payer, MedImpact's COB processing requires that the number of primary payers match the number of active and effective OHI records on the customer eligibility record so that Medicaid is always the payer of last resort. This logic considers the position of the other payer through the sequencing of TPL records within our database.

MedImpact configures its COB edits to accept or reject these other coverage codes for processing. We set additional customization options at the benefit coverage or group levels. Pharmacies are required to submit other coverage codes on COB claims and MedImpact accepts them and adjudicates COB claims based on NCPDP standards. Routinely accepted coverage codes indicating presence of a primary payer include:

- 02: Other Coverage Exists—Payment is collected.
- 03: Other Coverage Exists—This claim is not covered.
- 04: Other Coverage Exists—Payment is not collected.
- 08: Claim is billing for a Copay—Claim is billing for patient financial responsibility only.

Additionally, MedImpact collaborates with all stakeholders to develop a process for the prompt removal of incorrect TPL information from individual eligibility records and/or from the individual profiles on other TPL systems. This includes working with the responsible party for the source TPL data, including (but not limited to) contracted TPL identification system(s) and DCH systems.

File Processing and Pay and Chase

MedImpact's POS receives and loads multiple electronic files on a frequency necessary to ensure optimal claims processing. This can be daily or multiple times throughout the day. Our POS

system can receive data from a variety of sources containing different types of information such as eligibility (including member and lock-in information), TPL, and provider data. The solution processes eligibility, TPL, and lock-in information as soon as the file is received and loads files within 24 hours and in the order of receipt. Our system provides DCH daily/nightly TPL leads derived from claims data to be validated by DCH's TPL vendor.

MedImpact partners with a third-party TPL vendor to seek and catalog OHI data. The information they collect is timely via real-time electronic prescribing transactions and is immediately actionable by pharmacies to minimize OCC 3 overrides and member disruption at the point of care. In addition to minimizing the administrative burden on our payer partners, this solution drives increased program savings by ensuring that DCH is always the pharmacy payer of last resort.

MedImpact's system identifies "pay and chase" situations to coordinate benefits to the primary carrier rather than the State. In a situation where primary insurance is identified after a claim has been submitted, we reach out to those pharmacies to coordinate a reversal and reprocessing to the appropriate payer. We also identify and report when a pharmacy voluntarily elects to submit to a primary insurer and capture that as part of our reporting package.

Data and Reporting

With the use of MedImpact's online claims administration application, MedAccess, DCH will have real-time online access to claims administration system data. This application will allow DCH to manage member eligibility, plan benefits, PAs (prior authorizations), claims, appeals, and provide member case management. Our system offers providers TPL data in real time for all carriers (such as carrier code, policy number, policy holder, Effective Dates of coverage, and more) during claims adjudication, for both commercial and Medicare, to efficiently administer DCH's COB program. We also message provide real-time override capability of TPL to State-designated Authorized Solution Users.

Key features of the MedAccess application include:

- real-time information
- member summary view including lock-in information
- member and claim search
- eligibility maintenance to add, update, or terminate member records
- claim view and analysis including pricing and cost share information
- operational PA maintenance to add, update, or terminate PAs
- member benefit view
- pharmacy and prescriber information
- restriction lookup
- claims quotes

Medimpact also employs MedOptimize, our secure Cognos-based reporting, data analytics, and dashboarding platform to customize and produce COB reports in accordance with DCH-defined business rules. Through MedOptimize, we report payments made by Third Party Liability (TPL)

carriers as reported by retail pharmacies and incorrect or missing TPL pharmacy information, so DCH TPL information and updates reflect the most current information.

In addition to many other data points, MedImpact provides COB reporting that includes cost avoidance dollars broken down by other coverage codes. If DCH's reporting extends further than our system's current standard reporting suite, MedImpact will provide the report at no additional cost. MedImpact will work with DCH during implementation to create agreed-upon required reporting and see to any ad hoc reporting needs. We will continue to meet all future reporting requirements for flexibility, scalability, and changeability of the reporting tools and meet the required capabilities discussed in Section 7.1 of the Scope of Work.

Compliance and Abuse

MedImpact tracks each TPL case by member and carrier. Suspected overpayments are investigated to determine if another payer was responsible for claims paid in full by DCH. MedImpact begins the recovery process if an overpayment is confirmed. Updates to TPL records are maintained and reported monthly to DCH. All carriers who fail to respond to billings and continually deny claims are identified as non-compliant are then designated as such in our system.

Our claims adjudication system provides built-in algorithms and edits to automatically detect inappropriate pharmacist dispensing or utilization. Upfront edits at the point-of-sale assist DCH by stopping inaccurate and fraudulent claims before they process. Our system edits serve as the first line of defense against pharmacy FWA and has the auditing capabilities to identify providers that report fraudulent primary payer payment amounts and/or adjudication results.

MedImpact can receive enrollment data that identifies members with Medicare eligibility and maintains a dual status/category to determine how COB processing occurs. For all members with dual eligibility, claims are cost avoided. COB claims are processed through our Medicare Part D drug eligibility logic.

Monitoring COB-Related Items

Through MedImpact's data mining and monitoring we identified some pharmacies attempting to utilize other coverage code of 4 to bypass PA requirements of a Medicaid plan that we were sponsoring. We isolated these pharmacies and conducted desk audits related to those claims and updated the configuration within the system to stop allow the other coverage code of 4 to bypass any of our claims processing requirements going forward. When we realized the pharmacies were abusing this code, we required subsequent edits and the plan's subsequent requirements to be met.

In instances where a pharmacy would try to bill the primary insurance, but we did not have enough information to give them everything that they needed (such as when the OHI was incomplete), we employ a third-party vendor who provides 100% complete and accurate OHI data, allowing MedImpact to offer pharmacies everything they need versus waiting for the plan to provide what they have. We recognized that plans were not always able to provide accurate, all-inclusive information, so we integrated with a vendor with access to more of that information. In instances

where we received coverage code of a 3, we configured a customer-specific list of NCPDP rejects that we can tailor to our responses to eliminate disruption of care.

IVR Optimization

MedImpact identified an unusually high rate of COB calls in the call center, recommended an update to the client IVR messaging, and saw a 54% reduction in COB calls from the prior month.

MedImpact utilizes the principles of continuous quality improvement in all areas of our organization including COB. We monitor customer call logs daily and identified a case where COB calls were unusually high in the call center for 1 of our customers. This led us to evaluate what could be the root cause of the COB calls we were receiving. To curb the number of COB calls, we hypothesized that the member or the providers were not clear on what option to choose to get more information for confirmation of COB. One item noted was that the IVR may not be clear for users to make the right choice. Therefore, MedImpact made recommendations to update the IVR with clearer language. The new IVR was put in place in March 2022 and as a result, there was a 25% reduction from January to a 54% reduction from February of COB calls received by the customer service center.

MedImpact's coordination of benefits program serves as a critical safeguard for funds by deterring abuse and promoting the efficient allocation of resources. Our processes determine the primary payer for a patient's prescription to diminish the likelihood of duplicate payments and fraudulent claims. This approach significantly contributes to upholding the sustainability and integrity of DCH's program.

14.	**Bookmark Title: MSQ14 – Electronic Prior Authorization** Narrative description is limited to five (5) pages. Describe, in detail, your POS Claims Processing Solution's ability to support a fully Electronic Prior Authorization (ePA) process, including any limitations. Your response should address, at a minimum, the Solution's capability to: a. Access PA requests electronically and adjudicate automatically either online or in advance of a Claim being submitted. b. Access PA requests during the Claims processing by reviewing or adjudication against pharmacy and medical Claims history. Additionally, describe your POS Claims Processing Solution's algorithm based prior authorization capabilities. Your response should include, but is not limited to, the following: a. Your algorithm based prior authorization Solution's ability to utilize historical pharmacy and medical Claims data to make prior authorization decisions. b. The method(s) and procedures to create and update prior authorization algorithms. c. Your experience with development and management of an algorithm based prior authorization process. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 4.1 General Requirements (Prior Authorization (PA)).

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 4.1 General Requirements (Prior Authorization (PA)*. We know the value a robust ePA tool can have for our customers, prescribers, and members. Our solution is offered through our MedPrescription Insight® suite of products to support providers at the point of care.

MedPrescription Insight allows connectivity to all EHR (electronic health record) or EMR (electronic medical record) technology. and helps prescribers make educated therapy and prescription decisions at the point of prescribing. Providers have access to:

- Eligibility information including retail and mail pharmacy coverage
- Formulary and benefit information
- Up to 2 years of medication history
- Real-time benefit check offering member-specific cost and coverage details including low-cost therapeutic alternative drugs and preferred alternative pharmacies
- ePA (electronic prior authorization) information allowing prescribers to initiate PAs (prior authorizations) through system provided questions and answers and to resubmit ePAs through their EMR or EHR or via web-based portals provided by CoverMyMeds and Surescripts for prescription's PA approval

Prescribers can initiate an ePA (electronic prior authorization) request in real-time and receive the clinical criteria required to evaluate and resolve the request programmatically within MedImpact's PA automated tools. **Figure 9** depicts the ePA technology process between prescribers' EHR (electronic health record) or EMR (electronic medical record), MedImpact's ePA vendors, and MedImpact.

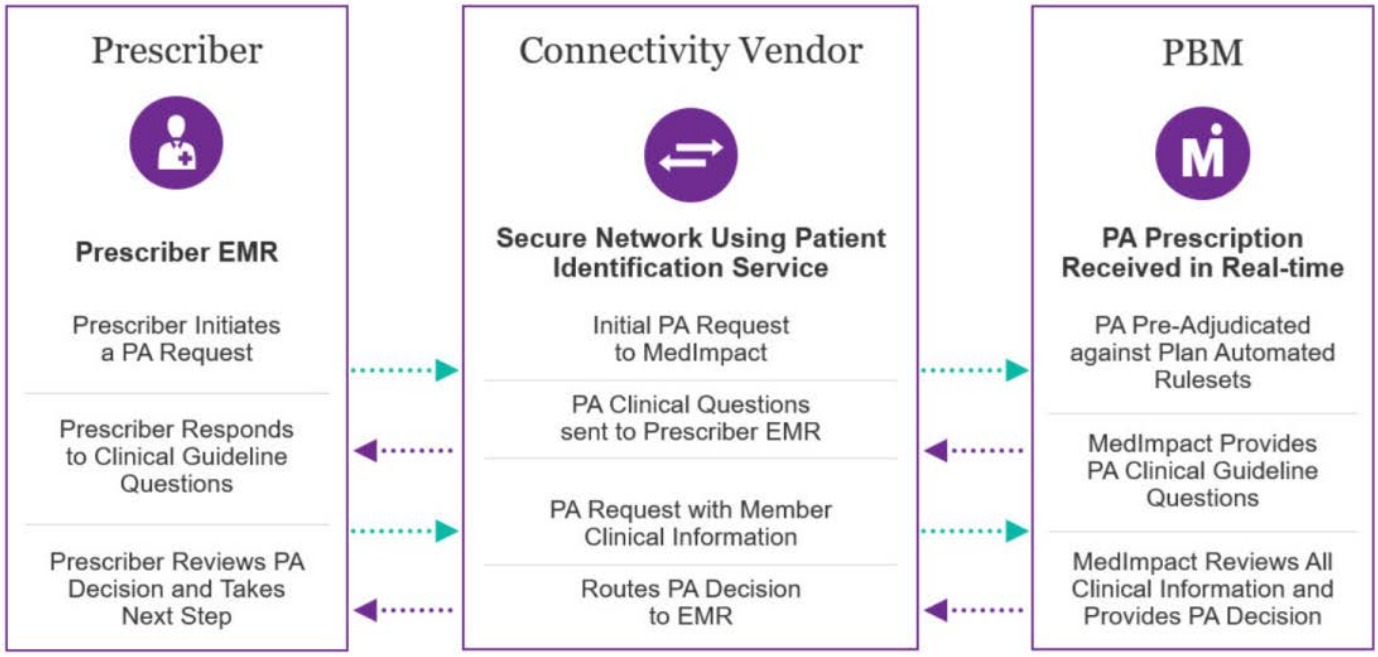


Figure 9: ePA Technology Process Between Prescribers' EMR/EHR, MedImpact's ePA Vendors, and MedImpact

Our ePA program can help:

- Improve clinical quality
- Increase prescribing safety
- Achieve higher prescriber ePA system adoption

Our ePA solution, which is part of MedPrescription Insight® offering, is consistent with the NCPDP standard for data transactions and ensure regulatory compliance in states where we perform utilization review. We continually monitor changing regulatory requirements to help ensure continued compliance. We provide ePA vendor oversight by monitoring the quality of transactions through data metrics such as response times, status, error count, and more. We also receive similar metrics from our ePA vendors on a monthly basis, which we compare against our monitoring results correcting any discrepancies for future reporting.

Electronic PAs and Adjudication

As part of MedImpact's overall PA service offering, the MedResponse PA electronic workflow management platform includes MedImpact's ePA (electronic prior authorization) program. This provides an enhanced capability to process PA requests in real time at the point of care to minimize the need to reach out for additional clinical documentation and thereby reduce the number of administrative closures due to lack of information. Further, ePA reduces member disruption, lowers costs, and improves clinical quality and safety for better member care.

Prescribers can initiate a PA request in real time through their electronic medical record platform, review the clinical criteria required to evaluate the request, and provide the necessary clinical information programmatically within the ePA program.

Proactive clinical evaluations enable the prescriber and member to discuss treatment options during the appointment which reduces point-of-sale disruption and improves member experience. The final result of an ePA evaluation carries through to necessary updates within the adjudication system and provides real-time notification to the member and prescriber of the disposition.

MedResponse offers consistent and accurate PA decisions by automating rule-based responses. Once we make a PA decision, it immediately updates in our integrated MedAccess claims processing system to enable real-time claims adjudication. MedResponse enables users to integrate case processing, content management, timer events, and workflow tools into 1 comprehensive PA application. MedResponse manages all aspects of a PA case in real time and then archives the PA case within the system. MedResponse provides the following:

- Allows for automation of lack-of-information denials where pharmacist reviewers can decide a PA prior to outreach, which can reduce the workload on pharmacist reviewers by up to 50% providing a significant reduction in PA staff and streamlines reviews
- Provides reviewers information on the types of reviews necessary for their review with automated analysis of denied claims and trial claims
- Stores the member's diagnosis for future review providing easy access to a library of diagnoses for the member
- Provides automated Medicare Part D PA types based on the claim rejections farmed by the system, which creates consistent and complete reviews for CDAG universe compliance and opioid reporting
- Automate the categorization of clinical vs administrative denial types and can set tolling to exclude provider-initiated requests

Adjudicating PAs with Pharmacy and Medical Claims History

MedImpact's claims processing system offers point of sale PA adjudication. This capability electronically evaluates claims that normally reject at the point of sale for a PA or other utilization management edit by leveraging existing data (e.g., medical ICD-10, pharmacy summitted ICD-10, and claims history to name a few). This electronic evaluation approves claims instantly, when the existing data indicates all criteria are met, allowing members to receive their medications at the

point of sale and access their medications quickly and efficiently, rather than waiting for the claim to go through the entire PA workflow.

MedImpact configures DCH hierarchical structures so that all CMOs are associated in our claims processing system for purposes of sharing the State's MAID (Medicaid identification number) to aggregate member history across multiple eligibility spans. Historical and ongoing enrollment / eligibility files do not create separate member profiles across multiple spans. During implementation, MedImpact works with DCH to determine the scope of use of member history to help ensure proper processing (e.g., used for clinical purposes but not for financial/accumulation purposes).

Streamlined, Automated PA Process

MedImpact can streamline PA approvals by automating the PA process through our claims system. We can utilize information stored in the claims system (for example claims history or even stored medical claim information) or submitted on the claim (for example ICD-10) to render automated decision based upon prescribing rules at the POS (point of service).**Figure 10** outlines PA options for MedResponse PA process.

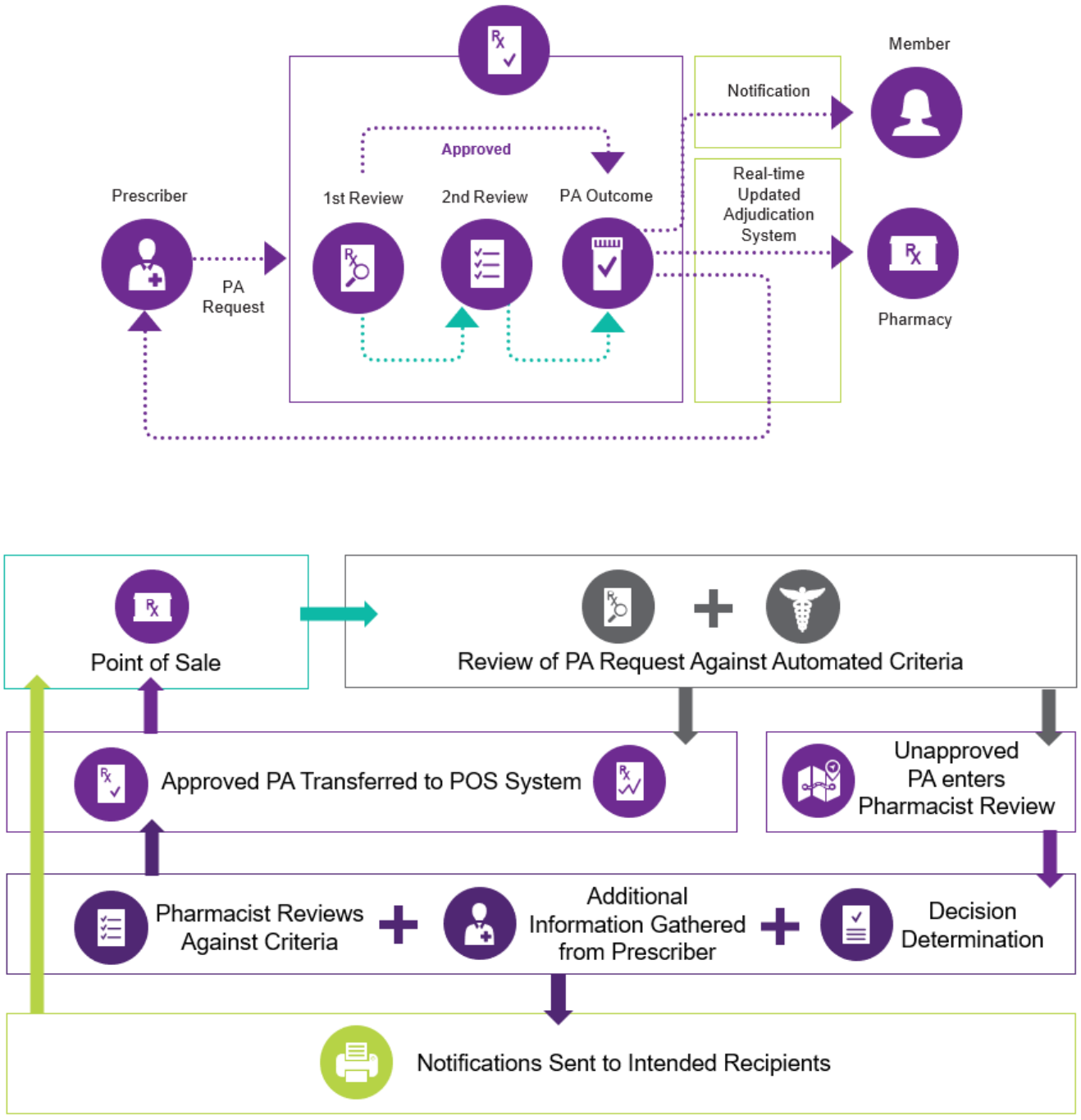


Figure 10: PA Options and MedResponse PA Process

POS Claims Processing Solution's PA Algorithm

MedImpact can integrate at least 24 months of historical data into its system at implementation. We have standard claims extract reports for all its customers. If DCH requires a specific file format for claims, the implementation team works with DCH and the MedImpact IT team to develop the report in the required format. This allows MedImpact to offer point of sale PA (prior authorization) approvals through its PA@POS capability. This capability electronically evaluates claims that normally reject at the point of sale for a PA or other utilization management edit by leveraging existing data (medical ICD-10, pharmacy summitted ICD-10, claim history, etc.). This electronic evaluation approves claims instantly when the existing data indicates all criteria are met, allowing members to receive their medications at the point of sale and access their medications quickly and efficiently, rather than waiting for the claim to go through the entire PA workflow.

MedImpact's proprietary claim adjudication system employs a variety of rigorously tested, configurable business rules and edits to ensure consistent, error-free processing. These rules/edits are classified and orchestrated within our transaction engine to enforce the correct processing order and predictable results. We can develop, test, and deploy new edits rapidly as required to meet the evolving needs of our customers. Because our system is highly flexible, it facilitates unlimited benefit design capabilities. MedImpact has thousands of benefit edits in place that DCH can use. We can typically implement existing edits in just a few working days. We can also create new benefit edits based on DCH's specific needs. We can design new benefit edits at various levels including account, group, member, medical group, and prescriber.

Experience with Development and Management Algorithm Based PA Process

MedImpact has provided PBM services similar in size and scope to those outlined in this RFP continuously since 1992, beginning with the implementation of Community Health Group (a California-based managed Medicaid plan) and currently provides full-service PBM solutions for more than 460 customers across our book of business (all lines). Most recently we were awarded and implemented the Commonwealth of Kentucky's full-service FFS Medicaid pharmacy benefits management, serving 1.6 million lives and 6 MCOs. Under a services agreement with the Division of Medicaid Services, MedImpact performs claims processing, prior authorization, grievance, appeals, reporting/analysis, network administration, implementation of DCH PDL and DUR edits, pharmacy audits, member call center, integration with MMIS (eligibility, encounters, TPL, provider files) and all current MCOs.

In conclusion, MedImpact's PA (prior authorization) services enhances our capability to process PA requests in real time at the point of care to minimize the need to reach out for additional clinical documentation and thereby reduce the number of administrative closures due to lack of information. Our system accommodates flexible benefits and formulary configurations, allowing us to implement a benefit without the need for software customization. Our system and its efficient configuration allow MedImpact to reduce member disruption, lower costs, and improve clinical quality and safety for better member care.

15.	**Bookmark Title: MSQ15 – PA System Capabilities and Limitations** Narrative description is limited to five (5) pages, excluding any diagrams. Describe, in detail, how your PA system meets the requirements in Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 4 Prior Authorization (PA). Your response should include, but is not limited to, the following: a. Your system's ability to incorporate receipt of additional documentation to support PA criteria (i.e., lab values or member chart notes) prior to approval or denial of a request, including the ability to report on this field. b. Electronic processes for the review of PA requests, review of Appeals, attachment of supporting documentation, and the transmission of that information to the State's Providers. c. The method(s) that status Claims are incorporated (if at all) and how the 24-hour Centers for Medicaid and Medicare Services (CMS) mandated turnaround time for prior authorization shall still be maintained. d. The process and conditions for a PA request to be cancelled. e. The process and extent of capabilities to systematically "grandfather" current users when a new prior authorization requirement is implemented. f. Your system's capacity for entering a PA code for a member with temporary Medicaid eligibility in advance of that member showing up in the eligibility file. g. Your system's capacity for a PA approval code to be entered with a future Effective Date. h. All methods available for submission of initial requests and Appeals for prior authorization. i. Your ability to support a primarily telephonic PA request process and additional staffing needed. j. Process of tracking and reporting the status of PA requests and Appeals. k. Your system's ability to create and utilize "reverse PAs" which restrict a member's access to particular medications by NDC or applicable drug classifications (Medi-Span, First Databank). l. The detailed procedures for migrating all existing PAs into the Solution from a State's Legacy System.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 4 Prior Authorization (PA)*. MedResponse, our real-time, intuitive, web-based PA solution, simplifies and streamlines PA decisions by immediately updating our claims platform to allow real-time claims adjudication. MedResponse is an effective tool to help our team ensure DCH members receive appropriate

access to medications without raising the costs for Medicaid. MedResponse will be linked to DCH's PDL. Using an automated rules engine, the system automates the PA decision process logic and workflows. MedResponse manages all aspects of a PA request in real-time and archives the PA documentation and result within the claims platform.

Receipt of Additional Information in Support of PA Decision

MedImpact's MedResponse PA web-based workflow management tool supports PA programs. Our technology enables users to integrate case processing, content management, timer events, and workflow tools into a comprehensive application. MedResponse manages all aspects of a PA case in real time and then archives the PA case within the system. We process cases through workflow queues within the MedResponse application. Clinical reviewers work from dedicated queues. This comprehensive approach enables MedImpact and customer users to review case documentation, such as the following from a web browser:

- Image of the medication request form created and submitted by the prescriber
- Guideline used to review the case
- Images of the notification letters
- Additional documentation referenced by the case reviewer
- All notes created by the case reviewer including the denial or approval reason

MedResponse integrates in real time with MedImpact's MedAccess® claim management system to provide users with 1 information source to prevent duplication of work. For example, a PA created in MedResponse is immediately available in MedAccess for a dispensing pharmacy to access.

Electronic Processes for Review of PA and Related Requests

To check the status of PAs, members, pharmacies, appointed representatives, or prescribers can contact MedImpact verbally, in writing, or electronically and request a PA 7 days a week, 24 hours a day, including holidays. Prior to processing PA requests from an appointed representative, MedImpact determines whether the appointed representative has submitted the appropriate documentation. The documentation can be provided in the CMS Form 1696 or equivalent form. **Figure 11** provides a snapshot of our PA process.

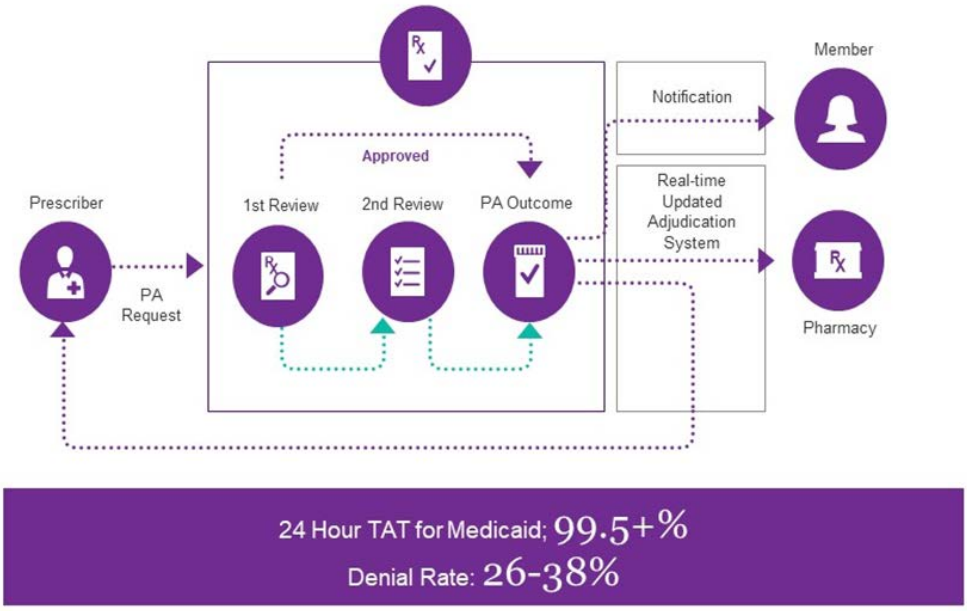


Figure 11: MedResponse Prior Authorization Process

PA Status and Turnaround Time

Members, appointed representatives, or prescribers can contact MedImpact verbally, in writing, or electronically and request a PA 7 days a week, 24 hours a day, including holidays. Prior to processing a PA request from an appointed representative, MedImpact determines whether the appointed representative has submitted the appropriate documentation. The documentation can be CMS Form 1696 or equivalent form.

We review and respond to all PA requests in the manner in which they were received within 24 hours. If upon review of the request, it is determined that additional information is required, we have the ability to pend the request for a customer-specified amount of time and perform outreach to the prescriber. If the prescriber responds with additional information within the pended time frame, we will respond to the additional information within 24 hours of receipt. The PA system is highly configurable to these time frames and allows for ease when tracking cases to ensure 100% timeliness is achieved.

PA Cancellation

If it is determined that a PA needs to be cancelled, PAs may be cancelled/voided. The system will track all notes detailing the actions taken and reason for cancellation. Allowable reasons for cancellation are often specific to the plan. MedImpact will work with DCH to determine a procedure PA cancellation and identify when each type of PA cancellation would be used.

Process to Systematically Grandfather Current Users

When a PA is granted for a patient and medication, that PA is honored until the original end date that was provided. Should criteria for the medication change during the approval period for that patient, the member will be able to continue to receive that medication until the authorization expires. At that time, the new criteria would be reviewed during the renewal process. In cases where the coding of the medication is changed, MedImpact has the ability to mass adjust PAs to ensure the medication continues to be successful dispersed with no interruption for the patient. Having these capabilities also allows MedImpact to work with our customers on the approach that best meets the customers expected outcomes for each change.

Entering a PA Code for a member with Temporary Medicaid Eligibility

In the instance a member is identified with temporary Medicaid eligibility, MedImpact would work with DCH to share the temporary eligibility with us, creating a profile in the system in order to create a PA. Once the member shows on the eligibility file, DCH would update the member attribute and remove the temporary indicator.

Methods of PA and Appeals Submission

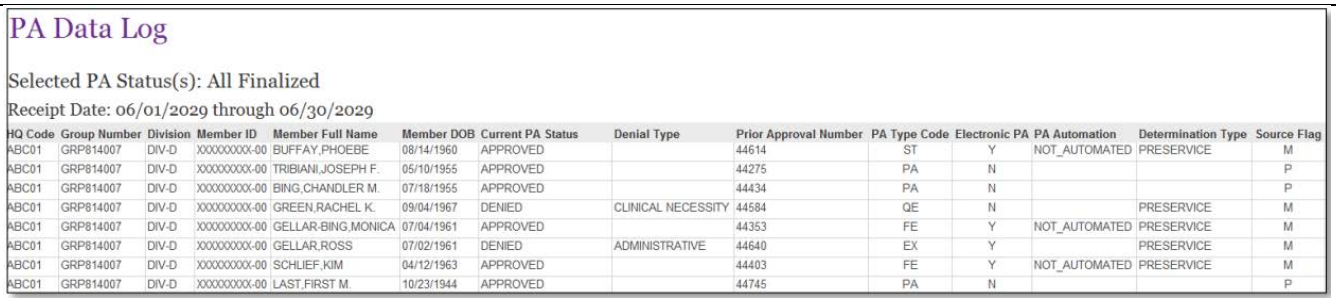
While ePA is strongly recommended as the source for prior authorizations, MedImpact can also accept prior authorization and appeal requests via phone, fax, and mail. Our prior authorization and appeals system are also equipped to be able to handle many different types of attachments within a prior authorization case. Once attached to the system, those documents are available to be viewed within that case for that patient going forward.

Ability to Support Primarily Telephonic PA Request Process and Staffing Support

members or prescribers may request prior authorizations by telephone, fax, mail, or electronically. Pharmacy technicians perform PA (prior authorization) case intake and initial review work using MedImpact's established PA guidelines.

Process for Tracking and Reporting the Status of PA Requests

MedImpact’s system can track all PA types, including initial PA requests, reconsideration requests, and decisions. Through our proprietary and integrated reporting tool, MedOptimize, PA data can be easily retrieved and delivered as scheduled or ad-hoc, upon DCH request. Our PA Data Log (**Figure 12**) report provides detailed information related to PA and offers flexible filter and prompt parameters to serve a variety of needs. Details include PA status, processing dates, member information, prescriber information, pharmacy information, approval / denial reasons, comments / notes, overrides, and user entered / updated related data. In addition, MedImpact clinical professionals will review and analyze the PA data to help DCH understand PA request patterns and make optimal PA program improvements.



PA Data Log

Selected PA Status(s): All Finalized

Receipt Date: 06/01/2029 through 06/30/2029

HQ Code	Group Number	Division	Member ID	Member Full Name	Member DOB	Current PA Status	Denial Type	Prior Approval Number	PA Type Code	Electronic PA	PA Automation	Determination Type	Source Flag
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	BUFFAY,PHOEBE	08/14/1960	APPROVED		44614	ST	Y	NOT_AUTOMATED	PRESERVICE	M
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	TRIBIANI,JOSEPH F.	05/10/1955	APPROVED		44275	PA	N			P
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	BING,CHANDLER M.	07/18/1955	APPROVED		44434	PA	N			P
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	GREEN,RACHEL K.	09/04/1967	DENIED	CLINICAL NECESSITY	44584	QE	N		PRESERVICE	M
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	GELLAR-BING,MONICA	07/04/1961	APPROVED		44353	FE	Y	NOT_AUTOMATED	PRESERVICE	M
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	GELLAR,ROSS	07/02/1961	DENIED	ADMINISTRATIVE	44640	EX	Y		PRESERVICE	M
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	SCHLIEF,KIM	04/12/1963	APPROVED		44403	FE	Y	NOT_AUTOMATED	PRESERVICE	M
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	LAST,FIRST M.	10/23/1944	APPROVED		44745	PA	N			P

Figure 12: Sample PA Data Log Report

Reverse PAs

MedImpact has multiple ways to restrict a member from obtaining a medication by NDC or drug classification (DCH can select either Medi-Span or First Databank compendia source) or identified by Georgia as unfillable. In our system, we accomplish this by using member specific restrictions that can be entered at point-of-sale or directly in to our MedAccess system. We will work with Georgia to define specific parameters around this process.

Migrating Existing PAs into State's Legacy System

MedImpact can establish SFTP connectivity between MedImpact and DCH. We can exchange data using batch file exchanges on a frequency determined by DCH. We encrypt all data both at rest and in transit.

16.	**Bookmark Title: MSQ16 – Financial Management** Narrative description is limited to five (5) pages. Describe, in detail, the methods you will utilize to handle the following financial management-related services: a. Positive and negative mass and individual Claims adjustments. b. Voids (checks and EFT transactions), replacement check(s) (if necessary), and the related Claim adjustments. c. Run-off Claims (Claims with Date of Service before the transition to a new contract, but not yet adjudicated or in need of adjustment). d. Recoupments. e. non-Claim-based Provider payouts requested by the State. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 5 Financial Management Services.

Supplier Response

MedImpact has reviewed *Attachment F - Pharmacy Benefit Administrator Services Scope of Work, Section 5 Financial Management Services* and can accommodate all of DCH's financial requirements. We understand and agree to provide business processes and automated functions necessary to support pharmacy payments, record keeping providing transparency, and proper management of state and federal funds used for those payments in compliance with GAAP and State-mandated record-keeping rules.

We understand that providing the business processes and automated functions necessary to support DCH's financial needs includes but is not limited to:

- Performing reconciliation of pharmacy payments, accounts receivable, and management of agency funds.
- Supporting audits of financial activities.
- Coordinating payments to pharmacies on behalf of the State. Payment amounts will be determined using reference data supplied by the State indicating the cost of the drugs and a dispensing fee that may vary based on the attributes of a given pharmacy.
- Establishing an automated framework, where applicable, following the State's specifications, to track, monitor, and process financial transactions, including, but not limited to, Accounts Receivable, Non-Claim Payments, and Cash receipts.

MedImpact has more than 30 years of experience working with customers, providers, and their financial requirements. Our Solution can support the implementation of internal control mechanisms as defined by DCH through timely and accurate financial reports, detailed audit trails, and financial trending. The Solution manages financial reference data essential to financial processes and can

integrate with DCH's accounting system. We will work together during DDI to determine the best way to integrate systems. MedImpact understands that DCH's accounting office and is subject to significant oversight by the State's fiscal operations unit and will work with DCH to ensure everything is set up and functioning properly.

MedImpact understands and agrees that we will perform activities related to financial management including but not limited to:

- Managing DCH-supplied reference data including rates to be paid to pharmacies (e.g., drug costs, dispensing fees for pharmacies).
- Managing accounts payable activities (e.g., payments to pharmacies for filled prescriptions).
- Managing accounts receivable activities (e.g., reversing of payments due for canceled prescriptions, balancing and offsetting pharmacy reimbursement, and appropriately directing overpayments to state-identified entities) and the disbursement of payments to pharmacies on a DCH-specified schedule.
- Generating and delivering remittance advices associated with payment disbursement.
- Supporting 1099 updates, transmission, and inquiries.
- Applying and storing adjustments.

We routinely perform all of these duties for our customers and will work with DCH to identify all of your needs during DDI.

Claim Adjustments

MedImpact's MedAdjust® reprocessing platform for claims adjustment allows both automatic and targeted reprocessing of approved member claims, so we can adjust cost sharing and accumulators based on changes to member eligibility, pricing, drug status, and benefit configuration. MedAdjust currently supports pharmacy payment recalculation and FWA (fraud, waste, and abuse) based adjustments. MedImpact executes MedAdjust via an internal user interface that produces customer-friendly extracts, which provide adjustment detail activity at the member summary and individual claim detail levels.

Voids

MedImpact routinely voids checks and EFT transactions, replacement checks, and handles related claim adjustments. When a check needs to be voided, we void the check and have all related activity either voided or the accounts receivable for recoupment automatically reinstated on the provider detail. These transactions are clearly defined, tracked, and reported to DCH.

Our Solution can perform the following functions related to voiding checks and/or EFT transactions:

- Reopen Claims from previously voided checks and have the data process through the AI correctly.
- Void and reissue multiple checks to the same provider within the same payment cycle.
- Suspend payments to a provider at the discretion of the State.

- Change the FFP for each transaction type for each federal fiscal year based on rates provided by the State.
- Void a returned ACH payment and replace it with a check and have the data process through the AI correctly.
- Interface with a third-party financial vendor for claims payment, at a frequency determined by the State, up to real-time, after Claims adjudication.

During DDI, MedImpact will work with DCH to gather all relevant data, requirements, and required third party integration elements in order to provide an aligned financial management process for the pharmacy benefits administration program.

Recoupments

MedImpact's financial system includes an automated AR (accounts receivable) function which can submit a claim-specific feed into the state MMIS (Medicaid Management Information System) for each recoupment. The system generates account receivables from voided or adjusted claims or DCH can provide account receivables to MedImpact for input into our account receivable system. We can set an AR not to recoup or recoup at a percentage or dollar amount defined by DCH. MedImpact can also recoup or apply a receipt to any AR balance and have the attributes of the AR defined in the AI (accounting interface) apply to the recoupment and receipt. Both types of account receivables maintain identifying information including but not limited to the reason for the accounts receivable, age, dispositions, and date of information to correctly report FFP to CMS.

Run-Off Claims

MedImpact bills customers for claims submitted up to 90 days from the termination date. The customer makes payments consistent with the contract terms as well as any fees for services provided during the run-off period. Any claims that MedImpact receives after 90 days from the termination date are the customer's sole responsibility.

MedImpact's systems allow paper claims to continue to process for 36 months, which follows the current CMS guideline, after the end of the coverage year, regardless of whether the customer continues to do business with MedImpact or terminates the PBM relationship at the end of that coverage year. MedImpact will provide to DCH appropriate member communications and any CMS required reporting based on post-coverage year claim adjudication.

MedImpact can also provide other customer termination services during the run-out period, which DCH can contract accordingly.

Non-Claim Provider Payouts

MedImpact interprets non-claim-based payments primarily as administrative fees, Emergency Use Auth, vaccine admin fee, MTM, counseling, and other non-claim related provider payouts requested by DCH. MedImpact bills customer administrative fees for programs and services that are not on a per claim basis (e.g., PMPM (per member per month), PEPM (per employee per month), per instance, etc.) on a monthly basis. MedImpact prefers using electronic fund transfers

for customer invoice or bill payments. Our preferred payment methods include ACH, wire transfer, EFTs, or Lockbox direct deposit.

MedImpact's internal verification and auditing process for administrative fee invoices begins with the account team. The account executive will update and maintain DCH's contracted item billing codes and pricing within Salesforce. Upon execution of a contract amendment, the account executive will enter new pricing into Salesforce to invoice DCH. The system generates a second layer of verification of contracted item billing codes and pricing for the director of account management to review and approve in Salesforce. We then load customer-contracted billing information into the accounting systems for billing on the contracted intervals and providing an automated customer invoicing process. Finally, the senior account executive will review DCH's invoices for accuracy when making updates to verify all fees are consistent with the terms of the current agreement in place.

Additionally, at each explanation of benefits and monthly billing cycle (once we compile 3 months of billing to establish an average range), MedImpact's accounts receivable staff perform a quality review of customer invoices based on the Invoicing Process for Accounts Receivable Work Instruction.

MedImpact will process all financial transactions within the same payment cycle and provide all data and processes needed for DCH to make EFT and checks to providers in the current payment cycle. Our Solution will be able to issue payouts that are Non-Claim based and, when the payout is in advance, systematically create a corresponding accounts receivable balance.

MedImpact is confident in our ability to perform financial management functions for DCH’s PBA program. We will successfully manage positive and negative mass and individual claims adjustments, voids, run-off claims, recoupments, and non-claim-based provider payouts as requested by the State. We will collaborate with DCH to provide a robust financial management solution.

17.	**Bookmark Title: MSQ17 – Cash Receipts** Narrative description is limited to three (3) pages. Describe, in detail, your procedures for processing refund checks from pharmacies, whether received by the Supplier or the State, as referenced in, Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 5 Financial Management Services. Your response should include, but is not limited to, your Solution's ability to: a. Account for the receipt of cash receipts from Providers. b. Post the cash receipts against Claims, Claim receivables, and non-Claim receivables. c. Send refunds to Providers. d. Process the posting of these cash receipts without affecting the Provider's payment (except for refunding the cash receipt).

Supplier Response

MedImpact has reviewed and agrees to the requirements for cash receipts outlined in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 5.4 Cash Receipts*. MedImpact routinely deals with cash receipts and the related remittance advice documentation. We will process cash receipts within 30 Calendar Days from the date of receipt. Our Solution provides the ability to view the cash receipts that have been received for each Pharmacy provider and drill down to the image of the cash receipt received by the bank. It can also designate specific reason codes for various types of dispositions for DCH-defined tracking and reporting purposes.

Cash Receipts and Remittance Advice

MedImpact bases our provider payment cycle on a state determined schedule to support DCH. We make all payments and adjustments to providers promptly and accurately in compliance with all DCH, state, and federal prompt-pay rules and regulations. MedImpact also retains provider payment and retrieval records in accordance with all state and federal laws.

We compile all adjudicated claims including reversed, rebilled, and voided claims to produce invoice data for each provider payment. MedImpact generates a pharmacy payment report that lists all pharmacies eligible for pharmacy payment within the invoicing period. After we generate the payment report, we provide DCH with a funding request file using SFTP (secure file transfer protocol). Upon receipt of funding, we send pharmacy payments by check or electronic funds transfer. Upon receipt of claims information, we batch the information in coordination with EOB (explanation of benefit) cycles. Our scheduling package optimizes access to the database to help ensure transaction-based processing required for payment processing does not occur during peak transaction periods which improves system speed and responsiveness.

Our teams collaborate with DCH to provide fully transparent claim payment details while complying with all applicable privacy and security standards. Because remittance advices are provider-specific and may contain PHI (personal health information), we collaborate with DCH and providers to develop a mutually agreed-upon format (in compliance with HIPAA transactions, code

sets, and rules) that provides all necessary data elements specific to each provider without inappropriately exposing PHI for other payers and for unrelated members. This information is otherwise unredacted, and we make it available to DCH without restriction using SFTP.

We make payments to providers by tax identification number using linked NPI (national provider identification) numbers. This payment process allows for the payment of chains or provider associations in accordance with their corporate accounting procedures. We base provider reimbursements solely on DCH's specified reimbursement methodology and the professional dispensing fee.

Remittance Advice Process

Our system produces remittance advice files at the same time it creates the invoice. MedImpact posts remittance advices within 3 business days following payment. The remittance advice can be an ERA (electronic remittance advice) or SPR (standard paper remittance) depending upon the provider's preference. We support and maintain all financial information on our remittance advices whether delivered in the X12 835 or paper form. Providers can change from the ERA to the SPR online through our provider portal. Providers with ERA who require a paper copy of their remittance advice may contact us for the paper copy or download and print the document from the provider portal. MedImpact monitors HIPAA transaction sets and adopts updates while maintaining compatibility with pharmacies using previous versions per DCH-dictated schedules.

Remittance Advice Details

To ensure adequate visibility and detail for each payment, a remittance advice includes information regarding paid, reversed, and suspended claims as part of the quality assurance protocols at MedImpact. The remittance advice documentation includes the following segments and content:

- Header: Lists values such as approved original (paid), denied, adjustment, previously paid, and voided claims
- Detail: Provides details on the remittance advice that contains situational or required information including:
  - Claim date
  - Claim period start date
  - Product or service ID qualifier
  - Product ID and service ID
  - Line-item charge amount
  - Total amount paid to provider
  - Quantity dispensed
  - Prescription reference number
  - member pay amount
- Summary: Summarizes detail totals for the provider payments MedImpact processes

Remittance Advice Accessibility

MedImpact allows providers to choose to receive their remittance advice by mail or electronic submissions. At any time, providers can change the way they receive the remittance advice by using our provider portal or by contacting the MedImpact team using the specific instructions on our website or within the provider manual. Our provider portal enables pharmacies to check all payments at an individual claim level including the methodology by which the claim paid. To obtain the remittance advice, providers register for online access in 1 of 2 ways:

- Establishing a MedImpact provider portal logon using chain ID which MedImpact assigns during system configuration. The pharmacy can find the chain ID printed on the remittance check.
- Establishing a MedImpact provider portal logon ID using the pharmacy's provider identifier number along with a password for the provider portal.

The portal requires providers to periodically reset their passwords and prompts them to do so. Providers can find instructions for resetting passwords within the pharmacy provider manual or by calling MedImpact's call center.

We can configure DCH's portal to enable DCH and providers to view provider remittance advices. DCH's users can also retrieve aggregate and detail claims payment and provider payment data by using MedOptimize, our interactive reporting tool.

Remittance Advice Distribution to Providers

MedImpact sends EFT (electronic funds transfer) payments through the ACH (automated clearing house) process to providers. EFT payments post to the payee's bank account the following business day after payments processing using 1099 information for the provider on the date of service.

MedImpact sends paper payments by USPS (United States Postal Service) mail within 3 to 5 days of processing using the address on our provider vendor record for the cycle's dates of service. We send the files to a third-party vendor for printing and mailing the following business day. We post these payments to Oracle e-Business suite at the point of transmission.

On the agreed upon day following a claims processing cycle, MedImpact distributes and mails DCH outputs (hard copy and electronic), as DCH directs, for all claims submitted through the online pharmacy claims processing system and for all batch and paper claims submitted. We match and mail remittance advices with corresponding checks (when applicable).

MedImpact is an experienced PBA partner who has managed payments including cash receipts for over 3 decades. We look forward to working with DCH during DDI to solidify requirements and deliverables for cash receipt management.

18.	**Bookmark Title: MSQ18 – Accounts Receivable** Narrative description is limited to ten (10) pages, including any screenshots. Describe, in detail, your system's ability to perform Accounts Receivable operations as described in Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 5.2 Accounts Receivable (AR).

Supplier Response

MedImpact has reviewed and can perform all of the requirements outlined in *Attachment F - Pharmacy Benefit Administrator Services Scope of Work, Section 5.2 Accounts Receivable (AR)*. We routinely work with customers in this capacity to manage the AR process. MedImpact will work with DCH during DDI to further refine the requirements and set-up to ensure our processes and procedures for AR are in alignment.

Electronic Invoices

MedImpact makes all payments for pharmacy claims through our system and electronically invoice them to DCH every other week or as DCH modifies to accommodate special circumstances such as holidays or fiscal year-end processing. We lengthen or shorten the adjudication process to meet those needs.

MedImpact's financial system includes an automated accounts receivable function which can submit a claim-specific feed into the state MMIS (Medicaid Management Information System) for each recoupment. The system generates account receivables from voided or adjusted claims or DCH can provide account receivables to MedImpact for input into our account receivable system. Both types of account receivables maintain identifying information including but not limited to the reason for the accounts receivable, age, dispositions, and date of information to correctly report FFP (federal financial participation) to CMS.

Reason Codes and Adjustments

MedImpact's Solution can designate specific reason codes for various types of dispositions and accounts receivable for tracking and reporting purposes as defined by DCH including all data necessary for proper state and federal reporting and claiming of federal moneys. We are an experienced customer partner and comply with state and federal reporting requirements. MedImpact will work with DCH during DDI to identify specific reason codes for tracking and reporting purposes and set the system up to meet the proper requirements. We can also separate receivables based on specific reason codes outlined by DCH for inclusion in reports. Reports regarding payments, receivables, and receipts will be provided in the format and at the frequency determined during DDI by the DCH. MedImpact can partially or completely adjust all types of AR transactions and reflect those adjustments in the reporting.

DCH Authorized Solution Users identified by the State will be able to see the accounts receivables incurred and their balance.

Claim Creation

MedImpact can create claim and non-claim-based receivables using criteria defined by DCH weekly within 1 payment cycle. We routinely accommodate these types of requests from customers and meet the time requirements. MedImpact will also create non-claim related payments using specific criteria reason codes and AI (accounting interface) criteria as defined by DCH. We will work with DCH during DDI to identify and capture all of the required claim and non-claim criteria and reason codes in order properly set-up the financial Solution.

Transferring and Suspending Provider Payments

MedImpact can allow for the transfer of accounts receivables from 1 provider to another at the request of the State without adjusting claims. We can also suspend payments to a Provider, if necessary.

FFP Changes

MedImpact can change FFP for Medicaid, CHIP (Children's Health Insurance Program), and BCC (Breast and Cervical Cancer) each federal fiscal year. Our Solution is flexible and easily adaptable to fit changing needs and requirements throughout the length of the Contract.

Data Conversions

MedImpact can convert all data into a format consistent with the requirements of the State's Accounting Office or equivalent department for interfacing with the state's financial accounting system as defined by DCH. We routinely integrate with various systems and third parties to serve our customers.

MedImpact links accounts receivable activity directly to the original claims in the claims system and provides state MMIS (Medicaid Management Information System) with claim updates accordingly. The operations team generates each invoice to include a File 110 Claims Detail Report and forwards it to DCH. MedImpact creates accounts receivables from either claim voids or adjustments or DCH-initiated accounts receivables for overpayments identified as a result of fraud or other means. We include all voided, adjusted, or reprocessed claims in each respective EOB (explanation of benefits) invoice sent to DCH.

Accounts receivables carries, at a minimum, the attributes required for DCH reporting to determine the age, status, and activity for each account receivable including setup date, demand letter date, amount requested, tracking status code, location code, reason code, and dispositions. We can produce an accounts receivable aging report monthly or as requested by DCH. MedImpact adjusts accounts receivables by increasing or decreasing balances. The accounts receivable aging report reflects increases and decreases specific to these adjustments.

MedImpact places DCH-specified accounts receivables in a hold status to avoid recoupment until regulatory appeal periods expire. Following expiration of the appeal period, the accounts receivable will automatically begin recouping from claims payments. We recoup claims payments to offset accounts receivable balances. Accounts receivables are updateable to place in a hold status to avoid recoupment if DCH requires. MedImpact provides system capability to recoup only

a percentage of claims payments or a set amount of the accounts receivable for a specified time if DCH requires as in the case of payment plans.

MedImpact provides view access rights to both accounts payable and accounts receivable to all designated DCH staff using computers owned by DCH.

Our account receivables staff accepts and applies funds received to accounts receivable balances. MedImpact tracks accounts receivable activity including dispositions, status changes, and accounts receivable aging. We monitor the aging of unpaid claims using our bi-weekly check cycle aging report that details all claims including electronic, paper, and web-based submission claims.

Our team monitors all aged claim records and works with the account management team and DCH on these specific claims to expedite payment and ensure compliance with prompt payment rules for DCH. Using the aging report, we process the remainder of all claims. The vendor support team requests, receives, and updates all 1099 records for providers in our system for accounts payable and accounts receivable staff activities. Whenever our system posts a provider payment or adjustment, we use the 1099 data to post payments to the federal tax identification. MedImpact prepares any applicable tax information for provider payments and the federal government at no additional cost to DCH.

MedImpact is confident we can meet DCH's account receivable processing needs with our flexible, automated system. We look forward to finalizing requirements and deliverables during the DDI phase of the contract.

19.	**Bookmark Title: MSQ19 – Customer Support** Narrative description is limited to five (5) pages. Describe, in detail, your proposed operations for a customer call center that must handle real-time calls related to both technical and clinical claims submission questions and PA requests as stated in Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6 Support. Your response should include, but is not limited to, the following details: a. Location of all customer call center(s) and identifying any primary locations. b. Size of all customer call center(s) including, but not limited to, staffing (identified by type: member, technical, and prior authorization). c. Current call volume per year and call volume total capacity at each location. d. Type of calls each customer call center is equipped to handle, including, but not limited to, member, technical, clinical, and prior authorization. e. Ability to handle multilingual requirements. f. Description of customer call center coverage during main operating hours, nights, weekends, holidays, and peak call periods for each location.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6 Support*. We bring decades of experience planning, implementing, and effectively managing high-volume call centers to meet and exceed the needs of diverse pharmacy services administration customers.

Our current Call Center systems and operations drive our capability to answer calls in a prompt and professional manner, and route inquiries to the appropriate staff. These systems provide data that enable us to track, trend, and help ensure compliance with SLAs (service level agreements). MedImpact's proprietary Call Center platform, MedAccess, is a real-time online application that maintains a central repository to store customer communication activity and artifacts. MedAccess provides a single view into the customer record and access to internal documents and resources to support quality reviews and management. We continuously update MedAccess in response to identified needs and opportunities for improvement.

We recognize the importance of effective call center operations to DCH as this is the first line of communication with customers, providers, pharmacies, and DCH. Our model of provider support places providers' needs and considerations at the forefront of all we do. This is accomplished by:

- Selecting call center locations to encourage hiring that mirrors demographic characteristics of CSRs (customer service representatives) to our customers, assures CSRs identify with specific market needs and considerations, and provides the broadest hours of availability

- Educating staff through a comprehensive, months-long curriculum of training and mentoring, comprising systems, program understanding, provider needs, pharmacy knowledge, diversity training, customer service skills, and state specific training
- Ongoing education and training to ensure staff are fully knowledgeable as plan changes are implemented
- Ensuring compliance
- Maximizing staff availability
- Organizing communications

MedImpact's overall approach to managing successful call centers encompasses the following key elements:

Deep knowledge of what constitutes high-quality service from the perspective of providers, pharmacies, DCH, and other stakeholders.

Well-defined process for developing effective service-level and performance standards that clearly communicate organizational expectations for performance including both operations and the quality of individual call center staff interactions with all customer types.

Rigorous call center **quality management** and **improvement program** that monitors, analyzes, promptly responds to deficiencies, and continuously identifies opportunities for improvement.

Call Center Operations

MedImpact will staff and manage a Georgia specific call center in compliance with all RFP requirements and performance standards set forth by DCH and any subsequently developed call center standards and/or requirements established by DCH during the term of the contract. In accordance with DCH requirements, MedImpact will provide a call center line through a designated telephone number. When calling the toll-free number, calls will be routed based on the selection made from the IVR. The toll-free point of sale line is available 24 hours per day, 7 days per week, 365 days per year to respond to inquiries related to coverage, claims processing, member eligibility, reimbursement, PA requests, covered drugs, and pharmacy locations.

MedImpact's provider call center operations are both flexible and scalable to meet and exceed the needs of DCH as outlined in the requirements:

- Toll-free facsimile number for providers that is accessible in-state and out-of-state.
- Call center operations available 24 hours per day, 365 days per year with the exception of prior approved down time.

Call Center staff members are well-trained and experienced in assisting prescribers, pharmacies, and billing agents with information and issue resolution. They access and provide information on member eligibility, benefits/coverage, share-of-cost obligations, and TPL information. Call Center

staff help providers complete and submit pharmacy treatment/service PA requests, check the status of previously submitted requests, and identify missing information or documentation necessary to complete authorization or resolve denied requests. Our Call Center staff collaborate with pharmacists who can explain the reason for a denial and help to resolve clinically related issues in the best interest of the member. They can assist providers with claims inquiries including how to complete and submit a claim, check the status of a previously submitted claim, reverse claims, resolve claims denials, and check the status of reimbursement/payment.

MedImpact's customer support model provides access to SMEs (subject matter experts) for issue resolution and support in:

- Formulary and rebate administration
- Operations and benefit management
- Utilization management
- Network management
- Fraud, waste, and abuse
- Information technology
- Government program services
- Regulatory compliance and auditing

MedImpact uses a customer relationship management platform, Salesforce, to track internal, departmental, and customer inquiries. Through this tool, we will document, assign, and track DCH's inquiries for timely resolution. All internal business departments collaborate to timely and effectively respond to Salesforce cases.

Location, Size and Volume of Customer Call Center

MedImpact has over 150 Customer Service Representatives (CSRs) across all of our locations (Tempe, Arizona and San Diego, CA with virtual CSRs throughout the United States) that collectively function as 1 integrated customer service center. We are available to assist the DCH’s providers’ inquiries, issues, and complaints. In 2023, our center experienced a call volume of 1,337,210 calls.

Types of Calls

MedImpact Call Center serves members, prescribers, and pharmacists 24 hours a day, 7 days a week, including holidays. Every CSR is cross trained between locations for every customer to answer calls quickly and provide an accurate answer, every time. An educated member is an engaged member. MedImpact’s CSRs make sure members fully understand their plan benefit including next steps to appeal medication coverage, if needed. Every CSR encourages members’ relationship with their local pharmacist to increase medication adherence and better health.

MedImpact’s CSRs answer a variety of calls from members, pharmacies, and physicians. Our current Call Center systems and operations drive our capability to answer calls in a prompt and professional manner, and route inquiries to the appropriate staff. These systems provide data that enable us to track, trend, and help ensure compliance with SLAs (service level agreements).

MedImpact's proprietary Call Center platform, MedAccess, is a real-time online application that maintains a central repository to store member communication activity and artifacts. MedAccess provides a single view into the member record and access to internal documents and resources to support quality reviews and management. We continuously update MedAccess in response to identified needs and opportunities for improvement.

