PROPOSAL IN RESPONSE TO THE

Georgia Department of Community Health (in conjunction with NASPO ValuePoint)

eRFP Number 41900-DCH-0000136

Attachment R Pharmacy Benefit Administration Services

Redacted Copy-Available for Public Review

Magellan Medicaid Administration, LLC
2900 Ames Crossing Road, Eagan, MN 55121

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

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

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

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

1.	Bookmark Title: MSQ1 - Executive Summary The Executive Summary is limited to five (5) pages. Provide an Executive Summary that illustrates the Supplier's understanding of and capability to provide the requested services as described in Attachment 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

Magellan Medicaid Administration, LLC (MMA) understands that the Georgia State Purchasing Division, on behalf of the Department of Community Health (DCH), seeks proposals from qualified Suppliers for Pharmacy Benefit Services in furtherance of the NASPO ValuePoint Cooperative Purchasing Program (NASPO). In partnership with Participating States Alaska, Montana, and Vermont, Georgia, as the Lead State, is soliciting four Scopes of Work (SOWs) containing separate requirements and responsibilities, including providing Pharmacy Benefit Administration (PBA) Services to Fee-for-Service (FFS) Medicaid pharmacy program members (including pediatric members) and full-benefit dual eligible members. We support increasing the convenience and cost-effectiveness

MMA Experience with All States Participating in this Procurement

Georgia – We are the incumbent providing Drug Rebate/PDL Services since 2017 and from 1998 to 2004 for previous rebate contract.

Alaska – We are the incumbent providing PBA, Clinical Management Services, and Drug Rebate/PDL Services since 1987.

Montana – We are the incumbent providing Clinical Management Services and Drug Rebate/PDL since 2004.

Vermont – We were the PBA, Clinical Management Services, and Drug Rebate/PDL Contactor, from 2001 – 2005.

of the state procurement process by making our services available to states through NASPO.

Our experience in providing the Pharmacy Benefit Services sought by the State is unmatched. MMA has been a recognized industry leader in delivering clinically excellent, cost-effective Medicaid Pharmacy Benefit Services for over 40 years. As the largest standalone Medicaid PBA in the nation, we currently provide PBS solutions to government customers nationwide, including 26 Medicaid programs, 8 AIDS Drug Assistance Programs (ADAPs), and 4 State Pharmaceutical Assistance Programs (SPAPs). Collectively these programs serve over 56 million members. We propose to implement our proven PBA Solution which ***is in place supporting 14 Medicaid Programs and is being implemented for two additional states***. In 2023 we processed more than 374 million pharmacy claims that totaled [redacted] on behalf of our government healthcare customers.

MMA Offers Extensive Experience Across All PBS Scopes of Work

Pharmacy Benefit Administration Services - **40 years**

Pharmacy Clinical Management Services - **40 years**

Pharmacy Fraud, Waste, and Abuse Audit Services - **25 years**

Pharmacy Drug Rebate Services - **33 years**

We are the vendor with experience successfully providing the entire PBS scope of work. ***We are a leader in the development and operation of innovative systems that help control pharmacy costs and improve clinical outcomes for government healthcare program members***. We have implemented our PBA Solution for some of the largest volume Medicaid FFS programs in the country, such as California, Colorado, Florida, Michigan, Tennessee, and Texas, as well as some of the smallest. Our scalable solutions can be customized to serve any size Medicaid program, from over 15 million members to less than 2,500 members.

Our extensive experience provides advantages to the State that cannot be achieved with any other PBA Services Contractor. We are a leader in the development and operation of innovative solutions that respond to the unique, complex, and evolving needs of state Medicaid enterprises. We have a proven history of developing flexible solutions that respond to market and regulatory shifts to improve Medicaid pharmacy programs. ***We offer a nimble infrastructure that supports states in any Medicaid model they choose***. We have implemented solutions for states that choose to carve the pharmacy benefit out of Managed Care and into FFS, as well as for states that choose to carve the pharmacy benefit into managed care. We also support states that utilize a Single Pharmacy Benefit Management model, tying pharmacy operations together between MCOs/CMOs and the state. We have also supported state customers who have implemented innovative programs using Medicaid expansion funding to implement innovative models such as Arkansas Works and Arkansas Health and Opportunity for Me (HOME) program. We also have experience supporting states across the country that have elected not to expand. ***We have successfully configured our CMS-certified FirstRx claims processing system (FirstRx) to meet each of our customers' complex and unique pharmacy program needs.***

We provide pharmacy services in **22 Medicaid expansion states and 4 non-expansion states and have transitioned** Medicaid customers through Medicaid expansions since 2014.

CMS-Certified, Modular Solution: MMA's proprietary PBA Solution, which includes Point-of-Sale (POS) functionality, incorporates all facets of Medicaid modernization, leveraging COTS and Cloud components to deliver a best-in-class, scalable, modular solution. Our secure solution offers state Medicaid customers the flexibility to adopt new features as they become available and quickly adapt to the ever-changing healthcare landscape. Our PBA Solution is configurable and aligns with CMS guidance, providing the State with a modular system based on Service Oriented Architecture (SOA)

TRADE SECRET

design principles. Our systems are built on an architecture that offers a flexible approach through using open industry-standard interfaces and exposed Application Programming Interfaces (APIs). ***Our secure Solution is compliant with all CMS and other Federal security regulations outlined in the eRFP requirements, including FedRAMP, HITRUST, NIST 800-53 Revision 5, and HIPAA/HITECH.*** Our CMS-certified, NCPDP-compliant, MITA-mature, scalable FirstRx system provides configurable benefit management and pharmacy claims processing including system edits, ProDUR, third-party liability/coordination of benefits, and AutoPA functionality. MMA has over 17 years of CMS certification experience, and our PBA Solution has been certified in 15 states where we have served as the PBA Services Contractor. In each CMS certification, no findings, corrective actions, or follow-up action items were necessary. Below we summarize our proven proprietary solutions that we propose to implement for each of the PBA Services components.

Best Choice PBA Solution

AR – Our solution incorporates all facets of Medicaid modernization to deliver a best-in-class scalable, modular system comprised of loosely coupled modules with open, documented interfaces relying on configuration, rather than customization.

SECURE –According to a recent Enterprise Benchmark Report by Risk Recon, MMA/Prime Therapeutics ranks higher than all our competitors for security, with an overall rating of 9.3 (an "A" rating).

FLEXIBLE – FirstRx's configurable edits allow changes to meet quickly evolving State and Federal policies, as well as in emergency situations such as the COVID-19 pandemic.

CONFIGURABALE – Business rules-based application where 98% of changes are made by business analysts; can be configured to reflect State-specific program policies.

COMPLIANT – Complies with latest HIPAA and NCPDP standards.

S-CERTIFIABLE – Certified for 15 Medicaid customers with no findings, with our two most recent certifications following the most current CMS outcomes-based process.

PBA Component	MMA's Proven Solution
Preferred Drug List Services	MMA has 39 years of drug formulary management experience, 40 years of PBA experience, and 23 years of PDL experience. MMA will use the Formulary Management Tool (FMT), which is fully embedded in our proprietary FirstRx℠ claims processing system, to manage clinical, operational, and PDL drug benefit configurations. We will load and maintain the PDL file on the agreed-upon schedule. We currently provide this solution for 14 Medicaid Programs.
POS Claims Processing	MMA has over 40 years of experience in government pharmacy POS claims processing. Our proven FirstRx POS System will be configured to perform the full scope of edits and audits as defined by the State. This NCPDP/HIPAA-compliant, online system meets all Federal requirements as prescribed by CMS. FirstRx provides the State with an agile, highly configurable system with 6,372 Medicaid-tailored claim checks and edits that manage care within the guidelines of Medicaid rules. Our PBA Solution is in place supporting 14 Medicaid Programs and is currently being implemented for two additional states. CMS has recognized MMA's FirstRx system as "outstanding." MMA is vigilant in protecting the security of our customers' operations, systems, and data, and we routinely conduct internal and external testing to fortify our systems against external threats and bad actors. We perform rigorous internal testing to assess and minimize any impacts to our downstream claims processing systems. We also perform testing with the upstream and downstream vendors/entities, including those with which we exchange data and the pharmacy switch vendors.
Third Party Liability (TPL) and Coordination of Benefits (COB)	FirstRx fully supports NCPDP COB processing and ensures appropriate billing of any identified third parties. FirstRx will perform COB on claims for Medicaid members with TPL coverage according to State policy. MMA will adhere to all State and Federal laws and regulations and program policy regarding COB and TPL to ensure that the State is the payer of last resort. We currently provide these services for 12 Medicaid programs.
Prior Authorization (PA) Services	We have 32 years of experience managing and performing pharmacy PA activities, including developing and implementing clinical PA criteria. MMA's PBA Solution supports a fully electronic prior authorization process through a variety of methods. MMA provides state-of-the art integrated methods for PA submission, including AutoPA within the FirstRx POS system. Our PA workflow process is supported by FirstTrax℠, an online, automated system powered

	by our configurable clinical decision module, MRx Decide[SM]. Fully integrated with FirstRx, FirstTrax allows authorized users to create PA rules. MRx Decide incorporates a customized clinical database designed specifically to process PA requests. MRx Decide supports complex PA clinical criteria through the development and execution of custom, State-specific PA rules and clinical criteria that are presented in a user-friendly, question format to the Call Center Representative during the PA process. Our ePA functionality allows providers to easily submit PA requests to MMA through their practice management software. We currently provide these services to 14 Medicaid programs.
Financial Management Services	We have 40 years of experience performing pharmacy financial management services for state Medicaid customers. We will use our FirstFinancial[SM] system to support financial management services. First Financial is based on the Generally Accepted Accounting Principles (GAAP) certified Oracle Accounts Payable and Accounts Receivable solution. FirstFinancial incorporates accounts receivable, accounts payable, and cash management modules to track all bank reconciliation, financial transactions, and provider payment-related functions. FirstFinancial is tightly integrated with FirstRx, ensuring accurate processing of financial transactions. We currently provide these services to 6 Medicaid Programs, 2 ADAPs, and 5 other government customers.
Customer Support (Customer Call Center and Web Portal)	We have provided pharmacy, prescriber, and member support through Call Center excellence to our customers for 36 years. MMA currently provides technical and clinical Call Center services to 14 Medicaid programs, as well as 8 ADAPs and 4 SPAPs. Our Call Center staff will be available 24/7/365 through a dedicated toll-free line and staffed with appropriate personnel. Through this toll-free line, our dedicated Customer Service Team will assist callers with prior authorizations, provider claims troubleshooting, technical questions, and member inquiries. We will provide our FirstTrax system for contact management. Call Center staff records and tracks all inquiries and service requests from prescribers, pharmacy providers, and members in FirstTrax. Additionally, the system interacts with FirstRx to manage the PA business flow. We will also provide our Genesys[TM] telephone system. Genesys is an omni-channel and cloud-based platform that provides greater flexibility, new tools, and enhanced self-service capabilities. We will deploy a secure PBA Services Web Portal for members, participating providers, and State staff that provides Program stakeholders with an interactive, user-friendly interface. The Web Portal will offer a combination of services and static content, as well as downloadable, State-required documents maintained on the site that will be accessible through hypertext links, drop-down lists, and menus. Our Web Portal will adhere to W3C markup standards and 508/W3C Web Accessibility Initiative (WAI) guidelines. Per Requirement 6.3.2 pf eRFP Attachment F, the web portal will also provide secure access for State staff, enrolled Providers, and MMA staff through secure sign-on (SSO) to MMA Applications in order to view information such as member-specific claims history and demographics and DUR alerts. It will also allow them to submit inquiries to the customer call center, sign up for PA outcome and DUR alerts, submit ePAs and track PA submissions, submit electronic prescriptions through the fax submission, and complete 72-hour emergency override requests. Program stakeholders will be able to access Program-specific details and pharmacy information 24/7/365.
Reporting and Data-Related Requirements	We have 40 years of experience providing reporting and data-related services for our state government customers. We have highly trained staff, proven processes, and an existing, comprehensive reporting solution in place for our customers. MMA currently provides our proven data analytics and reporting services to 28 government customers. Through MRx Explore[SM], our flexible Business Intelligence (BI) and analytics tool, we provide a suite of dashboards, a robust package of pre-existing proprietary standard interactive reports, and our comprehensive Report Studio self-service tool for creating customized ad hoc reports.
PBA Common Services	As a provider of Medicaid PBA services for over 40 years, we currently serve over half the states in the nation through our established information technology, project management, staffing, communication, training, and security infrastructure. With 17 years of CMS certification experience, our PBA Solution has been certified in 15 states where we have served as a PBA Contractor and has been certified on the first attempt every time. MMA will meet all Common Scope Requirements, including ensuring our Solution meets CMS Certification approval for the maximum allowable FFP, and aiming for the goal of achieving CMS Certification on the first attempt and within six months of Go-Live as part of Project Phase IV. We will adhere to all CMS certification requirements in eRFP Attachment C Section 6.3 and Attachment D and will provide all required data, processes, and documentation. We will meet all communication requirements in Section 8.3 of eRFP Attachment F, including preparing communication documents, Provider/Member letters, and responding to inquiries within State-prescribed timeframes. MMA staff will be available Monday through Friday from 7:00 AM to 6:00 PM in the

	State's time zone. We will leverage our established centralized virtual Learning Management System (LMS), to provide training to State staff on our PBA Solution, as well as to Customer Service Representatives on State-specific program components using State-approved materials. With our LMS, MMA can easily create, catalog, manage, and track all types of learning activities, including web-based, instructor-led, video-based, or file-based courses and classes. Our LMS provides Call Center staff with 24/7/365 access to CBTs and other resource materials on our system(s). Our Solution is compliant with all CMS and other Federal security regulations outlined in the eRFP requirements, including FedRAMP, HITRUST, NIST 800-53 mod4, and HIPAA/HITECH. According to a recent Enterprise Benchmark Report by Risk Recon, a security risk service offered by Mastercard® that proactively monitors and rates the cyber environment of online entities, MMA/Prime Therapeutics ranks higher than all of our competitors for security, with an overall rating of 9.3 (an "A" rating).

History of On-Time Implementations: MMA has an outstanding track record of on-time, successful PBA implementations for functionalities and system solutions similar to those required for this Contract. Our proven approach has been used to successfully implement services for over 40 government pharmacy programs. This approach is based on the Project Management Institute's Project Management Body of Knowledge (PMBOK®) Guide and driven by an experienced, veteran DDI Team with broad cross-functional expertise that will help the State stay on schedule. Our DDI Team has extensive experience facilitating an industry recognized PMBOK-driven project management approach, as well as industry-standard Agile SDLC and requirements management approaches to project implementation. This experience and our established, proven transition approaches will translate to a cost-effective, timely, and efficient project schedule for the State. We will be fully prepared for Go-Live, which will mitigate risk and/or associated expenses as a result of any unexpected time delays, rework, provider abrasion, or disruption of service to members.

PBA Implementation Earns Department of Medical Assistance Services Award

Virginia DMAS received a Project Excellence Award from the 7th Annual VITA IT Project Management Summit for the MMA-managed Medicaid FFS PBA implementation. We worked with DMAS and its third-party vendors to install and integrate our PBA Solution as part of a full Medicaid Enterprise System (MES) implementation.

Corporate Background: Magellan Medicaid Administration is a Limited Liability Corporation (LLC). Magellan Medicaid Administration, LLC is wholly owned by Prime Therapeutics LLC (Prime). MMA was first incorporated as The Computer Company on December 4, 1968, in the Commonwealth of Virginia. The Computer Company was renamed First Health Services Corporation in 1989. First Health Services Corporation was changed to Magellan Medicaid Administration, Inc. on May 6, 2010. Magellan Medicaid Administration, Inc. changed organization to Magellan Medicaid Administration, LLC, in December 2022. MMA has been part of Prime since December 2, 2022. ***Prime is a dynamic healthcare organization headquartered in Eagan, Minnesota, and owned by leading non-profit Blue Cross Blue Shield plans, representing 23 major state-wide markets nationally and 35 million customers.*** Prime provides total drug management solutions for health plans, employers, and government programs including Medicare and Medicaid. MMA, unlike our competitors, is a conflict-free and non-vertically integrated healthcare company, and we and serve as a fully transparent PBA rather than PBM. Our parent company is most focused on value for our customers and their member populations as opposed to company profits. MMA is mission-driven, with a purpose of reimagining pharmacy management to provide the same care we want for our loved ones. Our approach to delivering pharmacy benefit administration is agnostic and independent of health plan influence or other external conflicts. We focus on designing and maintaining pharmacy programs that deliver clinically proven care for members while maximizing savings and delivering value to state Medicaid agencies. Our strategic priority—to continue serving the evolving Medicaid market through improved

affordability and efficiency, and better experiences and health outcomes—has the strong support of our parent organization.

MMA has approximately 1,020 employees nationally, and Prime has approximately 6,700 employees (including MMA employees).

Equal Employment Opportunity: Our goal is for our workforce to represent the communities where we live and the people we serve. ***Recently, we were recognized at a national level as one of America's Greatest Workplaces for Diversity by Newsweek, receiving five stars, the top score.*** Our Talent Acquisition Team is committed to increasing diversity and inclusion recruitment, and we offer recruiters additional training on reducing bias in the interview process. In the upcoming year, we look forward to taking additional steps to attract and hire diverse candidates, building upon existing relationships with our Diversity and Inclusion Council, various employee resource groups, and vendors. Our current employee demographics are: Asian, 13.3%; Black or African American, 12.5%; Hispanic or Latino, 6.8%; other (including two or more races), 9.4%; and white, 57.9%. 66.2% of our employees are female, 33.5% are male, and 0.3% are other. In leadership, we have the following demographics: Asian, 7.8%; Black or African American, 7.6%; Hispanic or Latino, 4.4%; other (including two or more races), 7.8%; and white, 72.4%. 57.3% of our leadership is female and 42.6% is male.

The purpose of our Equal Opportunity Policy is to communicate the commitment of Prime and all its divisions and subsidiaries to provide equal employment opportunities to all persons, to take affirmative action to ensure that applicants are employed without regard to membership in any legally protected class, and to ensure employees are treated equally during employment. This Policy applies to all full-time, part-time, intern, resident, temporary, and seasonal employees and to all non-employees, as well as qualified applicants.

Prime provides equal employment opportunities to all team members and qualified applicants regardless of race, color, religion, sex (including pregnancy), sexual orientation, gender identity or expression, genetic information, marital status, familial status, national origin, age (40 or older), disability, veteran status, public assistance status, membership or activity in a local commission, or any other legally protected class under federal, state, or local law. This Policy applies to all employment processes, practices, and terms and conditions of employment, including but not limited to recruitment, hiring, placement, promotion, transfer, demotion, compensation, selection for training, employment advertising, discipline, lay-off, and termination. Team members or applicants who believe they have experienced or witnessed a violation of this Policy are encouraged to immediately notify Human Resources, any leader, the Compliance Department, or the Company's Compliance Hotline. Prime contracts with Lighthouse Services to independently administer the Company's Compliance Hotline. Lighthouse provides a secure, third-party reporting system that allows Team Members and applicants to anonymously and/or confidentially report any violation of this Policy or other suspected misconduct. Prime prohibits retaliation against anyone who in good faith makes a complaint under this Policy or participates in an investigation into whether any conduct violated this Policy.

Location of Primary and Satellite Offices: Our headquarters is located at 2900 Ames Crossing Road, Suite 200, Eagan, Minnesota 55121.

As directed by Addendum 6, Q&A Round 2, Question 45, released on April 1, 2024, we have included our list of satellite offices on the following page as Supplemental Material.

Supplemental Material – Location of Satellite Offices

We maintain satellite offices in:

- One Allied Drive, Suite 1120, Little Rock, AR
- 11000 White Rock Road, Rancho Cordova, CA
- 3131 Camino Del Rio N, STE 400, San Diego, CA
- 6870 Shadowridge Drive, Suite 111, Orlando, FL
- 301 North Main Street, Suite 910, Baton Rouge, LA
- 15 Cornell Road, 2nd Floor, Latham, NY
- 4000 Crums Mill Road, 3rd floor, Harrisburg, PA
- 50 E. S Temple Street, STE 145, Salt Lake City, UT
- 2256 South 3600 West, Suite A, West Valley City, UT
- 11013 West Broad Street, Suite 500 Glen Allen, VA.

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



MMA has 39 years of drug formulary management experience, 40 years of PBA experience, and 23 years of PDL experience. Our PBA Services Solution includes established processes and automated workflow tools that facilitate the review and approval of changes, modifications, deletions, or alterations to the PDL, including any potential other (State and/or Federal) program-specific PDLs, to meet the requirements detailed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 2 Preferred Drug List (PDL) Services.

MMA will coordinate with the State's Clinical Management Services vendor, Pharmacy Drug Rebate Services vendor, and, as required, other third-party vendors, to develop, produce, support, and maintain the State's PDL, subject to review by the State Advisory Board and the approval of the State (PBA Services SOW 2.1.1). We will accept and implement the State's PDL, and our Account Team will monitor and update product classifications of all reviewed products, including products that are not traditionally outpatient drugs (e.g., spacers, peak flow meters, diabetic supplies, tubeless insulin pumps, etc.) (PBA Services SOW 2.1.2). MMA will also provide real-time and historical access to the State's drug and formulary file and maintain an up-to-date copy for use. If MMA is not selected as the PDRS vendor and, therefore, does not manage the PDL, we will use our established secure data exchange processes to receive and accept a PDL file from a third-party vendor at the frequency determined by the State, up to real-time (PBA Services SOW 2.1.3).

Throughout the Operations and Maintenance Phase of the Contract, we will use the Customer Service Management (CSM) module in ServiceNow, which is a cloud-based tool that provides web-based access for logging, maintaining, and applying automated workflows to change requests, along with status reporting and other project management functionality. CSM enables customer self-service capabilities to log and track action items and change requests. During DDI, MMA will work with the State to establish processes for this functionality. Once the request is entered into the CSM, MMA's Account Team follows our proven Change Management process to ensure that the State-requested change to add, remove, and/or modify drugs for the State's PDL is made accurately and timely. (PBA Services SOW 2.2.1)

MMA's Change Management process ensures that all changes are fully tested and receive State approval before being deployed into production. This routine process helps to ensure member access to new drugs. Configuration of drug product coverage parameters can be established at all hierarchy levels. ***More than 98% of all program changes are configurable in FirstRx by a business analyst and do not require any development or customization efforts.*** This feature allows us to add, change, or remove processing rules to accommodate State and Federal requirements, most within three days. Plan benefit changes are often deployed within 48 hours or less. We will work collaboratively with the State to follow the Project's Change Management Process for all changes, modifications, deletions, and alterations to the PDL as referenced in eRFP Attachment C – Common

Scope Requirements and Security Standards, Section 2.5 Change Management (PBA Services SOW 2.2.2).

We follow a hybrid System Development Life Cycle (SDLC) to manage and implement a rule from creation to deployment, including changes in FirstRx as a result of ongoing rule maintenance or benefit changes for the PBA Services Project. When the State requests changes in coverage benefits, including PDL changes, our Account Team will draft a Benefit Change Control Memo (BCCM) outlining the rule creation or change that will be used by the Benefit Configuration Specialist. Once the State approves the BCCM, the Benefit Configuration Team completes the rule configuration in the User Acceptance Testing/Quality Assurance (UAT/QA) environment of FirstRx. The QA Testing Team will then create and execute specific claim test cases to ensure the rule is working as expected. We will work with the State to review the test results and obtain approval for deployment into the production environment. The rule will then be configured in the production environment and verified by additional benefit configuration staff for accuracy at deployment. This process is facilitated and monitored from initiation through successful completion using the CSM's automated workflows.

Our Benefit Configuration Team will use our Formulary Management Tool (FMT) to add, remove, and/or modify drugs for the State's PDL. FMT assists in managing clinical, operational, and PDL drug benefit configurations and is fully embedded within the FirstRx POS claims processing system. The formulary file in FirstRx contains multi-byte fields that can be used during claims adjudication to determine formulary coverage for pharmacy network providers.

The highly configurable FirstRx FMT functionality allows for parameters to be configured to reflect the State's pharmacy benefit plans within FirstRx, thereby eliminating the need for multiple benefit plan files. FMT enables the establishment of drug coverage parameters through the use of customized indicators, allowing for complete customization of State-defined criteria or edits (e.g., formulary, quantity limits, age limits, brand/generic). ***The ability to quickly change FMT indicators is beneficial to the State because it eliminates the task of creating numerous lists and then manually adding drug codes to those lists. As a result, these changes occur almost instantly in FirstRx.*** Customization of drug product coverage and pricing can be established at all hierarchy levels. If specific products are identified for alternate or manual pricing intervention or review (e.g., compound processing), claims for those products can be configured to process automatically or denied pending further review. FMT offers easy-to-use fields for managing the State's drug benefit coverage parameters. Our PBA Solution includes a highly flexible and dynamic claims engine backed by clinical intelligence allowing for maximum flexibility in benefit design and complex AutoPA capabilities in FirstRx. For example, FMT parameters can be quickly and easily updated to change a drug to require PA in FirstRx, or to change a State drug class indicator in FMT.

The primary advantage of FMT functionality is that it allows the user to easily determine which products are covered and allows for quick turnaround of changes. Assignment of indicators to a particular product or tier of products through FMT provides additional means of reporting for review and analysis of processed claims. FMT offers the State an abundant choice of options to define business rules and apply claims edits. As part of our standard design, the following parameters allow the assignment of multi-byte values for configuration edits/audits:

- Coverage
- Prior Authorization
- State-specific Drug Class
- Minimum Quantity
- Maximum Quantity
- Refill

- Limitation
- Co-pay
- Medicare
- Formulary Indicator.

MMA also incorporates drug information from First Databank (FDB) which can be used to create formulary-specific rules from therapeutic class down to the NDC level. At the drug level, the system may be configured to edit based on quantity limits, brand-generic status, dose per day, or a multitude of other drug-specific limitations to support threshold boundary PA. FMT in FirstRx enables the establishment of drug coverage parameters through the use of customized indicators as shown in *Figure MSQ2-1* allowing for complete customization of State-defined edits.

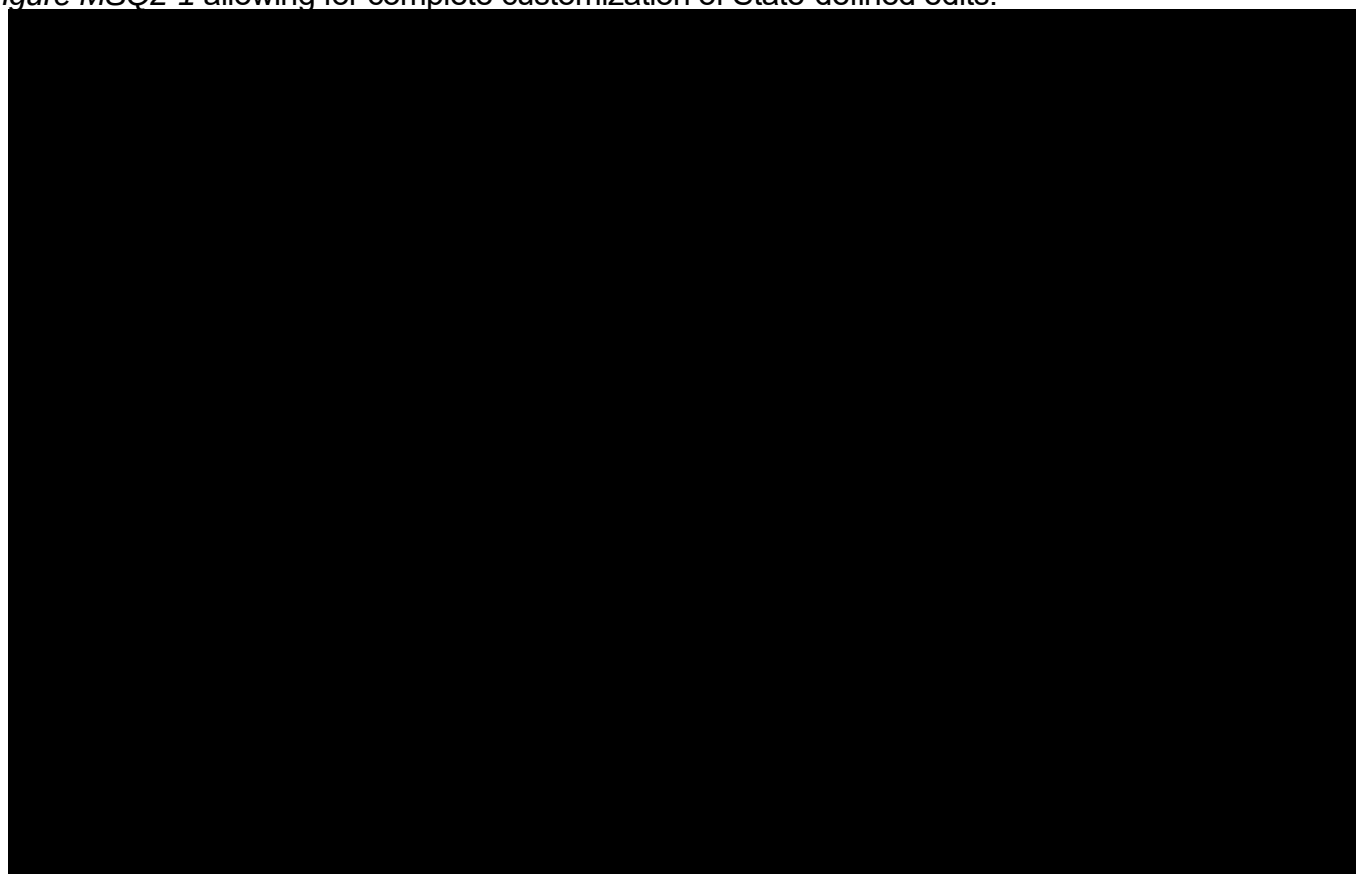


Figure MSQ2-1: Formulary Management Tool Screenshot (TRADE SECRET)

Our structured approach which includes the CSM's automated workflows and the flexibility of configuration changes through FMT, has been ***successful for implementing new benefits, adding customer-requested edits, and making accurate system changes in a timely manner.***

MMA's proven PBA Solution includes reporting capabilities to track and share information as requested by the State, PDRS vendor, PCMS vendor, and FWA Audit Services vendor. During DDI, we will work closely with the State and other vendors, as appropriate, to establish processes for tracking and sharing data (PBA Services SOW 2.3).

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

MMA's highly configurable and flexible business rules-based FirstRx POS pharmacy claims processing system will meet all requirements listed in eRFP Attachment F, Section 3. FirstRx supports ***online benefit configuration as well as claims adjudication in real time, 24/7.*** FirstRx also supports encounter claim loads/pricing. FirstRx is currently designed with ***6,372 Medicaid-tailored claim checks and edits.*** MMA helps states get the most value out of limited healthcare dollars while supporting clinically appropriate care for their most vulnerable citizens.

MMA's FirstRx Proven PBA Functionality

BUILT FOR MEDICAID – FirstRx is designed with 6,372 Medicaid-tailored claim checks and edits

SECURE – According to a recent Enterprise Benchmark Report by Risk Recon, MMA/Prime Therapeutics ranks higher than all our competitors for security, with an overall rating of 9.3 (an "A" rating)

MODERN – Is continually updated and complies with current NCPDP D.0

RESPONSIVE – business rules-based application where 98% of changes are made by business analysts; easily configured to reflect changing program policy

REAL TIME, 24/7 – POS claims adjudication and processing

COMPREHENSIVE – Provides ProDUR, coordination of benefits and TPL, and integrated AutoPA functionality.

Our system accepts pharmacy claims via real-time and batch submission, and manually entered paper claims. FirstRx provides system edits, ProDUR, coordination of benefits and TPL, and integrated AutoPA functionality. FirstRx includes our Formulary Management Tool (FMT), which is used to determine formulary drug coverage during claims processing. FirstRx accepts and sends all electronic data interchange (EDI) formats in the current NCPDP D.0 version and continues to conform to implementation dates set by CMS supporting the Eligibility Verification (E1) transaction, which may be used to determine the member's eligibility status on the date of service (DOS). FirstRx validates the member is on file and eligible for pharmacy benefits before claims payment is authorized.

MMA's solution has been certified by CMS for 14 current Medicaid customers for which we perform full POS/PBA services, as well as for two previous state customers. MMA recently achieved certification for Nevada and California using the new CMS Streamlined Modular Certification (SMC) process, which streamlines the certification process and focuses on measuring the effectiveness of the pharmacy solution to support desired business outcomes. In each of our CMS certifications, there were ***no findings, corrective actions, or follow-up action items required of us.***

MMA holds full International Organization for Standardization (ISO), ISO Version 9001:2015 certification for the design and delivery of pharmacy benefit administration for government contracts. Through the ISO process, our organization's operations were examined in each of these areas to ensure that we are delivering healthcare services in a manner consistent with nationally high standards. This certification is effective from October 19, 2023, to October 18, 2026. The ISO 9001 certification is a quality management system standard that is utilized to certify quality management systems that focus on monitoring, continuous

improvement, customer satisfaction, and the active involvement of both management and employees in a process-based approach.

MMA meets all State and Federal privacy and security regulatory requirements, including those within the HIPAA Security Rule. We employ safeguards on several levels to prevent unauthorized use or disclosure of protected health information (PHI) in our possession, including, but not be limited to, the following measures:

- Documented privacy and security policies and procedures
- Platform- and technology-specific logins and passwords
- Privacy and security training
- Documented disaster recovery plans, business continuity plans, data security plans, and emergency backup and recovery plans
- Confidentiality language in each employee's employment agreement.

Strict workforce adherence to MMA's HIPAA privacy and security policies and procedures is vital to ensure the protection of PHI and confidential information. Our workforce is trained upon employment and then annually. Training modules include privacy, security, fraud, and abuse.

MMA is certified through the HITRUST CSF Assurance Program, which incorporates the NIST Cybersecurity Framework and establishes a certification mechanism as an effective and efficient approach for reporting cybersecurity posture, leveraging the NIST Cybersecurity categorization. Because the HITRUST CSF fully integrates the requirements of the HIPAA Security Rule, each HIPAA Security Rule standard and implementation specification is addressed as a part of the HITRUST CSF Assurance Program. Our parent company, Prime, is also HITRUST certified. We renew our HITRUST Certification on a biennial basis and perform an annual interim HITRUST review between certification years.

We have established data exchange protocols with CMS, FDB, and NCPDP, as well as a variety of other organizations who provide data in support of Medicaid claims processing. We obtain all necessary data required to support edits and audits as defined by the State. We process and load all interfaces with a variety of data sources from employer groups, State and Local Social Security Departments, Medicaid MMIS/Fiscal Agents and a wide range of other public and private organizations. Across our corporate book of business***, we currently support well over 5,000 interfaces*** that enable the integration of files and transmission of data for our customers. Interfaces can be defined as near real-time processing or with scheduled processes, depending on the need.

Our proven FirstRx POS System will be configured to perform the full scope of edits and audits as defined by the State. As shown in *Figure MSQ3-1: FirstRx Claims Processing Flow,* MMA will provide a real-time adjudication of the pharmacy POS claim as paid or denied after the claim is subjected to the State-approved edits and audits, sending a response back to the provider by POS.

MMA will provide the capability to bypass National Drug Code (NDC) editing as specified by the State. Depending on State direction and policy, POS configuration for certain situations will allow the dispensing pharmacist to bypass a hard edit based on override protocols. Other situations may require call center authorization or authorization from the State, depending on State policy. MMA will configure the system to reject a claim (a hard edit) or allow a claim to process (a soft or passive edit) while simultaneously sending a standard and where applicable, a custom message to the dispensing pharmacist. For example, we can send messages that instruct the pharmacist or member to contact our Pharmacy Support Center or the prescribing physician.



Figure MSQ3-1: FirstRx Claims Processing Flow (TRADE SECRET)

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.

FirstRx has an automated, real-time, fully integrated, prior authorization function (AutoPA) for processing prior authorization requests. Because our AutoPA is a component of FirstRx, no interface is required. The system, which is configured for each of our customers to enforce their state-specific policy, streamlines the PA process through automated decision-making. Our AutoPA uses clinical algorithms to support multiple automated service scenarios and make an approval or denial. Our FirstRx system compiles pharmacy, lab data, and available medical claims data into a comprehensive, online member health profile that includes current and historical claims data (from all claim sources), PA history, and visited providers (pharmacies and prescribers). Data in the member clinical health profile are used during adjudication to support AutoPA decisioning or ProDUR editing. FirstRx AutoPA compares each pharmacy claim against information on the member panel and explicit State-approved, predetermined standards, including monitoring and alerting the pharmacist for any of the listed standards that apply. FirstRx uses information submitted on the claim and/or stored in the member's profile (i.e., medication claims' history, available lab data, diagnosis, etc.) to support robust PA edits and determine the appropriate disposition of the claim, all of which supports timely delivery of appropriate medication to members and reduces the administrative burden on providers.

MMA's POS functionality imports medical history into an individual, unified member profile. The FirstRx member profile includes diagnosis codes, lab data, procedure codes, and their pharmacy. FirstRx uses data stored in the member profile to perform verification and categorize member groupings and

make systematic decisions based on direction by the State. MMA will accept and integrate clinical data from other systems, including but not limited to diagnosis codes and lab values, and FirstRx, FirstTrax, and MRx Decide will use those values necessary to accurately perform all required prior authorization and claims adjudication processes as approved by the State. Although MMA can receive lab data for the PBA Services Project from the MMIS, we also have the experience and capability as the first PBA to integrate lab results into the claims adjudication process as a future optional service. Initially implemented for Virginia in 2017, the Lab Link program adds lab results data into FirstRx to enable complete, comprehensive clinical decision-making capabilities in important PBA processes (e.g., prescription drug claim processing, PA, ProDUR, and RetroDUR).

Since the authorization takes place as part of the normal claim adjudication, provider intervention is only necessary when the AutoPA process does not find the required information on file (e.g., specific drug, CPT or ICD-10 codes are not found in history or on the incoming claim). Prescribers are encouraged to include the applicable diagnosis code on prescriptions for inclusion on the electronic claim. The claim is then submitted by the pharmacy with the appropriate ICD-10 code and State-specific PA requirements may be met even if the diagnosis has not yet appeared in the medical claims. The FirstRx claims adjudication engine also edits claims based on specific characteristics of dispensing provider or prescribing practitioner and/or the therapeutic class of the drug, as directed by the State. Requirements can be bypassed as determined by the State for certain medications when specific medical conditions exist.

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.

FirstRx supports the up-to-date ICD-10 code set as stipulated in 45 CFR Part 162.1002 without limitations. We will continue to support the most current version (ICD-10 or later), as required by the State. We will adjudicate claims according to State requirements for which an ICD-10 diagnosis code(s) is submitted on the claim and/or the member has an ICD-10 code(s) defined in their profile. FirstRx will perform real-time screening of drug claims using the most current ICD diagnosis codes, as well as history codes, at the POS to allow PA review via our AutoPA automated process. MMA's solution fully complies with the current HIPAA Transactions and Code Sets standards required to support our customers' claim and eligibility processing needs, and we will continually maintain compliance in the future. FirstRx will process claims according to State requirements for which ICD-10 diagnosis code(s) are submitted on the claim and/or the member has an ICD-10 code(s) defined in their profile. For drug claims, MMA will support HCPCS codes based on our solution for physician administered drugs under the pharmacy benefit.

c. The methodology utilized to integrate the State's PDL into your adjudication platform.

MMA will receive the State's PDL via our secure FTP. Upon receipt, these data are loaded into FirstRx along with other applicable drug tables and reference files into FirstRx, where the data are used in claims adjudication and utilization management. The FirstRx drug data set will include an indicator for preferred drug and non-preferred to reflect the State's PDL. Throughout the life of the Contract, as the State modifies its PDL, the configurability of FirstRx allows the responsive and quick support of the State Medicaid Pharmacy Program with program-specific edits without having to modify our core software. FirstRx can configure drug coverage parameters through our innovative Formulary Management Tool (FMT), which enables the establishment of drug coverage parameters through the use of State-specific indicators. Customization of drug product coverage and pricing can be established at all hierarchy levels. If specific products are identified for alternate or manual pricing intervention or review (e.g., compound processing), claims for those products can be automatically processed or denied pending further review. Our formulary management functionality allows these

parameters to be quickly configured within the system. ***In the highly flexible FirstRx system, more than 98% of all program changes are configurable by a business analyst and do not require any development or customization efforts.*** This feature allows us to add, change, or remove processing rules to accommodate State and Federal requirements, most within three days. Plan benefit changes are often deployed within 48 hours or less.

d. The methodology utilized to incorporate medical data into the POS adjudication logic.

FirstRx is configurable to utilize diagnosis codes and lab data, present in the Medicaid member's profile or the value may be submitted on this incoming claim in order to affect claim disposition. MMA will work with the State during implementation to document and configure the system as directed. FirstRx flexibility provides the ability to construct unique benefit structures or edits based upon characteristics including, but not limited to, drug code (NDC, GSN), drug class, prescriber type (psychiatrist), taxonomy code, and/or the member's health condition to support State program requirements. Therapy can be deemed inappropriate or appropriate based on specific diagnoses. For example, a claim for a prenatal vitamin may pay if a pregnancy diagnosis is found in claims history or submitted on the claim by the dispensing pharmacist. However, a claim for an opioid may be denied if a pregnancy diagnosis is found in claims history or submitted on the claim by the dispensing pharmacist.

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.

MMA's ProDUR is a fully integrated component of FirstRx POS and supports all clinical management and pharmacy claims adjudication functions. Our automated ProDUR solution meets and exceeds all State and Federal requirements, including OBRA '90, and it complies with the latest NCPDP telecommunications standards. We prepare all the CMS-required DUR reports. FirstRx ProDUR capabilities allow us to create customer specific ProDUR criteria using FDB as a base file to produce messaging to pharmacies at the time of submission. FirstRx uses FDB DUR criteria to edit against predetermined standards including monitoring for drug-disease contraindications, as well as therapeutic appropriateness, over-utilization and underutilization, appropriate use of generic products, therapeutic duplication, drug-drug interactions, incorrect drug dosage or duration of drug treatment, and clinical abuse/misuse, as approved by the State. We will work with the State to develop and use ProDUR alerts for pharmacy claims to improve the efficacy, quality, and cost of member care at the point of sale. As directed by the State, MMA can configure varying levels of the ProDUR alerts, and the outcomes can be an informational message on a paid claim response, or a claim denial/reject with supplemental messaging. Using comprehensive review of medical references and pharmacy compendia, our clinical staff will develop, recommend, and present clinical criteria to the State for approval of non-preferred drugs within each proposed therapeutic class. Our clinical process is not intended to restrict medication utilization, but to promote the most clinically appropriate and cost-effective medication use. MMA identifies potential opportunities and acts quickly to implement clinically sound, cost-effective programs to capitalize on these opportunities. We can customize those criteria for the State after accounting for the specific needs of the Program's members. Recommendations for changes to existing criteria and for handling new medications to the market are reviewed with the State.

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).