Call Center staff have the functionality and capability necessary to retrieve relevant information about the caller or resolve the caller's inquiry. Call Center staff view up-to-date information for each caller at the time of the call and have access to our fully integrated MedImpact platform. Information available to Call Center representatives includes:

- **Single view**—Call Center representatives can access a single view of member encounter events in MedAccess that facilitates timely response to the request. MedAccess can track and trend call activity by call type and generate aggregated reports that support training, resource allocation, operations, and quality improvement activities.
- **Available Information**—Call Center staff view member eligibility and identifying information including preferred language and method of contact, claims history, contact history, PA requests, complaints, open issues that could not be resolved during an earlier call, and status of requested materials. Call Center representatives can also access benefits and exclusion tables for benefit edits, restrictions, and formularies and also view provider information, along with treatment and service authorization data, claims data, and claims remittance.
- **CSR Access to Information**—MedImpact's Call Center service system application is fully integrated into our unified IT (information technology) platform. The unified IT platform provides the Call Center service system access to eligibility, benefit, PA, and other relevant information in near real-time. This enables our Call Center representatives and Call Center pharmacists to quickly address a member, prescriber, and or pharmacist inquiry to help our representatives take better actions and make more informed decisions.
- **DCH-specific Data and Training modules**—For DCH, MedImpact will work to create procedures specific to DCH's benefit designs that will be accessible to the representatives designated to DCH. CSRs will be provided with up-to-date training on new programs, procedural changes, customer-specific edits, or benefit alterations.

Meeting Multilingual Needs

To meet the diverse needs of our non-English member populations, MedImpact CSRs connect to the language line that provides real-time translation in the members' native language.

Customer Call Center Coverage

MedImpact utilizes Cisco's UCCE (Unified Contact Center Enterprise) contact routing, call handling, and multichannel contact management application (voice, calls, email), to deliver a call management solution that maximizes the efficiency and effectiveness of our Call Center staff. We account for peak call volume during the DDI period and scale staff to meet implementation and ongoing operational needs, predict when overflow coverage may be required, and continuously

monitor overall Call Center performance to identify opportunities for improvement related to staffing, training, or resource allocation.

MedImpact uses the IEX Workforce Management System to improve our Call Center forecasts and to monitor KPIs (key performance indicators). IEX enables our Call Center management team and individual Call Center staff to establish and track their schedules and to predict future staffing needs based upon call center utilization data. In addition, we use Calabrio, an application that allows us to sample, monitor, and analyze calls. This tool enables management to make decisions on resource allocation and training needs. MedImpact uses established algorithms, reports, direct observation, and performance metrics to continuously monitor and adjust staffing in response to seasonal variations, increased call volume in response to outbound call campaigns or program changes, and DCH direction or feedback. We also monitor network and trunk capacity and utilization to identify any infrastructure enhancements needed to support staff performance or additional staff.

20.	**Bookmark Title: MSQ20 – Call Center Staff** Narrative description is limited to five (5) pages. Provide details of the proposed core team of Dedicated Call Center Staff that will provide support as referenced in Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.2 Call Center-related Requirements. Your response should include, but not be limited to, the following: a. How the core team will serve as subject matter experts on all call center shifts. b. Identification of all roles in the call center (i.e., pharmacy technicians, managers, etc.). c. Staffing levels and ratios (i.e., supervisors to phone technicians). d. Details of responsibilities and qualifications for each role. e. Expectation of the number of calls handled per CSR (core team of Dedicated Call Center Staff versus Non-Dedicated staff), and the rationale for the ratio of staff to calls to be maintained, along with the ability to increase staffing as needed.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.2 Call Center-related Requirements*. We detail below our experience with call teams and specifically DCH's dedicated contact centers.

MedImpact approaches each opportunity with the understanding that every line of business has its own nuisances, and every customer has their own unique needs. We utilized our combined knowledge of the state Medicaid program and experience with similar PBM programs to develop the proposed staffing model for DCH's Call Center staff.

MedImpact is a strong advocate of providing efficient and effective member services at the point of contact. To accomplish this, MedImpact's Call Center model is focused on the following:

- A highly capable proprietary Call Center system used by all CSRs and Call Center pharmacists. This assures the same information and criteria are available to Call Center representatives or MedImpact team members responding to a member and/or prescriber/pharmacist request for information or authorization to issue resolution.
- Access to relevant and timely information through the MedImpact Call Center system, which is fully integrated into MedImpact's unified information technology platform and includes management call tracking and reporting capability.
- Retention of information taken on each call and retrievable using personal information for the individual from whom the call was received.

Our experienced Call Center management staff routinely manages our Call Center and creates dedicated teams and/or centers for our customers. We will work with DCH during DDI to confirm the requirements needed to establish strong dedicated call center staff for DCH.

Core Team

DCH will have a dedicated call center with CSRs available 24 hours per day, 7 days per week, and 365 days per year for all prescribers and pharmacy network providers. CSRs are just one component of the core team. DCH's dedicated team will be made up of CSRs, call center supervisors and managers, prior authorization coordinators, pharmacist, a performance improvement coordinator, and CSCA (Customer Service Client Administrator). Each member of the team provides specific expertise to the dedicated contact team with the goal that callers' needs will be addressed during the initial call.

Pharmacy technicians (available 24 hours a day 7 days a week) and pharmacist will provide subject matter experts. Our Georgia-registered pharmacists will be available Monday through Friday from 7 a.m. to 8 p.m. for call escalation and support regarding PA criteria and denials.

Call Center Roles

Generally, MedImpact's Call Center is made up of CSRs, pharmacists, and various leadership positions. The Call Center Management team has utilized the information provided in the RFP along with their experience to identify the following clinical and technical roles required to support DCH:

- Pharmacy Technicians
- CSRs (customer service representatives)
- PACs (Prior Authorization Coordinator)
- Pharmacists
- Pharmacist in Charge
- CSCA (Customer Service Client Administrator)
- Contact Center Supervisors
- Contact Center Manager
- Performance Improvement Coordinator (Quality Analyst)

These individuals will work in tandem led by the manager to support DCH's Call Center needs.

Staffing Levels and Ratios (i.e., supervisors to phone technicians)

MedImpact can ramp up to and exceed 200% of our normal call volume in 90 days or less in preparation for our peak season (typically from January to March). Our successful implementation process will use historical data that DCH will provide such as claim data and call volume to forecast factors of current similar customers to generate volume and workload assumptions. MedImpact factors in service level targets to ensure adequate staffing is in place to support the new implementations in addition to the overall book of business. MedImpact uses call center tools such as NICE IEX Totalview, Cisco Unified Intelligence Center, and Calabrio call recording to analyze and adjust the staffing plan accordingly. We use the IEX Workforce Management System to forecast and monitor key performance indicators. IEX enables our customer service management team and individual customer service staff to establish and track their schedules and predict future staffing needs based on customer service utilization data. We

also use Calabrio, an application that allows us to sample, monitor, and analyze calls and make decisions on resource allocation and training needs. We use algorithms, reports, direct observation, and performance metrics to continuously monitor and adjust staffing in response to seasonal variations, increased call volume in response to outbound call campaigns or program changes, and customer's direction.

MedImpact's workforce scheduling system forecasts spikes in call volume, which provides ample time to recruit and train staff from employment agencies and secure additional cross-trained internal resources to manage the increased call volume. MedImpact monitors our network, trunk capacity, and utilization to identify any infrastructure enhancements needed to support staff performance or additional staff. MedImpact maintains a team of workforce analysts to oversee this process.

MedImpact accounts for peak call volume during the DDI (direct inward dialing) period by performing the following:

- Scaling staff per DDI information and ongoing operational needs
- Predicting when overflow coverage needed
- Continuously monitoring overall customer service performance to identify any opportunities for improvement related to call center staffing, training, or resource allocating

We utilize technology and experience to staff accordingly during throughout the list of a contract and will apply these same elements to DCH's dedicated call center staff.

Role Responsibilities and Qualifications

Table 4 details the roles and responsibilities.

Roles	Role/Responsibilities	Qualifications
Pharmacy Technicians	Pharmacy technicians are the first line of communication through the toll-free phone line.	• Candidate must be licensed and in good standing with the Georgia State Board of Pharmacy. • Hospital pharmacy experience is preferred. • General experience in all phases of pharmacy operations including basic knowledge of automated dispensing cabinets, inventory management, medication order interpretation, and Ga. Pharmacy law is required. • Basic computer skills are required. • Good oral communication skills are essential.
CSR (Customer Service Representative)	CSRs are responsible presenting a positive image of the company by promptly responding to customer phone inquiries and determining the appropriate actions to resolve issues,	• Deliver service that meets or exceeds department performance standards for Average Hold Time, Abandonment Rate, Talk Time,

	gather and provide information, and offer assistance.	Quality, Adherence, and One-touch Resolution. • Utilize multiple company database programs to research and resolve complex issues relating to benefit information, claims adjudication, eligibility verification, prior authorization, and other PBM processes. Use task route function, SalesForce.com, and other processes & tools as applicable to escalate issues, request follow up action, or obtain assistance from other areas of the organization, as necessary. • Follow up with callers as appropriate to ensure customer satisfaction and timely response to requests. Diffuse irate or emotionally upset customers by appropriately listening to issues, calming the customer, and providing positive solutions to resolve concerns. • Keep current on new plan information and instructions by attending and participating in staff meetings, RTL's, company-required training programs, and other activities that develop skills, build teamwork, and provide updated information. • Pharmacy Technician Certified CSR's support physician calls and can review Prior Authorization (PA) guidelines noted in the MedAccess system.
Prior Authorization Coordinator	As a member of the Prior Authorization team, the PAC (prior authorization coordinator) processed prior authorizations in accordance with standards for accuracy, timeliness, productivity, and customer performance commitments.	• Process and finalize PA requests within customers' turnaround time (TAT) and Performance Guarantees (PGs) utilizing guidelines • Enter prior authorizations (Pas) into the system and prioritize requests • Check formulary alternatives, review tried and failed medications • Utilize drug references and verify the drug being requested is indicated and approved for the condition

		• ·Document all related information regarding the PA approval or non-approval • Respond to requests by faxing status of the PA to the physician or pharmacy
Pharmacist	Pharmacists are a point of escalation for clinical questions and PA reviews. Pharmacists will be the subject matter expert on prescription drug related questions from DCH to operations.	• PharmD (or equivalent) along with three (3) to five (5+) years' related experience required. • Analytical skills with Health Informatics experience preferred. • Participates in P&T Committee meeting where materials are prepared and disseminated to support recommended additions or deletions from the formulary • Provide clinical expertise in managing to support the program
CSCA (Customer Service Client Administrator)	The CSCA ensures customer satisfaction throughout plan implementation, post implementation and all other related service activities and strategic projects on behalf of the Contact Center. Serves as a point of contact for assigned customers, Account Management, Implementation, Benefits Management, and other departments to achieve service commitments and improve business processes, and increase company profitability.	• Serve as first point of contact for customer for all Contact Center related requests and problem resolution. • Coordinates with multiple areas as needed in resolving customer specific issues, process changes, new products, and staff training. • Define processes and implement call reduction strategies. • Negotiate and seek agreement with customers regarding the need for process changes. • Manage customer expectations by providing alternative solutions to suggested benefit changes in order to reduce calls in the contact center and disruptions to claims processing. • Develop, maintain, and modify call center processes when the customers' requirements change. • Update system notes and develop and conduct training for contact center staff. • Stay current with and apply CMS requirements • Provide consultation for customers regarding the regulations and ensure

		our call center processes provide high quality and compliant customer service.
Contact Center Supervisors	The Supervisor of Contact Center Services /Performance Improvement has primary responsibility for supervision of Performance Improvement Coordinators and a variety of Contact Center Services staff.	• Responsible for delivering exceptional service to customers, including open channels of communication, prompt response to inquiries and requests, and timely, accurate results that meet customer specifications. Ensures that staff is properly trained and supervised in order to timely and accurately execute processing needs in compliance with performance standards and regulatory agencies. • Supervises on average, 12+ staff members, including interviewing and recommending candidates for hire, coaching, and developing staff members, assigning, and monitoring work in progress, evaluating performance, enforcing attendance & performance standards, administering employee corrective action, and making compensation recommendations. Models and cultivates staff behaviors that achieve business success, including leadership skills, collaboration, accountability, and ownership. Ensures that staff members are aware of business plan objectives, individual accountabilities, and the competencies critical to successful job performance. • Supervises assigned work group to achieve service commitments, including sustainable, measurable, accurate, reliable, and timely execution of service deliverables. Provides day-to-day leadership, including administering policies, business processes, quality standards, and performance measurement criteria. Sets high standards and encourages new ideas for improving organizational performance.

		• Partners with other MedImpact teams to effectively resolve customer issues and inquiries to ensure mutual success, supports new business. Participates as a member of cross functional workgroups, teams, and committees as assigned.
Contact Center Manager	Call Center Manager who will contribute to maintaining the highest quality standards in the Medicaid space.	• Oversees call center staff • Manages the daily operations including all workflows, turnaround times, production levels and staffing schedules on a daily and monthly basis • Assures coverage of all shifts as required. Develops and approves staff work schedules. • Escalates issues to the Account Manager as needed
Performance Improvement Coordinator (Quality Analyst)	The Performance Improvement Coordinator supports department quality improvement initiatives by conducting audits of customer service and prior authorization transactions, providing call coaching, and training to staff, and participating in department quality improvement studies.	• Completes quality audits of customer service and prior authorization transactions to ensure timely and accurate information is provided to callers. Evaluation of calls includes, but is not limited to, review of overall call handling, courtesy, accuracy, documentation, system knowledge, correct use of policies and procedures, timely answers and other criteria identified in the quality assurance guidelines. • Provides monitoring feedback to staff and department leadership team. Submit reports of audit results to the leadership team. Provide overall analysis of quality scores and identify trends for training purposes. • Supports department training and skill development initiatives through call coaching, mentoring, and training staff as assigned. Recommend training program improvements or any additional customer service training needs. Identify training needs and develop training reminders for staff. • Develops, maintains, and administers the Level II and Over-dollar examinations. Provides

		training and feedback on examination results.

Table 4: Call Center Staffing

MedImpact has more than 3 decades of experience managing and supporting PBA call center staff. We will work with DCH during DDI to develop a call center staffing approach that integrates appropriate staff, ratios, roles, and responsibilities that will meet your needs now and throughout the contract.

21.	**Bookmark Title: MSQ21 – IVR System** Narrative description is limited to two (2) pages. Describe your Interactive Voice Response (IVR) system, including, but not limited to, customizable options, voice activation, and pharmacy locator functionality. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.2 Call Center-related Requirements.
	Supplier Response MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.2 Call Center-related Requirements*. We detail our IVR functionality below. MedImpact provides access to an IVR (interactive voice response) system with advanced speech recognition. Our automated user-friendly IVR system enhances the services and functionality available to our callers ensuring efficiency, accuracy, and reliability. With a combination of touchtone telephone keypad entry and voice input, the IVR can handle services such as the following: ➢ Check eligibility ➢ Check PA (prior authorization) status ➢ Locate a participating pharmacy The IVR menu includes the following prompts to determine if the caller is a pharmacy, member, prescriber, or customer: ➢ If you are a pharmacy, press or say 1. ➢ If you are a member, press or say 2. ➢ If you are a physician, press or say 3. ➢ If you are a health plan or employer group, press or say 4.

Table 5 details service options available to different callers.

Call Type	Services Available
member	• Eligibility questions • Locate a participating mail order pharmacy • Locate a participating retail pharmacy • Benefit days' supply inquiries
Physician	• Patient eligibility • Benefit days' supply
Pharmacy	• member eligibility • EDS changes • Pharmacy contract status • Benefit days' supply inquiries • Claim billing assistance
Customer	• Eligibility questions • Locate a participating mail order pharmacy • Locate a participating retail pharmacy • Benefit days' supply inquiries

Table 5: Services Available

If the IVR system cannot complete a voice command, it routes the call to a CSR. MedImpact also has an option on the IVR for the caller to choose to speak to a CSR.

Customizable Options

MedImpact works with customers to customize the IVR messaging on their dedicated lines to best fit their needs. We will work with DCH during DDI to understand any IVR requested changes. We will need the following information from DCH to make IVR changes:

- Detailed outline of overall change
- Customer dialed number identification service
- Message recording (if applicable)
- Menu options (if applicable)

For items such as messaging and push button menu options, once we receive the required information from DCH, we can update the IVR quickly. Other turnaround times for requested IVR changes are determined once we review the request. Options for translating the IVR into other languages are available and quoted upon request.

Optimizing Interactive Voice Response

We also act in an advisory role to customers regarding IVR options and will be happy to do so for DCH. For example, MedImpact monitors call center logs daily to proactively spot potential issues and identify improvements. After identifying a high number of COB (coordination of benefits) calls for 1 of our customers, MedImpact conducted a root cause analysis.

Our research indicated that the IVR scripts were not clear, which was causing confusion for IVR listeners and resulting in transfers to CSRs. In response, MedImpact made recommendations to update the IVR scripts with clearer language. IVR updates introduced in March 2022 resulted in a 25% reduction in COB-related calls from January 2022 and a 54% reduction from February 2022.

MedImpact realizes that nothing replaces person-to-person interactions; however, we also know the value of utilizing technology to make accessing information easy. We are confident that we can meet the IVR requirements set forth in the RFP. We will work with DCH during DDI and beyond to set-up, monitor, and optimize the IVR system to ensure members get the information they need quickly and efficiently.

IVR Optimization

MedImpact identified an unusually high rate of COB calls in the call center, recommended an update to the client IVR messaging, and saw a 54% reduction in COB calls from the prior month.

MedImpact realizes that nothing replaces person-to-person interactions; however, we also know the value of utilizing technology to make accessing information easy. We are confident that we can meet the IVR requirements set forth in the RFP. We will work with DCH during DDI and beyond to set-up, monitor, and optimize the IVR system to ensure members get the information they need quickly and efficiently.

22.	**Bookmark Title: MSQ22 – Call Center Monitoring** Narrative description is limited to four (4) pages. Describe, in detail, your approach, tools used, methodologies, best practices, and application of lessons learned in monitoring and recording calls on Dedicated lines to meet the requirements of Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.2 – Call Center-related Requirements. Describe the State's access to such call information and how this information will be useful for the State in decision-making and measuring the Supplier's performance.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.2 Call Center-related Requirements*. We monitor calls to ensure high level of performance and to ensure we are meeting or exceeding internal goals and customer performance metrics.

MedImpact is a strong advocate of providing efficient and effective provider services at the point of contact. To accomplish this, we have carefully evaluated the information related to historic volumes in the RFP and have sufficiently staffed the PA unit with appropriate clinicians to handle the anticipated PA volume based upon our models. MedImpact's PA Call Center model will:

- Meet all performance requirements
- Provide a dedicated phone number and call center queue to ensure expedient handling of calls
- Utilize our PA processing system to customize timers within the system based upon the quality standards required by DCH. This automation allows users to prioritize their work based upon due dates.
- Provide a robust call center platform that is used by all reviewing agents and is integrated with the IVR system for seamless transition from verification of the caller's credentials to the start of the manual PA process
- Utilize the same clinical algorithm for fax and ePA review for real time for the manual review process
- Build the PA and transmit it in real time to our POS, allowing us the ability to submit a trial claim during the same call
- Provide access to all relevant information which allows a smooth, quick, and accurate call

MedImpact will provide a clinical pharmacist to present the justification for denial at subsequent hearing(s), including in person, if required. Based upon our experience with the Georgia Medicaid Single PBM program, most PA denials and upheld appeals are caused by lack of receiving all necessary information from prescribing providers. MedImpact has been working with DCH Ombudsman's Office, as well as DCH pharmacy director and designated staff, to resolve hearing requests to the extent possible to prevent an avoidable hearing.

MedImpact records and stores all customer service center call recording interactions for performance monitoring, quality standards, and customer service metrics. MedImpact uses a web-based call recording and monitoring system to capture voice recordings and CSR screen input storing CSR call notes in MedAccess® and adhering to MedImpact's documented guidelines while monitoring calls.

To achieve the highest level of caller satisfaction, MedImpact emphasizes CSR performance. Our performance improvement coordinators and supervisors review and grade performance using a web-based call recording and monitoring system. MedImpact records and stores all customer service center call recording interactions for performance monitoring, quality standards, and customer service metrics. MedImpact uses a web-based call recording and monitoring system to capture voice recordings and CSR screen input storing CSR call notes in MedAccess® and adhering to MedImpact's documented guidelines while monitoring calls.

MedImpact uses call center tools such as NICE IEX Totalview, Cisco Unified Intelligence Center, and Calabrio call recording to analyze and adjust the staffing plan accordingly. This automated process lets management study the quantity, length of all calls, average speed of answer, and abandonment rate. MedImpact uses the data generated from these reports to monitor call activity and staff appropriately during peak periods. We use algorithms, reports, direct observation, and performance metrics to continuously monitor and adjust staffing in response to seasonal variations, increased call volume in response to outbound call campaigns or program changes, and customer's direction.

MedImpact compiles issues identified during call monitoring to use as training opportunities. We conduct mock calls, provide mandatory knowledge checks, and continually coach on improvement opportunities 1-on-1 and in staff meetings. We continue to build the CSRs' knowledge and skills through knowledge checks that we provide on a monthly basis consisting of 5 to 10 questions based on topics identified via quality reviews, job aids, and individual training.

We use the IEX Workforce Management System to forecast and monitor key performance indicators. IEX enables our customer service management team and individual customer service staff to establish and track their schedules and predict future staffing needs based on customer service utilization data. We also use Calabrio, an application that allows us to sample, monitor, and analyze calls and make decisions on resource allocation and training needs. We use algorithms, reports, direct observation, and performance metrics to continuously monitor and adjust staffing in response to seasonal variations, increased call volume in response to outbound call campaigns or program changes, and customer's direction.

Call Tracking and Reporting

MedImpact's MedAccess® is the electronic source of all call records. MedImpact uses a web-based call recording and monitoring system to capture voice recordings and CSR screen input storing CSR call notes in MedAccess® and adhering to MedImpact's documented guidelines while monitoring calls. This information is captured for performance monitoring, quality standards, and customer service metrics. It maintains an indexable and searchable call log of all contacts,

capturing the nature of all inquiries or issues, date and type of contact, caller type, status and resolution of each contact, date of resolution, and more. Additionally, our MedOptimize reporting application can provide detailed Call Log reporting. Authorized users can search and report at the individual, group, and aggregate levels.

Remote Call Monitoring

MedImpact will work with DCH to conduct remote call monitoring to meet your requirements as outlined in this RFP. Our MedAccess system captures all card recordings and is compliant with HIPAA privacy law.

23.	**Bookmark Title: MSQ23 – Call Tracking and Reporting** Narrative description is limited to three (3) pages. Describe, in detail, your call tracking and reporting system including, but not limited to, its capacity for CSRs to enter customized information into the system and its ability to capture and track CSR-specific comments. Provide details about any tools available to CSRs to respond to Provider inquiries. Your response should also include, but not be limited to, the information regarding the fields that can be used for call center report queries (technical and clinical), including, but not limited to, the following: a. Drug name. b. Reject edit type. c. Therapeutic category. d. Prior Authorization (PA) criteria response. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.1 Call Center-related Requirements.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.1 Call Center-related Requirements* as it relates to call tracking and reporting. We are an experienced Call Center partner with over 30 years managing MedImpact call centers and supporting our customers. Our robust tracking and reporting tools and resources enable us to provide outstanding service to our customers and members.

Tracking and Reporting

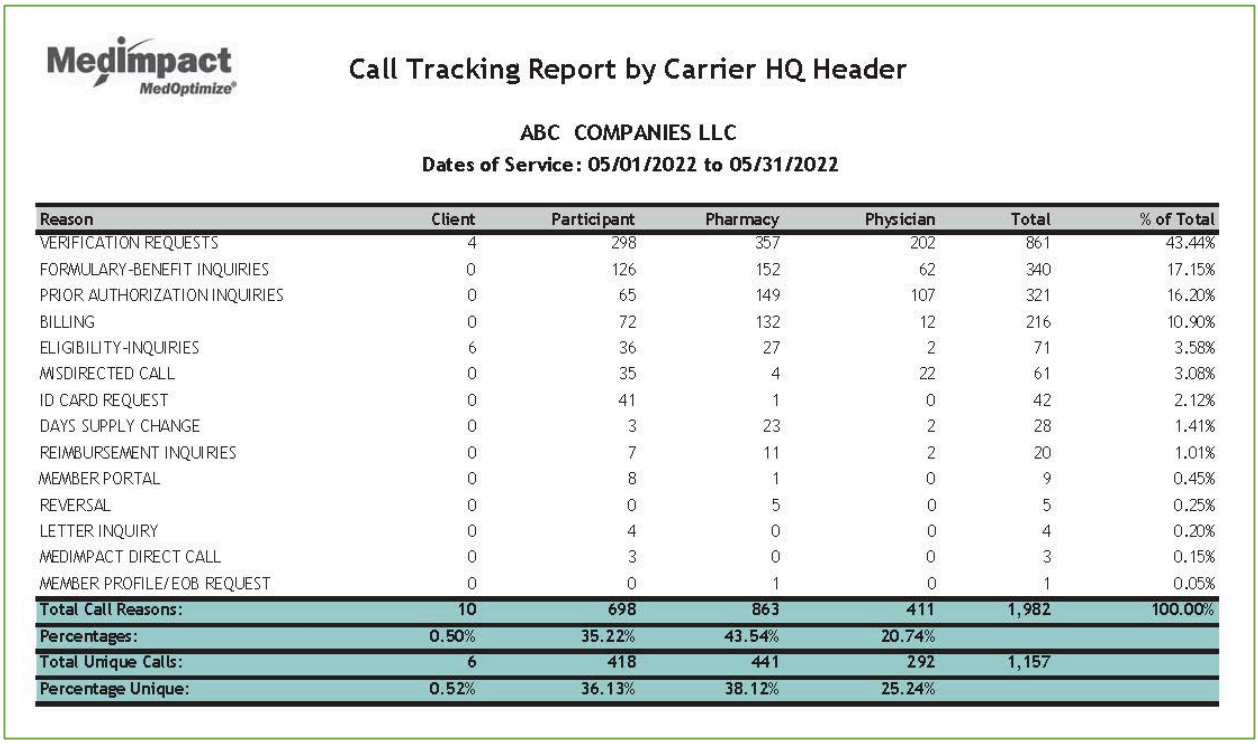
MedImpact tracks all calls through an innovative Cisco telephone accounting system. This automated process lets management study the quantity, length of all calls, average speed of answer, and abandonment rate. MedImpact uses the data generated from these reports to monitor call activity and staff appropriately during peak periods. MedImpact also uses scheduling software to further assist in forecasting staffing needs.

Using our Call Center logging application with the MedAccess platform, Call Center representatives document, categorize, process, track, monitor, and trend performance and activity across a variety of statistics, such as call volumes, types including PA requests and eligibility updates, number and type of customer calls, reasons for calls, timeframes for resolution and return calls, and more, providing a continuous source of information used to monitor performance and identify opportunities for improvement.

Reporting data content—Within our reporting tool, Call Center data sets are available and organized to simplify the process of accessing the data we want and need. Data sets cumulatively contain more than 800 data elements and include Call Center-specific data (e.g., number and type

of customers, reasons for calls, timeframes for resolution, and other elements identified by DCH). Some views contain summarized data for prompt results of counts and totals, while others provide granular detail for in-depth analysis.

Figure 13 provides a screenshot of the types of information captured in our Call Log Detail report.



Call Tracking Report by Carrier HQ Header

ABC COMPANIES LLC

Dates of Service: 05/01/2022 to 05/31/2022

Reason	Client	Participant	Pharmacy	Physician	Total	% of Total
VERIFICATION REQUESTS	4	298	357	202	861	43.44%
FORMULARY-BENEFIT INQUIRIES	0	126	152	62	340	17.15%
PRIOR AUTHORIZATION INQUIRIES	0	65	149	107	321	16.20%
BILLING	0	72	132	12	216	10.90%
ELIGIBILITY-INQUIRIES	6	36	27	2	71	3.58%
MISDIRECTED CALL	0	35	4	22	61	3.08%
ID CARD REQUEST	0	41	1	0	42	2.12%
DAYS SUPPLY CHANGE	0	3	23	2	28	1.41%
REIMBURSEMENT INQUIRIES	0	7	11	2	20	1.01%
MEMBER PORTAL	0	8	1	0	9	0.45%
REVERSAL	0	0	5	0	5	0.25%
LETTER INQUIRY	0	4	0	0	4	0.20%
MEDIMPACT DIRECT CALL	0	3	0	0	3	0.15%
MEMBER PROFILE/EOB REQUEST	0	0	1	0	1	0.05%
Total Call Reasons:	**10**	**698**	**863**	**411**	**1,982**	**100.00%**
Percentages:	**0.50%**	**35.22%**	**43.54%**	**20.74%**		
Total Unique Calls:	**6**	**418**	**441**	**292**	**1,157**	
Percentage Unique:	**0.52%**	**36.13%**	**38.12%**	**25.24%**		

Figure 13: Sample Call Log Detail

CUIC—CUIC, a reporting platform for Cisco call center products, is a web-based application that provides historical, real-time, and live data reporting and dashboards. CUIC enables us to create custom queries to obtain specific data, customize the visual presentation of the reports, and customize the data that is presented in the reports. CUIC also supports role-based views, allowing different groups of people to view specific data based upon their roles. CUIC includes a scheduling function that runs specific reports at selected intervals.

MedImpact's highly trained Call Center representative use a comprehensive knowledgebase, support tools, and services to assure accurate and complete responses in a timely manner. MedAccess, our Call Center system, includes all required capabilities for our representatives to keep callers apprised of progress on more complex questions as they are resolved, referring calls to specialists, as designated by DCH, and tracking and reporting customer service information and performance. MedAccess is available to DCH and the CMOs for unredacted online access to claims, inquiries, and communications / contracts tracking.

Recording, tracking, and indexing contacts—MedAccess records the date and time of all inbound and outbound contacts, identifies the responding Call Center representative, the

workstation where the call was answered, and identifying information for the caller, including county of residence, reason for call, disposition, and notations in a free-text field. Call types and disposition categories are enhanced to include all categories included in DCH-approved lists. MedAccess can use this information to track, index, and report on all call center activity, enabling managers to identify trends that inform Call Center representative training, member education and outreach materials and activities, and provider portal updates, education, and training.

Recording and maintaining information—MedAccess records all contacts; captures the nature of all inquiries or issues, date and type of contact, customer type, status and resolution of each contact, and date of resolution; and can report at the individual, group, and aggregate levels. MedAccess also maintains up-to- date member and provider identifying information, including language selection, authorized representative information, and documentation.

Tracking numbers from dropped calls—Our integrated Call Center system uses the Cisco Call Manager System to track telephone numbers from callers whose calls are dropped. We document and retain information about telephone numbers that are unreachable because they are blocked, disconnected, not valid, or result in a busy signal in MedAccess.

IVR metrics—Cisco's IP IVR system tracks performance metrics (e.g., percent calls answered within 30 seconds, capture rate, hold times, call back return rate, and more). We combine this information with call type reports and with monitoring and evaluation reports to analyze performance and to drive improvements in staff training and performance, processes, and technology

CSR Access to member Pharmacy-Specific Information

MedAccess® supplies pharmacy-specific information to CSRs for each member at the time of the call. The system allows CSRs to access customer-specific procedures related to call handling for member, pharmacy, and prescriber inquiries. Multiple computer screens display information including the following:

- member, prescriber, and pharmacy eligibility information
- Coverage and exclusion tables for benefit edits, restrictions, and formularies
- Pricing information for carrier pharmacy network
- Eligibility coding in comprehensive member maintenance screens
- Online concurrent drug utilization review messages sent to the pharmacies during claims processing
- Drug file information

Upon receiving an oral request via phone, the CSR confirms the membership of the requestor and logs the call. From the discussion with the member, the CSR determines if the call pertains to a grievance, prior authorization, appeal, or inquiry. If a grievance, the CSR documents the grievance from the member in MedAccess and routes the information to the grievance coordinator to review and coordinate research to resolution through the grievance process.

Rejected Claims Information Access

MedImpact stores rejected claims information in MedAccess®. With enough member information available, CSRs (customer service representatives) can locate the rejected claim by filtering for claims with the rejected status in the member's claim history. If there is not enough member information available to locate the rejected claim within the system, a CSR can find it by searching for claims with the rejected status within the given pharmacy's system.

Email Inquiry Tracking

members can contact our customer service center via phone 24 hours a day. MedImpact honors member choice as much as possible and can accept, track, and respond to member questions and comments electronically through email. MedImpact's system automatically responds to member's emails stating we have received the member's email as soon as we receive their inquiry to the customer service inbox. Once we receive and review the inquiry, we notify the member of the outcome or ask for additional information for research.

MedImpact tracks and records all calls and uses the data to monitor call activity, trend call volumes, and to appropriately staff the call center. These tools help us ensure the highest level of customer service and support to callers.

24.	**Bookmark Title: MSQ24 – CSR Quality Monitoring** Narrative description is limited to four (4) pages. Describe, in detail, your quality monitoring process for CSRs as required in Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6 Support. Your response should include, but not be limited to the frequency and number of calls monitored for new and experienced CSRs.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6 Support*. We know the importance of having well-trained and high performing CSRs (customer service representatives) available for our customers and their members. Our overall positive work environment paired with ongoing quality monitoring results in highly trained, experienced CSRs ready to serve our customers and their members.

MedImpact CSRs Stay

MedImpact's Call Center turnover rate for 2023 was 4.7% in contrast to national average call center turnover rates of 30-45%.

MedImpact incentivizes CSRs to provide optimal customer service to all members in several ways. CSRs have a clearly defined path to career advancement within the department and to other areas of the company, which encourages exceptional attendance and performance. They also typically work in a visually striking office setting; the scenic views make it a desirable location to work in each day.

In addition, MedImpact's customer service center hosts many fun and creative employee activities designed to boost morale and inspire exemplary customer service. CSRs can earn prizes for meeting metrics such as 100% attendance. Management also includes CSRs in focus groups and brainstorming sessions to ensure the work environment is a rewarding experience. This focus on engaging our CSRs results in a low turnover rate and more experienced CSRs serving our customers.

Quality Assurance

MedImpact monitors CSR (customer service representative) responses to determine consistency, accuracy, and courtesy. To achieve the highest level of caller satisfaction, MedImpact's call quality approach places emphasis on CSRs' performance. Our performance improvement coordinators and supervisors review and grade performance on accuracy, HIPAA compliance and unprofessional conduct, proficiency and efficiency, and courtesy using a web-based call recording and monitoring system. Our overall quality goal, which includes accuracy, is 95% or higher.

MedImpact records and stores all customer service center call recording interactions for performance monitoring, quality standards, and customer service metrics. MedImpact uses a web-based call recording and monitoring system to capture voice recordings and CSR (customer service representative) screen input storing CSR call notes in MedAccess® and adhering to MedImpact's documented guidelines while monitoring calls.

Monitoring

Call Center Member Satisfaction

Post-IVR system member survey results for 2022 were 84% satisfaction.

Annual member satisfaction survey results for 2022 were 89% "satisfied", "very satisfied" or "completely satisfied".

To achieve the highest level of caller satisfaction, our performance improvement coordinators and supervisors review and grade performance using a web-based call recording and monitoring system. MedImpact compiles issues identified during call monitoring to use as training opportunities. We conduct mock calls, provide mandatory knowledge checks, and continually coach on improvement opportunities 1-on-1 and in staff meetings. We continue to build the CSRs' knowledge and skills through knowledge checks that we provide on a monthly basis consisting of 5 to 10 questions based on topics identified via quality reviews, job aids, and individual training.

Quality Rubric

To achieve a high level of caller satisfaction, MedImpact's call quality rubric places concentrated emphasis on the CSR's (customer service representatives) performance. Our PICs (performance improvement coordinators) and supervisors review and grade performance using a web-based call recording and monitoring system. We identify and compile improvement points (trending plan issues, growth opportunities for CSRs, etc.) during call monitoring to use as training opportunities.

Number of Calls Reviewed

A MedImpact CSR (customer service representative) has 15 calls reviewed for quality per month. A CSR supervisor reviews 5 calls, and the quality assurance team reviews 10 calls. Number of calls reviewed may vary based on business needs.

MedImpact measures quality at various touchpoints in our system as we work to achieve the highest level of caller satisfaction. We monitor CSR call to ensure customer service and knowledgeability. CSRs are incentivized with metrics and rewards and receive feedback on their performance to ensure the optimal care of our callers.

25.	**Bookmark Title: MSQ25 – Call Monitoring** Narrative description is limited to one (1) page. Describe, in detail, your ability to comply with the State's requirements to monitor member and Provider calls made to the Dedicated call numbers. Include in your response descriptions of the technology that will be used to perform this function and the State's ability to select calls without prescreening or preselection by the Supplier as stated in Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.2 Call Center-related Requirements.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.2 Call Center-related Requirements*. We have robust call monitoring and tracking tools that help us with everything from staffing appropriately to monitoring calls for performance.

Staffing for Call Volume

MedImpact's workforce scheduling system forecasts spikes in call volume, which provides ample time to recruit and train staff from employment agencies and secure additional cross-trained internal resources to manage the increased call volume. MedImpact monitors our network, trunk capacity, and utilization to identify any infrastructure enhancements needed to support staff performance or additional staff. MedImpact maintains a team of workforce analysts to oversee this process.

MedImpact accounts for peak call volume during the DDI (direct inward dialing) period by performing the following:

- Scaling staff per DDI information and ongoing operational needs
- Predicting when overflow coverage needed
- Continuously monitoring overall customer service performance to identify any opportunities for improvement related to call center staffing, training, or resource allocating

MedImpact can ramp up to and exceed 200% of our normal call volume in 90 days or less in preparation for our peak season (typically from January to March). Our successful implementation process will use historical data that DCH will provide such as claim data and call volume to forecast factors of current similar customers to generate volume and workload assumptions. MedImpact factors in service level targets to ensure adequate staffing is in place to support the new implementations in addition to the overall book of business.

MedImpact uses call center tools such as NICE IEX Totalview, Cisco Unified Intelligence Center, and Calabrio call recording to analyze and adjust the staffing plan accordingly. We use the IEX Workforce Management System to forecast and monitor key performance indicators.

IEX enables our customer service management team and individual customer service staff to establish and track their schedules and predict future staffing needs based on customer service utilization data.

We also use Calabrio, an application that allows us to sample, monitor, and analyze calls and make decisions on resource allocation and training needs. We use algorithms, reports, direct observation, and performance metrics to continuously monitor and adjust staffing in response to seasonal variations, increased call volume in response to outbound call campaigns or program changes, and customer's direction.

Call Recording

MedImpact will comply with the State's requirements to monitor member and provider calls. MedImpact uses a call center application, Calabrio, which enables the Contact Center to record and monitor calls for training and to ensure that quality standards are met or exceeded by the CSR. The Contact Center records all calls and a sample of screen capture. MedImpact typically uses this functionality during training, quality assurance reviews, and to monitor the ease of use of new functionality or screen changes. Performance Improvement Coordinators and Supervisors monitor Customer Service Representatives' calls on a monthly basis.

MedImpact will work with DCH to conduct remote call monitoring to meet your requirements as outlined in this RFP. Our MedAccess system captures all card recordings and is compliant with HIPAA privacy law.

MedImpact uses call monitoring and tracking tools to assess the number of calls, trend the peaks in call volume, ensure the contact center is properly staffed to support the call volume, and that CSRs are knowledgeable about DCH's Medicaid pharmacy program. These processes are in place to ensure high performance and excellent customer service as we work to resolve any member or provider questions or issues on the first call.

26.	**Bookmark Title: MSQ26 – Reporting Approach** Bookmark Title for Supporting Material: MSQ26.1 – List of Proposed Reports Narrative description is limited to five (5) pages, not including required supporting material. Provide a detailed listing of all proposed reports, including an outline of all utilization and performance reports that will be developed for the State to meet the requirements of this scope of work. Include in your response for each report, a synopsis, purpose, any limitations the State may have in accessing each report, and the frequency each report will be provided to the State.

Supplier Response

MedImpact's MedOptimize® reporting system, driven by IBM Cognos, as our proprietary online reporting tool provides customers with flexible reporting, business intelligence, and decision-support options. MedOptimize offers DCH access to data with powerful user-friendly standard reporting and ad hoc query capabilities. We provide MedOptimize through a secure website with 24-hour, 7-day a week availability and direct access to data for efficient and effective analysis of DCH's prescription drug program enabling DCH to make informed decisions. We provide more than 36 months of customers' data through MedOptimize. From the MedOptimize login screen, users can access MedOptimize through an internet connection with no software installation needed. DCH can export all reports to various formats including PDF, HTML, Microsoft Excel, and CSV. Reports are run on-demand or scheduled at the frequency of DCH's choice.

Our teams collaborate with DCH to provide access to fully transparent adjudicated claims, provider, and member eligibility data, and claim payment details while complying with all applicable privacy and security standards.

MedOptimize offers predefined reports and powerful, flexible ad hoc reporting. This enables DCH and our reporting team to quickly create queries and generate detailed ad hoc reports. We are committed to fulfilling all reporting and data requests from DCH within the agreed-upon timeframes determined during the requirements gathering phase.

In addition to the ad hoc reporting capabilities, MedImpact provides a variety of standard reports within MedOptimize. **Table 6** outlines a sampling of MedOptimize standard reports.

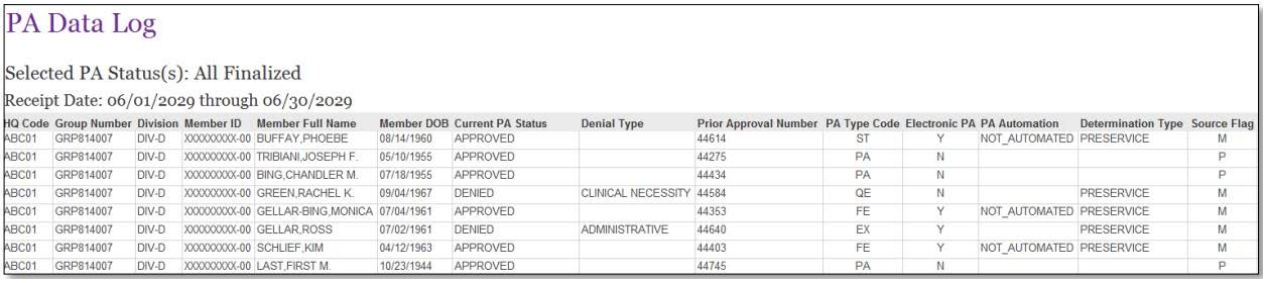
Report Category	Brief Description
Utilization	Management reporting around prescription drug claim key statistics such as number of claims, costs per member per month, brand/generic usage, formulary product utilization, utilization by fulfillment channel, and more. Report examples in this category include Key Performance Indicators and Trends, Utilization Summary by Month, and PMPM Trend Analysis.
Members	Reports targeting analysis of utilizing and eligible members. Report examples in this category include Top n members, member Profile, and Utilizing member Demographics.

Drugs	Reports that focus on the drug products utilized and the impact they have on utilization and costs. Report examples in this category include Top n Drugs, Drug Market Share, and Drug Cost and New Product Monitoring.
Prescribers	Reports targeting the analysis of prescribers, patterns of prescribing, and their impact on utilization. Report examples in this category include Top n Prescribers, Physician Profile, Audit Investigation Prescriber, and Prescriber Profile by Therapeutic Class.
Pharmacies	Reports targeting the network of pharmacies, pattern of utilization of particular pharmacies, and their impact on costs. Report examples in this category include Top N Pharmacies, Top n Pharmacy Chains, and Pharmacy Network Listing.
PA (Prior Authorization)	Management reporting around the PA (prior authorization) and appeals processes. Report examples in this category include PA Volume Summary, PA Timeliness, PA Top Drug, and Appeal Detail.
Eligibility	The Termed member Summary report provides an at-a glance view of current eligibility comparing 2 months providing a quick overview of eligibility counts and allowing customers to review and research any unexpected discrepancies related to either active eligibility or terminations.

Table 6: Sample of MedOptimize Standard Reports

Prior Authorization Reports

MedOptimize provides users with easy access to PA data that can be retrieved and delivered on a predetermined schedule or ad-hoc, upon DCH request. Our PA Data Log (**Figure 14**) report provides detailed information related to PA and offers flexible filter and prompt parameters to serve a variety of needs.



PA Data Log

Selected PA Status(s): All Finalized

Receipt Date: 06/01/2029 through 06/30/2029

HQ Code	Group Number	Division	Member ID	Member Full Name	Member DOB	Current PA Status	Denial Type	Prior Approval Number	PA Type Code	Electronic PA	PA Automation	Determination Type	Source Flag
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	BUFFAY,PHOEBE	08/14/1960	APPROVED		44614	ST	Y	NOT_AUTOMATED	PRESERVICE	M
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	TRIBIANI,JOSEPH F.	05/10/1955	APPROVED		44275	PA	N			P
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	BING,CHANDLER M.	07/18/1955	APPROVED		44434	PA	N			P
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	GREEN,RACHEL K.	09/04/1967	DENIED	CLINICAL NECESSITY	44584	QE	N		PRESERVICE	M
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	GELLAR-BING,MONICA	07/04/1961	APPROVED		44353	FE	Y	NOT_AUTOMATED	PRESERVICE	M
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	GELLAR,ROSS	07/02/1961	DENIED	ADMINISTRATIVE	44640	EX	Y		PRESERVICE	M
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	SCHUEF,KIM	04/12/1963	APPROVED		44403	FE	Y	NOT_AUTOMATED	PRESERVICE	M
ABC01	GRP814007	DIV-D	XXXXXXXXX-00	LAST,FIRST M.	10/23/1944	APPROVED		44745	PA	N			P

Figure 14: Sample PA Data Log

Details include PA status, processing dates, member information, prescriber information, pharmacy information, approval/denial reasons, comments/notes, overrides, and user entered/updated related data. In addition, MedImpact clinical professionals will review and analyze the PA data to help DCH understand PA request patterns and make optimal PA program improvements.

PDL Reports

Following the establishment of a PDL review schedule including any potentially new classes, MedImpact will provide recommendations on a quarterly basis for the PDL classes being reviewed prior to the DUR Board meetings. Our quarterly cost models are fully customizable including features and fields that follow and enable MedImpact to fulfill its fiduciary duty to the State by evaluating the value of each drug within a therapeutic class to its final true net cost and the fiscal

impact of inclusion on the PDL. These models are also available on demand and can be created by DCH following training or by the PDL Pharmacist by request.

Our cost modeling capabilities include several filters, allowing each model to be customized based upon the specific PDL needs. The cost model customizable fields shown in **Figure 15** include the following filters:

- Filter by eligibility groups
- FMAP (Federal Medical Assistance Percentage) for final net cost (based on eligibility group or an average estimate)
- Projected changes in utilization or membership
- Drug classes
- Market share projections

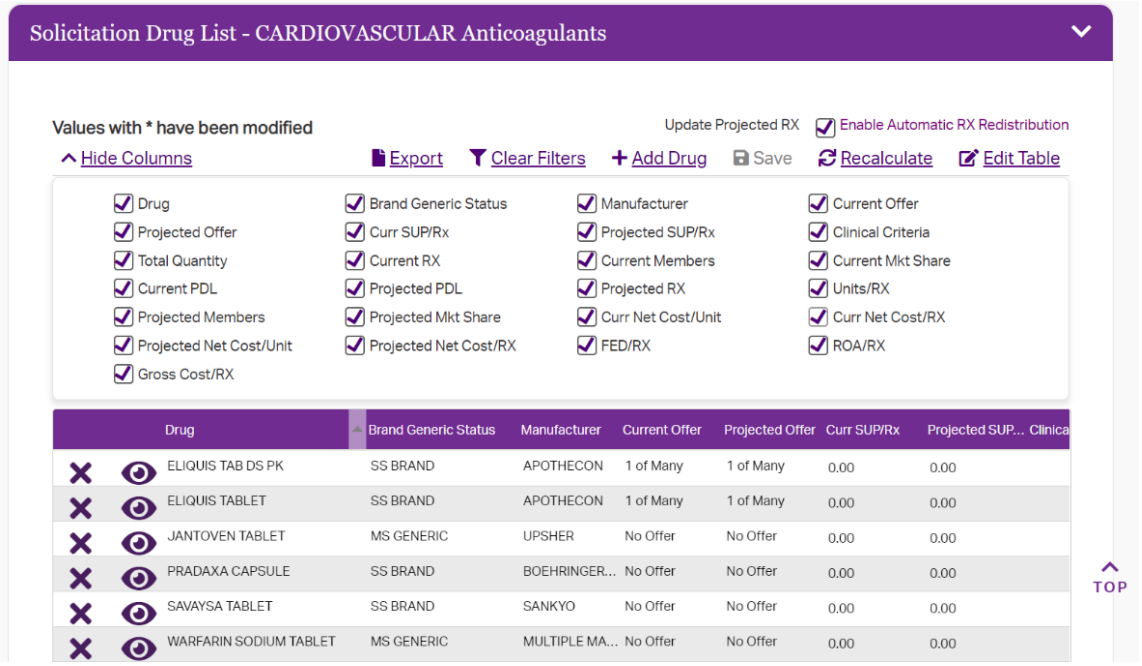


Figure 15: Cost Model Customizable Fields

We will work with DCH to determine what custom fields will serve DCH's PBA program during DDI and throughout the contract term. **Figure 16** provides a sample cost model.

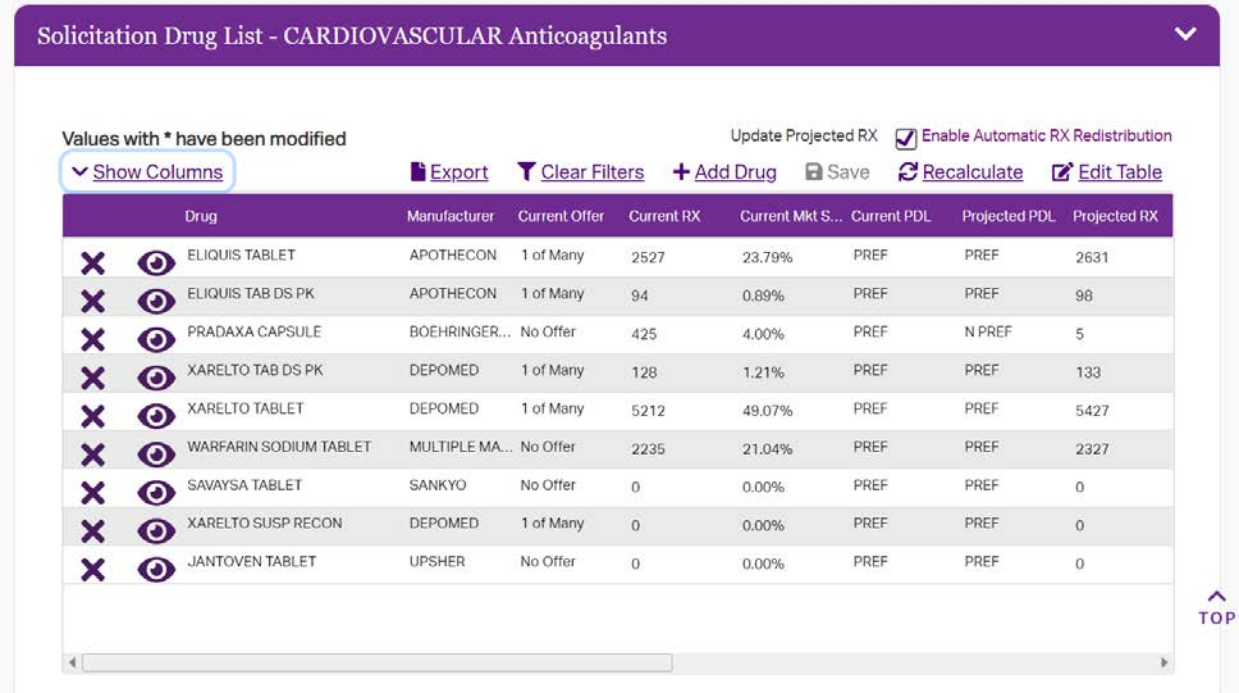


Figure 16: Sample Cost Model

This is one of many options for the PDL cost model. The reports will be tailored to the types of information DCH would like captured.

Additionally, MedImpact's web-based PDL management tool, EFS (Enterprise Formulary System), generates various reports to support validation, generation of published material and formulary file (ASCII) submission. EFS output also provides the input for custom formulary prints with customizable front and end matter for members and connection to online interactive formulary.

COB Reporting

MedOptimize offers a suite of standard reports to support DCH's and identified stakeholders access to timely, accurate data including COB reporting. These reports include but are not limited to:

- The Cost Avoidance Detail Report: provides detailed information related to claims that are cost-avoided, paid as secondary, and paid with overrides. This report includes coordination of benefit claims net costs, cost avoidance savings, and pharmacy low OPAP indicators.
- The Cost Avoidance Summary Report: provides summary-level information regarding claims cost-avoided, paid as secondary, paid with overrides, including net costs and savings.
- The Cost Avoidance Unknown OHI Detail Report: provides member-specific OHI data submitted by pharmacy providers and not on file.

PA Reporting

MedOptimize provides visibility into PA processing in summary and/or at a granular level including by prescriber and drug. We will build such reporting to DCH's unique specifications. As an example, for a member with a Managed Medicaid line of business, we created a productivity report

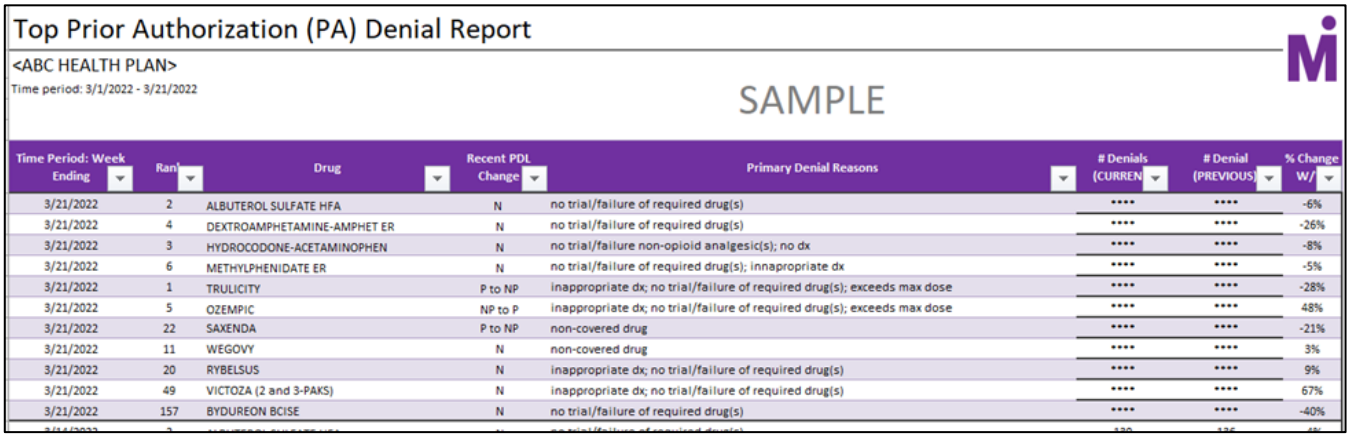
that includes a detailed listing of actions taken on a PA (intake, guideline review, general comment, decision rendered, PA finalized, and others), along with the individual that performed the action and a summary overview by individual by day by the number of actions taken and the distinct number of PAs actioned by that individual.

Our fully integrated PA platform provides designated staff real-time, unredacted access that enables users to perform queries using multiple fields, including:

- Requesting prescriber name
- Date and time of the request
- member identifiers
- Requested drug name, strength, form, and quantity
- Program eligibility of the member at the time of the determination
- Request status such as approved, pended, or denied
- All reasons for denial or exception
- Authorization begin and end dates
- Date and time of action on the request
- Comment or “free-text” functionality

The web-based report repository is supported by the MedOptimize application which includes standard pre-defined reports, dashboards, ad-hoc queries, and custom reporting. Reports can be viewed, printed, copied, or downloaded, based upon role-based access control.

MedImpact tracks all operational statistics and will share this information with DCH and other stakeholders as applicable. This will include operational areas such as PA, call center, and claims processing. **Figures 17** and **18** represent sample operational, statistical, and aggregate reports.