FirstRx will be configured to use a PA process that is specific to State-approved edits. Our solution is able to authorize a particular drug for coverage without overriding the edit for non-rebated products, for example. FirstRx affords the flexibility to configure valid NCPDP intervention and outcome codes associated with the conflict code that is returned to the submitter. This ensures only valid, State-

approved code combinations submitted on the incoming claim will override the ProDUR conflict denial. Additionally, all ProDUR criteria may be selectively configured according to the severity code by conflict type and set to deny, warn, or optionally not be invoked in claims adjudication. FirstRx stores all the data related to the denial and override, and all data are available for reporting and auditing. Our ProDUR system meets all Federal requirements, including OBRA '90. In the case of a PA-required denial, we use an NCPDP error code, the defined messages associated with those codes, and supplemental messaging in the FirstRx adjudication engine, to supply significant detail and assistance to providers. For claim submissions that do not meet prior authorization requirements, submitting providers may be instructed about the product's preferred or non-preferred status, alternate therapies that do not require prior authorization, or valid disease states or diagnoses for authorization approval. All information conveyed through supplemental messaging is at the direction of the State.

g. The ability to process and price compound prescriptions using the multiple ingredient compound list at POS.

FirstRx processes multi-ingredient compound claims per the NCPDP D.0 standard for compound processing and pricing, using the multiple ingredient compound list at POS, and our processing will be configured for the State to fully comply with all Federal and State-specific policy and procedures. This includes identification of all components of the compound, drug coverage, clinical ProDUR processing, and pricing edits associated with each individual component. FirstRx functionality ensures that at least two unique ingredients are submitted for multi-ingredient compound processing, and if two unique ingredients are not submitted, denies the claim with the appropriate NCPDP denial with supplemental messaging as defined by the State. FirstRx will receive and adjudicate State Medicaid pharmacy claims in accordance with the benefit and payment methodologies required by State program regulations, and it will correctly price all pharmacy transactions including multi-ingredient compounds. The pharmacy provider is required to enter all compound components and associated quantities and costs. Next, FirstRx evaluates each ingredient separately, performing appropriate edit checks and pricing, and will pay all, part, or none of the claim as approved by State policy.

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).

FirstRx affords the ability to adjudicate and price multiple ingredient compound claims when multiple NDCs contained within that claim carry different disposition statuses (pay vs. deny vs. prior authorization) according to State's Pharmacy Benefit Design (PBD). In some cases, ingredients that are not covered by the program may be included in the claim. FirstRx will recognize a Submission Clarification Code value of 8 that alerts the system to process the non-covered ingredient but not reimburse the provider for that ingredient. As shown in *Figure MSQ3-2*, First Rx provides the capability to scroll and see each compound claim ingredient submitted and how it displays rebate status for each NDC. The screenshot at left is of a payable NDC within the compound. The screenshot at right is of the non-payable NDC where the SCC=8 bypasses payment. Both NDCs are within the same submitted compound claim.



Figure MSQ3-2: FirstRx Pays the Payable NDCs on a Compound Claim (TRADE SECRET)

i. The ability to process mass reversals and adjustments including any limitations that may exist.

FirstRx processes mass reversals and adjustments as required by program policy and approved by the State, without limitations on this functionality. Reversals and adjustments to a group of claims are generally initiated at the direction of the State. Adjustments can include voids (reversals), recoupments, liens, and transactions from audits, and other non-claim-related transactions. The reversal and resubmission each receive a unique Internal Control Number (ICN), and all three transactions are linked. The adjustment is reflected on the provider's RA with the appropriate reason code(s). FirstRx includes a mass adjustment function that allows multiple claims to be adjusted at one time. Using the mass claims adjustment functionality, FirstRx can process mass adjustments automatically, so that the user is not required to intervene on a claim-by-claims basis. Authorized users can search for a subset of claims based on parameters including drug product, member, adjudicated group, and/or specific rule ID effected during adjudication. Claims returned in the FirstRx Mass Claims Adjustment search are available for review and selection or de-selection prior to executing the resubmission or adjustment in production. Authorized users may submit the mass claim adjustment job as a trial job in the FirstRx restore environment, and review results before executing in the production environment. Claim transactions processed using this feature are stored in the FirstRx database and are available for review and reporting. Authorized users are able to identify multiple members, providers, and/or prescription numbers to set up an adjustment.

FirstRx provides an audit trail of each rule that was used to adjudicate each claim and the result of that rule's application, which ensures that any manually created rules used to adjudicate the claim are part of the record and can be viewed. Reversal transactions contain a unique claim identification number, as well as a link to the unique claim number of the original claim that was reversed. If a claim is adjudicated and paid in one cycle and then reversed or adjusted in a subsequent cycle, that adjustment is sent in the claims file to the MMIS, preventing an imbalance in the claims process. Each distinct transaction is stored in the FirstRx database and available for review and reporting. As shown in *Figure MSQ3-3,* NCPDP B2 and B3 transactions are assigned a unique claim identification number, as well as a hyperlink to the unique claim number of the original claim which was reversed. Our reconciliation process incorporates matching claim reversals and adjustments to originally paid claims so that adjustments are included in the claims file to prevent an imbalance in the claims process.



Figure MSQ3-3: FirstRx B2 Reversal with Hyperlink to Original Paid Claim (TRADE SECRET)

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.

FirstRx is able to cross-reference specific NPI, Medicaid Provider ID, State License number, DEA number, or other unique prescriber identifiers as required by the State or HIPAA. FirstRx maintains an integrated prescribing provider panel. We will load the provider file sent from the State or its designee to FirstRx, which will use that information to check prescribing providers with data in the prescriber field and ensure that the data in the DEA and NPI number field in the MMIS and POS System is accurate. MMA also loads the LexisNexis file, which contains prescriber attributes such as taxonomy and alias IDs. FirstRx supports the ability for authorized users to manually add or terminate a provider's record outside of the typical load process to address critical access to care issues. FirstRx fully processes the transaction and returns up to the maximum allowed number of edit responses as set by NCPDP. A claim will be denied at the POS and return the appropriate NCPDP error message to the submitter if the provider record is terminated, suspended, or is not on file as compared to the claim DOS. If the claim is denied due to failed edits related to the prescriber status, then the pharmacy provider receives a message indicating the denied status, specifying all denial reason(s) and next steps if applicable. All information conveyed through supplemental messaging is at the direction of the State.

k. The ability to confirm Medicaid-enrolled Provider Prescriptions are processed.

As directed by the State, FirstRx will be configured to verify that the pharmacy and the prescribing providers are eligible on the date of service, enrolled in Medicaid/present and valid in the State Medicaid participatory panel, and that all dates on the claim are valid and reasonable. Pharmacy and prescriber provider information, including unique identifying numbers, are loaded into FirstRx for use in the adjudication process. The Pharmacy Provider File can serve as a main repository of information related to each pharmacy provider in the network, including their hours of operation, location, any special certifications, or credentials. FirstRx can be easily configured to reject the claim with the appropriate NCPDP error code when the submitted prescriber NPI ID is also found in the pharmacy file, as approved by the State.

l. The quality assurance process utilized to assure accuracy of the Claims processing and ancillary systems proposed (if applicable).

MMA will perform our fully developed claims processing quality assurance (QA) activities to monitor claims processing performance and compliance through the system to ensure claims entry, claims

resolution, and claims adjudication activities are performed in accordance with approved guidelines as defined or approved by the State.



FirstRx's automated QA activities include edits and checks to validate at the POS that 100% of claims are processed accurately. FirstRx ensures that each incoming transaction is subject to syntax editing (e.g., number-only fields are numeric), and that the transaction is subject to relational editing (e.g., the submitted member number is on file and eligible) and ensures that the transaction data are consistent with the NCPDP field and valid code values. FirstRx fully processes the transaction and returns up to the maximum allowed number of edit responses as set by NCPDP. FirstRx assigns a unique identification number (i.e., ICN) to every claim that enters the system, regardless of the mode of submission (e.g., POS, batch, paper, or web interface). The ICN cannot be reassigned and is the master index for all claim-related activity, including adjudication, reversal transaction, quantity and financial accumulations, and all extracts. If the integrity of the data is compromised and the system encounters a fatal error such as a Missing/Invalid Member ID, transaction processing stops, and the appropriate reject message is returned to the submitter for correction. In addition to returning an NCPDP edit number and error description, FirstRx uses more descriptive language via supplemental messaging to the provider to facilitate claim resolution. All edits are posted to the claim record and made available for reporting. When multiple claims are sent on a single transaction, FirstRx is configured to ensure that only those claims that invoke denial edits are returned to the provider in a non-payable state. The claims within the transaction that do not prompt denial edits are processed.

FirstRx conducts claim format validation to ensure compliance with all Federally-named standards, performs quick and accurate claim adjudication, PA dispositions, DUR evaluation and response, member benefit evaluation and accumulations, all pricing functions, and real-time fraud and abuse capabilities. Claims are evaluated according to State-approved criteria and result in an immediate return message to the pharmacy with all appropriate NCPDP responses, including both ProDUR messaging and information regarding the claim's disposition. Consistency controls will ensure claims adjudication complies with Medicaid rules. The system maintains data integrity through the strict enforcement of NCPDP field standards. FirstRx allows the flexibility of adjudicating all claims using the same subset of edits/audits/rules, regardless of the mode of submission of the incoming transaction or applying different edits/audits/rules based on the mode of submission. Unless exceptions are configured, all claims submitted are subject to the same validation and State policy edits.

FirstRx supports the validation of date fields through format mask validation, but also contains edits related to date submitted versus system date. A claim submitted for a future date or for a non-existent date is denied with the appropriate NCPDP-defined error code. FirstRx calculates and validates against defined edits or industry standards using submitted claim data including, but not limited to, quantity per day, dosage per day, rolling quantity limits, member and plan financial obligations or maximums. FirstRx enforces unit of measure and package size edits to further mitigate risks associated with improper billing units or quantities. FirstRx validates pharmacy provider and prescribing provider information received from the MMIS early in the adjudication process. If the submitted information does not pass the verification and validation checks, NCPDP reject messages are returned to the submitter with additional messaging identifying the issue to expedite resolution. FirstRx performs checks based on submitted data for pharmacy lock-in or prescriber lock-in, specific to that location, specialty, prescriber type, or for the specific member. If any edits are found for lock-in or other limitations, the transaction is processed, compiling relevant amounts towards quantity limitations, financial limitations, script limitations, or other limitation types.

FirstRx verifies that the member is eligible and not otherwise restricted on the date of service. The system loads eligibility data from the MMIS and uses current and historical eligibility data stored in the

member enrollment file to support eligibility verification and claims processing. FirstRx validates effective and termination coverage dates stored in the database to determine the member is on file and eligible on the date of service to receive pharmacy benefits. When a claim is denied, the denial response provides the NCPDP-compliant error code indicating ineligible, preventing payment.

m. The ability to provide customized messages back to retail pharmacies through a POS return adjudication response, including any limitations.

We have successfully configured FirstRx to accommodate each of our state customers' complex and specific messaging requirements and will do so for the State. FirstRx validates that each incoming claim is submitted in an NCPDP-compliant format and that it meets all applicable NCPDP Telecommunication edits/rules for fields, segments, and code sets. If the claim fails any edit(s) FirstRx returns the appropriate NCPDP reject codes and messaging on the claim response. FirstRx additionally includes functionality to create State-specific supplemental messaging as needed to further advise the claim submitter in the event of a denied claim. FirstRx is a highly configurable rules-based application that allows our Benefit Configuration Specialist to control the system parameters related to messaging (alerts). ***We have worked with our customers to modify the character length for these supplemental messages to 3,000 characters.*** Through NCPDP reject codes and supplemental messaging on the claim response, we supply significant detail and assistance to submitting providers.

n. The ability to deny Claims for Care Management Organization (CMO) Members and communicate the Member's CMO assignment back to the retail pharmacy.

When MMA has been provided the member's CMO assignment on the enrollment file, it will be loaded to the member's profile. Claims will be denied at the POS and return the appropriate NCPDP error message to the submitter if the member's profile in FirstRx shows that the member is assigned to a CMO on the date of service. FirstRx will support supplemental messaging to accompany standard NCPDP reject codes and return messages, including providing contact information for the CMO that the member is enrolled in, when appropriate, to assist the submitter with where to route the claim.

o. The system edits in place at POS to notify pharmacists of a potential Step Therapy program

MMA configures adjudication rules in FirstRx to enforce State-specific program policies, including claim rules that apply automated or manually created PAs, quantity limits, step therapy, and PDL exceptions. We will configure FirstRx to provide alerts and messages according to State program policy, and the pharmacy provider will receive NCPDP-compliant error messaging advising of the next step required. FirstRx Step Therapy edits can be configured to be informational, overridable by the dispensing pharmacist, overridable by MMA's Help Desk, overridable with a PA, or not overridable, based on the State's direction. By initiating step therapy protocols, MMA assists the State in controlling utilization/drug benefit expenditures without compromising quality of care. We offer the following prerequisite and exclusive step therapy edits:

Step Therapy Edit	Description
Prerequisite Step Therapy	For the current claim to be adjudicated, the member must have taken or be currently taking at least one of a list of associated therapies; the prerequisite therapy check looks for any active prerequisite drug claim within the period start date and the period end date for the current prescription.
Exclusive Therapy	Generates warnings regarding the prior or concurrent use of associated therapies; rules relate to a specific drug or drug class and optionally to a disease. Through FirstRx, we can customize with and without diagnosis exclusion edits and evaluate claims history for existence of a previous drug trial, eliminating the need for prescribers to initiate a formal PA request.

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

MMA delivers cost-effective, government healthcare-focused solutions. Our proven FirstRx POS System will be configured to perform the full scope of edits and audits as defined by the State. FirstRx will accept and process all pharmacy claims, including batch and paper. MMA's ***mature and MITA-enabled architecture*** complies with the applicable infrastructure architecture standards for performance, security, and data retention described in the eRFP. ***In 2023, we processed over 374 million pharmacy claims that totaled over [redacted] in payments*** on our government healthcare customers' behalf. Collectively, our government pharmacy services touch nearly 56 million lives.

MITA-Aligned Solution

Our MITA focus is of value to our state partners because it allows them to leverage our architecture to raise their MITA maturity and allows easier interoperability with other modules in the enterprise which also have a focus on the MITA framework. Our scalable solution aligns with CMS modernization principles and adheres to CMS MITA framework version 3.0:

- Modular system
- Based on Service Oriented Architecture (SOA) design principles
- Utilizes web-based COTS products with single sign-on
- Meets the goals of the MITA Seven Conditions and Standards
- Overall "A" rating for security, according to the Risk Recon Benchmark Report
- CMS-certified for 15 Medicaid programs.

MMA's ***NCPDP/HIPAA-compliant, online pharmacy claims processing solution*** meets and will continue to meet all Federal requirements as prescribed by CMS, the requirements outlined by the National Archives and Records Administration Code of Federal Regulations (CFR) parts 42 and 45, and standards for DUR, including those identified in OBRA 1990 and OBRA 1993, as well as the Social Security Act Section 1927 (g). MMA provides PBA services to customers across the nation, offering a full line of scalable pharmacy services focusing on Medicaid customers.

MITA Medicaid Information Technology Architecture

MMA's proprietary PBA Solution, which includes POS functionality, incorporates all facets of Medicaid modernization, leveraging COTS and Cloud solutions to deliver a best-in-class scalable, modular solution. Comprised of loosely coupled modules with open, documented interfaces that rely on configuration, rather than customization, our solution offers state Medicaid customers the flexibility to adopt new features as they become available and quickly adapt to the ever-changing healthcare landscape. Each module within our solution addresses a specific business function and meets CMS' defined criteria of a module as a packaged, functional business process or set of processes

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implemented through software, data, and interoperable interfaces. Our PBA POS Solution is currently in place supporting 14 Medicaid pharmacy programs today. ***Driven by a pre-existing single code base, our solution does not need to be designed or developed***. We will configure, test, implement, and deploy a State-specific instance of our solution that is customized to the requirements specified in the eRFP. Once deployed, our systems are ***highly configurable, enabling rapid adjustments to be made in response to the changing demands of Federal and State policy and program volume and strategy,*** including formulary design, therapy limits, lock-ins, and other policy changes.

MMA's software development and testing have maintained and will continue to maintain compliance with industry standards, MITA 3.0 guidance, and the CMS Seven Conditions and Standards. MMA uses leading technologies as the foundation of our solution, enabling us to continuously evolve our maturity and alignment to MITA principles, including a commitment to deliver SOA components wherever possible and practical.

a. Current Claims processing capacity and future scalability (including timeframes that may be required to achieve scalability needs)

The innovative tools and the hardware/software that support the MMA pharmacy system and services solution are all based on scalable technologies that can expand based on the need to accommodate additional volume. We currently provide a full line of scalable PBA services and solutions to 14 Medicaid programs, eight AIDS Drug Assistance Programs (ADAPs), and four State Pharmaceutical Assistance Programs (SPAPs). ***In 2023, FirstRx processed an average of 21,613,708 paid government healthcare program pharmacy claims per month, far exceeding the minimum mandatory requirement.***

MMA's hosting approach utilizes the AWS cloud to facilitate massive scalability. We are no longer constrained by the hardware available to us in our data center. Our cloud architecture allows us to scale compute, bandwidth, and storage in minutes rather than months. In addition to rapid scalability, our cloud architecture also allows us to deliver high availability and dependable disaster recovery to all our state partners. As an example, we are the pharmacy vendor for the largest Medicaid FFS program in the United States, and we routinely process an average of 84,000 POS transactions per hour. We have been able to scale that system to process 150,000 transactions per hour while maintaining sub-second response times.

Our Medicaid agency customers benefit from a faster turnaround time, quicker Disaster Recovery, and enhanced reporting. Cloud services reduce the time and effort required to run existing workloads, provide access to powerful new analytical capabilities; include robust recovery capabilities; and meet security and privacy requirements.

Our ***modern, virtualized infrastructure*** provides the same IT capabilities with software that legacy architectures provided with traditional physical resources, and virtualization means that MMA can allocate our virtual resources quickly and across multiple systems, based on the varying needs of the State Medicaid enterprise. MMA's systems are deployed on application server clusters consisting of two or more servers. As the need arises for additional computing power, additional servers can be added to each cluster to accommodate for growth.

We have sufficient monitoring capabilities and change management process controls to ensure ***the resources available are sized appropriately to meet data processing needs***. For example, for MMA's FirstRx POS system, the Cisco load balancer distributes work across the cluster of FirstRx nodes. As load increases, multiple Distributors and Transaction Engines will be activated so claims can be balanced among them by the node's distributor. The computation layer is supported by the

data layer consisting of an Oracle Cluster allowing the concurrent processing of data. ***This architecture gives FirstRx the ability to achieve massive scale.***

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.

MMA continually refreshes our technology, but we do not anticipate any major upgrades that would disrupt State Pharmacy Program operations. MMA has provided ***government healthcare claims administration services since 1972*** and ***pharmacy benefits administration services since 1984.*** Our proprietary FirstRx POS platform has been ***used and continuously improved upon since 2001*** to efficiently manage all of our government customers' unique requirements, providing a turnkey solution that has been kept current with NCPDP including the current D.0 version. Our solution will be configured for compliance with the NCPDP F6 version when that becomes the standard. MMA's solution has been certified by CMS for 13 current and 2 former state government customers. Our technical solution incorporates all facets of Medicaid modernization, leveraging COTS and Cloud solutions to deliver a ***best-in-class, scalable, modular Medicaid pharmacy solution.***

MMA makes quarterly enhancements to our solution in response to evolving business, regulatory, and technological developments in the marketplace. Because FirstRx is built on a single code base development platform, we are able to easily deploy and manage these system enhancements across our entire customer base simultaneously. Our Pharmacy Solution is a COTS, single version of software that provides stability and a risk-mitigated Software Development Lifecycle (SDLC). As changes to the software are deployed, our customers can leverage these new capabilities at their option (with the exception of industry-mandated changes, e.g., NCPDP). This aspect of our solution is aligned with the MITA 3.0 Leverage Condition because it promotes sharing, leverage, and reuse of healthcare technologies and systems within and among our state Medicaid customers, furthering the MITA maturity of the states we serve.

Vision for the Future

MMA's PBA Solution has evolved over time to take advantage of advancements in technology and increasing our flexibility to keep pace with the ever-changing Medicaid landscape. A few years ago, we were able to deliver significantly more value to our state partners because of our migration to the cloud. As the cloud environments have matured, adding countless additional services that add stability, availability, and speed, we consistently work to determine the best way to deliver this new value through our solution. MMA is moving forward over the coming years to develop a new version of our software that builds on all the power and flexibility of our current solution. Our new modern enterprise pharmacy platform will be cloud native to take direct advantage of the power and security of the modern cloud as well as making judicious use of AI. Our technical goal is to expand upon our current solution, which is the best in Medicaid, to our new modern platform which will be the new state of the art for claims processing in all of health care. Doing so will allow us to realize our true goal, which is to seamlessly enable digital patient experiences, ensuring a more streamlined and efficient healthcare journey for all the members we serve.

Capacity Planning

We are experts in capacity planning. and our cloud strategy includes procedures for monitoring our performance center on resource utilization hitting a predetermined threshold, or benchmark, for provisioning additional computing and storage resources. Capacity planning procedures center on resource utilization hitting a predetermined threshold, or benchmark, for ***activating additional hardware.*** Additional capacity on-demand resources are easily allocated for each system, allowing for processor, memory, and disk activation ***without POS downtime.***

MMA will be responsible for operating and maintaining the hardware or software needed to support the eRFP Scope of Work. We will provide support, monitoring, and maintenance for our PBA Solution to ensure that it continues to operate according to agreed-upon functionality. Through our Medicaid experience, MMA provides operational and maintenance excellence that will support the operation and functionality requirements as defined in the eRFP. This level of maintenance support follows our System Refresh Policy, which addresses the procedures our IT Department uses to ensure production systems are using current versions of operating systems and software systems. MMA provides our customers with routine system maintenance at no additional cost. This routine system maintenance includes:

- Activities to remain in compliance with Federal law, administrative rules, current industry standards and operating rules associated with those standards, and documentation (i.e., operating manuals)
- Activities to validate data, tables, programs, and documentation, as well as data maintenance activities for updates to tables, including database support activities
- Changes to scripts or system parameters concerning the frequency, number, sorting, and media of reports; changes to disposition parameters for established edit or audit criteria.



Autoscaling in combination with CloudWatch, which continuously monitors our resources and the applications that we run on the Cloud in real time, is used to support scalability and performance demands of the MMA pharmacy solution. Reporting and analysis are completed on an as-needed basis, during project implementations, and during times of business growth and acquisitions to ensure MMA's data processing environments meet the current and future State needs.

c. POS adjudication capability, ease of configuration, and any limitations.

Our scalable, proprietary FirstRx POS system, the heart of our pharmacy solution, was designed to remain effective in the face of change. FirstRx is currently provides ***6,372 Medicaid-tailored claim checks and edits*** that manage care within the guidelines of Medicaid rules, and according to the guidelines of the State. As the industry makes updates to approved messages and edits, FirstRx incorporates those updates.

More than 98% of all program changes are configurable by a business analyst and do not require any development or customization efforts. Through configuration, not coding, our system has efficiently kept pace with rapid changes in government healthcare programs and program policy. We have demonstrated this agility as we have continued to configure the system to meet evolving government customer needs throughout our ***40 years of pharmacy benefit administration experience*** supporting government healthcare programs.

FirstRx edit capability is virtually unlimited, enabling rapid adjustments in response to the changing demands of program strategy, including benefit plan design, therapy limits, lock-ins (recipient restrictions), and other policies. System edit standards are predetermined based on peer-reviewed medical literature and references, such as American Hospital PDL Service Drug Information, United States Pharmacopoeia Drug Information, Clinical Pharmacology, and Facts and Comparisons. Our FirstRx ProDUR functionality in FirstRx is operated according to the latest accreditation standards of telecommunications defined by NCPDP.

We offer full custom capabilities and tailor claim edits specific to the State's needs and consistent with NCPDP standards. ***For one of our western Medicaid customers, MMA configured over 600 edits since Go-Live to assist with broadening the PDL and automating the PA process.*** The following table provides an overview of the POS edits MMA implemented to improve the pharmacy benefit as well as to control costs for this Medicaid customer.

POS Edits	Purpose
National Impact	▪ MME – Implemented Morphine-Milligram Equivalent (MME) Accumulator ▪ Standard CDC and customer-configured Equivalency tables available ▪ Unique call center calculator to help providers (pharmacies and prescribers) anticipate unadjudicated claims impact on MME limit ▪ Customer-specific MME limit tapering, e.g., movement from 300 to 250 MME or 300 to 90 MME with relatively short front-end notice ▪ SUPPORT Act – Duplicate Therapy Configuration ▪ Opioids with Benzodiazepine and Opioid and Antipsychotic Edits – Customization available by Therapeutic classes or specific NDCs ▪ Edit types – DUR edit with custom severity levels, soft (messaging) edits, hard edits
MMA Content	▪ AutoPAs – Automated therapy or clinical edits and approvals based on medication use, therapy duration, ICD-10 diagnosis history, automated grandfathering of non-preferred agents; examples – Stimulant therapy AutoPAs for ICD-10 diagnosis in history, 365-day Contraceptive allowance with 90-day stabilization, non-preferred approval with preferred(s) utilization in history (reduces call center impact with PDL changes) ▪ POS Edits ▪ Maximum quantity per day, Quantity per Fill, Quantity per rolling days, accumulation quantity maximums in drug groups, etc. (cost containment) ▪ Days per fill, Days' supply, Number of fills, etc. ▪ Customizable tolerance around FDB or State-specified maximum doses ▪ Examples – Maximum of 3,000 mg of Acetaminophen (APAP) accumulated across all APAP-containing products, Maximum of 675 mg of Ajovy® (fremanezumab) across all dosage forms, Maximum of 2 per day of Oxycontin® (oxycodone ER).

Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing.

MMA's proven POS system will meet all requirements listed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing.

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

MMA offers a robust Drug Utilization Review (DUR) program. ***Using expertise from more than 40 years of pharmacy administration experience, which includes 34 years of ProDUR experience, MMA continuously enhances our ProDUR solution and editing capability.*** Based on each state's specifications, these edits are set to message or deny, which results in meaningful interventions that do not over-burden dispensing pharmacists with clinically insignificant data. We design our ProDUR messaging to be clear and concise and to address only the most clinically significant circumstances so as not to create message-fatigue. MMA believes that the most effective ProDUR program functions as an adjunct to a pharmacist's education and professional judgment. It does not replace the human cognitive review process. In addition, MMA provides ProDUR edit reporting to our customers. In the following narrative, we provide details about the systems MMA utilizes for ProDUR editing, including the edits available and customization options.

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.

MMA's ProDUR editing system utilizes the clinical modules within the First Databank (FDB) MedKnowledge database. Our proprietary ProDUR solution is an integrated component of our FirstRx POS system and supports all clinical management and pharmacy claims adjudication functions. Our fully automated ProDUR solution meets and exceeds all state and Federal requirements, including those identified in the Omnibus Budget Reconciliation Act (OBRA) 1990 and OBRA 1993, and is operated in accordance with the latest accreditation standards of telecommunications defined by NCPDP (PBA Services SOW 3.1.16). FirstRx meets DUR regulations and CMS guidelines. We provide the data necessary for program reporting and use this data to prepare all the CMS-required DUR reports. The MMA ProDUR solution meets all eRFP requirements.

The ProDUR capabilities of the FirstRx system allow us to create customer specific ProDUR criteria using FDB ProDUR criteria as a base file to produce messaging to pharmacies at the time of

submission. We receive and load DUR data into FirstRx weekly from FDB for use in ProDUR editing. FDB's proven DUR data are used by adjudication to edit against explicit predetermined standards including monitoring for drug-disease contraindications, as well as therapeutic appropriateness, over-utilization and underutilization, appropriate use of generic products, therapeutic duplication, drug-drug interactions, incorrect drug dosage or duration of drug treatment, and clinical abuse/misuse. We will work with the State to develop and use ProDUR alerts for pharmacy claims to improve the efficacy, quality, and cost of member care at the point of sale. As directed by the State, MMA can configure varying levels of the ProDUR alerts, and the outcomes can be an informational message on a paid claim response, or a claim denial/reject with supplemental messaging.

Pharmacy and medical claims data are compiled to create online comprehensive member health profiles, which are updated daily. Based on State-specific selected criteria, incoming pharmacy claims are evaluated against these member health profiles during claims adjudication. If a clinical problem is identified, an alert message is transmitted online to the pharmacist dispensing the prescription drug. Alerts may be set to either return messaging only, deny with provider level override allowed, or deny with Call Center intervention required. Warnings may be related to many potential issues including drug-drug interactions, therapeutic duplication, generic utilization requirements, gender or age edits, quantity limits, etc.

FirstRx ProDUR edit configurability provides enhanced DUR refinement functional capability, which supports further refinement of the claim disposition based on attributes of the drug, the alert, and the member's historical claim profile as directed by the State. For example, many diabetic members require multiple agents to achieve therapeutic goals. To return only clinically relevant DUR information to the pharmacist, specific drugs used in the treatment of diabetes may be eliminated from the Therapeutic Duplication ProDUR edit. This enhanced functionality offers greater flexibility to meet state and population-specific needs by allowing a more focused approach to identification and control of the most clinically relevant ProDUR events. It also offers superior support to submitting providers by returning controlled messaging and requiring intervention only in specifically targeted conditions. ***Through FirstRx, MMA's ProDUR editing capability has been certified by CMS for 15 states.***

FirstRx provides a process to apply DUR criteria and standards adopted by the State. FirstRx supports extensive ProDUR criteria within the claims adjudication process to ensure clinically appropriate alerts and/or denials are transmitted to the pharmacy provider to support their OBRA counseling and improve member outcomes. Through our FirstRx edits, the system alerts pharmacy providers when several defined conditions, such as early refills, therapeutic duplications, drug-drug interactions, drug-disease interactions, are present that could be detrimental to the member. *Figure MSQ5-1* depicts MMA's ProDUR capabilities.



Figure MSQ5-1: ProDUR Capabilities within FirstRx (TRADE SECRET)

In *Figure MSQ5-2,* we illustrate the components of our ProDUR solution.

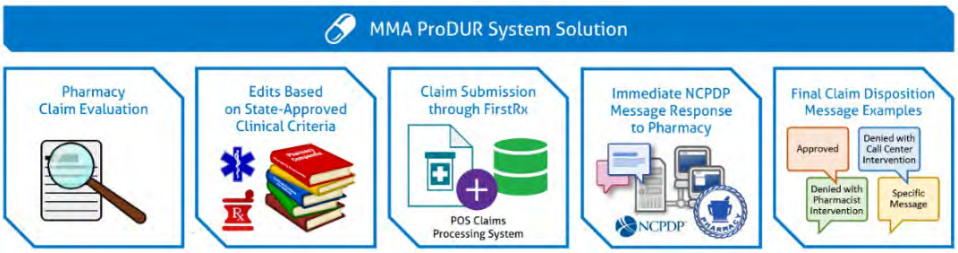


Figure MSQ5-2: ProDUR Solution

MMA's ProDUR solution ensures that only approved edits are applied to all claims. The edits determine problems with a prescription and validate the medical appropriateness of the prescribed drug by comparing the circumstances surrounding the request with established pharmacy-related therapeutic criteria. Our rules-based POS solution provides both unparalleled flexibility and configurability in establishing and modifying edits and rules through online functions by an authorized business user.

In addition, through a comprehensive review of medical references and pharmacy compendia, including peer-reviewed literature and clinical practice guidelines published by nationally recognized organizations such as Up to Date, Micromedex, Lexicomp, and Clinical Pharmacology, our clinical staff will develop, recommend, and present to the State clinical criteria for approval of non-preferred drugs within each proposed therapeutic class. MMA identifies potential opportunities and acts quickly to implement clinically sound, cost-effective programs to capitalize on these opportunities. We can customize those criteria for the State after accounting for the specific needs of the Program's members. ***Our clinical process is not intended to restrict medication utilization, but to promote the most appropriate and cost-effective medication use.*** Recommendations for changes to existing criteria and for handling new medications to the market will be reviewed with the State.

b. The various payment disposition options that can be applied to each of the clinical edits.

FirstRx accommodates various payment disposition options that can be applied to each of the clinical edits. MMA has ***40 years of experience in incorporating various price types*** into pricing algorithms to ensure that POS claims are paid according to applicable State and Federal/CMS regulations. FirstRx stores and uses not only the industry- standard price types, such as AAC, NADAC, WAC, AWP, SMAC, and ACA FUL, but our flexible solution will also allow the State to define or integrate other price types, as appropriate. FirstRx receives and adjudicates claims in accordance with the benefit and payment methodologies required by State program regulations and correctly prices all pharmacy transactions. All claim transactions, regardless of the mode of submission (e.g., POS, batch, paper, etc.), are adjudicated immediately upon receipt, and FirstRx generates an NCPDP-compliant claim response that indicates the claim disposition (i.e., paid, rejected, duplicate). The claim response also includes other pertinent information related to the claim outcome such as NCPDP and supplemental messaging (e.g., messages for ProDUR, benefits-related information, and COB), an NCPDP reject code(s), and payment amounts.

Configured to support State ProDUR processing in the claims adjudication process, FirstRx will evaluate claim transactions against member medication and medical history during the adjudication process. If a clinical problem is identified, FirstRx will return alert messaging, including appropriate severity levels, to the pharmacy dispensing the drug. We will transmit messages as informational; use the alert indicator to cause the claim to deny; and through FirstRx, allow an electronic override process by the dispensing pharmacy in accordance with NCPDP standards and State policies for Ingredient Duplication (ID), Drug to Drug (DD) and Therapeutic Duplication (TD) interactions.

Based on requirements approved by the State, FirstRx rules will allow the provider to take the appropriate action and submit specific value(s) in the NCPDP DUR/PPS Segment of the claim (e.g., NCPDP field 439-E4 – DUR Reason of Result [Conflict Code] for Service Code) in claim fields to override a ProDUR edit that otherwise would cause a claim denial. We offer different levels of potential ProDUR therapeutic interventions to complement the range of clinical severity associated with drug therapy situations. FirstRx affords the flexibility to configure valid NCPDP intervention and outcome codes associated with the conflict code that is returned to the submitter. ***This ensures only valid, State-approved code combination submitted on the incoming claim will override the ProDUR conflict denial.*** Additionally, all ProDUR criteria may be selectively configured according to the severity code by conflict type and set to deny, warn, or optionally not invoked in claims adjudication. FirstRx stores all the data related to the denial and override, and all data are available for reporting and auditing.

MMA brings added value to the ProDUR process by leveraging our depth of clinical expertise to ***quickly configure the system as new clinical information is published and to make modifications required and approved by the State.*** Our ProDUR messages are designed to be clear, concise, and to address only the most clinically significant circumstances. Designed to minimize false positives, FirstRx returns only the most appropriate alerts. In our experience, maximum pharmacy provider intervention is achieved when pharmacy providers receive clinically relevant and critical ProDUR messaging, alerts, and denials aimed at ensuring safe, appropriate, cost-effective drug utilization for members. We will configure custom messaging to supplement NCPDP standard messaging for pharmacy providers during the adjudication process as directed by the State.

c. Description of the ProDUR edits that can be suppressed at the State's request, including any limitations.

Because of FirstRx's flexibility, ProDUR edits can be suppressed at the State's request with no limitations. FirstRx supports maintenance at the NDC code level, the drug level, drug strength, drug quantity, daily supply, and date of service. FirstRx applies ProDUR processing results in the claims

adjudication process. Edits can be constructed by the mode of submission (POS vs. batch/paper), pharmacy provider, prescriber, or member, providing flexibility in defining the outcome of edits as they apply to various claims. The DUR database and algorithms can be updated as requested. This online, real-time, table-driven system has the flexibility to allow modifications to be made when needed. MMA uses comprehensive development processes to ensure the creation of quality system edits. FirstRx is an agile and flexible system, founded on a table-driven and rules-based engine, and is supported by a relational database that results in a highly configurable benefit design to accommodate program changes quickly without programming. ***More than 98% of all program changes are configurable in FirstRx and do not require any programming or coding effort.***

Our ProDUR system has several levels of DUR reporting parameters, ranging from PA after a required consultation between the prescriber and a clinical pharmacist/pharmacy technician, to electronic warning messages that are informational in nature, to no response at all. The range of edit responses to denials currently includes:

- **Hard Edits (Clinical ProDUR):** Requires the pharmacy provider and/or prescriber to either meet specific defined criteria via AutoPA functionality within the FirstRx POS system or discuss the prescription with a clinical pharmacist/CPhT in the Call Center prior to dispensing. This would constitute a hard edit that requires a clinical intervention or demonstration that the member meets certain criteria. For example, the State can require a hard edit on the early refill ProDUR alert (overutilization), which would necessitate a call to the Call Center to verify that the member meets the criteria to receive an override. These edits are highly flexible in nature and can be applied at various levels.
- **Soft Edits (Non-Clinical ProDUR):** Requires the dispensing pharmacist to review the edit and make a decision about the therapeutic concern based on their clinical expertise and the information provided in our messaging. If the prescription is appropriate in the clinical judgment of the pharmacist, the alert can be overridden using Professional Pharmacy Service (PPS) codes. An example is the Drug-to-Geriatric precaution that alerts pharmacists of potentially inappropriate medications in the elderly population. This alert can be overridden via PPS codes if the pharmacist deems appropriate. The dispensing pharmacist may consult a Call Center pharmacist to receive more information about the soft edit/message to obtain optimal member outcomes.
- **Message:** Provides the dispensing pharmacist with beneficial clinical information that may be important to consider when filling the prescription. This message allows the pharmacist to review the information and decide whether action should be taken which can range from calling the prescriber to providing additional counseling to the member. Again, a dispensing pharmacist may consult with one of our Call Center pharmacists at any time to discuss information received via our claims adjudication system.
  - Return reject or message responses for claims with selected drug-to-drug interaction criteria within a given severity level. For example, the State may decide to reject for one or several drug-to-drug interactions within Severity Level 1 and message on remaining criteria within the same Severity Level. This provides an enhanced level of granularity not available when edits are set to all criteria within a Severity Level.
  - Base the claim disposition on the specialty of the prescriber when determining whether a Therapeutic Duplication alert for a particular drug or drug class should reject or message. For example, the State may implement a message with a paid response for narcotic claims in cases where the prescriber is an oncologist and reject for other specialties.
  - Return a reject or message response based on same or different prescriber or pharmacy provider status. For example, the State may choose to reject the claim if the prescriber of the

historical claim is different from the prescriber of the incoming claim, and message only if the prescriber of both claims is the same.

MMA can assign any of the above levels of ProDUR parameters to edits that the State determines appropriate. This process ensures that the maximum quality of care and member safety is achieved. It also adds a review for overutilization within highly utilized and often over utilized classes of drugs that contribute to increased fiscal burden on the State and an excessive number of claims per member.

MMA's ProDUR solution ensures that only approved edits are applied to all claims. The edits identify problems with a prescription and validate the medical appropriateness of the prescribed drug by comparing the circumstances surrounding the request with established pharmacy-related therapeutic criteria. Our rules-based POS solution provides both unparalleled flexibility and configurability in establishing and modifying edits and rules through online functions by an authorized business user. FirstRx will provide the State with an agile, highly configurable system with ***6,372 Medicaid-tailored claim checks and edits,*** including drug and DUR edits, which manage care within the confines of Medicaid rules. FirstRx can be configured to apply the State's claims adjudication business logic for ProDUR, as well as COB, member benefit evaluation and accumulations, member copays and deductibles, clinical and business edits, pricing methodologies, provider fees, PA, automated PA processing, multi-ingredient compound processing, and lock-in program alert messaging to providers.

Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing.

MMA meets all requirements related to ProDUR Editing detailed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing.

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

MMA's Medicaid PBA Solution is NCPDP-compliant. Using our comprehensive, up-to-date knowledge of NCPDP and our refined, proven upgrade procedures, we promptly enhance our Solution so that it always remains compliant with the HIPAA-named NCPDP standards. Our Solution also follows NCPDP guidance, utilizes other NCPDP standards where suitable and/or requested by a customer, and adheres to applicable Federal and State requirements.

a. Detailed internal, and any external, upgrade procedures required to accommodate the new NCPDP formats.

Our Medicaid Pharmacy solution is and will remain compliant with NCPDP standards. FirstRx accepts the most current NCPDP D.0 version for real-time and batch formats.

How MMA Learns about New NCPDP Formats and the Guidance Associated with Them

MMA has an extensive depth and breadth of knowledge of NCPDP and the pharmacy claim industry, and we utilize this deep comprehension to ensure our PBA Solution complies with the HIPAA-named NCPDP standards/formats while also meeting the complex needs of our Medicaid customers. The HIPAA-named standards/formats that MMA supports are the Telecommunication Standard and Batch Standard.

For the versions of the Telecommunication Standard and Batch Standard that are current at a point in time, our Solution adheres to the corresponding version of the Telecommunication Standard Implementation Guide, quarterly version of the NCPDP External Code List (ECL), Data Dictionary, and Batch Standard Implementation Guide. Our staff has expert-level knowledge of all these resources and proficiently applies this learning to ensure our Solution is NCPDP-compliant and also handles any specific Medicaid needs.

In addition to the ECL, our Solution also must support the necessary code sets that are managed by an external entity (i.e., the code set is managed outside of NCPDP's purview). Examples include: Systematized Nomenclature of Medicine-Clinical Terms (SNOMED CT) codes and International Classification of Diseases (ICD) codes.

MMA also continually references the evolving guidance related to the Telecommunication Standard, including the Editorial Document, the Emergency Preparedness Guidance Document, pertinent white papers, FAQ documents, and the Payer Sheet Template. We follow the guidance that is applicable to a customer based on the approval of the customer.

Three recent, relevant examples of when MMA followed NCPDP guidance for Telecommunication Standard version D.0 claims in order to offer an industry-accepted Solution that benefited our customers and their members and also reduced the strain on pharmacies: claims for the COVID-19 vaccines, booster/additional doses, test kits, and any services provided by an individual in the pharmacy related to testing; claims for Schedule II drugs for which the Quantity Dispensed field now is required due to a Final Rule that requires the identification of an incremental fill of a Schedule II drug; and claims for high-dollar drugs for which any pricing data on the Request and/or Response Billing transactions would be one million dollars or greater.

To remain abreast of current NCPDP happenings, MMA's NCPDP experts also join the quarterly Work Group meetings and/or read the meeting minutes for the pertinent sessions. Additionally, we are heavily involved with the applicable Task Groups and Sub-Task Groups (including the Strategic National Implementation Process Committee, SNIP), and we continually access the NCPDP Collaborative Workspace to read the meeting minutes and the documents that the groups create.

Another strategy that MMA utilizes to grow our awareness of NCPDP and the industry is to foster strong relationships with other NCPDP participants. We also are in contact with pharmacy claim experts who approach the NCPDP formats from a different perspective than ours, including pharmacy representatives (i.e., pharmacists and individuals who are experts of the pharmacy software and workflows), switch vendors, and drug data experts.

As an example, due to the criticality of accurate drug data for pharmacy claims (for adjudication, DUR activities, reporting, analytics, etc.), MMA has a monthly meeting with First Databank (FDB) to discuss their updates to drug data, our questions about drug data, and their planned solutions for new and changed industry needs. We currently are conversing with FDB about their ideas to handle the FDA's Notice of Proposed Rulemaking (NPRM) for the changed format of the NDC.

MMA's Upgrade Procedures to Support New or Changed NCPDP Requirements/Guidance

MMA uses the resources described above (including documentation, meetings, and contacts in the industry) to thoughtfully make the required modifications to our Solution so that we remain NCPDP-compliant, meet the needs of our Medicaid customers, and adhere to the externally and internally-defined timelines for the upgrade. This is a collaborative process that is carefully managed. For project oversight, MMA assigns a project manager(s). Their responsibilities include: create a project plan, coordinate and oversee the affected internal and external teams and their tasks, set up required internal and external meetings, disseminate documentation, ensure that the correct resources are available during the duration of the project according to the timeline(s), and escalate any issues.

MMA has three variations of NCPDP-related upgrades that we make to our Solution: changes to the format of the Telecommunication Standard and Batch Standard, changes to code sets, and changes to support new or changed guidance that we will follow for a customer(s). Generally, we follow the same processes for the different types of upgrades.

As first steps, we perform thorough analysis of the new and changed NCPDP requirements/guidance to create our business requirements. (Example: When there are changes to the format of the Telecommunication Standard, we assess the requirements for each segment, field, and code table/data set – including whether there is new, changed, or deleted functionality/behavior.) We also start identifying timelines; the most important timeline is the required implementation date. Where decisions about the requirements or timeline(s) are needed from the customer, input is needed from another vendor/entity, or we have questions about the NCPDP requirements, we follow up with the appropriate individuals.

The business requirements and proposed timelines are vetted by MMA staff as well as with the customer and other vendors/entities as needed. As requirements and timelines are approved (for agility, some projects are broken out into phases or by different types of functionality/impacts), MMA's Solution experts identify all the impacts to our Solution and to the external vendors/entities with which we interface.

For the internal and external impacts, we consider Account Management, Clinical Management, Operations, Benefit Configuration, IT, and Communications teams, as well as external entities such as pharmacies, state agencies, and the other vendors/entities with which we exchange data.) If MMA is receiving new or changed data from an external source as part of the project, we ensure we understand how the data are structured, how and when it is provided to us, and how we need to utilize it in our Solution. Our analysis and solutioning is performed on a per-customer basis in situations where it is warranted.

Once this process is complete, we design and document our upgrade approach. The upgrade approach and its corresponding timeline(s) must be approved internally and, as necessary, with the customer and other affected vendors/entities. We share documentation with all interested parties; this documentation can be customized based on the audience for the information we are presenting. We also lead or participate in any external meetings to discuss the project.

Once the IT and Business/Operations changes are made based on the solutioning, we perform the necessary testing. We perform rigorous internal testing that encompasses any impacts to our downstream systems, including IT unit testing, testing of benefit configuration changes, testing of the IT enhancements, and end-to-end testing. We also perform testing with the upstream and downstream vendors/entities, including vendors/entities with which we exchange data (e.g., our file(s) of adjudicated claim outcomes that are sent to downstream vendors) and the pharmacy switch vendors. All our testing is captured in detailed test documents. These documents must be approved internally and by the customer, and, as necessary, by other vendors. MMA also updates all internal and customer-required documentation (e.g., interface documents) and creates any necessary communications that are distributed externally (e.g., communications to the affected pharmacies or members, updated payer sheets).

Once we obtain all the required internal and external approvals, we deploy the upgraded Solution in the customer's Production environment using the agreed-upon schedule. We perform post-implementation checks to ensure that the upgrade is behaving as expected and swiftly deal with any concerns.

b. The current format utilized for POS processing.

MMA's Solution currently is compliant with Telecommunication Standard version D.0 (including the mandatory update in 2020 that requires the submission of the Quantity Prescribed field on every Schedule II claim) and the Batch Standard version 1.2. We reference the July 2007 version of the Data Dictionary and the current version of the ECL for D.0 claims based on the quarterly schedule.

As the Department of Health and Human Services (HHS) names future versions of the NCPDP standards, MMA makes the required upgrades to our Solution to ensure we remain compliant. We have begun the analysis, business requirements, and solutioning to support Telecommunication Standard version F6 and Batch Standard version 15.

The pharmacy claim industry continues to eagerly await HHS' publication of the Final Rule for NPRM CMS-0056-P, which will define the next versions of the HIPAA-named standards and their implementation timelines (i.e., the effective date of the Final Rule and the compliance date). For Telecommunication Standard version F6 some of the most critical updates are: the extended length of

the pricing fields to support high dollar claims; the transition from the BIN Number to the IIN Number; the addition of the Patient Pay Component grouping, which replaces the 12 fields that comprise the Patient Pay Amount in version D.0; the addition of Submission Type Codes which capture the type of submission (e.g., the claim is an Encounter or a Synchronization Fill) versus the Submission Clarification Codes which define why the claim is submitted when it typically would not be covered; changes to coordination of benefit claims; and the creation of the Reconciliation ID which identifies a specific transaction so that the POS system can track all subsequent activity related to that transaction. MMA stays abreast of the version F6 transition guidance and FAQs that are created by the SNIP committee and other Task Groups.

For every submitted NCPDP Telecommunication transaction that MMA supports (i.e., Claim Billing – B1, Claim Reversal – B2, Claim Rebill – B3, Eligibility Verification – E1), FirstRx validates that it is compliant with the current version of the standard. At a high level our robust validation process verifies the overall format of the Request claim/transaction, that the required and situationally required segments and fields are submitted with valid data, that the submitted data matches the defined field length and type (e.g., date, numeric, alphanumeric), and that code values for required fields adhere to the corresponding NCPDP or external code set.

During adjudication, we also apply all the edits that have been configured in FirstRx to support applicable Federal and State requirements and the customer's Medicaid program. When FirstRx has completed adjudication of the transaction, it generates an NCPDP-compliant Response transaction with any needed messaging or NCPDP reject codes.

Additionally, our Solution supports several other NCPDP standards, such as the Post Adjudication Standard, Prior Authorization Transfer Standard, SCRIPT Standard, Real-Time Prescription Benefit Standard, and State Medicaid Provider File Standard. We update the versions of the non-named standards that we support based on feedback from the customer and impacts to other vendors.

c. Your participation in NCPDP committees.

MMA will provide the State with the great benefit of our extensive knowledge and understanding of NCPDP; the pharmacy claim ecosystem; the complex and ever-evolving world of Medicaid; industry trends; and new technologies that can enhance our PBA solution technically and in a manner that benefits our customers and their members, pharmacies, and other vendors with which we exchange data. ***MMA has actively participated in NCPDP and other pharmacy industry-related groups and meetings for 40 years.***

Direct Involvement with NCPDP

Our staff was directly involved with the shaping of the Telecommunication Standard versions 5.1, D.0, and F6, and we are participating in and voting on the decisions for the named version after F6.

MMA has employees of myriad job types who participate in the various types of NCPDP meetings and are attentive to the pertinent NCPDP documentation. Our all-encompassing approach to NCPDP topics enables us to promptly update our Solution using solid approaches that meet Medicaid customers' expectations.

MMA maximizes this participation by involving employees who represent all aspects of our Medicaid business, such as individuals from the realms of customer account management, customer implementations, clinical management, solutioning for our Medicaid pharmacy offering, and IT. This thorough comprehension of NCPDP and the expansive Medicaid pharmacy claim industry—as well as our reputation as a PBA thought leader—ensure our Solution is NCPDP-compliant in a manner that brings our customers extensive capabilities, forward-thinking approaches, efficiencies, and cost saving and cost containment measures. Where appropriate, we share our learnings with our customers.

NCPDP Work Group (WG) Participation: MMA attends the quarterly WG meetings where we learn about Task Group activities, vote on the items that require voting, listen to CMS' update, track any

other updates on the pharmacy claim industry or NCPDP ballots, and network with other attendees. The three most important WGs we attend are WG1 Telecommunication, WG9 Government Programs, and MC Maintenance and Control—although we ensure we have coverage across all the WGs that are applicable.

Prior to the WG meetings, MMA employees collaborate internally to ensure we are in synch with how to handle the voting items and any comments we should vocalize to the NCPDP community; we take into account our internal preferences/needs as well as our customers' needs. After the WG meetings the employees who attended share their notes and thoughts with the affected parties, and interested individuals read NCPDP's WG meeting minutes.

NCPDP Task Group and Sub-Task Group (TG) Participation: MMA appreciates the immeasurable significance of the TGs due to their critical work in creating documents that are presented in the WG meetings or sent to government agencies as well as the extended conversations and collaborative solutioning that occur in this less formal setting. MMA employees are adept users of the NCPDP Collaborative Workspace; for the pertinent TGs we check the meeting calendar, meeting agendas, meeting minutes, and the documents that are created and updated. Some of the TGs that we currently attend and/or for which we read the meeting minutes are Telecommunication FAQ, Medicaid FAQ, SNIP, Coordination of Benefits (COB), NDC Scarcity, Emergency Preparedness, API, and Clinical and Safety Edits.

Through our participation in the TGs we have assisted with the creation of some white papers (e.g., the Controlled Substance - Quantity Prescribed White Paper); updates to the Emergency Preparedness Guidance Document; NCPDP's comments to NPRMs (e.g., the NPRM for the next HIPAA-named NCPDP standards); the FDA's NPRM for the updated format of the NDC); and the creation of and updates to DERFs (e.g., multiple COB DERFs, an e-prescribing DERF).

Also, MMA follows other TGs as we seek new offerings and opportunities that can bring benefit to our customers (e.g., Pharmacy Services Billing TG, Digital Therapeutics TG, and various TGs for specialty drugs). We also are beginning to think about the future shift to the JSON syntax.

Other NCPDP involvement: Several MMA employees participate in the Consensus Group and all of MMA's NCPDP members vote on WG co-chairs and Board Members based on whom we think best could represent our Medicaid needs. We also attend all the pertinent NCPDP educational summits and webinars.

Examples of other groups, meetings, and resources that benefit our Solution: MMA participates in other valuable groups and meetings that affect the pharmacy claim industry, including National Medicaid EDI Healthcare (NMEH), Workgroups on Electronic Data Interchange (WEDI), the Medicaid Enterprise Systems Conference (MESC), and the State Healthcare IT Connect Summit. We also actively have been involved in multiple national level workgroups, conferences, and committees, such as the American Medicaid Pharmacy Administrators Association (AMPAA) and the regional Medicaid Pharmacy Administrators Associations (i.e., SAMPA, EMPAA, and WMPAA).

MMA closely watches for NPRMs and Federal and State requirements that affect the pharmacy claim industry and Medicaid customers. We read all the associated documentation and attend any educational sessions that provide clarification and additional information (e.g., sessions/meetings held by CMS or NCPDP).

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 clients. 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

MMA will partner with the State to manage a comprehensive State Maximum Allowable Cost list to enhance accuracy in determining State MAC rates. We will support the MAC Program as approved by the State and in full compliance with State and Federal regulations. Any changes that we make to the State's MAC Program will be submitted to the State for review and approval before implementation. MMA will ensure the MACs are set at levels that will not discourage participation in the State's Medicaid program. The State MAC Program is based on the amount provider pharmacies are paying for medications while accounting for unique Medicaid requirements, including OBRA rebate requirements, Federal and State reimbursement regulations, and the foundation that Medicaid pricing must not compromise member access or discourage provider participation in the Medicaid program.

MMA has ***22 years of experience*** providing State MAC list development and maintenance (rate setting) services to our state Medicaid agency customers, enhancing accuracy in determining State MAC rates. ***We currently manage MAC programs for 12 Medicaid and SPAP programs, and we are currently implementing MAC list management for two other Medicaid programs.***

MMA is well versed in incorporating various price types, such as AAC, NADAC, WAC, AWP, MAC, and FUL, into various pricing algorithms to ensure that POS claims are paid according to applicable State and Federal/CMS regulations. FirstRx stores and uses not only the industry-standard price

types, but our flexible solution also allows the State to define or integrate other price types as appropriate. We have worked hand-in-hand with many states and their AAC vendors to establish new pricing algorithms based on state-specific AAC pricing. We have accounted for the unique requirements of the FFS Medicaid Program, and we will fully comply with Federal and State reimbursement regulations and the CMS-approved State Plan.

We will use only those pricing methodologies that have been explicitly approved by the State.



Our comprehensive MAC Program features an automated process, FastMAC, that enhances accuracy and maintenance in determining MAC reimbursement rates for providers. MMA's MAC list development and maintenance experience includes providing MAC prices for specialty drugs such as hemophilia drugs.

FastMAC determines a MAC rate per unit at the GSN level. Prescribers are encouraged to move utilization toward the less expensive generic alternatives in a way that is both fair to the pharmacy providers and cost-effective for our customers. Our program provides continuous process improvement with a proprietary algorithm that adapts to marketplace and regulatory changes, state-specific criteria, and experiential dynamics. Our process, along with our sophisticated system, allows for rapid implementation of these changes.

After FastMAC determines the MAC rate, the weekly updates are reviewed and approved by the MAC Team, and then the updates are migrated to the FirstRx POS system. FirstRx determines the "lesser of" logic for reimbursement to the submitting provider based on customer-defined claims processing rules. ***Pricing is visible in our system—claims display the final price type used for adjudication.***

All historical and current pricing methodologies, including dispensing fees, are maintained in FirstRx. As pricing evolves and as changes to reimbursement methodologies become available through the addition of new price types in the FirstRx GUI, MMA will create the price type quickly and efficiently and will also support the loading of the various price points and deploy algorithms based on these new price types at the direction of the State.

Each price record contains an effective date and termination date to ensure that the correct record is used in claim processing. Price records are assigned a sequence number to support the unlikely possibility of overlapping price segments; in this way, FirstRx ensures the selection of the most effective record based upon the claim date of service, as well as the price record sequence number. If the claim falls outside the allowable processing time frame, the appropriate NCPDP error code(s) are returned to the submitter for review and correction. In addition to the price points available in the FDB file, FirstRx supports the creation and insertion of additional price types without development effort or enhancements.

Using our FirstRx Code Table Maintenance functionality, authorized users are able to add new price types. Once created, new price types are incorporated in the pricing algorithms and available for use in the determination of ingredient cost during claims processing.

MMA's web portal will house the MAC pricing updates that include full MAC list and weekly changes that occur, forms for requesting MAC price adjustments for appeal process for the providers and the information that is needed to request, vendor contact information, and other State-required information. MMA will work closely with the State to ensure that all required information is delivered effectively through the web portal. We currently provide this service to our MAC customers.

Due to periodic drug shortages and availability issues, MAC Programs typically do incur some inquiries from providers that may result in changed prices or suspensions of a MAC rate. MMA maintains positive relationships with providers that aid in early identification of these issues, leading to quick and accurate resolution of provider inquiries and appeals. MMA will ask providers to supply evidence of

their pricing if they experience issues obtaining the pharmaceutical at the set price (usually an invoice listing current acquisition cost from their wholesaler is faxed or emailed).

When a pricing inquiry is received, the MAC Team will review and make a decision based on current market availability and other pricing sources to allow various inputs on the current rate being reviewed. If approved, the MAC Team will provide a written response to the inquiring provider indicating approved or denied. If a MAC price adjustment is not warranted, the MAC Team will provide alternatives within the response, when possible, that demonstrate product availability below the current MAC rate.

a. Qualifiers for MAC consideration.

MMA's MAC Team will be responsible for maintaining existing and creating new State generic upper limits. The MAC Team will also be responsible for MAC savings analysis, HIC3 comparison, Hemophilia/IVIG cost savings, FFS and encounter reporting, and various impact analyses.

The MAC Team will obtain all pricing sources and pricing elements identified by the State, including the pricing points supplied on the FDB file, and we will ensure that our MAC solution applies the appropriate rate consistent with the State's reimbursement methodology.

The MAC Team will develop and execute, as approved by the State, a pricing Appeals process that covers MAC, National Average Drug Acquisition Cost (NADAC), Federal Upper Limits (FUL), Wholesale Acquisition Cost (WAC), 340B, Actual Acquisition Cost (AAC), and other pricing types as mutually agreed with the State in the future, for provider inquiries. MMA can adjust MAC pricing, and we can redirect providers to the appropriate other sites for their inquiries about NADAC, ACA FUL, WAC, 340B, AAC, and other pricing types.

Our MAC Team will research and correct MAC customized Medicaid pricing lists as necessary. MMA can also collaborate with the State during DDI to set a MAC rate on 340B drugs. In the event of any error, we will provide notification of the error and its correction to the State within 48 hours of the State's notification or MMA's identification of the error.

b. Frequency of updates.

MMA will obtain the FDB and Medi-Span drug pricing compendia at our sole expense, as required by SOW 3.1.11. All pricing files will reflect the effective date assigned by the organization publishing the pricing.

The FastMAC application allows for rapid integration of up-to-date pricing points. With the FastMAC application we routinely update MAC pricing weekly to have the most recent pricing information available for MAC reimbursement of claims based on the POS algorithm. Per SOW 3.1.6, as needed, ***MMA can update State-customized pricing lists as required at a frequency up to real time,*** for MAC list and 340B pricing for the State's Medicaid program.

c. Verification methodology for MAC recommendation made to clients.

MMA can calculate the State-specific MAC according to the State customer's predetermined algorithm. MMA's MAC program for State Medicaid programs can adapt to special pricings (such as MAC or Generic Upper Limit (GUL), Capped Upper Limit, Federal Upper Limit (FUL)) and distinguish which one of the special prices would benefit the State the most and make recommendations to the State accordingly.

We will provide a monthly MAC cost savings report to the State comparing estimated savings with and without a MAC rate. It calculates the difference between what would have been paid (in the absence of a MAC Program) versus the actual cost paid (with MAC Program in place).

Each claim that paid with a MAC price is re-priced without using the MAC price, using the pricing algorithm in effect on the DOS of the claim. MMA continues to monitor industry changes including Average Acquisition Cost (AAC) and its impact on MAC programs. We will continue to work with the State to modify the MAC list, continually optimizing the MAC Program to provide value.

d. Ongoing monitoring efforts for MACs already established and processed for recommended adjustments.

MMA's solution will monitor and regularly adjust MAC pricing to reflect current market conditions. MMA will monitor, maintain and preserve the historical state and federal FUL/GUL while watching for MAC pricing opportunities to present to the state for approval. The MAC Team coordinates with our Clinical Team to identify possible MAC opportunities for pricing outliers on payable claims. We use information supplied by market disruption reports and pulled from the appeals process (as submitted by providers) to identify shortages, pricing variances, and other drug availability issues to refine the list with each update. These factors are built into our model and result in a current, fair, and competitive price per unit assigned to each GSN.



We will provide our FastMAC application to establish price limits on certain generic drugs to validate that the State and Federal governments are prudent purchasers of multi-source pharmaceuticals. Our MAC program is an automated, rigorous process that uses a proprietary algorithm to identify MAC opportunities as they become available and match them with competitive pricing data.

At a frequency agreed upon with the State, MMA will present detailed drug and pricing information as well as any corresponding effective and change dates for each. MMA creates the MAC pricing internally on a proprietary algorithm. All reference data changes will include corresponding effective and change dates. MMA will maintain and update the State's customized pricing lists throughout the life of the contract. Our regular MAC reports include information about the State's ROI and PDL reports demonstrate cost savings to the State. In accordance with SOW 3.1.10, MMA will review and provide feedback on individual rates for products outside the standard quarterly review process, at the request of the State.

e. The ability to customize your existing MAC list(s), as directed by the State, and any restrictions associated with the customization.

MMA's MAC Team will customize the State's MAC list(s) as directed by the State. We are highly experienced in MAC list customization and have customized the MAC lists for our existing 12 state Medicaid customers, without encountering any restrictions. Our solution can apply MAC at varying drug identifier levels (including but not limited to NDC, GSN, HIC3). We will meet all pharmacy claim adjudication and MAC requirements, including maintaining the drug plan benefit to support Medicaid Pharmacy Program rules and pricing, maintaining drug pricing data, maintaining the MAC list, and handling any pharmacy provider MAC appeals regarding Medicaid Program claims.

f. The ability to establish a MAC price on Products not traditionally included in a MAC program, such as medical devices (i.e., spacers).

MMA's MAC solution provides the capability to establish a MAC price on products not traditionally included in a MAC program but are covered under the pharmacy benefit, such as spacers, peak flow meters, diabetic supplies, tubeless insulin pumps, etc.

g. Proposal to assist the State in establishing a MAC process for new generics and over-the-counter (OTC) medications as they become available.

The MMA MAC Team will assist the State in establishing a MAC process for new generics and OTC medications as they become available. Generic drug management is receiving more attention in recent years as generic dispensing rates (GDRs) have steadily increased, a trend that will surely continue in the future. Federal studies have pointed to higher reimbursement for generic drugs in the

Medicaid Program than in the Part D Program. OTCs are supported through the same process we use for generic drugs at the GSN level.

MMA's MAC program is designed to close this gap in reimbursement methodologies through the use of a proprietary algorithm that identifies MAC opportunities as they become available and match them with competitive pricing information. MMA uses specific indicators on the FDB file to create the generic drug groupings selected for inclusion on the MAC list. Our process creates ***savings opportunities for over 4,500 GSN level drug groupings,*** more than an average traditional program. We apply pricing information derived from a variety of sources to create competitive pricing points for each generic drug grouping.

In addition, MMA's weekly *Clinical Update* contains FDB information on important new NDCs that are released that week. These NDCs may be new brands or generics, or even additional labelers for existing generics that may enable MMA to implement a MAC value on a generic. Pricing guidance may also accompany information on new generics, including the presence and duration of six-month exclusivity. By highlighting new agents affecting the State PDL, MMA keeps the State abreast of recent news items.

h. The ability to apply all MAC rates across a therapeutic class.

MMA's MAC Program provides the capability to apply all MAC rates across a therapeutic class. This allows for MAC rates to be added to OTC, non-drug Items, multisource, and single source brand drugs. Review of drug therapeutic classes can lead to potential savings to the customer that there are not current MAC rates on.

i. Your experience managing state Medicaid MAC lists, including identifying if the list was developed by the State or your company.

MMA has ***22 years of experience*** providing State MAC list development and maintenance (rate setting) services to our state Medicaid agency customers, enhancing accuracy in determining State MAC rates. ***We currently manage MAC programs for 12 State Medicaid and SPAP programs.*** Of these programs, MMA developed the MAC lists for South Carolina, New York, Michigan, Nevada, Nebraska, District of Columbia, Florida, and New Hampshire Medicaid programs, while the Arkansas list was initially developed by the State and is now managed and updated by MMA.

In addition to these Medicaid customers, we also developed and now support state MAC lists for the following SPAP customers: the New York Elderly Pharmaceutical Insurance Contract (EPIC) Program and the New York American Indian Health (AIH) Program, as well as the Nevada AIDS Drug Assistance Program.

Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing.

MMA's proven POS system will meet all State MAC list requirements listed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing.

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

MMA has 22 years of experience performing Maximum Allowable Cost (MAC) list development and maintenance (rate setting) services for state pharmacy customers, including pricing appeals and provider inquiries related to MAC. The MAC Team will develop and execute, as approved by the State, a pricing Appeals process that covers MAC, National Average Drug Acquisition Cost (NADAC), Federal Upper Limits (FUL), Wholesale Acquisition Cost (WAC), 340B, Actual Acquisition Cost (AAC), and other pricing types as mutually agreed with the State in the future, for provider inquiries. MMA can adjust MAC pricing, and we can redirect providers to the appropriate other sites for their inquiries about NADAC, ACA FUL, WAC, 340B, AAC, and other pricing types (PBA Services SOW 3.1.7).

Any competitive pricing program (e.g., MAC Program), will receive inquiries from providers that will result in changed prices or suspensions due to shortages and availability issues. MMA has found the provider inquiry/appeal process and feedback we receive through our positive relationships with providers are invaluable resources in early identification of these issues, leading to their quick and accurate resolution.

Pharmacy providers may submit inquiries to the State or directly to MMA to initiate an investigation. We typically request that providers supply evidence of their pricing if they experience difficulty obtaining the pharmaceutical at the set price (i.e., a faxed or emailed invoice from their wholesaler). Once a pricing inquiry has been received, the MAC Team reviews available resources and makes a determination based on current market availability and other product intelligence. A final recommendation is made based on the best available evidence and will be forwarded to the State for approval. Once the approval has been granted, the MAC Team provides a written response indicating the outcome (i.e., approved or denied) within a mutually agreed-upon time frame. If a MAC price adjustment is not warranted, the MAC Team provides alternatives within the response, when possible, that demonstrate product availability below the current MAC rate. The detailed steps in our process include:

1. If a provider questions the validity of a MAC price, they may appeal the price by emailing or faxing a completed *MAC Price Research Request* form with an invoice listing the current acquisition cost for the product(s) in question to the MMA MAC Team.
2. MMA receives appeal via fax or email for given National Drug Code (NDC) and requests the invoice listing the current acquisition cost from the provider before making a MAC price determination.
3. Verify if the claim reimbursed at the MAC rate in FirstRx. If the claim did not pay under the MAC

rate, a response is submitted outlining the pricing benchmark used as the basis of reimbursement.
4. If the claim did reimburse based on the current MAC rate, the MAC Team reviews and evaluates the MAC rate for the NDC dispensed among various pricing resources (e.g., wholesaling pricing information, FDB, market disruption reports/websites, NADAC, and other state MAC/AAC programs) to make a determination based on current market availability.
5. Respond to provider via fax or email regarding increase, suspension, or alternative suggestions. If other pricing reimbursement is used, notification will be sent to the provider.
6. If available, the provider will be supplied with one or more NDCs that appear to be less expensive and have a published cost below the current MAC price. If it is determined that the lower cost alternatives recommended cannot be obtained and the provider submits documentation that they do not have access to the supplied NDCs, if a MAC price is warranted, an adjustment will be made accordingly.
7. Once the MAC price change is in effect, the provider will be informed so they can re-bill the claim from the adjustment made.
8. The MAC Team incorporates MAC pricing information into FirstRx.
9. The MAC Team tracks provider appeals on a log and sends to the State as warranted.

a. Provider communication plan(s) (i.e., proposed receipt of and response to Provider inquiries).

MMA has established communication plans in place that include the steps for receiving and responding to provider inquiries related to pricing appeals. Instructions to providers about submitting inquiries and appeals, including the *MAC Price Research Request Form*, are posted on our customer-specific web portals, and are also incorporated in our Provider Manuals. Please refer to *MSQ8.1 – Sample Provider Communication Plan*, for a flow chart that shows the detailed steps for communicating with providers.

b. Turnaround time and routine communication of Provider inquiries and their resolutions.

MMA understands the importance of timely communication to provider inquiries, including resolution. We acknowledge receipt of provider inquiries within 24 hours on business days, and resolution is provided within three business days if all information is received. During Requirements Review and Validation meetings, we will work closely with the State to finalize timelines for pricing appeals to ensure that we meet the State's requirements.

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).

MMA meets all requirements related to Pricing Appeals as detailed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3.1 Contractor Responsibilities (of Section 3 Point-of-Sale [POS] Claims Processing).

MSQ8.1 – Sample Provider Communication Plan (TRADE SECRET)

As required, MMA presents our sample provider communication plan for pricing appeals on the following page. *MSQ8.1* shows the detailed steps for communicating with providers about pricing inquiries and appeals. We will work with the State during DDI to finalize processes for the pricing appeals provider communication plan, including associated time frames.



MSQ8.1: Proposed Pricing Appeals Communication Plan (TRADE SECRET)

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

MMA's FirstRx POS Claims Processing Solution will fully support the State's drug reimbursement methodology as it may be amended. MMA has ***40 years of experience in incorporating various price types,*** into various pricing algorithms to ensure that pharmacy claims are paid according to applicable State and Federal/CMS regulations. FirstRx stores and uses not only the industry-standard price types, such as AAC, NADAC, WAC, AWP, MAC, and FUL, but our flexible solution also allows the State to define or integrate other price types as appropriate. ***MMA currently provides Drug Reimbursement Methodology Support for our 14 full POS/PBA Medicaid program customers.***

MMA's POS System Solution will provide the State with an agile, highly configurable system. ***The configurability of FirstRx allows the responsive and quick support of Medicaid programs with customized edits***, including the ability to require the Quantity Prescribed field on NCPDP D.0 billing transactions for controlled substance claims and for public health emergencies such as COVID-19. For each of our Medicaid POS/PBA customers, MMA has created and continually configured the necessary reimbursement pricing algorithms for ingredient cost and dispensing fees without the involvement of application development teams. An effective date will be defined for each State pricing rule, and we can easily configure the criteria for when the rule is applicable, including program type, drug class, retail providers, 340B providers, compounded drugs, member location, and diabetic supplies.

a. Accommodate an Actual Acquisition Cost (AAC) methodology using National Average Drug Acquisition Cost (NADAC), the State's model, or other CMS-approved methodology.

MMA's solution will accommodate an AAC methodology using NADAC, the State's model, or other CMS-approved methodology. We have worked hand-in-hand with many states and their AAC vendors to establish new pricing algorithms based on state-specific AAC pricing, and we will collaborate with the State's AAC vendor to accept the AAC price types. We have accounted for the unique requirements of the Medicaid FFS Program, and we will fully comply with Federal and State reimbursement regulations and the CMS-approved State Plan for the State.

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.

MMA's solution will receive and load at various frequencies, up to real-time, the NADAC file and other data files as requested by the State to support the drug reimbursement methodology. MMA currently has license agreements with FDB to provide drug prices, OBRA rebate indicators, and ProDUR and NDC information. We utilize the price points supplied in FDB's drug compendia to adjudicate claims. This includes NADAC brand and generic, FUL, WAC, and numerous other price types available from FDB and Medi-Span. For ingredient cost rules, MMA will load the required NDC price types into FirstRx, such as AAC, NADAC, and WAC.

c. Fully support the State's professional dispensing fee structure as it may be amended periodically.

MMA will fully support the State's professional dispensing fee structure as it may be amended periodically. The flexible FirstRx system will support the online configuration of the Medicaid Pharmacy Program reimbursement logic, including the State's pricing rules for ingredient cost and flexible dispensing fees. FirstRx can apply sophisticated pricing logic to claims processed through the system, including the ability to pay a different basis of cost for the ingredient cost, dispensing fee, administration fee, and/or other fees for specific drugs or categories of products such as vaccines, as directed and approved by the State. MMA's flexible solution also provides the ability for pharmacists to submit claims for administration fees for specific drugs (vaccines). For example, the configurability of FirstRx enabled us to quickly make the edits our state customers requested during the pandemic, including administration fees for vaccines.

FirstRx will appropriately price pharmacy claims, including a dispensing fee, according to the reimbursement methodologies of the appropriate financial payer or population group in accordance with State policy, as shown in the sample screenshot in *Figure MSQ9-1*. FirstRx will also be configured to apply reimbursement logic or benefit coverage based on program, category code or other program specifications, member age, drug or drug class, Medicare-Medicaid dual eligibility, members residing in a nursing facility, and other criteria as determined by the State.



Figure MSQ9-1: FirstRx Pricing Screen Showing Pricing from a Paid Claim with Dispensing Fee (TRADE SECRET)

Through our FirstRx Code Table Maintenance functionality, we can flexibly add and modify price types for use in claim pricing and disposition as needed. The addition of new price types is accomplished

through the FirstRx GUI and does not require application development. Once added, the price types are available for use in the determination of ingredient cost during claims processing. ***There is no limit to the number of price types that can be used.***

MMA can quickly configure edits in FirstRx using existing system capability to meet the evolving State, Federal, program, and NCPDP requirements related to public health emergencies. For example, MMA has assisted our Medicaid customers with receiving pandemic-related Federal reimbursements.

We have implemented COVID-19 related edits for many of our Medicaid customers and have provided the necessary supporting testing, reporting, and pharmacy communications. MMA has expeditiously implemented COVID-19-related edits as shown in the following table for different Medicaid POS customers within three to seven business days, based on CMS and NCPDP guidance.

POS Edits	Purpose
Using FirstRx configuration to quickly support COVID-19 edits	▪ Updated FirstRx edits so that pharmacies can receive reimbursement for the administration of COVID-19 vaccines. FirstRx configuration easily supports both single-dose vaccines and two-dose vaccines for which a customer can define a different administration fee for the first and second dose. ▪ Worked with our state customers to develop POS processing and payment edits for COVID-19 testing kits based on state-specific requirements. ▪ Removed member copays for some state customers during the COVID-19 state of emergency. ▪ Implemented the COVID-19 vaccine, test kit, and any emergency benefit-related COVID-19 edits within customer-required timelines.
Varying Early Refill procedures based on customer needs during COVID-19	▪ Updated FirstRx Early Refill edits as required by state customers, including: ❖ Bypassed early refill edits on all claims. ❖ Bypassed early refill edits on all claims except opioids and/or controlled substances. ▪ Configured the system to allow pharmacies to enter Reason for Service code “ER” for any claim where, based on days’ supply, <= 50% of the previous fill remained. For these instances, we were able to apply a message at POS which stated, “For COVID-19 early refill required, if 50% utilized, enter DUR Response Codes with Reason for Service Code ER.” ▪ To ensure customers can appropriately receive federal funding, MMA is providing customers with reporting that shows which claims were affected by these changes.
ICD-10 Overrides for beneficiaries with COVID-19	▪ On March 18, 2020, the Centers for Disease Control (CDC) announced a new ICD-10-CM code for COVID-19 that became effective April 1, 2020. ▪ The new ICD-10-CM code was promptly incorporated into our POS system for all customers and can be utilized to configure customized adjudication edits.

Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3.2 POS Claims Processing Solution Requirements.

MMA’s proven POS system will meet all Drug Reimbursement Methodology Support requirements listed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3.2.

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

MMA's FirstRx claims processing solution will support near real-time customization of the drug file through configurable means, as directed by the State. ***MMA currently provides Drug File Customization for our 14 full POS/PBA Medicaid program customers.*** Our solution maintains up-to-date drug coding, pricing, indication, contraindication, and dosing files from FDB, as well as other updates received from State-approved sources. As directed by the State, FirstRx will customize pricing, apply specific quantity limits or PA requirements down to the NDC-11 level, or allow for payment of specific products, such as medical supplies, not considered covered outpatient drugs. Per SOW 3.1.17.b, FirstRx drug files can accept non-NDC Product identifiers consistent with FDA standards when applicable and required by law, including Unique Device Identifiers (UDI), or the Device Identifier (DI) portion thereof (21 C.F.R. Part 830).

As part of our established Change Management Process, MMA will be responsible for testing any modifications to edits such as quantity level limits (QLLs), diagnosis, age, etc., before implementing any configuration change in the production environment, to confirm accuracy of those changes and receive approval from the State. As required by SOW 3.1.18, MMA will provide specified State-authorized solution users with access to a testing environment for State approval.

FirstRx will be configured to apply the State's claims adjudication business logic for ProDUR, as well as COB, member benefit evaluation and accumulations, member copays and deductibles, clinical and business edits, pricing methodologies, provider fees, PA, automated PA processing, multi-ingredient compound processing, and lock-in program alert messaging to providers. As approved by the State, FirstRx will be configured to price claims according to the policies of the program the member is enrolled in at the time of service and edit for concurrent program enrollment.

FirstRx will be configured to deduct member co-payment and tracks copay limits, as appropriate per State direction, when pricing claims. For example, if the State elects to limit the total amount members

pay each quarter, then FirstRx will be configured so that once a member meets the limit, they will not pay copays for the rest of that quarter. In this scenario, the system would be configured to automatically require the member to start paying co-pays again the next quarter.

As required by SOW 3.1.20, MMA will collaborate with the State to develop, implement, and maintain payer sheet(s) using the NCPDP-published template and following the guidance it contains. We will provide updated NCPDP payer sheet documents that reflect POS claims processing requirements, including transaction specifications. MMA's payer sheet will denote which D.0 fields, mandatory and situational, are required to support claim submission. It will detail the requirements for pharmacy claims submission, including information specific to claims where there is coordination of benefits. Our payer sheet will be available to all pharmacy providers and will be posted on the State Medicaid Web Portal.

Our solution will ensure correct claims processing for members based on State-defined rules, including but not limited to members enrolled in a lock-in program or copay updates, per SOW 3.1.19. FirstRx provides the State with an agile, highly configurable system with ***6,372 Medicaid-tailored claim checks and edits,*** including drug and DUR edits, which manage care within the confines of Medicaid rules. As part of our core services, MMA offers a comprehensive and fully customized lock in process that is compliant with State policies. Using the ***highly flexible configuration options available within our FirstRx POS/PBM system*** as shown in *Figure MSQ10-1,* members may be restricted as required by the State into a single pharmacy or multiple pharmacies; a single prescriber, multiple prescribers, or a combination pharmacy and prescriber lock-in. At a more granular level, a member may also have specific lock-in criteria related to a drug product or drug category/DEA schedule utilizing product hierarchy, DEA status, or through the creation of lists that can aggregate products that may not otherwise be classified together. This is a unique feature and demonstrates the power of FirstRx.



Figure MSQ10-1: FirstRx Screen Showing Flexible Lock-in Functionality (TRADE SECRET)

a. Customize pricing, including items such as Manufacturer-reported pricing that differs or is missing from the Supplier's reference drug file Provider.

As approved by the State, MMA will customize pricing, including items such as manufacturer-reported pricing that differs or is missing from the supplier's reference drug file provider. Through FirstRx, we can manage Medicaid benefit design and coverage parameters to ensure that manufacturer-reported pricing is reconciled with the reference file, and that drugs are added, modified, or inactivated according to State requirements. Individual benefit plans can be assigned to one or more groups, which facilitates the application of consistent rule sets to multiple groups where customers use groups to define, manage, and report on various populations that utilize an identical benefit.

b. Maintain customization as new drug pricing updates are received and uploaded into your system identifying if the process is automated or manual.

MMA's solution will maintain customization as new drug pricing updates are received and uploaded into FirstRx through an automated methodology. FirstRx accommodates updates in code sets, rate changes, and billing requirements. Our FirstRx solution uses existing rules and automated processes to maintain a drug data set that can accommodate updates from a contracted drug data pricing service, the CMS Drug Rebate file, future State rebate program updates, and updates from State staff as needed, without overwriting the State-specified drug file customization. The application or load of FDB files to the adjudication engine is automated, and updates are logged at each individual NDC.

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.

FirstRx supports 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. We utilize the FDB drug compendia to load new and deleted NDCs. MMA receives updates from FDB that include additions, modifications, pricing, and deletions to the drug file, as well as related drug clinical parameters and the Medi-Span MDDB database as a source for brand and generic data points.

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.

MMA's solution will process inactive, deleted, or reused NDCs, including how inactive, deleted, and reused NDCs are stored and accessed for claims billed retroactively by the provider. As described above, we receive and load FDB updates, including new and deleted NDCs. The application or load of FDB files to the FirstRx is automated, and updates are logged at each individual NDC. Formulary plans will update automatically. Our solution maintains up-to-date drug coding, pricing, indication, contraindication, and dosing files from FDB, as well as other updates received from State-approved sources.

All reference data and business rules (e.g., diagnosis and procedure data, member eligibility records, drug records, etc.) include effective dates in the system. Each record contains an effective date and termination date to ensure that the correct record is used in claim processing. Price records are assigned a sequence number to support the unlikely possibility of overlapping price segments; in this way, FirstRx ensures the selection of the most effective record based upon the claim date of service, as well as the price record sequence number. Claim adjudication, including for claims billed retroactively, checks reference data elements to determine the applicable rules to use for claims processing. The claim will be processed using the pricing algorithm in effect on the DOS of the claim.

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.

FirstRx will be configured to maintain preferred status for selected branded products over their generic option as approved by the State; for instance, when the branded product is clinically appropriate and substantial cost savings can be realized by states.

Our system will be configured to automatically enforce Medicaid program policy, including maintaining the preference for branded products over generic without requiring manual updates with each drug file upload. The FirstRx POS claims processing system supports brand over generic evaluation for preferred, as well as non-preferred agents with supplemental messaging to direct the provider to the brand name product at the point of sale.

Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing.

MMA's proven POS system will meet all Drug File Customization requirements listed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3.

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

MMA will provide Authorized Solution Users with access in accordance with the access requirements listed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work. Using a secure sign-on process with role-based permissions, properly credentialed, designated Authorized Solution Users will be able to log in and be validated to obtain access to FirstRx, FirstTrax, and MRx Explore.

As detailed in the response to MSQ11.b, we will provide the required access to the drug and formulary file, current and historical pharmacy claims data, reference data and program elements, the User Acceptance Test (UAT) environment, the provider enrollment files that we maintain in FirstRx, online access to the adjudication platform for viewing eligibility, claims history, PA drug file, standard reports, etc., access to the PA platform, and access to a secure State-specific provider web portal.

a. The type of functionality the State will be able to access.

In the following narrative, we describe the functionality the State will be able to access in our POS Claims Processing Solution.

Figure MSQ11-1 shows a sample MRx Explore screenshot showing how a user can enter parameters to access the claims information for a particular customized ad hoc report.



Figure MSQ11-1: MRx Explore Sample Screen Showing how a User Enters Claim Parameters (TRADE SECRET)

Following the concept of least privilege required for job functions, MMA will work with the State during DDI to determine use cases.

FirstRx Functionality: MMA's FirstRx application provides the capability to view, add, edit, and delete reference data and program elements. It also allows Authorized Solution Users to view, add, edit, and override active and inactive rules and edits. Such changes, whether initiated by MMA or by the State user, will follow the established change management procedure.

Figure MSQ11-2 shows that a terminated (inactive) rule can be edited in FirstRx. The green flag shows that the rule was still active as of that 4/11/2024 termination date. The time stamp at the bottom shows when it was created and then the time stamp when it was modified, which was after it was terminated.



Figure MSQ11-2: FirstRx Screenshot Showing that a Terminated Rule can be Edited (TRADE SECRET)

FirstTrax Functionality: MMA's FirstTrax application provides a standard set of required search parameters to protect the integrity and responsiveness of the POS system as it processes in-flight transactions. FirstTrax will allow Authorized Solution Users to search for information on members, claims, pharmacies, drugs, prescribers, prior authorizations, and call tracking against the FirstRx and FirstTrax databases.

FirstTrax provides authorized users with the ability to search pharmacy PAs and overrides by service type, name of provider (issuing and authorized), Provider Identifier, name of member, member number, PA and override number, category of service, user identification, effective dates, prior approval type, diagnosis, HCPCS, or revenue code and any combinations thereof. *Figure MSQ11-3* provides a sample claims search screen available in FirstTrax.



Figure MSQ11-3: FirstTrax Sample Search Screen (TRADE SECRET)

We use a custom-built application programming interface (API) between FirstRx and FirstTrax to allow Authorized Solution Users who are generating a PA to create an override rule in real time within FirstRx. This ensures that the PA is correctly interpreted by the adjudication engine when the claims are submitted by the pharmacy. Additionally, FirstTrax interacts seamlessly with the FirstRx pharmacy POS system to manage the PA business flow.