Top Prior Authorization (PA) Denial Report

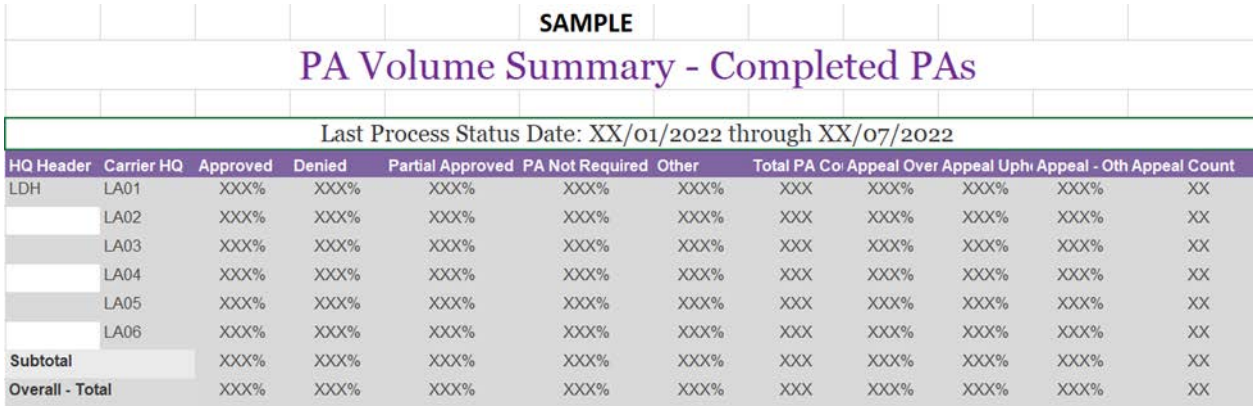
<ABC HEALTH PLAN>

Time period: 3/1/2022 - 3/21/2022

SAMPLE

Time Period: Week Ending	Rank	Drug	Recent PDL Change	Primary Denial Reasons	# Denials (CURREN	# Denial (PREVIOUS)	% Change W/
3/21/2022	2	ALBUTEROL SULFATE HFA	N	no trial/failure of required drug(s)	****	****	-6%
3/21/2022	4	DEXTROAMPHETAMINE-AMPHET ER	N	no trial/failure of required drug(s)	****	****	-26%
3/21/2022	3	HYDROCODONE-ACETAMINOPHEN	N	no trial/failure non-opioid analgesic(s); no dx	****	****	-8%
3/21/2022	6	METHYLPHENIDATE ER	N	no trial/failure of required drug(s); innapropriate dx	****	****	-5%
3/21/2022	1	TRULICITY	P to NP	inappropriate dx; no trial/failure of required drug(s); exceeds max dose	****	****	-28%
3/21/2022	5	OZEMPIC	NP to P	inappropriate dx; no trial/failure of required drug(s); exceeds max dose	****	****	48%
3/21/2022	22	SAXENDA	P to NP	non-covered drug	****	****	-21%
3/21/2022	11	WEGOVY	N	non-covered drug	****	****	3%
3/21/2022	20	RYBELSUS	N	inappropriate dx; no trial/failure of required drug(s)	****	****	9%
3/21/2022	49	VICTOZA (2 and 3-PAKS)	N	inappropriate dx; no trial/failure of required drug(s)	****	****	67%
3/21/2022	157	BYDUREON BCISE	N	no trial/failure of required drug(s)	****	****	-40%

Figure 17: Top PA Denial Report



SAMPLE

PA Volume Summary - Completed PAs

Last Process Status Date: XX/01/2022 through XX/07/2022

HQ Header	Carrier HQ	Approved	Denied	Partial Approved	PA Not Required	Other	Total PA Co	Appeal Over	Appeal Uph	Appeal - Oth	Appeal Count
LDH	LA01	XXX%	XXX%	XXX%	XXX%	XXX%	XXX	XXX%	XXX%	XXX%	XX
	LA02	XXX%	XXX%	XXX%	XXX%	XXX%	XXX	XXX%	XXX%	XXX%	XX
	LA03	XXX%	XXX%	XXX%	XXX%	XXX%	XXX	XXX%	XXX%	XXX%	XX
	LA04	XXX%	XXX%	XXX%	XXX%	XXX%	XXX	XXX%	XXX%	XXX%	XX
	LA05	XXX%	XXX%	XXX%	XXX%	XXX%	XXX	XXX%	XXX%	XXX%	XX
	LA06	XXX%	XXX%	XXX%	XXX%	XXX%	XXX	XXX%	XXX%	XXX%	XX
Subtotal		XXX%	XXX%	XXX%	XXX%	XXX%	XXX	XXX%	XXX%	XXX%	XX
Overall - Total		XXX%	XXX%	XXX%	XXX%	XXX%	XXX	XXX%	XXX%	XXX%	XX

Figure 18: MedOptimize Dashboard Style Reports and Example

Performance Reports

To share our performance towards SLAs, MedImpact will produce and provide DCH with a performance report card. We understand the standard contract requirements and vendor-supplied measurements will be evaluated quarterly. MedImpact will proactively monitor and report performance to DCH on the required schedule using DCH performance report cards. We have a dedicated team of resources responsible for contract and performance monitoring tailored to meet the specific needs of DCH. We will comply with all terms and conditions, and we understand that failure to fulfill the responsibilities may result in financial penalties, and/or assessment of consequential or liquidated damages.

Overall, MedImpact is an experienced partner and offers DCH a robust reporting tool and processes to meet all of your needs. The flexibility of our MedOptimize reporting platform allows us to create customized DCH specific reports. Available 24 hours per day, 7 days per week, DCH's authorized users can access MedOptimize's predefined prompt-driven reports and the ability to create ad hoc queries and custom reports to manage DCH's Medicaid pharmacy program.

MSQ26.1 – List of Proposed Reports

MedImpact's MedOptimize® online reporting system provides customers with flexible reporting, business intelligence, and decision-support with more than 100 various options. MedOptimize offers DCH access to data with powerful user-friendly standard reporting and ad hoc query capabilities. We have provided below a list of proposed reports as well as screenshots of sample reports available to DCH.

Utilization Reports

- Key Indicators and Trends
- Key Performance Indicators
- Utilization Dashboard
- Utilization Summary with Multiple Groupings
- Utilization by Month
- Utilization Summary (by Region)
- Utilization Summary Trend
- Utilization Analysis by Month
- PMPM Trend Analysis
- Benefit – Carrier Analysis
- Claim Status
- Facility Analysis
- Go-Live Activity Monitoring

Drug Reports

- Drug Cost and New Product Monitoring
- Drug Market Share
- Drug Recall
- Drug Use Risk Monitoring
- Drug Utilization and Cost Comparison
- First Fills
- Flu Shots by Drug and Patient Age
- MAC Prices
- Patent Expiration
- Retrospective Concurrent Drug Use
- Specialty Utilization by Drug within Therapeutic Class
- Top n Drug

EOB & Accounting

- Billing Summary
- Claims Lag
- EOB – Group Summary
- EOB – Member Usage Detail
- PA and Appeals Billing Detail

- Supplemental Invoice Report

Member Reports
- Report: Approved Claims for Members Retroactively Termed
- Report: Membership Summary
- Report: Member Profile (by Date or Drug)
- Report: Member Restrictions
- Report: Members on Drug A and/not Drug B
- Report: Members with Controlled Substances
- Report: Members with High Utilization or Costs
- Report: Termed Member Summary
- Report: Top n Member
- Report: Utilizing Member Demographics

Pharmacy Reports
- Report: Pharmacy Network Listing
- Report: Top n Pharmacy
- Report: Top n Pharmacy Chains
- Report: HIEx Pharmacy Provider Listing

Section: Physician
- Report: Top n Prescribers
- Report: Top n Prescribers with Drug Summary
- Report: Physician Profile
- Report: Physician Profile by Therapeutic Class
- Report: CMS Precluded Provider

Section: POS Programs and Edit Reports
- Report: Age Safety Claim Activity
- Report: Cost Avoidance
- Report: Cost Avoidance Unknown OHI Detail
- Report: Concurrent Drug Use
- Report: Daily Cost Share Edit Activity
- Report: Drug Utilization Review (DUR) Activity
- Report: DUR Drug-Disease Contraindications
- Report: DUR Drug-Drug Interaction Combinations
- Report: Emergency Override Claim Detail
- Report: Opioid and Buprenorphine Concurrent Use Denials
- Report: Opioid Naïve Subsequent Fill Limit Denials
- Report: Opioid Naïve Days Supply Activity
- Report: Overutilization and Safety
- Report: Pharmacy Override Summary
- Report: Silent PA Overview

- Report: Silent PA Summary

Section: Prior Authorization
- Report: ePA Transaction Activity
- Report: PA Data Log
- Report: PA Formulary Alignment – PAs Identified (WPY)
- Report: PA Timeliness (Non-Medicare Part D)
- Report: PA Timeliness - Medicaid
- Report: PA Timeliness – Medicare Part D
- Report: PA Top Drug
- Report: PA Top N Prescribers
- Report: PA Volume Summary
- Report: Preauthorization Rates
- Report: Appeal Detail
- Report: Grievance Detail

Section: Special Programs
- Report: 340B Savings Detail
- Report: 340B Savings Summary
- Report: DMR Adverse Benefit Determination Claims
- Report: DMR Part D Adverse Benefit Determination Claims
- Report: Excluded Provider Activity
- Report: HIEx Grace Period Claim Summary
- Report: HIEx Grace Period Member Summary
- Report: iRx Savings
- Report: MPR Summary
- Report: Section 111 – Missing Required Reporting Data Elements
- Report: Transition of Care Detail

Section: Special Programs > Cash Card Reports
- Report: Cash Card Activity
- Report: Cash Card Activity Trend

Section: Special Programs > Coupon Reports
- Report: Coupon Detail
- Report: Coupon Response Error Detail

Section: Special Programs > Pre-Prescribing Services
- Report: MedPrescription Monthly Approved New Rx Claims by Rx Origin Code
- Report: MedPrescription Monthly Pharmacy Utilization
- Report: MedPrescription Monthly Transaction Volume
- Report: MedPrescription Transaction Activity Detail
- Report: MedPrescription Transaction Activity Summary

- Report: RTBC – Operational Summary
- Report: RTBC – Response Reject Code Summary
- Report: RTBC – Transaction Volume Detail

Section: Special Programs > Regulatory Reports
- Report: CA AB 1455 – Claims Settlement
- Report: CA SB17 Drug Cost Reporting – Commercial Plans

Section: Contact Center
- Report: Call Log Detail0
- Report: Client Call Tracking

Section: Fraud Waste and Abuse
- Report: Audit Referral
- Report: HPMS FWA Plan Report
- Report: HPMS Payment Suspension
- Report: HPMS Pharmacy Risk Assessment
- Report: HPMS Prescriber Risk Assessment

Section: Medicaid
- Report: Children with Antipsychotics
- Report: Medicaid Drug Utilization Review – CMS Innovator Status List
- Report: Medicaid Drug Utilization Review – Controlled Substances
- Report: Medicaid Drug Utilization Review – Generic Utilization
- Report: Medicaid Drug Utilization Review – Top Drug Data

Section: Custom/Ad-Hoc
- Query Studio – Ad-Hoc Reporting Tool

27.	**Bookmark Title: MSQ27 – Reports Customization** Narrative description is limited to four (4) pages. Describe, in detail, your reporting tool's capability to provide customized and Ad hoc reports to meet the needs of the State as stated in Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 7.1, Reporting. Include in your response the software used by your company for reporting.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 7.1 Reporting*. Our MedOptimize reporting tool is robust and allows for more than 100 queries limiting the need for ad hoc requests; however, ad hoc reports are available and can be customized without limitation. During DDI, MedImpact will work with DCH to understand your reporting needs and provide the reports requested in this RFP as well as identify any additional reports that will help DCH achieve their PBA program goals.

MedImpact's MedOptimize® reporting system provides customers with flexible reporting, business intelligence, and decision-support options offering real-time access to data with powerful user-friendly ad hoc query capabilities accessible 24-hour, 7-day a week availability. MedOptimize provides access to the data you need to build ad-hoc reports directly through self-service access to both pre-defined reports and the Query Studio module designed to support custom/ad-hoc queries.

The capabilities of our system, combined with the experience of our programming team enables MedImpact to support virtually any type of report request. If the reporting request requires software programming, DCH's assigned business analyst will document the requirements and then provide an estimated cost for development, usually within a few days. Once the DCH approves the cost, MedImpact will provide the expected delivery date that can vary based upon the specific requirements of the request.

Ad Hoc and Custom Reports

MedImpact provides 2 types of nonstandard reports:

1. Those that DCH will create or DCH's account team directly using Query Studio capabilities, allowing customers to choose their data points and filters from hundreds of available data elements, which is free of charge.
2. Those that DCH cannot create through Query Studio and require the MedImpact report development team to create or customize, which are rare because standard reporting and Query Studio reporting account for more than 99% of all reporting at MedImpact. The following are examples of custom development:
   - Reports that required unions of data from multiple different queries or disparate data sets
   - Bundled set of reports that were highly formatted including customer-specific branding

- Reports with requirements to run based upon a trigger of another event, rather than on an on-demand or predefined frequency
- Reports that require use of less common data sets that are unavailable for use through Query Studio such as pre-prescribing transactions, custom benefit edit level configurations, etc.

MedOptimize enables users to create ad hoc queries quickly and easily by choosing data points from numerous subject areas and hundreds of data elements. Through a simple point-and-click, drag-and-drop user interface, users can design reports that:

- Apply mathematical and statistical calculations
- Modify report and data formats
- Highlight key results with conditional value-driven formatting
- Add sorting
- Define data groupings
- Insert totals and subtotals
- Schedule on any common frequency
- Save and share with others
- Export results to multiple output formats

Users can save custom reports in a private location or a shared area where authorized colleagues and MedImpact's account management team can access them. **Figure 19** provides a screen shot of a sample ad hoc report created in MedOptimize.

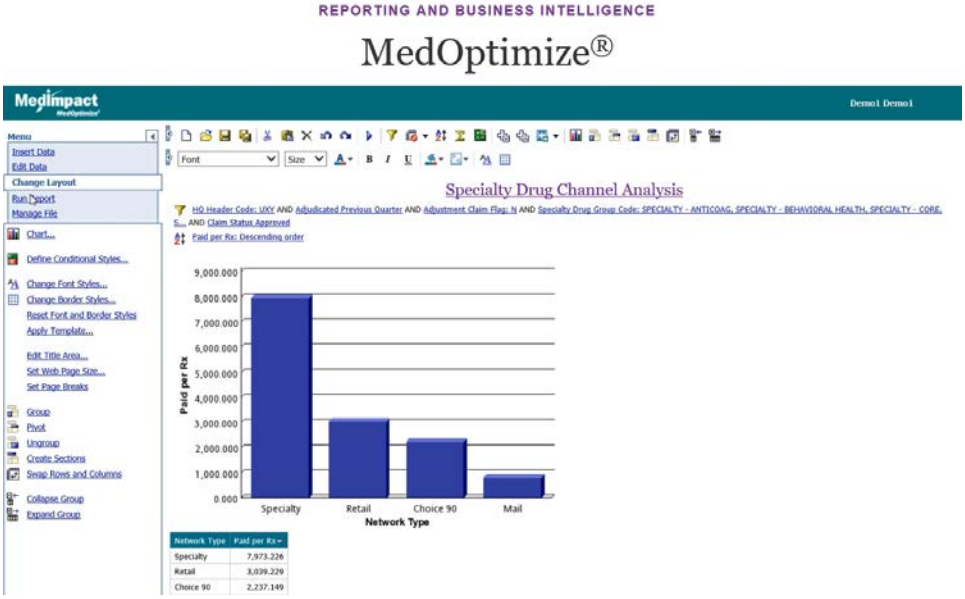


Figure 19: Sample Ad Hoc Report

If a user needs a custom report utilizing data that is not available in MedOptimize, we can build the report for DCH to use in MedOptimize. Some custom reports may assess an additional fee if it requires additional programming.

Data Warehouse

Reliable data provides the foundation of our analysis capabilities. As shown in **Figure 20**, MedImpact's enterprise data warehouse, CEDAR (Centralized Enterprise Data Analytics and Reporting), receives and integrates data from multiple source systems. Using these integrated data sets, we perform complex analytics to support statistical analysis, ad hoc querying, and reporting.

Figure 20: CEDAR

MedImpact's CEDAR analytics platform consists of data schemas; tools for analytics, reporting, and data governance; and the underlying technical infrastructure to support reporting and analytic functions. CEDAR resides on Oracle Exadata 7, a state-of-the-art analytic hardware solution that combines storage and computer systems into a single machine. The process extracts, transforms, and loads data from the source systems into one system, CEDAR. MedImpact performs analytics around claim transactional information, eligibility, membership demographics, provider data, drug attributes and pricing data, prior authorizations, billing data, rebates, and more; all using CEDAR as the foundation and source of truth.

MedImpact's MedOptimize® reporting system has countless ways that DCH can use the tool to assess the performance of the program, identify trends, and make decisions based on the report findings. MedImpact will work with DCH to understand all of your reporting needs and make reports available to DCH.

28.	**Bookmark Title: MSQ28 – Report Tool** Narrative description is limited to three (3) pages. Describe, in detail, your Solution's ability to provide Authorized Solution Users with access to your reporting tool to create customized queries and generate Ad hoc reports. Include in your response a detailed list of the different levels of access that will be made available to the State Authorized Solution Users to meet the requirements of Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 7.1 – Reporting.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 7.1 Reporting*. MedOptimize is our robust reporting tool that offers 24-hour, 7-day a week availability via secure website with direct access to data for efficient and effective analysis enabling DCH to make informed decisions about your PBA program.

MedImpact's MedOptimize® reporting system provides customers with flexible reporting, business intelligence, and decision-support options. MedOptimize offers real-time access to data with powerful user-friendly standard reporting and ad hoc query capabilities. We provide more than 36 months of DCH's data through MedOptimize. From the MedOptimize login screen, authorized users can access MedOptimize through an internet connection with no software installation needed. DCH can export all reports to various formats including PDF, HTML, Microsoft Excel, and CSV. Reports are run on-demand or scheduled at the frequency of DCH's choice.

Predefined Reports and Dashboards

Within MedOptimize, we have a variety of reports and dashboards available out-of-the-box for DCH's monitoring and analysis. Our reports allow virtually unlimited data views through dynamic, prompt-driven filtering capabilities to easily target the required data. The standard report suite comes with more than 100 reports and countless data views when applying the dynamic grouping, ranking, and filtering options available. For example, a single report, such as Top N Drug, supports more than 50 variables, which DCH can use alone or in combination. DCH can target results to a segment of the population through up to 7 different levels of plan hierarchy, pinpoint targeted therapeutic categories, and other drug attributes, isolate the analysis to particular fulfillment channels, and more. Other features in the MedOptimize library's predefined content include visually rich dashboard style reports (as shown in **Figure 21**), summarized information, interactivity including drill-down to detail, and on-the-fly ranking and sorting.

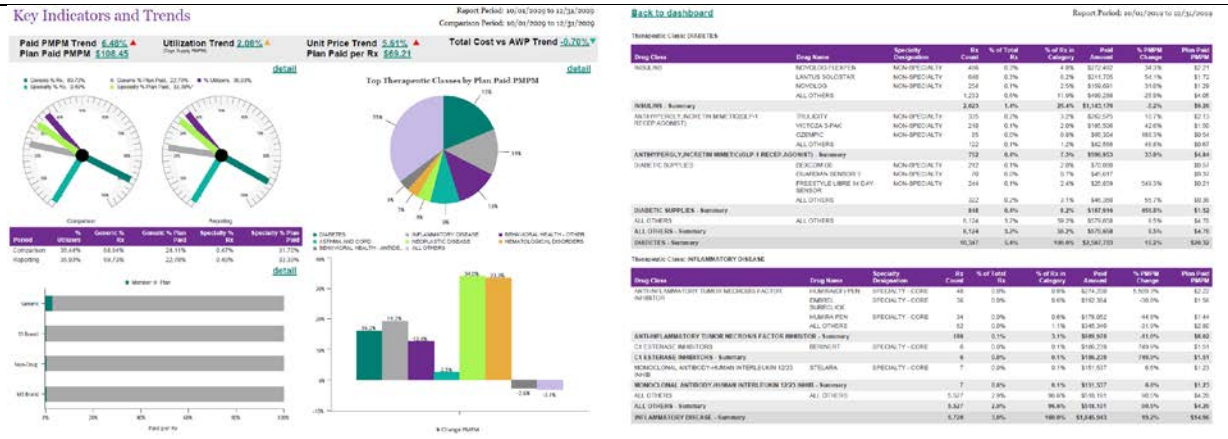


Figure 21: MedOptimize Dashboard Style Reports and Example

DCH can export all reports to various formats including PDF, HTML, Microsoft Excel, and CSV. MedImpact runs reports on-demand or scheduled at the frequency of DCH's choice.

Ad Hoc and Custom Reports

MedOptimize enables users to create ad hoc queries quickly and easily by choosing data points from numerous subject areas and hundreds of data elements.

Enhancement

MedImpact recently released a MedOptimize upgrade delivering new features including quick access to recently used reporting content, improved content search, and expanded browser support. This latest enhancement release lays the foundation for self-service dashboard capabilities with rich, interactive visualization capabilities and elements of AI (artificial intelligence) listed in **Table 7**. MedImpact evaluates planned enhancements a year in advance for proper resource allotment.

MedOptimize Enhancement Roadmap	
Interactive self-service dashboards with built-in AI:	
Enhances user access to updated intelligence regarding specific areas of interest, facilitating analysis to better inform decision-making.	Filtering and drilling that automatically update all related widgets on your dashboard.
Increases application ease of use, and enhances accessibility to targeted data and metrics, facilitating analysis to better inform decision-making.	Natural language assistant that can answer questions and help users build dashboards by typing in questions/ commands such as “create a dashboard” or “how many claims were adjudicated last month?”
Expands analytical capabilities to better inform and expedite decision-making.	Automatically generating “insights” that detect trends or outliers in data. For example: “The counts are unusually high when WA and CA are the values of Pharmacy State”

Expands analytical capabilities to better inform and expedite decision-making.	More visualizations available to include some of the more modern types such as word clouds, heat maps, and spiral charts.
Data sets:	
Expands analytical capabilities to better inform and expedite decision-making.	Upload external data and combine in a dashboard with DCH's data

Table 7: Future Planned MedOptimize Enhancements

Continued Improvement

MedImpact often surveys the users of MedOptimize® our reporting tool, and specifically asks new customers how our online tool compares with their prior pharmacy benefit manager. Nearly 80% of new customers say MedOptimize is superior.

Customer responses identified reporting differentiators including:

- Greater access to data
- Broader capabilities for developing self-service, ad-hoc, or custom report
- Scheduling automated repetitive functions
- Overall being easier to use

We have updated MedOptimize to improve search capabilities for finding the right content quicker and easier. MedImpact continues to improve customer reporting with every MedOptimize enhancement release.

DCH's authorized users can access MedImpact's MedOptimize reporting system 24 hours a day 7 days a week, providing authorized users with flexible reporting, business intelligence, and decision-support options as they analyze member data. DCH authorized users can query the system to access more than 100 views of their data.

29.	**Bookmark Title: MSQ29 – Data Management Plan** Bookmark Title for Supporting Material: ➢ MSQ29.1 – Data Conversion & Migration Plan ➢ MSQ29.2 – Data Migration Layout ➢ MSQ29.3 – Rules Engine Capabilities ➢ MSQ29.4 – List of Reference Data Used by the System ➢ MSQ29.5 – Functional and Data Specifications ➢ MSQ29.6 – Conceptual and Logical Data Models ➢ MSQ29.7 – Data Dictionary Narrative description is limited to five (5) pages, not including required supporting material. Explain your approach to exchanging and integrating data from multiple Data Sources into the proposed Solution as described in Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 7.2 Data Management. Using Attachment EE – Pharmacy Benefit Services Data Exchanges as an example, explain how the proposed Solution will achieve integration of each of the Data Sources and how the Supplier will work with the data source vendors to ensure compatibility with the proposed Solution. Describe your level of experience collaborating with such vendors.
	Supplier Response MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 7.2 Data Management*. We manage data and data security is of the utmost importance when protecting the confidentiality, integrity, and availability of data. MedImpact agrees to employ electronic data exchange standards (ANSI X.12 and NCPDP) to improve efficiency, reduce duplicate data collection, and promote a common understanding of data elements. MedImpact complies with ANSI X.12 and NCPDP data exchange standards. MedImpact will work with DCH to provide secure file transfer of all DCH member information, utilization management, and historical claims data to the incoming vendor through a TLS (Transport Layer Security) encrypted website using Axway Secure Transport. Axway Secure Transport is configured using a front-end Web server connecting to a back-end file repository; no files are stored on the front-end server. As part of our design and development approach, we conduct requirements analysis using our file format, file validation approach, transfer protocol method, encryption level, media choice, and testing methods. MedImpact uses the documents developed during requirements analysis, along with changes made throughout the contract term, to identify data needs for cutover activities. This effort is led by our IT department under the direction of the cutover project manager.

Security Controls

MedImpact is a NIST-certified medium impact and high impact level compliant organization, with comprehensive security, data management, and retention programs that exceed the requirements of CIA (confidentiality-integrity-availability), and will process all data, regardless of media, in a secure, encrypted methodology according to the CIA concepts:

- Confidentiality—Data should not be accessed or read without authorization. It ensures that only authorized parties have access.
- Integrity—Data should not be modified or compromised in anyway. It assumes that data remains in its intended state and can only be edited by authorized parties.
- Availability—Data should be accessible upon legitimate request. It ensures that authorized parties have unimpeded access to data when required.

MedImpact is committed to providing superior service during the contract period, as well as full organizational support through transition and cutover activities. With in-depth PBM experience, we have successfully supported Medicaid customers from the Takeover phase through the Cutover phase and will do so for DCH. Our objective during the Cutover phase is to implement effective planning necessary to support DCH and its members, the retiring vendor, providers, and other stakeholders, and to help assure the successful transfer of knowledge, continuity of care, and continuous quality of operational services.

Security Framework

MedImpact's overarching security framework aligns with the NIST (National Institute of Standards and Technology) CCF (Cyber Security Framework) five functions: Identify, Protect, Detect, Respond, and Recover. This framework enables us to implement the security controls identified in NIST 800-53 Security and Privacy Controls for Federal Information Systems and Organizations in a guided and strategic approach across the organization from the executive level to the operations level identify, assess, and manage cyber risks.

MedImpact's security services adheres to security controls that comply with the NIST 800-53 guidance and revisions as they are released for moderate baseline controls. Our security services comply with all relevant state and local security and privacy regulations, as well as federal security and privacy standards adopted by the U.S. Health and Human Services, or CDC. The Security Plan MedImpact has developed for our proposed solutions complies with all State and federal enterprise information security policies, standards, and security initiatives. MedImpact will cooperate with any third-party contractor that DCH engages to conduct a certification and accreditation of the system controls prior to go-live, in accordance with enterprise policies and DCH policies. Accreditation will be maintained for the life of the system.

MedImpact has implemented the applicable HIPAA Standard Transactions and Code Sets in compliance with NCPDP transaction formats, Accredited Standards Committee (ASC X12), and customer data exchange requirements. To stay current with the latest HIPAA standard transaction developments, we adopt the standards set by the various SDOs (Standards Development Organizations), HIPAA organizations, work groups such as the HIMMS (Healthcare Information

and Management Systems Society) and the Association for Electronic Health Care Transactions, HIPAA-DSMO (Designated Standard Maintenance Organization), HIPAA Conformance Certification Organization, the International Organization for Standardization (ISO17799), NCPDP, National Committee on Vital and Health Statistics, NIST, URAC (accrediting body), and ASC X12.

MedImpact provides SFT (secure file transfer) of all DCH information through a TLS (Transport Layer Security) encrypted website using Axway Secure Transport. Axway Secure Transport is configured via a front-end web server connecting to a back-end file repository. No files are stored on the front-end server. MedImpact also supports file level encryption through the use of PGP for added protection.

Data Backup

MedImpact will maintain backups and will be responsible for archives in accordance with the DCH-defined schedule and will obtain its approval prior to archiving any solution data. We typically provide weekly full backups with a retention rate of 30 days and monthly full backups with retention of ten years. A configurable schedule for archival of the solution will be provided to DCH and configured based upon DCH determination.

MedImpact's backup strategy uses a combination of offsite backup to record and real-time data replication to the production data center and our hot-site, geographically dispersed backup location. This model affords DCH minimal to no data loss and the ability to prevent unscheduled downtime.

We perform daily backups to encrypted tapes, which are sent offsite to Iron Mountain. Iron Mountain is licensed and bonded to handle electronic and hard-copy PHI, PII, and sensitive data. MedImpact sends its paper records and data to storage vaults in conformance with corporate retention policies and best practices. MedImpact also uses data replication between our 2 managed, secure, highly available TIER 3 data centers located in San Diego, California and Tempe, Arizona.

Our Arizona primary data center is fully owned and operated by the MedImpact IT and Facilities staff. The Tempe facility has numerous carriers built into our redundant 'meet me' rooms and has achieved SOC 2 and AZ Ramp certifications. Our California secondary data center is housed within a Zayo colocation facility. The San Diego Zayo facility is SOC 2, and OIX-2 certified. MedImpact's assets are in a dedicated server room that is fully secured by monitored badge access. IT Infrastructure gear, including servers, IP switches, telephony, and data storage devices are biometrically secured in their own cages. MedImpact's data centers maintain direct point-to-point and indirect VPLS WAN connectivity to one another. The point-to-point circuits are commissioned from three distinct carriers and maintain geographically diverse paths into our data centers. We further maintain interstate geographic redundancy by following distinct northern and southern routes between California and Arizona. In the event of a triplicate failure of our point-to-point circuits, our systems will dynamically fail all the way back to our VPLS WAN network.

MedImpact's redundant, always on, replicated data centers contain duplicate IT security technology at each location to help ensure that the exact same protections for ePHI (electronic protected health information) that existed prior to a disaster will be in place during a disaster (emergency mode operation) and after a disaster. No separate recovery process or procedure is

required to enable MedImpact's ePHI security safeguards in the event of a disaster. In the event of the loss of either data center, MedImpact's ePHI security safeguards are automatically in place and working upon failover.

Data Exchanges and ETL Process

MedImpact will develop a data conversion plan that includes data migration activities where no translation is required, and different levels of ETL (extract, transform, and load) activities where simple, medium, or complex translations are required. Data to be migrated or converted includes reference, provider, member, claims, PA, TPL (third party liability) and financial. The primary objective of the conversion strategy is to populate the core system tables with data from the current MMIS. The secondary objective is to successfully convert data required for operations, analytics, legislative and federal reporting, and fraud and abuse reduction.

Send and Receive Different Electronic Versions

MedImpact can send and receive data and documents in multiple formats, including XML, CSV and any other formats approved by DCH. MedImpact confirms the ability to send confirmation of receipt of the transmission to the sender.

MedImpact has compliant, secure processes in place relative to its treatment of data. MedImpact is a NIST-certified organization, with comprehensive security and data management programs that exceed the requirements of CIA (confidentiality-integrity-availability), and will process all data, regardless of media We have provided documents supporting our commitment to collecting, organizing, protecting, and storing our data.

MSQ29.1 – Data Conversion & Migration Plan

MedImpact begins conversion activities early in the project schedule, with completion prior to beginning system and integration testing. This affords MedImpact the ability to test with converted data beginning with system testing through UAT to avoid data conversion surprises for cutover. Data conversion files undergo conversion testing and conversion system Integration testing prior to loading the converted data into the testing environments. MedImpact loads the converted data into the test environment and all errors are researched and corrected prior to loading the data into production.

Data conversion files undergo conversion testing and conversion system Integration testing prior to loading the converted data into the testing environments. MedImpact loads the converted data into the test environment and all errors are researched and corrected prior to loading the data into production.

During the conversion process, MedImpact produces a series of conversion results reports that show the results of the file conversion. At a high level, the reports show record counts in and out. Other conversion reports will indicate fields within records that may contain erroneous data, missing data, or invalid formats. MedImpact will collaborate with DCH and the current MMIS vendor to resolve these issues uncovered during conversion.

MedImpact will collaborate with DCH to determine the appropriate files necessary and the best method for online review. We currently can make the files available on a secure FTP site. Based upon the requirements gathered with DCH during the Requirements Analysis phase of the project, MedImpact will determine if FTP viewing of the files is acceptable. We envision two additional options:

- Informatica, a tool we use for data mapping and conversion, contains a module, Data Viewer, which enables authorized users to view data online. We can establish access to data through this mechanism.
- We can load data to the UAT environment for viewing. Data conversion activities are completed prior to system and integration testing, which affords DCH an opportunity to view the converted data in the UAT environment prior to formal UAT commencement.

MSQ29.2 – Data Migration Layout

MedImpact develops a data conversion plan that includes data migration activities where no translation is required and different levels of ETL (extract, transform, and load) activities where simple, medium, or complex translations are required. Data to be migrated or converted includes reference, provider, member, claims, PA (prior authorization), TPL (third party liability), and financial information. The primary objective of the conversion strategy is to populate the core system tables with data from the current MMIS. The secondary objective is to successfully convert data required for operations, analytics, legislative/federal reporting, and fraud and abuse reduction.

Data Migration Environment

MedImpact supports all required environments for a seamless data migration. We provide relevant tools, utilities, and software to DCH and identified support staff. Our conversion process promotes transparent communication with DCH to determine the appropriate ownership licenses and access rights that are transferred to DCH during the conversion process. As we plan for data conversion, we follow best practices conversion process steps:

- Extract data from legacy system
- Track changes in anticipation of dual maintenance
- Import data into scrub environment
- Migrate data to production
- Scrub data
- Normalize test data

MedImpact begins conversion activities early in the project schedule with completion prior to beginning system and integration testing. This enables MedImpact to test with converted data beginning with system testing through UAT to avoid data conversion surprises for cutover.

Data conversion files undergo conversion testing and conversion system integration testing prior to loading the converted data into the testing environments. MedImpact loads the converted data into the test environment and all errors are researched and corrected prior to loading the data into production.

During the conversion process, MedImpact produces a series of conversion results reports that show the results of the file conversion. At a high level the reports show record counts in and out. Other conversion reports indicate fields within records that may contain erroneous data, missing data, or invalid formats. MedImpact collaborates with DCH to resolve any issues uncovered during conversion.

Our approach to data conversion and migration enables us to minimize issues during final conversion. For final conversion prior to go-live, we compare final conversion test results with final conversion tests for go-live.

MSQ29.3 – Rules Engine Capabilities

MedImpact utilizes IBM ODM (Operational Decision Manager) as our external rule's engine. This helps to separate business rules from the core system code. IBM ODM provides the ability to administer user access and configuration of the Decision Center repository. The various features of the tool currently meets most of the requirements and can be configured to meet all the requirements.

Decision Center is a scalable decision management server and repository with a collaborative web environment for authoring, managing, validating, and deploying business rules and events. Decision Center provides history and versioning services that support auditing and rollback of business rules. Decision Center is a scalable decision management server and repository with a collaborative web environment for authoring, managing, validating, and deploying business rules and events. Decision Center provides project governance, including role-based security, history maintenance, and custom metadata.

Policy managers use branches to work on multiple releases of the business logic, write queries on the business rules in their rule project, and create reports to review the results of the queries. Policy managers can use these queries to define smart folders, a business-oriented way of viewing the contents of a rule project in the Decision Center console. They can see the result of their work or review the changes made by others by searching the business rules in their rule project.

MSQ29.4 – List of Reference Data Used by the System

MedImpact uses the following reference data in our claims processing system:

- Drug Data - First Data Bank (FDB)
- Drug Data – Medi-Span
- Pharmacy Data – NCPDP
- Prescriber Data – LexisNexis

MSQ29.5 – Functional and Data Specifications

MedImpact has provided an overview of Media Specifications that outlines our functional and data specifications following this page. This is just a snippet of just one document that details our functional and data specifications for topics ranging from file layouts, group record layouts, group attributes, and eligibility extract to name a few.

File Specifications

Introduction Document

Release: R2018Q1
Last Updated: 3/20/2018

MedImpact

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One Source.
Lower Cost.
Better Care.

Managing Trend Before It Happens

File Specifications Introduction Document

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Introduction

The Media & File Layout Specification document contains data requirements and record layouts for all incoming and outgoing system files.

Section 1 defines file types, data types, and field requirements.

Section 2 describes the Electronic Data Interchange (EDI) capabilities; Electronic File Transfer Procedures via the Managed File Transfer (MFT) solution.

Section 3 describes the file validation and file loading process to ensure the accurate transfer of records into the database.

Section 4 explains file update logic for groups and members and gives examples of how incoming update records affect the database.

Section 5 provides record layouts and explains the field positions and descriptions for each field. All file layouts in this section have mandatory fields that must be completed in order to properly process records. After the mandatory fields are completed, additional fields may be required depending on reporting needs. Please consult with a MedImpact representative for any questions regarding files and field requirements.

***Note**: Not all record types may be required. The record types required will depend on your reporting requirements and the type of plan. For example, a plan with three groups does not need to be concerned with group updates.*

Section 6 provides an overview of the MedImpact File Layout Specifications Change Process.

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Section 1—Media Specifications

This section describes field data types applicable for file layouts.

Note: *files should only contain one record type per file. For example, do not put a member and group record update in the same file.*

Standard Data Specifications for Fixed Position Files

- Fixed Position File Specifications will provide the Position From and Thru columns to define the layout of the file.
- All alphabetic fields are Left Justified Blank Filled (LJBF).
- All alpha/numeric fields are Left Justified Blank Filled (LJBF).
- All numeric fields are Right Justified Zero Filled (RJZF).
- All alphabetic characters are in UPPER CASE.
- Exclude all null and unprintable characters from records; use only blanks for filler.
- In end date fields, use all zeros, 9s, or blanks to indicate open-ended term dates.
- Records require new line (CR & LF) separators.
- Files should only contain one record type per file. For example, do not put a member and group record update in the same file.
- All currency fields follow the following format: $$$$$$cc (Example: $32.56= 3256)
- Other details may be indicated for each File Type in each Specification document.

Standard Data Specifications for Pipe Delimited Files

- Pipe Delimited File Specifications will provide the Segment and Field details to define the layout of the file.
- Each record in the detailed section is represented on a single line with a new feed <LF> symbol included at the end of each line of the file.
- Each segment is started with the segment identification code, and a tilde "~" symbol marks the end of the segment.
- Each field is separated by the pipe "|" symbol.
- As indicated in each File Specification document, each field may be designated as Numeric, Alphanumeric, Date, or other specific formats.
- Other details may be indicated for each File Type in each Specification document.

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Section 2—Electronic File Transfer Procedures

MedImpact exchanges data with clients using Managed File Transfer (MFT) solution.

File Transfer via MFT (SFTP)

Data files can be sent and received using the Secure File Transfer Protocol (SFTP) software. Clients may send input data such as the member, group, or physician files to MedImpact, or pickup output data such as the claims file, eligible member feedback file, or other reports from MedImpact.

To use MFT (SFTP), the following is required:

A connection to an Internet Service Provider (ISP).

The ISP must allow the SFTP service to pass through its network.

MedImpact will provide the plan with a username and password for the MFT (SFTP) connection. A home directory will be provided with "in," "out," and "test/incoming" and "test/outgoing" sub-directories. During the initial phase of file testing, the client will send test files to the "test/incoming" directory. After testing is complete the analyst will direct the client to send all production files to the "in" directory. In order to manage drive space, files in the "out" directory will be deleted after 14 days.

Input files should be prepared as follows:

File names should be easily identifiable (i.e., hqabc_member or hqabc_group)

No spaces are allowed in the file name

Member and group records **cannot** be co-mingled in the same file

PKZIP files must have a .zip extension

PGP files must have a .pgp or .gpg extension

Note: MedImpact recommends either the encrypted .pgp/.gpg or the compressed .zip file format for data transfers.

MFT (SFTP) Instructions

At the client's system, there are 3 ways the user can establish connection to MedImpact via MFT (SFTP):

1. Using a UNIX/Linux style 'sftp' command (or similar) on a command-line interface

2. Using a sFTP Client application similar to Filezilla, CuteFTP, IpSwitch, etc,

3. Pointing your web browser to MedImpact's MFT web portal - https://mft.medimpact.com

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1. UNIX/Linux style 'sftp' command (or similar):

At your command-line interface, type

- *sftp <MFT username>@mft.medimpact.com*

or if using SSH key for access instead of password

- *sftp -oIdentityFile=<your SSH key> <MFT username>@mft.medimpact.com*

Examples:

- *sftp test1@mft.medimpact.com*
- *sftp -oIdentityFile=id_rsa test1@mft.medimpact.com*

2. SFTP Application:

url: mft.medimpact.com

port: 22

protocol: sftp

username: <your MFT username when provided>

password: <your MFT password when provided> or use SSH key instead of password

3. Medimpact's MFT web portal:

username: <your MFT username when provided>

password: <your MFT password when provided> (SSH keys cannot be used)

Detailed web portal instructions are provided further down in this documentation.
See Managed File Transfer (MFT)

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Additional FTP Information

Client directories are checked periodically for new files. The system will not process a file until 10 minutes have passed since the last update to the file. Sending a file with the same file name during this 10 minutes time period will overwrite the original file. The first two bytes of each record denote the record type. The system will check the files for a 10, 12 or 23 record type (physician, group and member update record types respectively). If one of these record types is found, the file is assumed to be in MedImpact format. The system will rename the files to MedImpact standard file names, pass the file to the file conversion and validation programs, auto-schedule the loads, and move the input files to a different directory for processing.

Files received via FTP may be compressed (zipped). The system will uncompress the files before processing. **The files must be in ASCII "text" format**. In addition, FTP files sent compressed can be password protected. Password protection requires specific setup and is coordinated with the MedImpact Business Analyst.

Security and User Restrictions

MedImpact's firewall offers a high level security model for all data within our network. However, once data is transferred out of our network and into public networks, e.g. the Internet, it becomes vulnerable to hackers or "sniffers." Data packets may be intercepted and private/proprietary information illegally accessed.

Federal HIPAA regulations mandate the protection of private health information (PHI) at every phase of data collection, transport, and reception. For a higher level of security clients are encouraged to implement PGP encryption to meet federal regulations. Users must contact their MedImpact Business Analyst for Initial setup or any changes to FTP connections.

Managed File Transfer (MFT)

The following document is intended to provide information on how to log on to the MedImpact Managed File Transfer (MFT) server, and also to supply information about the features that may be selected and utilized.

The Managed File Transfer server (MFT) is the standard method of performing a file transfer. MedImpact uses the MFT server to provide both a mechanism to transfer files and to secure those files at the time of transfer. The MFT server uses 128-bit encryption to provide that security.

The MFT server is internet-based and has the following URL:

`https://mft.medimpact.com`

Note: *This URL uses SSL. Notice that the URL begins with* ***https.***

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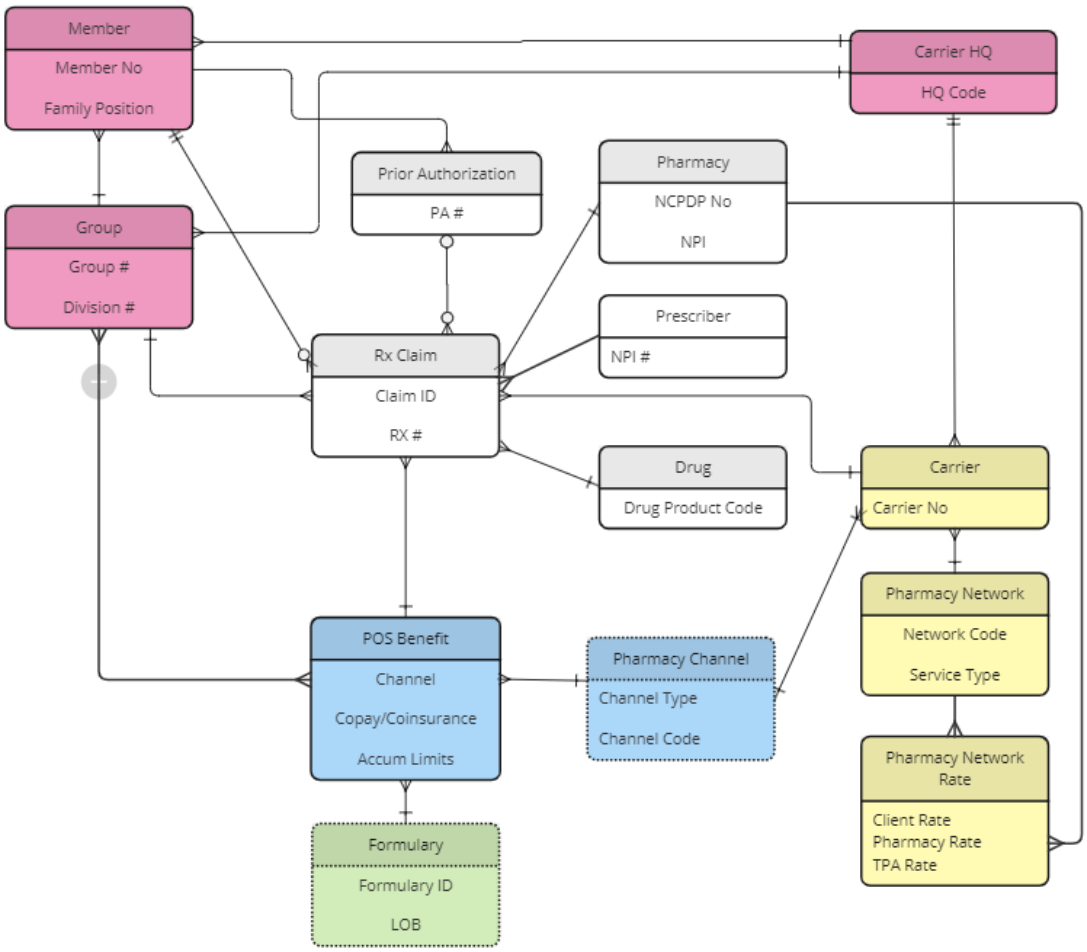
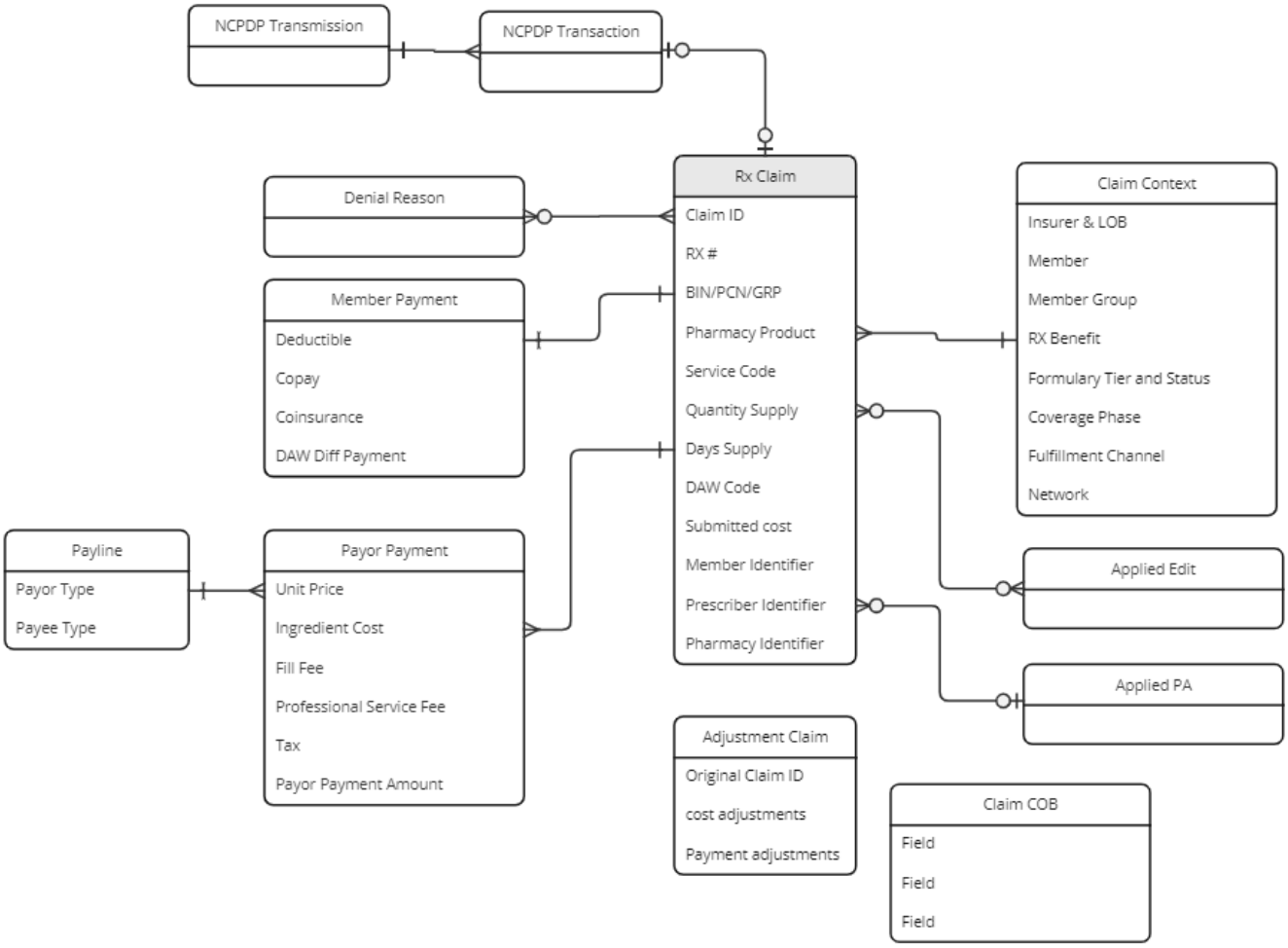
MSQ29.6 – Conceptual and Logical Data Models

Conceptual Data Models

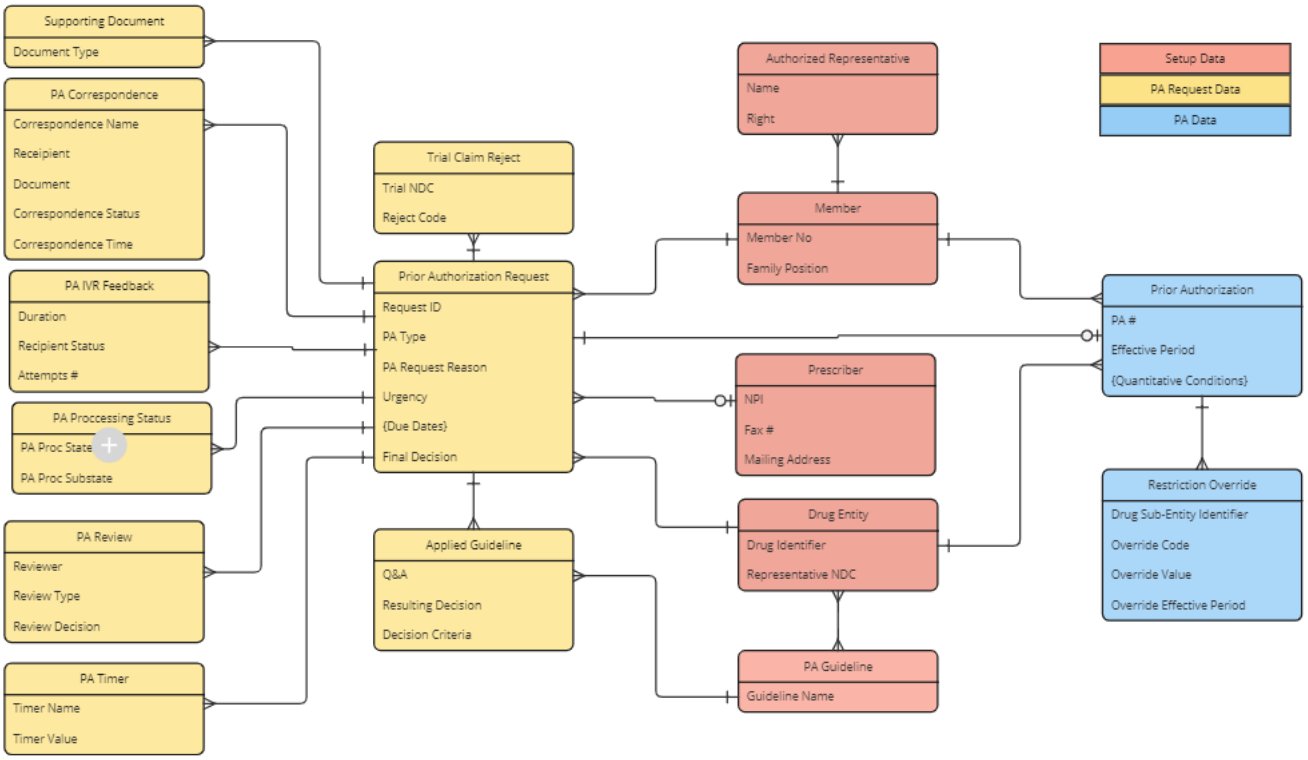
PBM Conceptual Data Model



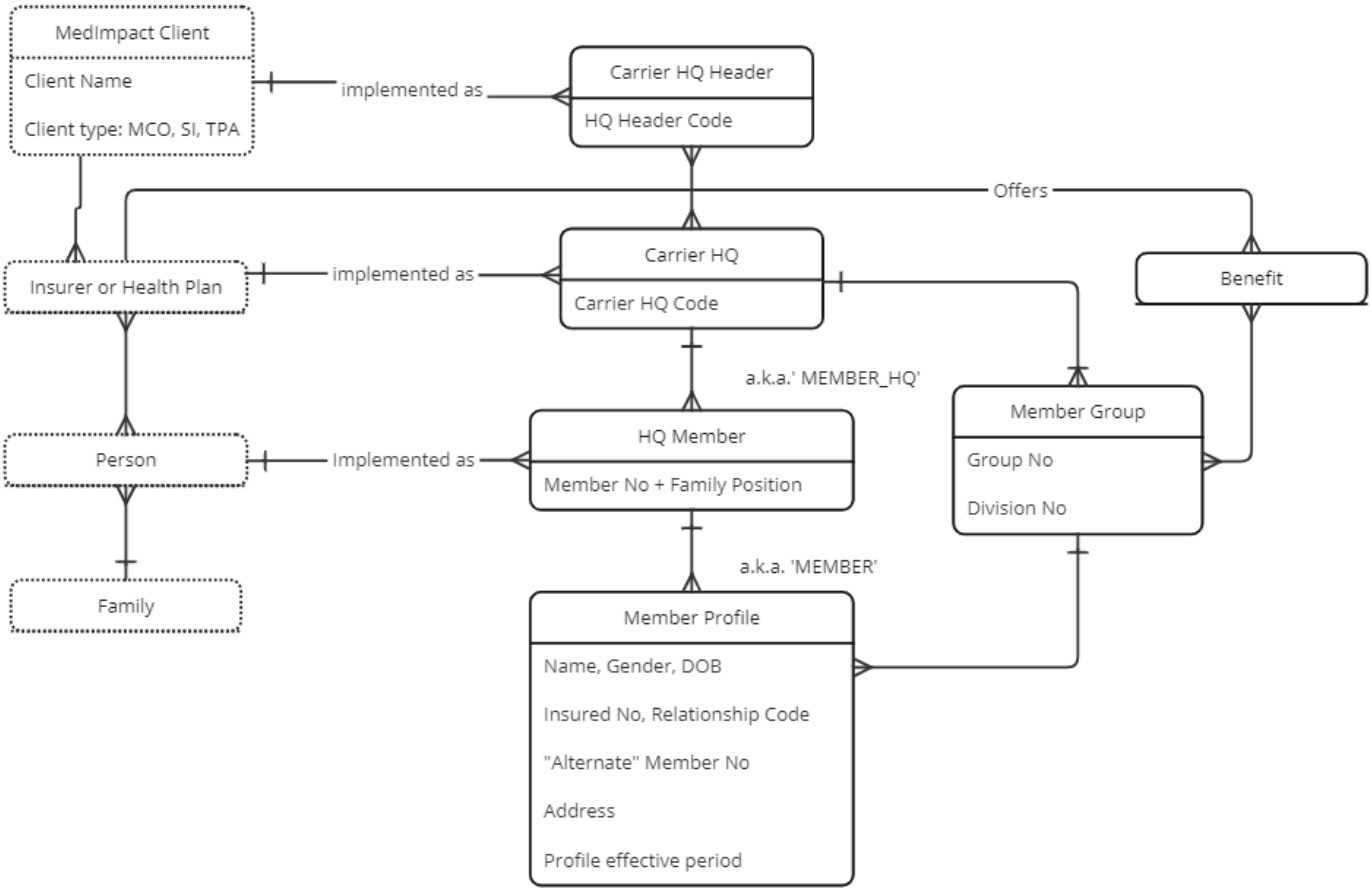
Claims Conceptual Data Model



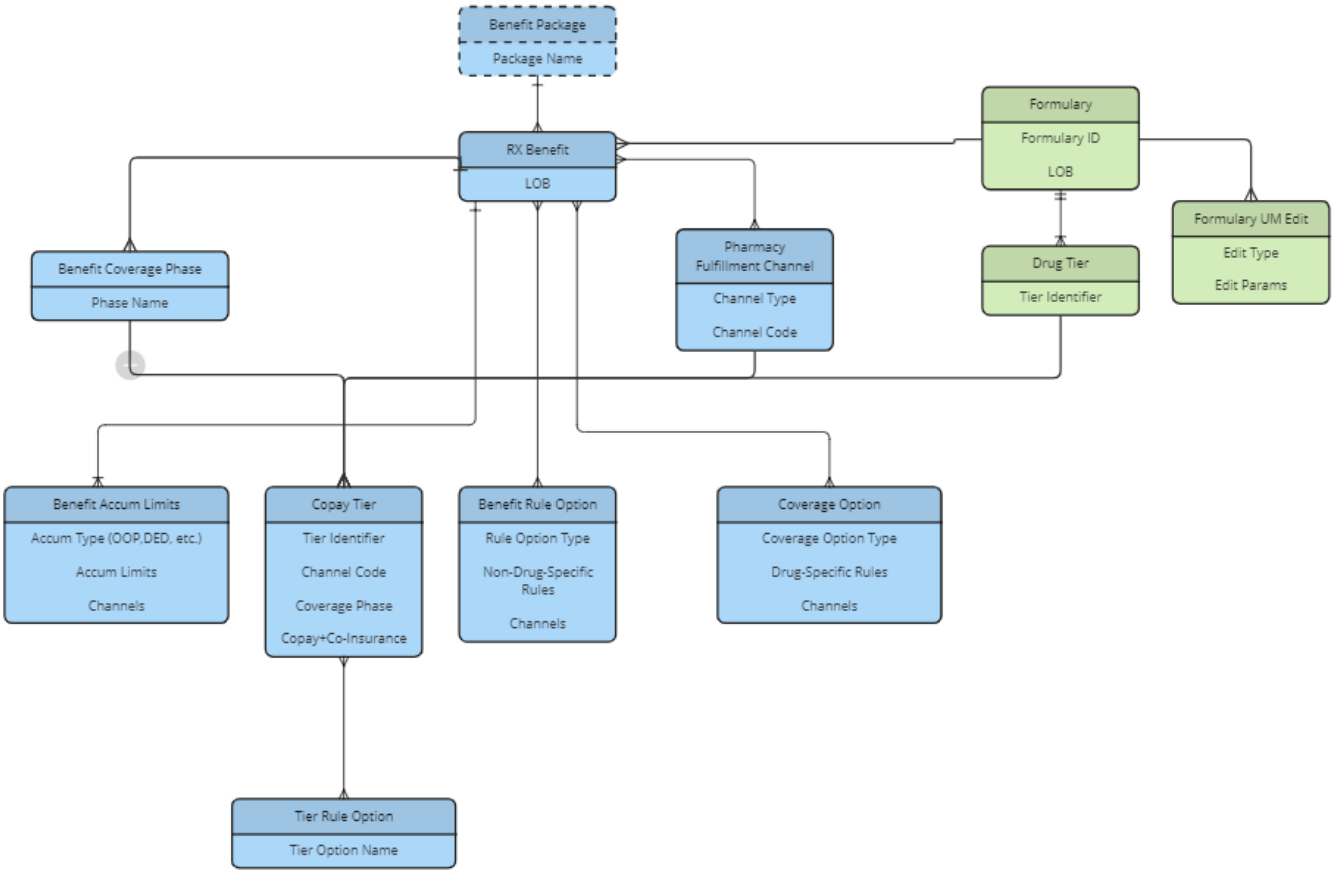
Prior Authorization Conceptual Data Model