FirstTrax will provide Authorized Solution Users with full visibility into in-process prior authorizations, drug history, and approvals/denials. Authorized Solution Users will be able to retrieve, update, or review each prior authorization, inquiry, and override case or pharmacy claim for questions and management reporting. FirstTrax assigns the final time and date stamp to the contact detail record when a staff member resolves the contact detail record and completes the call.

Authorized Solution Users can view all documentation associated with a PA request, including any required attachments. MMA also uses FirstTrax to handle and document the appeals process. All correspondence, including inbound and outbound faxes, can be viewed directly in the FirstTrax application by authorized State users, by choosing the appropriate view option. Through FirstTrax, prior authorization statistics are accessible to Authorized Solution Users, allowing for reporting of trends and analysis.

MRx Explore Functionality: MRx Explore, our flexible Business Intelligence (BI) and analytics tool, draws program data from a dimensionally designed and analytically tuned Pharmacy Data Warehouse (PDW) containing key data points for the core applications that MMA will use to support the PBA Services Contract operations. The BI layer utilizes the PDW to extend an array of tools that include both dashboards and interactive reports to enable designated users to have ready access to management and operational program information to support the needs of the program.

MRx Explore provides analytical and reporting capabilities enabling users to easily view drug usage and cost metrics for all Medicaid Pharmacy Program populations. Through MRx Explore, we provide a suite of dashboards, a robust package of pre-existing proprietary standard interactive reports, and our comprehensive self-service tool, Report Studio, for authorized users to create customized ad hoc reports using a catalog of data elements and parameters. For example, *Figure MSQ11-4* shows the MRx Explore prompt page from the Claims and Utilization Report, where an Authorized Solution User can use parameters to create various high-level overviews of claims and utilization for the current month as compared to the previous month.



Figure MSQ11-4: MRx Explore Claims and Utilization Report Prompt Page (TRADE SECRET)

MMA provides our comprehensive reports and tools specifically for the Medicaid Pharmacy Program and will refine that offering, as needed, to further support any unique needs of the Program. ***MRx Explore provides a complete operational view of the program*** including prescribing patterns, prior authorization, membership, prescribers, rebates, call center, DUR, and other facets of pharmacy operations.

MRx Explore's online query tools enable users to interact with a set of data and metrics to perform analysis, conduct detail reviews, and monitor ongoing activities. ***This allows authorized users to effectively manage program operations and achieve positive clinical and financial outcomes***. MRx Explore provides the State with analytical and reporting capabilities enabling users to easily view drug usage and cost metrics for the Program. In *Figures MSQ11-5* and *MSQ11-6* we provide samples of our dashboards.



Figure MSQ11-5: Overview Dashboard Sample (TRADE SECRET)



Figure MSQ11-6: Plan Dashboard Visualization Sample (TRADE SECRET)

MRx Explore is refreshed with data from transactional systems such as FirstRx and FirstTrax each day. Before loading that data in our transaction systems, the data are catalogued, cleansed, and transformed to meet data integrity standards so that once data are made available for system users for data mining, online analytical processing, and decision support, the data are high quality, reliable, and dependable.

Through MRx Explore, Authorized Solution Users can perform ***data mining extraction*** of information from identified data set(s) which can be transformed into logical and understandable structures for further use. MRx Explore enables report creation in multiple formats (hard copy and electronic) and ***supports and facilitates drill down queries on claims data*** to the level of granularity required for meaningful data analysis.

MRx Explore enables report creation in multiple formats (hard copy and electronic) and supports and facilitates drill-down queries on claims data to the level of granularity required for meaningful data analysis. These reports can be exported into a multitude of formats. Authorized Solution Users will continue to be able to view the reports online or download and print in hard copy.

Numerous reports available through MRx Explore incorporate drill-down capabilities. Reports are available using a report, visualization, or geographical format. For example, MRx Explore supports graphical data (e.g., Geographic Information System [GIS]) with presentation parameters configurable by the end-user and drill-down capabilities for more detailed information.

MMA continually updates MRx Explore so that it offers optimal data visualization. MRx Explore provides an easy-to-navigate user interface, including the following enhanced reporting and visualization features:

- **Contextualized smart search** including reports, folders, and dashboards

- **Highly intuitive interface** that helps users quickly author content
- **Single interface** to create ad hoc or pixel perfect reports.

GIS visualizations are provided to support key metrics. The user can further filter the view by additional criteria such as date range or dispenser type and can also drill through to more granular data by ZIP Code.

These reports can be exported into a multitude of formats, including HTML, Microsoft Word, Microsoft Excel, and PDF. Authorized Solution Users will be able to view the reports online or download and print in hard copy.

b. The type of information the State will be able to access (i.e., Claim level status information, prior authorization information, plan performance information).

As specified by Scope of Work Requirement 2.1.3, MMA's FirstTrax and MRx Explore applications will provide real-time and historical access to the State's drug and formulary file, and we will maintain an up-to-date copy for use. If MMA is not managing the PDL, we have the capability to receive and accept a PDL file from a third-party vendor at the frequency determined by the State, up to real time.

Our reports take advantage of a robust set of data from the various aspects of the program operation which are collated and curated into our central data warehouse overnight, following the conclusion of each business day. MMA's solution will provide Authorized Solutions Users with easy-to-use access to information on claim level status, prior authorizations, and plan performance. *Figure MSQ11-7* shows a sample user-generated report depicting PA summary information and PAs by drug name for a previous month.



Figure MSQ11-7: MRx Explore Screenshot Showing Monthly PA by Therapeutic Class Report (TRADE SECRET)

Per SOW 3.1.26, MMA will furnish MRx Explore to provide the State and any authorized delegate(s) with access to the State's current and historical pharmacy claims data to run queries and produce independent audit reports.

As required by SOW 3.1.36 and as mutually agreed by MMA and the State, we will use FirstRx and FirstTrax to provide Authorized Solution Users with access to capabilities including, but not limited to:

- Viewing all claim data points and steps of the adjudication process
- Viewing, adding, editing, and deleting reference data and program elements
- Viewing, adding, editing, and overriding active and inactive rules and edits.

Authorized Solution Users will be able to see drug and formulary reference data, provider and prescriber data, program eligibility data, as well as rules and edits currently in effect as well as those that were in effect on a given date of service.

In accordance with SOW 3.1.3.3 and 3.1.18, MMA will provide State access to the UAT environment, by specified Authorized Solution Users, before implementing any significant additions, changes, or removal of adjudication rules, edits, and customized messages in the production environment, to validate those changes and provide State approval. Testing is conducted in isolation from the

production environment to prevent data corruption. MMA supports multiple, fully functional test environments for the purpose of segregating testing and what if impact analyses from the production environment. As shown by *Figure MSQ11-8,* properly credentialed Authorized Solution Users will securely log in to the UAT environment via the FirstRx graphical user interface (GUI), where they can execute test cases to ensure the system meets all expectations.



Figure MSQ11-8: FirstRx Screen Where Authorized State Users Access the UAT via Secure GUI (TRADE SECRET)

MMA's established processes ensure that no production data exists in any other environment other than production. Our non-production environments are configured to use data masking routines to transform personal and confidential data (e.g., PII/PHI), while retaining its contextual meaning and referential integrity. In addition, MMA's Database Management System (DBMS) supports masking and encryption of sensitive or personally identifying information. All communication to and from MMA will be encrypted with strong encryption of data in transit and at rest to protect the confidentiality of the data.

Per SOW 3.2.12, MMA will use FirstTrax to provide Authorized Solution Users with real-time access to the provider enrollment files that we maintain in FirstRx, including the pharmacy's and prescriber's NPIs. MMA will receive outbound 834 Files from the MMIS and will load them within 24 hours, as required by SOW 3.1.41. We will maintain provider enrollment files in FirstRx, including the pharmacy and prescriber National Provider Identifier (NPI) and information required for electronic claim submission and to fulfill any associated downstream reporting needs.

As required by SOW 3.2.30, MMA will allow a Solution Administrator to provide designated State staff with online access to the adjudication platform for viewing eligibility, claims history, PA drug file, standard reports, etc., using a single sign-on (SSO) process with role-based permissions. In the SSO process, Authorized Solution Users log in and are validated to obtain access to FirstRx, FirstTrax, and MRx Explore. MMA acknowledges that the access must be to a real-time environment so that designated State staff can make custom queries against all data elements with user-defined parameters and filters. Per SOW 7.1.8, Authorized Solution Users will have role-based access to run queries including, but not limited to, drug pricing compendia, claim data points, and reference data. The access will be configured to allow Authorized Solution Users with select roles to submit claims for trial adjudication. *Figure MSQ11-9* displays the FirstRx Search screen.



Figure MSQ11-9: FirstRx Search Screen Sample (TRADE SECRET)

In accordance with SOW 4.1.7, MMA's PA platform will be accessible via FirstTrax to Authorized Solution Users, will allow these users access to directly enter PAs, and will be configurable to allow the Authorized Solution Users to enter PAs with State-specified values (e.g., dose, date, all levels of drug hierarchy, prescriber).

Per SOW 6.3.2, MMA will develop and implement a secure State-specific provider web portal, accessible via role-based SSO, to enrolled providers, State staff, and MMA staff only.

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).

Designated and properly authorized State vendors will be able to access appropriate information needed for successful administration of the Medicaid Pharmacy Program. For example, the MMIS vendor would receive provider information, eligibility information, COB information, drug reference data, and claim-level information. The TPL vendor would also have access to COB data. Authorized CMO users would have access to PA information for the purpose of coordination for members moving from FFS to CMO and back.

MMA relies on Role-Based Access Controls to appropriately limit user access in compliance with company, State, and Federal guidelines. MMA operational and security teams can work with the State to identify custom access to select data sets for specific vendors.

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.

The tools needed to administer the Medicaid Pharmacy Program are accessible and usable by the State-appointed staff at no additional cost to the State. State users who are properly authorized and credentialed will be able to access our solution via any platform that can run a modern browser such as Chrome, Firefox, Safari, and Microsoft Edge, and that can be connected to the Internet.

The only MMA applications that will be used by the State for the PBA scope that require a license are FirstTrax and MRx Explore. MMA will provide 10 FirstTrax licenses and 10 MRx Explore licenses.

MMA will provide our Learning Management System (LMS), which gives authorized State staff 24/7/365 access to Computer-Based Training (CBT) and other resource materials on our system(s).

Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3 Point-of-Sale (POS) Claims Processing Solution.

MMA's proven POS system will meet all Authorized Solution User Access requirements listed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3.

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



MMA's ePrescribing solution gives prescribers the ability to ***electronically send an accurate, error-free and understandable prescription directly to a pharmacy*** from their EHR system. As required by SOW 4.1.2, MMA's ePrescribing functionality integrates with our utilization management process and electronic prior authorization (ePA) functionality.

Our solution has the capability to support electronic prescriptions with complete adjudication processing edits applied in real time (i.e., Quantity Limits and prior authorization required). MMA will support ePrescribing services provided through SureScripts.

The SureScripts national health information network is used to prescribe medications without the use of paper, pens, or fax. SureScripts connects pharmacies, healthcare providers, and software companies serving all care settings—ambulatory, acute, post-acute, long term, and specialty. MMA has extensive working relationship with Surescripts, and we are Surescripts-certified.

We have worked with Surescripts for ***14 years*** and currently provide our ePrescribing solution to ***eight Medicaid FFS programs***—Arkansas, California, Colorado, Florida, Idaho, Michigan, Nevada, and Virginia—as well as several commercial and non-Medicaid government programs, totaling ***over 190 million ePrescribing transactions annually.*** MMA's Surescripts ePrescribing solution aligns with industry best practices, benefits members and prescribers, and demonstrates our interoperability and drive toward MITA maturity. Our ePrescribing solution accommodates 270/271 transaction sets and NCPDP transaction and code sets in a real time environment.

MMA's solution will establish an interface with Surescripts to facilitate the information exchange with State prescribers for the required ePrescribing services. Through Surescripts, MMA offers a state-of-the-art partner integration that aligns with industry best practices, benefits our customers, and demonstrates our interoperability and drive toward MITA maturity. Surescripts is a leader in providing ePrescribing connectivity in the U.S.



As shown in *Figure MSQ12-1: ePrescribing Process Flow*, our partnership supports data exchanges, through which benefit information such as eligibility, insurance coverage, formulary, and prescription history are transmitted electronically to a prescriber at the point of prescribing, and through which prescription information is transmitted electronically from a prescriber's office to the member's pharmacy of choice. In addition, a single connection to the largest network of long term and post-acute care facilities, pharmacies, electronic health records

(EHRs), health systems, and health information exchanges offers expanded reach and makes direct connections unnecessary.



Figure MSQ12-1: ePrescribing Process Flow (TRADE SECRET)

Our ePrescribing solution includes two-way transmission between the point of care and the dispenser. Using Surescripts, we provide ePrescribing support services that facilitate ***accurate and error-free prescription delivery*** from the prescriber to the pharmacist. Our ePrescribing solution provides the following potential benefits:

- Ability to monitor in real time the prescribing of restricted or non-formulary medications
- Reduced drug costs through increased formulary compliance, use of generics and other low-cost alternative medications
- Improve medicines optimization and reduce drug expenditure
- Improved access to and visibility of medication orders history
- Ability to access the medication information in one location, reducing the need to repeat information
- Reduced time spent managing prescriptions by phone calls and faxes
- Issues related to member eligibility, formulary, generic substitution, dosage, and legibility are reduced
- Improved quality, and better member experience when payers communicate formulary alerts, safety alerts, and gaps in care information directly to prescribers
- Improved legibility of prescriptions with reduced variation in the quality of prescribing
- Reduced number of prescribing errors, drug form or strength, frequency, thereby reducing potential adverse drug events

- Improved transfer of prescription information to reduce the length of wait for members collecting their medication from pharmacies.

a. Description of the ways those edits can be electronically supported (i.e., immediate submission and response capability for prior authorization processing).

Using ePrescribing, providers can securely submit a prior authorization request and receive an immediate response in real time. Prescribers can also look up member eligibility, claims history, and search the formulary using their practice management software. MMA will provide the member-specific data necessary to complete this electronic transaction via the Surescripts router including member Medicaid eligibility, pharmacy claim history, and drug formulary and pharmacy benefit information.

The following bullets outline the steps involved in checking, validating, and returning real-time benefit inquiry responses in real time using the Surescripts ePrescribing network:

- Once the prescriber initiates an ePrescribing transaction at the point of care from the EHR system, the member's eligibility information is validated using a 270/271 eligibility form status transmission.
- Upon validation of the member's eligibility, the prescriber has the opting of submitting the real-time benefit inquiry, which is routed from their EHR to MMA securely through the Surescripts router.
- The member information received from MMA is used to perform a trial adjudication in FirstRx and the following real-time benefit inquiry information is returned to the prescriber securely via the Surescripts router:
  - If a drug PA is required (yes or no)
  - If the drug is subject to Quantity Level Limits (yes or no)
  - Any applicable member copay
  - Any applicable member coinsurance
  - Any preferred drug alternatives
- Based on the information returned, the prescriber is able to write a prescription based on what is most clinically and financially optimal for the member.

b. Your capability to be NCPDP-compliant and any limitations associated with your services.

The MMA ePrescribing functionality provided through Surescripts is NCPDP-compliant and will enable Medicaid Pharmacy Program and member information to be securely exchanged. Surescripts is the leader in providing HIPAA-compliant ANSI ASC X12 270/271 and NCPDP SCRIPT standard electronic prescription transactions. We will work with the State during DDI to conduct Requirements Review and Validation for our ePrescribing solution and align it to comply with the requirements of the new Contract. MMA will work with SureScripts to conduct all ePrescribing-related interface testing according to State requirements. As the NCPDP SCRIPT guidelines evolve, MMA will continue to adapt our system to new requirements and test any new interfaces to ensure compliance with standards.

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.

MMA's proven POS system will meet all ePrescribe requirements listed in eRFP 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.

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

FirstRx fully supports NCPDP COB processing and will ensure appropriate billing of any identified third parties. FirstRx provides the State with an agile, highly configurable system with ***6,372 Medicaid-tailored claim checks and edits*** that manage care within the guidelines of Medicaid rules. We will adhere to all State and Federal laws and regulations as well as State-defined program policy regarding COB and Third-Party Liability (TPL) to ***ensure that the State is the payer of last resort.*** MMA will process claims consistent with the COB rules and payer specifications defined by the State including incorporating outcomes from third party coverage, such as Other Payer Amount Paid, Other Payer Patient Responsibility Amount, Benefit Stage Qualifier, and Primary Payer Reject Codes, in accordance with eRFP Attachment F Scope of Work 3.2.22. As required by SOW 3.3.1.a and b, MMA will efficiently use cost avoidance logic and messaging technology during the claims adjudication process. FirstRx will be configured to deny Medicaid coverage for all claims where the member is covered by one or more primary carriers until the provider indicates that the claim has been fully adjudicated to all applicable TPL carriers.

Per SOW 3.3.1.c, d, and e, FirstRx will message pharmacies in real time with the TPL data provided by the State. Our solution will identify claims in member situations Federally-mandated as "pay-and-

chase," and FirstRx will ensure that the primary carrier pays before the State. As directed by the State, FirstRx will message providers with information for all TPL carriers (e.g., carrier code, policy number, policy holder, effective dates of coverage, etc.) during adjudication, for both commercial and Medicare. Per SOW 3.3.1.f and g, FirstRx will correctly code all COB claims records for the State weekly claims file extract. Our solution includes auditing capabilities to assist the State in identifying providers who report inaccurate or fraudulent primary payer payment amounts and/or adjudication results.

MMA will provide COB services for dual eligibles, including cost avoidance for those specific claims covered under current Medicare Part B legislation as well any other federally-proposed, future Medicare prescription drug reforms (e.g., Medicare Part D), and we will process Medicare crossover claims if requested by the State, as required by SOW 3.3.1.h. Per SOW 3.3.1.i, j, and k, we will collaborate with the State and its TPL vendor during DDI to configure a process to provide daily/nightly TPL leads generated from claims processed by MMA to the State for validation by the State's TPL vendor. We can provide this information on reports and/or extracts, as needed. MMA will provide reporting to identify non-compliant TPL carriers who fail to respond to billings and continually deny claims. FirstRx will track and report TPL carrier payments reported by pharmacies.

As required by SOW 3.3.1.l, m, and n, FirstRx is able to automatically bypass TPL in situations designated by the State, such as when the State requires brand over generic or an OTC product that is not covered by the primary payer. FirstRx provides real-time override capability to Authorized Solution Users. Our solution will be configured as directed by the State to identify and deny COB claims when the primary carrier is associated with a discount or manufacturer patient assistance program. FirstRx can update/override the solution's database within two hours of receiving the validation/verification from the State's TPL vendor so that members can receive medicine in emergency situations, per SOW 3.3.1.o. In accordance with SOW 3.3.1.p, MMA will provide COB reporting including cost avoidance dollars broken down by OCC. MMA will supply requested COB reporting at no additional cost to the State within an agreed-upon time frame, as described in SOW 7.1. Per SOW 3.3.2, MMA will report providers who are identified as potentially abusing any third-party related override codes. Throughout the life of our contract to support the Medicaid Pharmacy Program, MMA will work with the State to implement new TPL requirements as required by CMS and the State.

a. Payments made by Third Party Liability (TPL) carriers as reported by retail pharmacies.

MMA will track and report all payments made by TPL carriers as reported by retail pharmacies. FirstRx edits all claims for the presence of TPL, using the data on the member enrollment file, as well as editing for any voluntary information provided on the claim that is not yet available on the member enrollment files. FirstRx has the capability to load an unlimited number of cost-avoidance records per member. All active TPL records passed from the enrollment system are evaluated based on the effective and end date of the record in relation to the claim DOS.

As shown in *Figure MSQ13-1*, FirstRx will adjudicate claims submitted with Other Payer co-payment or coinsurance amounts in the NCPDP COB Segment and will calculate the Medicaid allowed amount in compliance with NCPDP standards and guidance. FirstRx is maintained in compliance with NCPDP D.0 and will accept up to the maximum count of nine other coverage types. For example, if an individual has active primary insurance (commercial, CMO/MCO, Medicare) with three different carriers, the system requires that the provider submit a COB segment on the incoming claim for all three carriers. This functionality exists so that all active carriers are billed, and all payment avenues are exhausted, before billing Medicaid.



Figure MSQ13-1: FirstRx Pricing Window Showing a COB Claim with Other Payer Amount Decremented from Total Amount Paid (TRADE SECRET)

As approved by the State, MMA can configure FirstRx to require that each active TPL record on file be cost-avoided in order for the claim to yield a payable response. For example, if an individual has other insurance coverage with different carriers, FirstRx will require that the provider submit a COB segment on the incoming claim for each carrier. FirstRx dynamically determines at the time of adjudication if the other insurance coverage on the member file is verified or unverified. If a member has verified other insurance coverage, claims will deny when they do not contain the COB segment with an appropriate message instructing the provider to bill the primary carrier, including such information as carrier code, carrier name, BIN, and policy number.

If the data submitted on the incoming claim is not on the member's file, FirstRx will accept the third party information submitted in the COB segment and allow the claim to continue to process if all other edits are approved. If a member has unverified other insurance coverage, claims will not deny when submitted without the COB segment. This process minimizes post-adjudication recovery and maximizes real-time cost avoidance of pharmacy claims.

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.

Given that the required COB information regarding the non-State carrier has been provided to MMA from the TPL vendor, FirstRx will be configured to provide the carrier ID, name, address, and

telephone number of the non-State carrier back through the NCPDP transactions to the POS submitting provider, so that the provider knows where to route the claim. FirstRx can communicate supplemental response messaging specified by the State, including but not limited to the following:

- Bill [Primary Health Plan] and [address] and [telephone number] and BIN/PCN, Member ID number and group number for Primary
- Bill Medicare Part B
- Bill Medicare Part D [plan name] and [telephone number] and BIN/PCN, Member ID number and group number for Medicare D.

c. Methods used to identify non-compliant carriers as those who fail to respond to billings and continually deny Claims.

MMA will identify as non-compliant any carriers who fail to respond to billings and continually deny claims. Our FirstRx POS solution will maintain TPL member records. MMA will establish and maintain TPL case-tracking records that are available for use in reporting. We will collaborate during DDI with the State and the TPL vendor to develop appropriate reporting to identify non-compliant carriers.

d. Proposal to report incorrect or missing TPL pharmacy information so the State TPL information and updates reflect the most current information.

MMA will report incorrect or missing TPL pharmacy information, so the State TPL information and updates reflect the most current information. MMA will work with the State and all affected State vendors/stakeholders to create a process to report incorrect or missing TPL information. This will include working with the responsible party for the source TPL data including, but not limited to, contracted TPL identification system(s) and State systems.

TPL files will be transmitted from the MMIS vendor and loaded at an interval agreed to by MMA and the State, but no less frequently than once per day, with the full file loaded monthly. MMA can also load the TPL file more frequently if needed. We will work with the State to determine the required frequency of the data exchange. MMA can manually add or terminate a member's TPL record outside of the typical load process if necessary to address critical access to care issues. We will collaborate with the State during requirements validation sessions to assure only relevant TPL records are evaluated during claims adjudication.

e. The method(s) used to report Providers who potentially abuse any third-party related override codes.

MMA will report providers who potentially abuse any third-party related override codes. Providers may submit override-specified codes as directed by the State using the NCPDP standard interactive DUR codes. Submitted data elements are stored with the claim submission and can be retrieved for viewing and reporting purposes. ***MMA produces reports identifying providers with high use of pharmacy DUR edit override codes*** and identifying potential provider over- or under-utilization through capture of these codes.

f. Relevant third-party related issues you have encountered and have developed Solutions.

FirstRx will be configured to deploy State-specific coordination of benefits financial validation edits to ensure Coordination of Benefit/Other Payment amounts are reasonable relative to the Medicaid Allowed Amount. FirstRx's COB functionality enables MMA to configure a minimum claim dollar value, either in the Usual and Customary (U&C) or Gross Amount Due (GAD) fields and apply a reasonable percentage that must be submitted in the Other Payer Amount Paid (OPAP) field. This prevents the submitter from entering a nominal value in the OPAP, such as a penny, to yield a payable claim. *Figure MSQ13-2* illustrates a configuration example requiring that all claims submitted with an Other Coverage Code of 2, where the U&C is greater than or equal to 50 dollars, must also submit 3% of that minimum value in the Other Payor Amount Paid in the COB segment.



Figure MSQ13-2: FirstRx Minimum TPL Collection Configuration Window (TRADE SECRET)

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.

FirstRx will message pharmacies real-time with the TPL data provided by the State/State's TPL vendor including any messaging limitations. ***We have successfully configured FirstRx to accommodate each of our Medicaid customers' complex and specific messaging requirements and will do so for the State.*** FirstRx fully processes the transaction and returns up to the maximum allowed number of edit responses as set by NCPDP. When a claim will be denied at the POS, FirstRx will return the appropriate NCPDP error message to the submitter indicating the denied status, specifying all denial reason(s) and next steps if applicable. ***All information conveyed through supplemental messaging is at the direction of the State.*** The configurability of FirstRx allows us to tailor the system parameters related to messaging, ***without programming or coding,*** to create State-specific supplemental messaging as needed. Messages are connected to the maximum primary message length; overflow is populated in the additional message field. In addition to returning an NCPDP edit number and error description, FirstRx uses more descriptive language via supplemental messaging to the provider to facilitate claim resolution. ***We have worked with our customers to modify the character length for these messages to 3,000 characters,*** enabling us to give the providers more detailed information.

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.

The TPL/COB functionality in FirstRx eliminates unnecessary payments to submitters when other insurance has been identified, ensuring that the ***Medicaid Pharmacy Program is always the payer of last resort.*** FirstRx is able to interact with the State's member data store (or TPL data store) in real time during claims adjudication to retrieve the most up-to-date TPL information. Denials are issued in real time when the incoming claim does not contain the COB segment or if the incoming claims data does not match or include all the information on the enrollment record. If a third party exists, the claim

will be denied with an appropriate message instructing the provider to bill the primary carrier, including such information as carrier code, carrier name, BIN, and policy number. This process ***minimizes post-adjudication recovery and maximizes real-time cost avoidance of pharmacy claims.***

Additionally, to ensure that ***Medicaid never pays more than the primary carrier(s)' contracted amount,*** FirstRx will be configured to decrement any amount that has been previously paid on the claim prior to Medicaid paying. FirstRx has the capability to compare the Medicaid-allowed amount minus the Other Payer Amount Paid (OPAP) to the primary plan's co-payment (Other Payer Patient Responsibility Amount) relative to the submitted claim cost in order to pay the lesser amount. When there are multiple segments submitted with values in the OPAP, the total of all segments is used during adjudication to determine the final reimbursement after all OPAP amounts have been decremented. MMA provides optional TPL scenarios that we will discuss with the State during requirements review and validation sessions.

Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3.3 Third Party Liability (TPL) & Coordination of Benefits (COB).

MMA's proven POS system will meet all Third Party Liability and Coordination of Benefits requirements listed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 3.3.

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

MMA's POS Claims Processing Solution supports a fully electronic prior authorization (PA) process through a variety of methods. We will utilize our established processes and systems to manage and operate a PA program and develop procedures for the State for products that are included on the PDL and PADL. MMA's comprehensive Solution includes the following: implementation of the operational processes to support drug coverage decisions for all clinical and non-clinical criteria; compliance with all State PA rules, regulations, and policies; notifications of decisions to providers and members; operation of a provider Call Center staffed with appropriate clinical personnel, meeting any State clinical licensure or locality requirements, if applicable; assistance to the State, as needed, to administer and support the appeal process; and detailed reporting and analysis on all aspects of the PA program. (PBA Services SOW 4.1.1). We will also maintain a Utilization Management process that integrates with electronic prescribing (ePrescribing) and electronic PA (ePA) functionality (PBA Services SOW 4.1.2.b).

We have not found any limitations based on the scope of work requirements related to electronic prior authorization as outlined in the eRFP. ***MMA has 32 years of experience managing and performing pharmacy PA activities,*** including developing and implementing clinical PA requirements. MMA provides state-of-the art integrated methods for PA submission. These include AutoPA within the FirstRx POS system, fax, Interactive Voice Response (IVR), electronic prior authorization (ePA), mail, and Call Center-assisted PA entry. Entry points are integrated to efficiently support all forms of submission. Each approach utilizes the same criteria to drive consistent decisions for the Medicaid Pharmacy Program's PAs using MRx Decide, our clinical decision module. These features significantly

reduce unnecessary burden to members, prescribers, and pharmacists. Our comprehensive approach to providing PA services is described in the following narrative.

a. Access PA requests electronically and adjudicate automatically either online or in advance of a Claim being submitted.

MMA's POS Claim Processing Solution provides functionality to access PA requests electronically and automatically adjudicate both online and in advance of a claim being submitted. PA requests are processed using the following methods. (PBA Services SOW 4.1.2.a)

Automated Prior Authorization: Our automated PA system, AutoPA, is a ***robust and fully integrated feature of the FirstRx POS system*** that streamlines the PA process for the provider and prescriber using dynamic automated decision-making based on established and approved clinical rules and edits within the processing engine. AutoPA functions use stored data, as well as incoming data, to make intelligent automated real-time decisions, guided by criteria approved by the State. AutoPA uses information submitted on the claim and/or stored in the member's profile (i.e., past medication use, diagnosis, lab data, etc.) to determine the appropriate disposition of the claim, all of which supports timely delivery of appropriate medication to members and reduces unnecessary administrative burden on providers. Since the authorization takes place as part of the normal claim adjudication process, provider intervention is only necessary when the AutoPA process does not find the required criteria information on file (e.g., specific drug or ICD-10 codes are not found in the member's history or on the incoming claim). FirstRx uses pharmacy and medical claims data, including ICD-10 diagnosis codes, and prior claims present in the member's history profile. Requirements can be bypassed, as determined by the State, for certain medications when specific medical conditions exist. Prescribers are encouraged to include the applicable diagnosis code on written prescriptions for inclusion on the electronic pharmacy claim. The claim is then submitted by the pharmacy including the appropriate Diagnosis Code and State-specific PA requirements may be met even if the diagnosis has not yet appeared in the medical claims.

Benefits of AutoPA in FirstRx

Since the AutoPA process is fully integrated in the point-of-sale claims processing flow, there is no response required from an outside system. Rather, it eliminates many manual PA requests and promotes consistent application of PA rules, thus saving response time and effort.

Pharmacy Call Center Representative-assisted PA Entry: Our experienced Call Center staff will assist providers with obtaining prior approval before claim submission. MMA accepts PAs via fax and telephone using the appropriate PA form. Drug-specific questions on paper fax forms are ordered in a manner that allows for quick decision making. MMA can also capture information from NCPDP P1 – P4 transactions. The information is then used to create a contact detail record in FirstTrax and is processed in the same manner as a fax.

During the creation of the PA, information from a denied claim is automatically populated by FirstTrax in a template that is designed for the specific initiative associated with the PA condition. MRx Decide is used in the PA decision-making process. Once eligibility and program coverage rules have been reviewed, the member's history is reviewed to compare all information regarding the medication or drug class. If an alternative is available, the prescriber can be consulted to see if the substitution is appropriate for the member. If the prescriber elects to change the therapy, the authorized user records in the PA log that a therapy change was accepted. If the prescriber chooses to proceed with the PA, the information submitted is reviewed. If supporting documentation satisfies all criteria, the approval is logged and communicated to the prescriber. If criteria are not met and/or additional information is needed, issues will be escalated to a pharmacist for review. This ensures that all required information

to render a decision is requested upon initial review. If the pharmacist can approve the request, it is finalized in the system, and the decision is communicated to the prescriber.

ePA: MMA will provide electronic PA (ePA) capabilities with our ePA application. ePA allows prescribers to complete a PA request directly from their practice management software. ***The ability for prescribers to request a PA without having to leave their standard workflow results in greater efficiency and seamless member care.*** ePA-requested PAs are directly integrated into MRx Decide which allows the prescriber direct access to answer the clinical criteria questions, reducing member wait time, reducing requests for more information via other channels, and improving both quality and efficiency. MRx Decide, our configurable, business rules-driven clinical decision module, is a proprietary web-enabled, secure tool that is table- and parameter-driven, allowing flexible and easy configuration to support changes and updates.

MRx Decide is the dynamic core of our integrated PA process. ***MRx Decide is a custom knowledge base, designed specifically for processing prior authorization requests.*** It incorporates preferred and non-preferred drug lists, diagnostic information, age and gender considerations, and quantity limitations, along with sophisticated questions based on the State's PA criteria to allow consistent processing of complex clinical PA requests.

MRx Decide uses the same criteria as the FirstRx AutoPA rules, while allowing users to enter and consider additional information pertinent to the PA request and a member's unique situation. MRx Decide is incorporated seamlessly into the FirstTrax call tracking and PA management system, providing access to the member's eligibility, claims, and previous PA history necessary for adjudicating any PA request. The architecture makes use of a common set of web services to exchange key PA data. Additionally, the State's clinical criteria documents are integrated into MRx Decide so that State-defined clinical criteria for each drug are available in the system.

MRx Decide supports the ePA process which provides a consistent application of State-specific clinical criteria between the Call Center and the ePA tool. Providers use ePA to request a PA, answer structured clinical criteria questions, and receive an approval or denial (after pharmacist review) based on responses to the criteria. *Figure MSQ14-1* depicts the ePA workflow.



Figure MSQ14-1: ePA Workflow (TRADE SECRET)

MMA's systems possess the capability to streamline PA processes. We use the AutoPA functionality in FirstRx and our ePA functionality to reduce the manual aspect of claim review. ***MMA understands the importance of ensuring that the PA program meets the goal of providing the right medication to the right member in the right situation.***

b. Access PA requests during the Claims processing by reviewing or adjudication against pharmacy and medical Claims history.

FirstRx's AutoPA functionality uses pharmacy and medical claims data, including ICD-10 diagnosis codes, lab data, and prior claims present in the member's history profile. AutoPA functions use stored data, as well as incoming data, to make intelligent real-time decisions, guided by criteria approved by the State. AutoPA uses information submitted on the claim and/or stored in the member's profile (i.e., past medication, diagnosis, etc.) to determine the appropriate disposition of the claim. Since the authorization takes place as part of the normal claim adjudication process, provider intervention is only necessary when the AutoPA process does not find the required criteria information on file (e.g., specific drug or ICD-10 codes are not found in the member's history or on the incoming claim). (PBA Services SOW 4.1.2.a)

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.

Our AutoPA functionality provides a creative solution bringing enhanced value and service offerings by using clinical algorithms to support multiple automated service scenarios to make an approval. Integrated within our claims adjudication platform, AutoPA incorporates historical pharmacy and medical claims data, data from a member profile such as significant look-back period of medication claims history in conjunction with other data to be used in the AutoPA process (e.g., CPT codes, ICD-10 codes, and data submitted on the claim to evaluate against clinical rules).

Since the AutoPA process is fully integrated in the POS claims processing flow, there is no response required from an outside system, thus eliminating impact to system response times which provides greater processing efficiency. If the criteria for approval are met, an approval is automatically generated and entered in our claims system at the POS. The adjudication system serves as the repository for all reference data required to support the accurate and timely disposition of pharmacy claims. All reference data and business rules (e.g., diagnosis and procedure data, member eligibility records, drug records, lab values when available, etc.) include effective dates in the system. *Figure MSQ14-2* shows sample AutoPA edit logic incorporating pharmacy and medical claims data, including lab values.

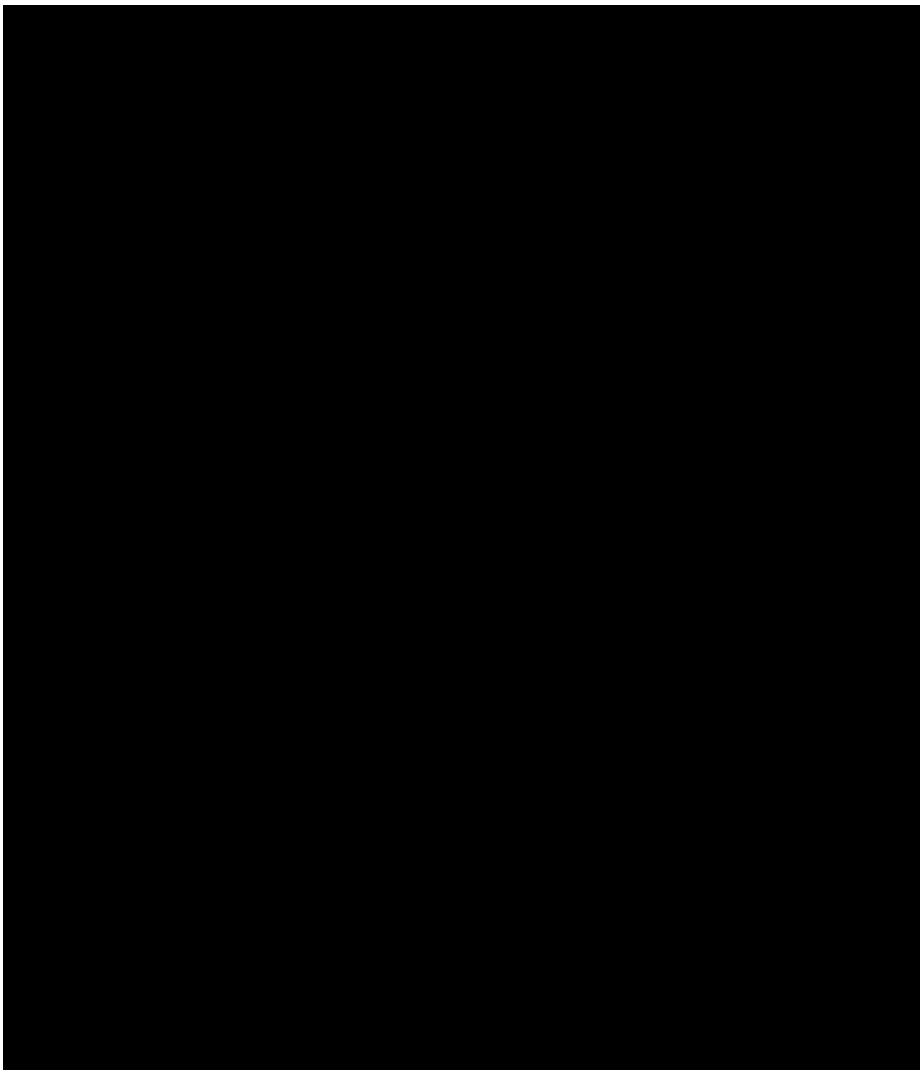


Figure MSQ14-2: Sample AutoPA Edit Logic (TRADE SECRET)

b. The method(s) and procedures to create and update prior authorization algorithms.

MMA has proven processes in place to create and update PA algorithms. FirstRx can configure drug coverage parameters through our innovative Formulary Management Tool (FMT), which enables the establishment of drug coverage parameters through the use of State-specific indicators. Customization of drug product coverage and pricing can be established at all hierarchy levels.

These configuration changes are made in accordance with MMA's established Change Management process, which ensures that all changes are fully tested and receive State sign-off before being deployed into production. Configuration of drug product coverage parameters can be established at all hierarchy levels.

Members of our Account Team will draft a Benefit Change Control Memo (BCCM) outlining the rule creation or change that the Benefit Configuration Specialist will use. Once the State approves the BCCM, the Benefit Configuration team completes the rule configuration in the UAT/QA environment of FirstRx. The QA Testing Team will then create and execute specific claim test cases to ensure the rule is working as expected. We will work with the State to review test results and obtain approval for deployment into the production environment. The rule will then be configured in the production environment and verified by additional benefit configuration staff for accuracy at deployment.

c. Your experience with development and management of an algorithm based prior authorization process.

MMA has 40 years of experience providing pharmacy benefit administration services and 32 years of experience managing and performing pharmacy PA activities, including the development and management of an algorithm-based PA process. We provide AutoPA functionality for all 14 of our full POS/PBA Medicaid customers.

Ongoing development and management activities are facilitated by FirstRx's single code base development platform. This enables MMA to easily deploy and manage system enhancements across our entire customer base simultaneously. Our Pharmacy Solution is a COTS, single version of software that provides stability and a risk-mitigated Software Development Lifecycle (SDLC). As changes to the software are deployed, our customers can leverage these new capabilities at their discretion, with the exception of industry-mandated changes (e.g., NCPDP). This aspect of our solution is aligned with the MITA 3.0 Leverage Condition in that it promotes sharing, leverage, and reuse of healthcare technologies and systems within and among our state Medicaid customers, furthering the MITA maturity of the states we serve.

In addition, MMA has a wealth of clinical expertise derived from our staff of pharmacists, nurses, biostatisticians, and physicians. These diverse experts use their comprehensive array of analytical capabilities to identify potential cost-savings opportunities and to quickly implement clinically-sound, cost-effective programs for our customers. Our clinical staff will monitor new drugs to market that have clinical and/or financial impact and will develop PA criteria recommendations for the State's consideration. Using MMA's reporting and analytics, our clinical staff will analyze utilization data to determine if existing criteria are effective or if new criteria are necessary.

Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 4.1 General Requirements (Prior Authorization (PA)).

MMA meets all requirements detailed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 4.1 General Requirements (Prior Authorization).

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

Leveraging our ***32 years of experience managing and performing pharmacy PA activities,*** MMA will manage and operate a PA program and develop procedures for the State for products that are included on the PDL and the Physician Administered Drug List (PADL). Our proven solution and processes will support all requirements related to PA System Capabilities and Limitations detailed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 4 PA. We will work closely with the State to obtain approval of our PA process flow and notification format prior to

implementation and before any changes are made by MMA. In addition, MMA will disclose operational criteria and updates to the State for review and approval on a frequency determined by the State.

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.

Our Solution accepts and integrates clinical data from other systems necessary for PAs and claims adjudication, including diagnosis codes and lab values, and uses these values in the PA and adjudication processes. Although MMA can receive lab data for the PBA Services Project from the MMIS, we also have the experience and capability as the first PBA to integrate lab results into the claims adjudication process as a future optional service. Initially implemented for Virginia in 2017, the Lab Link program adds lab results data into FirstRx to enable complete, comprehensive clinical decision-making capabilities in important PBA processes (e.g., prescription drug claim processing, PA, ProDUR, and RetroDUR). Our ePA process also provides the functionality for the prescriber to upload additional, as well as required, documentation. In addition, our MRx Decide clinical decision module functionality can evaluate lab values and other data elements entered directly into the PA against clinical criteria and perform calculations, with or without hardcopy documentation being provided.

FirstTrax can incorporate additional documentation (i.e., lab values or member chart notes) received to support PA criteria prior to the approval or denial of a request and includes the ability to report on this field. We can also accept documentation after initial PA request is submitted (e.g., in the case of deferrals). MMA can electronically link supporting documentation to pharmacy PAs. We have implemented a process to attach image files of members' letters to the contact detail records in FirstTrax. Retaining the letters online allows for easier access when assisting a caller and provides improved auditability and tracking. PA processing and MRx Decide are also fully integrated into FirstTrax to allow easy access to data and a view across claims and PAs. All correspondence, including can be viewed directly in FirstTrax by Authorized Solution Users by choosing the appropriate view option. Numerous search fields allow users to search for information pertaining to members, members' claims, pharmacies, drugs, physicians, PAs, and call tracking against both the FirstRx and FirstTrax databases. FirstTrax provides a standard set of required search parameters to protect the integrity and responsiveness of the POS system as it processes in-flight transactions.

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.

We provide electronic processes for the review of PA requests and Appeals, attachment of supporting documentation, and the transmission of that information to the State's providers. FirstTrax provides functionality to adjudicate pharmacy PAs and mail system-generated disposition letters. We use proven workflow processes/tools to manage the PA process from submission to final claim adjudication. The key to our PA workflow process is FirstTrax, an online, automated system, powered by our configurable clinical decision module MRx Decide, which is incorporated seamlessly into FirstTrax, to support the PA process. Fully integrated with FirstRx, FirstTrax allows authorized users to create PA rules. MRx Decide incorporates a customized clinical database designed specifically to process PA requests. It integrates preferred/non-preferred drug lists, diagnosis, procedure and lab parameters, age/gender considerations, and quantity limitations, along with sophisticated questions based on the State's criteria. We will provide designated State staff with access to FirstTrax. Using FirstTrax, authorized users will be able to directly enter PAs, including comprehensive, flexible free-text notation functionality, with State-specified values (e.g., dose, date, all levels of drug hierarchy, prescriber) and deny claims when it does not match the PA information. State staff will also be able to query information about PA requests/determinations including: requesting provider name; date/time of request; member identifiers; requested drug name, strength, form, and quantity; member Program

eligibility at the time of the determination; request status (i.e., approved, pended, denied); reasons for denial or exception; PA begin/end dates; and the date/time of action on the request. FirstTrax will be accessible to authorized State staff via a user interface or another mutually agreed upon method. We use multiple identity management tools to provide both SSO and MFA for user sign-on activity.

MMA will maintain written policy, reviewed and approved by the State, governing our handling of denials and appeals of denials and comply with State requirements, including communications and processing time, regarding denials and first and second level Appeals. We will work with the State to establish processes in accordance with Program requirements. Upon receipt of a written appeal, an MMA Call Center CPhT reviews the appeal, creates a contact detail record with notes as to the action taken, and escalates to an MMA clinical pharmacist. The clinical pharmacist reviews the appeal and the CPhT's notes, enters the pertinent information regarding the first review decision, and attaches documentation related to the appeal request. Our clinical pharmacist reviews the case, documents the rationale for their decision, and enters the appeals decision/clinical rationale into FirstTrax, which generates the appropriate letter to the member according to the clinical pharmacist's decision. For each PA review where denial is the result, an MMA clinical pharmacist will review to determine whether PA criteria were accurately applied before the denial decision was issued and if, necessary, our Medical Director will review prior to the denial notification to the provider. The clinical pharmacist will be available to speak directly with the member or provider, if requested.

For first level appeals, we will receive, review, and provide a final decision within 72 calendar hours of the request from the provider (not including the time in which a request may have been sent to a State employee for review) 100% of the time. We will mail, fax, or send electronic notification of the written decision letter to the member and/or provider as applicable. MMA will provide appropriate and qualified staff to attend hearings regarding PA decisions, and track and report on the decisions/ outcomes of appeals, as requested by the State. We will also work closely with the State to develop policies and procedures regarding peer-to-peer review processes. We will provide a peer-to-peer review process, administered by a board-certified physician, available to providers who wish to challenge adverse PA decisions. As part of our standard process, a clinical pharmacist performs an initial review with the physician to discuss the initial denial. If there are State- or customer-specific requirements for peer review or a specific specialty, our Call Center management staff engages MMA's Medical Director. This process ensures that appropriate decisions are made and communicated to the prescriber within required time frames. MMA will notify providers of the review process related to the re-review of an adverse PA decision. Processes will be submitted to the State for review and approval prior to implementation. We will comply with State and Federal policies and procedures for Member Appeals, including: notifying providers/members of Appeal rights; preparing appropriate reports and documents to support MMA's actions resulting in the request for an appeal; appearing at hearings to defend a PA denial decision; providing a clinician to engage in peer discussions with the State's Medical Director, or designee, and other State clinical personnel to address an appeal related to pharmacy benefit services; and complying with mandates/timelines stipulated by State and Federal policies for response/resolution of any appeal. MMA will produce and deliver all relevant information used in the PA review within 24 hours of receipt of a request from the State.

MMA has existing processes in place to create and distribute letters to providers and members regarding PA determinations. Standard letter generation uses data extracted from FirstTrax. FirstTrax users also can create a fax reply for PA requests received via fax and communicate information necessary to a provider either through standard or free-form text. We will send required provider notifications when the PA is approved or denied in the same media type as the PA was requested. The required notifications for denied PAs will include all reasons the PA was denied, and any additional criteria needed for approval. MMA will notify the member a PA is denied and inform the

provider of any adverse notification letters. Adverse notifications will be addressed to the provider via electronic (i.e., fax) means in conjunction with the member notification. If the PA decision is a denial, a letter is printed and mailed to the member notifying them of the denial, available access to language translation services, reason(s) for denial, the State's appeals process, and associated time frames. We will work with the State during DDI to define standard PA determination templates.

[redacted]

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.

MMA will use our extensive experience managing and performing pharmacy PA activities to process the entire PA transaction in accordance with applicable laws, regulations, and State-approved requirements, including generating notifications for approved, denied, reduced, or pended PA requests. We comply with Section 1927(d)(5)(A) of the Social Security Act and will comply with applicable State law and regulations, as directed by the State. We respond to PA service requests within 24 hours in accordance with OBRA '90. As required by the State, MMA will respond to initial requests received from providers within 24 hours of receipt 100% of the time, as demonstrated in our recent CMS outcomes-based certification approvals. We will use FirstTrax's date- and time-assigning capabilities for all PA requests to monitor and report on this requirement. For status claims, when the CPhT or pharmacist initiates the PA process in FirstTrax, the system performs a trial adjudication transaction. A trial adjudication forces a claim to go through the adjudication process in the production environment but does not save the results. This process exposes information in the member' eligibility record, such as program eligibility, authorized prescribers, program coverage restrictions, and alternative insurance. As other elements are specified and approved by the State, edits will be configured in the system and evaluated by the trial adjudication process during PA processing. Status claims are not included in our measurement of adherence to required turnaround times.

d. The process and conditions for a PA request to be cancelled.

PA requests can be cancelled in the FirstTrax system. To cancel a PA request, our Call Center staff opens the in-progress PA and, rather than choosing approved or denied, closes the request based on the reason for cancellation. Conditions that may necessitate the cancellation of a PA request include a change in therapy and a request for drugs that do not require a PA where the prescriber withdraws the request (PA is closed as informational). MMA will work with the State during DDI to determine the processes and associated time frames ensuring that we meet State expectations and requirements.

e. The process and extent of capabilities to systematically "grandfather" current users when a new prior authorization requirement is implemented.

MMA's Solution allows for the systematic grandfathering of current users when a new PA requirement is implemented. We will grandfather patients with specified prior claims history to permit adjudication without a PA denial, as directed by the State. For example, in support of PDL requirements, a rule is created in FirstRx that looks at the member ofiles fo t e edication history for a specified period

(e.g., most recent 90 days) for claims for the drug that had been chosen for grandfathering. If a claim for that drug is seen in the medication history, PA requirements are bypassed, and the claim will pay.

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.

FirstTrax allows Authorized Solution Users to enter a PA code for a member with temporary Medicaid eligibility in advance of the member being displayed in the eligibility file. MMA utilizes a unique identifier for Medicaid members. Our solution links all member ID numbers based on the member data provided to MMA and the linking criteria defined by the State. The FirstRx member domain maintains and displays historical/current information about the member, including the patient identifier(s), first name and last name, date of birth, gender, address, city, state, ZIP Code, and other data. The patient aliases tab lists all ID numbers tied to the member, both past and present. If the pharmacy can submit claims for an active alias for the member, the "Submission Allowed" check box is selected. Call Center staff has access to member data housed in FirstRx and can directly query the data using the member ID and/or any alias to view the member's ID number to answer eligibility inquiries, while considering the patient's full eligibility history. PA start and end dates can back-dated or future-dated. Regardless of eligibility, our Solution incorporates functionality to enter the PA request into FirstTrax with no constraints on the PA start/end date being within the actual eligibility dates. We will work with the State during DDI to establish processes to meet this requirement.

g. Your system's capacity for a PA approval code to be entered with a future Effective Date.

FirstTrax allows authorized users to enter PA approval codes with a future effective date. This allows us to process the PA in real time while utilizing a clinically appropriate future effective date. An example of this functionality is PA requests for Synagis®. Synagis PAs can be entered with an effective date that corresponds with the start of the RSV season (e.g., eRFP-specified October 1 start date).

h. All methods available for submission of initial requests and Appeals for prior authorization.

Our PA processes incorporate functionality to receive/manage PA requests, approvals, overrides, and referral requests by contacting our Call Center via telephone, or through mail, electronically, and fax. We provide state-of-the art methods for PA submission, and these entry points are integrated to efficiently support PA processes. Each approach uses the same criteria to drive consistent decisions for the State's PAs that are submitted using MRx Decide. PAs are processed using FirstRx's AutoPA functionality, our ePA application, or Call Center-assisted PA entry. Our Call Center staff also provide assistance to support appeals. We provide a fully trained Call Center staff of skilled clinicians available 24/7/365 to respond to appeal requests submitted via telephone, fax, electronically, and/or mail.

i. Your ability to support a primarily telephonic PA request process and additional staffing needed.

Through our extensive Call Center capabilities, MMA can support a primarily telephonic PA request process. We accept PAs via fax/telephone using the appropriate PA form. Drug-specific questions on paper fax forms are ordered in a manner that allows for quick decision making. During the creation of the PA, information from a denied claim is automatically populated by FirstTrax in a template designed for the specific initiative associated with the PA condition. MRx Decide is used in the PA decision-making process. Once eligibility and program coverage rules have been reviewed, the member's history is reviewed to compare all information regarding the medication or drug class. If an alternative is available, the prescriber can be consulted to see if the substitution is appropriate for the member. If the prescriber elects to change the therapy, the authorized user records in the PA log that a therapy change was accepted. If the prescriber chooses to proceed with the PA, the information submitted is reviewed. If supporting documentation satisfies all criteria, the approval is logged and communicated to the prescriber. If criteria are not met and/or additional information is needed, issues must be escalated to a pharmacist for review. This ensures that all required information to render a decision is

requested upon initial review. If the pharmacist is able to approve the request, it is finalized in the system, and the decision is communicated to the prescriber. To ensure appropriate staffing and identify needs for additional staff, if necessary, Call Center staff schedules/shifts will be regularly reviewed for effectiveness and adjustments made to ensure adequate coverage to support the PBA Services Contract across all hours of operation. Real-time performance is managed by viewing call and fax performance metrics and Call Center staff schedule adherence. There is a strong partnership between Workforce Management and Call Center leadership, resulting in the ability to quickly adjust schedules or work assignments to achieve targets. MMA ensures that coverage is consistent, at appropriate levels, and adjustments are made for seasonality and as work patterns change.

j. Process of tracking and reporting the status of PA requests and Appeals.

Data from both FirstTrax and our MRx Explore BI reporting tool are used to track and report the status of PA requests and appeals. Our existing MRx Explore Standard Reporting Package includes PA reports that illustrate service authorization activity and are used to improve member outcomes and program efficiency. The PA reports provide summarization metrics on the disposition of our processed PA requests. In addition, our reports provide information on the various clinical decision rules that were utilized by Call Center staff in the process of adjudicating and arriving at a decision for the requests received. For example, PAs can be categorized and reported based on the rationale for the PA requirement, such as the product not being on the State's PDL. Our reports take advantage of a robust set of data from the various aspects of the program operation which are collated and curated into our central data warehouse overnight, following the conclusion of each business day.

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).

Our Solution incorporates functionality to create and utilize reverse PAs to restrict a member's access to certain medications by NDC or applicable drug classifications (Medi-Span, First Databank). For example, our system can generate a PA to limit drug claims for a specific NDC, GCN, GSN, GC3 therapeutic class, HICL Sequence Number, or any other State-determined drug database selected data element. In addition to utilizing FDB and Medi-Span data to provide drug benefit management services, we can configure drug coverage parameters through our FMT. FMT is fully embedded within FirstRx and provides the ability to configure drug coverage parameters using customized indicators. FMT assists in managing clinical, operational, and PDL drug benefit configurations. Our POS claims engine is highly flexible, dynamic, and supported by clinical intelligence. This allows for maximum flexibility in benefit design and complex capabilities to restrict or allow access to medications. We will work with the State to determine the appropriate hierarchical level for PA entry.

l. The detailed procedures for migrating all existing PAs into the Solution from a State's Legacy System.

We will follow our established data management procedures for successfully migrating all existing PAs into our Solution from State Legacy Systems and honor all existing PAs that have not expired regardless of whether they were manually or electronically approved. We will complete all data conversions and cutover activities from all incumbent service provider systems and the MMIS within the time frames outlined in the State-approved Data Migration Plan. Our Data Migration Plan will include the overall approach, assumptions, processes, and execution used to migrate necessary State data including claims, PAs, reports, and resource data, as directed. Refer our response to MSQ29, Data Management Plan, for additional information.

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



MMA will perform all financial management services required to administer the Medicaid Pharmacy Program. MMA's solution will perform all required editing/auditing/pricing of pharmacy claims, payments, processing of claims adjustments, and reporting. We have ***40 years of experience*** performing financial management services for other State Medicaid pharmacy customers. We will use our proprietary FirstFinancial solution, which is based on the Generally Accepted Accounting Principles (GAAP) certified Oracle Accounts Payable and Accounts Receivable solution. FirstFinancial incorporates accounts receivable, accounts payable, and cash management modules in order to track all financial transactions and provider payment-related functions. MMA will also perform bank reconciliation if necessary. Our FirstFinancial system is tightly integrated with our FirstRx claims adjudication system, which ensures accurate processing of financial transactions.

Through our FirstRx and FirstFinancial systems, MMA can manage any number of programs. FirstRx can easily be configured to support additional benefit plans or groups as State policy evolves, ensuring compliance with current regulations at all times. FirstRx can add new programs, as well as different payment methodologies and provider payments or rates, through on-line user configuration, yielding significant efficiency in turnaround time in the change deployment life cycle. ***We can accomplish updates in real time.*** MMA has a proven track record of interfacing and data exchange using industry-standard communication protocols with state entities and applications as needed to provide comprehensive financial management services. We will maintain an interface with the MMIS and the State's accounting system, and we will collaborate transparently with the State's fiscal operations unit.

FirstFinancial interfaces with FirstRx to coordinate tracking of payments to pharmacies and can provide denied claim information on remittance advices as needed. All payments for pharmacy claims will be tracked through MMA's FirstFinancial system, which is based on the most current provider account information available. FirstFinancial uses FirstRx as the source system for all pharmacy claims transactions associated with provider reimbursements. FirstRx will generate the State's accounting system pharmacy claims payment file in the HIPAA-compliant payment file format approved by the State, and MMA will process financial transactions within the same weekly payment

cycle and support Electronic Funds Transfers (EFT) and checks to providers within the current payment cycle. MMA will process EFTs and checks to providers. All financial tracking will be done in FirstFinancial, which will furnish remittance advices (RAs), both in electronic and paper formats. MMA has several state customers who use this same payment methodology, including California, Michigan, Nevada, New Hampshire, New York, and Pennsylvania.

FirstFinancial can also process transactions even if the source of that transaction (e.g., provider, audit, mass adjustment) is not created in FirstRx. The system accounts for these transaction types throughout the entire payment process, and credit adjustments return funds to the State (as in the case of claim reversals) by reducing the amount of money remitted to the provider. As part of MMA's overall payment processing system, we have adopted several balancing processes so that all transactions and associated dollars are accounted for. At several points in the payment process, balancing routines validate accurate payment processing for the State. FirstFinancial uses the highest Oracle-supported standards, with a system design that is flexible to accommodate new requirements as they arise, while maintaining an auditable structure of the core design module. This process allows for complete and accurate processing of all information throughout the entire life of the transaction (claim and non-claim).

FirstFinancial allows MMA to comply with Federal and State regulations for claims payments and accounts receivable, including processing and reporting requirements. MMA will provide required reporting in accordance with State-defined time frames. MMA is experienced in complying with CMS accounting requirements for the Medicaid program, and our solution will maintain the financial fund matrix. We will ensure that claims are properly posted to the correct State accounting budget string using fund codes and allocated to the correct CMS-64 category of service. MMA has years of experience in working with customers in identifying the use of the fund codes.

MMA is also experienced in creating reports based on these fund codes to make analysis by the users more efficient. We propose to collaborate with the State during DDI to provide the budget string and category of service so that the State is able to properly report expenditures to CMS. Our reporting will break down State expenditures by fund code category and percentage to ensure that the State is reimbursed accurately. As required by eRFP Attachment F Scope of Work, Section 5.5.1.1.a, MMA will provide the business processes and automated functions to support pharmacy payments, record keeping providing transparency, and proper management of state and federal funds used for those payments in compliance with Generally Accepted Accounting Principles (GAAP) and State-mandated record-keeping rules. We will reconcile pharmacy payments, accounts receivable, and agency funds, as well as supporting audits of financial activities in accordance with SOW 5.5.1.1.b and c.

Per SOW 5.5.1.1.d, MMA will coordinate payments to pharmacies on behalf of the State. We will determine payment amounts using reference data from the State indicating the cost of the drugs. MMA's solution will accurately pay dispensing fees, which may vary based on the attributes of a pharmacy. MMA's automated financial management framework will track, monitor, and process financial transactions, including accounts receivable, non-claim payments, and cash receipts, per SOW 5.5.1.1.e and State specifications. As required by SOW 5.1.2, MMA's financial management solution will implement the internal control mechanisms as defined by the State, including timely and accurate financial reports, detailed audit trails, and financial trending. MMA will accurately and transparently manage the Medicaid Pharmacy Program essential financial reference data, in accordance with SOW 5.1.3. We acknowledge that all Financial Management Services will require integration with the State's accounting system and accounting office and are subject to significant oversight by the State's fiscal operations unit.

MMA will manage State-supplied reference data including rates to be paid to pharmacies for drug costs, dispensing fees, and any other State-directed fees to be paid to pharmacies. We will manage accounts payable and accounts receivable activities as directed by the State. MMA will generate and deliver the remittance advices associated with payment disbursement, support inquiries; and apply and store the adjustments approved by the State.

a. Positive and negative mass and individual Claims adjustments.

MMA's financial management system will accurately perform positive and negative mass and individual claims adjustments. FirstRx includes a mass adjustment function that allows multiple claims to be adjusted at one time. Using the FirstRx Mass Claims Adjustment functionality, FirstRx can process mass adjustments automatically, so that the user is not required to intervene on a claim-by-claims basis. MMA's PBA Solution provides role-based access to MMA assigned Authorized Solution Users for access to mass claim adjustments functionality. Permitted users can search for a subset of claims based on parameters including drug product, member, adjudicated group, and/or specific rule ID effected during adjudication. This is restricted so users who are not well versed on the creation and submission of the job that will perform the mass adjustment are not able to impact the program in a negative way. During the review process the subset of claims or encounters with zero impact to payment, limitations, accumulations, or quantity dispensed, will be excluded from the mass adjustment process.

The MMA PBA systems adhere to the NDPDP standard supporting B2 (reversal) and B3 (reversal and resubmission) of transactions. Reversal transactions will contain a unique claim identification number, as well as link to the unique claim number of the original claim which was reversed. FirstRx also provides flexibility to configure specific State-defined rules for reversal transactions. MMA provides online access to review transactions from mass adjustments performed prior to release into production specifically to prevent faults from occurring. The mass adjustment functionality in FirstRx, our claims processing system, drills down to claims within a specified adjudication time period, service date, adjudication date, and authorization number. Our systems allow the user to search and select or de-select transactions prior to executing the resubmission or adjustment in production. Authorized Solution Users may submit the mass claim adjustment job as a trial job in the restore environment and review results before executing in the production environment. Claim transactions processed using this feature will be stored in the MMA database and will be available for review and reporting. *Figure MSQ16-1* displays a FirstRx sample screenshot showing the mass adjustments made during claims adjudication.

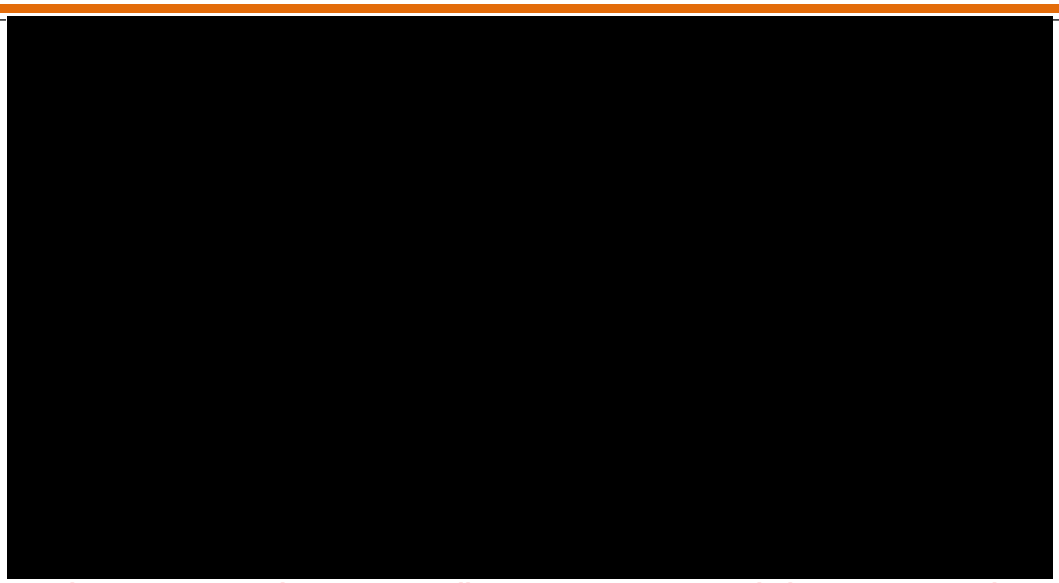


Figure MSQ16-1: FirstRx Mass Adjustments Screen Sample (TRADE SECRET)

MMA can provide detailed transaction level financial reporting, in a spreadsheet or other electronic file format according to State preference, to determine the financial impact of any change prior to approving the execution of mass adjustments in the production region. MMA's Account Team will work in conjunction with the State to obtain approval prior to proceeding with the adjustment.

b. Voids (checks and EFT transactions), replacement check(s) (if necessary), and the related claim adjustments.

If elected by a State, MMA's solution has the ability to perform voids of checks and EFT transactions, issue replacement checks if necessary, and perform the related claim adjustments. When a check needs to be voided, MMA will void checks and have all related activity either voided or the accounts receivable for recoupment automatically reinstated on the provider detail. We will transparently track and report on all such transactions. As approved by the State, FirstFinancial will reopen claims from previously voided checks and have the data process through the Accounting Interface correctly. Our solution can void and reissue multiple checks to the same provider within the same unique payment cycle, not part of the usual payment cycle. FirstFinancial is capable of suspending payments to a provider at the discretion of the State, either by chain code, NPI, or claim.

When required by a State, MMA can change the FFP for each transaction type for each federal fiscal year based on rates provided by the State through our reference data table structure. FirstFinancial can void a returned Automated Clearing House (ACH) payment and replace it with a check, when directed by the State. FirstFinancial will ensure that data associated with voids and replacement checks process through the Accounting Interface correctly. As part of our complete and accurate audit process, fund codes are uniquely identified within our data table structure. Failure to include a valid fund code on a claim will cause the claim to fail when it is loaded into FirstFinancial, and it would have to be resubmitted with a valid fund code for payment. Adjustments can include voids (reversals), recoupments, liens, and transactions as a result of audits, as well as other non-claim-related transactions. Adjustments to an individual claim or a group of claims are generally initiated at the direction of the State. A single claim is voided by processing a reversal transaction, which results in a take-back of the amount previously paid to the pharmacy. FirstRx links the reversal to the original claim, so that all transactions are documented and balanced. The reversal is included on the RA. The original (voided) claim will not be shown on the RA.

FirstRx can also process a single claim adjustment where the original claim payment is modified, either up or down. In this scenario, the original claim is voided as described in the preceding paragraph. Next, a new claim for the new amount is initiated and adjudicated. The reversal and resubmission each receive a unique ICN. The void claim (replacing the adjudicated claim that it is voiding) is reflected on the provider's RA in the week that it is paid. Our solution also provides Authorized Solution Users with the ability to perform claims adjustments and corrections functions on-line, including but not limited to void and rebill, PA override, inquiry, and review of reference data.

FirstRx also provides an audit trail of each rule that was used to adjudicate each claim and the result of that rule's application, which ensures that any manually created rules used to adjudicate the claim are part of the record and can be viewed. Reversal transactions contain a unique claim identification number, as well as link to the unique claim number of the original claim which was reversed. If a claim is adjudicated and paid in one cycle and then reversed or adjusted in a subsequent cycle, that adjustment is sent in the claims file to the MMIS, preventing an imbalance in the claims process. Each distinct transaction is stored in the FirstRx database and available for review and reporting.

Authorized Solution Users will have secure, role-based, read-only access to the FirstFinancial Aged Receivables and Aged Payables modules, in order to run reports. Our Aged Payables Report and Aged Receivable Report can be created in both a detail (by claim/transaction) or summary (by NPI) format. These reports can be run at will by properly credentialed users with role-based access. Both reports show what the original payable amount was, what the current amount outstanding is, and reflect any interim collections/adjustments that occurred between the original and current amount.

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).

MMA will collaborate with the preceding or successor vendor to ensure the adjudication or adjustment for run-off claims with a date of service before the transition to a new contract. An integrated part of FirstRx allows for the adjudication of claims with new and/or modified rules or parameter settings applied for claims with a Date of Service prior to the transition. This process includes applying a predetermined set (or sets) of adjudication rules and parameters, then submitting the claims for processing.

d. Recoupments.

As approved by the State, MMA will perform recoupments. FirstFinancial will be configured to set an AR not to recoup or recoup at a percentage or dollar amount defined by the State. FirstFinancial can recoup or apply a receipt to any AR balance and have the attributes of the AR defined in the Accounting Interface apply to the recoupment and receipt. FirstRx and FirstFinancial have the flexibility to allow claims to be fully or partially recouped as more clean claims funnel through the check write process. Our reconciliation process incorporates matching claim reversals and adjustments to originally paid claims so that adjustments are included in the claims file to prevent an imbalance in the claims process. When the recoupment detail is configured at the claim detail, MMA has the capability of recording by claim detail. This ensures an adequate audit trail. Volume is a consideration, and MMA will work with the State to secure a more automated process when volumes are high. Additionally, manual/electronic recoupment transactions can be entered into the Provider Payment system directly. MMA's system default is set to recoup all moneys owed to the State prior to paying any money to the provider. However, should circumstances demand an alternative (e.g., paying out a certain percentage or amount, regardless of money due), this can also be accommodated.

As directed by State policy, MMA will apply gross recoveries to providers and/or members as identifiable. We have several processes that can accommodate gross recoveries from providers. One such process is using mass adjustments. This process uses transactions to correct the situation and

flows through our provider payment system leaving a fully auditable trail. Additionally, we can enter transactions manually or through the use of a formatted file directly into our provider payment system to adjust claims accordingly. This information also flows back to FirstRx via the AP Feedback file, so that providers cannot void the claim. MMA utilizes the mass adjustment or financial recovery process functionality within FirstRx and the provider payment system to apply the gross recoveries, as directed and approved by the State.

MMA works continuously to identify outliers for further review, corrective action, analytics, or recovery/recoupment activity. Our solution supports an established recoupment and reimbursement functionality that has proven effective when other prescription coverage has been identified. Our solution will continue to capture and permit online inquiry by any of the following: NDC, Pharmacy ID, Provider ID, or drug name to any change to a claim. We ensure that any changes to a claim are documented via audit trail (i.e., quantity changed, dollars recouped).

e. non-Claim-based Provider payouts requested by the State.

As requested by the State, MMA will make payments to providers not related specifically to a claim. We will create and track non-claim payments using the same processes, controls, and State criteria that are used for claim payments, including designating specific reason codes for various types of dispositions for tracking and reporting purposes as defined by the State. MMA will maintain all data necessary for proper State and Federal reporting and claiming of Federal moneys.

Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 5 Financial Management Services.

MMA's proven POS system will meet all Financial Management Services requirements listed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 5.

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

MMA's proven FirstFinancial system will meet all Cash Receipts requirements listed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 5.4.

We will use our proprietary FirstFinancial solution's accounts receivable module to track and report on all financial transactions related to cash receipts. Our FirstFinancial system is tightly integrated with our FirstRx claims adjudication system, which ensures accurate processing of financial transactions.

FirstFinancial will track all financial transactions and payments based on up-to-date provider account information, including but not limited to credit balances, incorrect payments, returned payments, refunds, other payments from providers, and all other accounts receivable data.

As required by SOW 5.4.1, MMA affirms that we will process all cash receipts within 30 calendar days from the date of receipt. FirstFinancial will be configured to provide a view of the cash receipts that have been received for each pharmacy provider and to allow drill-down to the image of the cash receipt received by the bank, per SOW 5.4.2. FirstFinancial will designate specific reason codes for various types of dispositions for tracking and reporting purposes, as defined by the State.

a. Account for the receipt of cash receipts from Providers.

MMA's Finance Team will account for cash receipts from providers. We recommend as a best practice that the State use a lockbox for the receipt of provider payments. FirstFinancial will track, monitor, and process financial transactions, including cash receipts for refunds received from providers. MMA's Financial Analyst will track accounts receivable, including cash receipts. Additionally, when the cash receipt detail is configured at the claim detail, MMA has the capability of recording by claim detail. This ensures an adequate audit trail. Volume is a consideration, and MMA will work with the State to secure a more automated process when volumes are high.

b. Post the cash receipts against Claims, Claim receivables, and non-Claim receivables.

FirstFinancial will accurately post cash receipts against claims, claim receivables, and non-claim receivables, when the supporting detail is adequate. MMA's Financial Analyst will oversee the accurate posting of cash receipts. As required, FirstFinancial will be configured to recoup the receivables from subsequent claim activity, post to multiple receivables and payees from a single remit, post to a specifically identified receivable, and allow for the write-off of these receivables.

MMA will generate a report itemizing each of these types of transactions each week in a detailed summary, and our system will roll forward receivable balances from week to week. FirstFinancial will

provide reporting of payments, receivables, and receipts in the format and frequency as agreed with the State.

c. Send refunds to Providers.

MMA's solution will be configured to send refunds to providers as directed. For example, our system has the functionality to decrement, or credit back, pharmacy overpayment amounts. To reduce the risk of an incorrect or failed refund payment transaction, MMA will initiate an ACH provider pre-note (zero-dollar transaction) as a one-time implementation process. The pre-note will enable us to verify the accuracy of the account information for the provider before initiating the actual refund transaction.

d. Process the posting of these cash receipts without affecting the Provider's payment (except for refunding the cash receipt).

As appropriate, FirstFinancial will process the posting of cash receipts without affecting the provider's payment (except for refunding the cash receipt). When these receipts are for claims that have been paid and should not have been, information is sent back to the FirstRx system. FirstRx then marks these claims as being reimbursed by the provider and will not allow for a subsequent void. MMA will provide reporting of payments, receivables, and receipts in the format and frequency requested by the State.

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

MMA's proven POS system will meet all Accounts Receivable requirements listed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 5.2. Our FirstFinancial solution, which is based on the Generally Accepted Accounting Principles (GAAP) certified Oracle Accounts Receivable solution. FirstFinancial incorporates accounts receivable, accounts payable, and cash management modules in order to track all financial transactions and provider payment-related functions. Our FirstFinancial system is tightly integrated with our FirstRx claims adjudication system, which ensures accurate processing of financial transactions.

5.2 ACCOUNTS RECEIVABLE (AR)

5.2.1 The Contractor shall process all financial transactions within the same weekly payment cycle and guarantee Electronic Funds Transfers (EFT) and checks to Providers will be made within the current payment cycle.

FirstRx will generate the State's accounting system pharmacy claims payment file in the HIPAA-compliant payment file format approved by the State, and, for States that elect this functionality, MMA will process EFTs and checks to providers once the State has approved the payment file. All financial tracking will be done in FirstFinancial, which will furnish remittance advices (RAs), both in electronic and paper formats. We will ensure that these payments are made within the current weekly payment cycle. Additionally, MMA can perform a pre-note process with the bank to ensure all information regarding EFT instructions is up to date and accurate.

5.2.2 The Solution must have the ability to:

a. Designate specific reason codes for various types of dispositions and accounts receivable for tracking and reporting purposes as defined by the State including all data necessary for proper state and federal reporting and claiming of federal moneys.

MMA can configure FirstFinancial to designate/accept specific reason codes for various types of dispositions for tracking and reporting purposes, as defined by the State. We will create and track non-claim payments using the same processes, controls, and State criteria that are used for claim payments. MMA will maintain all data necessary for proper State and Federal reporting and claiming of Federal moneys.

b. Provide Authorized Solution Users as determined by the State the ability to see the accounts receivables incurred and their balance.

Authorized Solution Users will have secure, role-based, read-only access to the FirstFinancial Aged Receivables and Aged Payables modules, in order to run reports. Our Aged Receivable Report and Aged Payables Report can be created in both a detail (by claim/transaction) or summary (by NPI) format. These reports can be run at will by properly credentialed users with role-based access. *Figure MSQ18-1* shows how an Authorized Solution User can use the FirstFinancial Aged Receivables module to enter the desired parameters and see the accounts receivables incurred.

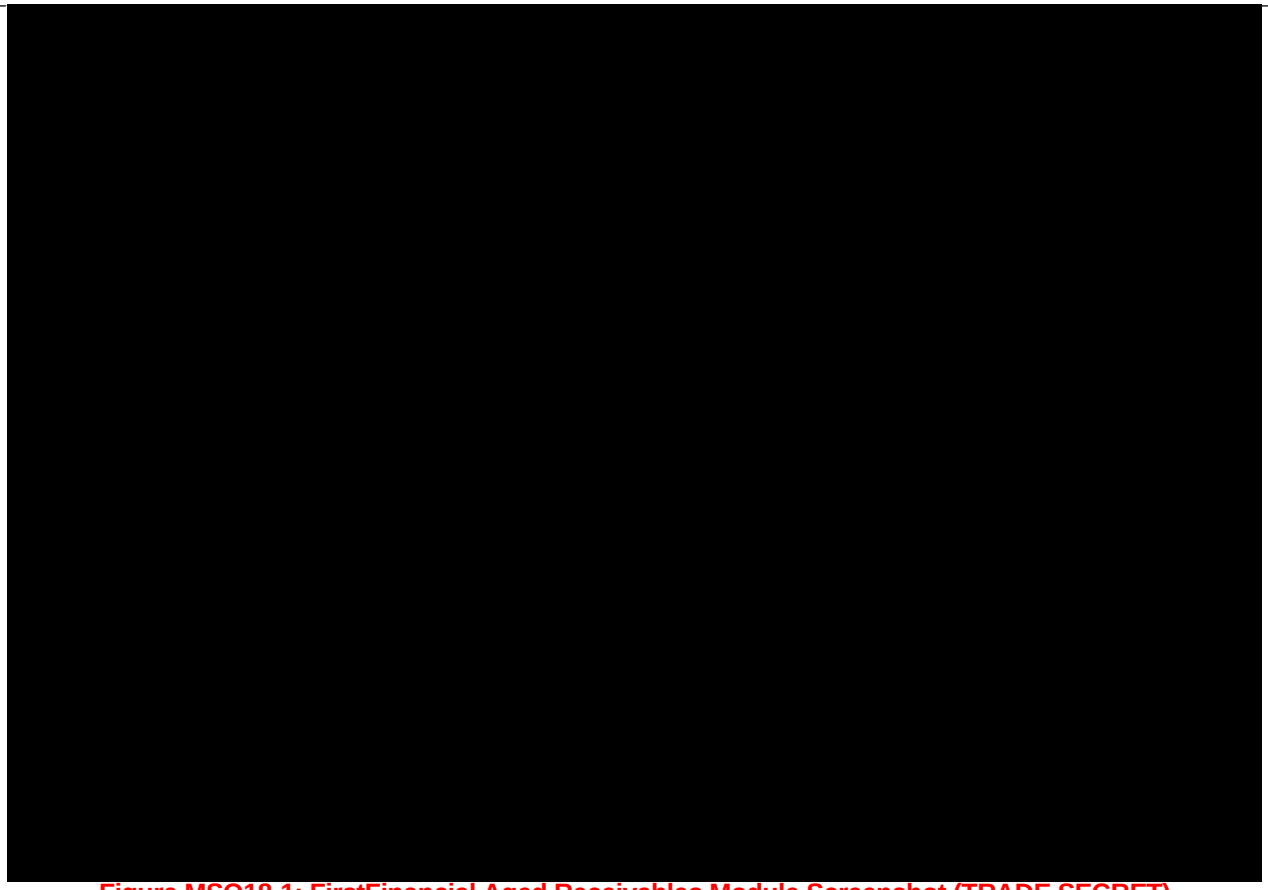


Figure MSQ18-1: FirstFinancial Aged Receivables Module Screenshot (TRADE SECRET)

Figures MSQ18-2 and 3 show sample Aged Payables Reports by Claim and by NPI that were created by authorized users.



Figure MSQ18-2: Aged Payables Report by Claim (TRADE SECRET)



Figure MSQ18-3: Aged Payables Report by NPI (TRADE SECRET)

MMA will provide detailed transaction level financial reporting on accounts receivables incurred and their balance, in a spreadsheet or other electronic file format according to State preference. FirstFinancial allows MMA to consistently comply with Federal and State regulations for claims payments and accounts receivable, including processing and reporting requirements. MMA will provide required reporting in accordance with State time frames. *Figure MSQ18-4* shows an Aged Receivables Report by Claim that was created by authorized users.



Figure MSQ18-4: FirstFinancial Accounts Receivable Report (TRADE SECRET)

c. Create Claim and Non-Claim-based receivables using criteria as defined by State.

MMA's automated financial management framework will create, track, monitor, and process claim and non-claim receivables, non-claim payments, and cash receipts, per State specifications. A pending balance would be an example of a claim-based receivable, as when the voids exceed the payments. A tax lien would be an example of a non-claim-based receivable. *Figure MSQ18-5* shows an example of a claim-based receivable pending balance.



Figure MSQ18-5: FirstFinancial Claim-based Receivable Pending Balance (Void exceeds Payment) (TRADE SECRET)

d. Provide the ability to set an AR not to recoup or recoup at a percentage or dollar amount defined by the State.

FirstFinancial will be configured to set an AR not to recoup or recoup at a percentage or dollar amount defined by the State. FirstRx and FirstFinancial have the flexibility to allow claims to be fully or partially recouped as more clean claims funnel through the check write process.

Additionally, manual/electronic recoupment transactions can be entered into the Provider Payment system directly. MMA's FirstFinancial system default is set to recoup all moneys owed to the State prior to paying any money to the provider. However, should circumstances demand an alternative (e.g., paying out a certain percentage or amount, regardless of money due), this can also be accommodated.

e. Recoup or apply a receipt to any AR balance and have the attributes of the AR defined in the Accounting Interface (AI) apply to the recoupment and receipt.

FirstFinancial can recoup or apply a receipt to any AR balance and have the attributes of the AR defined in the Accounting Interface apply to the recoupment and receipt. Our reconciliation process incorporates matching claim reversals and adjustments to cash receipts as well as to originally paid claims so that adjustments are included in the claims file to prevent an imbalance in the claims process. *Figure MSQ18-6* shows an example of a receipt that has been applied to an AR balance.



Figure MSQ18-6: FirstFinancial Screen Showing a Receipt Applied to an AR Balance (TRADE SECRET)

f. Adjust (partially or complete) all types of AR transactions and have the adjustment reduce the AR balance and reflect such on reports.

FirstFinancial has the capability to adjust all types of AR transactions. These AR transactions can be adjusted completely or partially, depending on the circumstances. The system will automatically cause the adjustment to reduce the AR balance, which will be accurately reflected on reports.

g. Create Claim receivables as well as Non-Claim receivables.

MMA's FirstFinancial automated financial management framework can create, track, monitor, and process claim and non-claim receivables, per State specifications. All information, whether claim or non-claim related, will be tracked through the system for completeness and accuracy.

h. Create Non-Claim receivables weekly within one (1) payment cycle.

MMA will ensure that non-claim receivables are created by FirstFinancial within one payment cycle.

i. Separate receivables based on specific reason codes outlined by the State and include these reason codes in reports.

FirstFinancial tracks and reports on receivables separately, by the specific reason code(s) designated by the State. Specific reason codes are included on the reports.

j. Post cash receipts against both types of receivables, recoup the receivables from subsequent Claim activity, post to multiple receivables and payees from a single remit, post to a specifically identified receivable, and allow for the write-off of these receivables.

MMA's financial management system is capable of posting cash receipts against both types of receivables, recouping the receivables from subsequent claim activity, posting to multiple receivables and payees from a single remit, posting to a specifically identified receivable, and allowing for the write-off of these receivables. All these transaction types can be tracked in FirstFinancial and reported on as needed. *Figures MSQ18-7* and *MSQ18-8* show samples of how cash receipts can be posted to AP and AR.



Figure MSQ18-7: FirstFinancial Screen Showing Posting of a Cash Receipt to Accounts Payable (TRADE SECRET)



Figure MSQ18-8: FirstFinancial Screen Showing Posting of a Cash Receipt to Accounts Receivable (TRADE SECRET)

k. Generate one (1) report itemizing each of these types of transactions each week in a detailed summary and roll forward receivable balances from week to week.

Using FirstFinancial, MMA will generate one report itemizing each of these types of transactions each week in a detailed summary. FirstFinancial can roll forward receivable balances from week to week. We will work with State staff during DDI to define the requirements for format and frequency.

l. Provide reporting of payments, receivables, and receipts in the format and frequency requested by the State.

FirstFinancial will provide reporting of payments received, as well as the *Accounts Receivables Report* and the *Cash Receipts Report,* in the format and frequency as agreed with the State. We will work with State staff during DDI to define the requirements for format and frequency.

m. Allow for the transfer of accounts receivables from one Provider to another at the request of the State without adjusting claims.

If the State requests, as may be required upon the closing of a pharmacy and the transfer of its business to another pharmacy, FirstFinancial can transfer accounts receivables from one provider to another at the request of the State without adjusting claims.

n. 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 the State.

MMA's solution can convert all clean, usable data into an agreed-upon 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 the State.

o. Set an accounts receivable (AR) not to recoupment at a percentage or dollar amount as defined by the State.

FirstFinancial can be configured to set an AR not to recoup or to recoup at a percentage or dollar amount defined by the State. FirstRx and FirstFinancial have the flexibility to allow claims to be fully or partially recouped.

p. Suspend payments to a Provider.