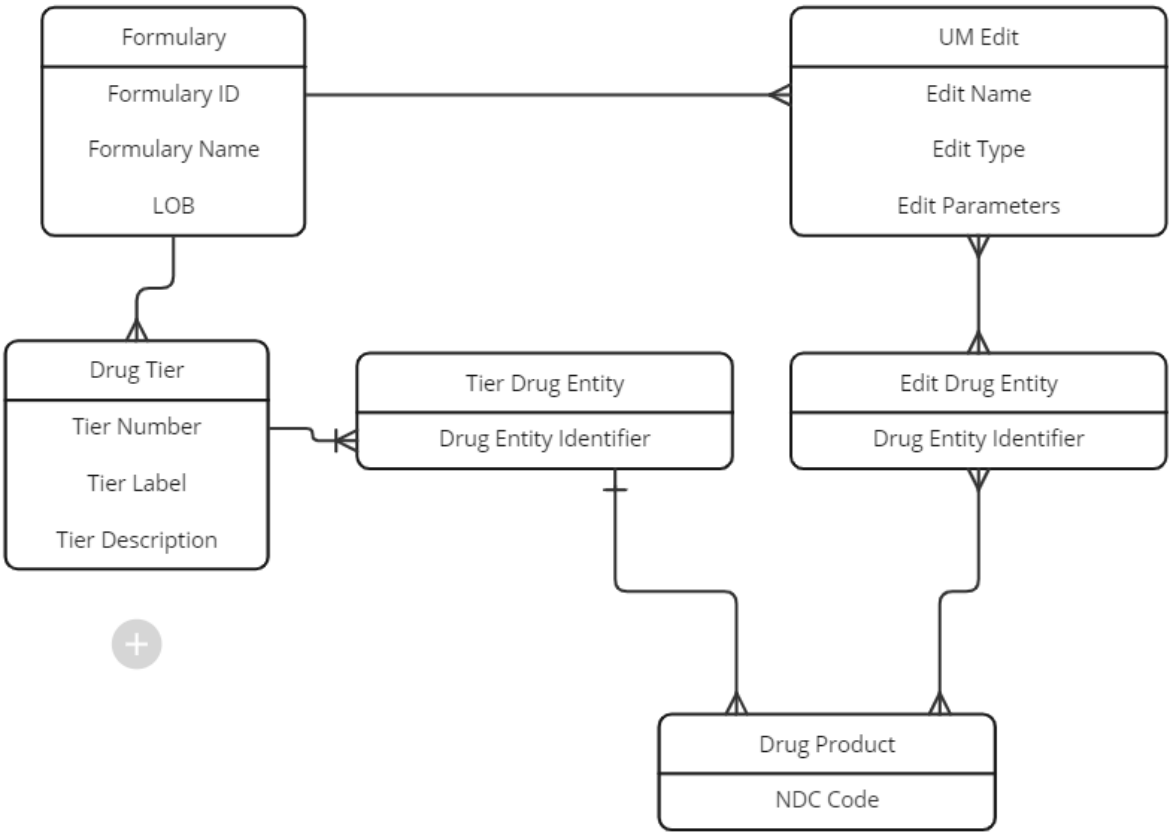
Eligibility Conceptual Data Model



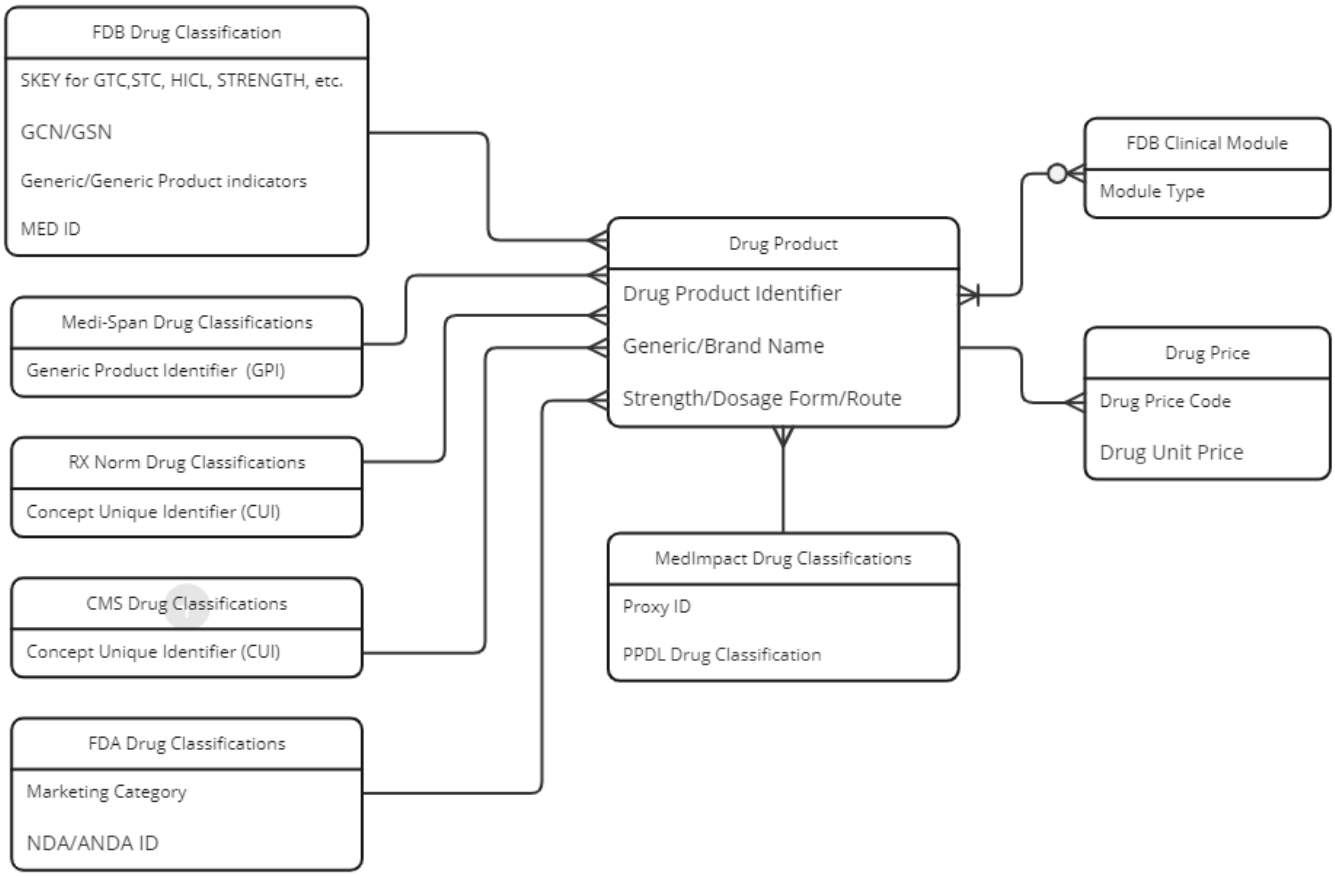
Benefit Conceptual Data Model



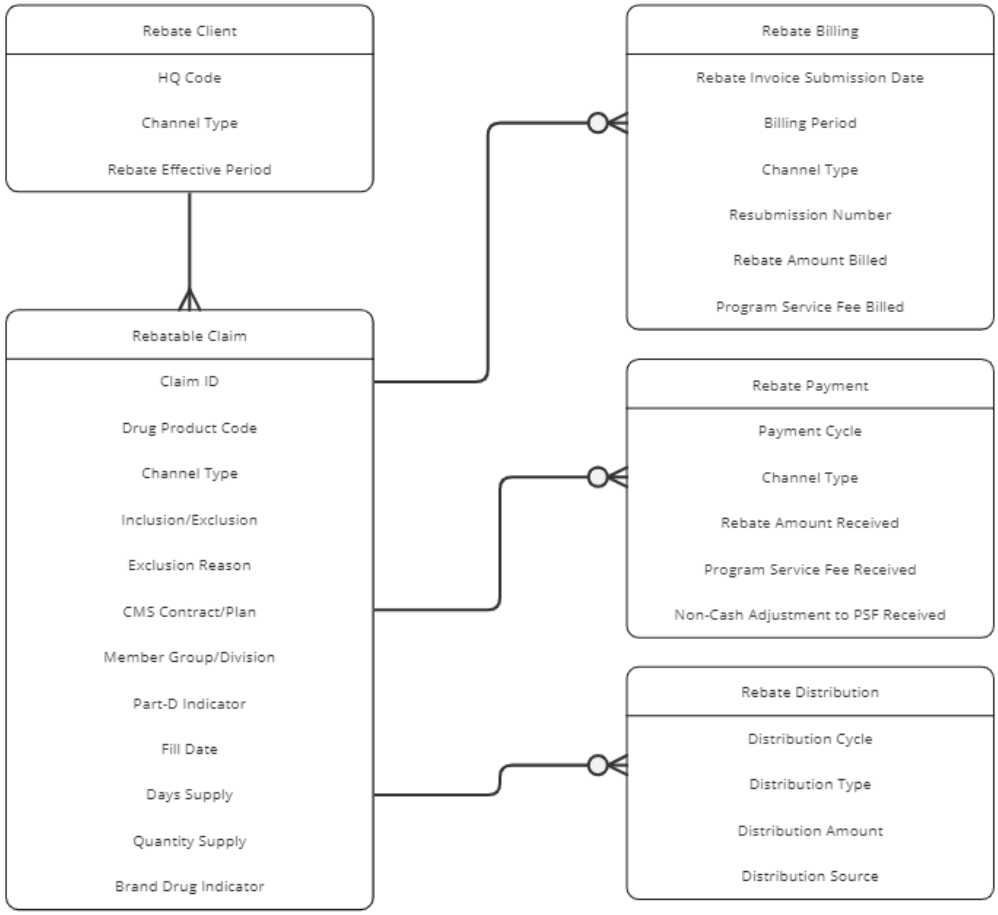
Formulary Conceptual Data Model



Drug Data Conceptual Model



Conceptual Rebate Data Model



Physical Data Models

Physical Data Model Name	Reference
Claims – Physical Data Model	Claims_Physical_Data_Model.xls
Prior Authorization – Physical Data Model	Prior_Authorization_Physical_Data_Model.xls
Benefit – Physical Data Model	Benefit_Physical_Data_Model.xls
Formulary – Physical Data Model	Formulary_Physical_Data_Model.xls
Drug - Physical Data Model	Drug_Physical_Data_Model.xls
Rebate - Physical Data Model	Rebate_Physical_Data_Model.xls
MEDDM – Physical Data Model	MEDDM Core Data Model.xlsx

Logical Data Models

The physical data model shall be capable of mapping to a fully normalized logical model. Where denormalization is needed, it shall be for performance reasons which the vendor shall identify and provide.

It is MedImpact's standard data modeling practice to map physical data model to a fully normalized logical model. "Metadata as data" is a useful approach to translate logical data models to physical ones. **Figure 22** outlines MedAccess' architecture.

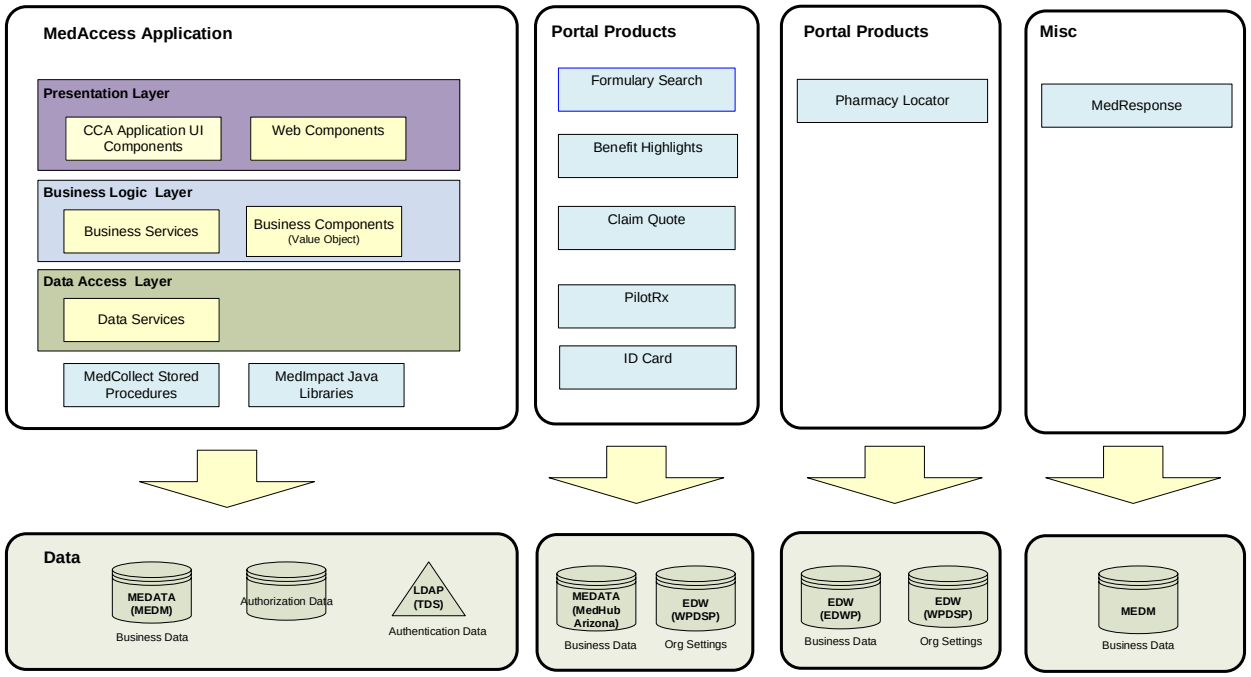


Figure 22: MedAccess Logical Architecture

MSQ29.7 – Data Dictionary

MedImpact maintains a comprehensive data dictionary to share with DCH. Upon request, twice annually. This data dictionary contains all data elements necessary to support the contract's scope of work. We use Informatica EDC (Enterprise Data Catalog) capabilities to help ensure our dictionary is up-to-date and provide full traceability of all changes. Our DFLDs (data file layout descriptions) manual describes all files, fields, and data structures, and includes EDRs (entity relationship diagrams) in information engineering format, as well as record counts.

MedImpact's data dictionary includes well-structured, clear information about the database. It also provides the quick report on the data and the resources that the objects are using, thus making the data management easy. The data dictionary contains industry standard term metadata, as derived from the following:

- Existing Commonwealth data dictionaries/term definitions received in Excel,
- JSON, XML and other format, and loaded to the MedImpact metadata repository
- CMS standard term definitions and metadata
- Other industry standard metadata as required
- Term definitions and other metadata are maintained as part of MedImpact's internal Data Governance Program standards and practices. Maintenance of the metadata includes periodic refresh of the metadata from identified source of truth repositories, such as DCH or CMS. Metadata relevant to the DCH contract with MedImpact will be available to DCH and relevant stakeholders on an ad hoc basis in an Excel, JSON, or XML format downloads.

MedImpact's established data dictionary affords DCH:

- Improved data quality, trust in data integrity, and improved documentation and control. It is a valuable reference for designing the system.
- Analysis in determining additions and modifications of the pharmacy POS module
- Location of errors in the system descriptions
- Recording of details of each element and data structure
- Communicating meanings of different elements, terms, and procedures

30.	**Bookmark Title: MSQ30 – Communication** Bookmark Title for Supporting Material: MSQ30.1 – Communication Examples Narrative description is limited to five (5) pages, not including required supporting material. Describe, in detail, how you will furnish Pharmacy Providers, stakeholders, members, and pharmaceutical software vendors all of the information regarding the program, as specified in Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 8.3 Communication Management. Your response should include, but not be limited to, the following: a. Announcement of the contract b. Bank Identification Number(s) (BINs) c. Processor control numbers d. Customer services numbers e. Plan contact information f. Policies and procedures g. Billing tips h. Changes in program administration As supporting material, provide ten (10) examples of materials historically used to accomplish such communications for a range of stakeholders and the frequency and medium of the communication materials.

Supplier Response

MedImpact has reviewed and understands the requirements provided here and in *Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 8.3 Communication Management*. Examples of communications are included in **MSQ30.1**.

MedImpact develops and utilizes a formal communication plan, included within the project management plan, to coordinate communications with DCH, MedImpact, and other stakeholders. A RACI (responsible, accountable, consulted, and informed) matrix documents all activities or decision-making authorities and the responsibilities of all key stakeholders. In addition, the RACI matrix helps ensure all team members and stakeholders understand their contributions at each stage of implementation. The communication plan is among the initial Deliverables developed. This plan is updated throughout the implementation project and operations, and includes the following:

- Information to communicate including the level of detail and format
- Audience for each communication
- Communication methods such as meetings, email, telephone, web portal, and others
- Cadence of communication

- Distribution of information (frequency of both formal and informal project communications)
- Responsible stakeholder for communicating project information
- Communication requirements for all project stakeholders
- Project resources allocated for communication
- Communication of any sensitive or confidential information and individual(s) responsible for authorization
- Management of communication of changes or the communication process
- Project communications flow
- Internal or external constraints that affect project communications
- Standard templates, formats, or documents the project must use for communicating
- Escalation process for resolving any communication-based conflicts or issues
- Identifying Communication Requirements

This plan is to help ensure all entities and areas receive the correct communication at the right time as we work to hit all the implementation deliverables. MedImpact will announce the contract award and share changes in the program administration. As part of DDI, we will share policies and procedures, billing tips, and training to DCH authorized personnel, stakeholders, and vendors. Likewise, BINs (bank identification numbers) will be shared and member ID cards and pharmacy network providers will receive the appropriate processor control numbers and plan contact information to include customer service numbers.

Cadence and Scope of Communications and Reporting

To facilitate effective communication, we use a system of periodic (weekly, quarterly) reporting of project information coupled with regular (daily, weekly, as needed) status meetings to share information and invite dialogue to investigate and resolve issues. Neither of these is a replacement for the myriad of day-to-day communications between individuals and small groups that must occur on every project to ask and answer questions, reach agreement on implementation decisions, and solve problems. DCH can reach all Key Staff as needed by phone and email. For example, during transition and operational readiness phases, daily status meeting will be held between DCH and applicable Key Staff to provide near-real time communication and project updates.

The DDI Manager identifies all project stakeholders and establishes the frequency and method of communication. Stakeholders may include:

- Project management and staff
- MedImpact internal departments
- DCH (project lead, clinical lead, IT lead)
- DCH subcontractors including incumbent and module subcontractors
- Providers (prescribers and pharmacies)
- Members if appropriate

- Billing agents
- Other stakeholders including counties and community agencies
- CMS

Templates for Documentation and Communication

MedImpact will develop and provide standards and templates for all documentation and communication in alignment with the DED process. We will submit these standards and templates for DCH's review and approval as defined in the Communication Management Plan.

The documentation and communication we deliver to DCH will include:

- Weekly Status Reports
- Monthly Status Reports
- PBM Generated Reports
- Meeting Agendas
- Meeting Minutes

MedImpact will provide DCH with weekly status reports with agreed-upon content and format. These reports will provide the status of all Deliverables, milestones, and approvals framed by the reporting window (typically a 1-week prior and 2-weeks forward view). In the Project Initiation phase of the project, we will collaborate with DHS to determine the optimal format for the weekly status report.

The DDI Manager will collect the information and merge it with automated data to produce the weekly status report. The status reports will include:

- WBS number
- Project Schedule/Gantt Chart
- Overall status
- General Announcements
- Action Items Report
- Comment Log Tracker
- Planned Activities/Deliverables
- Other Items
- Detailed Project Status
- Detailed Deliverables Status

MedImpact uses Microsoft Project to maintain our Project Management Plan.

From Microsoft Project, MedImpact produces reports to assess the health of the project. These reports can be configured for individual audiences, and we can create a DCH -specific dashboard to track the desired metrics. The MedImpact implementation team is responsible for producing and

updating reports and associated metrics and delivering them to DCH as part of our general project management responsibilities. MedImpact will support DCH and its Contractors as needed and as related to all IV&V activities associated with the contract.

DCH and MedImpact Ongoing Communication

In support of timely and efficient response to the DCH's requests, MedImpact will utilize a DCH-specific Salesforce request process. Through Salesforce, DCH can make specific requests that follow type-specific workflow logic for tracking and resolution. This workflow allows each of DCH's requests to be routed to the appropriate MedImpact team member and follows defined workflows/resolution timelines. Cases are searchable, reviewable (including notes and attachments), and reportable to DCH or the DCH's Key Personnel.

Salesforce, like all MedImpact systems, allows for role-based access and activities (including applicable role-based workflow actions and notifications) as defined and governed by user role. This controlled level of access allows approved users the ability to modify or create requests, workflows, and other work products.

Training is provided to all DCH-identified users during implementation, and on an ongoing basis for new or existing users, to ensure each individual user can efficiently utilize Salesforce functionality and processes.

MedImpact Communication with Provider Community

To ensure partnership and open lines of communication between DCH and MedImpact, we will communicate via letter or electronically with the Georgia Pharmacy Association and Georgia Medical Association to ensure all parties are aware of changes in the industry. For example, when made aware, MedImpact will contact providers and members to notify them of drug recalls in the market.

MedImpact values our relationships with customers. We provide customers with a concierge approach to account management. Our high-touch, designated resources establish prompt response to customer inquiries and needs. The account management team will schedule quarterly and annual meetings with DCH to discuss performance, goals, future opportunities, and projects. In addition, the team will provide structured support through routine coordinated operation meetings with DCH based on DCH's preferences. A designated MedImpact team member will facilitate these meetings providing the opportunity to:

- Review inquiries and service items
- Identify plan priorities
- Track progress towards goals
- Address DCH's day to day needs

Communication is paramount to the success of relationships with our customers and vital throughout life of a contract, beginning with DDI. MedImpact will work with DCH to create a communication plan including frequency of communication. Moreover, MedImpact has several processes and procedures in place to ensure timely and accurate information to DCH, its

stakeholders, members, and providers. We want to ensure successful program management by ensuring everyone has the right information and in a timely fashion.

MSQ30.1 – Communication Examples

YOUR MEMBER WEBSITE

Looking for prescription drug information?

MedImpact's Member Website provides comprehensive health and wellness information, and individual prescription benefit and drug coverage detail to help you understand your prescription benefit plan better.

How much is the copay for my medication?

Benefit Highlights presents benefit information unique to you, including copays, deductibles, benefit limits, accumulators and out-of-pocket maximums.

How much did I spend on prescription drugs last year?

PersonalHealthRx® tracks individual prescription claims histories, expenditures, and benefit amounts for consumer-directed care and tax purposes.

What's the lowest-cost option for my medication?

Drug Price Check displays formulary status, drug price estimates and fulfillment options, including pharmacies, brands and generics, and formulary restrictions and alternatives. Drug Price Check highlights your lowest-cost options.

Where can I find a pharmacy near home or work?

Pharmacy Locator identifies participating network pharmacies, including 24-hour, ChoiceSpecialty® and staff ("preferred") pharmacies.

How can you use the member website?

- Obtain an overview of plan benefits and copay amounts
- Determine if prescribed medications are on the formulary/preferred list
- Locate a network pharmacy near work or home
- Print a tax report of prescription expenses
- Obtain drug price estimates and out-of-pocket costs
- View cost differentials andcalculate potential savings with generic vs. brand

About MedImpact

MedImpact is a pharmacy benefit manager who works with your health plan to get you the medication you need. Our goal is to make it as easy as possible for you by working with your health plan and pharmacy to provide timely and essential information about your medicine, including how to take it correctly, potential side effects, any lower-cost drug options, and more.

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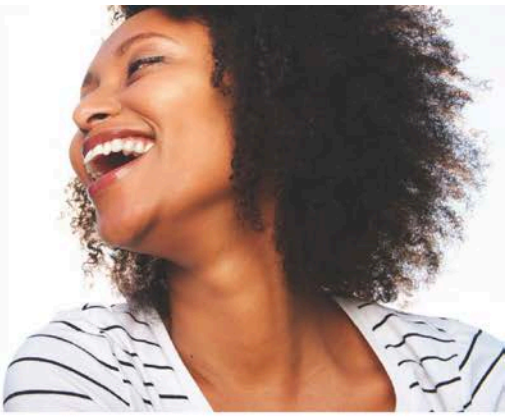
MedImpact



HELPING TO MANAGE YOUR PRESCRIPTION COSTS

Understanding prior authorization.

What is Prior Authorization (PA)?

A: Prior Authorization is an important step to ensure the right drugs get to the right person at the right time. Your health plan may require some prescriptions to meet certain rules to be covered by your benefit. Those prescriptions will go through a review process to see if they meet those rules. This review process is called a "prior authorization" (PA) because approval is required before the prescription can be filled.

How does a PA work?

A: Your health plan determines which medications, dosage and quantities are on your preferred drug list. If your doctor prescribes a drug that is not on your preferred drug list, you may need a PA so it can be covered.

When the pharmacy processes your prescription, the pharmacist will see that a PA is required. The pharmacist will contact your prescriber to finalize the process. Not all prescriptions will be approved. Some, such as those for cosmetic purposes, may be excluded from your pharmacy benefit.

See the information provided by your health plan for full details.

How long does a PA take?

A: PAs are usually processed within two business days. It may take more time if the prescriber sends a PA request with missing information.

How can I find out about the status of my PA?

A: To check on the status of a PA, call the MedImpact customer center toll-free, at +1(800) 788-2949. You can also email **customerservice@medimpact.com**. For your security, please do not send any personal health information in your email.

What if my PA request is denied?

A: MedImpact will send you a letter if your PA request was denied. The letter will explain why it was denied, and what you can do to appeal the decision. Any medication prescribed to you is always available at full cost. However, using medications on your preferred drug list may help you reduce your out-of-pocket costs. Talk to your prescriber about other clinically approved drugs that may be covered under your benefit.

About MedImpact

MedImpact is a pharmacy benefit manager who works with your health plan to get you the medication you need. Our goal is to make it as easy as possible for you by working with your health plan and pharmacy to provide timely and essential information about your medicine, including how to take it correctly, potential side effects, any lower-cost drug options, and more.

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MedImpact

UNDERSTANDING THE DIFFERENCE

Generic vs. brand name drugs.

What is a generic drug?

A generic drug is identical (or bioequivalent) to a brand name drug in intended use, dosage, strength, effectiveness and safety. For a generic drug to be approved, it must meet the same quality standards as the brand name product. Even the generic manufacturing, packaging, and testing sites must meet the same standards. Many generics are produced in the same manufacturing plant as their branded counterparts.

Are generics as effective as the brand?

Yes. Generic drugs are required by the Food and Drug Administration (FDA) to have the same active ingredient, strength, dosage form, and route of administration as the branded product. The FDA ensures this via thorough testing and review of bioequivalence data.

How does a generic drug differ from a brand?

The major difference between a generic and brand name drug is the price. Most generics cost 70% to 90% less than the brand, thereby saving consumers an estimated $8 billion to $10 billion a year at pharmacies. Billions more are saved by hospitals using generics. A generic drug also may differ from a brand in terms of shape, color or packaging, but these differences only affect how the medicine looks, not how it works.

Why are generics cheaper?

Brand name drugs are expensive because they don't have any competition to drive their price down. But when patents on brand name drugs near expiration, other manufacturers can apply to the FDA to sell generic versions. Because the generic manufacturers are not required to repeat costly clinical trials and generally do not incur advertising, marketing and promotional costs, they're able to sell their product for much less. Conversely, companies that make brand drugs have often spent huge amounts on research, development and advertising and must price their drug at a cost high enough to recoup their spending and turn a profit. Additionally, when more than one company makes generic versions of a drug, it creates competition in the marketplace, further lowering prices. These savings are passed on to you, the consumer, in the form of lower copays.

How do I get generic drugs? Will my doctor prescribe them?

The generic substitution laws in the U.S. vary by state. Some state boards of pharmacy have instituted mandatory generic substitution laws, where pharmacists will substitute a generic, when available, for a brand-name medication. Some states require the patient's consent prior to substituting a generic for a brand. So the generic version of the prescribed drug may be dispensed automatically, or only with your approval or if you request it. Private and government insurance companies often promote using generic drugs whenever possible to lower costs. Also, doctors are more apt to prescribe generics because they want their patients to have drugs that are as safe and effective as branded medications, but are more affordable.

If generic drugs are so great, why are brand name drugs prescribed at all?

By law, generic drugs cannot be sold until the brand name drug's patent expires, which could take 10 years or more. Brand names are prescribed in cases where generic versions are not yet available.

I've always received the generic version of my medication, so why did I get a brand?

Sometimes when a generic is introduced, it encourages price competition between the brand and the generic manufacturers, and occasionally the brand drug price ends up being less than the price of the generic. When this happens, insurance companies and health plans are able to share the savings with you by substituting a brand name drug for the same copay as the generic. Then, when circumstances and prices change, you're automatically switched back to the lower-cost generic.

Facts about Generic Drugs." U.S. Food and Drug Administration, http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/understandinggenericdrugs/ucm167991.htm
"Generic Drugs: Questions and Answers." U.S. Food and Drug Administration, http://www.fda.gov/forconsumers/consumerupdates/ucm100100.htm
Peter R. Kongstvedt. Essentials of Managed Healthcare, 6th Edition. Jones & Bartlett Publishers, 2012, pg 267 "Generic Drugs: Same Medicine, Lower Cost," U.S. Food and Drug Administration, http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm340343.htm

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MedImpact

A HEALTHIER, MORE INFORMED YOU

Frequently asked questions.

What is a Pharmacy Benefit Manager (PBM)?

MedImpact is your PBM. A PBM administers the pharmacy portion of your healthcare benefits, as defined by your plan sponsor.

We work with your plan sponsor and your network pharmacies to provide timely, important information about your medicine, including how to take it, potential side effects, any lower-cost drug options, and more.

With MedImpact, you can fill your prescriptions with ease and convenience using one of three options:

1. **A Retail Pharmacy**There are thousands of retail pharmacies in our network. Visit our Pharmacy Locator Tool at **www.medimpact.com** to find one near you.
2. **MedImpact Direct® for Maintenance Medications** Skip the line at the pharmacy. MedImpact Direct makes getting your long-term prescriptions easy. MedImpact Direct delivers your long-term prescriptions to your door!
3. **MedImpact Direct Specialty™ for Specialty Medications**"Specialty medications" are more complex, and are often used to treat chronic conditions. The MedImpact Direct Specialty program delivers specialty medications to where you need them.

Your ID card.

How Do I Use My ID Card?

A: You can find your pharmacy benefit information on your medical ID card. Use it to fill your prescription at the pharmacy counter or to register for an online account. Make sure to show your pharmacist your new ID card so they can update their information. Your pharmacist will need this information to process any prescriptions.

Can I Use My Member ID Card in Another State?

A: Yes. If you are traveling and you need to fill a prescription, you can use your card at any pharmacy in your pharmacy network to fill a prescription. To find a pharmacy that is part of your pharmacy network, click on the Pharmacy Locator link that is in the menu bar and enter your criteria.

Formulary and benefit design.

What is a Formulary?

A: There may be more than one drug that can treat your condition. Your plan sponsor can "prefer" certain drugs that are just as effective and appropriate. These drugs are called "formulary/preferred product" and may be offered at a lower cost. Ask your doctor if a formulary/preferred drug would be right for you.

What is a Pharmacy Benefit Plan?

A: A pharmacy benefit plan refers to coverage of specific pharmacy-related products and services asdefined by a plan sponsor.

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MedImpact

Prescription cost.

How Much is the Copay for My Medication?

A: The copay for your medication depends on the medication type and your health plan.

Where Can I Get My Prescription Filled for the Lowest Cost?

A: Participating network pharmacies can fill prescriptions for covered medications at the lowest cost.In-network pharmacies agree to set prices for products and services covered by your plan. To find network pharmacies, use our Pharmacy Locator tool at **www.medimpact.com**.

Pharmacies.

Can I Get My Medication at a Pharmacy That Does Not Take Part in My Plan?

A: Yes, but it may not be at the lowest price possible. If you choose to buy a covered drug at a non-network pharmacy for your plan, you may have to pay a higher amount or even the entire cost.

Where Can I Find an In-Network Pharmacy?

A: MedImpact contracts with more than 64,000 pharmacies in the nation, which makes it easy to find a network pharmacy. Not all pharmacies will be included in your pharmacy network, but finding a pharmacy that is in-network is easy. You can find an in-network pharmacy by searching the Pharmacy Locator tool at **www.medimpact.com**.

Medications.

What is A Generic Medication?

A: A product that has the same active ingredient(s), is the same strength, and the same dosage form as its brand-name drug. It is referred to by its chemical name and is often made available when the patent on the brand-name drug ends.

What is a Specialty Medication?

A: Your pharmacy benefit may include some products that are called "specialty" medications. Most of these medicines need to be injected or need special care when shipping, such as refrigeration. As a result, you may be required to use a specific specialty pharmacy to get specialty medication.

Prior authorizations.

What is a Prior Authorization (PA)?

A: Plan sponsors sometimes require specific drugs to be reviewed against a set of criteria to determine if the plan will cover the medication. The PA process looks at whether or not a member meets the criteria for coverage.

To check on the status of a prior authorization, call MedImpact customer center toll-free, at 1-800-788-2949.

What is Step Therapy?

A: Step therapy is a type of prior authorization that requires you to try a more cost-effective and safe drug before a more costly or risky drug will be covered.

MedImpact Direct.®

What is MedImpact Direct?

A: MedImpact Direct is an easy-to-use home delivery program for mail-order prescriptions. We deliver your maintenance medications (those you take regularly for an extended period of time) right to your door. Our goal is to make it as easy as possible for your to get the medications you need without having to go to a retail pharmacy.

For more information on how to get started, visit **www.medimpactdirect.com** or see the enclosed brochure.

MedImpact Direct Specialty.™

What is MedImpact Direct Specialty?

A: The MedImpact Direct Specialty program provides access to specialty drugs for chronic and complex conditions. Whether the medication is new for you, or if you have been taking it for a while, the dispensing pharmacy will help you get the most from your medication.

For more information on how to get started, visit **www.medimpactdirect.com** or see the enclosed brochure.

Contact Us.

Have more questions? Contact MedImpact by calling us toll-free at 1.800.788.2949. You can also visit us online at **www.medimpact.com**.

About MedImpact

MedImpact is a pharmacy benefit manager who works with your health plan to get you the medication you need. Our goal is to make it as easy as possible for you by working with your health plan and pharmacy to provide timely and essential information about your medicine, including how to take it correctly, potential side effects, any lower-cost drug options, and more.

pbm.medimpact.com

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31.	**Bookmark Title: MSQ31 – CSR Training Program** Bookmark Title for Supporting Material: ➢ MSQ31.1 – Training Materials ➢ MSQ31.2 – Training Plan Narrative description is limited to four (4) pages, not including required supporting material. Describe, in detail, your Customer Service Representative (CSR) training program to meet the scope of work requirements (refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 8.5 Training). Include in your response, at a minimum, the following: a. Information regarding initial training including the duration, required curriculum, and training based on specific areas of responsibility. b. Training materials, i.e., presentations, videos, on-line references, support guides, and user manuals. c. Information on new staff member training and ongoing training including frequency and required classes. d. Description of customer-specific plan, design and coverage rule training, frequency, and the method of training, including any limitations, and indication if customer-specific training is limited to Dedicated core staff only. e. Information on the methods that will be utilized to test and monitor CSRs to ensure they are prepared to handle direct inquiries from members or Providers.
	Supplier Response MedImpact will develop a comprehensive training plan tailored to the specific needs of the PBM to help ensure all MedImpact staff have the information they require to work effectively and efficiently with our systems and processes. We will conduct an annual evaluation of the effectiveness of the training plan, revise, and resubmit the plan to DCH to reflect the continuous improvements we make in our training approach. MedImpact's training plan and a sample of Introduction to Call Log Reference Aid and MedAccess User Guide training materials are included in **MSQ31.2** and **MSQ31.1**. MedImpact's robust training program promotes quality and accuracy for an enhanced customer experience. We train all CSRs (customer service representatives) to address benefit, eligibility, and mail service inquiries quickly and efficiently. Our flexible and clearly defined policies permit modifications to meet specific requests. We invest a great deal of time educating CSRs, developing their career paths, and encouraging them to continually grow and learn. New CSRs undergo more than 80 hours of total training. CSRs spend 20 hours in initial classroom training, 20 hours taking calls, 20 hours of ongoing classroom training, and 20 or more hours of ongoing training taking monitored calls (as needed, with no set number of hours).

All new CSRs must complete 2 weeks of class and 2 weeks of on-the-job training with a seasoned MedImpact representative. We then continue to build the CSRs' knowledge and skills through knowledge checks (given monthly, consisting of 5 to 10 questions based on topics supervisors identify via quality reviews), job aids, and individual training. In addition, all new hires and ongoing CSRs receive cultural sensitivity and customer service excellence training. MedImpact requires these trainings to ensure all staff understand MedImpact's deep commitment to excellent customer service, diversity, and respect for other cultures, ages, and personal challenges.

Initial Training

During implementation, MedImpact conducts training applicable to each staff member and their management and ensures oversight of the project requirements is completed. MedImpact will develop a comprehensive training plan tailored to the specific needs of the PBM to help ensure all MedImpact staff have the information they require to work effectively and efficiently with our systems and processes. We will conduct an annual evaluation of the effectiveness of the training plan, revise, and resubmit the plan to DCH to reflect the continuous improvements we make in our training approach.

Our training plan includes the elements described in **Table 8**. Other elements may be added as we complete the plan and identify items that should be included to ensure delivery of a comprehensive DCH specific training program.

Training Plan Topic	Description
Training Schedule	Specifies the projected annual training schedule for internal and external users. From contract award through the production implementation date, the initial training plan schedule will focus on informing stakeholders regarding the change in DCH's PBM and on preparing them to successfully use MedImpact PBM systems. Thereafter, the training schedule will focus on training new MedImpact staff and external users, and on providing refresher and system update training as needed.
Scope of Training (Curriculum)	Defines the set of training classes we will produce and deliver during the coming year.
Organization and Staffing	Defines the organization and staffing of the documentation and training group which is responsible for production and delivery of the training materials.
Training Modes	Defines the modes through which we will deliver training. These may include: • In-person training sessions for MedImpact personnel at MedImpact offices. • Online training sessions available in both live and pre-recorded formats.

Training Tools and Materials	Specifies the training tools that MedImpact will use to create and manage training. These may include: • Microsoft SharePoint as the repository for training materials in development, published official materials, and collaboration on development of training; training materials issue tracking; and storage of course evaluation data. • Microsoft Office tools, including Word, Excel, PowerPoint, and Visio, for creating training documents. • Teams training for creation and delivery of interactive and pre-recorded online training sessions. • This section will also address routine review and improvement in training tools which may include evaluation of learning management, creation, and delivery systems.
Training Development Process (Instructional Design)	Describes the instructional design process we will use to create training courses which may include: • Audience analysis, addressing questions such as: Who are the audience members? What are their typical characteristics? What is their educational background? What are their major job tasks? What are their needs and preferences? • Instructional objectives, addressing questions such as: What are the primary tasks that audience members will need to perform in working with MedImpact systems and information? What do we believe they must know and be able to accomplish? • Design and development of instructional content, including the division of the material into learning modules, creating knowledge checks (quizzes, testing, and others), and creating the learning presentation materials, workbooks, and other aids. • Validation of the content through reviews and pilot testing the content in both in-person and online training applications. • Deployment of the content through scheduled and on-demand training sessions.
Training Delivery Process	Describes the process and approach we will use to prepare training material for delivery including distribution of materials, preparation of the trainers, conducting the courses, conducting testing to verify learner knowledge and competency, and post-course evaluation.
Evaluation of Training Effectiveness	Describes the tools and process we will use to evaluate the effectiveness of training materials and training delivery. Describes the quarterly review of training materials. Describes the process for correcting training materials and delivery when we discover issues.
Annual Evaluation of the Training Plan	Describes the annual review and update process for the training plan.

Table 8: Training Plan Overview

HIPPA Training

MedImpact has several measures in place to ensure that we protect all information in accordance with HIPAA as a business associate. We train CSRs to follow all HIPAA rules and regulations and PHI permissible use and disclosures. When a member calls MedImpact, CSRs verify their identity using the minimal necessary information rule and by asking for the member's ID number, date of birth, home address, and phone number, which easily confirms the identity of an eligible member and keeps PHI risk to a minimum. In addition, MedImpact follows a role-based access methodology to grant the appropriate least privilege level access to resources based on job function, which further protects member PHI.

Customer-Specific Training

MedImpact will assign a designated customer administrator to provide MedImpact CSRs training on DCH's specific benefit plan to accurately answer calls by the go-live date. The customer administrator will work with DCH during implementation to set up processes on how to handle calls, override criteria, and provide information to CSRs on benefit setups. Throughout the term of the relationship, the customer administrator will provide CSRs with up-to-date information on procedural changes, run reports for DCH, and educate CSRs on DCH-specific information.

CSRs can easily access system notes with all specific plan details including any DCH-approved CSR responsibilities (vacation override, administrative prior authorizations, emergency medication fill, etc.) and member population nuances (majority of members speak English as second language, elder population, rural pharmacy access challenge, etc.).

Ongoing Monitoring

MedImpact monitors CSR responses to determine consistency, accuracy, and courtesy. To achieve the highest level of caller satisfaction, MedImpact's call quality approach places emphasis on CSRs' performance. Our performance improvement coordinators and supervisors review and grade performance on accuracy, HIPAA compliance and unprofessional conduct, proficiency and efficiency, and courtesy using a web-based call recording and monitoring system. Our overall quality goal, which includes accuracy, is 95% or higher.

MSQ31.1 – Training Materials

Introduction to Call Log

Call Log

This functionality allows users the ability log calls from the Member Summary, Claims and PA screens.

Call Log Steps

Step	Action
1	Perform member search.
2	Click SELECT.
3	Click Call Log located on navigational bar.

Other Screens to Access Log	Screen
Claim Detail Actions ▼	*Claim Detail Screen* – The NCPDP of the submitting pharmacy will auto attach to the log.
Call Log	*Prior Authorization Detail Screen*

Step	Action
4	**Call Log** screen is displayed. Enter the ***required** information: ▪ Originator – The type of caller ○ A – Appointed Rep ○ C – Client ○ D – Doctor ○ I – Internal ○ M – Member ○ P – Pharmacy
5	Update **NCPDP/NPI –** This field is required if the caller is a pharmacy.
6	Select **Category.** This identifies the department handling the call. ○ C – Customer Services (default) ○ D – DMR Claims ○ H – Help Desk ○ O – Other ○ P – Prior Authorization
7	**In/Out** – Identify how the call originated. This field defaults to Incoming call.

Continued on next page

Introduction to Call Log, Continued

Call Log Steps, con't

Step	Action
8	Select the appropriate **Call Type** based on the type of call received. ***Example:*** *PA department made an outbound call to the physician office for additional information.* Call Type: MI – Missing or Lack of Information-PA Dept only
9	Based on the Call Type, a **Sub Type** may be required. Select as appropriate.
10	Select **Add Call Type/Subtype(s)** button.
11	Select the **Add Action** button or if an error was made select the **Delete** button.
12	Select the appropriate **Action** for the call. ***Continued Example:*** *PA department made an outbound call to the physician office for additional information.* Call Type: RI – Call made to request information
13	Select **Add Action/SubAction(s)** button. ***Important:*** If multiple requests were made during the call that needs to be documented, repeat steps 8-12.
14	Add **MedAccess Comments**. This may include any additional information that isn't addressed by the Call Type and Actions (i.e. name, information received, phone numbers, etc.).
15	Click **Save**. The following message will display. **Process Complete: Call Logging information saved successfully.**
16	Close window.

View Call Log

Step	Action
1	Perform member search.
2	Click SELECT.
3	Click CALL HISTORY [Show] (located on the **Member Summary** screen).
4	Click CALL HISTORY [Hide] to close Call Log history.

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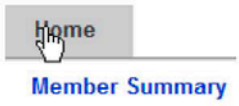
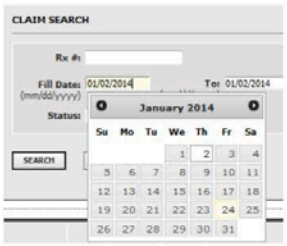
How to Navigate MedAccess

MedAccess Navigation

You can navigate through screens with active fields quickly by pressing <TAB> to move forward or hold <SHIFT>+<TAB> to move back a field.

Navigation Quick Reference Chart

Action	Key
Select field for additional information ▪ Information in blue with a solid underline	View All
Hover over a field for additional information ▪ Information in blue with a dotted underline	APPROVED
Move forward a field	<TAB>
Move back a field	<SHIFT> + <TAB>
Insert wildcard in query	%
Date format (slashes added automatically)	MMDDYYYY
Return to **Member Summary** screen	Hover over **Home** and click **Member Summary**  ***Note:*** This action is helpful when the user has clicked **View All** to access all of the member's claims or prior authorization history
Simplicity with entering dates in MedAccess	Place cursor in date field for calendar to display. 

MedAccess User Guide

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Help and Training

Help and Training

Users can access the MedAccess User Guide and release notes.

Knowledge Center

Step	Action
1	From the log-in screen, click | Help and Training | (located at the bottom of the screen). ***Note:*** This link will also be accessible **after** the user has logged in. The link will be located in the same location (at the bottom of the screen).
2	▪ To view the MedAccess User Guide click Download on the **Training** tab.

Continued on next page

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Help and Training, Continued

Contact Us

Users will have access to contact MedImpact via e-mail for specific questions related to MedAccess.

How to Contact Us

Step	Action
1	From the log-in screen, click Contact Us (located at the bottom of the screen). ***Note:*** This link will also be accessible **after** the user has logged in. The link will be located in the same location (at the bottom of the screen).
2	Contact the Product Support team at **(888) 586-8144** if you have difficulty with login issues or accessibility to MedAccess.

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Introduction to the Home Page

Home Page – Member and Claim Query

Once users successfully log-in, the Home page will display. The Home page provides several methods to use when querying for members or claims in MedAccess.

Member Search

There are several methods to use when querying for members in MedAccess.

Users can query by:

- Member number (simple search)
- Last Name + First Name + DOB (simple search)
- Member number + HQ code (simple search)
- Insured number (advanced search)
- Alt number (advanced search)
- Last Name + First Name (advanced search)
- XRef number (advanced search)
- Last Name + DOB (advanced search)
- SSN (advanced search)
- Medicare ID (advanced search)
- HQ code + Last Name +DOB (advanced search)

From the Home page additional queries are available (i.e. insured number, SSN, etc.) by clicking [Advanced Search].

Important! The DOB field will allow for wildcards using the following format %1945. When using Wildcards in the first and last name fields, two characters at a minimum are required. The more characters added before the wildcard, the faster search results will display

Step	Action
1	From the Home page enter the member number **or** other appropriate member information.
2	Click ☐ Display inactive member records in search results box. ***Note:*** Selecting this box will result in a faster search results and ensure all records have been captured.
3	Click SEARCH.

Continued on next page

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Introduction to the Home Page, Continued

Member Search (continued)

Step	Action
4	Member record(s) will display at the bottom of the Home page. Active records will be displayed **first** if inactive records were included in search. ***Note:*** If using the wild card (%) in the search, multiple records will usually be displayed.
5	Click SELECT for the appropriate member.
6	Once a member is selected, the following will happen: ▪ Member is locked into the system and the member information will be displayed in the header. ▪ Navigate user to the member's summary page of the selected member. ▪ Many of the functions on the navigation bar will be available. Home | Member Services | Plan Services ***Note:*** These features are explained in detail later in the User Guide.
7	To begin a new member search click [Reset].
8	Follow steps 1 – 5 above.

Continued on next page

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Introduction to the Home Page, Continued

Select Section Fields

The next section displayed is the Select section.

Note: The blue column headings can be sorted by clicking once for ascending order, double-click for descending order.

Select	Member #	Fam. Pos.	Rel. Ind.	Last Name	First Name	DOB	HQ Code	Group #	Member Start Date	Memb End Da
SELECT	KP123457	00	I	JONES	BETTY	11/15/1977	ZZZ01	JULIE	01/01/2010	

Field	Description
Select	Used to select a member record.
Member #	Member identification number.
Fam. Pos.	Family position code, common family codes: ▪ 00 = Person code not used ▪ 01 = Insured ▪ 02 = Spouse ▪ 03 to 99 = Dependent
Rel. Ind.	Relationship indicator: ▪ I = Insured ▪ S = Spouse ▪ D = Dependent ▪ F = Full Time Student ▪ H = Handicapped Adult Dependent
Last Name	Member's last name.
First Name	Member's first name.
DOB	Member's date of birth.
HQ Code	Headquarter code (plan/client) for the member.
Group #	The group code or number within the organization the member is linked to.
Member Start Date	Member's start date.
Member End Date	Member's end date. A past end date indicates that the profile is not active.

Continued on next page

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Introduction to the Home Page, Continued

Locate Pharmacy or Claim Information

There are several methods to use when querying for a claim submitted by the pharmacy or a particular pharmacy in MedAccess.
Users can query by:

- Pharmacy ID # – This search can be used independently. Users can search with either the pharmacy NCPDP or NPI. The Pharmacy Summary screen will display denied claims for selected fill date. The search by NCPDP or NPI can be extended to include all claim statuses, but fill Start Date and End Date cannot be older than 7 days when searching only by Fill Date Range and status in the Pharmacy context.
- Claim ID # – This search can be used independently. This search results in the Claim Detail pop-up screen. The Pharmacy Summary screen will also be displayed in the background.
- Pharmacy ID # and Rx # – The Pharmacy Summary screen will display with all claims (approved, denied, duplicate reversals or reversed) associated to the pharmacy ID and Rx number.
- Fill Date – This is an optional field that can **only** be used with the Pharmacy ID and Rx number.
- Rx # and fill date– This search allows users to search by Rx # and specify a date range. The date range by default prepopulates, but users can select their own date range. The date range **cannot** be greater than 90 days when searching.
- Transmittal Number – This search can be used independently. This search allows users an easy way to identify direct member reimbursement claims.

Note: Users will have access to view claims that have been processed on the East Coast when on the West Coast's day has not ended. For example, fill date of 8/2/2015, when on the West Coast it is still 8/1/2015.

Continued on next page

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Introduction to the Home Page, Continued

Query Claim or Pharmacy

Step	Action
1	Enter the pharmacy NCPDP number **or** other appropriate pharmacy information.
2	Click **Search.** Search results will display at the bottom of the screen. ***Note:*** Outside the context of a member, users have access to search any claim past the 3-year cut-off.

Continued on next page

MSQ31.2 – Training Plan

Deliverable Description

Objective

The objective of this document is to provide a summary of the CSR (Customer Service Representative) Training Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of this Training Plan is to define the process by which our training program promotes quality, accuracy, and an enhanced customer experience. CSRs are trained to address benefit, eligibility, and mail service inquiries quickly and efficiently. MedImpact uses a team of internal client-focused representatives whose primary responsibility is to ensure that client customizations are implemented correctly with appropriate training and are monitored for ongoing compliance.

Overview

MedImpact CSR Staff will complete all corporate training required by MedImpact on an initial and annual basis. This will include training on the software application MedAccess and basic soft skills training. This training will be conducted in collaboration with MedImpact's Organization Effectiveness business unit and only when approved by department leaders.

Staff will complete all training and certification required by MedImpact and state and federal law.

This includes the review of the following training materials (in no particular order):

- Inbound/Outbound Call Scenarios
- Call Monitors and Quality Best Practices
- Procedure
- MedAccess User Guide
- Customer Service Representative Training Guide
- Cisco Finesse Training
- HIPAA Compliance
- Cultural Sensitivity
- Customer Service Excellence

A general timeline of CSR Training is as follows (each day is also supplemented with side by sides).

- Week 1, Day 1- New Employee Orientation, Start of MI Customer Service Training
- Week 1, Day 2- Continued MI Customer Service Training
- Week 1, Day 3- Continued MI Customer Service Training
- Week 1, Day 4- Continued MI Customer Service Training
- Week 1, Day 5- Final day of MI Customer Service Training
- Week 2, Day 1- Introduction to the Call Center, Compliance Courses in TMS
- Week 2, Day 2- Working the New Queue and Unmatched Queue in the Call Center
- Week 2, Day 3- Working the Issues Queue and Outbound Call Queue in the Call Center
- Week 2, Day 4- Phone time, taking physician and pharmacy calls only
- Week 2, Day 5- Phone time, taking physician, pharmacy, and member calls

After two weeks of training, the CSR will be responsible for managing their daily responsibilities and are monitored closely by their supervisor on an ongoing basis

32.	**Bookmark Title: MSQ32 – PBA Architecture** Narrative description is limited to ten (10) pages, excluding pictures, diagrams, flowcharts, etc. Considering the Pharmacy Benefit Administrator Services (PBA) architecture needs and requirements (i.e., a means for vendors, the State, and Authorized Solution Users to visualize the Solution Components and interactions), provide a holistic, multi-dimensional data view (e.g., pictures, diagrams, flow charts) of the proposed Solution's architecture at both summary and detail levels. Show all operating systems, Database management systems, all Commercial Off-the-Shelf (COTS) software, and logical servers. Identify potential data bottlenecks and single points of failure, and a plan to mitigate Risks through preemptive alerts and automatic failover capabilities. Your response should include a narrative that provides any information needed to explain the diagram(s), how much of the proposed Solution is out-of-the-box, customized, or configured to meet the State's needs, and the way in which the proposed Solution will achieve and maintain the security, availability, and Data Management requirements. Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work and Attachment C – Common Scope Requirements and Security Standards.

Supplier Response

DCH requires a PBA solution that is robust, scalable, and adaptable to meet the current and future needs of the Georgia pharmacy program. MedImpact's PBA solution, and the organizational support model behind it, are built to deliver exceptional value, speed, and user experience. Our highly available and scalable SaaS (Software as a Service) is based upon a multi-tenant platform utilizing Oracle virtual private databases to segregate and secure customer data. By employing this solution, we provide DCH with the same benefits as a publicly hosted cloud solution with the added advantage that the data is robustly secured within our premise.

Our solution provides maximum reliability, affording our customer base minimal system downtime. Our innovative deployment strategy allows us to perform upgrades and updates with little impact to services 24 hours per day, 7 days per week, 365 days per year.

MedImpact's solution leverages leading and emerging technologies such as APIs, microservices, containers, DevOps, and more to meet the program's business needs—both current and future—while providing a superior user experience. The technology platform underpinning the PBM and rebates systems are focused on delivering operational excellence through the following principles:

- Enhanced user experience
- Modular, interoperable architecture
- Value configuration over coding, making incorporating updates and enhancements fast and easy
- Strong security and privacy

- Resiliency through elastic capacity and continuous availability
- Assemble, simulate/test, publish development style

Design Patterns

Our proposed solution for the Georgia Medicaid program employs a modular architecture based on industry-standard interface capabilities is designed to follow the MITA concepts and framework. However, whenever possible we employ design patterns across systems to allow for flexibility and reusability of code. This provides us with the ability to increase the efficiency of both development and maintenance. Using intelligent, logical design patterns also allows for adaptability across systems within the integrated solution.

Technology Infrastructure

MedImpact employs a secure technical infrastructure including databases, servers, IP switches, firewalls, IPS, and telephony gear in a locked datacenter with technical infrastructure secured within locked cages secured via the use of biometrics.

MedImpact's platform integrates custom applications to support our operations and functions. Our C++ based claims adjudication engine is central to the platform. We use other Java-based applications to perform the benefit plan setup, configuration, and post-adjudication functions. Middleware products supporting the business applications include IBM Business Process Management, IBM Operational Design Manager, IBM FileNet, Apache Tomcat, and Informatica Data Exchange. We use Oracle Relational Database Management System at the data tier. MedImpact also uses IBM’s security middleware products to secure and monitor access to our applications and data. The platform also includes third party tools such as Cognos and SAS for analytics and reporting functions.

MedImpact supports a multitenancy model. MedImpact follows a role-based access methodology to grant the appropriate least-privilege level of access to resources based on job function. We deploy Oracle VPD (virtual private database) to secure database information using fine-grained access policy management. MedImpact's account lifecycle policy details how we manage requests for the granting and terminating of requested rights and privileges. Our product support help desk personnel create unique user IDs for all user accounts. Password creation procedures mandate the use of complex strong passwords. Passwords expire every 90 days. Policy creation procedures use the IBM SV and/or OKTA (identity and access management) system to create fine-grained access policies that use the principle of least privilege based on job function. We automatically disable accounts that a user does not use for 60 days.

MedImpact uses best-of-class server and storage solutions to provide a stable operating platform for administering our services. Server architectures include IBM Power, Oracle/Sun SPARC, and Cisco UCS. Storage platforms include NetApp, Hitachi Data Systems, and Oracle ZFS products. We have also supplemented our network enterprise with redundant and robust Cisco switches and routers for LAN/WAN services, Check Point, Cisco firewalls for protection and remote access, and Citrix load balancers for infrastructure scalability.

The following high-level diagram, **Figure 23**, depicts the current MedImpact system's architecture.