FirstFinancial is capable of suspending payments to a provider, as directed by the State. MMA has the option to place holds at an NPI level. If the State directs that payments to a provider be suspended after a payment has already been built in FirstFinancial, MMA can put a stop on the payment in the payment screen within First Financial.

q. Void checks and have all related activity (claims, AR, etc.) either voided or the AR for recoupment automatically reinstated on the provider detail with transactions clearly defined on a history window and voided transactions process correctly through the AI as defined by the State.

MMA's solution can perform voids of checks and EFT transactions, issue replacement checks if necessary, and perform the related claim adjustments. Alternatively, the AR for recoupment can be automatically reinstated on the provider detail, as directed by the State. These transactions will be clearly defined on a history window. FirstFinancial will ensure that the voided or reinstated transactions process through the Accounting Interface correctly. Our solution can void and reissue multiple checks to the same provider within the same payment cycle.

r. Create Non-Claim related payments using specific criteria reasons codes and AI criteria defined by the State.

MMA's FirstFinancial automated financial management framework will create, track, monitor, and process claim and non-claim receivables, non-claim payments, and cash receipts, per State specifications. As directed by the State, MMA can use the debit/credit memo feature in the Accounts Payables module to pay or recoup money from future provider payments.

s. Reopen claims from previously voided checks and have the data process through the AI correctly.

As approved by the State, FirstFinancial will reopen claims from previously voided checks and have the data process through the Accounting Interface correctly. As directed by the State, MMA can void checks in FirstFinancial, which automatically reopens all the claims in the Accounts Payable module that are part of the payment.

t. Void and reissue multiple checks to the same Provider within the same payment cycle.

Our solution can void and reissue multiple checks to the same provider within the same payment cycle. FirstFinancial is capable of voiding, reissuing, or suspending payments to a provider at the discretion of the State.

u. Change FFP for Medicaid, Children's Health Insurance Program (CHIP), and Breast and Cervical Cancer (BCC) each federal fiscal year

When directed by the State, FirstFinancial can be configured to change the FFP for CHIP and the BCC programs for each Federal fiscal year, based on rates provided by the State. We have experience changing FFP for programs for our Kentucky and Nevada Medicaid customers.

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

MMA will provide the State with a customer Call Center that manages real-time calls related to both technical and clinical claims submission questions and PA requests as stated in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6 Support. ***We have provided pharmacy, prescriber, and member support through Call Center excellence to our customers for 36 years.*** MMA is committed to providing superior Call Center service and functionality for the State, participating pharmacies, prescribers, and members. MMA currently provides technical and clinical Call Center services to 14 Medicaid FFS programs, as well as 8 ADAPs and 4 SPAPs. Our Call Center will be available 24/7/365 through a dedicated toll-free line, at no additional cost to the State, and staffed with appropriate personnel (PBA Services SOW 6.1.3). Through this toll-free line, our dedicated Customer Service Team will assist callers with PAs, provider claims troubleshooting, technical questions, and member inquiries (PBA Services SOW 6.1.2). During DDI, MMA will develop a Customer Service Support Plan, based on a State-approved Project Schedule, and submit it to the State for review and approval. We will work closely with the State during DDI to ensure that Program requirements are met (PBA Services SOW 6.1.1).

a. Location of all customer call center(s) and identifying any primary locations.

MMA operates Call Centers across the continental United States with Call Center representatives being fully remote, but based out of one location depending on the team they support. Our Call Centers operate using a virtual model (100% remote staff), but we maintain facilities in the following locations for staff that may need to come into an office:

Glen Allen, Virginia (primary location), Little Rock, Arkansas; Rancho Cordova, California; Orlando, Florida; Latham, New York; and Harrisburg, Pennsylvania.

Virtual Call Center Capabilities

During the COVID-19 pandemic, MMA enabled 100% of Call Center staff, including approximately 100 representatives who support our State Government Solutions line of business, to work from home while maintaining and/or exceeding all current Service Level Agreements.

To maintain consistent, high quality customer service during temporary telecommunication disruptions or office closures, MMA can reroute telephone traffic from any of our Call Centers to an alternate location restoring critical customer services. The Call Center telephony and core system have full redundancy and automatic rollover. We provide full system support for all our Call Center operations that is scalable, configurable, and provides the latest technological support and backup resources in the event of a disaster or emergency. In addition to our ability to seamlessly roll over calls to a back-up location, we also have proven success in transitioning Call Center representatives to work from home status through secure VPN access. All our Call Center representatives are located in the continental United States.

b. Size of all customer call center(s) including, but not limited to, staffing (identified by type: Member, technical, and prior authorization).

In the following table, we show the size of each of our Call Center teams, including staffing identified by type.

Call Center Team Location	Number of Staff by Type	Membership
Glen Allen, Virginia (Call Center team equipped to respond to member, technical, clinical, and prior authorization calls.)	[redacted]	19,689,965
Harrisburg, Pennsylvania (Call Center team equipped to respond to member, technical, clinical, and prior authorization calls.)	[redacted]	214,089
Latham, New York (Call Center team equipped to respond to member, technical, clinical, and prior authorization calls.)	[redacted]	408,600
Little Rock, Arkansas (Call Center team equipped to respond to member, technical, clinical, and prior authorization calls.)	[redacted]	1,222,601
Orlando, Florida	[redacted]	1,789,406

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(Call Center team equipped to respond to member, technical, clinical, prior authorization, and mail order calls.)	[redacted]	
Rancho Cordova, California (Call Center team equipped to respond to member, technical, clinical, and prior authorization calls.)	[redacted]	16,099,307
Tallahassee, Florida (Call Center team equipped to respond to member, technical, clinical, and prior authorization calls.)	[redacted]	925,859

c. Current call volume per year and call volume total capacity at each location.

MMA provides the current call volume per year and call volume total capacity for each Call Center team location in the following table:

Call Center Team Location	Current Call Volume/Year	Call Volume Total Capacity
Glen Allen, Virginia	[redacted]	*Unlimited
Harrisburg, Pennsylvania	[redacted]	*Unlimited

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Latham, New York	[redacted]	*Unlimited
Little Rock, Arkansas	[redacted]	*Unlimited
Orlando, Florida	[redacted]	*Unlimited
Rancho Cordova, California	[redacted]	*Unlimited
Tallahassee, Florida	[redacted]	*Unlimited

*MMA's solutions and infrastructure, including our Call Center platforms, are scalable and configurable to grow and expand with the dynamic nature of healthcare delivery. We have demonstrated our good faith, integrity, and reliability throughout our history of supporting multiple state Medicaid programs. This includes our experience implementing pharmacy software and services for some of the larger volume Medicaid FFS programs in the country, such as California, Colorado, Florida, Michigan, and New York, as well as some of the smallest. ***Our scalable solutions can be customized to serve any size Medicaid pharmacy program, from over 15 million members to less than 2,500 members.*** For example, on January 1, 2021, we implemented a 600-person Call Center facility to provide services for the California Medi-Cal Rx Contract, where we have supported the transition of more than 15 million members from 26 MCOs (CMOs) to the FFS pharmacy program. The scalability of our solution is supported by our pharmacy applications solution, which takes advantage of features provided by services such as Amazon Elastic Compute Cloud (EC2) autoscaling groups, Amazon Elastic Block Store (EBS) snapshots, and Amazon Elastic Load Balancing (ELB) to create a highly reliable and scalable solution. Our pre-existing, proprietary systems are highly configurable, enabling rapid adjustments to be made in response to the changing demands of program volume and strategy.

d. Type of calls each customer call center is equipped to handle, including, but not limited to, Member, technical, clinical, and prior authorization.

Each MMA Call Center team is equipped to respond to member, technical, clinical, and prior authorization calls. Our highly trained Call Center staff will assist participating pharmacies, physicians, other providers, members, and special requestors, as well as the State, with inquiries regarding a variety of issues. MMA's Call Center staff support a variety of prescriber and provider inquiries typically seen in a pharmacy Call Center regarding state Medicaid-approved programs (e.g., member eligibility and benefits verification, questions regarding reimbursement, covered drugs, PA requests, pharmacy locations, claim/appeal submissions, pharmacy claims processing and status, etc.); systems availability; technical support for EDI submissions; member services assistance, including clinical assistance; provider payment and reimbursement guidelines; and other inquiries related to MMA's services and the Medicaid Fee-for-Service pharmacy program (PBA Services SOW 6.2.2).

MMA will provide qualified professionals, including CPhTs and pharmacists, to perform PA determinations. Call Center staff will support PA processing through toll-free telephone, toll-free facsimile, postal mail, and web portal-based requests (through our established ePA solution) (PBA Services SOW 6.2.1.b). The Call Center will be available toll-free 24/7/365 and staffed with appropriate technical and clinical personnel sufficient to handle call volume, meeting State licensure and/or locality requirements, if applicable (PBA Services SOW 6.2.1.c). Our Call Center will respond promptly and efficiently to assist prescribers with decisions to approve or deny PA requests. Clinical staff will be accessible 7:00 a.m. to 8:00 p.m. State-specific time Monday through Friday, excluding agreed-upon holidays or MMA downtime approved in advance by the State (PBA Services SOW 6.2.1.a). CPhTs are available after hours to provide assistance. ***Each of our Call Center teams manages member, technical, and PA/clinical call types.*** MMA will also provide a separate IT Service Desk to allow authorized users to report system-related issues and defects that may arise regarding our

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infrastructure, including log-in assistance. We provide IT Service Desk assistance for general and technical support and questions, access issues and password reset procedures (e.g., login connectivity), and application and software support (e.g., software and hardware).

e. Ability to handle multilingual requirements.

All of MMA's Call Center staff are English proficient, and we will ensure that adequate resources are available to meet other language needs, as required by the State (PBA Services SOW 6.2.5). ***Our Call Centers, including translation services to meet multilingual requirements, are available 24/7/365.*** We utilize the services of our vendor, Voiance, for members requiring translation assistance. Voiance provides translation services for more than 300 languages spoken in the world today. When a Call Center representative receives a call from a non-English-speaking member, they promptly connect them with a Voiance interpreter agent and request a translator in the required language. The caller is then connected with an interpreter. All interpreters go through both an oral and written practical examination that ensures their ability to seamlessly switch between languages, as well as relevant vocabulary for the industry they will be working with (e.g., medical terms for the health industry), to effectively support members' needs.

In addition, MMA provides access to auxiliary aids such as Teletypewriter/Telecommunications Device for the Deaf (TTY/TDY) for the hearing and speech impaired 24/7/365. Our IVR initial menu tree directs callers to the appropriate Call Center representative based on type of inquiry/caller and other criteria (e.g., TTY) that ensure best call placement. Our Call Centers provide access for the hearing impaired using the 711-dialing code through Telecommunications Relay Service (TRS). This service allows a member to dial 711 through a TTY/TDD device. The caller reaches a TRS operator and provides the agent with MMA's customer-specific toll-free telephone number.

Our written materials include the toll-free and TTY/TDY telephone number of our Call Centers, as well as instructions regarding how to request auxiliary aids and services, including the provision of materials in alternative formats. We notify all members that information is available in alternative formats and that auxiliary aids and services are available at no charge.

f. Description of customer call center coverage during main operating hours, nights, weekends, holidays, and peak call periods for each location.

MMA's Call Center staff will be available 24/7/365 to answer calls, provide support, answer inquiries from participating pharmacies, members, and other PBA Services Project stakeholders. We provide a fully trained Call Center staff of skilled clinicians—including pharmacists and CPhTs—who respond to service requests submitted via telephone, fax, and mail. Our experienced and trained Call Center staff respond to and resolve all telephone inquiries/questions from providers regarding pharmacy drug-related issues and concerns. ***With 40 years of PBA experience, we are thoroughly familiar with providing hands-on technical support and customer service through dedicated account management and Call Center services delivered 24/7/365 by our experienced, well-trained professional staff.***

Our Call Center management staff closely monitors the customer call queues and can easily and quickly change answer priorities according to wait times. Call Center staff schedules and shifts are regularly reviewed for effectiveness, and adjustments are made to ensure adequate coverage for supporting PBA Services Project performance guarantees across all hours of operation. Real-time performance is managed by viewing call and fax performance metrics and real-time pharmacy Call Center staff schedule adherence. Peak periods for each location are:

Call Center Location	Peak Periods
Glen Allen, Virginia	January, February, March, and June 10:00 a.m. – 3:00 p.m.
Harrisburg, Pennsylvania	January, February, October through December 10:00 a.m. – 2:00 p.m.
Latham, New York	January, February, October through December 10:00 a.m. – 11:00 a.m. and 2:00 p.m. – 3:00 p.m.
Little Rock, Arkansas	January, February, March, and June 10:00 a.m. – 3:00 p.m.
Orlando, Florida	January, February, March, and June 10:00 a.m. – 3:00 p.m.
Rancho Cordova, California	January, February, March, and June 10:00 a.m. – 3:00 p.m.
Tallahassee, Florida	January, February, March, and June 10:00 a.m. – 3:00 p.m.

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

MMA has 36 years of experience providing Call Center services to our customers, including proven models and standards for Call Center staffing. For the PBA Services Contract, we will staff each call line with a core team of dedicated staff. MMA will supplement the core team with additional staff (which may be non-dedicated), as needed based on call volume. We confirm that we will staff our Call Center based on the staffing ratio as described in our response to RFP Attachment R – PBA Services Mandatory Scored Questions) including pharmacy technicians, nurses, pharmacists, and other healthcare professionals, as appropriate (PBA Services SOW 6.2.3). MMA meets all requirements in RFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.2 Call Center-related Requirements.

a. How the core team will serve as subject matter experts on all call center shifts.

MMA will schedule and utilize dedicated Call Center Staff on all Call Center shifts to serve as subject matter experts. For the dedicated Prior Authorization Call Line, our core team will consist of pharmacy technicians. MMA's dedicated clinical support staff will provide subject matter expertise for all levels of support required for the PBA Services Project. We focus on the needs of the State and its members by staffing our Call Center with clinical pharmacists and Certified Pharmacy Technicians (CPhTs) who offer a personal yet professional clinical consultation service in real time. MMA's dedicated Call Center staff will work closely with, and provide oversight of, Call Center representatives on all shifts.

Our dedicated Call Center staff will train and mentor new and existing staff, as needed, to promote knowledge transfer regarding the PBA Services Project the operation of the Contract. MMA is committed to ensuring that any new staff are fully trained, knowledgeable of the PBA Services Project, and that they embody the same customer service ethic required of and displayed by our existing employees. Every MMA staff member undergoes rigorous training programs so that both newly hired and existing staff members are fully trained in their State PBA Services-specific job requirements, including the use of tools, reference documentation, customer service skills, and in their specific job-related performance requirements, including continuing education requirements necessary for certification and licensure as appropriate.

Call Center staff will receive State-specific training to ensure compliance with PBA Services policies and guidelines with no limitations. We ensure that Call Center staff are trained to support Program requirements and specifications and to provide consistently responsive, helpful, and courteous assistance when responding to inquiries. This Program-specific training enables Call Center staff to provide quick resolution to member, provider, and/or State questions. This training is not limited to Dedicated Core staff.

In addition to our training initiatives, MMA documents and maintains pharmacy program requirements in the State-specific QuikChek (a reference guide used by internal MMA staff). ***The quick accessibility to our resource documentation facilitates resolution and enhances the efficiency and accuracy of information given and/or issue resolution.*** The QuikChek provides Project specifics on resolving claims and billing issues (e.g., COB/TPL) or other State policy related to the PBA Services Project. To ensure the accuracy of information provided, MMA will also provide initial and ongoing training for Call Center staff about State-specific PA criteria. Once we receive benefit requirements and the State's PA criteria and policy protocols, our Training and Development Department will develop a training class schedule for the CPhTs and clinical teams. When significant changes to benefits, policy, or criteria occur, the updates are communicated to CPhTs and clinical teams via online or virtual class protocols to ensure that only the most current version of State-approved PA criteria is used. A training program is also be provided when there are major changes to the State's plan. We provide a re-training process to ensure each team member continuously gives excellent customer service and support if we should identify areas of opportunity.

b. Identification of all roles in the call center (i.e., pharmacy technicians, managers, etc.).

MMA's Call Center for the PBA Services will be staffed with appropriate technical and clinical staff (i.e., pharmacy technicians and managers) sufficient to handle call volume and meeting State licensure and/or locality requirements, if applicable. We will supplement the core team with additional staff (which may be non-dedicated) as needed based on call volume.

MMA's experienced Call Center staff is comprised of dedicated pharmacists and CPhTs who possess extensive state government program-specific experience. The roles for the PBA Services Call Center will include the following:

Call Center Supervisor/Manager: The Call Center Supervisor/Manager is responsible for day-to-day Call Center activities, including time management, performance trending and management, and coaching and mentoring Call Center representatives. MMA's Call Center Supervisor/Manager has overall responsibility for the delivery of superior customer service by maximizing employee performance and ensuring calls are answered effectively and efficiently. This includes supervising incoming calls and resolving escalated calls. In addition, the Call Center Supervisor/Manager will communicate and interact with internal MMA departments (e.g., account management, benefit configuration, IT, quality), to achieve the State's objectives and performance standards.

Call Center Pharmacist: MMA's Call Center Pharmacist performs prospective and/or retrospective drug utilization review and assists with appeals according to State and Federal regulations. The Call Center Pharmacist also participates in the distribution of clinical drug information and educates providers and staff about the use of pharmaceutical treatment regimens.

Call Center CPhTs: The Call Center CPhTs are responsible for answering and resolving inquiries from members and providers received by telephone and/or facsimile. MMA's Call Center CPhTs evaluate and authorize approval of prior authorization pharmacy requests from prescribers received using State-specific criteria.

c. Staffing levels and ratios (i.e., supervisors to phone technicians).

MMA ensures adequate and appropriate Call Center staffing levels. We are committed to maintaining strict requirements and a comprehensive strategy for ensuring appropriate operational staffing of the PBA Services Project Call Center to ensure we meet the State's standards for Call Center responsiveness. Both long-term and short-term weekly and daily planning is supported by our call management system, which uses algorithms to forecast daily and half hour contacts, average handle time, and staffing requirements using historical patterns, user-inputs, and average speed of answer targets. Call Center staff schedules are maintained in the call management system, and scheduled activities adjusted regularly to support half-hourly requirements. ***We will monitor all State-specific performance metrics and forecast staffing needs for the State using a combination of historical patterns, business guidance, and emerging trends.***

In addition, we provide full system support for all our Call Center operations that is scalable, configurable, and provides the latest technological support and backup resources in the event of a disaster or emergency. We have proven processes in place to ensure continuity of member care during emergencies, such as our ability to seamlessly roll over calls to a back-up location. Our pre-existing, proprietary systems, as well as our Call Center staffing models, are highly configurable, enabling rapid adjustments to be made in response to the changing demands of program volume and strategy.

As required, MMA provides our Call Center staffing ratios in the following table:

Category	Ratio
CPhT Supervisors to CPhTs	[redacted]
CPhT Managers to CPhT Supervisors	[redacted]
Pharmacist Manager to Pharmacists	[redacted]
Workforce Management Staff to Call Center Staff	[redacted]

d. Details of responsibilities and qualifications for each role.

In the following table, we present the responsibilities and qualifications for each role:

Role	Responsibilities	Qualifications
Call Center Supervisor/ Manager	▪ Responsible for day-to-day tactical activities, performance trending, performance managing/coaching/developing agents and time management of the call center. ▪ Responsible for the delivery of superior customer service by maximizing employee performance and ensuring calls are answered effectively and efficiently by supervising incoming calls and resolving escalated calls.	▪ Must have an active pharmacy technician licensure or registration meeting State licensure and/or locality requirements, if applicable. ▪ Active pharmacist license supersedes requirement for CPT and/or PTCB. ▪ Minimum of 3 years of experience in a high-volume call center and Pharmacy Benefit Management (PBM) experience required.
Call Center Pharmacist	▪ Performs prospective and/or retrospective drug utilization review and appeals per State and Federal regulations. ▪ Participates in the distribution of clinical drug information and educates providers and staff regarding the use of pharmaceutical treatment regimens.	▪ Registered Pharmacist (RPh) or Doctor of Pharmacy, PharmD, meeting State licensure and/or locality requirements, if applicable. ▪ Strong drug product and clinical pharmacy knowledge.

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Call Center CPhTs	▪ Evaluates and authorizes approval of prior authorization pharmacy requests from prescribers received by telephone and/or facsimile using client clinical criteria.	▪ Active pharmacy technician licensure or registration. ▪ Pharmacy industry experience, reimbursement experience, and/or experience working in a health care setting preferred. ▪ In-depth knowledge of specialty injectable prescription drugs, disease states, health plan formulary management techniques, medical terminology and current diagnostic and reimbursement coding (J/Q codes, ICD-10, CMS 1500, etc.) preferred.

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.

With 40 years of PBA experience and 36 years of Call Center experience, MMA has a proven history of successfully developing Call Center staffing models for our state government, including Medicaid, customers. We understand that our customers' Call Center staffing needs vary and are impacted by numerous factors, such as demographics, program design, and program changes during the Contract term. ***MMA will leverage our established processes and extensive experience to tailor Call Center staffing levels based on State-specific volumes.*** This includes our experience implementing Call Center services, including appropriate staffing, for some of the larger volume Medicaid FFS programs in the country, such as California, Colorado, Florida, Michigan, and New York, as well as some of the smallest. Our scalable service models and solutions can be customized to serve any size Medicaid pharmacy program, from over 15 million members to less than 2,500 members.

MMA anticipates that 80% of PBA Services Project Call Center inquiries will be handled by our core team of dedicated staff during the State-specified hours of 7:00 a.m. to 8:00 p.m. State-specific time Monday through Friday, excluding agreed-upon holidays or downtime approved in advance by the State. Our non-dedicated staff will respond to 20% of calls received outside of the core hours. [redacted]

MMA monitors overall performance against staffing performance metrics. We possess extensive Call Center management tracking and reporting capabilities used to identify when staffing increases are needed. Call statistics are monitored and tracked regularly by Call Center management staff, using the call management system, to ensure Call Center standards are met and adjustments are made, as necessary. Real-time performance is managed by viewing call and fax performance metrics and real-time Call Center staff schedule adherence. ***MMA's staffing approach and rationale are scalable and configurable to adjust and expand to meet each state customer's unique needs.***

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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

MMA meets all IVR System requirements detailed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.2 Call Center-related Requirements. We use the most advanced call management system technology currently available to ensure a high-level of customer service and caller satisfaction, make improvements as necessary, and increase quality assurance for Call Center functionality and management. MMA continually identifies opportunities to improve the customer experience. For example, we transformed our customer engagement platform and enhanced our capabilities through the introduction of Genesys™. Genesys is an omni-channel and cloud-based platform that provides greater flexibility, new tools, and enhanced self-service capabilities. Key benefits of the platform include:

- Integrated omni-channel communication enabling customers to interact with Call Center staff through various ways while maintaining our established high-quality service experience
- Enhanced IVR and call routing features enabling more self-service and greater flexibility managing service guarantees
- Integration with our core Call Center platforms, setting the foundation for enhanced workflow and efficiency initiatives
- Speech and text analytics, including sentiment analysis that allows MMA to target interactions requiring urgent attention
- Advanced workforce management features
- Built-in quality surveys.

Our call management system is vital to the integration of pharmacy Call Center operations and prior authorization processing. Our integrated call management system provides:

- An Integrated Voice Response (IVR) platform, integrated with FirstTrax, MMA's proprietary online contact and prior authorization management system, which provides full information to pharmacy Call Center representatives and allows efficient and accurate decision making and problem resolution
- Call quality monitoring which digitally records and allows for easy retrieval and playback of all calls by MMA pharmacy Call Center management, as well as State staff as required
- Real-time monitoring of pharmacy Call Center results, volume, and efficiency
- Forecasting capabilities to anticipate call volume fluctuations and staffing calculations
- Standard and customer-specific reporting for detailed call information including calls offered (all calls including those abandoned), average speed of answer, abandonment rate, and hold time.

Automated Call Distribution (ACD) System: MMA's ACD system permits efficient management of all calls and staff assignments and includes an option to speak to a live pharmacy Call Center representative. It is a versatile system that can be configured with customized routing or messages. These informational messages can be used to notify pharmacies of new upcoming clinical drug edits and procedural changes, or to direct callers to specific resources.

IVR System: Our integrated pharmacy Call Center technology provides an IVR platform, integrated with FirstTrax, which provides full information to pharmacy Call Center staff and allows efficient and accurate decision making and problem resolution. Our IVR functionality provides callers with straightforward menu options to reach appropriate pre-recorded information or live Call Center representatives. Through messaging and telephone prompts, our IVR also can direct callers to the State-specific web portal to access and download fax forms, PDLs, and other State-specific documents. ***It is a versatile system that can be configured with customized routing or messages.***

Recorded Information: MMA's call management system incorporates call quality monitoring and recording. Our solution digitally records and allows for easy retrieval and playback of all calls by MMA pharmacy Call Center staff and designated State staff. All calls received through the toll-free line are recorded via real-time digital call recording software. Recorded calls can be retrieved by incoming telephone number, date, time, representative, and other parameters for review. ***Our call management system is configured to record 100% of calls received via the toll-free numbers and captures key screens used by the agent that are associated with the call.***

Direct Caller to Pharmacy Call Center Representative: The IVR initial menu tree directs callers to the appropriate agent based on the type of inquiry/caller and other criteria that ensure the best call placement. IVR callers are able to provide preliminary demographic information that is visible to the pharmacy Call Center representative when they receive the call. This feature enhances the caller's experience as representatives can begin assisting the caller faster (after completing HIPAA verification).

Request Informational Materials: Callers can request, or the pharmacy Call Center representative can offer to send, information to them by mail. We maintain a list of available information and resource materials. Pharmacy Call Center staff will record the request details and offer to provide materials. Information about the transaction will be timestamped and logged for tracking and reporting purposes.

IVR Metrics: Our call management system provides comprehensive, real-time monitoring and historical reporting, including custom reporting, task scheduling, exception notification, threshold warning, administration and configuration, and long-term ACD data storage. Reports are distributed via printing the report directly, exporting the reports into a Microsoft Word, Microsoft Excel, HTML, or text file. Real-time reports give supervisors snapshots of the pharmacy Call Center's performance and status. Standard real-time reports show the current status of ACD activity and data for the current interval for pharmacy Call Center representative, split/skill, trunk/trunk group, and appropriate queue routing activities (e.g., number of ACD calls, abandoned calls, and average talk time). MMA will use these reports to ensure that no more than two percent of all calls per month are abandoned as reported by our call management software (PBA Services SOW 6.2.4). The Call Center system captures the type of communication, the type of caller, and all information about the caller and Call Center representative. MMA's IVR also incorporates voice activation and pharmacy locator services. Our call management system includes call-back functionality. Call Center management will ensure that Call Center staff returns all messages and makes outbound telephone calls to resolve open issues within 48 hours (PBA Services SOW 6.2.8 – 6.2.10).

We will work closely with the State during Requirements Review and Validation meetings to document IVR system customization required to meet the State's needs.

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

MMA has proven processes in place to ensure Call Center excellence. We have leveraged our 36 years of Call Center experience to determine the optimal approach, tools, methodologies, best practices, and application of lessons learned in monitoring and recording calls. In the following narrative, MMA demonstrates our ability to meet the eRFP requirements related to Call Center Monitoring detailed in Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.2 – Call Center-related Requirements.

Approach

Our overall approach to providing member, provider, and prescriber support is to create a positive experience in our pharmacy Call Centers. Our model emphasizes a One Touch service. Pharmacy Call Center representatives identify solutions to member, provider, prescriber, and other stakeholder questions by partnering with callers to address their concerns. The One Touch model encourages representatives to make a connection with the caller within the first minute. ***Pharmacy Call Center staff show empathy for the caller, demonstrate confidence in assisting with the inquiry, and take responsibility for resolving the caller's concern.*** If additional follow-up is needed, pharmacy Call Center staff sets clear expectations on next steps. Most importantly, MMA representatives are focused on keeping their service promise by following up, as appropriate, with the caller.



Tools

Recorded Information: MMA's call management system incorporates call quality monitoring and recording. Our solution digitally records and allows for easy retrieval and playback of all calls by MMA Call Center management staff and designated State staff. Recorded calls can be retrieved by the incoming telephone number, date, time, Call Center representative, and other parameters for review. All calls received through the toll-free line are recorded via real-time digital call recording software. Our call management system is configured to record 100% of calls received via the toll-free numbers and captures key screens used by the representative that are associated with the call.

Methodologies

Call Sampling: Each supervisor (or pharmacist) is responsible for auditing work completed by their staff and conducting call quality reviews that assess, correct, and certify the accuracy of the information provided to callers, including certifying the adjudications (i.e., prior authorizations [PAs] completed) as appropriate to staff roles. Audits are conducted monthly for every Call Center representative and/or pharmacist. Calls are sampled to evaluate response for quality, accuracy, and caller satisfaction. Quality monitoring review on processed fax PA requests is also conducted each month. Contact Details in FirstTrax of logged and recorded fax PA requests are randomly selected and reviewed for accuracy. Call Center supervisors score and provide feedback to representatives on a regular schedule, with no less than four calls per representative scored per month.

Quality Score Card: The supervisor and/or pharmacist manager document the results of each call and fax review using the Quality Monitoring Score Card. Monthly individual score cards are prepared for each pharmacy Call Center staff member to review their performance, both positive and negative.

Best Practices

Random Audits: A member from MMA's internal Quality Review Team randomly audits quality reviews conducted by Call Center supervisors to ensure consistency in the application of each staff member's quality review scores. At a minimum, two random scored evaluations by supervisor per quarter are performed. The Quality Review Team is an independent review team that concentrates efforts on opportunities (e.g., by customer, by medication, by class, etc.) as identified and presented by various sources (e.g., customers, Call Center Management, Account Management, etc.). They also evaluate the reviews of original reviewers to ensure that quality standards are being applied consistently. Trended data reports are prepared, including recommendations for improvement opportunities, as well as development of corrective action plans.

Lessons Learned

Based on the information attained through the call recordings, an improvement plan is prepared for any adverse situation and follow-up is conducted with the staff member until the situation is remedied. Ongoing training and development efforts focus on areas for improvement identified through our quality program.

Call recordings may also indicate the need for updates to our customer-specific reference documentation. These updates ensure that only the most current documentation is used, and up-to-date information is being provided to the callers. Documentation updates are submitted to the State for review and approval prior to publication.

Support of State Decision Making and MMA Performance Measurement

To support decision making and performance measurement activities, MMA will allow for remote call monitoring conducted by the State, at State offices, of calls processed through the dedicated lines, without any preselection of calls or prescreening by MMA (PBA Services SOW 6.2.7). Call recordings provide the State with an objective means of listening to interactions with callers to get an overall sense of the caller's satisfaction. Recordings also assist in validating that accurate information is being provided, as well as confirming adherence to State-specific requirements and Program design. The State may also identify trends in callers' questions or complaints that may inform a change to the State's service model. Call recordings also benefit the State by providing documented records of interactions should a future dispute arise.

Authorized State staff will have the ability to monitor live calls through the Genesys call management system. Once the user is logged into the system, Genesys connects their telephone to the interaction. Genesys does not notify the Call Center representative or caller that the call is being monitored. When listening to a live call, the name of the person monitoring appears in the interaction details as an internal participant. *Figure MSQ22-1* shows the live call monitoring screen in Genesys.



Figure MSQ22-1: Sample Genesys Live Call Monitoring Screen (TRADE SECRET)

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

MMA will utilize FirstTrax, our proprietary PA and contact management system, for call tracking and reporting. FirstTrax provides Call Center representatives with the ability to enter customized information and capture and track Call Center representative-specific comments. In the following narrative, we provide a detailed description of FirstTrax, including responding to provider inquiries and the fields that can be used for technical and clinical Call Center report queries (e.g., drug name, reject edit type, therapeutic category, and PA criteria response).

MMA records, tracks from receipt to response, and indexes all incoming or outgoing contacts (e.g., telephone, email, facsimile, or mail) in FirstTrax. FirstTrax is a web-enabled, secure tool that is table- and parameter-driven, allowing flexible and easy configuration to support changes and/or updates as requested by the State, such as State-specified reasons for contact, disposition of contact, or other additional elements. The system is integrated with eligibility, providers, and our claims processing system.

Call Center staff records and tracks all inquiries and requests received from prescribers and pharmacy providers, as well as the pertinent aspects of the inquiry or PA request. FirstTrax captures the date and time of the contact, Call Center staff identifier, caller identifier, customer type, reason for contact, disposition of contact, date of disposition, and free-form notation, and can accommodate additional elements identified by the State. FirstTrax allows users to enter comments (i.e., free-form text) within pharmacy PA approvals. ***Call Center staff and authorized users utilize the clinical notes field in FirstTrax (up to 500 characters of free-form text) to capture Call Center representative-specific comments and document additional information about the nature and details of the call/contact.***

The system records call types/reasons, helping to ensure that all documentation is consistent. Pertinent aspects of the inquiry or PA request are also captured. FirstTrax allows access to each PA, inquiry, and override case for questions and management reporting. Information regarding the content

and resolution of inquiries and requests is housed and tracked in FirstTrax. Only authorized users can retrieve and update PA requests and view pharmacy claims through FirstTrax.

- For **telephone requests**, FirstTrax assigns a time and date stamp to the contact detail record created when a staff member answers the call and starts to process the request. FirstTrax assigns the final time and date stamp to the contact detail record when a staff member resolves the contact detail record and completes the call.
- For **fax requests**, the fax server assigns a time and date stamp to the fax record created when a fax is received. The fax server assigns a final time and date stamp to the fax record when a staff member completes the request and initiates a reply fax back to the requester. Mailed PA requests received are faxed into the fax server and processed as a fax request.
- For **web-based requests** submitted through ePA, which we will implement for the State, FirstTrax assigns a time and date stamp when a web-based request creates a contact detail because the request could not be resolved to the requester's satisfaction or could not be automated per criteria. FirstTrax assigns the final time and date stamp to the contact detail record when a staff member completes the request and resolves the contact detail record.

We have also implemented a process to attach image files of members' letters to the contact detail records in FirstTrax. Retaining the letters online allows for easier access when assisting a caller and provides improved auditability and tracking. PA processing is also fully integrated into FirstTrax to allow the Call Center representative easy access to data and a view across claims and PAs.

FirstTrax allows authorized users access to retrieve, update, or review each PA, inquiry, and override case or pharmacy claim for questions and management reporting. This tool also records a variety of data including call category, call type, and response, allowing for reporting of trends and analysis. FirstTrax also tracks PA activity based on approvals, denials, and therapy changes issued by the pharmacy Call Center pharmacist.

MMA's Call Center solution includes search functionality. FirstTrax allows authorized users to search for information on members, claims, pharmacies, drugs, prescribers, PAs, and call tracking against the FirstRx and FirstTrax databases. ***The integration of our IVR platform and FirstTrax provides full information to Call Center representatives and allows efficient and accurate decision making and problem resolution.***

Integrated online help and phonetic matching of information for pharmacy providers that call with a denied claim is also available. Call Center staff screens are automatically populated with pertinent information which allows them to assist callers quickly, efficiently, and accurately.

In addition, report data can be generated from FirstTrax. FirstTrax records a variety of data including call category, call type, and response, helping to ensure that all documentation is consistent. Reports that provide information on the number and type of customers, reasons for calls, time frames for resolution, and other elements identified by the State can be generated. Through FirstTrax, PA statistics are accessible, allowing for reporting of trends and analysis. FirstTrax tracks PA activity based on approvals, denials, and therapy changes issued by authorized MMA or designated State staff and supports technical and clinical Call Center report queries (e.g., drug name, reject edit type, therapeutic category, and PA criteria response). Access to the comprehensive information in FirstTrax allows authorized users to quickly and easily validate all edits performed on a PA. FirstTrax also provides the capability for on-demand online retrieval of supporting documentation to pharmacy PAs.

Data from FirstTrax are available in our Data Warehouse to support reporting needs, including assigned PA number, pharmacy program, member name, member identification number, Provider name or ID, drug, date of authorization, denial reason(s), and authorization status or any combination thereof. MRx Explore, our BI reporting tool, provides detailed monthly operational, clinical, and

financial reporting on all PA activities, including the number of PAs, denial/approval rates, number of automated vs. manual PAs, etc. Reports are available by drug, drug class, member, provider, as well as other parameters. Our Account Team will email these reports to designated State staff or upload them to our shared document repository which is easily accessible to authorized State staff.

Refer to Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.1 Call Center-related Requirements.

MMA meets all requirements detailed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.1 Call Center-related Requirements.

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

MMA's quality monitoring process for Call Center representatives meets the requirements detailed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6 Support. We perform live and recorded call monitoring through our Call Center, which includes notifying callers that monitoring may occur, as an integral part of MMA's continuous efforts to identify performance improvement areas. All calls are recorded via the call management system's real-time digital call recording software and can be retrieved for audible review at a future time. The tool allows Call Center supervisors to identify and listen to calls for quality monitoring or issue resolution. MMA retains these recordings in accordance with state and federal requirements.

MMA utilizes recorded calls as part of our QA program that measures telephone skills, documentation accuracy, clinical accuracy, and customer care. ***Our staff is immersed in a corporate culture that embraces accountability for quality—at every level.*** Each supervisor (or pharmacist) is responsible for auditing work completed by their staff and conducting call quality reviews that assess, correct, and certify the accuracy of the information provided to callers, including certifying the adjudications (i.e., prior authorizations [PAs] completed) as appropriate to staff roles. Audits are conducted monthly for every Call Center representative and/or pharmacist. Call Center supervisors score and provide feedback to representatives on a regular schedule, with no less than four calls per representative, both new and existing, scored per month.

Recorded calls can be retrieved by the incoming tele number, date, time, Call Center representative, and other parameters for review. On a weekly basis, calls are sampled to evaluate response for quality, accuracy, and caller satisfaction. Quality monitoring review on processed fax PA requests is also conducted each month. Contact Details in FirstTrax of logged and recorded fax PA requests are randomly selected and reviewed for accuracy.

The supervisor and/or pharmacist manager document the results of each call and fax review using the Quality Monitoring Score Card. Monthly individual score cards are prepared for each pharmacy Call Center staff member to review their performance, both positive and negative. An improvement plan is prepared for any adverse situation and follow-up is conducted with the staff member until the situation is remedied. Ongoing training and development efforts focus on areas for improvement identified through our quality program. A sample Quality Monitoring Score Card is provided in *Figure MSQ24-1*.

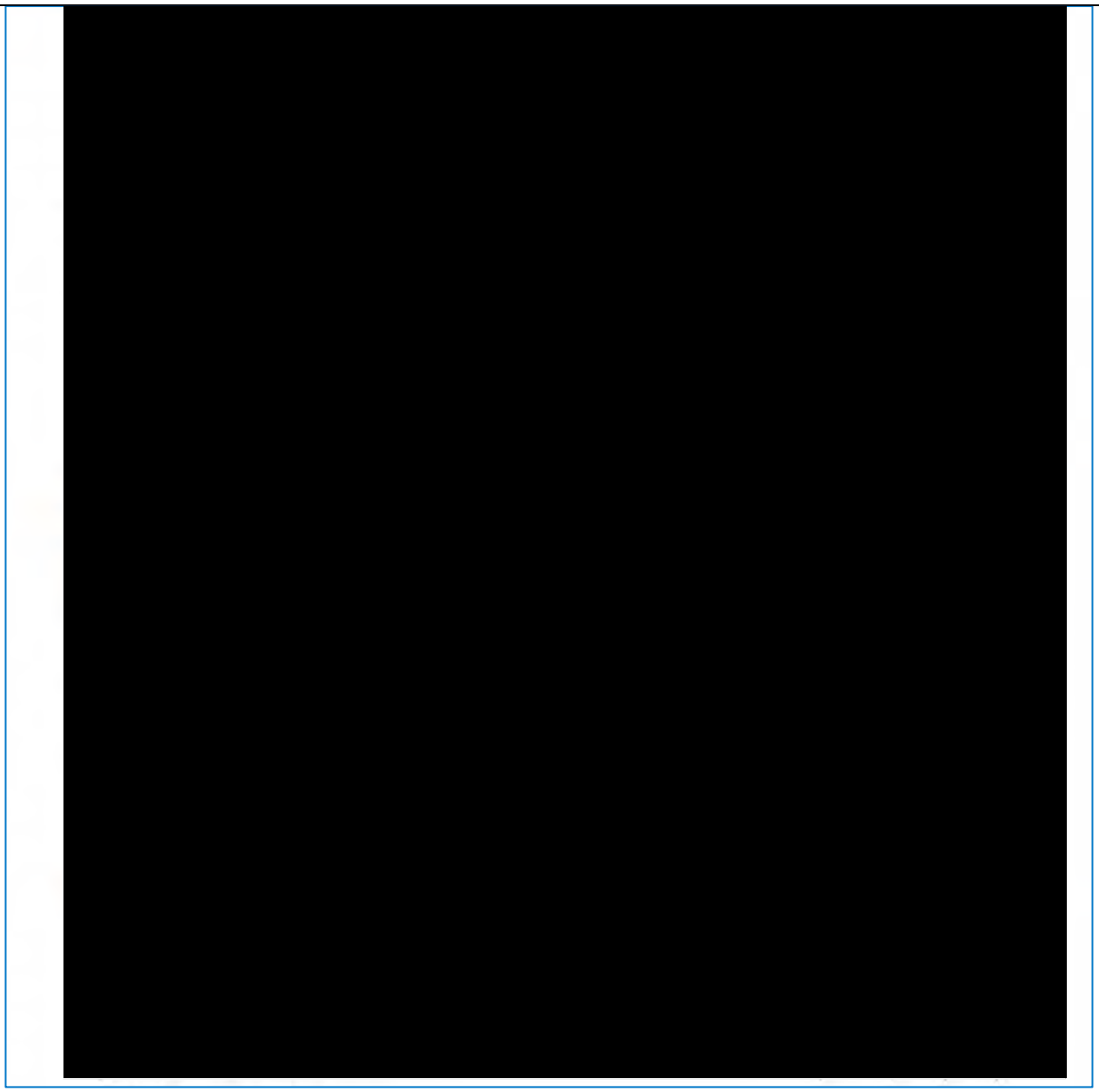


Figure MSQ24-1: Sample Quality Monitoring Score Card (Page 1) (TRADE SECRET)

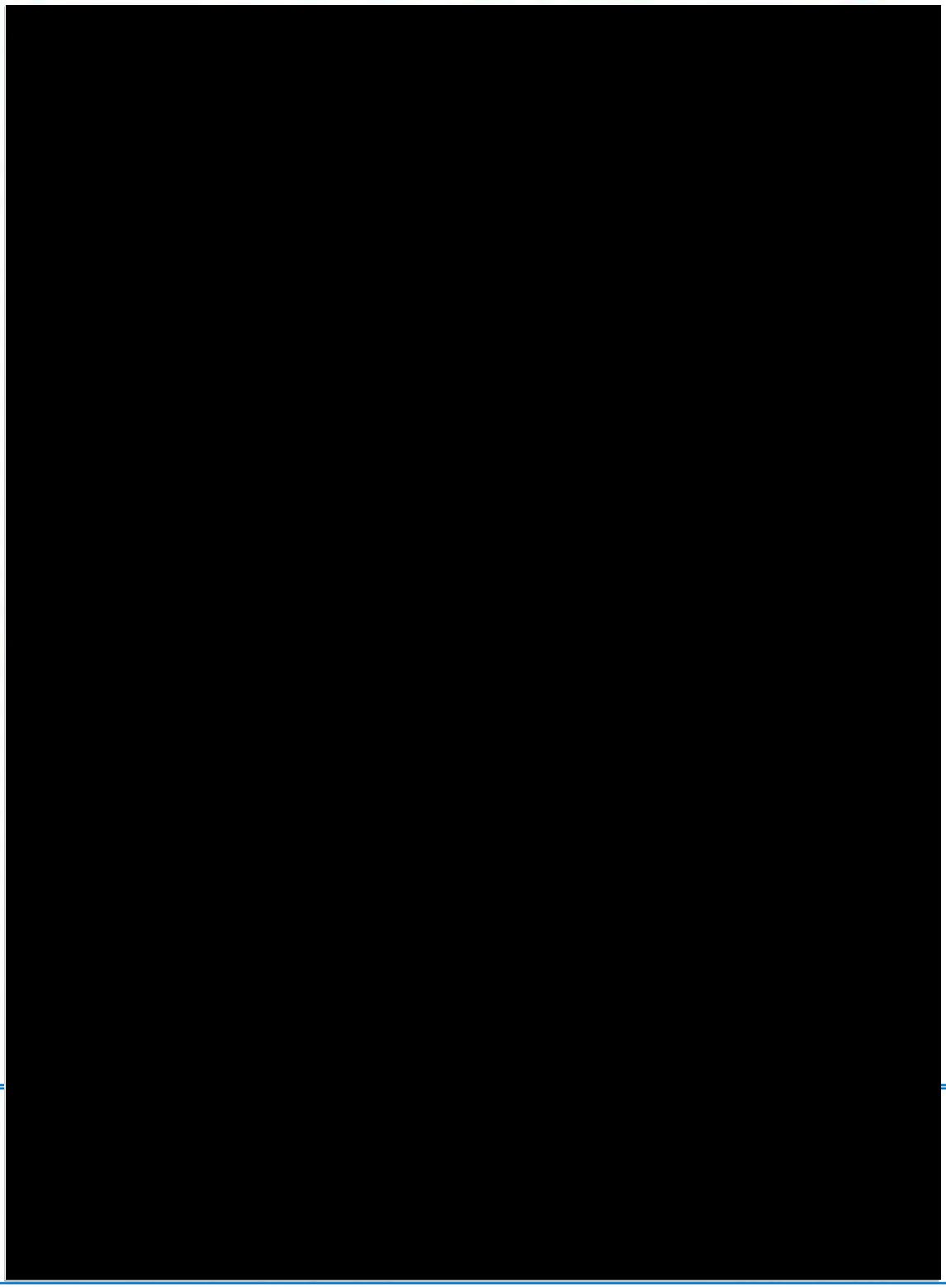


Figure MSQ24-1: Sample Quality Monitoring Score Card (Page 2) (TRADE SECRET)

Additionally, a reviewer from MMA's internal Quality Review Team randomly audits quality reviews conducted by Call Center supervisors to ensure consistency in the application of each staff member's quality review scores. The Quality Review Team is an independent review team that concentrates efforts on opportunities (e.g., by customer, by medication, by class, etc.) as identified and presented by various sources (e.g., customers, Call Center Management, Account Management, etc.). They also evaluate the reviews of original reviewers to ensure that quality standards are being applied consistently. At a minimum, two random scored evaluations by supervisor per quarter are performed. Trended data reports are prepared, including recommendations for improvement opportunities as well as development of corrective action plans.

Call Center supervisors also conduct ongoing review sessions of performance feedback (i.e., error and feedback coaching outside of regularly scheduled Scorecard Meetings), as needed. The Call Center supervisor facilitates coaching with their team members regarding performance errors. The supervisor acknowledges receipt of coaching emails sent within two business days for standard emails and immediately (within 24 hours) for urgent coaching emails and ensures review sessions are held with each team member within five business days of receipt of the coaching for standard requests.

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

MMA has established processes and systems in place that comply with the State's requirements to monitor member and provider calls made to the dedicated call numbers. We use our Genesys call management system to record calls and will provide authorized State staff with access to call recordings in accordance with HIPAA privacy law. MMA will allow for remote call monitoring conducted by the State, at State offices, of calls processed through the dedicated lines, without any preselection of calls or prescreening by MMA as stated in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 6.2 Call Center-related Requirements (PBA Services SOW 6.2.7).

MMA's call management system incorporates call quality monitoring and recording. Our solution digitally records and allows for easy retrieval and playback of all calls by MMA pharmacy Call Center management staff and designated State staff. All calls received through the toll-free line are recorded via real-time digital call recording software. Recorded calls can be retrieved by incoming telephone number, date, time, Call Center representative, and other parameters for review. Our call management system is configured to record 100% of calls received via the toll-free numbers and captures key screens used by the Call Center representative that are associated with the call. Authorized State staff will have the ability to monitor live calls through the Genesys call management system. Once the user is logged into the system, Genesys connects their telephone to the interaction. Genesys does not notify the Call Center representative or caller that the call is being monitored. When listening to a live call, the name of the person monitoring appears in the interaction details as an internal participant.



In addition, our innovative education solutions embed a culture of life-long learning among all employees. Using a blended approach to learning that combines computer-based training (CBT) and instructional classroom training, pharmacy , pharmacy Call Center staff receive technical and programmatic training, as well as training on customer services best practices known as ***Compassion, Accuracy, Respect, Enthusiasm (C.A.R.E) on Every Call.*** C.A.R.E on Every Call defines a specific call flow and attributes that are the foundation and definition of MMA service. From new hire training to consistent and daily reinforcement by the pharmacy Call Center Leadership Team, our staff become fluent in our service expectation and our execution. The C.A.R.E model focuses on:

- Listening to the caller's story
- Taking ownership of the issue
- Keeping our service promise.

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



With 52 years of experience providing reporting services for our Medicaid customers, since our first Medicaid contract in 1972, MMA is prepared to meet the State's data analytics and reporting requirements. ***We have highly trained staff, established processes, and an existing, proven reporting solution*** that we are currently providing for 26 Medicaid customers, 8 ADAPS, and 4 SPAPs. This experience and level of expertise provides MMA with a thorough understanding of the analytics and reporting needs of state Medicaid and other government agencies.

Through MRx Explore, our proprietary flexible Business Intelligence (BI) and analytics tool, we provide a suite of dashboards, a robust package of pre-existing proprietary standard interactive reports, and our comprehensive self-service tool, Report Studio, for authorized State users to create customized ad hoc reports using a catalog of data elements and parameters. MRx Explore provides analytical and reporting capabilities enabling users to easily view drug usage and cost metrics for all Medicaid Pharmacy Program populations. MMA provides our comprehensive suite of reports and tools specifically for the Medicaid population and refine that offering, as needed, to further support any unique needs of State.

While the majority of information needs can be satisfied through the use of MRx Explore and our additional reporting system, occasionally an ad hoc reporting need will arise that requires additional effort and support. ***When these needs arise, MMA can draw upon the reporting expertise of our two well-established reporting teams, our Clinical Outcomes Analytics and Research (COAR) staff and our BI Team.*** The State will have access to both COAR and BI resources and our technology team for outcome analyses, drug trend forecasting and analysis, strategic planning, and ad hoc reporting requests. Our highly qualified COAR Department is committed to accurate and effective analysis that provides actionable information to enable decision-making. COAR is staffed by pharmacists, biostatisticians, and data reporting analysts. Our BI Team is staffed with highly qualified experienced BI professionals. Our Account Team will leverage the knowledge, experience, and tools of our reporting resources to assist in creating solutions for any State-specific reporting need that cannot be addressed using MRx Explore and our reporting systems.

MRx Explore draws program data from a dimensionally designed and analytically tuned Pharmacy Data Warehouse (PDW) containing key data points for the core applications that MMA will use to support the PBA Services Contract operations. The BI layer utilizes the PDW to extend an array of tools that include both dashboards and interactive reports to enable designated users to have ready access to management and operational program information to support the needs of the program. ***MRx Explore is refreshed with data from transactional systems such as FirstRx and FirstTrax each day.*** Prior to loading that data in our transaction systems, data must be catalogued, cleansed, and transformed to meet data integrity standards so that once data are made available for system users for data mining, online analytical processing, and decision support, it is high quality data that are

reliable and dependable. Through MRx Explore, authorized users can perform data mining extraction of information from identified data set(s) which can be transformed into logical and understandable structures for further use.

MRx Explore enables report creation in multiple formats (hard copy and electronic) and supports and facilitates drill down queries on claims data to the level of granularity required for meaningful data analysis. For example, MMA's Solution can report down to a drug and therapeutic class level, as well as down to an individual aid category (PBA Services SOW 7.1.4). Reports can be exported into a multitude of formats, including HTML, Microsoft Word, Microsoft Excel, and PDF (PBA Services SOW 7.1.9). Authorized State users will be able to view the reports online or download and print in hard copy. Numerous reports available through MRx Explore incorporate drill-down capabilities. Reports are available using a report, visualization, or geographical format. For example, MRx Explore supports graphical data (e.g., Geographic Information System [GIS]) with presentation parameters configurable by the end-user and drill-down capabilities for more detailed information. MMA continually updates MRx Explore so that it offers optimal data visualization and an easy-to-navigate user interface, including the following enhanced reporting and visualization features:

- **Contextualized smart search** including reports, folders, and dashboards
- **Highly intuitive interface** that helps users quickly author content
- **Single interface** to create ad hoc or pixel perfect reports.

GIS visualizations are provided to support key metrics. The user can further filter the view by additional criteria such as date range or dispenser type and also drill through to more granular data by ZIP Code.

Our reports draw upon a robust set of data from various sources of the pharmacy program operation. The previous days processed claims and activity are transferred into our PDW daily for reporting and analysis purposes. Our BI solution includes:

- Trend and Dashboard information that supports the decision and policy making functions for various pharmacy operations
- A robust suite of standard, parameter-driven management reports
- Graphical representations of data that can easily be used in presentation materials
- A team of knowledgeable and industry expert data and reporting analysts available to develop and create additional standard, parameterized, or ad hoc reports in an agreed-upon time frame.

Our MRx Explore Standard Reporting Package covers all facets of pharmacy program operations and consists of Dashboards, Interactive Reports, and the Self-Service Report Studio.

Through our established Training and Development Department, MMA will provide training for authorized new State and MMA users on our MRx Explore BI reporting tool throughout all phases of the Contract. Secure access to MRx Explore is granted to all authorized users. During operations, refresher training is available for existing MMA and State staff.

Comprehensive Reporting Solution

With a **suite of more than 100 standard dashboards** and reports, we offer a sophisticated reporting solution that provides information on different facets of drug claims data. MMA also developed a **suite of more than 16 reports** to support the growing need for opioid usage monitoring to meet our customers' needs.

Dashboards: Through MRx Explore, our proprietary BI and online query reporting tool, MMA provides the ability to perform regular analysis of the PBA Services Project, which is critical for the effective management of the Medicaid Pharmacy Program. Our dashboards provide rich visualizations of predetermined metrics that make critical information easily accessible via a single screen. The dashboards are designed to deliver actionable information to our users that allow them to get a high-level view of their program's performance. The dashboards are set to show 13 months of

rolling information. ***All of our dashboards are also available as interactive reports, which provides the user the flexibility to run reports for different date ranges.*** Our dashboards are updated monthly with aggregated data reflecting program information through the previous month. All dashboards can be viewed in a report, visualization, or geo format. Examples of our dashboards include:

- **Overview Dashboard:** The Overview tab is designed as a one-stop shop to get a look at overall program performance with over 30 key metrics. A performance comparison is provided to allow the user to see the change from the previous year or previous period.
- **Plan Dashboard:** The Plan tab dives further into the program highlighting claim counts, amounts, and percentages broken out by claim status.
- **Product Dashboard:** The Product tab allows users to see detailed information on the drug mix of their program.
- **Patient Dashboard:** The Patient tab is designed to give users insight into the claim demographics in their program.
- **Prescriber Dashboard:** The Prescriber tab provides comprehensive details on the plan with a prescriber focus.
- **Pharmacy Dashboard:** The Pharmacy tab provides users with a view into the pharmacies providing medications to members within their program.

MRx Explore's online query tools enable users to interact with a set of data and metrics to perform analysis, conduct detail reviews, and monitor ongoing activities. Our Solution provides Authorized Users with the functionality to create and run customized queries against all data elements, including drug pricing compendia, claim data points, and reference data (PBA Services SOW 7.1.8). ***This allows authorized State users to effectively manage program operations and achieve positive clinical and financial outcomes***. MRx Explore will provide the State with analytical and reporting capabilities enabling users to easily view drug usage and cost metrics for the Program.

Interactive Reports: Our standard reporting suite provides interactive reports that cover all facets of pharmacy program operations. Authorized users can access and produce reports, depending on the services that we are providing. MRx Explore's functionality includes ad hoc query tools to support conditional formatting without writing code and the ability to build complex filters graphically. With a current inventory of close to ***100 available interactive reports***, users can quickly gather information on various aspects of the Program by entering a few basic parameters such as date ranges when selecting any one of the many available report templates. The reports are pre-built and include actionable information and insights that enable end users from various functions to leverage many of the same reports for a variety of purposes. MMA's reporting functionality incorporates a searchable, online repository of previously created and vetted reports to be used by Authorized Solution Users and State staff (PBA Services SOW 7.1.7). ***Our reporting solution is comprised of a rich catalog of calculations, attributes, and filter capabilities enabling report creators to dynamically add or modify parameters to reports.***

Self-Service Report Studio: MRx Explore offers an easy-to-use one-stop shop for users to access our flexible self-service report building tool. It provides a user-friendly interface that enables authorized users to create queries and reports to support numerous informational needs and is flexible, easy to use, and offers users a variety of features for building custom reports. Authorized Solution Users can access MRx Explore Report Studio through standard web browsers from any workstation that can connect to the internet. The self-service tool is made up of calculations, attributes, and filters for a report user to dynamically add/modify parameters to an ad hoc report for analysis. The self-service tool enables the user to build reports using a robust catalog of data attributes to simplify the report

building process. Self-service reports can also be saved to a user's workspace for future use and to be shared with other users.

Data Exchange: MMA's PBA Services Solution supports the sharing of data through data exchanges with the Medicaid Pharmacy Program and other agencies within the Medicaid Enterprise to provide transaction access to pharmacy data which originated in our transactional systems. We also have established and proven analytics incorporated into our MRx Explore BI reporting suite. MMA provides analytical and reporting solutions and deploys them in the most impactful manner possible by putting data in the hands of authorized users. From ideation and solution design to data science and engineering, our MRx Explore applied analytics solution enables the user to move from concept to result.

MMA's data exchange and analytics platform provides public/private cloud deployment models that are secure, flexible, and scalable, powering analytics across data of any type or source to gain deeper insights and drive impactful outcomes. Our Implementation and Managed Services (IMS) Team can manage and provide broad sets of data that can be utilized for analytical and reporting purposes to meet the State's requirements. ***MMA also provides large volume data through secure data interface transfers for automated data exchange, including eligibility files, transaction files, invoice/billing files, and reports, with all our customers.*** We have extensive experience establishing interfaces and data exchanges with our many customers' diverse systems.

Pharmacy Data Warehouse: Through MRx Explore, we provide a PDW that houses data from the various MMA system components which can also be used for analytics and reporting purposes. MMA's PDW stores the data we report on. The PDW is the primary source for standard and ad hoc reporting. Through MRx Explore, authorized users can access the PDW. This centralized PDW stores data from all MMA's transactional pharmacy POS systems. MRx Explore interacts with data housed in our PDW, which ingests data from the various MMA transactional systems, including our claims processing system, FirstRx. MRx Explore then interacts with the PDW, which is refreshed each day, to provide a variety of dashboards, standard, and ad hoc reports. MRx Explore can provide the State with access to pharmacy system information on a daily basis.

MRx Explore draws program data from the PDW containing key data points for the core applications that MMA uses to support PBM operations each day. The data from these various sources can be stored and retrieved for analysis, including both FFS data and encounter data. The BI layer utilizes the PDW to extend an array of tools that include both dashboards and interactive reports to enable designated users to have ready access to management and operational information to support the needs of the PBA Services Project. The web-based interface enables reports, dashboards, and analytical tools to be accessed easily and through a highly intuitive user interface. MMA will provide reports, as requested, through our online shared document repository.

MMA's PBA Services Solution, including MRx Explore, provides the functionality and BI tools that enable report creation and provide the ability to merge medical and prescription data to generate member and provider utilization reports based on diagnosis, procedure codes, and medications. Authorized State users will have access to reports depicting all claims information and data, including DAW codes used, member, prescriber, and pharmacy information, all prior authorization information, override information, claim pricing including co-payment, drug file information, and edit information.

For example, MRx Explore's standard reporting package includes a Utilization by Diagnosis Report that shows the drug prescription claims by diagnosis code. The user can further restrict their search on drugs by GSN (default), HIC3, HICL, HSN, NDC, Brand Name, Generic Name, or Therapeutic Class. The report does not contain personal data except the Member ID. It is primarily used for displaying drugs that are being prescribed by the physician for the selected diagnosis codes. Our Drug Use by

Claimant Report identifies details on drug use over a time period on a claimant level. This report displays claim level information including member and drug details. Other utilization reports included in our standard reporting package are the Claims and Utilization Report, Claims and Utilization Report by Dispenser Type, Utilization Impact by Prescriber, Utilization by Diagnosis, Utilization Impact by Member, Member Utilization of Scheduled Drugs, as well as others. Claims Processing Reports are also available through MRx Explore Standard Reporting Package. Examples of claims processing metrics include:

- Total Paid Claims Count Trend
- Total Paid Claims Count Trend by Member Group
- Total Paid Claim Amounts
- Total Paid Claim Amounts Trend
- Total Paid Claim Amounts Forecast
- Total Paid Claims Amount by Therapeutic Class
- Total Paid Claims Amounts by Brand Name
- Total Paid Claims Amount by Brand vs. Generic
- Summary of Claim Reject Code Totals
- Total Paid Claim Amount by Pharmacy Chain.

For PA reporting, data from both FirstTrax and our MRx Explore BI reporting tool are used to track and report the status of PA requests and appeals. Our MRx Explore Standard Reporting Package includes PA reports that illustrate service authorization activity and are used to improve member outcomes and program efficiency. PA reports provide summarization metrics on the disposition of our processed PA requests. MMA will capture and report PA denials and approval rates up to a second level appeal (PBA Services SOW 7.1.6). In addition, our reports provide information on the various clinical decision rules that were utilized by Call Center staff in the process of adjudicating and arriving at a decision for the requests received. For example, PAs can be categorized and reported based on the rationale for the PA requirement, such as the product not being on the State's PDL. Our reports take advantage of a robust set of data from the various aspects of the program operation which are collated and curated into our central data warehouse overnight, following the conclusion of each business day. MMA will provide detailed monthly operational, clinical, and financial reporting on all PA activities, including number of PAs, denial and approval rates, number of automated vs. manual PAs, drug, overall health care savings, and return on investment. Reports are available by drug, drug class, member, provider, and other defined parameters (PBA Services SOW 7.1.5). Our Account Team will email these reports to designated State staff or upload them to our shared document repository which is easily accessible to authorized State staff.

On the following pages, MMA submits the required detailed listing of our proposed reports, including a synopsis, purpose, any limitations the State may have in accessing each report, and the frequency each report will be provided to the State.

MSQ26.1 – List of Proposed Reports (TRADE SECRET)



[redacted]

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[redacted]

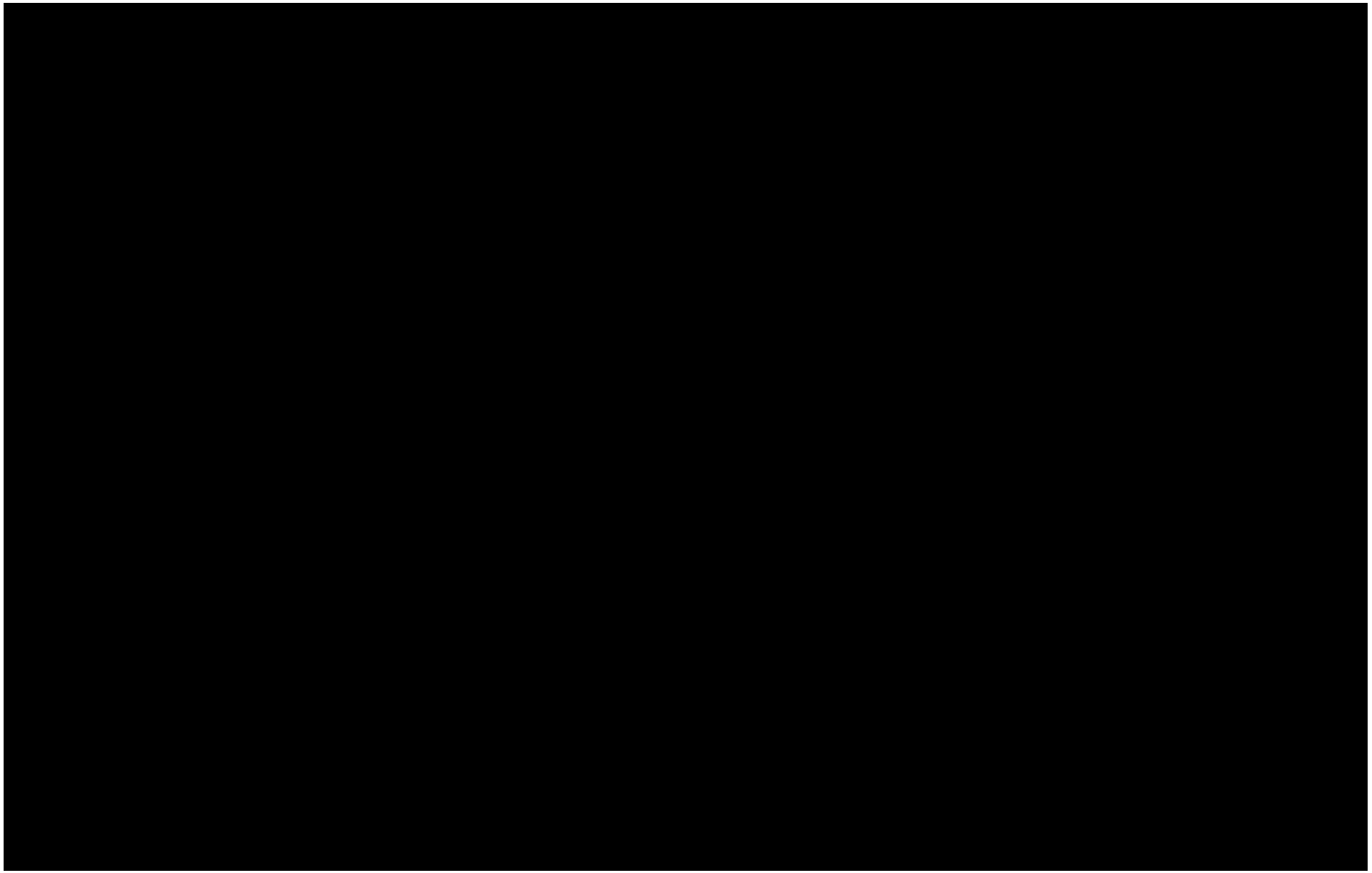
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27.	Bookmark Title: MSQ27 – Reports Customization Narrative description is limited to four (4) pages. Describe, in detail, your reporting tool's capability to provide customized and Ad hoc reports to meet the needs of the State as stated in Attachment 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

With 52 years of experience providing reporting services for our state government customers, MMA will meet the State's data analytics and reporting requirements as stated in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 7.1, Reporting. We have highly trained staff, proven processes, and an existing, comprehensive reporting solution in place for our customers. MMA currently provides our proven data analytics and reporting services to all our government customers, including 26 state Medicaid programs, 8 ADAPS, and 4 SPAPs. This experience and level of expertise provides MMA with a thorough understanding of the analytics and reporting needs of the State Medicaid Pharmacy Program, as well as and other state government agencies. MMA will provide accurate electronic reports in accordance with the requirements mutually agreed upon during implementation of the Requirements Analysis Document (RAD) (PBA Services SOW 7.1.1).



Through MRx Explore, our flexible Business Intelligence (BI) and analytics tool, we provide a suite of dashboards, a robust package of pre-existing proprietary standard interactive reports, and our comprehensive self-service tool, Report Studio, for authorized State users to create customized ad hoc reports using a catalog of data elements and parameters. MRx Explore provides analytical and reporting capabilities enabling users to easily view drug usage and cost metrics for all PBA Services Project populations. MMA provides our comprehensive suite of reports and tools specifically for the Medicaid population and can refine that offering, as needed, to further support any unique needs of the State. ***MRx Explore provides a complete operational view of the PBA Services Project including prescribing patterns, PA, membership, prescribers, Call Center, ProDUR, and other facets of pharmacy operations.***

MRx Explore's functionality includes ad hoc query tools to support conditional formatting without writing code and the ability to build complex filters graphically. With a current inventory of close to ***100 available interactive reports***, users can quickly gather information on various aspects of the PBA Services Project by entering a few basic parameters such as date ranges when selecting any one of the many available report templates. The reports are pre-built and include actionable information and insights that enable end users from various functions to leverage many of the same reports for a variety of purposes. ***Our reporting solution is comprised of a rich catalog of calculations, attributes, and filter capabilities enabling report creators to dynamically add or modify parameters to reports.*** MMA will work with the State to produce ad hoc and other reports not previously identified or requested by the State for review and approval at no additional cost to the State. We will provide any additional reports not requested previously, but required by the State, within the designated time parameters set at the time of the request with capabilities for flexibility, scalability, and changeability. (PBA Services SOW 7.1.2, and 7.1.3).

MRx Explore draws program data from a dimensionally designed and analytically tuned Pharmacy Data Warehouse (PDW) containing key data points for the core applications that MMA will use to support PBA Services Contract operations. The BI layer utilizes the PDW to extend an array of tools that include both dashboards and interactive reports to enable designated users to have ready access

to management and operational program information to support the needs of the program. ***MRx Explore is refreshed with data from transactional systems such as FirstRx and FirstTrax, each day.*** Prior to loading that data in our transaction systems, data must be catalogued, cleansed, and transformed to meet data integrity standards so that once data are made available for system users for data mining, online analytical processing, and decision support, it is high quality data that are reliable and dependable. Through MRx Explore, authorized users can perform data mining extraction of information from identified data set(s) which can be transformed into logical and understandable structures for further use.

Our reports draw upon a robust set of data from various sources of the pharmacy program operation. The previous day's processed claims and member activity are transferred into our PDW daily for reporting and analysis purposes. Our BI solution includes:

- Trend and Dashboard information that supports the decision and policy making functions for various pharmacy operations
- A robust suite of standard, parameter-driven management reports
- Graphical representations of data that can easily be used in presentation materials
- A team of knowledgeable and industry expert data and reporting analysts available to develop and create additional standard, parameterized, or ad hoc reports in an agreed-upon time frame.

Our MRx Explore Standard Reporting Package covers all facets of pharmacy program operations and consists of:

- Dashboards
- Interactive Reports
- Self-Service Report Studio.

Through our established Training and Development Department, MMA will provide training for authorized new State and MMA users on our MRx Explore BI reporting tool throughout all phases of the Contract. Secure access to MRx Explore is granted to all authorized users. Refresher training is available during operations for both MMA and State staff.

Ad Hoc Reporting Support Resources: While the majority of information needs can be satisfied through the use of MRx Explore and our reporting systems, occasionally, an ad hoc reporting need will arise that requires additional effort and support. When these needs arise, MMA draws upon the reporting expertise of our two well-established reporting teams—our Clinical Outcomes Analytics and Research (COAR) staff and our Business Intelligence (BI) Team. The State will have access to both COAR and BI resources for outcome analyses, drug trend forecasting and analysis, strategic planning, and ad hoc reporting requests.

Our highly qualified COAR Department is committed to accurate and effective analysis that provides actionable information to enable decision-making. COAR is staffed by pharmacists, biostatisticians, and data reporting analysts. Our BI Team is staffed with highly qualified experienced Report Analysts. ***Our Account Team will leverage the knowledge, experience, and tools of our reporting resources to assist in creating solutions for any State-specific reporting need that cannot be addressed using MRx Explore and our reporting systems.***

Dashboards

Through MRx Explore, our proprietary BI and online query reporting tool, MMA provides the ability to perform regular analysis of the PBA Services Project, which is critical for effective management. Our dashboards provide rich visualizations of predetermined metrics that make critical information easily accessible via a single screen. The dashboards are designed to deliver actionable information to our users that allow them to get a birds-eye view of their program's performance. The dashboards are set

to show 13 months of rolling information. ***All our dashboards are also available as interactive reports, which provides the user the flexibility to run reports for different date ranges.*** Our dashboards are updated monthly with aggregated data reflecting program information through the previous month. All dashboards can be viewed in a report, visualization, or geo format. Examples of our dashboards include:

- **Overview Dashboard:** The Overview tab is designed as a one-stop shop to get a look at overall program performance with over 30 key metrics. A performance comparison is provided to allow the user to see the change from the previous year or previous period.
- **Plan Dashboard:** The Plan tab dives further into the program highlighting claim counts, amounts, and percentages broken out by claim status.
- **Product Dashboard:** The Product tab allows users to see detailed information on the drug mix of their program.
- **Patient Dashboard:** The Patient tab is designed to give users insight into the claim demographics in their program.
- **Prescriber Dashboard:** The Prescriber tab provides comprehensive details on the plan with a prescriber focus.
- **Pharmacy Dashboard:** The Pharmacy tab provides users with a view into the pharmacies providing medications to members within their program.

MRx Explore's online query tools enable users to interact with a set of data and metrics to perform analysis, conduct detail reviews, and monitor ongoing activities. ***This allows Authorized Solution Users to effectively manage program operations and achieve positive clinical and financial outcomes***. MRx Explore provides the State with analytical and reporting capabilities enabling users to easily view drug usage and cost metrics for the Program. In *Figures MSQ27-1* and *MSQ27-2* we provide samples of our dashboards.



Figure MSQ27-1: MRx Explore Overview Dashboard Sample (TRADE SECRET)



Figure MSQ27-2: MRx Explore Plan Dashboard Visualization Sample (TRADE SECRET)

Interactive Reports

Our standard reporting suite provides interactive reports that cover all facets of pharmacy program operations. Authorized Solution Users can access and produce reports, depending on the services that we are providing. Our standard reporting package consists of:

- Dashboards
- Claims Reporting
- Drug Reporting
- Prescriber and Pharmacy Reporting
- Program Integrity Reporting
- Client Reporting
- Utilization Reporting
- ProDUR Reporting
- Self-Service Report Studio.

In *Figure MSQ27-3*, we provide the tab listing all the available standard reports that can be run within the MRx Explore tool. Reports are broken into sections to mirror the Dashboards.



Figure MSQ27-3: MRx Explore Interactive Report Tab Listing Sample (TRADE SECRET)

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

MMA's Solution provides authorized users with access to MRx Explore to create customized queries and generate ad hoc reports. Our Solution meets all requirements in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 7.1, including levels of access that will be made available to State Authorized Solution Users.

Customized Queries and Ad Hoc Reports

MMA's proven and established reporting solution provides a web-based report management process and web-based report repository that support the creation of ad hoc reports. MRx Explore is accessible through standard web browsers from any workstation that can connect to the Internet. The self-service tools enable the user to build reports using a robust catalog of data attributes including a variety of pre-calculated measures to simplify the report building process. Reports can be created and stored in our shared electronic document repository. The web-based interface enables reports, dashboards, and analytical tools to be accessed easily and through a highly intuitive user interface.

MRx Explore Report Studio: MMA provides access to our proprietary ad hoc self-service query reporting tool, Report Studio, which allows authorized users to create and configure customized ad hoc reports using a catalog of data elements and parameters available through MRx Explore. Users can save and share these self-built reports for future use, as well as schedule a report to run in MRx Explore for recurring reporting needs.

Through the self-service Report Studio tool, Authorized Solution Users can create reports using a robust catalog of data attributes, including various pre-calculated measures to simplify report building. ***Report Studio is comprised of a rich catalog of calculations, attributes, and filter capabilities enabling report creators to dynamically add or modify parameters to ad hoc reports.*** The powerful tools were built with the objective to streamline and simplify the report building process for all users. Once built, self-service reports can also be saved to a user's workspace for future use or be shared with other users having the same security settings. Data from transactional systems are refreshed daily and is accessible through our MRx Explore standard reports and dashboards, as well as for ad hoc reports on demand.

MRx Explore enables report creation in multiple formats (hard copy and electronic) and supports and facilitates drill-down queries on claims data to the level of granularity required for meaningful data analysis. These reports can be exported into a multitude of formats, including HTML, Microsoft Word, Microsoft Excel, and PDF. Authorized users will be able to view the reports online or download and print in hard copy. Numerous reports available through MRx Explore incorporate drill-down capabilities. Reports are available using a report, visualization, or geographical format. For example, MRx Explore supports graphical data (e.g., Geographic Information System [GIS]) with presentation parameters configurable by the end-user and drill-down capabilities for more detailed information. MMA continually updates MRx Explore so that it offers optimal data visualization. MRx Explore

provides an easy-to-navigate user interface, including the following enhanced reporting and visualization features:

- **Contextualized smart search** including reports, folders, and dashboards
- **Highly intuitive interface** that helps users quickly author content
- **Single interface** to create ad hoc or pixel perfect reports.

GIS visualizations are provided to support key metrics. The user can further filter the view by additional criteria such as date range or dispenser type and also drill through to more granular data by ZIP Code.

Ad Hoc Reporting Support Resources: While the majority of information needs can be satisfied through the use of MRx Explore and our reporting systems, occasionally, an ad hoc reporting need will arise that requires additional effort and support. When these needs arise, MMA draws upon the reporting expertise of our two well-established reporting teams—our COAR staff and our BI Team. The State will have access to both COAR and BI resources for outcome analyses, drug trend forecasting and analysis, strategic planning, and ad hoc reporting requests.

Our highly qualified COAR Department is committed to accurate and effective analysis that provides actionable information to enable decision-making. COAR is staffed by pharmacists, biostatisticians, and data reporting analysts. Our BI Team is staffed with highly qualified experienced Report Analysts. Our Account Team will leverage the knowledge, experience, and tools of our reporting resources to assist in creating solutions for any State-specific reporting need that cannot be addressed using MRx Explore and our reporting systems.

Our Identity & Access Management Team

The Identity & Access Management (IAM) Team provides the operations, engineering, and delivery of IAM solutions. IAM services include Role-Based Access Controls (RBAC), user access reviews, centralized access integrations, privileged access management, federation, authentication services, Single Sign-On (SSO), and Public Key Infrastructure (PKI).

- **Authentication Services:** Implements and supports modern authentication services with our applications and services in alignment with a Zero Trust framework. Integrates members and customers into federations and single sign on services.
- **Identity Governance and Administration:** Implements and supports automated access lifecycle processes for both internal workforce and customers in a secure and compliant way. Deploys privileged access controls and secret management services across the organization. Ensures consistent access recertifications occur throughout and are executed in a timely manner.

Role-Based Access



We have a robust, well-tested, RBAC model in place to safeguard customer data, and we will deploy this for the State. RBAC is a minimum necessary security access that is based on a person's job role within a business function. Requests and approvals are submitted through ServiceNow. All user access is reviewed annually. All privilege accounts are reviewed quarterly. These controls are annually tested within Prime's SOC 2 Type 2 audit and HITRUST Certification. Our layered RBAC model includes security access based on the following RBAC layers:

1. Birthright access roles based on who a user is
2. Business roles based on which role a user has in a given department
3. Application roles that provide access to applications needed outside of birthright and business roles.

Each system offers role-based security, allowing authorized users access to only the services, components, and data necessary to perform their designated function to maintain strict HIPAA compliance. For example, the claims system supports secure communication of claims and related claim information from the pharmacies to our POS claims system through industry standard NCPDP transactions. Access for contractor and State staff is provided through component applications that allow authorized users to review claims, product cost, and individual prescription history. Those users are also able to run reports and research member demographics.

User Business Roles and Accountability

An application role is a collection of permissions for a single application. These permissions provide specific capabilities and functions. A business role encompasses a group of multiple application roles. The business role typically represents a group of users who perform similar functions in an organization.

MMA will work with the State to determine provisions of access through the assignment of business roles. Each business role determines which applications, functions, and data elements are available to a State Authorized Solution User. During DDI, MMA and the State will collaborate to define application and business roles as required.

Through SSO functionality, the State has the capability to add designated State Authorized Solution Users to specific user groups based on defined roles for their user community, which are established collaboratively with MMA subject matter experts. The concept of least privilege and assignment of different credentials based on job role or function is used to design the IAM policies for MMA AWS environments.

MMA's solution supports multi-factor authentication (MFA) for user login. MFA is also a component of MMA's compliance with NIST standards. MMA is compliant with the NIST SP 800-53 Rev. 5 Moderate Control Baseline. This standard requires MFA, including unique user login/password credentials and a second form of authentication (e.g., text, telephone call, email). MMA uses Okta and Microsoft Identity, our identity management tools, to provide both single sign-on and MFA for user sign-on activity. MFA provides another layer of security in addition to login credentials. With MFA in place, a user's identity is verified in multiple steps using different methods, such as identification through a registered device.

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

MMA has supported the effective exchange and integration of data from multiple data sources for state Medicaid programs for 52 years, resulting in well-developed, secure integration capabilities that adhere to Federal (e.g., CMS) and State-level requirements. With ***more than 40 data conversions*** completed for state Medicaid and other government programs MMA understands the importance of close coordination with states and third-party vendors within state Medicaid ecosystems. We currently support Medicaid FFS and MCO (CMO) programs in over half the states in the country and in the process, interface with every major MMIS/fiscal agent and data warehouse contractor operating today. This includes Gainwell, Optum/Change Healthcare, Conduent, CNSI, HID/KEPRO, Truven/IBM, and CSRA/GDIT, as well as State-operated MMISs. We have extensive experience coordinating directly with the State's MMIS Contractor, with whom we currently interface for 12 Medicaid contracts, both as a prime contractor and subcontractor. Our staff knows their staff, and we have a track record of working with them effectively.

In 2020, MMA migrated to Amazon Web Services (AWS), and we now host our data using Amazon Redshift, a fully managed petabyte-scale data warehouse service in the cloud that enables users to query and combine exabytes of structured and semi-structured data across data warehouses, operational databases, and data lakes using standard structured query language (SQL). Using AWS services, MMA was able to shorten Extract, Transform, and Load (ETL) times and scale operations.



Every Medicaid program is unique, and in customizing our services to meet the specific needs of each Medicaid pharmacy customer, we work closely with a wide range of third-party vendors to exchange and integrate data. These include:

- **Operational Data Store and Data Warehouse (ODS/DW) Contractors**: MMA has worked proactively with ODS and DW vendors to develop systems and processes to interface effectively and enable secure exchanges of pharmacy data.
- **Systems Integrator Contractors:** MMA has experience collaborating effectively with System Integrators in furtherance of unified state IT Enterprise visions and to ensure alignment with our

solution and the broader, evolving IT agenda. During the implementation of our current Virginia PBA Contract—which includes all the scopes of work requested by this eRFP—we successfully integrated our pharmacy module with the System Integrator by implementing diverse interfaces using inter-operability standards to successfully exchange data with multiple contractors. ***We worked with the Virginia Department of Medical Assistance Services (DMAS) and its third-party vendors to install and integrate our PBA Solution as part of a full Medicaid Enterprise System (MES) implementation***. Virginia DMAS received a Project Excellence Award from the 7th Annual VITA IT Project Management Summit for the MMA-managed Medicaid FFS PBA implementation.

- **State Project Management Offices (PMOs):** MMA has worked with various State PMOs to complete data exchanges and integrations to support PBA implementations, as well as system enhancements, system upgrades, and other PBA system-related projects.
- **Independent Verification & Validation (IV&V) Contractors:** MMA works with IV&V vendors as they provide oversight and validation of data exchanges, test results, coding, reports, etc. during the DDI and M&O Project Phases to ensure contract requirements are being met. We have worked collaboratively with every major IV&V vendor in the country to exchange and integrate data to implement our Solution and successfully achieve CMS certification of our solution.
- **Clinical Management Vendors:** In cases where we provide pharmacy benefit scope of work that does not include Clinical Management services, we collaborate with the Clinical Management Vendors to exchange and integrate data to support RetroDUR and utilization management functions. This includes working with them to establish ongoing data pulls of claims data to inform the development of RetroDUR member profiles for all FFS members and recommendations to the DUR Board.
- **Fraud, Waste, and Abuse (FWA) Audit Services Vendors:** Our experience includes working closely with third-party FWA Audit Vendors to exchange and integrate data required to meet Contract audit requirements.
- **Pharmacy Drug Rebate Services Vendors:** In cases where we provide pharmacy benefit scope of work that does not include Pharmacy Drug Rebate Services, we collaborate with state-designated third-party vendors to exchange and integrate data from our PBA Solution to support rebate operations.

Our experience includes developing interfaces with the State and its third-party vendors to support our 26 existing Drug Rebate and PDL Contracts, which includes our current Georgia Contract. We will leverage this experience to coordinate with the State and State-identified third-party vendors or data sources to ensure that we meet all the PBA Scope of Work requirements. We will support development of the interfaces for data sources listed in Attachment EE – Pharmacy Benefit Services Data Exchanges, as well as any other data sources provided by the State during the Participating Addendum Phase. We have been able to accommodate the development and operation of unique and diverse interfaces for all of our 14 existing PBA customers and will work with the State to ensure we meet all interface requirements for the Contract. Once established, we will maintain these interfaces, and related supporting documentation, in an Interface Control Document that includes all State-required Supporting Materials, as described below. In the following section we explain our 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 and Attachment EE – Pharmacy Benefit Services Data Exchanges.

Interface Control Document: MMA will design, develop, and maintain interfaces that support the secure exchange and integration of PBA data with other systems. Each Application Program Interface (API) or batch interface and components that will interface with other Medicaid modules will be documented in an Interface Control Document (ICD) that will describe all data elements, processes,

methodologies, mechanisms, protocols, and other related information for each data source, such as data layout documentation, data mapping crosswalk, inbound/outbound capability, and frequency of data exchange for all interfaces. As new interfaces are required, ICDs for those will be created and shared with, and reviewed and approved by, the State. The ICD will include all required Supporting Materials, including a Data Conversion & Migration Plan, Data Migration Layout, Rules Engine Capabilities, List of Reference Data Used by the System, Functional and Data Specifications, Conceptual and Logical Data Models, and Data Dictionary.