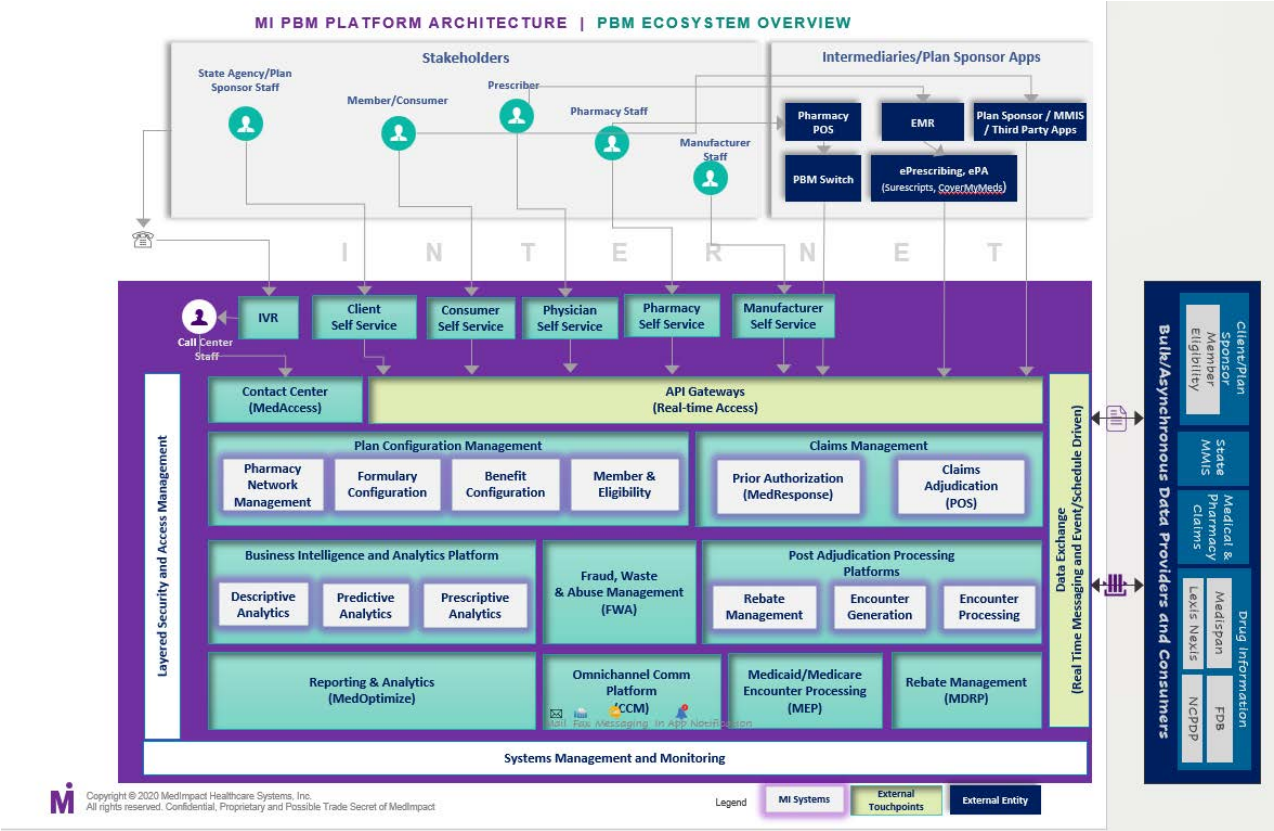


Figure 23: MedImpact System Architecture

Conceptual, Logical, and Physical Architectures

Our solution architecture enables prompt response to industry and regulatory changes without the burden of extensive computer programming and additional time often required to integrate disparate systems. Through ongoing quality improvement processes, we continually review and enhance the capabilities, capacity, and performance of our systems to help ensure they meet or exceed industry standards and expectations. Beyond the PBA and rebate platforms themselves, MedImpact supports DCH with cadenced, controlled enhancement processes to maintain currency from an architectural and industry perspective. This includes following our stringent change management, configuration management, and release management protocols to verify that any update to the solution is made in a controlled manner following approved processes in accordance with DCH policies and procedures.

Our PBM solution delivers modular, individual platforms, each offering robust flexibility and configurability. These systems are integrated to allow for seamless transfer of claims data for rebate processing. This configuration delivers a high degree of accuracy and efficiency including the ability to check validity, member and provider eligibility, benefit plans, edits/business rules, and claims disposition. All of our solution components are available 24 hours a day, 7 days a week,

365 days a year. Our adjudication architecture has unlimited capacity to expand our processing and storage capabilities to satisfy any performance requirement.

Integrated Solutions

Our claims adjudication engine is supported by an ecosystem of specialized applications that offer an innovative approach to pharmacy program management. These core applications reside within our unified information technology platform enabling us to leverage the efficiencies of shared infrastructure, tools, and technologies. This provides a single source of truth for data which promotes accuracy, uniformity, and visibility. **Figure 24** depicts the MedImpact Unified Technology Planform.

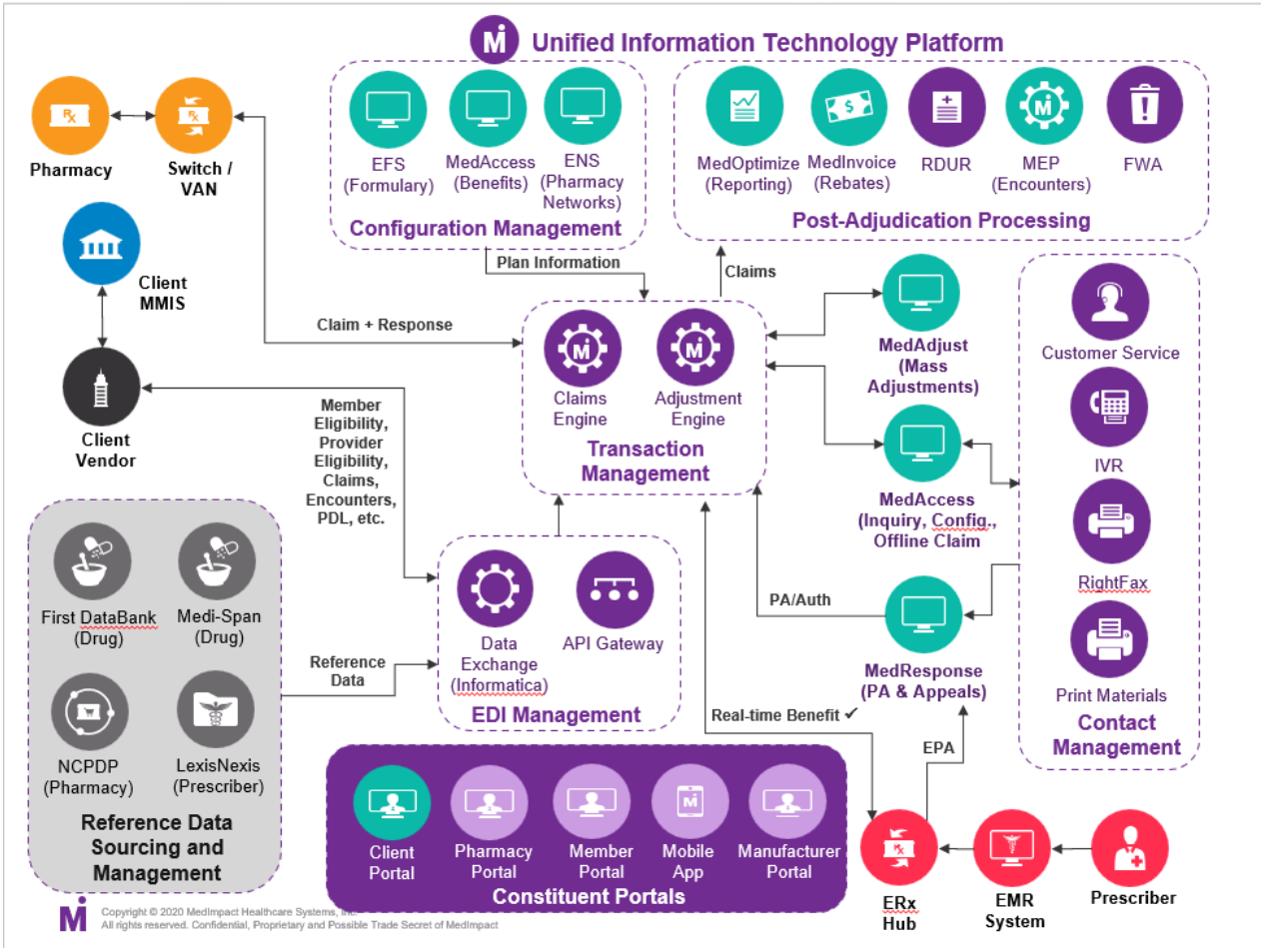


Figure 24: MedImpact Unified Technology Platform

Within our unified platform, there are several specialized user interfaces to effectively support the operations required to successfully administer a PBM program.

Foundational to MedImpact's unified technology platform is a combination of industry standard COTS products such as Oracle RDBM (Relational Data Base Management) and enterprise-class open-source software such as Gravitee (API Management Software). We maintain concurrency

with current releases or 1 level below current release. Our development platform is based on C++ and Java while the database platform utilizes Oracle

Database Architecture

MedImpact's solutions are built to support the mission-critical nature of pharmacy and drug rebate services. Our solution and supporting communication infrastructure are designed and implemented with active redundant component architecture to deliver 100% availability, 24 hours per day, 7 days per week, 365 days per year, with no unscheduled downtime. We use our on-premise, highly available, and scalable SaaS, which is based upon a multi-tenant platform utilizing Oracle virtual private databases to segregate and secure customer data. MedImpact uses a distributed model for managing encryption keys. MedImpact's solution is multi-tenant; we employ Oracle's Transparent Data Encryption component to encrypt data at rest. MedImpact's Database Administrators secure, backup, rotate, and test recovery of encryption keys that they require. MedImpact's Network Engineers maintain and manage our Entrust certificates including secure backup, rotate, and test recovery of our encryption keys. Systems manage encryption keys for disk storage arrays. Application support manages encryption keys to encrypt all of our laptops and desktops. Oracle Virtual Private Database, shown in **Figure 25**, enforces security, to a fine level of granularity, directly on database tables, views, or synonyms.

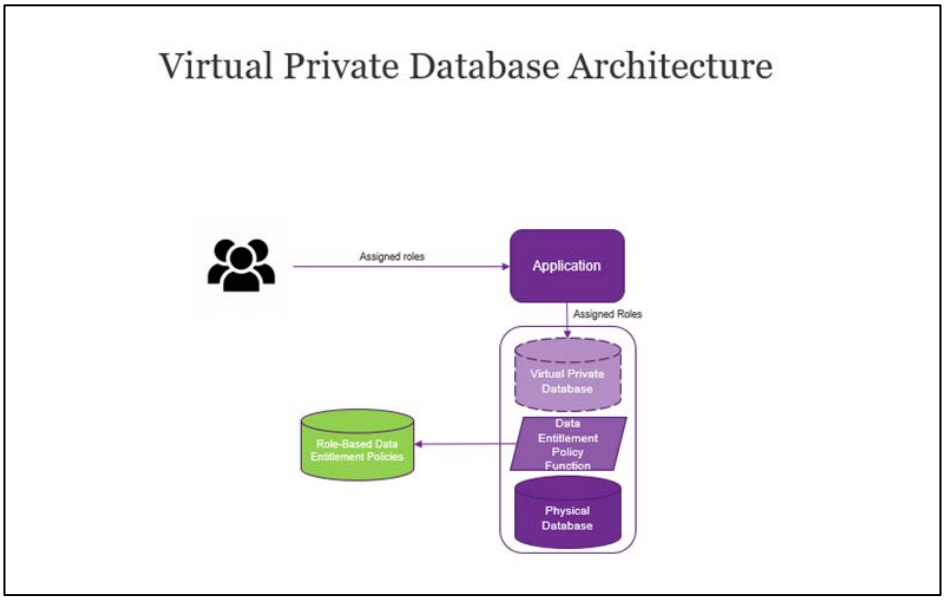


Figure 25: Virtual Database Architecture

Because security policies are attached directly to these database objects, and the policies are automatically applied whenever a user accesses data, there is no way to bypass security. MedImpact's SaaS platform provides the same benefits as a publicly hosted cloud solution with the added advantage that the data is robustly secured within our premises.

Our architecture includes automatic failover between data centers to minimize any service disruption. Failover does not result in service disruption. System architecture and supporting technologies are highly configurable and robust, enabling MedImpact to achieve consistent and

high performance. We also leverage the full active redundancy of our platform to eliminate the need for downtime associated with routine maintenance, affording increased flexibility, agility, and responsiveness, as well as the ability to quickly adapt to meet Arkansas' changing business needs. **Figure 26** shows MedImpact's approach to delivering a high availability solution for DCH.

Figure 26: MedImpact Solution Availability Assurance

MedImpact has certified our hosting environment's security compliance with 325 moderate security controls under the AZ RAMP certification for the state of Arizona, the location of our primary hosting site. MedImpact is HITRUST certified and performs annual SSAE 18 SOC 1, Type 2, and SOC 2, Type 2 audits. Our hosting environment provides:

- Active redundant component architecture for network infrastructure
- Elastic scalability to enable capacity scaling vertically and horizontally
- Full, active redundancy between 2 geographically separated data centers
- Support for real-time synchronization between the separate data centers
- Flexibility to introduce changes and enhancements without scheduled downtime
- Support for a high degree of configuration over legacy coding

Our primary data center, located in Tempe, Arizona, is fully owned by MedImpact and operated by MedImpact IT and facilities staff. The Tempe facility has numerous carriers built into our redundant "meet me" rooms and has achieved SOC 2, Type 2. Our San Diego, California secondary data center is housed within a Zayo colocation facility. The San Diego Zayo facility is SOC 2, Type 2, and OIX-2 certified. MedImpact's assets are in a dedicated server room that is fully secured by monitored badge access. IT Infrastructure gear, including servers, IP switches, telephony, and

data storage devices are biometrically secured in their own cages. MedImpact's data centers maintain direct point-to-point and indirect VPLS WAN connectivity to one another. The point-to-point circuits are commissioned from three distinct carriers and maintain geographically diverse paths into our data centers. We further maintain interstate geographic redundancy by following distinct northern and southern routes between California and Arizona. In the event of a triplicate failure of our point-to-point circuits, our systems will dynamically fail all the way back to our VPLS WAN network.

MedImpact's technology systems are supported by an ecosystem of several core applications residing within the unified information technology platform, enabling the ability to leverage the efficiencies of shared infrastructure, tools, and technologies. A key feature of MedImpact's hosting environment is that we are not dependent upon a third-party recovery service provider to support or perform any recovery processes in the event of an incident or disaster because of the following environment safeguards:

- **Server Redundancy**: In case of individual system failure, MedImpact's multiple redundant systems enable claims processing to continue in fewer than 60 seconds, with minor interruption, as processing is moved to a t-standby server. Claims processing systems are on redundant or high availability hardware.
- **Storage Redundancy**: MedImpact's replicated databases on isolated storage frames provide critical protection against storage system failure. We replicate critical data locally and to our secondary data center to protect against a single-site failure.
- **Data Center Redundancy**: MedImpact's systems and critical data are safeguarded by physical data center isolation and redundancy between data centers located 362 miles apart in San Diego, California and Tempe, Arizona. Our data centers are on different power grids with backup power feeds in each location. Distance helps protect from a single local event failure or disaster and provides continuous availability. We provide technical support 24 hours per day, 7 days per week, 365 days per year.

Figure 27 illustrates our approach to providing redundancy within our infrastructure's network connectivity and illustrates key benefits of MedImpact's approach.

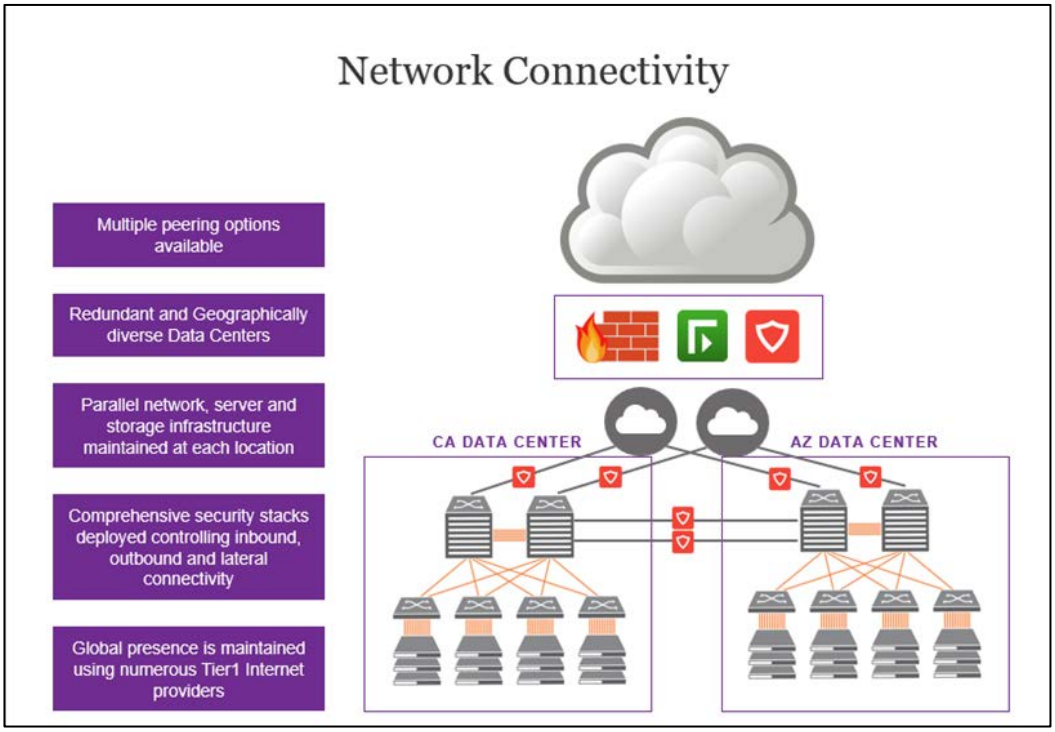


Figure 27: Network Connectivity

MedImpact's dual, redundant, always on, replicated data centers contain duplicate IT security technology at each location to help ensure the exact same protections for ePHI (electronic protected health information) that existed prior to a disaster are in place during a disaster (emergency mode operation) and after a disaster. No separate recovery process or procedure is required to enable MedImpact's ePHI security safeguards in the event of a disaster. In the event of the loss of either data center, MedImpact's ePHI security safeguards are automatically in place and working upon failover.

Internally, all power, cooling, network, and system components are 100% redundant within each facility. In the event of a complete data center failure, all applications are dynamically failed over to the active/available facility. We test this failover capability quarterly to maintain system and staff readiness.

MedImpact's public- and customer-facing presence is maintained through a series of Internet and private line circuits. Numerous carrier diverse Internet circuits are dynamically available, and we audit all private line circuits to maintain geographic and Local Exchange Carrier redundancy. DHS may choose to communicate with MedImpact over the Internet via SSL-enabled portals, which are TLS 1.2 compliant, or via dedicated and redundant IKEv2 VPN tunnels.

COTS Solution

MedImpact's offering is a COTS solution. Our definitions of customization and configuration are in alignment with the definitions presented in the instructions of Attachment C in the RFP.

Customization of a COTS solution requires custom coding, programming, or software. Configuration of a COTS solution can be done with a using built-in tools or as a part of a new release.

Our PBM solution directly aligns with current MITA principles and framework. We employ a modular architecture based on industry-standard interface capabilities with business rules separated from the application code to facilitate configuration over coding. In addition, we maximize the use of COTS products in lieu of proprietary systems and custom coding. Consistent with the CMS Modularity condition and MITA, MedImpact components are loosely coupled through exposed APIs and web services using industry standards and best practices. This sets us up for success with certification from the beginning. Highlights of our PBM solution design include:

- A modular, flexible approach to systems development including the use of open interfaces and exposed APIs
- Business rules separated from core programming
- Business rules available in both human and machine-readable formats
- Use of formal system development methodology and open, reusable system architecture
- Support for CMS certification with minimal effort
- Logging and audit controls to support audit and contingency requirements, in accordance with MITA

MedImpact's unified integration platform combines COTS and proprietary components to support PBM functions. Our C++ based claims adjudication engine is central to the platform. We use other Java-based applications to perform the benefit plan setup, configuration, and post-adjudication functions. Middleware products supporting business applications include IBM Business Process Management, IBM Operational Design Manager, IBM FileNet, Apache Tomcat, and Informatica Data Exchange. We use Oracle Relational Database Management System at the data tier. MedImpact also uses IBM's security middleware products to secure and monitor access to its applications and data. The platform also includes third party tools such as Cognos and SAS for analytics and reporting functions.

MedImpact uses best-of-class server and storage solutions to provide a stable operating platform for administering our services. Server architectures include IBM Power, Oracle, and Cisco UCS. Storage platforms include NetApp, Hitachi Data Systems, and Oracle ZFS products. We have also supplemented our network enterprise with redundant and robust Cisco switches and routers for LAN/WAN services, Check Point, Cisco firewalls for protection and remote access, and Citrix load balancers for infrastructure scalability.

MedImpact's PBM solution is highly scalable with system capacity to handle current business volumes with the ability to expand to fit the program as business needs change. Our performance goal is to double volumes (POS claim and supporting transactions) without degrading performance, which is measured in milliseconds. Therefore, MedImpact's system architects and POS engineers are accountable to leadership for planning and designing the PBM to run at or below 50% of available capacity to allow for new and expanded business needs. This translates to the system scalability necessary to accommodate anticipated volumes with the capacity to double

claim volume without performance degradation. MedImpact continuously monitors, adjusts, and adds additional hardware / infrastructure, as required. System architects meet quarterly with executive leadership to demonstrate current system capacity and performance, peak levels of processing during the reporting period, and ways in which system space or processing capabilities are increased to assure future readiness for user requirements.

Our n-tiered architecture is a standard used throughout the industry for encapsulating functionality for maximum reuse and maintainability providing unlimited numbers and flexibility of functional layers. MedImpact's logical layer design enables it to differentiate between component tasks, maintain flexibility with modular deployment integrations, and facilitate supporting re-usability of components. We divide the PBM into separate layers that have distinct roles and functions to maximize maintainability of the code, optimize application functionality, and provide clarity when determining where certain technology or design decisions must be made. MedImpact's components deliver reusability and system flexibility, lower the cost associated with system modification and maintenance activities, and provide compliance with DCH and CMS standards.

Our architecture enables us to add additional infrastructure and module functionality without requiring the system to be stopped and restarted. We can remove components of the infrastructure for maintenance without affecting the remaining infrastructure. MedImpact provides real-time replication between 2 physically distanced data centers. Failover from one data center to the other does not require service disruption. We actively test this capability in our disaster recovery and business continuity exercises. MedImpact also supports self-healing for its infrastructure and modules. Automated tools monitor the health of our solution and automatically take actions to restore normalcy whenever problems are detected.

MedImpact's PBM solution architecture enables prompt response to industry and regulatory changes without the burden of extensive computer programming and additional time often required to integrate disparate systems. Through ongoing quality improvement processes, we continually review and enhance the capabilities, capacity, and performance of our systems to help ensure they meet or exceed industry standards and expectations. Beyond the PBM platform itself, MedImpact supports DCH with cadenced, controlled enhancement processes to maintain currency from an architectural and industry perspective. This includes following our stringent change management, configuration management, and release management protocols to verify that any update to the solution is made in a controlled manner following approved processes in accordance with DCH policies and procedures.

MedImpact's solution provides a more economical, efficient, and effective approach than a custom built or transferred IT solution. Our solution is mature, tried, and tested so there are no defects. DCH will reap the benefits of new features and capabilities that we build across our customer base. Our solution is scalable, reliable, and optimizes performance.

Risk Mitigation

MedImpact maintains published risk management policies and procedures. We perform workforce training upon hire and annually thereafter regarding the use of ePHI (electronic personal health information). MedImpact also maintains a HIPAA compliance webpage on the intranet that provides access to all company guidance on the use of tools that prevent the impermissible use

and disclosure of ePHI, including secure email, secure print, TLS encryption for transmission of ePHI, and secure data and document destruction guidelines.

MedImpact maintains 210-PL-1007 Information Security Program document to provide workforce guidance on the technical, administrative, and physical safeguards in place to protect ePHI, including the use of encryption, authentication and authorization, antivirus, antimalware, DLP, local firewalls, etc. MedImpact also provides 560-PL-1018 Protection of PHI document published by MedImpact's privacy department to outline data governance regarding ePHI, including secure print and secure email guidelines. MedImpact's internal audit department creates an annual audit plan and works with IT to complete assessments regarding risks to the organization and ePHI. We track results and monitor and mitigate them on a monthly basis in the audit tool, AuditBoard, sharing results with management. MedImpact's risk analysis and risk mitigation practices are part of our third -party control testing and audit reports that management reviews and signs. This includes quarterly vulnerability assessments of all externally facing resources. We make known to the application and platform owners the results of vulnerability assessments and risk analysis and track them for mitigation.

Failover Design

MedImpact creates backups of all programs and source code (UNIX file system), and Oracle data using a new high-performance fiber-connected robotic linear tape-open system. The system performs the backups in real-time, 24 hours a day, 7 days a week, 365 days a year. They do not affect system availability. MedImpact stores encrypted backup tapes both on-site and in an off-site vault. We make on-site backup tapes immediately available. In the event of a disaster at our processing center, the system still protects and makes available data and source code.

We store off-site encrypted backup tapes at Iron Mountain’s secure facility in San Diego, California. MedImpact sends tapes off-site weekly to a secure storage and archive. We use Symantec Netbackup as MedImpact’s data backup platform. Netbackup’s Tape Encryption process encrypts all data written to tape.

33.	**Bookmark Title: MSQ33 – Staffing** Narrative description is limited to five (5) pages, exclusive of organizational chart(s) and Subcontractor contract(s) or letter(s) of agreement, if applicable. Provide a narrative description of the proposed staffing plan that details policies, plans and staffing strategies. The proposed plan must include the following: a. Organizational charts that provide a complete and detailed description of the proposed organizational structure the Supplier will use, including Subcontractors and how they fit into the Supplier's overall organizational structure. b. Roles and responsibilities of staff. c. Job titles and the requisite qualifications, skills, and credentials, including clinical licensures relevant to this Contract. If Subcontractors will be used, provide the following: a. Subcontractor's name and address. b. Roles and responsibilities to be delegated to the Subcontractor for purposes of this Contract. c. Subcontractor's qualifications to perform these roles and responsibilities. d. Copy of the Subcontractor contract; the State will accept a letter of agreement with a prospective Subcontractor pending formalization of a final contract with details relevant to "c" in this section. Refer to Attachment F - Pharmacy Benefit Administrator Services Scope of Work and Attachment C - Common Scope Requirements and Security Standards, Sections 2.15 Staff Management and 3 Staffing.
	Supplier Response MedImpact has created a staffing plan based on the staffing requirements and responsibilities presented in the *Pharmacy PBA Services Scope of Work* and the overall project staffing requirements for DCH. We will utilize this staffing plan during DDI in conjunction with DCH to create the final staffing plan for approval. MedImpact realizes the integral role staffing plays during the course of a customer Contract. It is the key to building a successful relationship and, in turn, a successful pharmacy program. **Purpose** The Staffing Plan provides an overview of MedImpact's resource management approach and procedures. The intended audiences of this document are team members from MedImpact, MedImpact subcontractors, DCH, and any other DCH-designated stakeholders who have a role in resource management for DCH's project. The plan encompasses:

- Staffing Management Approach
- Training
- Retention and Change Management
- Resource Requirements and Estimation
- Project Organizational Structure
  - Organization Chart with reporting relationships
- Staff Roles and Responsibilities
- Subcontractors

Scope

The Staffing Plan is applicable to the entire life cycle of the State of Georgia DCH's project and MedImpact will obtain DCH approval prior making changes. Increased staffing levels, if requirements or standards are not being met based on the discretion of DCH, will be provided at no additional cost to DCH. Any MedImpact or Subcontractor staff assigned to DCH will perform work under the Contract that has been approved by DCH. MedImpact will comply with all DCH staffing requirements, including but not limited to those pertaining to security, health, and safety issues.

Staffing Management Approach

MedImpact will provide DCH access to our interdisciplinary account management team who will manage all aspects of DCH's program. The account manager will serve as the daily point of contact for DCH to effectively manage DCH's needs. Our account management team promptly responds to phone or email inquiries within 1 business day, with the goal of 1-touch resolution. We will leverage routine meetings with DCH to review the project log and address any outstanding inquiries on an agreed-upon schedule.

The account team is made up of several individuals with varying roles. MedImpact's approach to staffing and resource management is realistic, yet flexible. We provide the appropriate number of resources with the right skillsets and experience. Our strategy for the proposed staffing and organization is to meet DCH requirements by providing:

- Sufficient staffing levels to complete project activities in accordance with DCH-specified requirements.
- Adaptability to adjust staffing levels to meet changing demand (such as increases/decreases in workload).
- MedImpact team members with the appropriate skillsets, experience, and availability to perform their assigned duties.
- Strategies, processes, and tools to support effective and timely forecasting, recruitment, retention, and replacement (if necessary) of staffing to meet required staffing levels.
- Forecasting, planning, and scheduling of the project workload using resource management tools and processes, MedImpact best practices, and DCH collaboration.

MedImpact brings expertise, flexibility, and innovation to the PBM space including Pharmacy Clinical Management Services and this applies to our staffing approach as well. We design our staffing plan with flexibility to adjust with the natural ebb and flow of organizational needs. Our flexibility extends to collaborating with DCH to recruit and retain the best candidates for your Key Staff.

Training

Effective training and education are paramount to the success of any PBA program. Comprehensive training involves not only initial and ongoing application training needs of teams and individuals but also updated materials, documentation, and access to support services and Key Staff members.

Account Management Team Training

Account management team training begins upon award of contract and continues through DDI, operations, and for the life of the contract. MedImpact provides extensive training on DCH's benefit design, operational overview, and any specific nuances including:

- Overview of DCH to ensure an understanding of the business
- DCH's contract terms
- DCH's active programs and services
- DCH's contacts and communication preferences
- Any other DCH expectations and strategic goals

MedImpact requires new account managers and account executives to undergo extensive training that includes classroom training, e-learning, on-the-job training, and peer coaching. In addition to completing MedImpact's corporate compliance courses which cover topics such as general corporate training, code of conduct, HIPAA, and CMS rules and regulations, MedImpact requires new Key Staff to attend instructor-led training to develop industry, product, and skills knowledge. We also pair new account management staff with a mentor who facilitates on-the-job experiential learning. Based on the skill and knowledge levels of the new hire, training time ranges from 6 to 12 weeks.

Cross-Training

As part of the customer onboarding process, MedImpact identifies a team of Key Staff and designated backups to provide customer support during vacations, absences, and high-volume periods. These individuals will also participate in DCH-specific cross-training to promote service excellence.

Recruitment, Retention, and Remediation

MedImpact understands that Key Staff changes can be disruptive for customers and prioritizes retention efforts to minimize any unnecessary turnover. Employee retention starts during the hiring period. Our team of human resource professionals deploys a comprehensive people strategy and a well-structured talent acquisition strategy that focuses on long-term human resources planning to

seek out the most qualified individuals, assess their skills, determine where they would best fit in our organization, and ultimately convince them to join the enterprise.

We offer employees competitive salary and benefits programs while encouraging healthy work/life balance. We also foster internal promotions and employee development by identifying and tracking talented and motivated employees and then working closely with managers to determine development opportunities and help them advance their careers. This includes a tuition reimbursement program and internal leadership training tracks. MedImpact's focus on creating a robust and healthy work environment contributes to low account team turnover and an average tenure of 6 years or more for account team members.

Providing consistent and superior service to our customers is MedImpact's top priority. We consistently solicit feedback from our customers informally through regular meeting cadences and formally through annual customer satisfaction surveys. MedImpact meets weekly with the pharmacy director to discuss the effectiveness of the program and individual team members. If needed, we can coach and council members to improve or place them on a correction plan. In event DCH chooses to remove a team member, we will work to ensure their responsibilities are addressed while we seek a replacement. MedImpact will provide an update via email to DCH including the new team member's biography and transition timeline.

MedImpact will not transfer or remove Key Staff without prior approval from DCH. MedImpact will provide advance notice of at least 30 calendar days before transitioning any Key Staff to another MedImpact position, project, or assignment. We will ensure appropriate staffing levels are maintained throughout the project, so objectives are met on time, including applicable privacy and security requirements.

Should a position unexpectedly become vacant or should a need arise for additional staffing, MedImpact maintains sufficient flexibility necessary to shift resources between projects. This can occur during the DDI phase and throughout ongoing operations and maintenance. MedImpact will first recruit existing staff as we have several employees with skills and experience that are like our proposed personnel. If we are unable to fill the position internally, we will execute our external recruiting plan.

Resource Requirements and Estimation

MedImpact utilized our understanding of DCH’s program and our experience with similar programs to define the resource requirements and develop staffing estimates. We have analyzed project requirements to determine the types and numbers of required staff for DCH's PBA program. Based on the requirements outlined in the RFP, we have developed a staffing model to support all phases of project activities in accordance with DCH requirements. This approach optimizes staffing projections to meet all contract obligations and planned volume fluctuations. We also consider current staffing needs against the potential for future changes and have created a staffing approach that allows MedImpact to rapidly adjust to changes that influence work volume.

During DDI, we work in collaboration with DCH to verify anticipated transactional volumes and validate our staffing projections accordingly. These steps are critical to mitigate the risk of surprises at go-live (start of operations) that may impact response times.

Project Organizational Structure

MedImpact has developed our proposed organizational structure based on the requirements in the PBA Management Services Scope of Work and will fill staffing positions according to our forecasts. Any additional recruiting efforts deemed necessary for the project will be initiated as quickly as possible following the contract award. The account management team will receive support from the appropriate essential resources (e.g., technical and business processes and staff) to ensure optimal effectiveness for DCH and its stakeholders. MedImpact's executive leadership team will provide supplementary oversight of the project in an executive sponsor capacity.

Organizational Chart

Figure 28 shows an organizational chart illustrating MedImpact's proposed Key Staff, leadership support, and other support for DCH's project.

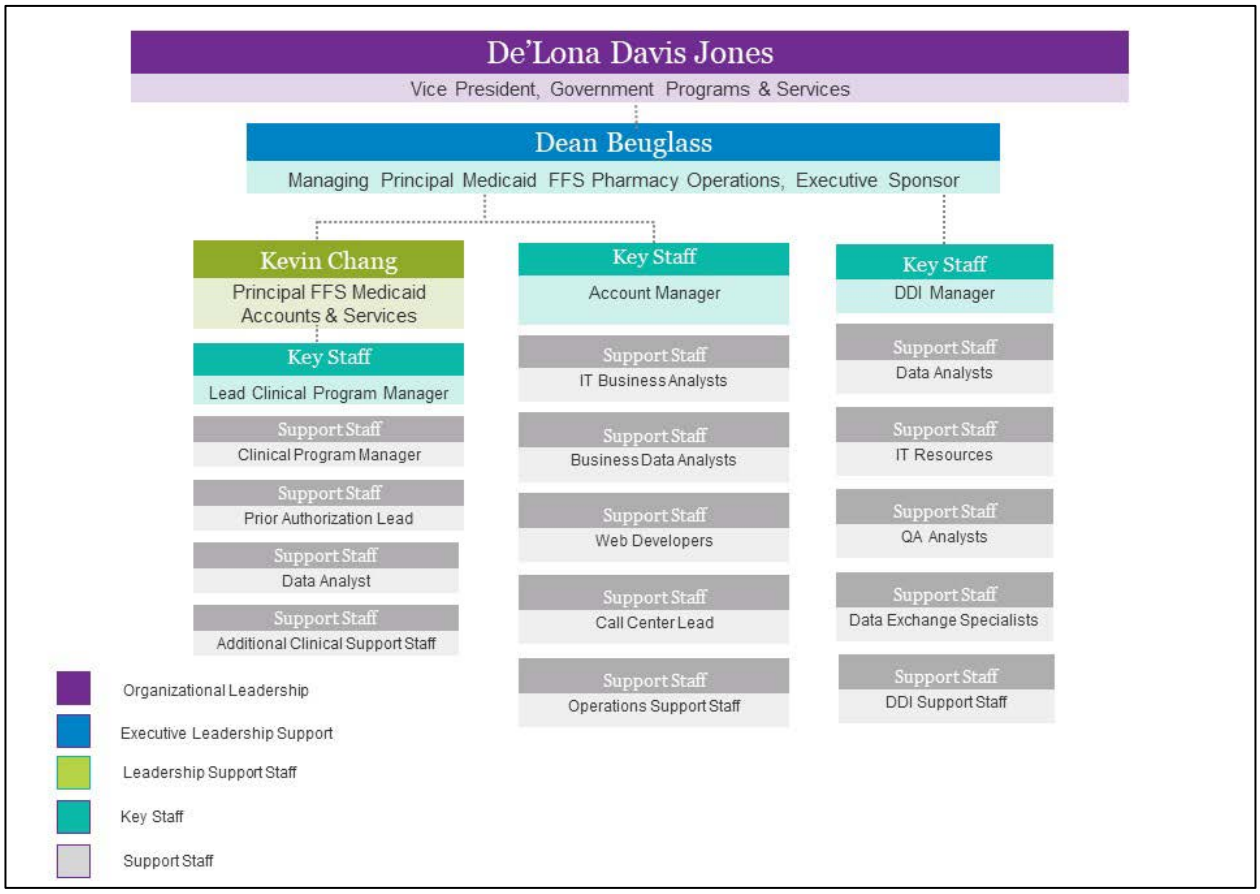


Figure 28: DCH PBA Organizational Chart

We understand that MedImpact is responsible for maintaining the organizational chart throughout the contract by updating it within 5 business days of in event of any subsequent changes or vacancies throughout the contract.

Staff Roles and Responsibilities

MedImpact confirms that all Key Staff will be dedicated to DCH's project 100% of the time or as determined and agreed upon. Each Key Staff serves 1 role unless we seek approval from DCH in writing. All MedImpact proposed Key Staff will have experience in health care and Medicaid program operation and be available after normal work hours if DCH requires.

MedImpact's proposed Key Staff will be employed or have a written, legally binding commitment to join our organization by the beginning of the DCH Contract start date. We are committed to providing experienced knowledgeable staff with the skill set to manage the unique needs of DCH's Medicaid FFS PBA program. The Key Staff member roles identified in the proposal will work on the relevant project phases from the Contract signing date and we commit to not reassigning Key Staff members except in cases of resignation or termination without advance approval from DCH.

If Key Staff must be replaced, MedImpact will provide resumes of replacement candidates to DCH and an opportunity for DCH to interview and accept potential replacements. We further acknowledge that acceptance of a potential replacement by DCH will not be withheld arbitrarily. MedImpact will obtain prior written consent from DCH before Key Staff and other proposed project staff are reassigned or replaced unless it is an emergency situation.

We will notify DCH of a Key Staff resignation or departure within 2 business days of the date a Key Staff member provided MedImpact with notice of resignation. We acknowledge that DCH reserves the right to request reassignment or replacement of Key Staff throughout the life of the Contract. MedImpact will name a temporary replacement acceptable to DCH when a Key Staff position is vacated within 5 business days of the date a Key Staff position becomes vacant and ensure permanent replacement is working on the project within 60 calendar days of the vacancy date. We also commit to naming acceptable temporary replacement staff prior to any periods of planned leave for Key Staff positions.

MedImpact is pleased to highlight the roles, responsibilities, and qualifications of the Key Staff identified for DCH's project.

Account Manager

The Account Manager will derive a complete understanding of DCH’s objectives, expectations, and desired outcomes and will serve as the single point of contact for day-to-day issues. They interact with internal departments to coordinate actions and gather information to help ensure we resolve questions, issues, and projects completely and in a timely manner. The Account Manager strictly adheres to procedural and quality standards including thorough and accurate documentation, testing protocols, and claims analysis.

Responsibilities

- Builds customer relationships through active participation in the customer team process, including adherence to agreed-upon rules of engagement and roles & responsibilities.
- Adheres to strict procedural and quality standards, including thorough and accurate documentation, testing protocols, and claims analysis.
- Uses experience, judgment, business & systems knowledge, and technical skill to plan and accomplish goals.

- Ensures appropriate levels of service and operational support to assigned customers by understanding and championing customers' operating requirements throughout the organization, including customer business model, targeted markets, benefit design objectives, pharmacy network composition, overall claims adjudication expectations, reimbursement methodologies, metrics, and reporting tools.
- Proactively maintain and improve upon service performance levels and works across the organization to expeditiously resolve issues, escalate service recovery efforts, provide timely feedback to internal and external customers, raise customer satisfaction levels, and ensure that service gaps & lessons learned are incorporated into the customer performance and planning strategy processes.
- Leads operational initiatives in support of customer business objectives, including engagement of project management support, providing regular updates to customers, providing appropriate levels of communication between the customer & company staff, interpreting, and providing context for customer requests, and ensuring that appropriate pre- and post- production review and sign-off by the customer is executed.
- Leverages customer relationship management tools and spreadsheets for documenting all customer contacts and deliverables requiring follow-up.
- Measures service levels by including appropriate & accurate documentation of customer information, issues, projects, and work requests.
- Oversees assigned cases and ensures adherence to due dates.
- Is an active participant in customer life cycle management and strategic customer planning.
- Utilizes planning, prioritizing, and organizational skills to ensure timely deliverables, high levels of quality, and efficient use of resources to assist in claims adjudication accuracy.
- Ensures appropriate back up coverage for customers during holidays, weekends, and other times.
- Maintains commitment to operational goals in the face of obstacles.
- Actively supports other members of the core customer team, and members of the extended team, in successfully supporting customer needs and delivering flawless fundamentals.
- Promptly responds to service failures, resolves issues, and escalates concerns as appropriate.
- Actively participates in continued professional development to stay up-to-date on the latest quality management best practices and products, services, & technical enhancements.
- Completes special projects as assigned (such as leading workgroups, overseeing projects, assisting in customer implementations, executing up-sell plans in conjunction with the customer team, mentoring/training staff, etc.)

Minimum Qualifications

- Bachelor's Degree or equivalent and four (4) years customer support or related account management experience in a healthcare or PBM environment; or equivalent combination of education and experience.
- Experience as a user of multiple business software applications is required Pharmacy Technician license or national certification desired.

- Intermediate to advanced skill set in MS Office; Word, Excel, PowerPoint, Project, and Outlook. Intermediate to advanced knowledge in Visio.
- Pharmacy Technician license or national certification desired.
- Outstanding numeric, verbal, written, logic, and analytical skills. Project Management 101 certification or equivalent training. Superb public presentation skills.

DDI Manager

The DDI Manager collaborates with Key Staff and DCH to lead the implementation process. The position is responsible for building an early relationship with customers for a successful transition. The DDI Manager ensures all stakeholders are kept well informed of the requirements, any changes, progress status, and any potential issues. They are also responsible for supporting other projects to contribute towards team goals. This position will be located remotely.

Responsibilities

- Prepare for and facilitate new customer meetings for the purposes of requirements gathering and discovery.
- Assist DCH with facilitating any impact analysis to best determine the appropriate requirements to ensure a smooth and successful implementation.
- Ensure all requirements are documented and obtain approval from DCH.
- Create and maintain a high-level project plan.
- Continuously monitor progress in terms of the status of the project and report back to internal management and subject matter team members and DCH using weekly status report formats.
- Assist with escalated customer issues, member issues, project issues as identified or requested by the customer through direct support or through the support of MedImpact subject matter experts assigned to the project.
- Provide go-live support either through remote access or internal on-site access.
- Facilitate Post Implementation Review meetings with DCH.

Lead Clinical Program Manager

The Lead CPM (Clinical Program Manager) oversees staff working on the clinical analysis aspects of the project. They will work directly with DCH to support the clinical pharmacy programs including UM recommendations, RetroDUR, and Advisory Board support. The Lead CPM optimizes the clinical quality and cost-effectiveness of drug therapy for customers and their members. They focus on rational management of drug utilization by employing analytical tools and an evidence-based approach to achieve lower net cost, better health outcomes, and higher levels of satisfaction for plan sponsors and their members.

Responsibilities

- Provides recommendations to DCH that aligns with DCH's goals of lower net costs and high clinical quality.
- Provides clinical consultative services in accordance with contracted clinical services.
- Coordinates clinical utilization analyses and presentations to customers.

- Ensures timely and accurate review of plan data, according to policy, with appropriate intervention recommendations.
- Coordinates clinical support of PDL and PADL including UM recommendations, drug monographs, and other clinical support material to DCH and the Advisory Board.
- Participates in quarterly MedImpact P&T Committee meetings and in customer P&T meetings as per customer contract.
- Manages the document repository that is used for MedImpact and DCH collaboration.
- Manages the Advisory Board meeting agendas, meetings, and deliverables as well as disseminates that information before and after each meeting.

Minimum Qualifications

- PharmD (or equivalent) along with 3 – 5+ years' related experience required, preferrable in Medicaid.
- Knowledge of Microsoft Office Suite and a working knowledge of relational databases.
- Registered Pharmacist in the State of California or equivalent state.
- Analytical skills with Health Informatics experience preferred. Experience in promoting disease management or drug cost management programs preferred.

Other Staff

MedImpact will assign Other Staff to assist Key Staff in satisfactorily completing the requirements outlined in the PBA Services Scope of Work throughout the applicable project phases and stages. We will provide resumes for Other Staff if requested by DCH.

Interactions Between MedImpact, DCH, and Other Entities

MedImpact staff, DCH staff, and all other entities that are involved in the implementation and operations of the PBA Services will collaborate throughout the duration of the Contract. During DDI, all parties will be identified and communication and information transfer procedures will be created. MedImpact will be collaborative and proactive throughout the Contract and the communication plan developed during DDI will guide the cadence and escalation plans for communicating with all stakeholders. DCH's main point of contract throughout the length of the contract from DDI through operations will be the Key Staff.

Secure Communications

MedImpact provides SFT (secure file transfer) of all DCH information through a TLS (Transport Layer Security) encrypted website using Axway Secure Transport. Axway Secure Transport is configured via a front-end web server connecting to a back-end file repository. No files are stored on the front-end server. MedImpact supports file level encryption through the use of PGP for added protection. We also utilize secure email and document repositories to share information.

Subcontractors

MedImpact is not proposing a subcontractor to support the PBA Services module. MedImpact will abide by DCH's requirements for working with and maintaining the relationships if this should change in the future including but not limited to:

- Being responsible for all work performed by Subcontractors
- Soliciting DCH-approval of all Subcontractors
- Providing required Subcontractor information to DCH
- Complying with all federal and state requirements concerning fair employment, employment of people with disabilities, and the treatment of all employees without regard to race, color, religion, national origin, or physical disability.
- Adhering to all federal and state laws regarding Social Security registration and legal work status of employed or contracted staff.
- Performing criminal background checks and sharing results utilizing DCH-accepted criteria for all employed or contracted staff prior to project participation and periodically throughout the term of the Contract as required by DCH

In addition, all MedImpact and/or Subcontractor staff assigned to DCH's program will be located within the United States for the duration of the Contract.

MedImpact looks forward to finalizing and maintaining a staffing management plan during DDI in coordination with DCH to identify, capture, and finalize staffing needs for the PBA Services program.

34.	**Bookmark Title: MSQ34 – Roles and Responsibilities** Narrative description is limited to four (4) pages. Describe your understanding of your role and responsibilities in the project, your relationship to the other resources and stakeholders involved, including the State's Project Management Office (PMO), or equivalent unit, Clinical Management vendor, Fraud, Waste, and Abuse Audit Services vendor, Pharmacy Drug Rebate 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. Describe how you will collaborate and provide leadership among the various resources and stakeholders and provide examples of past successes in a similar environment. Refer to Attachment C: Common Scope Requirements and Security Standards.
	Supplier Response MedImpact will follow the plans and processes defined by the State and the DCH project management team when performing contract management activities. In addition to normal implementation activities, we understand there may be additional meetings, requirements, testing, and data integration activities required to support the successful alignment with DCH's vision for a successful project. Our FFS Medicaid team brings a wealth of knowledge and experience in implementing pharmacy solutions in advance of and concurrent to a multi-module MMIS deployment, as well as a deep understanding of the level of coordination and cooperation required to help ensure program success. We will assume responsibility for the activities listed in this eRFP, as well as the eRFP attachments. We understand that failure to fulfill these responsibilities may result in financial penalties and/or the assessment of financial damages, as defined in eRFP Attachment E - Service Level Agreements. MedImpact applies our knowledge of Pharmacy Benefit Administration Services, Pharmacy Clinical Management Services, Pharmacy Fraud Waste and Abuse Audit Services, and Pharmacy Drug Rebate Services along with the information provided in this eRFP to establish the roles and responsibilities necessary to provide an expert level of support for DCH. In alignment with MedImpact's executive support model, DCH will have access to our leadership team and executive support personnel that will execute their identified roles and responsibilities in their areas of expertise. MedImpact's extended service organization model features executive-level team leadership and a multitouch interdisciplinary team with clearly defined escalation and resolution points. We custom tailor an account management model to achieve our customers' goals and objectives. We are committed to the following customer service objectives: ➢ Ease of doing business ➢ Continuous quality assurance, accurate reporting, meeting timelines, and exceeding expectations ➢ Proactive needs anticipation and responsiveness ➢ Effective and easy to understand communication

- Being a willing partner with an aim to retain and grow business for our customers
- Expertise for each line of business

Pharmacy Benefit Administration

Design Development and Implementation

As the Pharmacy Benefit Administrator, MedImpact is responsible for building a collaborative relationship with DCH to facilitate a successful transition to our services and forge an exceptional operational relationship. Our DDI Manager and implementation support team ensures DCH and identified stakeholders are kept well informed of the requirements, any changes, progress status, and any potential issues. They are responsible for preparing for and facilitating new customer meetings for the purposes of requirements gathering and discovery, assisting DCH with facilitating any impact analysis to best determine the appropriate requirements to ensure a smooth and successful implementation, and ensuring all requirements are documented and obtain approval from DCH. We will use our high-level project plan to continuously monitor progress in terms of the status of the project and report back to internal management and subject matter team members and the customer using weekly status report formats. During DDI, we will assist with escalated customer issues, member issues, project issues as identified or requested by the customer through direct support or through the support of MedImpact subject matter experts assigned to the project and provide go-live support either through remote access or internal on-site access. Once we go live, we facilitate Post Implementation Review meetings with DCH to confirm the State's satisfaction and a successful implementation.

Operations and Maintenance

As we transition into Operations and Maintenance, the Account Manager will derive a complete understanding of DCH’s objectives, expectations, and desired outcomes and will serve as the single point of contact for day-to-day issues. The Account Manager interacts with internal departments as needed to coordinate actions and gather information to ensure we resolve questions, issues, and projects timely and completely. The AM strictly adheres to procedural and quality standards including thorough and accurate documentation, testing protocols, and claims analysis.

In addition to the core account management team, the Call Center Lead or customer administrator acts as the liaison between DCH and MedImpact's customer service center. DCH's customer administrator will work closely to ensure that we effectively manage member, pharmacy, and prescriber calls. Customer administrators analyze call tracking reports and meet with customers to provide suggestions for improvement and efficiency. As needed, they establish call transfer processes for seamless integration with the plan's call center. In addition to the account management team, the customer administrator works with the customer from implementation through the life of the MedImpact relationship for MedImpact's customer service center.

Information Technology

A strong relationship between business and technology departments is imperative to a successful PBA program. The IT Business Analyst serves a business lead and liaison between DCH, business stakeholders, and the Information Technology department to ensure clear communication and understanding of DDI IT requirements, the complex business systems, and user needs. They formulate systems to parallel overall business strategies; collaborate with the business and technology stakeholders to prioritize initiatives and backlog items for the product line scrum team; produce the detailed description of user stories, business, and functional requirement artifacts; lead the team to deliver the technology capabilities on time on budget in ScrumMaster capacity according to Agile/Scrum methodology.

MedImpact IT staff supports DCH by translating business requirements by reviewing, analyzing, and evaluating needs into actionable functional specifications that include system requirements, flow charts, report mock-ups, and business rules. We facilitate design sessions with the business and technical resources to ensure that the solutions meet the needs of the business and operational excellence and assist the technical teams on product and database design as an advocate of both end users and technology teams. During project execution, the IT Business Analyst performs as a ScrumMaster on the Scrum team, facilitate, and lead Agile/Scrum ceremonies including sprint planning, daily stand-ups, sprint reviews, and retrospectives. The MedImpact IT team works closely with product owners to prioritize and groom the product backlog and ensure the team delivers high-quality technology capabilities within the agreed-upon timelines and on budget and promotes continuous improvement through regular retrospectives and feedback loops. Our responsibilities to the State of Georgia DCH include utilizing advanced SQL programming skills to analyze large datasets, extract meaningful insights, and contribute to data-driven decision-making. We conduct thorough data validation and quality assurance to ensure the integrity of analytical results. We are committed to our role in continuously improve and optimize data-related processes to enhance efficiency and accuracy.

Pharmacy Clinical Management Services

MedImpact provides DCH with a CPM (Clinical Program Manager) who is the clinical lead of the account management team. The Clinical Program Managers role is essential to an effective clinical management program. The Clinical Program Manager routinely identifies and analyzes key trends and, along with the Account Manager, recommends action plans to improve plan performance. When customers purchase clinical services, a CPM assists with the implementation and maintenance of the clinical programs. Our CPMs hold degrees from accredited schools and have completed a pharmacy residency or equivalent experience. We require them to maintain a valid registered pharmacist’s license. The CPM can also provide support to meet HEDIS, NCQA, and URAC guidelines.

Pharmacy Fraud Waste and Abuse Audit Services

MedImpact's is dedicated to working diligently for DCH to detect inappropriate claims at the Point of Sale. Today's evolving fraud schemes require a more defensive approach to post-

adjudication. Upfront edits at the POS assist DCH by stopping inaccurate and fraudulent claims before they process. We conduct desk audits based upon our established criteria for our PBM customers. With on-site audits, MedImpact selects potentially discrepant claims for on-site review, ensuring participating pharmacies maintain compliance with federal and state laws and regulations. Reasonable attempts are made to collect any overpayments made to participating pharmacies, as determined through such audits. Designed to address customers' varying business needs, the MedImpact portfolio of system edits can significantly reduce wasteful pharmacy errors at POS, which results in reduced costs, improved service, and enhanced quality of care. MedImpact's FWA program demonstrates significant savings. For example, in 2022, our customers realized over $32 million in savings by using our FWA programs.

MedImpact is keenly focused on fulfilling our responsibility to DCH to provide DCH with a pharmacy compliance FWA staff that has comprehensive backgrounds and credentials, professional experience, and active participation to handle all of DCH FWA needs. Our FWA team will provide DCH with the extensive knowledge needed to combat member, prescriber, and pharmacy FWA.

Pharmacy Drug Rebate Services

MedImpact is committed to providing DCH with an accurate and reliable government rebate solution. MedImpact's Rebate Operations Analyst is responsible for all drug rebate activities, both financial and operational. This includes processing quarterly rebate invoices, preparing and delivering required rebate reports, and working through the dispute resolution process with manufacturers. The Operations Analyst analyzes disputed data and works with drug manufacturers to resolve disputes fairly and accurately. The Operations Analyst executes billing processing for over 800 manufacturers per program; performs QA activities and corrects any errors prior/post invoice generation within timelines required under contract. They will work closely with the Rebate Data Specialist to accurately post and reconcile all rebate payments within the customer service agreements and assist with collections and maintaining all customer service agreements. MedImpact's post payment rebate responsibilities include sending out past due notices to drug manufacturers, communicating with drug manufacturers regarding payment documentation and discrepancies, performing monthly/quarterly financial reconciliation with the State, and fulfilling customer requests for reporting, invoicing, and any other rebate related needs

As the PBA for DCH, MedImpact accepts full responsibility for providing DCH with assistance in fulfilling their obligations to CMS. This includes providing guidance on survey questions and supplying required RetroDUR and lock-in program reporting required to complete the CMS Annual DUR Survey Report as well as the rebate data required to complete the 64.9R. MedImpact understands that these reports will be due to DCH in the agreed upon time frame prior to the due date of the report.

35.	**Bookmark Title: MSQ35 – Project Stages and Phases** Bookmark Title for Supporting Material: ➢ MSQ35.1 – Best Practices ➢ MSQ35.2 – Lessons Learned Narrative description is limited to five (5) pages, exclusive of required supporting material. Demonstrate your understanding of the Project Stages, Project Phases, timeline, expectations, and responsibilities as outlined in 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, how the proposed plan is a better fit for the State's needs. Include best practices and lessons learned that may be applied in the execution of these services and identify any additional proposed Milestones for the project.

Supplier Response

MedImpact practices a multiphase implementation approach dividing the implementation project into separate stages for both MedImpact's and DCH's complete understanding of crucial deliverable deadlines for a successful launch on the go-live date. This includes gathering requirements, developing a design plan, coding requirements, testing the benefit design, and moving the benefit into production.

MedImpact will work closely with DCH to coordinate resources to ensure a smooth transition to the operations and maintenance phase.

Stage 1 Design, Development, and Implementation

For all PBMS implementations, including Georgia's, we are committed to quality project management grounded in the PMI's PMBOK principles, which represent the leading standard for defining project management processes, tools, techniques, and plans. These principles align directly with the SEI (Software Engineering Institute's) CMMI (Capability Maturity Model Integration), ISO 9000x standards, and Lean Six Sigma continuous improvement methods.

Phase I Project Planning and Startup

MedImpact employs industry best practices, project management tools, and methodologies to help ensure seamless project management and leadership.

Project Management plans and Schedule Approved

MedImpact will establish the project schedule following key project management practices. We employ industry best practices, project management tools, and methodologies to help ensure seamless project management and leadership.

Requirements Validated and Approved

Our implementation strategy begins with the requirements-gathering process by creating a baseline of requirements from sources such as the RFP, proposal response, and contract

negotiations. From these requirements, we formulate an IQ (Implementation Questionnaire) specifically customized to DCH. The IQ is our proprietary tool for comprehensive requirement gathering. MedImpact's business and technical analysts collaborate with DCH personnel in JAD (Joint Application Design) sessions to complete the IQ.

Information gleaned from the IQ exercise is used to update the RTM. MedImpact business and technical analysts will schedule and participate in targeted detailed requirements JAD sessions with their counterparts at DCH to validate and refine the requirements to create the interim RTM.

Upon receipt of DCH's approval of the IQ requirements documentation, our DDI Manager documents any additional steps, tasks, or program requirements into the WBS. The WBS provides a complete breakdown of the tasks required to meet all deliverables defined by DCH as well as any additional requirements defined through the IQ process. As part of this process, some tasks occur prior to the kick-off through the certification (which we consider a phase of implementation) finalization.

Phase II Design, Development, and Testing

Our approach to implementation begins with project initiation including creation of a project charter, defining project management tools, and working with DCH to establish project templates. Next, is requirements-gathering and documentation which are critical to building the foundation for other SDLC activities including planning, DDI configuration, testing, and final implementation.

Design Approval in the DDI Process Prior to Entrance to Testing

MedImpact will develop and submit to DCH a draft RSD (requirements specification document) for the proposed PBM Module components, modules, and functional areas based on the information gathered within the IQ. The draft RSD which will include, the PBA Architectural Components document, an Inventory of changes to existing requirements extracted from the RTM, clarifying information associated with requirements, inventory of new requirements extracted from the RTM, identification of the entity (person, subsystem, module) responsible for meeting each requirement, narrative describing the hardware and software configuration that will be used to meet requirements, the Logical Data Model, and the Conceptual Data Model.

User Acceptance Testing (UAT) Completed and Approved

MedImpact maintains fully integrated test environments, including a UAT environment that uses production data with de-identified customer, claims and provider data. We will provide DCH with a dedicated test environment for its exclusive use, thus enabling DCH staff to develop and submit test scenarios, input test data, and receive system outputs. Our testing team maintains a deep understanding of system solutions and business needs and is responsible for developing, implementing, and evaluating test plans. Quality assurance metrics are developed for each implementation testing phase.

Throughout the UAT testing process, MedImpact will provide testing statistics to document the progression of UAT testing. Once it is determined by joint agreement between DCH and MedImpact that UAT testing is complete, the code base and configuration will be scheduled to move to the production environment.

Phase III Operational Readiness and Production Cutover

Throughout the course of the DDI, MedImpact will conduct periodic operational readiness walkthroughs with DCH and identified stakeholders to ensure continuous understanding of DCH's training and readiness expectations and requirements. MedImpact recognizes the importance of readiness review, in accordance with federal requirements for a monitoring system, and will develop and submit a Transition Plan for DCH's approval.

Parallel Testing Results Approved

As part of MedImpact's proposed master testing strategy, we will perform a series of parallel test cycles to ensure that claims processed through the legacy system perform the same way in MedImpact's claims adjudication system. In the event a test transaction does not perform as expected, we will provide DCH with a thorough accounting of all parallel test results including any variance and a reconfiguration and retesting plan.

Parallel Testing is done primarily, but not exclusively, to compare claim status (paid/denied), total ingredient cost, dispensing fee, copay, and total amount paid on the same claims processed by the incumbent's PBM and MedImpact's PBMS. MedImpact's parallel testing plan will include, at a minimum, a methodology for performance of parallel testing, known differences between the parallel testing environment and the proposed production environment, acceptable variance parameters based upon consensus between DCH and MedImpact, and Parallel Testing entrance and exit criteria.

MedImpact will develop and submit to DCH a Parallel Test Results document that will include, but not be limited to, the following:

- Parallel test plan
- An update of the known differences between the parallel testing environment and the proposed production environment
- An updated list of acceptable variance parameters
- Parallel testing entrance and exit criteria
- Number of cycles performed
- Types of differences discovered in each cycle
- Resolution of differences discovered in each cycle

Operational Readiness Approved by the Centers for Medicare and Medicaid Services (CMS)

As part of the final transition stage during the DDI, MedImpact's DDI Manager will collaborate with DCH's PMO to conduct operational readiness walkthroughs with DCH using the results from the ORT (Operational Readiness Testing) checklist. During the walkthroughs we will provide demonstrations that validate the operational readiness of the system and organizational.

Operational Readiness Assessment and Attestation

Operational readiness will be assessed, and results reviewed continually during the project. The DDI Manager and team are responsible to ensure readiness throughout the project. As the project moves toward implementation, these reviews will produce a clearer picture of how that end state will impact users. For this reason, DDI Managers conduct on-the-ground assessments as close to implementation as possible.

The Operational Readiness Assessment will include a series of templates and reports:

- **Pre-Assessment Success Factors**: provides a readiness overview and helps determine to what extent key factors are in place.
- **Implementation Checklist**: precisely defines the steps required to successfully implement the end state in this specific environment.
- **Risk Assessment Report and Escalation Process**: illustrates clearly and unambiguously, the assumptions, risks, and related issues that can derail the project and the mitigation steps necessary to address those issues.

The Operational Readiness walkthroughs will provide attestation to DCH of readiness to go-live and allow for MedImpact to obtain formal approval from DCH.

Stage 2 Operations and Maintenance

MedImpact has developed and refined operational activities such as system changes, maintenance, and modifications, software enhancements and updates, system availability and monitoring to provide our customers with reliable system operations and regular maintenance that virtually eliminates downtime.

Phase IV Initial Operations and CMS Certification

Prior to go-live, all supporting implementation and post-implementation deliverables will be reviewed with DCH. Once DCH has completed their review and is satisfied with the deliverables provided by MedImpact, we obtain and document the formal approval and proceed with go-live.

Go-Live Solution and/or Services

MedImpact will provide DCH a comprehensive Go-Live Support Plan that outlines compliance with all DCH readiness review requirements including NCPDP compliant payer sheets, go-live support tasks, and a directory of designated implementation support staff available for go-live assistance.

CMS Certification Received

MedImpact will collaborate closely with DCH and its designated IV&V (Independent Validation and Verification) vendor to ensure we provide relevant documentation, artifacts, and reporting throughout the project lifecycle. MedImpact staff will work closely with IV&V vendors and staff to ensure all content necessary for scheduled reporting to DCH and CMS are available and complete for submission to achieve and maintain Certification. MedImpact will support DCH and its contractors as needed and as related to all IV&V activities associated with the contract.

We understand and agree that our solution must comply with all applicable current and future CMS certification requirements. MedImpact's PBM solution is aligned to meet federal CMS certification requirements. Our objective is to provide a modern, integrated approach to managing Medicaid programs by delivering an improved approach to managing FFS populations in compliance with state/federal regulations and the MECT (Medicaid Enterprise Certification Toolkit)/OBC (Outcomes-Based Certification). Our streamlined certification process is designed to correspond with CMS guidance.

MedImpact will coordinate with the DCH project management team to execute the certification management process established by DCH. MedImpact proposes to immediately establish routine,

scheduled certification status meetings and certification planning meetings, beginning immediately following the project Initiation phase. MedImpact will collaborate with DCH to establish a cadence for these meetings and will also conform to the cadence established with CMS for electronic check points and standing external status meetings to review certification progress.

Certification Management Plan

MedImpact assist DCH with creating a Certification Management Plan that defines the methodology, processes, and procedures we will perform while pursuing CMS certification. We will be responsible for documentation maintenance and version control of all relevant contractual documents including work products related to reviews. MedImpact will establish a SharePoint repository to house all project documentation.

Federal Requirements for CMS Certification

The solution proposed for DCH directly aligns with the MITA principles and framework. We employ a modular architecture supported by open APIs with business rules separated from the application code, which supports configuration over coding. In addition, we maximize the use of COTS products in lieu of custom coding. This alignment helps to assure the completion of CMS certification with minimal effort.

Warranty Period

In support of our relationship with DCH, MedImpact commits to a Warranty Period, which shall last through the first 365 Calendar Days effective upon the ongoing operations and enhancement contract stage begin date. It is the goal of any program deployment to ensure complete compliance and functionality is delivered at the time of go-live, but in the event any items are identified for remediation or secondary deployment, all activity required to support these items will be provided in addition to ongoing operations and maintenance support and functionality. The Warranty Period covers the mutually agreed upon functionality requirements and MedImpact is responsible for correcting all Defects that prevent the PBMS from operating according to DCH specifications. All Defects identified by DCH or MedImpact during the Warranty Period will be corrected by MedImpact, as agreed upon through the Change Management Process, at our expense with no additional cost to DCH. MedImpact will maintain routine PBMS performance and PBMS operations while correcting any identified defects.

Phase V Operations

The Solution and/or Services are Operated and Maintained

During the more than 30 years we have maintained and operated our PBMS solution and infrastructure, we have developed and refined numerous operations policies, processes, and procedures that provide reliable system operations and regular maintenance that virtually eliminates downtime. At a high level, ongoing operational activities consist of, but are not limited to, system changes, maintenance, and modifications, including testing and documentation, software enhancements and updates, system availability and monitoring, network Infrastructure monitoring, help desk and user support, security management, document maintenance and version control, performance monitoring and tuning, system defects resolution (record, track, resolve, and report), cooperation and compliance with state audit requests, including HIPAA, SS-A, and FTI, and escalation procedures

Phase VI Turnover and Contract Closeout

The Solution and/or Services Are Turned Over

To support all transitions and turnovers, MedImpact uses a proven project management methodology to preserve continuity of services for DCH members and to help ensure a smooth handoff to new vendors. All turnover activities are validated for accuracy, schedule, and communicated to affected stakeholders. The DDI Manager uses various captured data for transition and turnover of services to a new vendor including:

- Information technology details such as data file transfer formats
- Historical data to be transferred and the timeframe for transfers
- PA transfers for continuity of care
- Clinical services and program information

Using the information collected and documented, which covers all aspects required for successful transition to a new vendor, the DDI Manager develops a detailed project workplan to plan, log, track, manage, and report on each area of the project. This plan includes detailed tasks with corresponding responsible parties, start dates, due dates, completion dates, task dependencies, resource requirements, and work hour estimates.

Project Ended

With DCH approval, MedImpact provides secure file transfer of all DCH customer information, utilization management, and historical claims data to the incoming vendor through a TLS (Transport Layer Security) encrypted website using Axway Secure Transport. Axway Secure Transport is configured using a front-end web server connecting to a back-end file repository; no files are stored on the front-end server.

As part of our design and development approach, we conduct requirements analysis using our file format, file validation approach, transfer protocol method, encryption level, media choice, and testing methods. MedImpact uses the documents developed during requirements analysis, along with changes made throughout the contract term, to identify data needs for turnover activities. This effort is led by our IT department under the direction of the turnover DDI Manager.

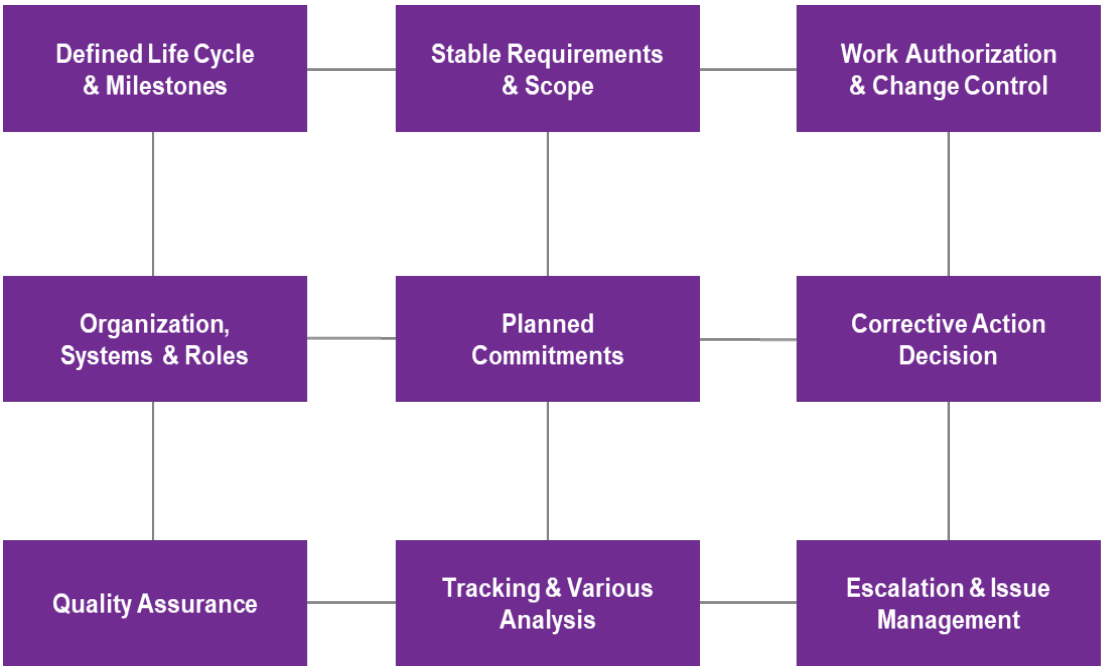
MedImpact is a NIST-certified medium impact and high impact-level compliant organization with comprehensive security, data management, and retention programs that exceed the requirements of CIA (Confidentiality-Integrity-Availability) and will process all data, regardless of media, in a secure, encrypted methodology according to the CIA concepts:

- **Confidentiality**: Data should not be accessed or read without authorization. It ensures that only authorized parties have access.
- I**ntegrity**: Data should not be modified or compromised in anyway. It assumes that data remains in its intended state and can only be edited by authorized parties.
- **Availability**: Data should be accessible upon legitimate request. It ensures that authorized parties have unimpeded access to data when required.

MedImpact applies best practices and a customer centric approach to our support of DCH through all project stages and phases.

MSQ35.1 – Best Practices

MedImpact employs industry best practices, project management tools, and methodologies to help ensure seamless project management and leadership. We are committed to delivering quality project oversight and management grounded in the PMI's PMBOK principles and the 9 Elements of Success, which represent the leading standard for defining project management processes, tools, techniques, strategies, and plans.

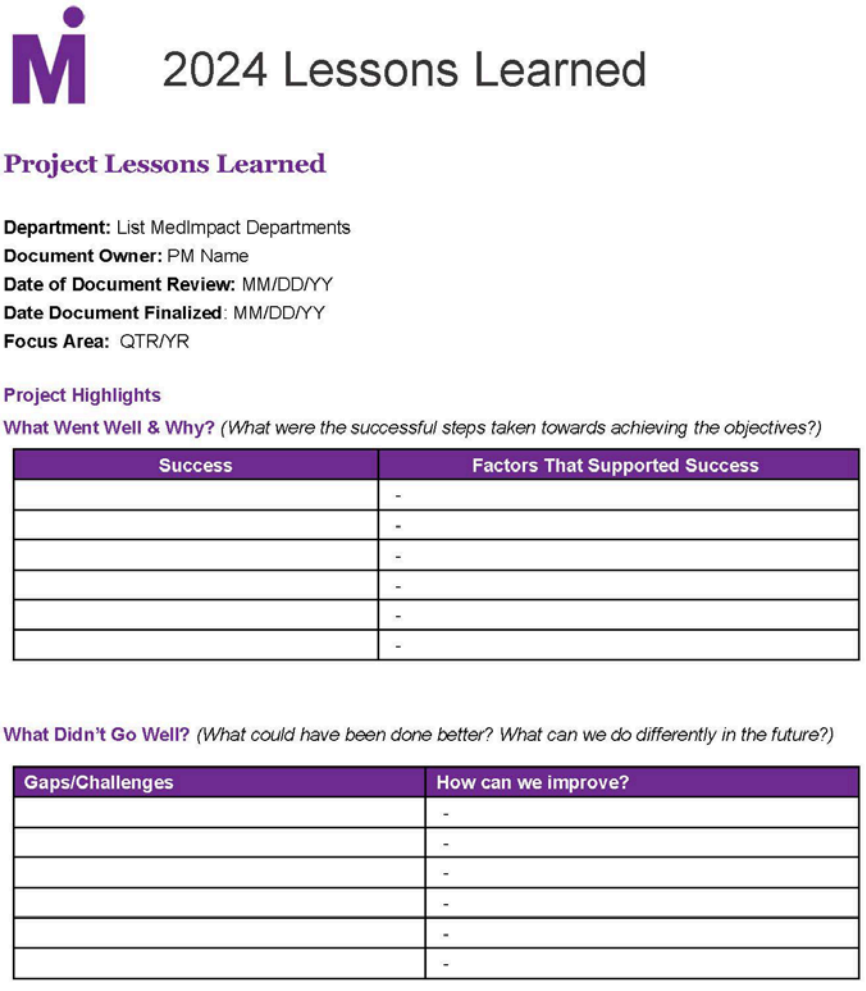


MSQ35.2 – Lessons Learned

At MedImpact, lessons learned is both project-based and global. Every DDI experience and project that occurs during the regular maintenance of business provides an opportunity for feedback, growth, and optimization that benefits the entire organization and our customers.

Project Learning

Project learning occurs during DDI and through projects that emerge during maintenance of business. The account manager leads project lessons learned for customers by distributing our lessons learned templates to the customer and other internal and external stakeholders involved in a given project. **Figure 29** provides a sample lessons learned template.



2024 Lessons Learned

Project Lessons Learned

Department: List MedImpact Departments
Document Owner: PM Name
Date of Document Review: MM/DD/YY
Date Document Finalized: MM/DD/YY
Focus Area: QTR/YR

Project Highlights

What Went Well & Why? *(What were the successful steps taken towards achieving the objectives?)*

Success	Factors That Supported Success
	-
	-
	-
	-
	-
	-

What Didn't Go Well? *(What could have been done better? What can we do differently in the future?)*

Gaps/Challenges	How can we improve?
	-
	-
	-
	-
	-
	-

Figure 29: Sample MedImpact Lessons Learned Template

All stakeholders provide feedback so that we can gather information from a diverse range of perspectives for any given project. After the information is gathered from all parties, the account manager works to analyze and report on the findings. This information will be presented to DCH to discuss and identify opportunities for growth that can be used for future projects.

Project-based lessons learned often provide a wealth of information and opportunities to create initiatives to continue to improve our projects. Examples of initiatives that emerged from project lessons learned include:

- Modifying project plans based on internal and external feedback
- Capturing more data in Salesforce
- Improving Salesforce dashboards for efficiencies and ease-of-use
- Updating DDI timelines, task lists, and project plans
- Optimizing documents for gathering requirements

The project-based lessons learned provides an opportunity to improve our business relationships with customers as we uncover ways to work together more effectively as well as offer opportunities to improve operations across the organization.

Global Learning

As a best practice, MedImpact holds annual BPI (business process improvement) reviews to determine areas for improvement and deploy findings prior to the next year's implementations. We solicit feedback from every business unit across organization to update and improve our implementation and maintenance of business practices.

After feedback is gathered, analyzed, and prioritized; MedImpact forms work groups across the organization to work on projects to improve our implementations and overall operations. Items with the highest priority that can make the biggest impact on future success are rolled out by early June in order to be ready for the next year's implementations.

MedImpact has made many of its innovative system enhancements as a direct result of this yearly process. DDI leadership consistently looks to identify opportunities to:

- Better define existing process
- Streamline DDI and business maintenance activities
- Integrate systems
- Improve processes and procedures
- Enhance technology solutions
- Improve internal and external communications
- Identify opportunities for organizational training and growth

MedImpact's approach to lessons learned is holistic rather than siloed in nature. Lessons learned initiatives and improvements are rolled out across the entire organization to create optimal outcomes both internally and externally during DDI and business maintenance.

We are an organization committed to continuous quality improvement and our project and global lessons learned approach is in alignment with that principle. We look forward to working with DCH during DDI and throughout business maintenance to identify opportunities to continue to fine-tune our processes and build positive customer relationships.

36.	**Bookmark Title: MSQ36 – SDLC & Transition Activities** Bookmark Title for Supporting Material: MSQ36.1 – Cutover/Transition Plan Narrative description is limited to five (5) pages, exclusive of required supporting material. Describe your recommended Software Development Life Cycle (SDLC) that covers all Project Stages and Project Phases. Please include how you plan to develop and test your plan to meet the requirements of providing all the PBA services and operating a CMS-certified Solution (hardware and software). Describe how you will handle the transition activities from the incumbent PBA 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. 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

MedImpact begins conversion activities early in the project schedule with completion prior to beginning system and integration testing. This enables MedImpact to test with converted data beginning with system testing through UAT to avoid data conversion surprises for cutover. Data conversion files undergo conversion testing and conversion system integration testing prior to loading the converted data into the testing environments. MedImpact loads the converted data into the test environment and all errors are researched and corrected prior to loading the data into production.

Our Information Technology and Reporting team utilizes the SDLC (System Development Life Cycle) process to help ensure the development of new technology or solutions involves rigorous phases that include quality time spent in the review of requirements, designing, and planning. These phases of the MedImpact SDLC help ensure we build a solution aligned with the needs of DCH and our other customers. MedImpact conducts regular testing to ensure applications meet our rigorous data protection, system access, and security requirements. We will provide DCH with SDLC and testing plan to accomplish 2 or more concurrent releases monthly.

The dedicated DCH DDI Manager develops and coordinates all MedImpact implementation and transition activities. With more than 30 years of experience and a successful record of accomplishment of 100% on-time, on-budget implementations to-date, MedImpact's implementation strategy documents the critical steps necessary to configure, deploy, and adapt its technology, processes, and services to meet and exceed the requirements of DCH. Our comprehensive approach allows for both planning and monitoring progress and is paramount to the overall success of the PBM project as well as achieving a seamless transition and implementation of services with DCH and identified stakeholders by the DCH-directed implementation date.

Figure 30 depicts MedImpact's Software Development Lifecycle Workflow.

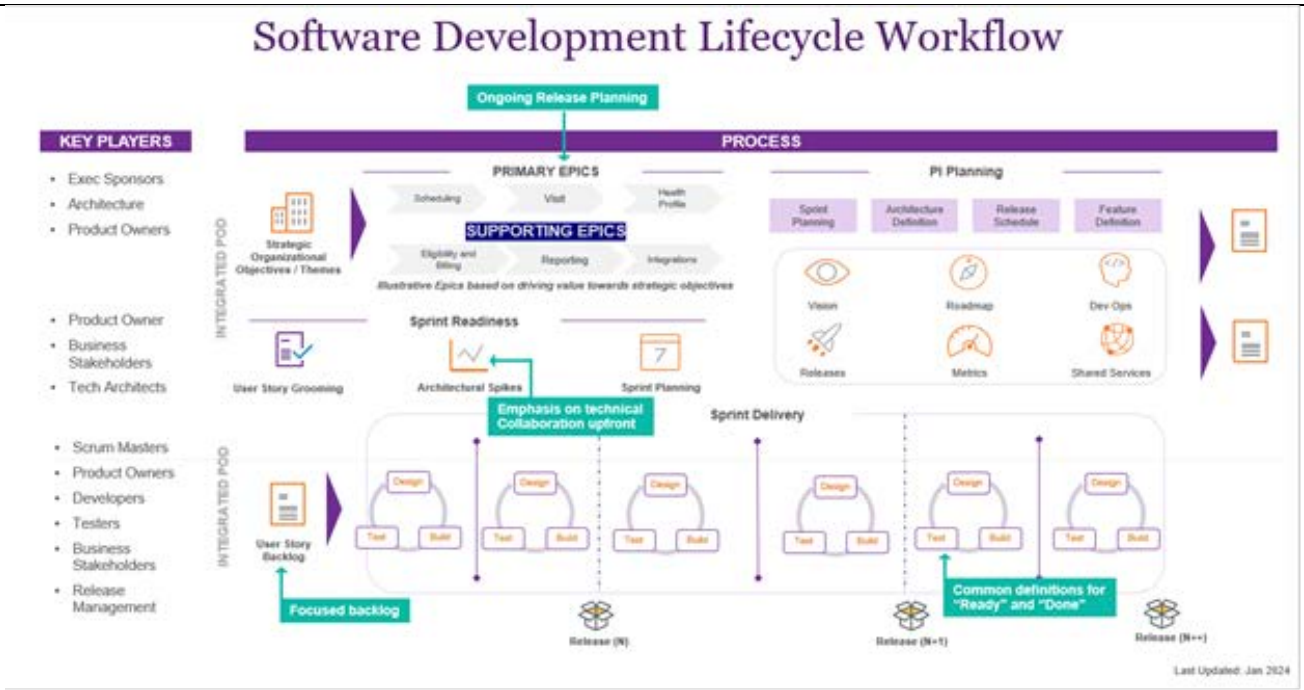


Figure 30: MedImpact's Software Development Lifecycle Workflow

Software Development Quality Management

MedImpact maintains a strong commitment to quality across the organization. Quality is a cornerstone of our software delivery processes. The software quality management system is a rigorous multi-layered approach with strict controls and measurements that helps ensure consistency in our processes throughout all the phases of the SDLC. Our highly skilled QA leads are involved early in the process to help break down requirements into user stories with proper acceptance criteria. QA engineers embedded in scrum teams engage in an iterative test approach powered by manual and automated software testing. Software systems and products are validated against the business and customer requirements to ensure customer satisfaction.

MedImpact QA engineers possess extensive technical capabilities with standard test automation expertise in the software industry. Most of our staff hold Computer Science degrees and all of our QA engineers participate in ongoing technical training and professional development, including Agile training. With an average tenure of 5 years at MedImpact, our teams have a strong understanding of the PBM business and healthcare landscape in general, as well as a deep understanding of MedImpact software solutions. This enables them to add business value in software testing. In an effort to focus on software quality, the Software Quality Assurance department is independent from development engineering but work closely together.

We perform static testing during the analysis of business and functional requirements to provide insight into the details of the request. The BSA (business services analyst), development engineers, and QA engineers conduct these reviews to ensure a cohesive understanding. We define acceptance criteria for each requirement to ensure that we satisfy the business request. We

perform this process of review, clarification, and verification on each requirement by the cross-functional teams before software coding begins.

Process and Procedures

We log defects found during the pre-implementation phase. A cross-functional team made up of quality assurance, development, and the business owner perform risk and impact assessments to determine mitigation and correction strategies.

We also log and review defects found during the post-implementation phase to determine the proper corrective action and ensure that we resolve the defect using timely patch releases.

Through the use of both custom and third-party tools such as Quality Center, QuickTest Professional WinRunner, and LoadRunner, MedImpact ensures that products and services work as intended and remain defect free.

Test Plan Development

All system changes undergo a quality assurance process using a replication of the production environment. Testing verifies that coding is correct and meets the customer's requirements. Our testing confirms that claims fully meet the customer requirements. We use a test plan to document the rationale for testing along with sample test claims we provide to the customer for review.

Regression and Scalability

MedImpact creates test data and configurations for each test to validate changes to our adjudication system. We maintain and preserve this test data in a dedicated database for these testing purposes. We maintain more than 20,000 test cases with known outcomes for our regression testing suite. As we make changes to the system, we develop and add additional test cases to our validation suite.

Through the deployment of our automated regression test engine, we validate each new release of our adjudication system to ensure its quality and accuracy.

Testing Capabilities

When MedImpact integrates new software into our system, we complete thorough testing prior to the production release as part of our user acceptance testing quality assurance cycle to guarantee that we met DCH's specific requirements.

We test software and benefit modifications as we implement changes to the system. We use multiple testing systems to ensure customers' benefit designs perform as required. We unit test all changes to validate proper rules processing and then migrate the changes to our end-to-end testing environment to test complete operations, including eligibility loading, claims processing, reporting, future dated operations, and invoice settlement processing.

MedImpact will support the DCH during all phases of testing by providing the DCH with comprehensive testing environments, process documentation, and role-based access to applications that are tailored to meet the oversight needs of DCH staff. We will provide DCH with

the same levels of access, training, and tools provided to our own testing teams and continually collaborate with DCH to optimize the testing experience.

Following completion of the System and Integration Test phase and during the implementation phase, MedImpact will work collaboratively with DCH and its incumbent contractor to perform the activities required for successful transition and validation of operational readiness. In preparation for go-live and transition to the Operations and Maintenance phase during the Transition and Operational Readiness phase, the work performed with the support of MedImpact, DCH, and incumbent contractor(s) will help ensure a successful transition and support ongoing management of the program with minimal disruption.

MedImpact performs application vulnerability scans on strategic business projects that involve web services. Application vulnerability scans uncover code related vulnerabilities that a bad actor can take advantage of through malicious application input or exploitable code. As part of MedImpact's software development life cycle, we require developers to perform both static and dynamic code analysis on internally developed software solutions. Our process dictates that we cannot put software into production until we mitigate all critical, high, or medium rated vulnerabilities.

MedImpact sends scan results and vulnerability reports to developers that we track via Jira within the software development project. We install completed code fixes in development and then send the request back to IT security via Salesforce for rescans.

Vulnerability scanning tools include Qualys, Open Web Application Security Project Zed Attack Proxy (web app scanning) for dynamic code checking and functional vulnerability checks, as well as SonarQube and CheckMarx for static development code vulnerability and quality analysis.

Data Accuracy

MedImpact reprocesses historical claims data and analyzes the variances as a standard part of our end-to-end testing and validation. MedImpact encourages customers to participate in acceptance testing. At MedImpact, we consider quality review integral to our change management process. We follow a documented repeatable test methodology which includes requirements reviews, test planning and estimation, test case documentation, and test reporting. We make all deliverables available for review upon request. Through the consistent execution of these methodologies and testing practices and use of both standard and custom automation tools, MedImpact consistently delivers solutions of the highest quality.

Deploy Changes and Enhancements

We follow industry standard SDLC methodology to achieve optimal change management outcomes. Activities throughout the SDLC and its phases are analyzed, and we determine the best method to move through each phase efficiently and effectively. This is typically done with the end desire of meeting the schedule outlined in the Project WBS using Agile methodologies to facilitate iterative and incremental system development where sprints are most effective. In this way iterative change, as it is developed and suitable for functional, unit or integration testing, is made available as it is developed and deployed through this gated process.

We use the Scrum methodology to facilitate early and frequent releases of system functionality. Led by certified Scrum Masters, our teams work in sprints (time-boxed system development iterations) to facilitate continual delivery of quality operational system functionality in the shortest time possible. It allows our teams to collaborate effectively with our customers and engage as a well-organized, cross-functional team.

As part of our SDLC process, MedImpact demonstrates continuous improvement by using lessons learned sessions to review testing activities to reduce the occurrence of defects as testing progresses.

Application-Level Hardware and Software Change Release Schedule and Plan

MedImpact understands the importance of release management at every transitioning stage of the SDLC and maintains a formal, documented change control process and policy. The change control tracking includes the date of change, impact of change, task details, testing validation, approval process, and change owner. Because of MedImpact's unique, dual, redundant, highly available data centers, we can often implement changes to systems with little or no impact on customer processes.

If a software release or update impacts DCH, the Pharmacy Account coordinates a date and time for the change and provides a notification of completion of the upgrade or release. When the change is the result of a request for an enhancement from DCH, MedImpact performs full UAT with DCH's designated personnel. Once DCH provides validation and sign-off on the change, the Pharmacy Account Manager arranges a date and time for the implementation or update.

We will work with DCH to develop an efficient System Software Version Release Schedule on an annual basis that will ensure that DCH-approved software releases will be high quality and reliable.

Once a system software release has been completed, MedImpact captures release notes detailing the release overview, issues summary, resolution, and impact. These notes are submitted to DCH for review and approval within 3 business days after the release.

MedImpact's test environment is identical to its production environment ensuring that there is no loss of functionality or operations between the implementation and operations phases. All base functionality is maintained during any change management process that occurs. DCH-approved change management process will be followed which captures any changes in scope, timeline changes, or deliverable expectations.

Transition Plan

Throughout the course of the DDI, MedImpact will conduct periodic operational readiness walkthroughs with DCH and identified stakeholders to ensure continuous understanding of DCH's training and readiness expectations and requirements. MedImpact recognizes the importance of readiness review, in accordance with federal requirements for a monitoring system, and will develop and submit a Transition Plan for DCH's approval.

Even with our extensive background in PBMS operations, we recognize that each customer is unique. As such, MedImpact approaches the knowledge transfer process from 2 perspectives: explicit and tacit knowledge transfers. We will work with the incumbent contractor to transfer all the

written information specific to DCH and its operations. This explicit knowledge, information that can be shared easily through written word and transferred electronically, can be used as reference material during transition and post-implementation.

Unlike explicit knowledge, tacit knowledge and information is identified through observations or experiences, such as the presence of multiple pharmacy benefit plans with their own subtle distinctions related to utilization, membership, pharmacy availability, or other defining characteristics. Since tacit knowledge is not as easy to transfer through a training or policy document, MedImpact will meet with the incumbent contractor to gain knowledge that may prove valuable in avoiding obstacles during implementation.

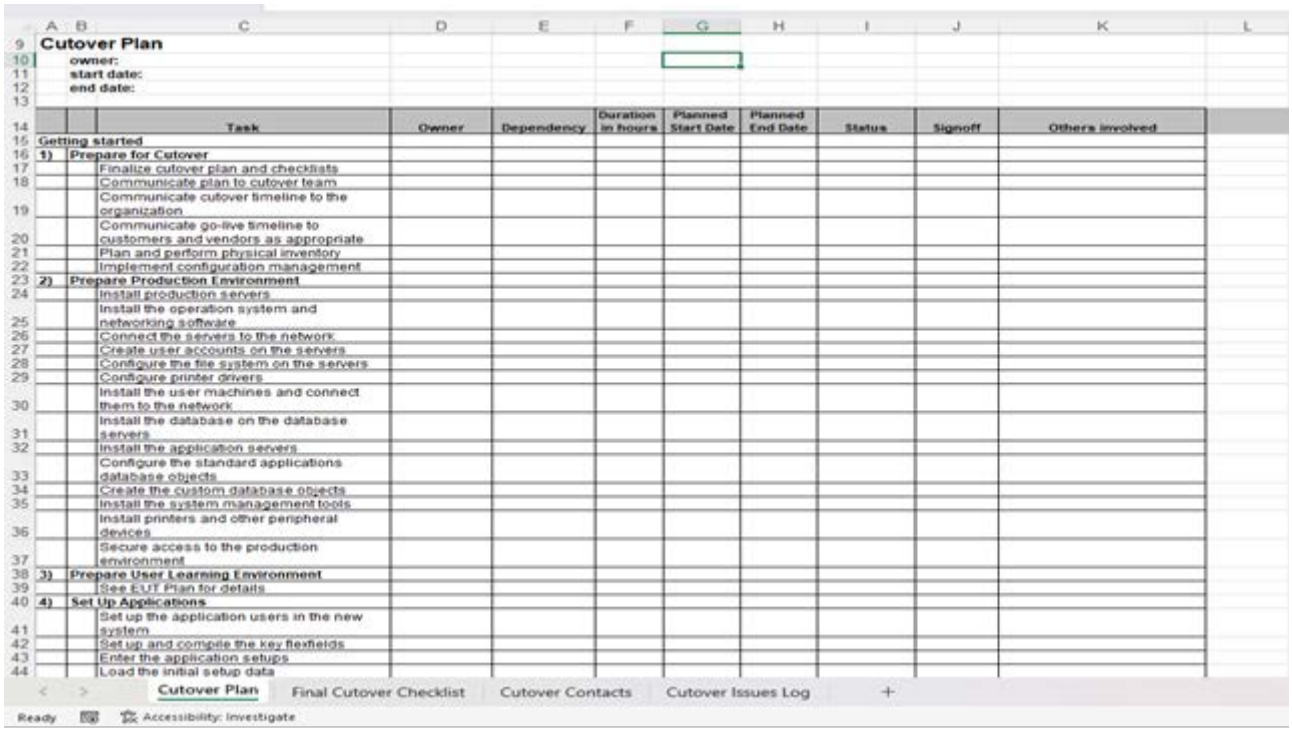
During the execution of the transition plan, MedImpact will:

- Conduct operational readiness walkthroughs with DCH using the results from the ORT (Operational Readiness Testing) checklist.
- Develop and execute an implementation specifications checklist in accordance with the Implementation Strategy, which details every step, process, and schedule required to move into production.
- Complete interface testing.
- Provide training to all stakeholders including DCH, providers, prescribers, and others.
- Establish the gateways and network connections required to link our solution to DCH or their vendors.
- Perform final data conversion and coordinate file transfers during implementation.
- Review final data conversion reports.
- Develop, execute, and monitor the go-live milestone and support tasks in the implementation plan and implementation specification checklist.
- Provide attestation to DCH of readiness to go-live.
- Obtain formal approval from DCH to go-live.
- Execute implementation strategy operational processes including acceptance of all data from the legacy PBM.

Through our proven planning processes and experience on hundreds of successful implementations across the nation, we use our lessons learned to help ensure the implementation for DCH is strategic, efficient, and effective to assure all stakeholders meet the requirements and needs of DCH and its stakeholders.

MSQ36.1 – Cutover/Transition Plan

MedImpact's implementation strategy documents the critical steps necessary to configure, deploy, and adapt its technology, processes, and services to meet and exceed the requirements of DCH. The sample cutover plan below documents our comprehensive approach which allows for both planning and monitoring progress and is paramount to the overall success of the PBM project as well as achieving a seamless transition and implementation of services with DCH and identified stakeholders



Cutover Plan

owner:
start date:
end date:

	Task	Owner	Dependency	Duration in hours	Planned Start Date	Planned End Date	Status	Signoff	Others involved
Getting started									
1)	**Prepare for Cutover**								
	Finalize cutover plan and checklists								
	Communicate plan to cutover team								
	Communicate cutover timeline to the organization								
	Communicate go-live timeline to customers and vendors as appropriate								
	Plan and perform physical inventory								
	Implement configuration management								
2)	**Prepare Production Environment**								
	Install production servers								
	Install the operation system and networking software								
	Connect the servers to the network								
	Create user accounts on the servers								
	Configure the file system on the servers								
	Configure printer drivers								
	Install the user machines and connect them to the network								
	Install the database on the database servers								
	Install the application servers								
	Configure the standard applications database objects								
	Create the custom database objects								
	Install the system management tools								
	Install printers and other peripheral devices								
	Secure access to the production environment								
3)	**Prepare User Learning Environment**								
	See EUT Plan for details								
4)	**Set Up Applications**								
	Set up the application users in the new system								
	Set up and compile the key flexfields								
	Enter the application setups								
	Load the initial setup data								

Cutover Plan | Final Cutover Checklist | Cutover Contacts | Cutover Issues Log

Ready | Accessibility: Investigate

	A	B	C
44			Load the initial setup data
45			Implement the security configuration
46			Register the application objects
47			Setup and compile the descriptive flexfields
48			Enter or load custom seed data
49			Verify the online operation of the applications
50			Verify batch operation of the operations
51			Place up the production system
52	5)		**Install Conversion Programs**
53			Install conversion programs and automated conversion tool software (if used)
54			List the location of each conversion program in the production environment
55			List the location of any conversion tools in the production environment
56	6)		**Finalize System Administration**
57			Ensure backups are running correctly
58			Ensure daily procedures in place
59			Ensure db has been allocated sufficiently
60	7)		**Define Cutover Contingency Plan**
61			Define contingency strategy
62			Determine contingency support staff
63			Determine contingency project team
64			Define users/management procedures
65	8)		**Implement Production Support Infrastructure**
66			See Help Desk Plan for details
67	9)		**Conduct User Learning Events**
68			See Help Desk Plan for details
69	10)		**Perform Acceptance Test**
70			Review responsibilities for the acceptance test with the team
71			Back up the production environment for later availability
72			Validate the acceptance test environment
73			Execute the acceptance test script
74			Document the results
75			Determine required actions for problem resolution
76			Make recommendations for application changes or corrections based on acceptance testing
77			Secure acceptance of acceptance test results

Cutover Plan | Final Cutover Checklist | Cutover Contacts | Cutover Issues Log | +

Ready | Accessibility: Investigate

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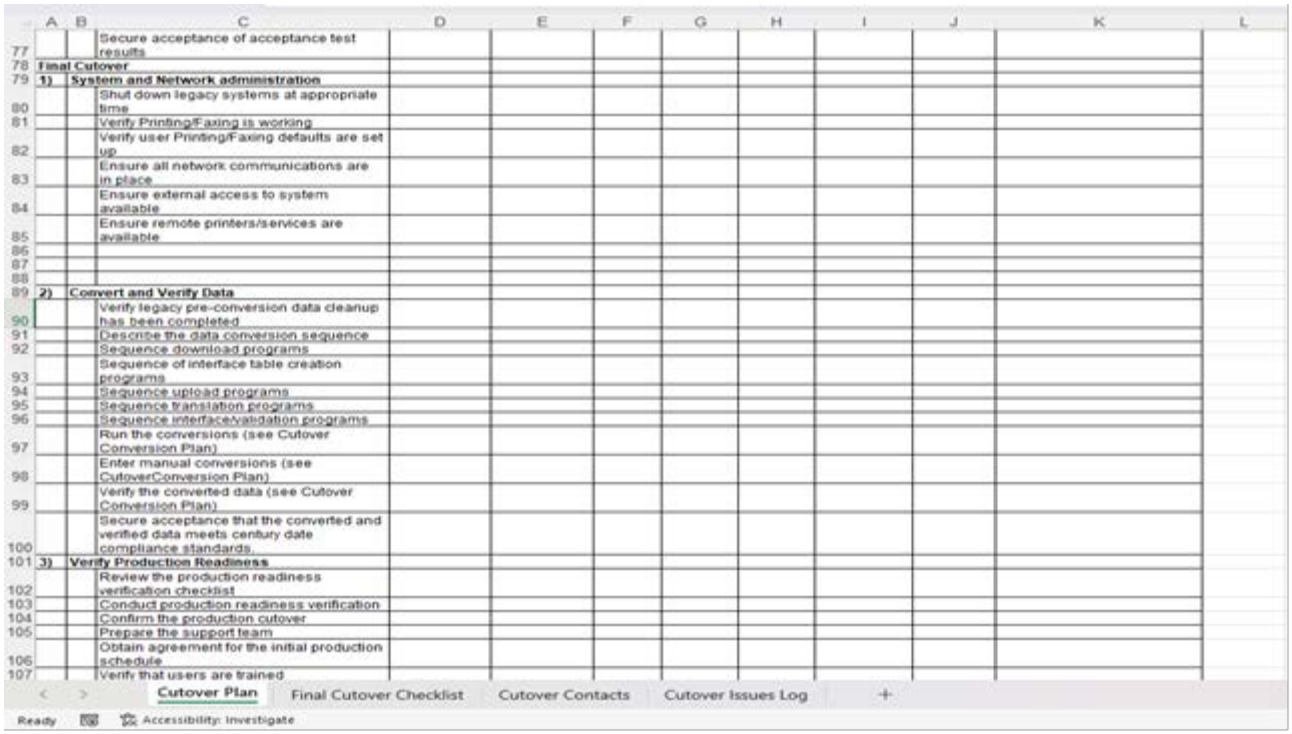

	A	B	C
77			Secure acceptance of acceptance test results
78	**Final Cutover**		
79	1)		**System and Network administration**
80			Shut down legacy systems at appropriate time
81			Verify Printing/Faxing is working
82			Verify user Printing/Faxing defaults are set up
83			Ensure all network communications are in place
84			Ensure external access to system available
85			Ensure remote printers/services are available
86			
87			
88			
89	2)		**Convert and Verify Data**
90			Verify legacy pre-conversion data cleanup has been completed
91			Describe the data conversion sequence
92			Sequence download programs
93			Sequence of interface table creation programs
94			Sequence upload programs
95			Sequence translation programs
96			Sequence inteface/validation programs
97			Run the conversions (see Cutover Conversion Plan)
98			Enter manual conversions (see CutoverConversion Plan)
99			Verify the converted data (see Cutover Conversion Plan)
100			Secure acceptance that the converted and verified data meets century date compliance standards.
101	3)		**Verify Production Readiness**
102			Review the production readiness verification checklist
103			Conduct production readiness verification
104			Confirm the production cutover
105			Prepare the support team
106			Obtain agreement for the initial production schedule
107			Verify that users are trained

Cutover Plan | Final Cutover Checklist | Cutover Contacts | Cutover Issues Log | +

Ready | Accessibility: Investigate

37.	**Bookmark Title: MSQ37 - Project Management** Bookmark Title for Supporting Material: ➢ MSQ37.1 - Project Schedule/Project Work Plan (Sample) ➢ MSQ37.2 - WBS tasks and Project Outputs (Sample) ➢ MSQ37.3 - Implementation Plan (Sample) ➢ MSQ37.4 - Quality Management Plan (Sample) ➢ MSQ37.5 - Requirements Management Plan (Sample) ➢ MSQ37.6 - Change Management Plan (Sample) ➢ MSQ37.7 - Risk Management Plan (Sample) ➢ MSQ37.8 - Communications Management Plan (Sample) ➢ MSQ37.9 - Integration Plan (Sample) ➢ MSQ37.10 - Operations & Maintenance Plan (Sample) ➢ MSQ37.11 - Training Plan (Sample) ➢ MSQ37.12 - Cost Management Plan (Sample) ➢ MSQ37.13 - Stakeholder Management Plan (Sample) Narrative description is limited to five (5) Pages, exclusive of required supporting material. Provide a description of the project management approach, including, but not limited to, the methodology and implementation of the system to be used for monitoring and control of scope, schedule, and cost. Additionally, describe any previous experience managing similar projects using the Project Management Lifecycle (PMLC) and Project Management Book of Knowledge (PMBOK) throughout the life of the contract. Refer to Attachment C - Common Scope Requirements and Security Standards, Section 2 Project Organization and Management and Attachment F – Pharmacy Benefit Administrator Services Scope of Work. In the Supporting Material, include a draft or sample project management plan representative of this project. In your narrative response, explicitly identify any differences between the State's project management approach from your proposed approach, including all responsibilities.

Supplier Response

Following the contract award, our proposed methodology will be submitted to DCH for approval. All methodology plans, schedules, and documents will be considered required MedImpact deliverables and will be subject to approval by DCH. MedImpact will provide DCH with an initial Project Work Breakdown Schedule draft for its approval within the agreed upon timeframe after contract execution.

For all PBA implementations, including Georgia's, we are committed to quality project management grounded in the PMI's PMBOK principles, which represent the leading standard for defining project management processes, tools, techniques, and plans. These principles align directly with the SEI (Software Engineering Institute's) CMMI (Capability Maturity Model Integration), ISO 9000x standards, and Lean Six Sigma continuous improvement methods.

Project Management Methodology

Our project management framework provides a strong foundation based on clear standards, automated processes, and measured controls to manage activities, tasks, Deliverables, work plans, staffing, issues, risks, and milestones for projects in an enterprise solution like our PBMS. Benefits of this framework include:

- Reducing project risk by avoiding deviations from DCH-approved requirements and reinforcing agreed-upon project standards and disciplines.
- Promoting a common language, effective communication, efficient linkages, asset reuse, and information-sharing.

We follow industry standard SDLC methodology to achieve optimal outcomes. We support both Waterfall and Agile development frameworks. Waterfall is used for the distinct phases within the larger scope of the project while Agile is used to facilitate iterative and incremental system development where sprints are most effective.

We use the Scrum methodology to facilitate early and frequent releases of system functionality. Led by certified Scrum Masters, our teams work in sprints (time-boxed system development iterations) to facilitate the continual delivery of quality operational system functionality in the shortest time possible. It allows our teams to collaborate effectively with our customers and engage as a well-organized, cross-functional team.

Activities throughout the SDLC and its phases are analyzed, and we determine the best method to move through each sprint and phase efficiently and effectively while upholding the schedule outlined in the Project WBS. Following PMBOK, our project management model referred to as IPECC (Initiating, Planning, Executing, Controlling, Closing), encompasses the phases depicted in **Figure 31**.

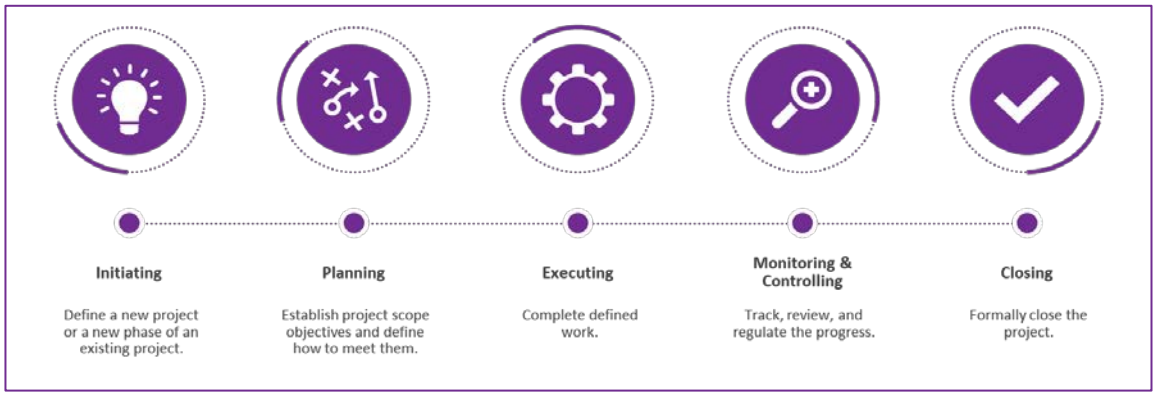

Figure 31: IPECC Project Management Model

All phases of our project management activities focus on carefully managing and reporting on DCH's project scope, schedule, quality, performance, risk/issues/opportunities, and staffing. MedImpact will coordinate with DCH and other stakeholders whose participation is necessary to help ensure the successful delivery of the PBM FFS program.

Project Schedule

MedImpact will establish the project schedule following key project management practices. We employ industry best practices, project management tools, and methodologies to help ensure seamless project management and leadership. We are committed to delivering quality project oversight and management grounded in the PMI's PMBOK principles, which represent the leading standard for defining project management processes, tools, techniques, strategies, schedules, and plans.

Leveraging these principles helps to ensure MedImpact's ability to successfully manage large-scale implementations like DCH's across multiple markets, customer types, and lines of business. Our teams strive to meet and exceed DCH expectations with its solution as well as with its project management and collaboration.

A sample Project Work Plan is included with the proposal as **MSQ37.1.**

WBS Tasks

During the Implementation Phase, we develop the Project WBS for all Contract tasks and activities. The WBS will be the outcome of requirements gathering process, collaborative working sessions with DCH's implementation team and SMEs (Subject Matter Experts). We deliver it in the form of a Gantt chart, incorporating significant detail on every area, milestones, and task.

A sample WBS is included with the proposal as **MSQ37.2**

Implementation

In accordance with DCH requirements and our organizational policy, the project team determines the appropriate technologies and organizational policies and standards required during operations and maintenance. At contract award, we create a collaborative group of our teams, IT, and the implementation team to achieve the following:

- Create a smooth transition from outgoing FFS Vendor to MedImpact Operations (including all Implementation Activities)
- Meet with SMEs and the State of Georgia DCH's team members involved in the effort
- Treat all data confidentiality
- Deliver on requirements

A sample Implementation Plan is included with the proposal as **MSQ37.3**

Quality Management

MedImpact develops a Quality Management Plan to be utilized throughout the life of the contract after go-live. This plan summarizes the quality assurance control and quality management process, quality management program, analysis, findings, recommendations, and continuous improvement projects for business areas associated with this contract. This plan is updated twice a year.

Methodology for Maintaining Quality

MedImpact has a deep understanding of the importance of defining clear objectives to maintain quality of code, project schedule and deliverables, tasks, and work product. Our commitment to consistent stakeholder communication and monitoring helps assure the quality and accuracy of our work while being mindful of scope creep. MedImpact performs continuous analysis based on industry best practices to ensure deliverables are accurate and we remain focused on fulfilling the stated requirements.

A sample Quality Management Plan is included with the proposal as **MSQ37.4**.

Requirements Management

Our business and technical analysts will schedule and participate in targeted detailed requirements and validation sessions with their counterparts at DCH to validate and refine requirements. Throughout other phases of the SDLC, we anticipate additional requirements will be uncovered. Requirements uncovered following its approval will be processed through our change order process.

RTM (Requirements Traceability Matrix)

For every PBMS implementation, MedImpact develops and then relies on accurate, detailed, and complete requirements documented in an RTM (Requirements Traceability Matrix) to define activities during the Configuration/Customization phase. We also use the RTM during testing to help ensure there is testing coverage for all requirements. Finally, we use the RTM to demonstrate to DCH that, upon implementation (go-live), all requirements (functional and non-functional) are met by MedImpact.

A sample Requirements Management Plan is included with the proposal as **MSQ37.5**.

Change Management

MedImpact applies rigorous change control protocols for projects following the change control process. To guide this process, MedImpact collaborates with DCH to establish a change management plan that aligns with DCH change management processes. This includes defining how we collaborate with DCH to define procedures for assembling the CCB (change control board) and conducting CCB meetings to make decisions regarding change requests. The resulting change management plan documents our approach, strategies, and methods used for identifying, assessing, reviewing, and implementing (upon DCH approval) changes to the solution, scope, timeline, or deliverables.

We will implement the Change Management Plan once approved, after which we will adhere to the processes included in the plan. A sample Change Management Plan is included with the proposal as **MSQ37.6.**

Risk Management

Risk and issue Management Plans are critical to each successful PBMS Implementation. The MedImpact Project team documents any identified issues for mitigation, reviews, and prioritizes them daily and in weekly internal team meetings. If it is determined a risk or issue requires a

change request, we develop the required change request documentation and initiate our change management process. The Project team monitors the risk issue log on an ongoing basis, determines probability impact, initiates contingency and mitigation plans, when necessary, reviews and removes risks from the log when appropriate, prioritizes and communicates new risks, collaborates with DCH to review and adjust the risk management process, and provides continuous improvement recommendations based upon quarterly analysis of the Risk Management approach built upon Lean Six Sigma principles.

A sample Risk Management Plan is included with the proposal as **MSQ37.7.**

Communications Management

The DDI Manager provides the necessary information about the project-to-project stakeholders in accordance with the communications strategy as agreed-upon with DCH. The DDI Manager drives the agenda for status meetings based on the reports generated by the implementation team. We escalate risks and issues to stakeholders using established escalation mechanisms and status meetings. This ensures risks and issues receive the appropriate visibility and are addressed in a timely manner.

A sample Communications Management Plan is included with the proposal as **MSQ37.8.**

Integration

The system integration plan supports industry standard integration points for an interconnected MMIS. MedImpact's solution is architected to support and interconnect to the MMIS. Requirements for data exchange methods are defined during the Requirements Definition phase and documented in the design documents. The integration plan is updated and used during the Integration and Test phase. The final version is provided in the Implementation phase for approval by DCH. Additionally, the plan outlines various types of internal Integrator software integration tests conducted to help ensure the POS is designed and operating in accordance with the RFP and the other contract documents.

A sample Integration Plan is included with the proposal as **MSQ37.9.**

Operations and Maintenance

We establish the staffing, policies, procedures, processes, and systems with step-by-step instructions required to change any parts of the system with minimal disruption to DCH's members, providers, and other stakeholders. This System Operations and Maintenance plan establishes the key activities involved during operations and maintenance.

A sample Operations and Maintenance Plan is included with the proposal as **MSQ37.10.**

Training

We will develop and implement a DCH training plan tailored to the needs of DCH. Our training management approach will provide subject-specific information to the following:

- Authorized DCH staff in a classroom-style setting or virtual webinars to prepare them for the transition of operations including ongoing changes implemented during operations.

- Documentation, including layouts and a data dictionary to support the receipt, processing, and application of historical program data.
- Claim and provider payment details required to support successful implementation.

Our training management approach will include a training plan, training preparation, documentation, status, and progress reporting on training tasks. This approach addresses and includes operational components of the contract. Our approach has been informed by our extensive experience, lessons learned, and industry best practices.

A sample Training Plan is included with the proposal as **MSQ37.11.**

Cost Management

The Cost Management plan details the processes for managing project financial resources that are to be followed through all stages of the project. Managing cost focuses on tracking costs for all resource types needed to complete the activities of the project such as people, equipment, hard goods, soft goods, and facilities.

The Project Management Book of Knowledge (PMBOK) defines the three project cost management processes as follows:

- **Estimate Costs** - Estimation of the monetary resources needed to complete the project
- **Determine Budget** - Aggregation of costs and activities to determine a cost baseline
- **Control Costs** - Monitoring project status to update budget and manage changes to the cost baseline

As the DCH/ValuePoint contract would be a fixed price, the Cost Management Plan summary included as **MSQ37.12** is an example of how MedImpact would manage an alternative project.

Stakeholder Management

Understanding of roles and agreement around how to communicate are key to effective collaboration between MedImpact and DCH, incumbent contractors, and module contractors. To facilitate the PBMS project, MedImpact will develop the Communication Management and Stakeholder Engagement Plan and deliver it to DCH for approval, as a part of the Project WBS.

Effective project control is a result of effective communication throughout the project team. Our DDI Manager and the Executive Sponsor, as the key representative to DCH from MedImpact and as the Program Sponsor, will encourage open and honest communication throughout the project team about what is being worked on and what the status is.

Open communication does not preclude the need for every project team member and leader to use good judgment in communications. Incomplete information can create confusion and information that has sensitive implications must be communicated only to those team members that have a need for the information.

A sample Stakeholder Management Plan is included with the proposal as **MSQ37.13**.

MSQ37.1 - Project Schedule/Project Work Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Project Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Project Management Plan is to define the plans, standards, and templates that collectively describe the approach and activities for managing projects. The Project Management Plan also defines the tools and technologies that will be used for program/project management, including, but not limited to, program and project status reporting, dashboards, schedule maintenance, issue management, and risk management.

Overview

MedImpact implements an established Project Management Framework (PMF) that includes standardized processes and templates, coordinates plans, schedules, and integration of projects, coordinates overall budget and quality assurance activities for the program, and facilitates communication and reporting for all levels of governance. Additionally, MedImpact monitors and controls scope, time, quality, and cost along with providing structure, organization, and consistent reporting across projects.

The Project Management Plan is developed for the purpose of planning the project and provides a consistent, coherent document that is used to guide both project execution and project control. The Project Management Plan also serves as a summary document that outlines the supporting plans and components of the PMF. This document is a quick reference that defines each plan and outlines the templates and tools that will be used to manage PMF processes. Sections include, but are not limited to, the following:

- Goals and Objectives
- Assumptions and Constraints
- Risk and Mitigation Strategies
- Reports and Dashboards
- Project Schedule/Work Breakdown Structure (WBS)
- Issue and Risk Management Plans
- Quality Management Plan
- Project Staffing Plan
- Change Management Plan
- Communication Management Plan
- Facilities and Equipment Plan
- SharePoint Project Repository
- Project Status Report Template

MSQ37.2 - WBS tasks and Project Outputs (Sample)

Please see important notes on the last page.

ID	Attachment F - Ref	Task Name	Duration	Start	Finish	Predecessors	Resource Names
1		**1 Pre-Initiation Phase**	**21 days**	**Tue 7/23/24**	**Tue 8/20/24**		
2		1.1 Contract Start Date	1 day	Tue 7/23/24	Tue 7/23/24	11FS-30 days	MedImpact,Client
3		1.2 Request PMO Templates from Client	1 day	Tue 8/20/24	Tue 8/20/24	11FS-10 days	MedImpact
4		1.3 Cyber Insurance Bond	1 day	Tue 7/23/24	Tue 7/23/24	11FS-30 days	MedImpact
5		1.4 Business Associate Agreement and HIPPA Confidentiality Compliance	1 day	Tue 7/23/24	Tue 7/23/24	11FS-30 days	MedImpact
6		1.5 Information Agreement Form for External Vendors	1 day	Tue 7/23/24	Tue 7/23/24	11FS-30 days	MedImpact,Client
7		**2 Initiation Phase**	**42 days**	**Tue 8/13/24**	**Thu 10/10/24**		
8		**2.1 Client Kick-off**	**17 days**	**Tue 8/13/24**	**Thu 9/5/24**		
9		2.1.1 Schedule Client Kick-off	1 day	Tue 8/13/24	Tue 8/13/24	11SS-14 days	MedImpact
10		2.1.2 Prepare Agenda 2 Business Days Prior Kick-off	1 day	Thu 8/29/24	Thu 8/29/24	11SS-2 days	MedImpact
11		2.1.3 Hold Client Kick-off	1 day	Tue 9/3/24	Tue 9/3/24		Client,MedImpact
12		2.1.4 Prepare Meeting Notes 2 Business Days After Kick-off	1 day	Thu 9/5/24	Thu 9/5/24	11SS+2 days	MedImpact
13		**2.2 Stakeholder Management Plan**	**27 days**	**Wed 9/4/24**	**Thu 10/10/24**		
14		2.2.1 Draft and Compile Stakeholder Management Plan	10 days	Wed 9/4/24	Tue 9/17/24	11	MedImpact
15		**2.2.2 Review Deliverable**	**15 days**	**Wed 9/18/24**	**Tue 10/8/24**		
16		2.2.2.1 Client reviews Deliverable	10 days	Wed 9/18/24	Tue 10/1/24	14,20	Client
17		2.2.2.2 Revise Deliverable based on Client's latest review	5 days	Wed 10/2/24	Tue 10/8/24	16,22	MedImpact
18		2.2.3 Obtain approval of deliverable	2 days	Wed 10/9/24	Thu 10/10/24	17,23	MedImpact
19		**2.3 Create Responsible, Accountable, Informed, Consulted (RACI) matrix**	**27 days**	**Wed 9/4/24**	**Thu 10/10/24**		
20		2.3.1 Draft and Compile RACI Matrix	10 days	Wed 9/4/24	Tue 9/17/24	11	MedImpact
21		**2.3.2 Review Deliverable**	**15 days**	**Wed 9/18/24**	**Tue 10/8/24**		
22		2.3.2.1 Client reviews Deliverable	10 days	Wed 9/18/24	Tue 10/1/24	14	Client
23		2.3.2.2 Revise Deliverable based on Client's latest review	5 days	Wed 10/2/24	Tue 10/8/24	16	MedImpact
24		2.3.3 Obtain approval of deliverable	2 days	Wed 10/9/24	Thu 10/10/24	17	MedImpact
25		**2.4 Project Management Tools**	**6 days**	**Wed 9/11/24**	**Wed 9/18/24**		
26		2.4.1 Identify Georgia PM Tools	1 day	Wed 9/11/24	Wed 9/11/24	11FS+5 days	MedImpact
27		2.4.2 Complete training	5 days	Thu 9/12/24	Wed 9/18/24	26	MedImpact
28		**3 Project Planning Phase**	**108 days**	**Wed 9/4/24**	**Fri 2/7/25**		
29		**3.1 Requirement Specification Document / Implementation Questionnaire (IQ)**	**47 days**	**Tue 9/10/24**	**Wed 11/13/24**		
30		**3.1.1 IQ JAD Sessions**	**47 days**	**Tue 9/10/24**	**Wed 11/13/24**		
31		3.1.1.1 Complete IQ JAD Sessions	30 days	Tue 9/10/24	Mon 10/21/24	11FS+4 days	Client,MedImpact
32		**3.1.1.2 Review Deliverable**	**15 days**	**Tue 10/22/24**	**Mon 11/11/24**		
33		3.1.1.2.1 Client reviews Deliverable	10 days	Tue 10/22/24	Mon 11/4/24	31	Client
34		3.1.1.2.2 Revise Deliverable based on Client's latest review	5 days	Tue 11/5/24	Mon 11/11/24	33	MedImpact
35		3.1.1.3 Obtain approval of deliverable	2 days	Tue 11/12/24	Wed 11/13/24	34	MedImpact
36		**3.2 Requirement Management Plan**	**27 days**	**Tue 9/10/24**	**Wed 10/16/24**		
37		3.2.1 Requirement Management Plan Compile and Deliver	10 days	Tue 9/10/24	Mon 9/23/24	11FS+4 days	MedImpact
38		**3.2.2 Review Deliverable**	**15 days**	**Tue 9/24/24**	**Mon 10/14/24**		
39		3.2.2.1 Client to review Plan	10 days	Tue 9/24/24	Mon 10/7/24	37	Client
40		3.2.2.2 Revise Deliverable based on Client's review	5 days	Tue 10/8/24	Mon 10/14/24	39	MedImpact
41		3.2.3 Obtain approval of deliverable	2 days	Tue 10/15/24	Wed 10/16/24	40	MedImpact
42		**3.3 Requirements Review, Planning, & Analysis**	**59 days**	**Tue 10/8/24**	**Thu 1/2/25**		
43		**3.3.1 Requirement Traceability Matrix (RTM)**	**32 days**	**Thu 10/17/24**	**Tue 12/3/24**		
44	3.0 & 4.0 & 5.0 & 6.0 & 7.0	3.3.1.1 Complete Functional Requirements	15 days	Thu 10/17/24	Wed 11/6/24	41	MedImpact

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Please see important notes on the last page.

ID	Attachment F - Ref	Task Name	Duration	Start	Finish	Predecessors	Resource Names
45		3.3.1.2 Complete Technical Requirements (TBD)	15 days	Thu 10/17/24	Wed 11/6/24	41	MedImpact
46		**3.3.1.3 Review Deliverable**	**15 days**	**Thu 11/7/24**	**Wed 11/27/24**		
47		3.3.1.3.1 Client reviews Deliverable	10 days	Thu 11/7/24	Wed 11/20/24	44,45	Client
48		3.3.1.3.2 Revise Deliverable based on Client's latest review	5 days	Thu 11/21/24	Wed 11/27/24	47	MedImpact
49		3.3.1.4 Obtain approval of deliverable	2 days	Mon 12/2/24	Tue 12/3/24	48	MedImpact
50		3.3.2 Business Requirements Document (BRD)	59 days	Tue 10/8/24	Thu 1/2/25		
51		3.3.2.1 Gap Analysis and Create Enhancement Request	10 days	Tue 10/8/24	Mon 10/21/24	31FF	
52		3.3.2.2 Complete BRD	20 days	Thu 11/7/24	Fri 12/6/24	45,51FF	MedImpact
53		**3.3.2.3 Review Deliverable**	**15 days**	**Mon 12/9/24**	**Mon 12/30/24**		
54		3.3.2.3.1 Client reviews Deliverable	10 days	Mon 12/9/24	Fri 12/20/24	52	Client
55		3.3.2.3.2 Revise Deliverable based on Client's latest review	5 days	Mon 12/23/24	Mon 12/30/24	54	MedImpact
56		3.3.2.4 Obtain approval of deliverable	2 days	Tue 12/31/24	Thu 1/2/25	55	MedImpact
57		3.4 Project Schedule/Work Breakdown Structure (WBS)	27 days	Wed 9/4/24	Thu 10/10/24		
58		3.4.1 Draft WBS and Deliver	10 days	Wed 9/4/24	Tue 9/17/24	11	MedImpact
59		**3.4.2 Review WBS**	**15 days**	**Wed 9/18/24**	**Tue 10/8/24**		
60		3.4.2.1 Client to review WBS	10 days	Wed 9/18/24	Tue 10/1/24	58	MedImpact
61		3.4.2.2 Revise Deliverable based on Client's review	5 days	Wed 10/2/24	Tue 10/8/24	60	Client
62		3.4.3 Obtain approval of deliverable	2 days	Wed 10/9/24	Thu 10/10/24	61	MedImpact
63	8.2 & 8.4	3.5 Project Management Plan	27 days	Fri 10/11/24	Mon 11/18/24		
64		3.5.1 Project Management Plan Compile and Deliver	10 days	Fri 10/11/24	Thu 10/24/24	18,24,27,61,62	MedImpact
65		**3.5.2 Review Deliverable**	**15 days**	**Fri 10/25/24**	**Thu 11/14/24**		
66		3.5.2.1 Client to review Plan	10 days	Fri 10/25/24	Thu 11/7/24	64	Client
67		3.5.2.2 Revise Deliverable based on Client's review	5 days	Fri 11/8/24	Thu 11/14/24	66	MedImpact
68		3.5.3 Obtain approval of deliverable	2 days	Fri 11/15/24	Mon 11/18/24	67	MedImpact
69	8.6	3.6 Security Policies and Procedures (STANDARD DOCUMENT)	3 days	Wed 9/4/24	Fri 9/6/24		
70		3.6.1 Security Policies and Procedures Deliver and Approve	3 days	Wed 9/4/24	Fri 9/6/24	11	MedImpact
71	8.6	3.7 System Security Plan	27 days	Mon 9/9/24	Tue 10/15/24		
72		3.7.1 System Security Plan (SAR) Compile and Deliver	10 days	Mon 9/9/24	Fri 9/20/24	70	MedImpact
73		**3.7.2 Review Deliverable**	**15 days**	**Mon 9/23/24**	**Fri 10/11/24**		
74		3.7.2.1 Client reviews Deliverable	10 days	Mon 9/23/24	Fri 10/4/24	72	Client
75		3.7.2.2 Revise Deliverable based on Client's latest review	5 days	Mon 10/7/24	Fri 10/11/24	74	MedImpact
76		3.7.3 Obtain approval of deliverable	2 days	Mon 10/14/24	Tue 10/15/24	75	MedImpact
77	7.2	3.8 Disaster Recovery Plan (STANDARD DOCUMENT)	5 days	Tue 11/19/24	Mon 11/25/24		
78		3.8.1 Disaster Recovery Plan Compile and Deliver	5 days	Tue 11/19/24	Mon 11/25/24	68	MedImpact
79		3.9 Communication Plan	27 days	Tue 11/19/24	Mon 12/30/24		
80		3.9.1 Communication Plan Compile and Deliver	10 days	Tue 11/19/24	Wed 12/4/24	68	MedImpact
81		**3.9.2 Review Deliverable**	**15 days**	**Thu 12/5/24**	**Thu 12/26/24**		
82		3.9.2.1 Client to review Plan	10 days	Thu 12/5/24	Wed 12/18/24	80	Client
83		3.9.2.2 Revise Deliverable based on Client's review	5 days	Thu 12/19/24	Thu 12/26/24	82	MedImpact
84		3.9.3 Obtain approval of deliverable	2 days	Fri 12/27/24	Mon 12/30/24	83	MedImpact
85		3.10 Risk and Issue Management Plan	27 days	Tue 11/19/24	Mon 12/30/24		
86		3.10.1 Risk and Issue Plan Compile and Deliver	10 days	Tue 11/19/24	Wed 12/4/24	68	MedImpact
87		**3.10.2 Review Deliverable**	**15 days**	**Thu 12/5/24**	**Thu 12/26/24**		
88		3.10.2.1 Client to review Plan	10 days	Thu 12/5/24	Wed 12/18/24	86	Client

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Please see important notes on the last page.

ID	Attachment F - Ref	Task Name	Duration	Start	Finish	Predecessors	Resource Names
89		3.10.2.2 Revise Deliverable based on Client's review	5 days	Thu 12/19/24	Thu 12/26/24	88	MedImpact
90		3.10.3 Obtain approval of deliverable	2 days	Fri 12/27/24	Mon 12/30/24	89	MedImpact
91		**3.11 Quality Management Plan**	**27 days**	**Tue 11/19/24**	**Mon 12/30/24**		
92		3.11.1 Quality Management Plan Compile and Deliver	10 days	Tue 11/19/24	Wed 12/4/24	68	MedImpact
93		**3.11.2 Review Deliverable**	**15 days**	**Thu 12/5/24**	**Thu 12/26/24**		
94		3.11.2.1 Client to review Plan	10 days	Thu 12/5/24	Wed 12/18/24	92	Client
95		3.11.2.2 Revise Deliverable based on Client's review	5 days	Thu 12/19/24	Thu 12/26/24	94	MedImpact
96		3.11.3 Obtain approval of deliverable	2 days	Fri 12/27/24	Mon 12/30/24	95	MedImpact
97		**3.12 Change Management Plan**	**27 days**	**Tue 11/19/24**	**Mon 12/30/24**		
98		3.12.1 Change Management Plan Compile and Deliver	10 days	Tue 11/19/24	Wed 12/4/24	68	MedImpact
99		**3.12.2 Review Deliverable**	**15 days**	**Thu 12/5/24**	**Thu 12/26/24**		
100		3.12.2.1 Client to review Plan	10 days	Thu 12/5/24	Wed 12/18/24	98	Client
101		3.12.2.2 Revise Deliverable based on Client's review	5 days	Thu 12/19/24	Thu 12/26/24	100	MedImpact
102		3.12.3 Obtain approval of deliverable	2 days	Fri 12/27/24	Mon 12/30/24	101	MedImpact
103		**3.13 Implementation Plan**	**27 days**	**Tue 11/19/24**	**Mon 12/30/24**		
104		3.13.1 Implementation Plan Compile and Deliver	10 days	Tue 11/19/24	Wed 12/4/24	68	MedImpact
105		**3.13.2 Review Deliverable**	**15 days**	**Thu 12/5/24**	**Thu 12/26/24**		
106		3.13.2.1 Client reviews Deliverable	10 days	Thu 12/5/24	Wed 12/18/24	104	Client
107		3.13.2.2 Revise Deliverable based on Client's latest review	5 days	Thu 12/19/24	Thu 12/26/24	106	MedImpact
108		3.13.3 Obtain approval of deliverable	2 days	Fri 12/27/24	Mon 12/30/24	107	MedImpact
109		**3.14 Cost Management Plan**	**27 days**	**Tue 11/19/24**	**Mon 12/30/24**		
110		3.14.1 Cost Management Plan Compile and Deliver	10 days	Tue 11/19/24	Wed 12/4/24	68	MedImpact
111		**3.14.2 Review Deliverable**	**15 days**	**Thu 12/5/24**	**Thu 12/26/24**		
112		3.14.2.1 Client reviews Deliverable	10 days	Thu 12/5/24	Wed 12/18/24	110	Client
113		3.14.2.2 Revise Deliverable based on Client's latest review	5 days	Thu 12/19/24	Thu 12/26/24	112	MedImpact
114		3.14.3 Obtain approval of deliverable	2 days	Fri 12/27/24	Mon 12/30/24	113	MedImpact
115		**3.15 Contingency Plan**	**27 days**	**Tue 12/31/24**	**Fri 2/7/25**		
116		3.15.1 Compile and Deliver Contingency Plan	10 days	Tue 12/31/24	Wed 1/15/25	68,84,90,96,102,108,114	MedImpact
117		**3.15.2 Review Deliverable**	**15 days**	**Thu 1/16/25**	**Wed 2/5/25**		
118		3.15.2.1 Client reviews Deliverable	10 days	Thu 1/16/25	Wed 1/29/25	116	Client
119		3.15.2.2 Revise Deliverable based on Client's latest review	5 days	Thu 1/30/25	Wed 2/5/25	118	Client,MedImpact
120		3.15.3 Obtain approval of deliverable	2 days	Thu 2/6/25	Fri 2/7/25	119	MedImpact
121		**3.16 Integration Plan**	**27 days**	**Tue 11/19/24**	**Mon 12/30/24**		
122		3.16.1 Compile and Deliver Integration Plan	10 days	Tue 11/19/24	Wed 12/4/24	68	MedImpact
123		**3.16.2 Review Deliverable**	**15 days**	**Thu 12/5/24**	**Thu 12/26/24**		
124		3.16.2.1 Client reviews Deliverable	10 days	Thu 12/5/24	Wed 12/18/24	122	Client
125		3.16.2.2 Revise Deliverable based on Client's latest review	5 days	Thu 12/19/24	Thu 12/26/24	124	Client,MedImpact
126		3.16.3 Obtain approval of deliverable	2 days	Fri 12/27/24	Mon 12/30/24	125	MedImpact
127	5.0	**3.17 Financial Management Plan**	**27 days**	**Wed 12/4/24**	**Tue 1/14/25**		
128		3.17.1 Compile and Deliver Financial Management Plan	10 days	Wed 12/4/24	Tue 12/17/24	68,49	MedImpact
129		**3.17.2 Review Deliverable**	**15 days**	**Wed 12/18/24**	**Thu 1/9/25**		
130		3.17.2.1 Client reviews Deliverable	10 days	Wed 12/18/24	Thu 1/2/25	128	Client
131		3.17.2.2 Revise Deliverable based on Client's latest review	5 days	Fri 1/3/25	Thu 1/9/25	130	Client,MedImpact
132		3.17.3 Obtain approval of deliverable	2 days	Fri 1/10/25	Tue 1/14/25	131	MedImpact

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Please see important notes on the last page.

ID	Attachment F - Ref	Task Name	Duration	Start	Finish	Predecessors	Resource Names
133		**4 Execution**	**187 days**	**Wed 9/4/24**	**Mon 6/2/25**		
134		**4.1 Design**	**54 days**	**Wed 12/4/24**	**Fri 2/21/25**		
135	**7.3 & 7.4 & 7.5**	**4.1.1 Solution Design**	**54 days**	**Wed 12/4/24**	**Fri 2/21/25**		
136		**4.1.1.1 General System/Platform Design Requirements Document**	**27 days**	**Wed 12/4/24**	**Tue 1/14/25**		
137		4.1.1.1.1 Draft General System/Platform Design Requirements Document	10 days	Wed 12/4/24	Tue 12/17/24	49	MedImpact
138		**4.1.1.1.2 Review Deliverable**	**15 days**	**Wed 12/18/24**	**Thu 1/9/25**		
139		4.1.1.1.2.1 Client reviews Deliverable	10 days	Wed 12/18/24	Thu 1/2/25	137	Client
140		4.1.1.1.2.2 Revise Deliverable based on Client's latest review	5 days	Fri 1/3/25	Thu 1/9/25	139	MedImpact
141		4.1.1.1.3 Obtain approval of deliverable	2 days	Fri 1/10/25	Tue 1/14/25	140	MedImpact
142		**4.1.1.2 Interface Detail Design and Integration Specification Document**	**27 days**	**Wed 1/15/25**	**Fri 2/21/25**		
143		4.1.1.2.1 Draft Interface Detail Design and Integration Specification Document	10 days	Wed 1/15/25	Tue 1/28/25	141	MedImpact
144		**4.1.1.2.2 Review Deliverable**	**15 days**	**Wed 1/29/25**	**Wed 2/19/25**		
145		4.1.1.2.2.1 Client reviews Deliverable	10 days	Wed 1/29/25	Tue 2/11/25	143	Client
146		4.1.1.2.2.2 Revise Deliverable based on Client's latest review	5 days	Wed 2/12/25	Wed 2/19/25	145	MedImpact
147		4.1.1.2.3 Obtain approval of deliverable	2 days	Thu 2/20/25	Fri 2/21/25	146	MedImpact
148	**7.2**	**4.1.2 Data Migration/Conversion Plan**	**27 days**	**Wed 1/15/25**	**Fri 2/21/25**		
149		4.1.2.1 Data Migration and Conversion Plan Compile and Deliver	10 days	Wed 1/15/25	Tue 1/28/25	141	MedImpact
150		**4.1.2.2 Review Deliverable**	**15 days**	**Wed 1/29/25**	**Wed 2/19/25**		
151		4.1.2.2.1 Client reviews Deliverable	10 days	Wed 1/29/25	Tue 2/11/25	149	Client
152		4.1.2.2.2 Revise Deliverable based on Client's latest review	5 days	Wed 2/12/25	Wed 2/19/25	151	MedImpact
153		4.1.2.3 Obtain approval of deliverable	2 days	Thu 2/20/25	Fri 2/21/25	152	MedImpact
154		**4.1.3 Test Management Plan**	**27 days**	**Wed 12/4/24**	**Tue 1/14/25**		
155		4.1.3.1 Test Management Plan Compile and Deliver	10 days	Wed 12/4/24	Tue 12/17/24	49	MedImpact
156		**4.1.3.2 Review Deliverable**	**15 days**	**Wed 12/18/24**	**Thu 1/9/25**		
157		4.1.3.2.1 Client reviews Deliverable	10 days	Wed 12/18/24	Thu 1/2/25	155	Client
158		4.1.3.2.2 Revise Deliverable based on Client's latest review	5 days	Fri 1/3/25	Thu 1/9/25	157	MedImpact
159		4.1.3.3 Obtain approval of deliverable	2 days	Fri 1/10/25	Tue 1/14/25	158	MedImpact
160		**4.2 Establish connectivity to the Client**	**20 days**	**Wed 9/4/24**	**Tue 10/1/24**		
161		4.2.1 Approve and Sign Connectivity Form	10 days	Wed 9/4/24	Tue 9/17/24	11	Client
162		4.2.2 Establish Connectivity	5 days	Wed 9/18/24	Tue 9/24/24	161	MedImpact
163		4.2.3 Test Connectivity	5 days	Wed 9/25/24	Tue 10/1/24	162	MedImpact
164		**4.3 Configuration**	**86 days**	**Thu 11/14/24**	**Fri 3/21/25**		
165		**4.3.1 Data Conversion**	**20 days**	**Mon 2/24/25**	**Fri 3/21/25**		
166		**4.3.1.1 Inbound**	**10 days**	**Mon 2/24/25**	**Fri 3/7/25**		
167		4.3.1.1.1 Member Clinical Data/Medical Claims	10 days	Mon 2/24/25	Fri 3/7/25	153,163	MedImpact
168		4.3.1.1.2 Eligibility	10 days	Mon 2/24/25	Fri 3/7/25	153,163	MedImpact
169		4.3.1.1.3 TPL	10 days	Mon 2/24/25	Fri 3/7/25	153,163	MedImpact
170		4.3.1.1.4 Provider	10 days	Mon 2/24/25	Fri 3/7/25	153,163	MedImpact
171		4.3.1.1.5 Patient Attributes	10 days	Mon 2/24/25	Fri 3/7/25	153,163	
172		4.3.1.1.6 Other	10 days	Mon 2/24/25	Fri 3/7/25	153,163	MedImpact
173		**4.3.1.2 Outbound**	**10 days**	**Mon 2/24/25**	**Fri 3/7/25**		
174		4.3.1.2.1 MAC	10 days	Mon 2/24/25	Fri 3/7/25	153,163	MedImpact
175		4.3.1.2.2 Claims	10 days	Mon 2/24/25	Fri 3/7/25	153,163	MedImpact
176		4.3.1.2.3 Medicaid Encounter Files	10 days	Mon 2/24/25	Fri 3/7/25	153,163	MedImpact

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ID	Attachment F - Ref	Task Name	Duration	Start	Finish	Predecessors	Resource Names
177		4.3.1.2.4 PDL/Formulary	10 days	Mon 2/24/25	Fri 3/7/25	153,163	MedImpact
178		4.3.1.2.5 EOB Claim	10 days	Mon 2/24/25	Fri 3/7/25	153,163	MedImpact
179		4.3.1.2.6 Other	10 days	Mon 2/24/25	Fri 3/7/25	153,163	MedImpact
180		**4.3.1.3 Historical**	**20 days**	**Mon 2/24/25**	**Fri 3/21/25**		
181		4.3.1.3.1 Eligibility	10 days	Mon 2/24/25	Fri 3/7/25	153,163	MedImpact
182		4.3.1.3.2 Claims	10 days	Mon 3/10/25	Fri 3/21/25	181	MedImpact
183		4.3.1.3.3 PA	10 days	Mon 3/10/25	Fri 3/21/25	181	MedImpact
184		**4.3.2 Interface Configuration/Development**	**30 days**	**Fri 1/3/25**	**Fri 2/14/25**		
185		**4.3.2.1 Interface Development**	**30 days**	**Fri 1/3/25**	**Fri 2/14/25**		
186		4.3.2.1.1 Sprint 1 - Complete Interface Development	10 days	Fri 1/3/25	Fri 1/17/25	56	MedImpact
187		4.3.2.1.2 Sprint 2 - Complete Interface Development	10 days	Mon 1/20/25	Fri 1/31/25	186	MedImpact
188		4.3.2.1.3 Sprint 3 - Complete Interface Development	10 days	Mon 2/3/25	Fri 2/14/25	187	MedImpact
189		**4.3.3 Benefit Configuration - Claims, PA and PDL**	**30 days**	**Thu 11/14/24**	**Mon 12/30/24**		
190		**4.3.3.1 Benefit/Claims**	**30 days**	**Thu 11/14/24**	**Mon 12/30/24**		
191	3.0	4.3.3.1.1 Sprint 1 - Coding	10 days	Thu 11/14/24	Wed 11/27/24	35	MedImpact
192	3.0	4.3.3.1.2 Sprint 1 - QA	10 days	Thu 11/14/24	Wed 11/27/24	35	MedImpact
193	3.0	4.3.3.1.3 Sprint 2 - Coding	10 days	Mon 12/2/24	Fri 12/13/24	191	MedImpact
194	3.0	4.3.3.1.4 Sprint 2 - QA	10 days	Mon 12/2/24	Fri 12/13/24	192	MedImpact
195	3.0	4.3.3.1.5 Sprint 3 - Coding	10 days	Mon 12/16/24	Mon 12/30/24	193	MedImpact
196	3.0	4.3.3.1.6 Sprint 3 - QA	10 days	Mon 12/16/24	Mon 12/30/24	194	MedImpact
197		**4.3.3.2 PA**	**30 days**	**Thu 11/14/24**	**Mon 12/30/24**		
198	4.0	4.3.3.2.1 Sprint 1 - Coding	10 days	Thu 11/14/24	Wed 11/27/24	35	MedImpact
199	4.0	4.3.3.2.2 Sprint 1 - QA	10 days	Thu 11/14/24	Wed 11/27/24	35	MedImpact
200	4.0	4.3.3.2.3 Sprint 2 - Coding	10 days	Mon 12/2/24	Fri 12/13/24	198	MedImpact
201	4.0	4.3.3.2.4 Sprint 2 - QA	10 days	Mon 12/2/24	Fri 12/13/24	199	MedImpact
202	4.0	4.3.3.2.5 Sprint 3 - Coding	10 days	Mon 12/16/24	Mon 12/30/24	200	MedImpact
203	4.0	4.3.3.2.6 Sprint 3 - QA	10 days	Mon 12/16/24	Mon 12/30/24	201	MedImpact
204		**4.3.3.3 PDL**	**30 days**	**Thu 11/14/24**	**Mon 12/30/24**		
205	2.0	4.3.3.3.1 Sprint 1 - Coding	10 days	Thu 11/14/24	Wed 11/27/24	35	MedImpact
206	2.0	4.3.3.3.2 Sprint 1 - QA	10 days	Thu 11/14/24	Wed 11/27/24	35	MedImpact
207	2.0	4.3.3.3.3 Sprint 2 - Coding	10 days	Mon 12/2/24	Fri 12/13/24	205	MedImpact
208	2.0	4.3.3.3.4 Sprint 2 - QA	10 days	Mon 12/2/24	Fri 12/13/24	206	MedImpact
209	2.0	4.3.3.3.5 Sprint 3 - Coding	10 days	Mon 12/16/24	Mon 12/30/24	207	MedImpact
210	2.0	4.3.3.3.6 Sprint 3 - QA	10 days	Mon 12/16/24	Mon 12/30/24	208	MedImpact
211		**4.4 Financial Management Setup**	**91 days**	**Thu 11/14/24**	**Fri 3/28/25**		
212	5.0	**4.4.1 Banking**	**10 days**	**Thu 11/14/24**	**Wed 11/27/24**		
213		4.4.1.1 Setup Bank Account	10 days	Thu 11/14/24	Wed 11/27/24	35	MedImpact
214	5.2	4.4.1.2 Setup Wire Transfer	10 days	Thu 11/14/24	Wed 11/27/24	35	MedImpact
215		**4.4.2 Accounting System Setup**	**10 days**	**Wed 1/15/25**	**Tue 1/28/25**	132	
216	5.2	4.4.2.1 Setup AR	10 days	Wed 1/15/25	Tue 1/28/25	213,214,132	MedImpact
217		4.4.2.2 Setup AP	10 days	Wed 1/15/25	Tue 1/28/25	213,214,132	MedImpact
218		**4.4.3 Reports**	**42 days**	**Wed 1/29/25**	**Fri 3/28/25**		
219		4.4.3.1 AR Reports	20 days	Wed 1/29/25	Wed 2/26/25	132	MedImpact
220	5.2.K	4.4.3.1.1 Itemized Report	10 days	Wed 1/29/25	Tue 2/11/25	216	MedImpact

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ID	Attachment F - Ref	Task Name	Duration	Start	Finish	Predecessors	Resource Names
221		4.4.3.1.2 Other Report	10 days	Wed 2/12/25	Wed 2/26/25	220	MedImpact
222		4.4.3.2 Financial System Report	10 days	Thu 2/27/25	Wed 3/12/25	216,217,219	MedImpact
223		4.4.3.3 Financial System Report 2	10 days	Thu 3/13/25	Wed 3/26/25	222	MedImpact
224		4.4.3.4 Obtain approval	2 days	Thu 3/27/25	Fri 3/28/25	223,221	MedImpact
225	6.3	4.5 Consumer Portal	104 days	Tue 10/22/24	Mon 3/24/25		
226		4.5.1 Consumer Portal	104 days	Tue 10/22/24	Mon 3/24/25		
227		4.5.1.1 Account Provisioning	5 days	Tue 10/22/24	Mon 10/28/24	31	MedImpact
228		4.5.1.2 Development	10 days	Mon 2/24/25	Fri 3/7/25	147,227	MedImpact
229		4.5.1.3 QA	10 days	Mon 3/10/25	Fri 3/21/25	228	MedImpact
230		4.5.1.4 Grant User Access	1 day	Mon 3/24/25	Mon 3/24/25	229	MedImpact
231	7.1	4.6 Reporting	45 days	Wed 12/4/24	Fri 2/7/25		
232		4.6.1 Reporting Development and QA	45 days	Wed 12/4/24	Fri 2/7/25		
233		4.6.1.1 Standard Suite Review and Approval	10 days	Wed 12/4/24	Tue 12/17/24	49	MedImpact,Client
234		4.6.1.2 New Report Development	20 days	Wed 12/18/24	Fri 1/17/25	233	MedImpact
235		4.6.1.3 New Report QA	10 days	Mon 1/20/25	Fri 1/31/25	234	MedImpact
236		4.6.1.4 New Report Review and Approval by Client	5 days	Mon 2/3/25	Fri 2/7/25	235	Client
237	6.0	4.7 Call Center Setup	40 days	Tue 10/22/24	Wed 12/18/24		
238		4.7.1 Obtain Call Volume	10 days	Tue 10/22/24	Mon 11/4/24	31	MedImpact
239		4.7.2 Assign and Confirm New Toll Free Number	10 days	Tue 11/5/24	Mon 11/18/24	238	MedImpact
240		4.7.3 Review and Complete CS Helpdesk Procedures	10 days	Tue 11/19/24	Wed 12/4/24	238,239	MedImpact
241		4.7.4 Client Approves CS Helpdesk Procedures	10 days	Thu 12/5/24	Wed 12/18/24	240	Client
242		4.8 Testing	84 days	Wed 12/4/24	Fri 4/4/25		
243		4.8.1 System Testing	20 days	Wed 12/4/24	Thu 1/2/25		
244		4.8.1.1 Security	20 days	Wed 12/4/24	Thu 1/2/25	49,76	MedImpact
245		4.8.1.2 CMS Required System Testing	20 days	Wed 12/4/24	Thu 1/2/25	49	MedImpact
246		4.8.2 Functional Testing	34 days	Tue 12/31/24	Wed 2/19/25		
247		4.8.2.1 Benefit & Claims	15 days	Wed 1/15/25	Tue 2/4/25	159,195,196,202,209,21(	MedImpact
248		4.8.2.2 PA	15 days	Tue 12/31/24	Wed 1/22/25	203	MedImpact
249		4.8.2.3 Benefits Claim & PA	10 days	Wed 2/5/25	Wed 2/19/25	247,248	MedImpact
250		4.8.3 Data Migration Conversion Testing	10 days	Mon 3/24/25	Fri 4/4/25		
251		4.8.3.1 Data Migration Conversion Testing	10 days	Mon 3/24/25	Fri 4/4/25	167,168,169,170,171,172	MedImpact
252	8.3	4.9 Communications/Materials	31 days	Thu 3/27/25	Thu 5/8/25		
253		4.9.1 Provider Communications (Pharmacy)	16 days	Thu 4/17/25	Thu 5/8/25		
254		**4.9.1.1 PBM change Notification**	**16 days**	**Thu 4/17/25**	**Thu 5/8/25**		
255		4.9.1.1.1 Draft PBM Change Notification	10 days	Thu 4/17/25	Wed 4/30/25	49FS+92 days	MedImpact
256		4.9.1.1.2 Client Review and approve	5 days	Thu 5/1/25	Wed 5/7/25	255	MedImpact
257		4.9.1.1.3 Distribute Notification	1 day	Thu 5/8/25	Thu 5/8/25	256	MedImpact,Client
258		**4.9.1.2 PDL Distribution**	**16 days**	**Thu 4/17/25**	**Thu 5/8/25**		
259		4.9.1.2.1 Draft PDL Distribution	10 days	Thu 4/17/25	Wed 4/30/25	49FS+92 days	MedImpact
260		4.9.1.2.2 Client Review and approve PDL Distribution	5 days	Thu 5/1/25	Wed 5/7/25	259	MedImpact
261		4.9.1.2.3 Distribute Notification	1 day	Thu 5/8/25	Thu 5/8/25	260	MedImpact,Client
262		**4.9.1.3 Provider Notification of Payer Sheet**	**16 days**	**Thu 4/17/25**	**Thu 5/8/25**		
263		4.9.1.3.1 Draft Payer Sheet	10 days	Thu 4/17/25	Wed 4/30/25	49FS+92 days	MedImpact
264		4.9.1.3.2 Client Review and approve Payer Sheet	5 days	Thu 5/1/25	Wed 5/7/25	263	Client

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ID	Attachment F - Ref	Task Name	Duration	Start	Finish	Predecessors	Resource Names
265		4.9.1.3.3 Distribute Notification	1 day	Thu 5/8/25	Thu 5/8/25	264	MedImpact
266		**4.9.1.4 Provider Billing Manual**	**16 days**	**Thu 4/17/25**	**Thu 5/8/25**		
267		4.9.1.4.1 Draft Provider Billing Manual	10 days	Thu 4/17/25	Wed 4/30/25	49FS+92 days	MedImpact
268		4.9.1.4.2 Client Review and approve Provider Billing Manual	5 days	Thu 5/1/25	Wed 5/7/25	267	MedImpact
269		4.9.1.4.3 Distribute Notification	1 day	Thu 5/8/25	Thu 5/8/25	268	Client,MedImpact
270		**4.9.1.5 MAC List**	**16 days**	**Thu 4/17/25**	**Thu 5/8/25**		
271		4.9.1.5.1 Draft MAC List	10 days	Thu 4/17/25	Wed 4/30/25	49FS+92 days	MedImpact
272		4.9.1.5.2 Client Review and approve MAC List	5 days	Thu 5/1/25	Wed 5/7/25	271	MedImpact
273		4.9.1.5.3 Distribute Notification	1 day	Thu 5/8/25	Thu 5/8/25	272	MedImpact,Client
274		**4.9.1.6 MAC Appeal Form**	**16 days**	**Thu 4/17/25**	**Thu 5/8/25**		
275		4.9.1.6.1 Draft MAC Appeal Form	10 days	Thu 4/17/25	Wed 4/30/25	49FS+92 days	MedImpact
276		4.9.1.6.2 Client Review and approve MAC Appeal Form	5 days	Thu 5/1/25	Wed 5/7/25	275	MedImpact
277		4.9.1.6.3 Distribute Notification	1 day	Thu 5/8/25	Thu 5/8/25	276	MedImpact,Client
278		**4.9.1.7 PA Procedures (Pharmacy)**	**16 days**	**Thu 4/17/25**	**Thu 5/8/25**		
279		4.9.1.7.1 Draft PA Procedures (Pharmacy)	10 days	Thu 4/17/25	Wed 4/30/25	49FS+92 days	MedImpact
280		4.9.1.7.2 Client Review and approve PA Procedures (Pharmacy)	5 days	Thu 5/1/25	Wed 5/7/25	279	MedImpact
281		4.9.1.7.3 Distribute Notification	1 day	Thu 5/8/25	Thu 5/8/25	280	MedImpact,Client
282		**4.9.1.8 Provider Webinar**	**16 days**	**Thu 4/17/25**	**Thu 5/8/25**		
283		4.9.1.8.1 Draft Provider Webinar	10 days	Thu 4/17/25	Wed 4/30/25	49FS+92 days	MedImpact
284		4.9.1.8.2 Client Review and approve Provider Webinar	5 days	Thu 5/1/25	Wed 5/7/25	283	MedImpact
285		4.9.1.8.3 Distribute Notification	1 day	Thu 5/8/25	Thu 5/8/25	284	MedImpact,Client
286		**4.9.2 Provider Communications (Prescriber)**	**31 days**	**Thu 3/27/25**	**Thu 5/8/25**		
287		**4.9.2.1 PA Notification Letter(s) (Prescriber)**	**16 days**	**Thu 4/17/25**	**Thu 5/8/25**		
288		4.9.2.1.1 Draft PA Notification Letter(s) (Prescriber)	10 days	Thu 4/17/25	Wed 4/30/25	49FS+92 days	MedImpact
289		4.9.2.1.2 Client Review and approve PA Notification Letter(s) (Prescriber)	5 days	Thu 5/1/25	Wed 5/7/25	288	MedImpact
290		4.9.2.1.3 Distribute Notification	1 day	Thu 5/8/25	Thu 5/8/25	289	MedImpact,Client
291		**4.9.2.2 PA Procedures (Prescriber)**	**16 days**	**Thu 4/17/25**	**Thu 5/8/25**		
292		4.9.2.2.1 Draft PA Procedures (Prescriber)	10 days	Thu 4/17/25	Wed 4/30/25	49FS+92 days	MedImpact
293		4.9.2.2.2 Client Review and approve PA Procedures (Prescriber)	5 days	Thu 5/1/25	Wed 5/7/25	292	MedImpact
294		4.9.2.2.3 Distribute Notification	1 day	Thu 5/8/25	Thu 5/8/25	293	MedImpact,Client
295		**4.9.2.3 PDL Change Notification (Prescriber)**	**16 days**	**Thu 4/17/25**	**Thu 5/8/25**		
296		4.9.2.3.1 Draft PDL Change Notification (Prescriber)	10 days	Thu 4/17/25	Wed 4/30/25	49FS+92 days	MedImpact
297		4.9.2.3.2 Client Review and approve PDL Change Notification (Prescriber)	5 days	Thu 5/1/25	Wed 5/7/25	296	MedImpact
298		4.9.2.3.3 Distribute Notification	1 day	Thu 5/8/25	Thu 5/8/25	297	MedImpact,Client
299		**4.9.2.4 PDL Distribution (Prescriber)**	**16 days**	**Thu 4/17/25**	**Thu 5/8/25**		
300		4.9.2.4.1 Draft PDL Distribution (Prescriber)	10 days	Thu 4/17/25	Wed 4/30/25	49FS+92 days	MedImpact
301		4.9.2.4.2 Client Review and approve PDL Distribution (Prescriber)	5 days	Thu 5/1/25	Wed 5/7/25	300	MedImpact
302		4.9.2.4.3 Distribute Notification	1 day	Thu 5/8/25	Thu 5/8/25	301	MedImpact,Client
303		**4.9.2.5 Prescriber Communication**	**16 days**	**Thu 3/27/25**	**Thu 4/17/25**		
304		4.9.2.5.1 Draft Prescriber Communication	10 days	Thu 3/27/25	Wed 4/9/25	49FS+77 days	MedImpact
305		4.9.2.5.2 Client Review and approve Prescriber Communication	5 days	Thu 4/10/25	Wed 4/16/25	304	MedImpact
306		4.9.2.5.3 Distribute Notification	1 day	Thu 4/17/25	Thu 4/17/25	305	MedImpact,Client
307		**4.9.2.6 Prescriber Reconsideration Process for Denied PAs**	**16 days**	**Thu 4/17/25**	**Thu 5/8/25**		
308		4.9.2.6.1 Draft Prescriber Reconsideration Process for Denied PAs	10 days	Thu 4/17/25	Wed 4/30/25	49FS+92 days	MedImpact

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309		4.9.2.6.2 Client Review and approve Prescriber Reconsideration Process for Denied	5 days	Thu 5/1/25	Wed 5/7/25	308	MedImpact
310		4.9.2.6.3 Distribute Notification	1 day	Thu 5/8/25	Thu 5/8/25	309	MedImpact,Client
311		**4.9.3 Member Communications**	16 days	Thu 4/17/25	Thu 5/8/25		
312		4.9.3.1 Draft Requuired Member Communication	10 days	Thu 4/17/25	Wed 4/30/25	49FS+92 days	MedImpact
313		4.9.3.2 Client Review and approve Consumer Portal Member Letter	5 days	Thu 5/1/25	Wed 5/7/25	312	MedImpact
314		4.9.3.3 Distribute Notification	1 day	Thu 5/8/25	Thu 5/8/25	313	Client
315	8.5	**4.10 Training**	32 days	Wed 12/4/24	Tue 1/21/25		
316		**4.10.1 Training Plan**	27 days	Wed 12/4/24	Tue 1/14/25		
317		4.10.1.1 Training Plan Compile and Deliver	10 days	Wed 12/4/24	Tue 12/17/24	49	MedImpact
318		**4.10.1.2 Review Deliverable**	**15 days**	**Wed 12/18/24**	**Thu 1/9/25**		
319		4.10.1.2.1 Client reviews Deliverable	10 days	Wed 12/18/24	Thu 1/2/25	317	Client
320		4.10.1.2.2 Revise Deliverable based on Client's latest review	5 days	Fri 1/3/25	Thu 1/9/25	319	MedImpact
321		4.10.1.3 Obtain approval of deliverable	2 days	Fri 1/10/25	Tue 1/14/25	320	MedImpact
322		**4.10.2 End User Documentation**	27 days	Wed 12/4/24	Tue 1/14/25		
323		4.10.2.1 End User Documentation Compile and Deliver	10 days	Wed 12/4/24	Tue 12/17/24	49	MedImpact
324		**4.10.2.2 Review Deliverable**	**15 days**	**Wed 12/18/24**	**Thu 1/9/25**		
325		4.10.2.2.1 Client reviews Deliverable	10 days	Wed 12/18/24	Thu 1/2/25	323	Client
326		4.10.2.2.2 Revise Deliverable based on Client's latest review	5 days	Fri 1/3/25	Thu 1/9/25	325	MedImpact
327		4.10.2.3 Obtain approval of deliverable	2 days	Fri 1/10/25	Tue 1/14/25	326	MedImpact
328		**4.10.3 Conduct Training**	5 days	Wed 1/15/25	Tue 1/21/25		
329		**4.10.3.1 Client Walkthrough**	**5 days**	**Wed 1/15/25**	**Tue 1/21/25**		
330		4.10.3.1.1 Conduct Client Staff Walkthrough	5 days	Wed 1/15/25	Tue 1/21/25	327	MedImpact
331		**4.10.3.2 End User Training**	**5 days**	**Wed 1/15/25**	**Tue 1/21/25**		
332		4.10.3.2.1 Conduct End User Training	5 days	Wed 1/15/25	Tue 1/21/25	327,321	MedImpact
333		**4.11 UAT Testing**	99 days	Wed 12/4/24	Fri 4/25/25		
334		**4.11.1 Test Environment**	10 days	Wed 12/4/24	Tue 12/17/24		
335		4.11.1.1 Prepare UAT Environment	10 days	Wed 12/4/24	Tue 12/17/24	49	MedImpact
336		**4.11.2 UAT Plan**	27 days	Wed 1/22/25	Fri 2/28/25		
337		4.11.2.1 Client Delivers UAT Test Plan	10 days	Wed 1/22/25	Tue 2/4/25	332,335	Client
338		**4.11.2.2 Review Deliverable**	**15 days**	**Wed 2/5/25**	**Wed 2/26/25**		
339		4.11.2.2.1 MedImpact reviews Deliverable	10 days	Wed 2/5/25	Wed 2/19/25	337	Client
340		4.11.2.2.2 Revise Deliverable based on MedImpact's latest review	5 days	Thu 2/20/25	Wed 2/26/25	339	Client,MedImpact
341		4.11.2.3 Provide approval of deliverable	2 days	Thu 2/27/25	Fri 2/28/25	340	MedImpact
342		**4.11.3 UAT Testing**	40 days	Mon 3/3/25	Fri 4/25/25		
343		4.11.3.1 User Acceptance Testing (POS with test data)	15 days	Mon 3/3/25	Fri 3/21/25	249,341	Client
344		4.11.3.2 Integrated Testing (Interfaces, Data Migration, POS etc)	15 days	Mon 4/7/25	Fri 4/25/25	251,341	Client
345		**4.12 Data Migration/Conversion - Initial Files**	10 days	Mon 5/5/25	Fri 5/16/25		
346		4.12.1 Conduct Initial Prod Data Migration	10 days	Mon 5/5/25	Fri 5/16/25	374	MedImpact
347		**4.13 Data Migration/Conversion - Subsequent Files**	10 days	Mon 5/19/25	Mon 6/2/25		
348		**4.13.1 Subsequent Claims Files**	10 days	Mon 5/19/25	Mon 6/2/25		
349		4.13.1.1 Historical Claim Files	10 days	Mon 5/19/25	Mon 6/2/25	346	MedImpact
350		**4.13.2 Subsequent PA Files**	10 days	Mon 5/19/25	Mon 6/2/25		
351		4.13.2.1 PA File	10 days	Mon 5/19/25	Mon 6/2/25	346	MedImpact
352		**4.14 Operational Readiness Checklist**	5 days	Mon 3/31/25	Fri 4/4/25		

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Please see important notes on the last page.

ID	Attachment F - Ref	Task Name	Duration	Start	Finish	Predecessors	Resource Names
353		4.14.1 Complete Operational Readiness Checklist	5 days	Mon 3/31/25	Fri 4/4/25	224,241,244,245,330,12	MedImpact
354		**5 Operational Readiness Review (ORR)**	**75 days**	**Mon 2/10/25**	**Tue 5/27/25**		
355		**5.1 ORR Documentation**	**54 days**	**Mon 2/10/25**	**Fri 4/25/25**		
356		**5.1.1 Certification Metric Intake Form**	**27 days**	**Mon 2/10/25**	**Wed 3/19/25**		
357		5.1.1.1 Complete Intake Form with client	10 days	Mon 2/10/25	Mon 2/24/25	120	Client
358		5.1.1.2 Gather Metric Documentations	10 days	Tue 2/25/25	Mon 3/10/25	357	MedImpact
359		5.1.1.3 Obtain Metric Documentation approval from Client	5 days	Tue 3/11/25	Mon 3/17/25	358	Client
360		5.1.1.4 Client Provides Intake Form and Metric Documentations to CMS	2 days	Tue 3/18/25	Wed 3/19/25	359	Client
361		**5.1.2 ORR Artifacts**	**53 days**	**Mon 2/10/25**	**Thu 4/24/25**		
362		5.1.2.1 Review List with Client	10 days	Mon 2/10/25	Mon 2/24/25	120	MedImpact
363		5.1.2.2 Gather Artifact Documentations	10 days	Mon 4/7/25	Fri 4/18/25	242,362	MedImpact
364		5.1.2.3 Bundle and Submit Documentation to Client	2 days	Mon 4/21/25	Tue 4/22/25	363	MedImpact
365		5.1.2.4 Client submits to CMS	2 days	Wed 4/23/25	Thu 4/24/25	364	Client
366		**5.1.3 CMS Presentation**	**5 days**	**Mon 4/21/25**	**Fri 4/25/25**		
367		5.1.3.1 Draft and Compile PowerPoint presentation with Client	5 days	Mon 4/21/25	Fri 4/25/25	363	MedImpact,Client
368		**5.2 ORR Session with Client and CMS**	**1 day**	**Mon 5/12/25**	**Mon 5/12/25**		
369		5.2.1 ORR Meeting	1 day	Mon 5/12/25	Mon 5/12/25	367FS+10 days,365,360	CMS,Client,MedImpact
370		5.3 Client provides System Acceptance Letter to MedImpact	10 days	Tue 5/13/25	Tue 5/27/25	369	Client
371		**6 ORR Readiness Date**	**0 days**	**Fri 4/25/25**	**Fri 4/25/25**	**353,344,343**	
372		**7 Go-Live Readiness**	**17 days**	**Mon 4/28/25**	**Tue 5/20/25**		
373		**7.1 Go-Live Prep**	**10 days**	**Mon 4/28/25**	**Fri 5/9/25**		
374		7.1.1 Promote Code and Maps from UAT to PROD	5 days	Mon 4/28/25	Fri 5/2/25	353,344,343	MedImpact
375		7.1.2 Validate PROD Environment	5 days	Mon 5/5/25	Fri 5/9/25	374	MedImpact
376		**7.2 Final Go-Live Checklist**	**6 days**	**Mon 5/12/25**	**Mon 5/19/25**		
377		7.2.1 Complete Go-Live Checklist	5 days	Mon 5/12/25	Fri 5/16/25	375	MedImpact
378		7.2.2 Verify contact list with the Client	1 day	Mon 5/19/25	Mon 5/19/25	377	MedImpact
379		7.2.3 Verify contact list with Client	1 day	Mon 5/19/25	Mon 5/19/25	377	MedImpact,Client
380		**7.3 Client Go-Live Approval**	**1 day**	**Tue 5/20/25**	**Tue 5/20/25**		
381		7.3.1 Client Approves Go-Live	1 day	Tue 5/20/25	Tue 5/20/25	377,378,379	Client
382		**8 Go-Live Day**	**0 days**	**Mon 6/2/25**	**Mon 6/2/25**	**257,261,265,269,273,27**	
383		**9 Transition to O&M**	**30 days**	**Tue 6/3/25**	**Wed 7/16/25**		
384		**9.1 Go-Live and Post Go-Live Activities**	**30 days**	**Tue 6/3/25**	**Wed 7/16/25**		
385		9.1.1 Daily review calls 5 to 10 days after Go-Live	10 days	Tue 6/3/25	Mon 6/16/25	382	MedImpact
386		9.1.2 Transition to Operation log	10 days	Tue 6/3/25	Mon 6/16/25	382	MedImpact
387		9.1.3 Post-Go Live Tasks	10 days	Tue 6/3/25	Mon 6/16/25	382	MedImpact
388		9.1.4 Monitoring	10 days	Tue 6/3/25	Mon 6/16/25	382	MedImpact
389		9.1.5 Issue Identification and Resolution	30 days	Tue 6/3/25	Wed 7/16/25	382	MedImpact
390		**10 Certification**	**359 days**	**Tue 3/18/25**	**Wed 8/5/26**		
391		**10.1 Initial Operational Report Workbook Creation & Delivery**	**10 days**	**Tue 3/18/25**	**Mon 3/31/25**		
392		10.1.1 Client Provides Operational Report Workbook for MedImpact Review	10 days	Tue 3/18/25	Mon 3/31/25	359	Client
393		**10.2 MedImpact provides Certification reports**	**197 days**	**Tue 7/15/25**	**Wed 4/15/26**		
394		10.2.1 Month 1 Reporting	1 day	Tue 7/15/25	Tue 7/15/25	392,382FS+28 days	MedImpact
395		10.2.2 Month 2 Reporting	1 day	Fri 8/15/25	Fri 8/15/25	394SF+24 days	MedImpact
396		10.2.3 Month 3 Reporting	1 day	Mon 9/15/25	Mon 9/15/25	395SF+22 days	MedImpact

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Please see important notes on the last page.

ID	Attachment F - Ref	Task Name	Duration	Start	Finish	Predecessors	Resource Names
397		10.2.4 Month 4 Reporting	1 day	Wed 10/15/25	Wed 10/15/25	396SF+23 days	MedImpact
398		10.2.5 Month 5 Reporting	1 day	Fri 11/14/25	Fri 11/14/25	397SF+23 days	MedImpact
399		10.2.6 Month 6 Reporting	1 day	Mon 12/15/25	Mon 12/15/25	398SF+22 days	MedImpact
400		10.2.7 Month 7 Reporting	1 day	Thu 1/15/26	Thu 1/15/26	399FS+22 days	MedImpact
401		10.2.8 Month 8 Reporting	1 day	Fri 2/13/26	Fri 2/13/26	400FS+20 days	MedImpact
402		10.2.9 Month 9 Reporting	1 day	Fri 3/13/26	Fri 3/13/26	401FS+19 days	MedImpact
403		10.2.10 Month 10 Reporting	1 day	Wed 4/15/26	Wed 4/15/26	402FS+22 days	MedImpact
404		**10.3 Certification Documentation Preparation for Certification Review**	**45 days**	**Thu 2/26/26**	**Wed 4/29/26**		
405		10.3.1 Client completes the Intake Form and submits to CMS	10 days	Thu 4/16/26	Wed 4/29/26	408,407,403	Client
406		10.3.2 Client submits the completed Operational Report Workbook to CMS	10 days	Thu 4/16/26	Wed 4/29/26	408,407,403	Client
407		10.3.3 Client submits the Official Certification Request Letter to CMS	10 days	Thu 2/26/26	Wed 3/11/26	412FS-60 days	Client
408		10.3.4 Client submits a copy of System Acceptance Letter to CMS	10 days	Thu 2/26/26	Wed 3/11/26	412FS-60 days	Client
409		**10.4 Certification Review**	**115 days**	**Thu 2/26/26**	**Wed 8/5/26**		
410		10.4.1 Client schedules certification review	1 day	Thu 2/26/26	Thu 2/26/26	412FS-60 days	Client
411		10.4.2 Client Give CMS access to artifacts and evidence	1 day	Thu 5/7/26	Thu 5/7/26	412FS-10 days,405,406,4	Client
412		10.4.3 Client conducts certification review	5 days	Thu 5/14/26	Wed 5/20/26	403FS+20 days	Client
413		10.4.4 CMS issues certification decision letter	15 days	Thu 7/16/26	Wed 8/5/26	412FS+40 days	CMS
414		**11 Certification Complete**	**0 days**	**Wed 8/5/26**	**Wed 8/5/26**	413	
415		**12 Closeout**	**40 days**	**Tue 6/3/25**	**Wed 7/30/25**		
416		12.1 Update and Finalize Project Documentation	30 days	Tue 6/3/25	Wed 7/16/25	382	MedImpact
417		12.2 Lessons Learned	10 days	Thu 7/17/25	Wed 7/30/25	385,386,387,388,389,41	Client,MedImpact

Each module WBS was created to be a standalone, independent project. Should more than one module be awarded, project WBSs will be combined into a comprehensive, cohesive project plan integrating various vendors as applicable. MedImpact will work collaboratively with all stakeholders to determine the most effective and efficient implementation timeline.

The certification criteria are based on the "Streamline Modular Certification for Medicaid Enterprise System Certification Guidance Version 1.0 April 2022". Please note that any updates by CMS could impact each WBS.

The certification process consists of a minimum of 6 months of metrics reporting which includes 2 quarters of Rebates reporting. The Rebates program invoices in arears which causes the certification process to be extended beyond the 6 months reporting window. Additionally, the WBS accounts for two months for CMS to issue the formal certification review decision letter.

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MSQ37.3 - Implementation Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Implementation Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Implementation Plan is to systematically execute the deployment of the FFS Pharmacy Benefit Management (PBM) program, ensuring a smooth transition from planning to design, development and implementation (DDI) to the Operations and Maintenance phase. This plan aims to coordinate resources, activities, and timelines to achieve project milestones, deliverables, and objectives effectively.

Overview

This plan is to provide a structured approach for implementing the FFS program, encompassing activities such as system integration, process optimization, stakeholder training, and performance testing. By outlining roles, responsibilities, and timelines, this plan seeks to minimize disruptions, mitigate risks, and ensure successful project execution.

The Implementation Plan outlines the step-by-step approach for implementing the FFS program, from initiation to full-scale operation. It includes the following key components:

Initiation Phase: Establishes project governance structure, including project team roles, responsibilities, and communication channels. Conducts a kickoff meeting to align stakeholders, define scope, clarify objectives, and determine implementation priorities.

Planning Phase: Develops a detailed implementation schedule, outlining tasks, dependencies, milestones, and timelines. Identifies resources required for implementation, including personnel, technology, and infrastructure needs. Conducts risk assessment and develops mitigation strategies to address potential implementation challenges.

Execution Phase: Implements system configurations and enhancements, data interfaces, and historical data migrations necessary for deployment. Conducts stakeholder training sessions to familiarize users with new processes, systems, and procedures. Executes performance testing and quality assurance activities to ensure system functionality and data integrity.

Monitoring and Control: Monitors project progress against the implementation schedule, identifying any deviations or delays. Conducts regular status meetings to review project metrics, address issues, and adjust as needed. Implements change

control procedures to manage scope changes and mitigate potential impacts on project timelines and deliverables.

Operations and Maintenance Phase: Prepares for the transition to full-scale operation, including final data validation, user acceptance testing, and operational readiness assessments. Coordinates the deployment of support resources, including call center services, information technology support, document management solutions and training materials. Executes a phased rollout, ensuring a smooth transition and minimal disruption to ongoing operations.

Closeout: Conducts a post-implementation review to evaluate project success, identify lessons learned, and capture best practices for future implementations. Solicits feedback from stakeholders to assess satisfaction with the implementation process and outcomes. Documents implementation outcomes, including achievements, challenges, and recommendations for continuous improvement.

MSQ37.4 - Quality Management Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Quality Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Quality Management Plan encompasses the management and execution of operations during the Operations and Maintenance (O&M) phase of the contract. It delineates the procedures for day-to-day operational support tasks, including adherence to SLAs, Key Performance Indicators (KPIs), and contractual requirements. Additionally, the plan addresses the monitoring and auditing processes essential for maintaining compliance with SLA criteria and contractual obligations.

Overview

Quality management is a systematic approach to ensuring that products, services, and processes meet or exceed expectations. It involves planning, assurance, control, and improvement of quality throughout all stages of the project engagement. For MedImpact, implementing a robust quality management process is essential to deliver high-quality services to the State of Georgia. Quality management is conducted throughout the life of the contract and all MedImpact team members take an active role to support and meet the contract requirements.
The quality management process involves Quality Planning, Quality Assurance and Quality Control as defined below:

Quality Planning:

- **Objective:** Establish clear quality objectives that align with the goals of the contract and the expectations of the State of Georgia.
- **Process:** This involves identifying quality requirements, defining measurable quality objectives, and determining the resources and processes needed to achieve those objectives.
- **Integration:** Quality planning is integrated into the overall program planning process to ensure alignment with program goals and objectives.

Quality Assurance:

- **Objective:** Ensure that all deliverables and activities meet the specified quality standards.
- **Process:** Quality assurance focuses on preventing defects by implementing processes, standards, and guidelines to monitor and evaluate performance against predetermined criteria.
- **Integration:** Quality assurance procedures are implemented throughout the O&M phase to continuously monitor and improve the quality of deliverables and activities.

Quality Control:

- **Objective:** Monitor and control the quality of deliverables and activities to ensure compliance with SLAs, contractual requirements, and regulatory standards.
- **Process:** Performance and quality control involve measuring, analyzing, and verifying the quality of outputs against predefined criteria, identifying any deviations or non-conformities, and implementing corrective actions as necessary.
- **Integration:** Performance and quality control processes are integrated into day-to-day operations to detect and address quality issues in real-time, minimizing risks and ensuring adherence to quality standards.

MSQ37.5 - Requirements Management Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Requirements Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Requirements Management Plan is to document the project team's approach to collecting, monitoring, and controlling change for each requirement. It is a reference document that details all approaches and procedures the team will use to execute the requirement management activities.

Overview

MedImpact understands the importance of requirements gathering and documentation in building the foundation for other DDI activities. Accurate, detailed, and complete requirements documented in a Requirements Trackability Matrix (RTM) are used to drive the activities of the Configuration phase to verify that the MedImpact Pharmacy Benefit Administration (PBA) solution aligns with the State of Georgia's defined requirements.

The RTM is used to provide tracing forward from requirements to test cases, documentation, demonstrations, or a combination of these validation types. Finally, the RTM is used to demonstrate to the State of Georgia that, upon implementation (go-live), all requirements (functional and non-functional) are met by MedImpact and have been fully tested and validated.

The requirements management process is broken out into four phases: requirements identification, requirements analysis, requirements documentation, and ongoing requirements management. A description of each phase is described below.

Requirements Identification: The MedImpact (MI) team collects and gathers the project requirements via various project documentations and/or meetings (i.e., RFP, requirements listings, etc.). The team uses the information from this phase as the primary input to all other requirements processes.

Requirements Analysis: The MI team will analyze requirements to determine where in the Work Breakdown Structure (WBS) the requirements will fall or what work activities correspond to certain requirements. The RTM will be created as part of this analysis and will be reviewed and approved by all applicable stakeholders.

Requirements Documentation: After requirements have been identified and analyzed, they will be assigned to accountable personnel. These requirements will be added to the WBS, as applicable, and the project team will determine what methodology the accountable personnel will use to track and report on the status of

each requirement. The requirements documentation compiled will be used to validate that requirements have been met as it relates to this implementation.

Ongoing Requirements Management: Throughout the project lifecycle, the project manager will ensure all team members are reporting requirement status and raising any issues or concerns with their assigned requirements as appropriate. As the project matures there may be situations in which requirements must change or be altered in some way. The project team will follow the agreed upon change control process to propose any changes to requirements and receive approval from the appropriate stakeholders and the change control board, as applicable.

MSQ37.6 - Change Management Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Change Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Change Management Plan is to document MedImpact's approach and methods used for identifying, assessing, reviewing, and implementing (upon applicable stakeholders' approval) changes to the scope, timeline, requirements, or deliverables for the implementation.

Overview

MedImpact will follow a formal change control process, mutually defined, and agreed to with the State of Georgia, before implementing any change to the implementation. MedImpact will work together with the State of Georgia to establish the Change Control Board (CCB) to manage the change control process. MedImpact will document the approach to change control along with specific, executable change control protocols and procedures in the change management plan, which is a component of the Project Management Plan (PMP). The change management plan will define the processes and steps for identifying and logging a change request, performing change impact analysis, conducting change review with the State of Georgia's CCB, and executing approved changes accordingly.

Change Requests will be submitted to the Project Team for approval. The Project Team will evaluate the scope change and conduct an estimate and impact to schedule and effort. Upon official approval of scope changes, the related project documents will be updated. Change Requests are tracked and maintained in the mutually agreed upon location using the 'Change Request' identifier. Status of Change Requests will be reported via regular status reporting channels as agreed upon by all stakeholders.

MSQ37.7 - Risk Management Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Risk Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Risk Management Plan is to describes MedImpact's (MI) strategy for identifying, assessing, controlling, monitoring, and mitigating risk throughout the State of Georgia Pharmacy Benefit Administration System (PBA) implementation. This document describes the processes by which implementation risks are recorded, communicated, and tracked throughout the project.

Overview

The goal of the MedImpact Risk Management Plan is to implement processes and tools to successfully prevent negative influences from threatening the success of the State of Georgia PBA implementation. It is MI's intent to proactively identify risk and allow the implementation team to execute avoidance and mitigation strategies to prevent risks from becoming issues. Should a risk become an issue, it will be handled through the communication escalation process described in the Communication Management Plan. This process allows for collaborative engagement to develop a remediation plan for resolving risks and issues.

The Risk Management Plan ensures procedures are in place to foster proactive risk mitigation and ensure the involvement of the State of Georgia through transparent communication. MI's communication practices ensure all stakeholders are consulted and involved with making risk mitigation decisions. These practices also ensure all stakeholders remain informed as risks evolve and are tracked by the Project Implementation team. The Risk Management Plan will include but is not limited to the following sections. A description is provided for each section:

- **Risk Identification:** An implementation risk can be defined as any threat to the success and satisfaction of the State of Georgia PBA implementation. MI relies on its subject matter experts to identify areas of concern and communicate those concerns to the MI implementation team. Risks that are identified will be entered into the agreed upon risk register (i.e. Project SharePoint site) to be reviewed during scheduled status meetings or ad-hoc meeting, if warranted. Upon entry of the risk, all applicable information is completed to accurately describe the noted risk.
- **Risk Assessment:** During agreed upon status meetings or ad-hoc meeting, if warranted, the risk(s) identified and logged will be reviewed with all applicable stakeholders to discuss description, a decision to accept or mitigate the risk, an initial acceptance or mitigation plan, a risk score, an assigned risk owner, an identification

date, and an initial risk status. This allows for collaborative risk assessment by all stakeholders.

- **Risk Recording and Monitoring:** Each implementation risk is assigned a risk owner, and it is the responsibility of the owner to act on the mitigation plan and keep the risk register up to date. The risk owner might be the project manager, the functional area subject matter expert, or anyone else who is most knowledgeable of the risk. Weekly reviews of the risk register ensure the most current information is obtained, the risk is being managed and the risk owner is making progress toward successfully mitigating the risk.
- **Risk Closure:** The main goal is to drive toward the successful closure of any identified risks. Risks may be closed due to successful remediation, due to a requirement change, thus removing the risk from scope, or due to a risk being deemed as not applicable after further research by applicable stakeholders. When it is agreed upon by all stakeholders that a risk can be closed, the risk register will be updated accordingly by the risk owner.

MSQ37.8 - Communications Management Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Communications Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Communications Management Plan is to provide a process for managing and coordinating a wide variety of formal and informal communications for projects. The process guides projects in delivering timely, accurate, and consistent information to stakeholders throughout the project life cycle. The Communications Management Plan is to be used by Program/Project Managers and defines the program's structure and methods for collecting, screening, formatting, and distributing project information.

Overview

Organized and efficient communication among all relevant project stakeholders is a critical factor in successful implementation and operations. MedImpact develops and follows the communication plan throughout the project to coordinate communications with the State of Georgia, our solution interface partners, and all other applicable stakeholders.

Beginning in the project startup phase and continuing throughout all phases of the project, the MedImpact Team collaborates with all stakeholders for project governance and communication. MI includes all applicable stakeholders as appropriate within regular project status meetings and other formal and informal discussions for escalation of critical project changes, risks, or issues and joint problem solving.

The Communication Management Process involves an integrated approach to (bi-directionally) collect, generate, and disseminate relevant project information to all interested parties. Templates, matrices, and other associated artifacts will support the process outlined in the plan. Three phases occur in the Communication Management Process as outlined below:

- **Plan Communications** – This phase involves the development of an approach and plan for all program and project communication activities. Outputs of this phase are the stakeholder registry, the stakeholder assessment, and the communication matrix.
- **Manage Communications** – This phase involves ensuring timely and appropriate collection, creation, distribution, storage, retrieval, management, monitoring, and the ultimate dissemination of project information. One of the primary outputs of this phase is status reporting. Other artifacts from this phase include standardized templates, communication standards, guidelines, and tools used to manage communication.
- **Monitor Communications** – This phase involves the continual monitoring of the communication process to ensure that the information needs of the program, project, and applicable stakeholders are met. Additionally, this phase includes the practice of identifying lessons learned to further improve future communications.

MSQ37.9 - Integration Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Integration Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) implementation.

Purpose

The purpose of the Integration Plan is to ensure appropriate data exchange across required channels in a way that optimizes interoperability and satisfies the state requirements, methods, and standards. This plan captures information and data sharing, functionality, and efficiency of the various systems by integrating into the FFS program. This integration aims to streamline operations, improve data accuracy, and facilitate informed decision-making for the FFS program.

Overview

The Integration Plan encompasses the following key components:

Assessment and Requirements Gathering: Assess existing systems and processes to identify integration requirements and dependencies. Gather stakeholder input to define specific integration goals and objectives.

Interface Identification and Prioritization: Identify the interfaces that need to be integrated with the FFS program. Prioritize modules based on their criticality and impact on business operations.

Data Mapping and Transformation: Develop data mapping and transformation strategies to ensure seamless integration of data between the client's data and the FFS system. Define data formats, standards, and protocols for data exchange.

ETL Process Design and Implementation: Design and implement Extract, Transform, and Load (ETL) processes to extract data from various sources, transform it according to business rules, and load it into the target system. Ensure data integrity, consistency, and security throughout the ETL process.

Testing and Validation: Conduct thorough testing of the integrated system to verify data accuracy, functionality, and performance. Validate the integration against predefined acceptance criteria and user requirements.

Deployment and Rollout: Plan and execute the deployment of the integrated system into production environment. Coordinate with stakeholders to ensure a smooth rollout with minimal disruption to business operations.

Monitoring and Optimization: Implement monitoring tools and processes to track the performance of the integrated system. Continuously optimize integration processes and address any issues or challenges that arise during operation.

MSQ37.10 - Operations & Maintenance Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Operations and Maintenance Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) implementation.

Purpose

The purpose of the Operations and Maintenance Plan is to ensure the effective and efficient delivery of services for the Georgia FFS program. This plan aims to outline the strategies, procedures, and responsibilities necessary for sustaining high-quality service delivery and optimizing operational efficiency.

This plan is developed to establish clear guidelines and protocols for the ongoing operation and maintenance phase of the FFS program. By defining roles, responsibilities, and processes, this plan aims to minimize disruptions, identify, and mitigate risks, and ensure continuous high quality service delivery through the life of the contract. Additionally, it seeks to establish and foster collaboration among stakeholders, promote program transparency, and ensure compliance with regulatory standards.

Overview

The Operations and Maintenance Plan encompasses a comprehensive framework for managing the day-to-day operations and maintenance of the FFS program. The final plan includes the following key components:

Service Delivery Processes: Monitoring the end-to-end processes for the FFS program, including but not limited to claims processing, formulary management, member services, and provider relations.

Risk Management: Identifies potential risks and vulnerabilities in service delivery and outlines strategies for risk mitigation, contingency planning, and disaster recovery to minimize disruptions and ensure business continuity

Resource Management: Identifies the human, financial, and technological resources required to support service delivery and outlines strategies for resource allocation and optimization.

Stakeholder Communication and Engagement: Facilitates open communication channels with clients, partners, and stakeholders to address concerns, solicit feedback, and foster collaborative relationships in delivering value-added services.

Training and Development: Provides ongoing training and development programs for staff to enhance their skills, knowledge, and capabilities in delivering quality services and adapting to evolving market dynamics.

Compliance and Regulatory Requirements: Ensures compliance with regulatory standards, accreditation requirements, and industry best practices to uphold the highest standards of integrity, confidentiality, and security in service delivery.

Quality Assurance and Performance Monitoring: Establishes mechanisms for monitoring and evaluating service quality, performance metrics, and key performance indicators (KPIs) to ensure adherence to service level agreements (SLAs) and continuous improvement.

MSQ37.11 - Training Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Training Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the training plan is to ensure all authorized State of Georgia personnel, and end users (pharmacies, billing agents, and prescribers) have the information they need to work effectively with MedImpact systems and processes.

Overview

The goal and objective of MedImpact's training is to help all stakeholders who work with our processes and systems understand the underlying concepts and principles and will be able to perform their work with a high level of proficiency. MedImpact will help ensure all training materials are accessible for all trainees in accordance with the Americans with Disabilities Act. The training plan includes the following topics:

- Audiences for Training: Identifies the primary audiences for training and their general informational needs.
- Schedule for Training: This information will come from the project Work Breakdown Structure (WBS).
- Scope of Training (Curriculum): Defines the set of training classes that MedImpact will produce and deliver during the coming year.
- Organization and Staffing: Defines the organization and staffing of the training group, which is responsible for production and delivery of the training materials.
- Training Modes: Description of the modes through which MedImpact will deliver training.
- Training Tools and Materials: Specifies the training tools MedImpact will use to create and manage training.
- Evaluation: Describes the tools and processes MedImpact will use to evaluate the effectiveness of training materials and training delivery.
- Tracking of Training: MedImpact uses the Events Registration Database to track available courses, schedule, mode, registrations, actual attendance, and evaluation results.

MSQ37.12 - Cost Management Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Cost Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of this Cost Management Plan is to define the methodology by which costs associated with the Georgia FFS Implementation will be managed throughout the project lifecycle. To ensure the successful completion of the project within the allotted budget, this plan sets the format and standards by which the project costs are measured, reported and controlled. Several cost components are associated with this project. Metrics, cost variance considerations, and reporting activities will be outlined in this plan. To complete this project successfully, all key project members and stakeholders must adhere to and work within this Cost Management Plan and the overall project plan it supports.

Overview

This Cost Management Plan will:

- Outline the overall project cost management approach
- Outline how the project cost, budget and source of funding will be determined
- Identify who is responsible for managing costs, including who has the authority to approve changes to the project, its budget or sources of funding
- Identify the methods to be used for quantitatively measuring and reporting on cost performance
- Identify the reporting formats, frequency and to whom they are presented

MSQ37.13 - Stakeholder Management Plan (Sample Summary)

Deliverable Description

Objective

The objective of this document is to provide a summary of the Stakeholder Management Plan that will be utilized as part of the State of Georgia in conjunction with NASPO ValuePoint Medicaid Fee-for-Service (FFS) Implementation.

Purpose

The purpose of the Stakeholder Management Plan is to effectively identify, engage, and manage collaborative service delivery with stakeholders involved in the Georgia FFS implementation. This plan aims to establish proactive communication channels, cultivate positive relationships, and address stakeholder expectations to ensure project success and stakeholder satisfaction.

The plan outlines strategies and approaches for identifying, analyzing, and engaging stakeholders throughout the project lifecycle. By understanding their interests and potential impact on the project, this plan seeks to mitigate conflicts, leverage stakeholder support, and maximize project outcomes.

Overview

The Stakeholder Management Plan encompasses a structured approach for managing stakeholder relationships and ensuring their active involvement and support throughout the project. It includes the following key components:

Stakeholder Identification and Analysis: Identifies all internal and external stakeholders, including clients, partners, regulatory bodies, end-users, and affected communities. Assesses their interests, expectations, and potential influence on the project. Analyze stakeholders and create Responsible, Accountable, Consulted, and Informed (RACI) matrix.

Stakeholder Engagement Strategy: Defines strategies for engaging stakeholders throughout the project lifecycle, including communication methods, frequency, and level of engagement. Tailors' communication approaches to meet the needs and preferences of different stakeholder groups.

Communication Plan: Outlines a communication plan that includes regular updates, progress reports, and feedback mechanisms to keep stakeholders informed and engaged. Identifies key messages, communication channels, and responsible parties for delivering information to stakeholders.

Stakeholder Management: Develops strategies for managing stakeholder expectations, addressing concerns, and resolving conflicts to maintain positive relationships and stakeholder support. Anticipates potential challenges and proactively addresses them to minimize disruptions to the project.

Stakeholder Feedback and Evaluation: Establishes mechanisms for soliciting feedback from stakeholders and incorporating their input into project decision-making processes. Identify areas for improvement and refine stakeholder engagement strategies.

38.	**Bookmark Title: MSQ38 – Audit Laws** Bookmark Title for Supporting Material: MSQ38.1 – Identity and Access Management Narrative description is limited to five (5) pages, not including required supporting material. Describe, in detail, your internal or independent third-party assessment (audit) processes for ensuring compliance with HIPAA Privacy and Security Laws, Regulations and Standards, as well as revisions to applicable laws and regulations as they may occur to meet the requirements. The required supporting material must detail the Supplier's full HIPAA compliance. Refer to Attachment C – Common Scope Requirements and Security Standards, Section 6.2 Security Requirements.

Supplier Response

MedImpact will provide the security architecture, processes, and controls to meet state and Federal standards (including but not limited to firewalls, zoning, encryptions, intrusion prevention, hardening, remote access, logging).

Technical, Administrative and Physical Safeguards Technical Safeguards

MedImpact maintains physical and system security of the PBM solution to protect sensitive data such as PII and PHI. We comply with security and privacy requirements and standards such as the HIPAA, HITRUST, and state/federal standards. The system security and privacy management plan will outline MedImpact's approach to ensure confidentiality and privacy standards are met including, but not limited to, network security controls, perimeter security, system security and data sensitivity classification, penetration testing, intrusion management, monitoring and reporting, host hardening, remote access, encryption, integration with Statewide active directory services, interface security, security test procedures, managing network security devices, security patch management and remediation, secure communications over the Internet, and logging.

We maintain onsite professional security personnel to patrol interior spaces and the campus 24 hours a day, 7 days a week, 365 days per year. Security cameras record activity in all areas of the building's interior and exterior including guest and employee parking areas, loading docks, and street and sidewalk areas. Our security personnel monitor video recordings in real time and retain all surveillance recordings for 1 year in secure storage.

MedImpact's office building entrances do not face a main street and we have installed physical barriers to prevent cars from getting within 100 feet of the main entrance doors. MedImpact maintains staffed reception desks via a single entrance. Workstations placed in public areas do not have access to PHI or sensitive data. We require card reader access to enter employee areas and stairwells and we maintain a mantrap between the public reception area and access to employee areas, stairwells, and elevators.

The MedImpact data centers have an additional layer of physical security to prevent access to systems with PHI and customer data. These additional measures include video monitoring and

recording of all activities in our data centers and biometric fingerprint locks that control access to IT infrastructure gear, servers, telephony, IP switches, and firewall equipment.

MedImpact is committed to ensuring privacy and confidentiality to protect critical PBM systems and sensitive data. Our solution complies with all federal and state privacy, confidentiality, and security requirements, statutes, rules, regulations, and guidance. MedImpact has several measures in place to ensure that we are in alignment with MARS-E guidance to protect all information entrusted to us in accordance with the HIPAA Privacy and Security Rule as part of our role as a Business Associate as defined under HIPAA. Using both physical and logical access and security safeguards, MedImpact offers best-in-class protection of DCH's data.

MedImpact maintains strict physical access controls. Access to the building and areas containing sensitive information require key-card access. Visitors to our facilities must be escorted by authorized personnel and are provided with a visitor badge clearly identifying them as non-employee. MedImpact's facilities are further protected by CATV surveillance with feeds viewed by MedImpact's physical security personnel. MedImpact's physical security personnel are on premise 24 hours per day, 7 days per week, 365 days per year and perform regular patrols of the internal workspaces and building campus including the parking structure. MedImpact's data centers are also monitored by CATV with those feeds reviewed by both MedImpact's Network Operations Center and physical security personnel. Access to the data center must be reviewed and approved by a manager and director. MedImpact further secures devices in the datacenter through biometric locks on device cages. All servers, storage devices, network, and telephony gear as well as firewalls and IPS's are locked in cabinets that require the appropriate fingerprint access to gain entry.

Administrative Safeguards

From a user access perspective, our protocols for logical security ensure system and data access is strictly limited to authorized users. Provisioning of user access is performed using RBAC (role-base access control) to confirm that users are only permitted to access the data and functions required to do that user's specific task responsibilities as designated for their role. Role based security can be further limited using "row" level access, further limiting individual users from accessing specific data otherwise available for that role. MedImpact's identity and access management platform incorporates SSO (single sign on) and FSSO (federated single sign on) solutions that provide instant access to current and historical information without requiring a separate sign-on beyond the initial authorized PBM user sign-on.

Authentication, Authorization, and user Account Recertification

MedImpact performs quarterly access reviews on our applications that handle ePHI. This includes a review of all functional and data entitlements processed via our auditing platform. Application owners review entitlements for completeness and access in accordance with least privileges. Any required changes are entered into our ticketing system for re-provisioning.

Privileged Account access is reviewed every 60 days. This includes system administrators, database administrators and network administrators including any local accounts.

Application activity logging is collected for certain applications and sent to MedImpact's Splunk platform for review. Application owners are provided with reports on a quarterly review that includes all application activity such as reads, modify, and delete the specific record as well accessed, date and time and unique user ID performing the action.

Our data protection protocols include encrypting data in transit and data at rest. Our encryption methods are Federal Information Processing Standard Publication 140-2 (FIPS 140-2) certified or higher which meet or exceed the requirements for protecting HIPAA data levels 1-4. As certified technical solutions become available from our technology vendors, we will evaluate the new capabilities and collaborate with our management teams, customers, and subject matter experts to devise the most effective plan to migrate to the FIPS 140-3 certification.

MedImpact's holistic use of information encryption across its solution includes:

- **Employee VPN**: Access via a secure encrypted Cisco Anywhere VPN client and the use of Multi-Factor Authentication supported by RSA's Secure ID
- **TLS Encryption**: Currently, the use of TLS is considered best practice for web browser encryption. TLS 1.2 or higher encryption is used on all web-based applications that support external connectivity to MedImpact information technology resources.
- **Secure File Transfer using Secure Transport**: MedImpact provides secure file transfer through a TLS encrypted website using Secure Transport. Secure Transport is configured via a front-end web server connecting to a back-end file repository. No files are stored on the front-end server.
- **Secure Email**: Secure email is required to send any email which contains PHI, PII, or company confidential information to a remote email location which resides outside of the MedImpact domain. Axway Communications Corporation MMS/IME software provides encrypted emails. Any emails flagged by this system get redirected to the IME email encryption service. This service holds the email for pickup or optionally encrypts the email using S/MIME to send to a remote IME server for site-to-site email encryption.
- **SFTP with PGP**: For large file transfers, MedImpact supports SFTP with PGP which provides encryption of data prior to transferring over the internet using the secure file transfer protocol.
- **Data in Motion**: MedImpact secures data in motion with a 256-bit AES encryption algorithm with a 2048 bits or greater encryption key.
- **Data at Rest**: MedImpact encrypts all data at rest with a 256-bit AES encryption algorithm with a 2048 bits or greater encryption key automatically using hardware features.
- **Data in Use**: MedImpact only decrypts data in use to perform a necessary business function.

Security, Privacy and Consent Management

The HIPAA Regulations establish requirements regarding permitted uses or disclosures of PHI. MedImpact Entities maintain appropriate processes to protect and safeguard PHI in accordance with the HIPAA Regulations. Before sharing PHI, MedImpact Entities confirm the identity and, where applicable, the authority of person requesting or receiving PHI unless the person is known to the MedImpact Entity.

A MedImpact Entity will obtain any documentation, statements, or representations, whether oral or written, from the person requesting the PHI when these are a condition of the disclosure. Where it is reasonable in the circumstances, a MedImpact Entity will rely on the documents, statements, or representations presented to it that, on their face, meet the applicable requirements.

Compliant Data Sharing

Through integration via Federated Single Sign On MedImpact can enforce DCH user account policies as follows:

- Passwords must be at least 8 characters in length.
- Passwords must be complex with mixed case, alpha numeric, and at least 1 special character.
- Users must change passwords every 45 days
- Users cannot reuse passwords.
- The system allows users a maximum of 5 access attempts prior to having their account locked.
- Upon account creation, MedImpact configures temporary passwords to reset upon 1st login.
- Passwords must not contain the user's account name or parts of the user's full name that exceeds 2 consecutive characters

Risk Management and Third-Party Assurance

MedImpact maintains an internal audit department that performs HIPAA Risk Assessments and security control testing. We also maintain a Risk Register to categorize, track, and mitigate risk within our organization and as it relates to the PHI that we protect. Security risk assessments are conducted using the CIS Critical Security Controls. Using this prioritized set of actions, we can continually identify risks and implement risk management strategies. Continuous vulnerabilities assessments and remediation are key to maintaining the security of our infrastructure.

MedImpact performs an annual third-party penetration test. MedImpact most recent penetration test in December of 2023 did not indicate any critical or high vulnerabilities and the penetration testers were unable to gain system or data access. All findings from the December test have been mitigated.

MedImpact also performs an annual SSAE SOC 1, Type 2, and SOC 2, Type 2, third party audit. We can provide copies of MedImpact's SSAE SOC reports which confirm adequate physical and logical controls in place. A validation of HITRUST certification upon request. MedImpact's overarching security framework aligns with the NIST (National Institute of Standards and Technology) CCF (Cyber Security Framework) five functions: Identify, Protect, Detect, Respond, and Recover.

This framework enables us to implement the security controls identified in NIST 800-53 Security and Privacy Controls for Federal Information Systems and Organizations in a guided and strategic approach across the organization from the executive level to the operations level identify, assess, and manage cyber risks.

MedImpact complies with NIST 800-53 which aligns with the controls stated in MARS-E (2.2) and as tested with MedImpact's HITRUST certification. **Figure 32** outlines the control framework requirements to earn HITRUST certification.

Maintaining Confidentiality Safeguards

MedImpact has several measures in place to ensure that we protect all information in accordance with HIPAA as a business associate. MedImpact follows a role-based access methodology to grant the appropriate least privilege level access to resources based on job function, which further protects member PHI.

Please refer to **MSQ38.1 - MedImpact Digital Identity Worksheet** for a copy of a sample plan. We will use this as a base along with this response to build the custom system security and privacy management for DCH. It will include any relevant protocols or details to support that Georgia-specific privacy, confidentiality, and security standards are met. We will also work with DCH to collectively to determine and capture the roles and responsibilities of MedImpact and DCH in the plan.

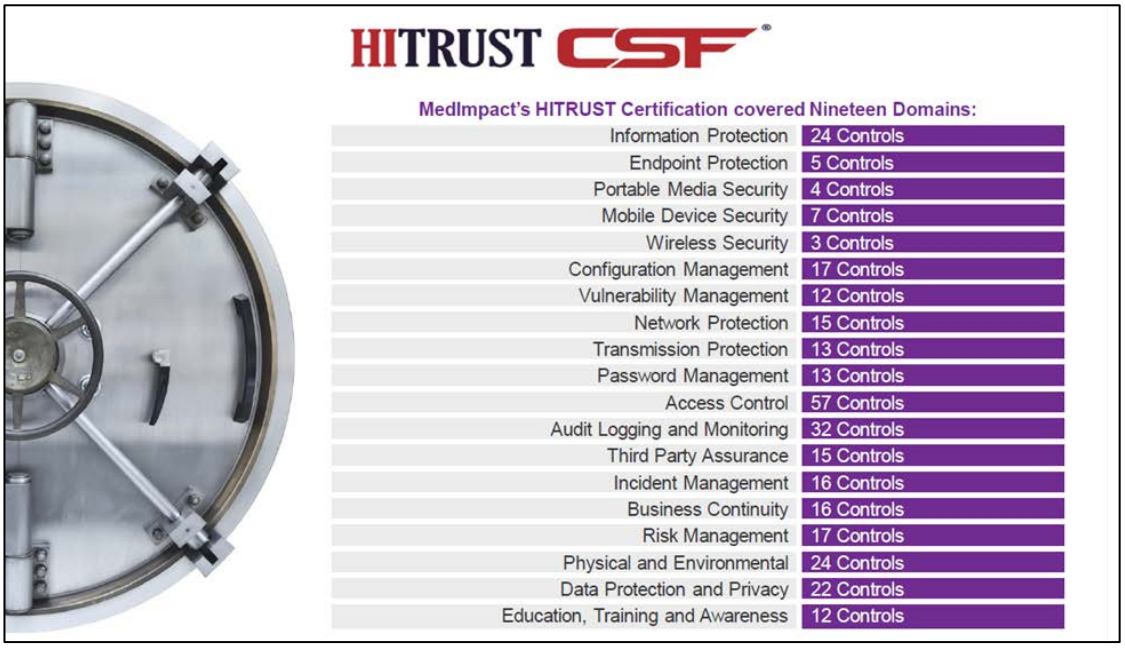

Figure 32: MedImpact's HITRUST Control Framework

User Roles, Security Permissions, and Administrative Functions

MedImpact conforms to role-based access assigned to both internal and external resources via our IBM Identity Access Management platform. MedImpact can assign both functional and data entitlements based on job functions, limiting who can see data and PHI. MedImpact can also control data access to a minimum necessary role level. During the implementation phase, the customer and MedImpact personnel complete an implementation questionnaire to establish the various role access levels for specific employees assigned to the project.

MedImpact can also restrict data access via data entitlements. Many customers find this helpful in separating lines of business and personnel. MedImpact provides the customer with innovative tools to administer, manage, and improve drug programs' performance. The customer has access to the same systems as systems as MedImpact staff.

MSQ38.1 – Identity and Access Management

NASPO State of Georgia

41900-DCH0000136

MEDIMPACT DIGITAL IDENTITY WORKSHEET

The Digital Identity section explains the objective for selecting the appropriate Digital Identity levels for the candidate system. Guidance on selecting the system authentication technology solution is available in NIST SP 800-63, Revision 3, Digital Identity Guidelines.

Introduction and Purpose

This document provides guidance on digital identity services (Digital Identity, which is the process of establishing confidence in user identities electronically presented to an information system). Authentication focuses on the identity proofing process (IAL), the authentication process (AAL), and the assertion protocol used in a federated environment to communicate authentication and attribute information (if applicable) (FAL). NIST SP 800-63-3, Digital Identity Guidelines, does not recognize the four Levels of Assurance model previously used by federal agencies and described in OMB M-04-04, instead requiring agencies to individually select levels corresponding to each function being performed.

NIST SP 800-63-3 can be found at the following URL: NIST SP 800-63-3

Information System Name/Title

This Digital Identity Plan provides an overview of the security requirements for the MedImpact PBM Platform in accordance with NIST SP 800-63-3.

Unique Identifier	Information System Name	Information System Abbreviation
Pharmacy Benefits Module	MedImpact PBM Module	MedImpact PBM Module

Information Type (Use only information types from NIST SP 800-60, Volumes I and II as amended)	NIST 800-60 identifier for Associated Information Type	Confidentiality	Integrity	Availability
D.14 - ePHI	Health Care Administration	Low (L)	Moderate (M)	Low (L)

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Digital Identity Level Definitions

NIST SP 800-63-3 defines three levels in each of the components of identity assurance to categorize a federal information system's Digital Identity posture. NIST SP 800-63-3 defines the Digital Identity levels as:

- IAL – refers to the identity proofing process.
- AAL – refers to the authentication process.
- FAL – refers to the strength of an assertion in a federated environment, used to communicate authentication and attribute information (if applicable) to a relying party (RP).

FedRAMP maps its system categorization levels to NIST 800-63-3's levels as shown in Table 1:

Table 1 Mapping FedRAMP Levels to NIST SP 800-63-3 Levels

FedRAMP System Categorization	Identity Assurance Level (IAL)	Authenticator Assurance Level (AAL)	Federation Assurance Level (FAL)
High	IAL3: In-person, or supervised remote identity proofing	AAL3: Multi-factor required based on hardware-based cryptographic authenticator and approved cryptographic techniques	FAL3: The subscriber (user) must provide proof of possession of a cryptographic key, which is referenced by the assertion. The assertion is signed and encrypted by the identity provider, such that only the relying party can decrypt it
Moderate	IAL2: In-person or remote, potentially involving a "trusted referee"	AAL2: Multi-factor required, using approved cryptographic techniques	FAL2: Assertion is signed and encrypted by the identity provider, such that only the relying party can decrypt it
Low	IAL1: Self-asserted	AAL1: Single-factor or multi-factor	FAL1: Assertion is digitally signed by the identity provider
FedRAMP Tailored LI-SaaS	IAL1: Self-asserted	AAL1: Single-factor or multi-factor	FAL1: Assertion is digitally signed by the identity provider

Selecting the appropriate Digital Identity level for a system enables the system owner to determine the right system authentication technology solution for the selected Digital Identity levels. Guidance on selecting the system authentication technology solution is available in NIST SP 800-63-3.

Review Maximum Potential Impact Levels

MedImpact has assessed the potential risk from Digital Identity errors, or Digital Identity misuse, related to a user's asserted identity. MedImpact has taken into consideration the potential for harm (impact) and the likelihood of the occurrence of the harm and has identified an impact profile as found in Table 2 Potential Impacts for Assurance Levels.

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Assurance is defined as 1) the degree of confidence in the vetting process used to establish the identity of the individual to whom the credential was issued, and 2) the degree of confidence that the individual who uses the credential is the individual to whom the credential was issued.

Table 2 Potential Impacts for Assurance Levels

	Assurance Level Impact Profile		
Potential Impact Categories	**1**	**2**	**3**
Inconvenience, distress or damage to standing or reputation	Low	**Mod**	High
Financial loss or agency liability	Low	**Mod**	High
Harm to agency programs or public interests	N/A	**Low/Mod**	High
Unauthorized release of sensitive information	N/A	**Mod**	High
Personal Safety	N/A	**Low**	Mod/High
Civil or criminal violations	N/A	**Low**	High

Digital Identity Level Selection

The CSP Name has identified that they support the Digital Identity Level that has been selected for the MedImpact PBM Platform as noted in Table 3 Digital Identity Level. The selected Digital Identity Level indicated is supported for federal agency consumers of the cloud service offering. Implementation details of the Digital Identity mechanisms are provided in the System Security Plan under control IA-2.

Table 3 Digital Identity Level

Digital Identity Level	Maximum Impact Profile	Selection
Level 1: AAL1, IAL1, FAL1	Low	☐
Level 2: AAL2, IAL2, FAL2	Moderate	☒
Level 3: AAL3, IAL3, FAL3	High	☐

39.	**Bookmark Title: MSQ39 – ORR Plan** Narrative description is limited to five (5) pages. Describe your methods and approaches to meet the Operational Readiness Review (ORR) requirements for PBA services to go-live. The approaches should include, but is not limited to, the following: a. Determining the type of readiness review which is appropriate to the Project. b. Developing the breadth and depth (scope) of the ORR. c. Developing the procedures and conducting an ORR. d. Confirming that the necessary infrastructure (procedures, staffing, compliance with the State rules, and other requirements, etc.) is in place. Refer to Attachment C – Common Scope Requirements and Security Standards, Section 6.2 Security Requirements.
	Supplier Response MedImpact understands that as part of the CMS certification process, we undergo an ORR (operation readiness review) process. As evidence of our commitment to the CMS certification process, MedImpact meets all requirements to prepare and complete the ORR. Operational readiness training will be conducted with DCH's staff to ensure all parties are prepared for operations to begin. This training is included within the training plan. As part of the final transition stage during the DDI, MedImpact's DDI Manager will collaborate with DCH's project management team to conduct operational readiness walkthroughs with DCH using the results from the ORT (Operational Readiness Testing) checklist. During the walkthroughs we will provide demonstrations that validate the operational readiness of the system and organization. **Operational Readiness Assessment** Operational readiness is assessed and results reviewed continually during the project. The DDI Manager and team are responsible to ensure readiness throughout the project. As the project moves toward implementation, these reviews will produce a clearer picture of how that end state will impact users. For this reason, DDI Managers conduct on-the-ground assessments as close to implementation as possible. The Operational Readiness Assessment includes a series of templates and reports: ➢ **Pre-Assessment Success Factors**: provides a readiness overview and helps determine to what extent key factors are in place. ➢ **Implementation Checklist**: precisely defines the steps required to successfully implement the end state in this specific environment. ➢ **Risk Assessment Report and Escalation Process**: illustrates clearly and unambiguously the assumptions, risks, and related issues that can derail a project and

mitigation steps necessary to address those issues.

The Operational Readiness walkthroughs will provide attestation to DCH of readiness to go-live and allow for MedImpact to obtain formal approval from DCH.

Transition and Operational Readiness Lead and Support Team

MedImpact has a separate and dedicated implementation division which manages transition projects all year. We practice disciplined, consistent, and proven methodologies to accomplish implementation tasks for our customers. MedImpact assembles core implementation team members, including the DDI Manager (operational readiness lead), Business Analyst, PDL Pharmacist, and Call Center Manager.

MedImpact assigns only FTEs as part of the implementation team. In addition to the implementation department, more than 30 business units across the company support the implementation process. We also will integrate DCH's account team into the implementation project from the very beginning. DCH's DDI manager must coordinate with these other departments to meet customer deliverables and expectations.

Train and Support DCH Staff with Testing Activities

MedImpact will support DCH during all phases of testing by providing DCH with comprehensive testing environments, process documentation, and role-based access to applications that are tailored to meet the oversight needs of DCH staff. We will provide DCH with the same levels of access, training, and tools provided to our own testing teams and continually collaborate with DCH to optimize the testing experience.

Following completion of the System and Integration Test phase and during the implementation phase, MedImpact will work collaboratively with DCH and its incumbent contractor to perform the activities required for successful transition and validation of operational readiness. In preparation for go-live and transition to the Operations and Maintenance phase during the Transition and Operational Readiness phase, the work performed with the support of MedImpact, DCH, and incumbent contractor(s) will help ensure a successful transition and support ongoing management of the program with minimal disruption.

Transition Plan and Operational Readiness Demonstration

Throughout the course of the DDI, MedImpact will conduct periodic operational readiness walkthroughs with DCH and identified stakeholders to ensure continuous understanding of DCH’s training and readiness expectations and requirements. MedImpact recognizes the importance of readiness review, in accordance with federal requirements for a monitoring system, and will develop and submit a Transition Plan for DCH's approval.

Even with our extensive background in PBMS operations, we recognize that each customer is unique. As such, MedImpact approaches the knowledge transfer process from 2 perspectives: explicit and tacit knowledge transfers. We will work with the incumbent contractor to transfer all the written information specific to DCH and its operations. This explicit knowledge, information that can be shared easily through written word and transferred electronically, can be used as reference material during transition and post-implementation.

Unlike explicit knowledge, tacit knowledge and information is identified through observations or experiences, such as the presence of multiple pharmacy benefit plans with their own subtle distinctions related to utilization, membership, pharmacy availability, or other defining characteristics. Since tacit knowledge is not as easy to transfer through a training or policy document, MedImpact will meet with the incumbent contractor to gain knowledge that may prove valuable in avoiding obstacles during implementation.

During the execution of the transition plan and subsequent operational readiness review, MedImpact will:

- Conduct operational readiness walkthroughs with DCH using the results from the ORT (Operational Readiness Testing) checklist.
- Develop and execute an implementation specifications checklist in accordance with the Implementation Strategy, which details every step, process, and schedule required to move into production.
- Complete interface testing.
- Provide training to all stakeholders including DCH, providers, prescribers, and others.
- Establish the gateways and network connections required to link our solution to DCH or their vendors.
- Perform final data conversion and coordinate file transfers during implementation.
- Review final data conversion reports.
- Develop, execute, and monitor the go-live milestone and support tasks in the implementation plan and implementation specification checklist .
- Provide attestation to DCH of readiness to go-live.
- Obtain formal approval from DCH to go-live.
- Execute implementation strategy operational processes including acceptance of all data from the legacy PBM.

Through our proven planning processes and experience on hundreds of successful implementations across the nation, we use our lessons learned to help ensure the implementation for DCH is strategic, efficient, and effective to assure all stakeholders meet the requirements and needs of DCH and its stakeholders.

40.	**Bookmark Title: MSQ40 – DR & BC Plan** Narrative description is limited to five (5) pages. Describe, in detail, your Disaster Recovery and Business Continuity Plans, including the method(s) you will utilize to ensure the continuity of business operations. Include in your response all services necessary to support and access data during emergency operations for the program and services identified in this eRFP. Refer to Attachment C – Common Scope Requirements and Security Standards, Section 6.2 Security Requirements.

Supplier Response

Data replication between MedImpact's data centers provides online, real-time protection and the ability to move workload in case of a site failure. The redundant sites and systems provide a framework for regular maintenance of all mechanical power and systems.

Strategy

MedImpact has a layered disaster and business continuity strategy to guarantee continuous operations of critical services. We have redundancy at all levels to provide high availability and a well-maintained, secure operation. MedImpact's DR (disaster recovery) plan accounts for emergency mode operation during a critical event or outage. Systems required to enforce data access controls are co-located in both data centers to ensure that access controls remain in place during the event without the need to recover access management platforms. MedImpact performs routine testing of disaster recovery and business continuity procedures to ensure an effective disaster recovery plan. Testing includes:

- **Power**: The MedImpact data center uses a generator and redundant UPS (uninterruptible power supplies) to maintain power for data processing in the event of a temporary power failure. The UPS provides power for up to 16 minutes. The back-up generator powers on automatically within 45 seconds of a power failure and activation of the UPS. The diesel-powered generator operates for 12 hours before requiring refueling. MedImpact tests the backup generator weekly.
- **Data Circuit**: Redundant circuits with separate local exchange and long-haul carriers provide a reliable data infrastructure for protection against circuit or carrier failure. Redundant local area network equipment and cabling protects against equipment or data failure on MedImpact's internal network.
- **System Failure**: MedImpact monitors more than 1,300 unique functions via SiteScope and receives real-time monitoring alerts. Upon receipt of an alert of system failure, MedImpact's first action is to switch processing to one of the redundant systems.
- **Site Failure**: MedImpact maintains 2 operating data centers for continuous operations. The primary processing site provides local redundancy for power, systems, data connection, external circuits, and mechanical systems.

Testing Disaster Recovery Procedures

MedImpact reviews our disaster recovery procedures annually and perform routine testing at least annually. MedImpact can schedule customer participation in tests of these procedures upon request.

Our most recent test of MedImpact disaster recover procedures on October 20, 2023, examined the following items:

- Network connectivity
- Application availability
- Failover from the primary site to the backup processing site for customer connectivity
- Service restoration to primary claims processing site
- Communications procedures

MedImpact's next test is scheduled for May 10, 2024.

Business Continuity Plan

MedImpact created the MedImpact BCP (business continuity plan) to assist in achieving the following objectives:

- To safeguard life, protect vital records and resources, and exercise care over preserving critical resources
- To comply with the regulations set forth by federal, state, and local agencies
- To meet quality standards set forth by PBM industry accreditation programs
- To recover and restore the core business infrastructure of MedImpact business units in the event of a disaster or disruption
- To allow customers to maintain business continuity and service to their customers in the event of a MedImpact business disruption or disaster

We test the MedImpact business continuity and IT disaster recovery plans frequently, which includes responding promptly to any detected problem and validating test results with a results log.

MedImpact maintains comprehensive guides and run books to document the process and assist in recovery. MedImpact's DR (disaster recovery) tests require periodic training and an understanding of roles and responsibilities for successful completion. We learn from each opportunity and use each test to make improvements in recovery times and methodology.

Continuity of Operations

Our continuity of operations strategy is documented in our BCP (Business Continuity Plan) and SCP (Systems Contingency Plan), referred to herein as the IT DRP (Information Technology Disaster Recovery Plan). Our BCP defines the organization, roles, responsibilities, communication and notification system, and procedures to recover critical business resources efficiently and

effectively in the event of a business disruption or disaster. This living document supports the following objectives:

- Safeguard employees, protect vital records and resources, and exercise care over resources critical to serving MedImpact's customers.
- Comply with federal, state, and local agency regulations.
- Meet quality standards set forth by PBM industry accreditation programs.
- Recover and restore the core business infrastructure of MedImpact business units in the event of a disaster or disruption.
- Enable customers to maintain business continuity and service to their members in the event of a MedImpact business disruption or disaster.
- Minimize the time needed to execute the decision-making process if an event occurs.

The BCP coordinates and directs emergency preparedness procedures, practices, resources, communications, and facilities needed for business recovery readiness. It also provides a proven structure to recover normal daily operations and establishes business continuity-related education, practices, monitoring, and auditing. This includes availability of adequate workspace and steps to minimize data loss. Further, our BCP includes a description of every resource requiring backup as well as recovery time objectives. Key vendors are required to have disaster recovery plans and business continuity plans, and, where appropriate, participate in our exercises.

Systems Contingency Plan

The IT DRP (Systems Contingency Plan) is a subset of business continuity that outlines the process, procedures, and management actions to be taken if a disaster results in an extended service disruption or outage supported by MedImpact's IT infrastructure and/or systems residing in the data center. This plan aligns with the BCP to provide the strategy for recovering applications, data center operations, hardware, networks, and information technology infrastructure following an event. It provides guidance and critical information for MedImpact's trained and experienced staff to recover core IT systems and/or applications impacted by a service disruption or disaster event. Interim measures may include the relocation of processing to IT systems and operations at an alternate site, the recovery of IT functions using alternate equipment, or executing key IT functions using manual methods.

MedImpact's written plans include comprehensive technical controls and redundancy at all levels to provide high availability and a well-maintained, secure operation.

MedImpact employs a rigorous BCP at the enterprise level and within each department to address essential operational functions and responsible staff. Our BCP preassigns and defines recovery responsibilities by team and task to control disruption or disaster response and mitigate disruption to members, providers, and customers. The plan includes comprehensive descriptions of staff responsibilities, actions, and critical information for backup and recovery of all operations. It details emergency response guidelines—clearly defined activities and responsibilities—relative to event identification, notification and communication, threat assessment, event trigger, event evaluation and code declaration, response and recovery, and post-event evaluation.

Each critical business unit maintains a business unit recovery plan to address event tasks specific to that unit. These detailed, strategic recovery plans include critical functional responsibilities, personnel, equipment, processes, and action steps. Business unit emergency response checklists help team members confirm completion of the actions necessary to prepare, respond, and recover from a disaster or disruption event.

Business Continuity Team

MedImpact organizes its Business Continuity (BC) teams into separate functional teams, structured to assign specifically trained personnel to each critical function/core business process. The MedImpact BC Steering Committee, led by MedImpact's vice president of Operations, is responsible for planning, updating, testing, and execution of the plan. The BC Steering Committee is composed of senior staff members from MedImpact's business, IT, operations, human resources, account management, IT infrastructure, IT security, compliance, and accounting departments.

MedImpact's vice president of operations serves as a member of the BCDRLT (business continuity disaster recovery leadership team), which is authorized to establish emergency communications, alert employees, notify customers, and inform the press. Under its authority, the BCDRLT declares an event and manages damage control, critical functions, and IT disaster recovery teams.

Critical Service Functions

MedImpact's BCP and IT DRP focus on those functions which are fundamental to our mission of ensuring members have uninterrupted access to their drug therapies: pharmacy claims adjudication services and call center services. We establish tiers of services based on their criticality to customers and members. RTO (recovery time objective)—the projected time required to restore an application to normal operations—is established for each tier, with claims adjudication restored within 15 minutes and call center handling and PA within 30 minutes. The RPO (recovery point objective) is defined as the maximum targeted period in which data might be lost from an IT service due to a major incident. The RPO for MedImpact's Tier 1 through 3 applications is 15 minutes.

MedImpact's multiple levels of redundancy for critical systems maintain a high level of continual service to protect our information technology assets. We are not dependent upon a third-party recovery service provider to support or perform any recovery processes because of the following safeguards:

- **Server redundancy**—In case of individual system failure, MedImpact's multiple redundant systems enable claims processing to continue in fewer than 60 seconds, with minor interruption, as processing is moved to a hot-standby server. Claims processing systems are on redundant or high-availability hardware.
- **Storage redundancy**—MedImpact's replicated databases on isolated storage frames provide critical protection against storage system failure. We replicate critical data locally and to our secondary data center to protect against a single-site failure.
- **Data center redundancy**—MedImpact's systems and critical data are safeguarded by physical data center isolation and redundancy between data centers located 362 miles apart in San

Diego, California and Tempe, Arizona. Our data centers are on different power grids with backup power feeds in each location. Distance helps protect from a single local event failure or disaster and provides continuous availability. We also provide technical support 24 hours a day, 7 days a week, 365 days a year.

Machine, storage, power, or network failures at MedImpact's primary data center would trigger activation of the secondary data center. MedImpact recovers operations from the secondary data center after a disaster is declared. Because our failover POS claims adjudication system resides in both data centers, we can track and store member dispensing data without interruption. This data is not site-dependent, so adjudication and POS for members and reporting tools for customers are not disrupted. Authentication and access controls are also co-located, which eliminates the need to perform a recovery of our data access control platforms and facilitates emergency mode operations during a disaster.

MedImpact understands the significant impact to DCH and other customers should an outage occur to the pharmacy POS module. We agree to an initial response of the timeframe agreed upon at contract minutes to any unplanned outage and provide updates until the issue is resolved. MedImpact's data centers are staffed 24 hours per day, 7 days per week, 365 days per year. Operational staff members follow written processes and procedures in the event of unplanned outages, including serious outages that may require activation of the disaster recovery and business continuity strategy.

Offsite Storage and Remote Back-Up

MedImpact's IT DRP (Information Technology Disaster Recovery Plan) requires that data for critical business processes be backed up and stored offsite with the ability to retrieve or recreate for the recovery site. We do this through a contract with our secure tape storage vendor, Iron Mountain, which holds encrypted tape backups for archiving and recovery. The IT Technical Recovery team is responsible for contacting the offsite storage vendor to deliver encrypted data backup tapes to the Secondary Data Center, making transportation arrangements if necessary. The Technical Recovery team verifies when the data backup has been retrieved. Primary and backup systems can be recovered, regardless of the type of failure.

The IT DRP is a subset of business continuity that outlines the process, procedures, and management actions to be taken if a disaster results in an extended service disruption or outage supported by MedImpact's IT infrastructure and/or systems residing in the data center. This plan aligns with the BCP (Business Continuity Plan) to provide the strategy for recovering applications, data center operations, hardware, networks, and information technology infrastructure following an event. It provides guidance and critical information for MedImpact's trained and experienced staff to recover core IT systems and / or applications impacted by a service disruption or disaster event. Interim measures may include the relocation of processing to IT systems and operations at an alternate site, the recovery of IT functions using alternate equipment, or executing key IT functions using manual methods.

MedImpact performs daily backups to encrypted tapes, which are sent offsite to Iron Mountain. Iron Mountain is licensed and bonded to handle electronic and hard-copy PHI, PII, and sensitive

data. MedImpact sends its paper records and data to storage vaults in conformance with corporate retention policies and best practices. MedImpact also uses data replication between our two managed, secure, highly available TIER 3 data centers located in San Diego, California and Tempe, Arizona.

Data Recovery

For availability, MedImpact maintains two managed, redundant, highly available, TIER 3 data centers located in San Diego, California and Tempe, Arizona. Data replication is used between the two data centers. MedImpact has developed a program of recovery plans that allow us to be a resilient organization that is capable of quickly restoring services, recovering data, and continuing with operations in a broad spectrum of incident and disaster scenarios. There are various means of recovery for MedImpact. Our IT Disaster Recovery Plan (DRP) outlines roles and responsibilities, communications protocols, event detection and plan execution, recovery activity requirements, and the strategy for activating our secondary data center.

Periodic testing of recovery procedures is important to validate the effectiveness of the backup and recovery procedures. It is expected the system and network environment of MedImpact will routinely change as MedImpact continues to take advantage of information technology advances. Therefore, the DRP is tested regularly to ensure MedImpact critical applications would be available to support business operations in the event of a disaster.

41.	**Bookmark Title: MSQ41 – Post-Implementation Experience** Narrative description is limited to five (5) pages. 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. Refer to Attachment C – Common Scope Requirements and Security Standards, Section 6.3 Certification Requirements.

Supplier Response

While MedImpact's proposed solution is not yet certified by CMS, we are currently in the certification process with another state Medicaid customer. We understand and agree that our solution must comply with all applicable current and future CMS certification requirements. Our PBM solution is aligned to meet federal CMS certification requirements. Our objective is to provide a modern, integrated approach to managing Medicaid programs by:

Closing gaps and inefficiencies identified in PBMS industry technology and processes.

Delivering an improved approach to managing FFS populations in compliance with state/federal regulations and the MECT (Medicaid Enterprise Certification Toolkit)/OBC (Outcomes-Based Certification).

Improving the customer, member, prescriber, and provider experience through automation, innovation, accountability, and access to exceptional care.

Partner with DCH on All CMS Certification Activities

MedImpact will meet all requirements to prepare and complete the ORR (Operation Readiness Review) and CR (Certification Review) processes. We have successfully completed ORR with another state Medicaid program and we are in the certification process with that state. The proposed staffing model includes a team dedicated to leading the MedImpact certification process in conjunction with DCH's team.

MedImpact will conform to the certification management process established by the DCH project management team and defined in DCH's certification guidelines. We propose to establish routine certification planning and status meetings beginning immediately following the project initiation phase. MedImpact will collaborate with the DCH project management team to establish a cadence for these meetings and will also conform to the cadence established with CMS for electronic check points and standing external status meetings to review certification progress.

Certification Management Plan

MedImpact will collaborate with DCH to develop a Certification Management Plan that defines the methodology, processes, and procedures we will perform while pursuing CMS certification. We will be responsible for documentation maintenance and version control of all relevant contractual

documents including work products related to reviews. MedImpact will establish a SharePoint repository to house all project documentation.

Federal Requirements for CMS Certification

The solution proposed for DCH directly aligns with MITA principles and framework. We employ a modular architecture supported by open APIs with business rules separated from the application code which supports configuration over coding. In addition, we maximize the use of COTS products in lieu of custom coding. This alignment helps to assure the completion of CMS certification with minimal effort.

As evidence of our commitment to the CMS certification process, MedImpact submitted its solution to the CMS pre-certification pilot program. During the review, 146 criteria were examined from the following MECT checklists:

- Pharmacy
- Standards and Conditions
- Intermediary and Interface
- Integration and Utility
- Information and Architecture

Of the 146 criteria, CMS determined 9 criteria were out of scope, 8 criteria were scored as "partially meets," and the remainder 129 criteria met CMS MECT criteria. MedImpact immediately instituted a remediation program to address the criteria not fully met with those gaps now addressed. While the CMS pre-certification program was aligned with the now sunset MECT processes, it is indicative of how MedImpact's solution should fare using an Outcomes-Based Certification model.

CMS Certification Process

All certification activities will be led by a certification lead who, in collaboration with DCH's DDI Manager and IV&V team, will be responsible for managing the certification process and overseeing the creation, validation, and availability of all CMS required artifacts and documentation. The certification lead will also help to assure MedImpact is responsible for all technical aspects of milestone and operational reviews through the life of the contract.

In addition to the ORR and CR, MedImpact will support other reviews as requested or required by DCH throughout the engagement. We understand that these additional reviews may include, but are not limited to, the following:

- Federal reviews
- Federal certification (post-certification)
- Independent security reviews

- Independent architecture reviews
- IV&V reviews
- IRS or SS-A reviews

Additionally, MedImpact's privacy and security team will oversee our completion of the state's security accreditation requirements and program. We commit to meeting or exceeding all security requirements set forth by DCH.

MedImpact is committed to providing timely information, data, forms, system modifications, documentation, correspondence, consulting, and more to fully support and assist DCH in achieving federal approval and/or solution certification requirements. We will maintain all required documentation for federal certification and acknowledge that we will be responsible for the proposed solution passing the state's security accreditation requirements within the agreed Certification Phase schedule.