Working with the State and State-identified third-party vendors to accept existing file formats: Wherever possible, we use industry-standard layouts and file formats to optimize implementation and interoperability. We will work with the State and all the State-identified third-party vendors to accept existing file formats either currently or with modifications prior to the Go-Live date. In the event any file formats are required to change, conduct trouble-shooting or problem-solving exercises, and make any necessary modifications to its existing file formats to effectuate information exchange at a cost agreed upon with the execution of a Deliverable Expectation Document.

Data exchanges at both the application and file transfer level are routinely monitored using our Job Execution and Tracking System (JETS) application to ensure data quality is maintained at high levels. The JETS application tracks and maintains all the data file destinations, file layout descriptions, file transfer methods, and their purposes. Our daily JETS Planned vs. Actual Job Status Report includes, but is not limited to, name or type of interface, process type (internal or external), frequency, passed, rejected, and adds and changes, an alert indicator that quickly highlights if there is a problem or issue that needs to be corrected. In *Figure MSQ29-1*, we provide a sample of our daily JETS Planned vs. Actual Job Status Report that we use to monitor file processing.

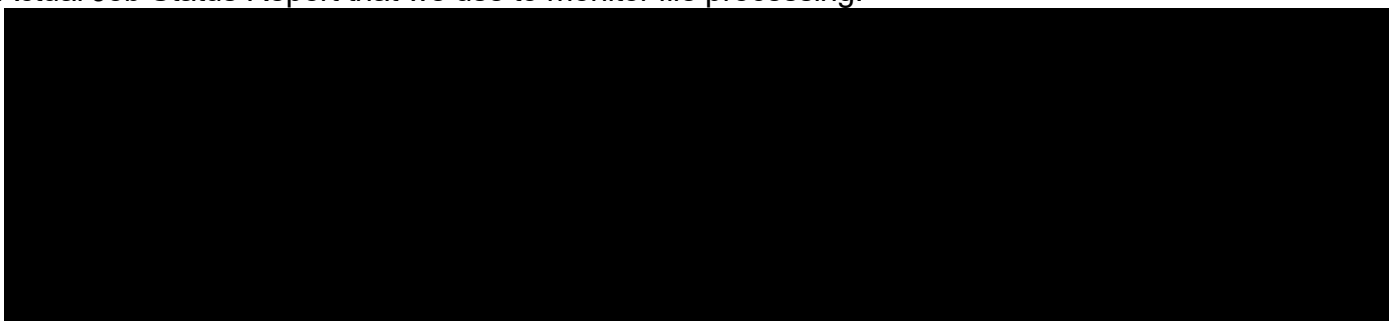


Figure MSQ29-1: Daily JETS Planned vs. Actual Job Status Report Used to Monitor File Processing (TRADE SECRET)

MMA has a dedicated operations team that monitors file processing. An example of our experience conducting troubleshooting exercises with file formats includes where a TPL vendor updated the data layout, which resulted in the job failing. The operations timely notification to our on-call programmer enabled us to identify the layout change, and we worked with the TPL vendor to obtain requirements for the new data fields and test the updates before deploying the changes to production.

Ability to receive and send data from data sources identified by the State: MMA has diverse data exchange capabilities, as evidenced by the fact that we maintain over 5,000 data interfaces across our book of business. This will enable us to send and receive data electronically to any given data source identified by the State. MMA provides methods of communication that are fully compliant with CMS standards and meet HIPAA privacy and security rules and guidelines. Our interfaces use industry standard protocols such as NCPDP, HIPAA x12, HL7, XML, and CSV for interoperability and data integration needs. MMA's application architecture provides a modular, flexible approach through the use of open, industry-standard interfaces and exposed APIs. Our solution supports several methods of data exchange, including ***SFTP (secure file transfer protocols)***, ***FTPS (file transfer protocol***

secure), Hyper Text Transfer Protocol (HTTP), secure web services, EDI (electronic data interchange), and real-time RESTful or SOAP/XML exchange, electronic data interchange (EDI), as well as batch. We are also able to provide physical reports upon request when appropriate. All MMA data interfaces meet MITA 3.0 standards. We understand that changes to third-party vendors are not considered new interfaces or data exchanges, but rather constitute ongoing maintenance and we coordinate on an ongoing basis with third-party vendors to update our Solution interfaces when necessary. We currently support thousands of unique batch file transfers on a daily basis (both inbound and outbound), occurring as frequently as every 15 minutes to once a day/week/month, as per our customers' needs. Our Data Services Team supports operations through 24/7 on-call support for critical deliveries.

Supporting State Data Retention Policies: We will use configurable business rules to ensure that our Solution adheres to data retention requirements in accordance with all CMS, Federal, and State laws and regulations and industry standards. Our system has the capability to identify data that have been archived and, in addition, provides a means to restore the archived data. To preserve a full audit trail for every claim, adjudication rules are never physically deleted from FirstRx. They are modified to be marked as terminated or inactivated via a logical deletion. When an existing record is modified, a new record is created from the contents of the original record. This new record is then assigned another sequence number with a full audit history. MMA can purge data, but we do not exercise the purge option. For example, in FirstRx, we logically delete, or end-date, rules/data and those changes are always visible in the database. The information in the system uses the 'modified by' timestamp and serves as the audit trail. The timestamps are visible via the GUI in perpetuity for auditing purposes since claims were adjudicated against this rule when it was active.

The FirstRx rules engine is 100% effective date-driven. For transaction records that are no longer relevant, we inactivate records rather than purge or delete the record in the database as required by audit and data retention rules. For project data no longer needed, we retain data based on retention rules and will work with the State to establish mutually agreeable retention policies that correspond with the State's Administrative Rules.

Backup and Archiving: Our system can back up and archive all historical data, on a scheduled basis approved by the State, to support requirements for backup and archiving consistent with State, CMS, and industry standards. We will support backup and retention of data that adhere to the specific frequencies outlined in the eRFP, to include: a) Daily incremental backups with retention of sixty-one (61 days; b) Weekly incremental backups with retention of 12 weeks; c) Monthly full backups with retention of 18 months; and d) Annual full backups with retention of seven years. All historical files will be archived on MMA's archival server for a mutually agreed-upon retention period (for the life of the contract). Load reports will also be archived and available for reference post conversion and post Go-Live. The data in the intermediate staging tables that were supporting the transformation will also be archived. The processes for archival and retrieval will be documented in the Data Migration Plan.

Ensuring Data Synchronization during Data Exchange: MMA is very experienced at exchanging data and ensuring data synchronization between each State-identified third-party vendor from outgoing contractors to our pharmacy system and conducting testing to ensure quality results. Our established data conversion process ensures data synchronization between vendors by defining the data elements that will be received and creating the ETL process for the identified data elements. Our approach to receiving and/or exchanging data files of all required interfaces from the source system and loading the converted data into the target databases utilizes automated tools to optimize the speed and accuracy of data conversions. These technologies include SnapLogic, Informatica, Oracle, and Perl, and use ETL, which creates migration programs that load data from the source system to the target system while producing report exceptions. Our established, multi-step data exchange approach

ensures that checks and balances are implemented, so that the appropriate infrastructure and software are in place. The steps in this process are outlined below.

Data Migration and Validation Approach: We combine our experience and sound approach to provide a mature data conversion strategy that is complimented by a suite of enterprise class and industry-standard data integration and management tools. Data Migration entails the planning and development, testing, migration, and conversion of all data and files required to support a replacement pharmacy solution, including the operation of the Data Warehouse, Decision Support, and Business Intelligence (BI) systems. This process includes all member, provider, claims, and payment system data, as well as all other data identified by the State and any external system and reference data required for accurately managing pharmacy benefits. The data conversion process uses industry-standard technologies and methodologies to configure migrations that load data from the source system to the target system including the application of all conversion business rules determined during requirements gathering. Our proven and established conversion process generates reports and metrics that list all files loaded, the number of records loaded, the number of failed records, percentages of failures, running totals, dates, run times, and more. The process automatically builds files of records rejected by reject type to be easily reviewed and once remediated, easily re-run through the process.

The Data Conversion and Migration Plan will include the following details about MMA's Data Migration and Validation Approach:

- **Default Data Migration rules –** MMA establishes default conversion rules that apply to data fields with no specific requirements and/or transformation rule identified.
- **Data Migration Schedule by Phase and System –** All conversion activities are phased and run in batches so that balancing activities can take place in an orderly fashion. After meeting with the State and establishing the requirements during requirements gathering, MMA's staff will develop and provide a conversion schedule. This schedule will be outlined in the Data Conversion and Migration Plan. After reaching the end of the schedule, the results will be reviewed with the State for necessary feedback, action, and approvals.
- **Data Migration Testing –** MMA performs data conversion testing to ensure that there is an accurate end-to-end balancing between what was sent by the State and what was processed by MMA. This testing provides the ability to verify and/or validate that all file transfers related to conversion, like historical claims and historical PAs are tracked and accounted for. Upon the validation of data such as but not limited to file counts, further validation is performed on the structural aspects of the data.
- **Reconciliation Validation of Data –** The reconciliation and validation of data processes will use technologies such as SnapLogic, Informatica, Oracle, Perl, and use ETL programming to create migration programs that will extract data from the source system to the target system while producing report exceptions. Where applicable, the conversion method will provide exception reports to identify those instances of missing field values, failed editing routines, or invalid data formats.
- **Cutover Process Overview –** To ensure that data are successfully cut over, MMA maintains a timeline and summary of associated tasks. The Cutover schedule will be documented in the Data Conversion and Migration Plan and display evidence of timeline (including zones), estimated duration, task name, status, owner(s)/associated department.
- **Data Migration Reporting –** As part of the acceptance process, MMA will produce summary reports for each interface to be reviewed with State. These reports will serve as attestation artifacts to reflect evidence that the balance displayed equals the total "record" count of what was received

to what was loaded and what was rejected. The Data Migration Plan will include communication method, format, and schedule for data acceptance plans.

- **Rollback procedure –** The Data Conversion and Migration Plan will include processes for incremental reloading of data, point-in-time nightly database backups, and full database rollbacks.
- **Data File Error Handling and Communication Processes –** A data file error handling process that displays evidence of how MMA will handle errors and communicate resolution will be addressed in the Data Conversion and Migration Plan.

When data migrations are required, MMA will complete all data conversions and cutover activities from all incumbent service provider systems and the MMIS within the time frames outlined in the State-approved Data Conversion and Migration Plan. Our customized Data Conversion and Migration Plan will include the overall approach, assumptions, processes, and execution that we will use to migrate necessary State PBA data including but not limited to claims, PAs, reports, and resource data, as directed.

Working with Data Source Vendors: Helen Ma, our experienced Data Integration Lead, will oversee integration and interface activities during implementation to ensure all required interfaces are successful. She ensures that data exchange components have been captured and provides appropriate content. Ms. Ma provides system mapping configuration of data to new target systems. She will review all data integration requirements with the State and its vendors and provide recommendations for an efficient data integration strategy. She also develops test cases for data conversion testing to validate data exchanges. Data exchange activities will be an iterative analysis and design process with the MMA Data Exchange Team and the State Data Exchange Team. Data Migration Teams are identified according to resources provided by the State and its supporting vendors. Each team plays a pertinent role in the implementation of the conversion of data interfaces. The participants will meet on a recurring basis to execute the process of establishing documentation related to the data elements in the source and the target systems. This process determines which fields need to be converted prior to migration and which data elements in the target system require defaulted values, calculated values, or edits. The Data Conversion and Migration Plan will include the process of defining roles and responsibilities for each team.

Data Management Supporting Materials: Our Data Management Supporting Materials are included on the following pages. These documents are samples from actual, previous implementations and will be modified to meet the State's specific requirements. As a result, the nomenclature, forms, tools, and content used in these samples may vary from the State's requirements. Our DDI and Account Teams will work with the State during DDI to tailor these documents to meet the PBA Contract requirements.

MSQ29.1 – Data Conversion & Migration Plan (TRADE SECRET)

On the following pages, we include a sample Data Conversion & Migration Plan.

MSQ29.2 – Data Migration Layout (TRADE SECRET)

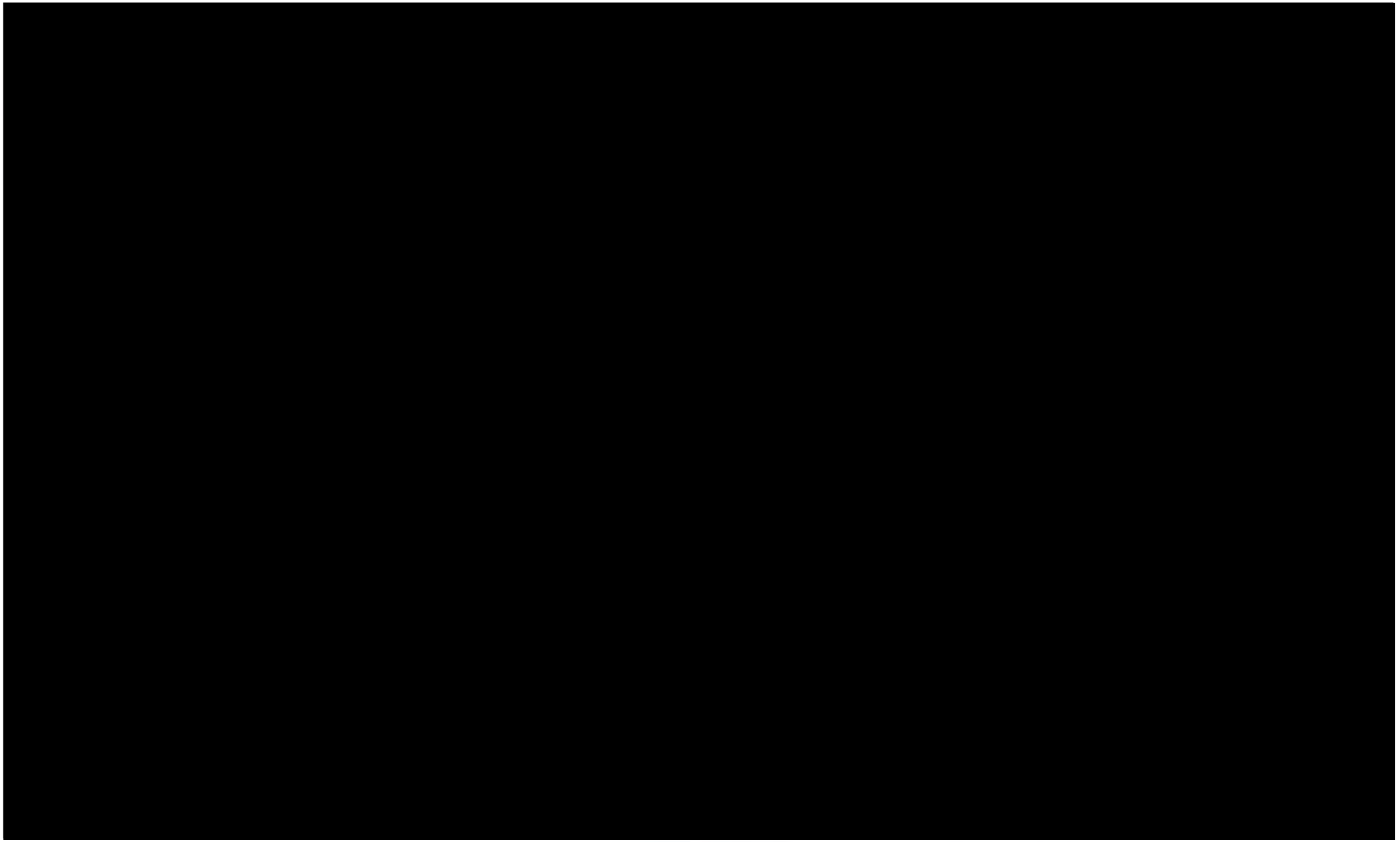
On the following pages we have included a Sample Data Migration Layout. For operational efficiency, MMA maintains an Interface Control Document that integrates the Data Migration Layout with Functional and Data Specifications and Reference Data. As a result, the Data Migration Layout shown on the following pages is also shown as a component of our Reference Data document sample provided in MSQ29.4 and the Functional and Data Specifications sample provided in MSQ29.5.

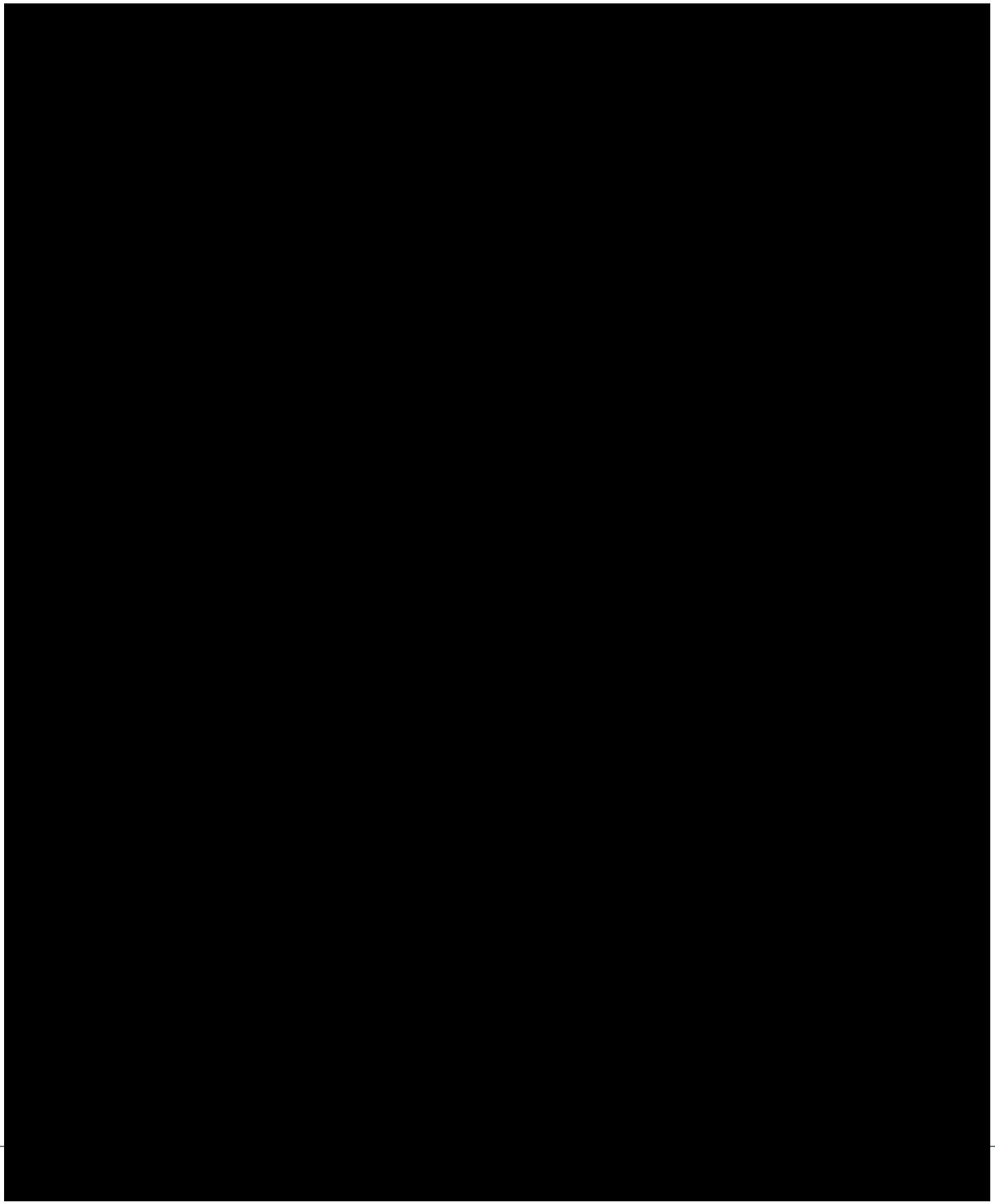
MSQ29.3 – Rules Engine Capabilities (TRADE SECRET)

On the following pages, we have included a sample of a Claims Processing Requirements Specification Document, which describes our Rules Engine Capabilities.

MSQ29.4 – List of Reference Data Used by the System (TRADE SECRET)

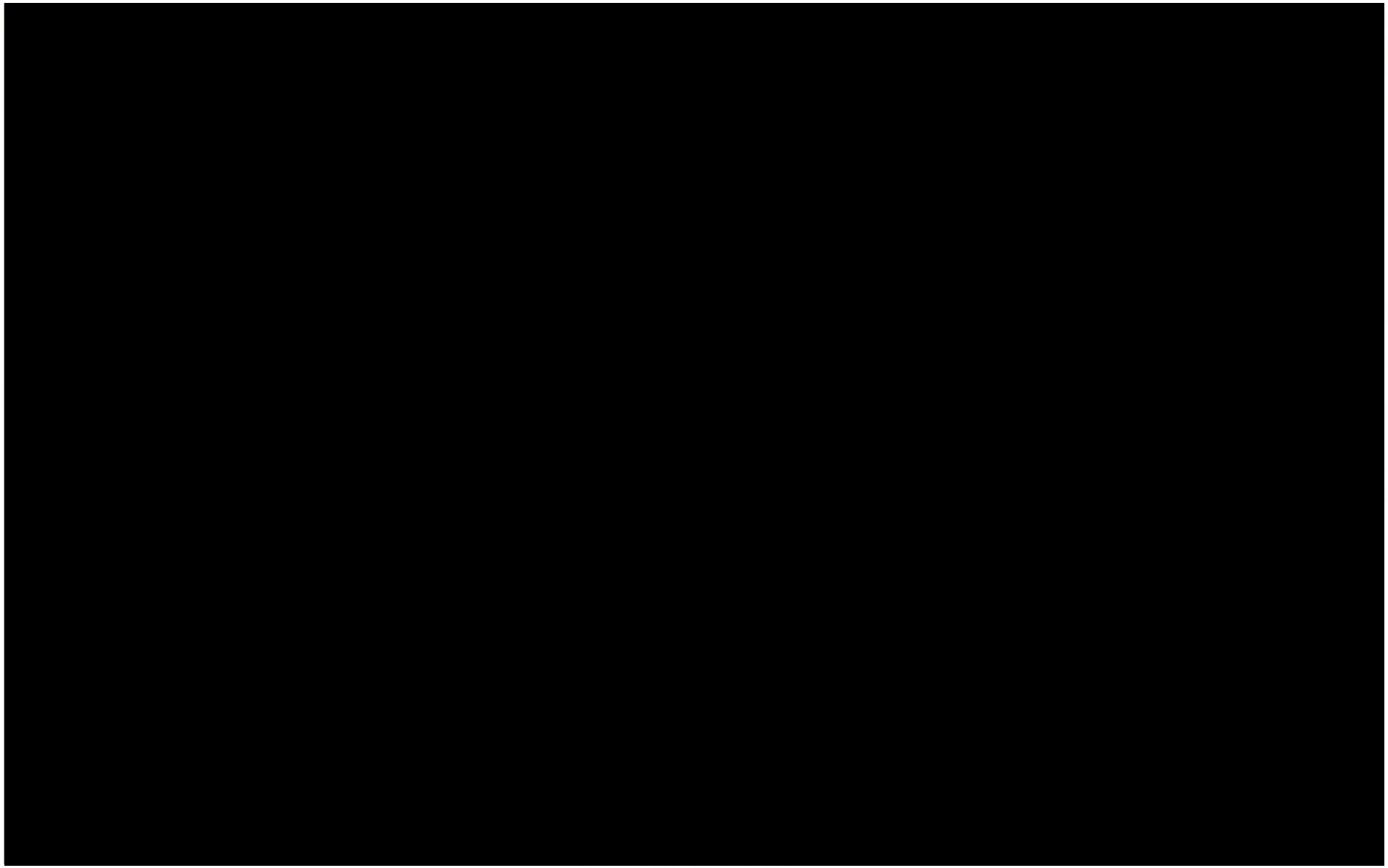
On the following pages, we include a sample List of Reference Data Used by the System.

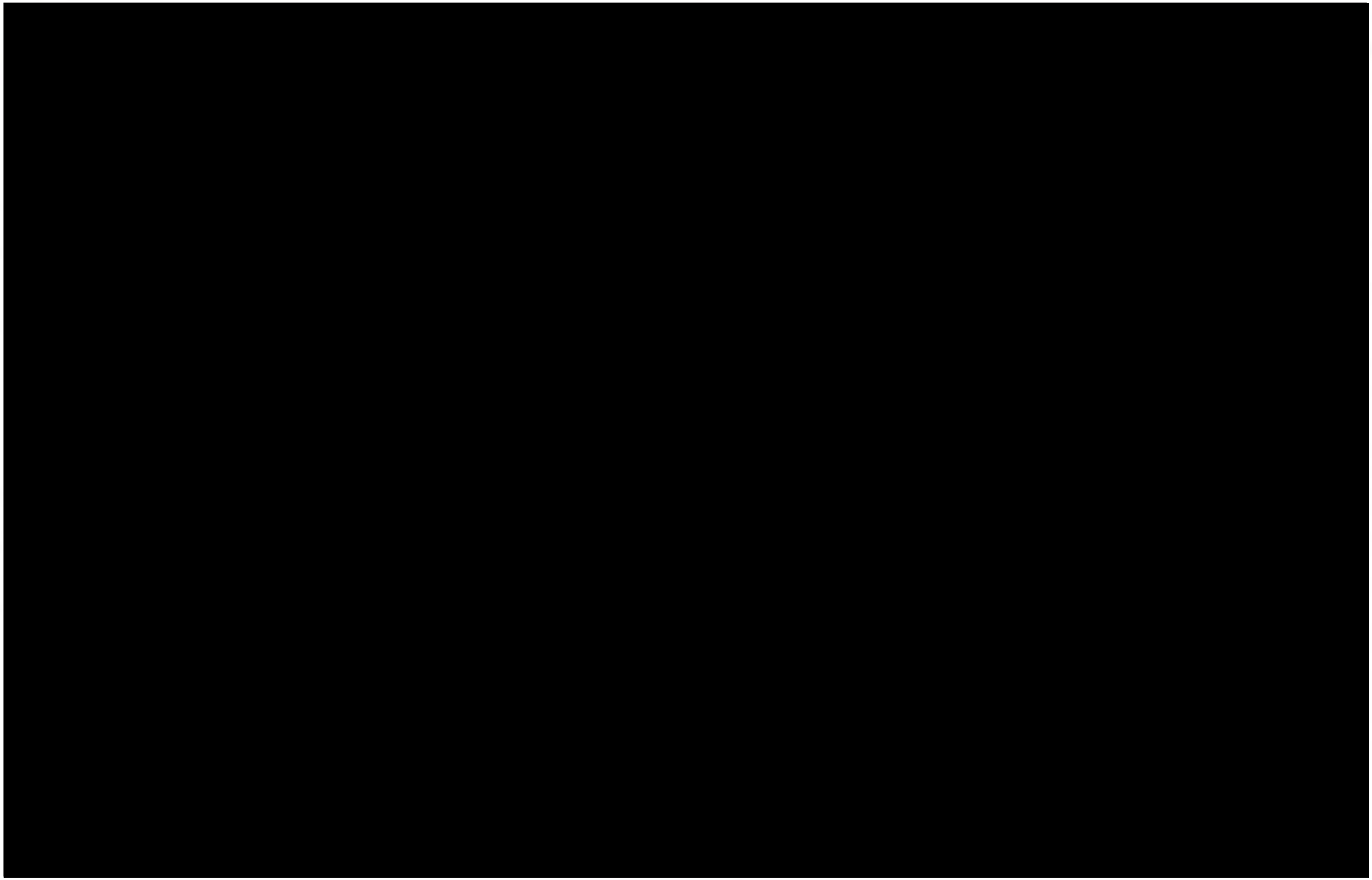


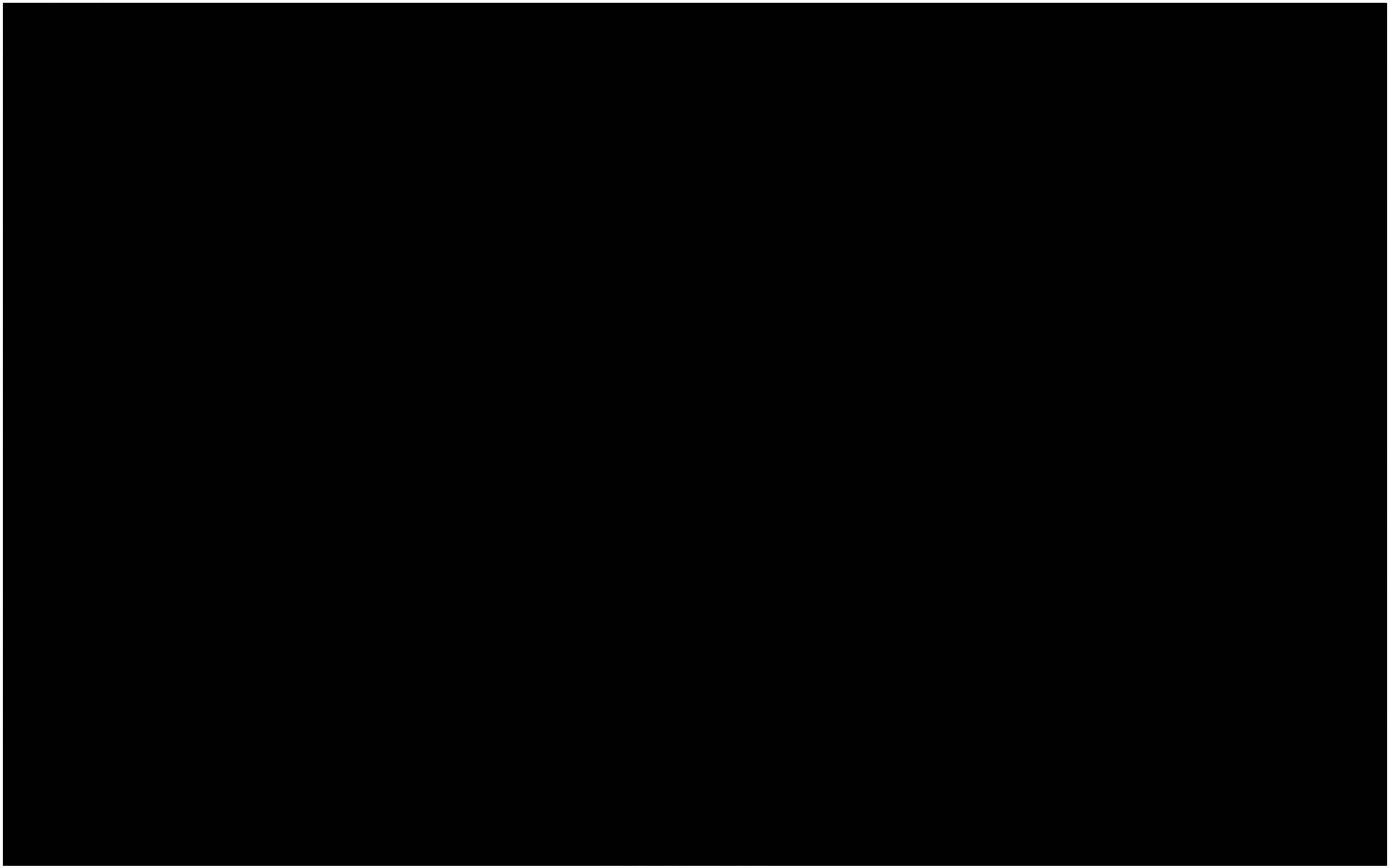


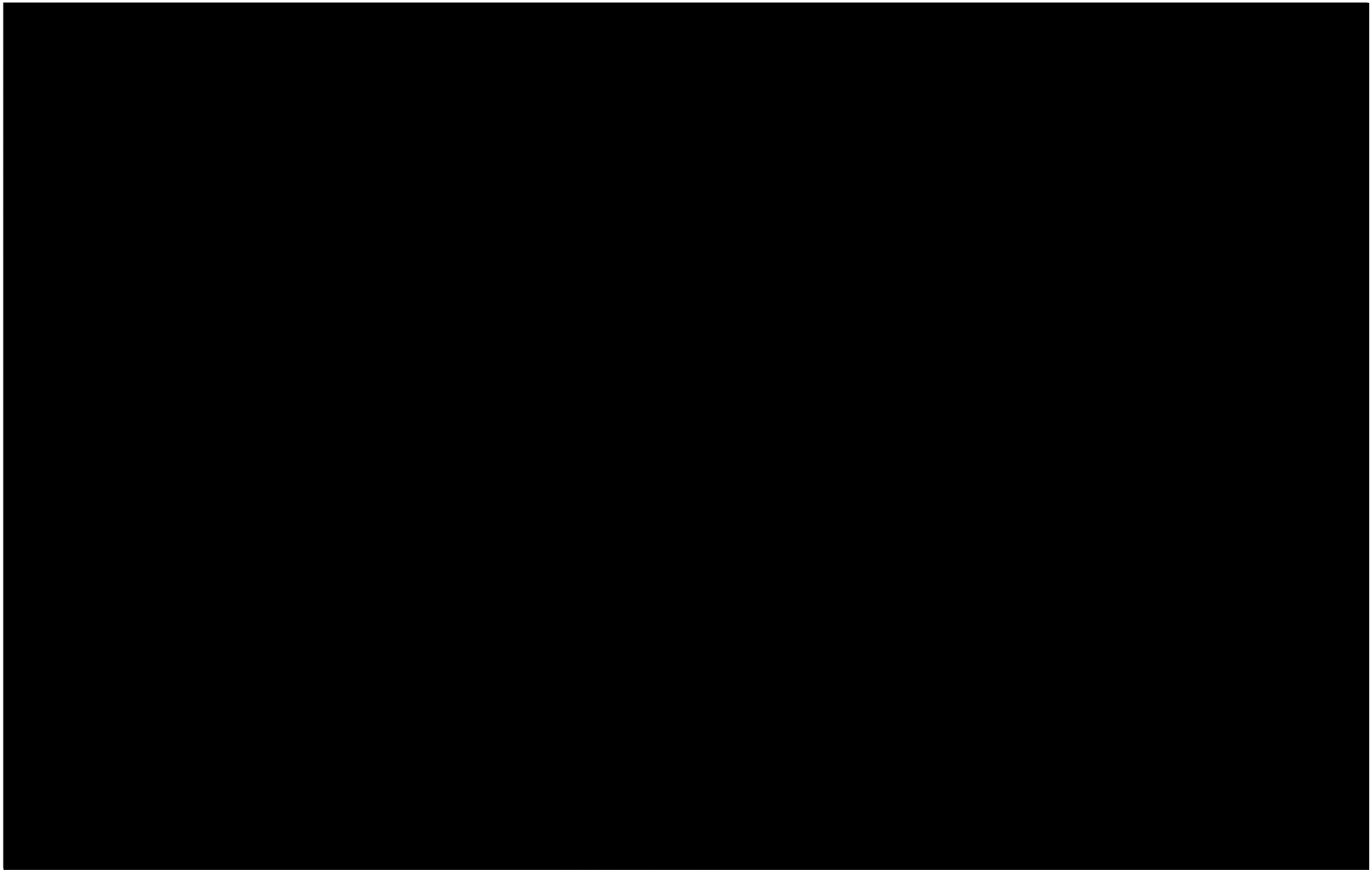
MSQ29.5 – Functional and Data Specifications (TRADE SECRET)

On the following pages, we have included a sample of functional and data specifications. These can be found in the file layout columns “Used in Transformation” and “Loaded to FirstRx” columns in Table 14.1.4 File Layout, and in the entire Table 14.1.6 Mapping. These elements are also integrated as a component of our larger reference data document, provided in MSQ29.4.



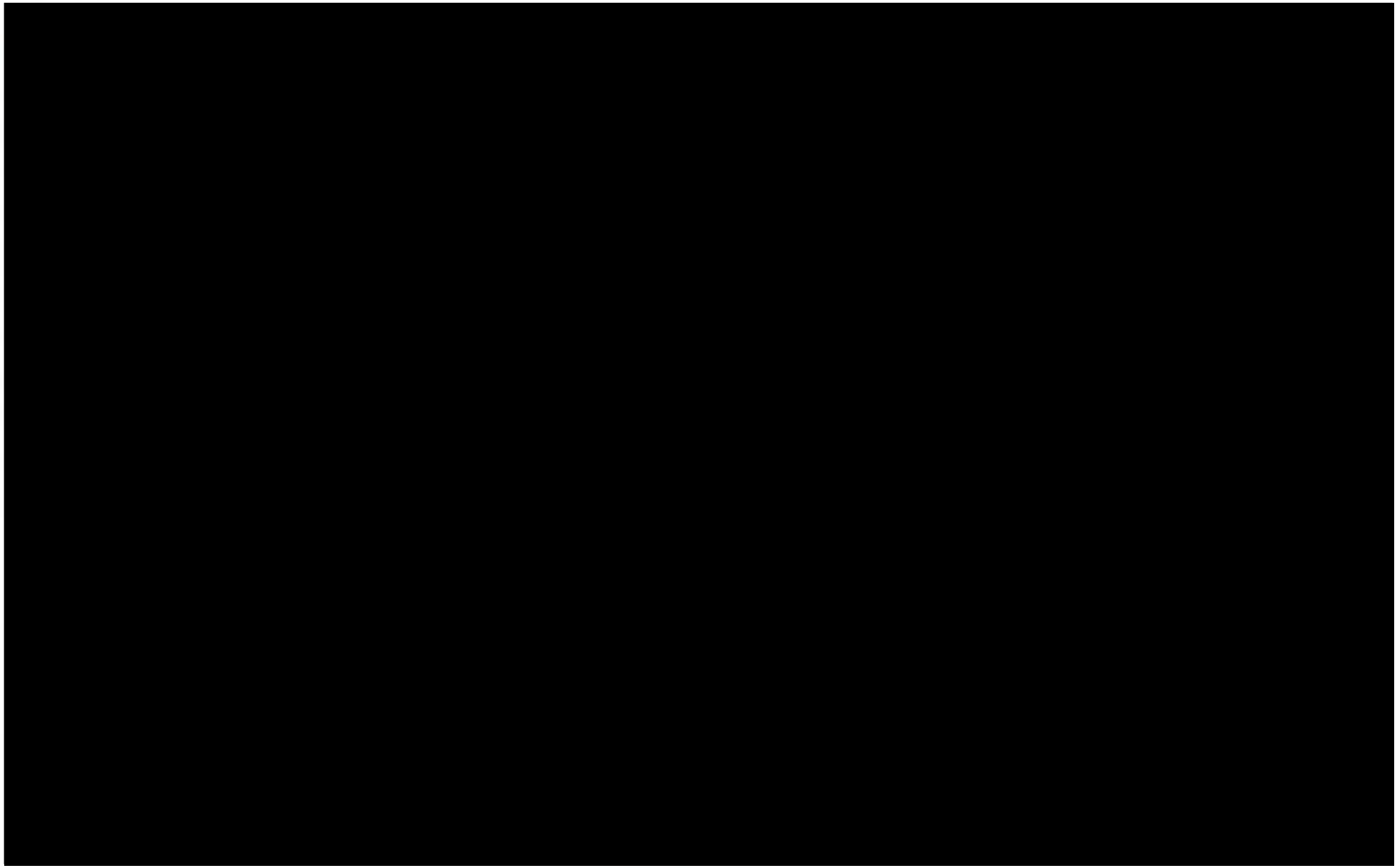






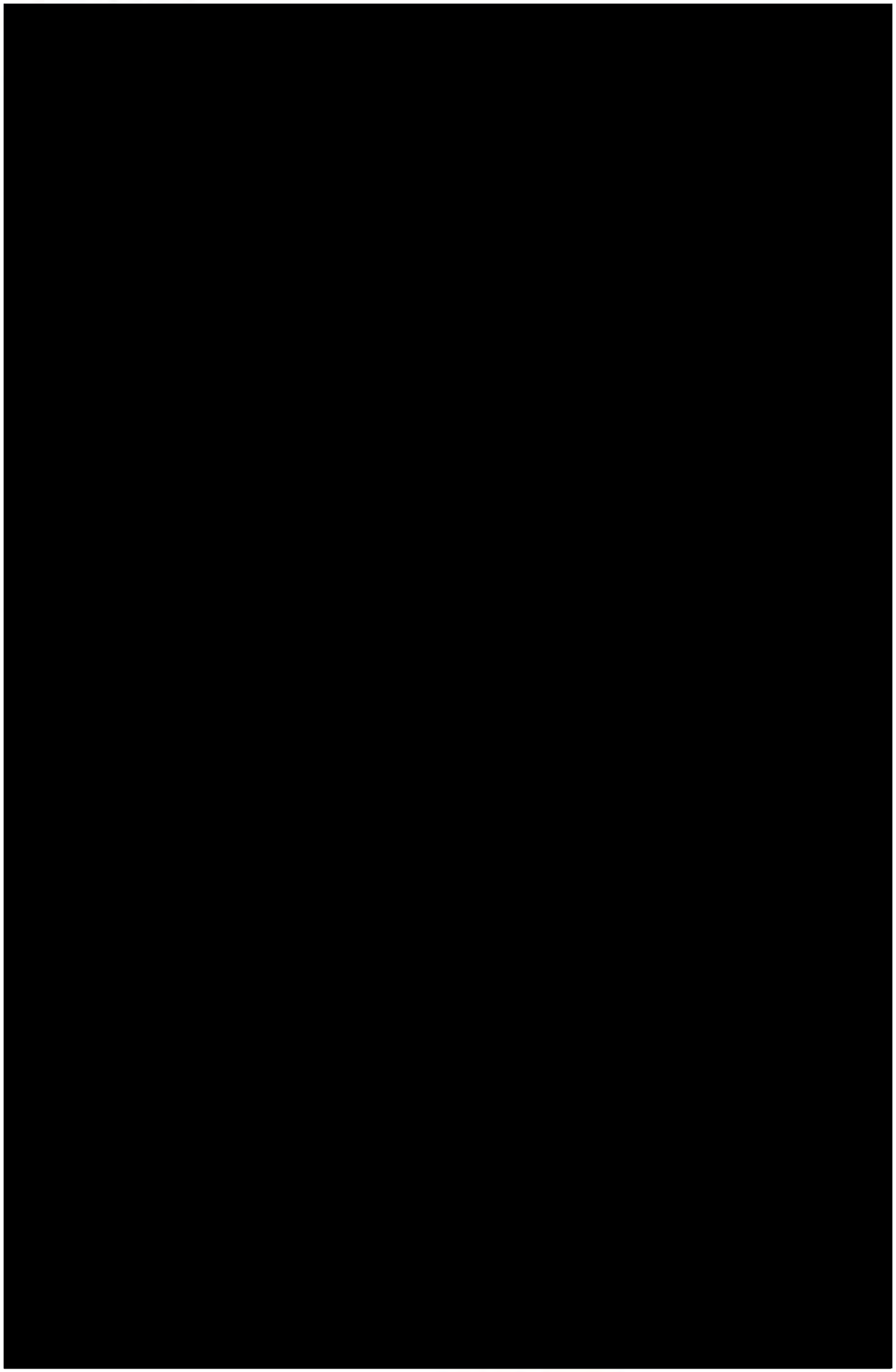




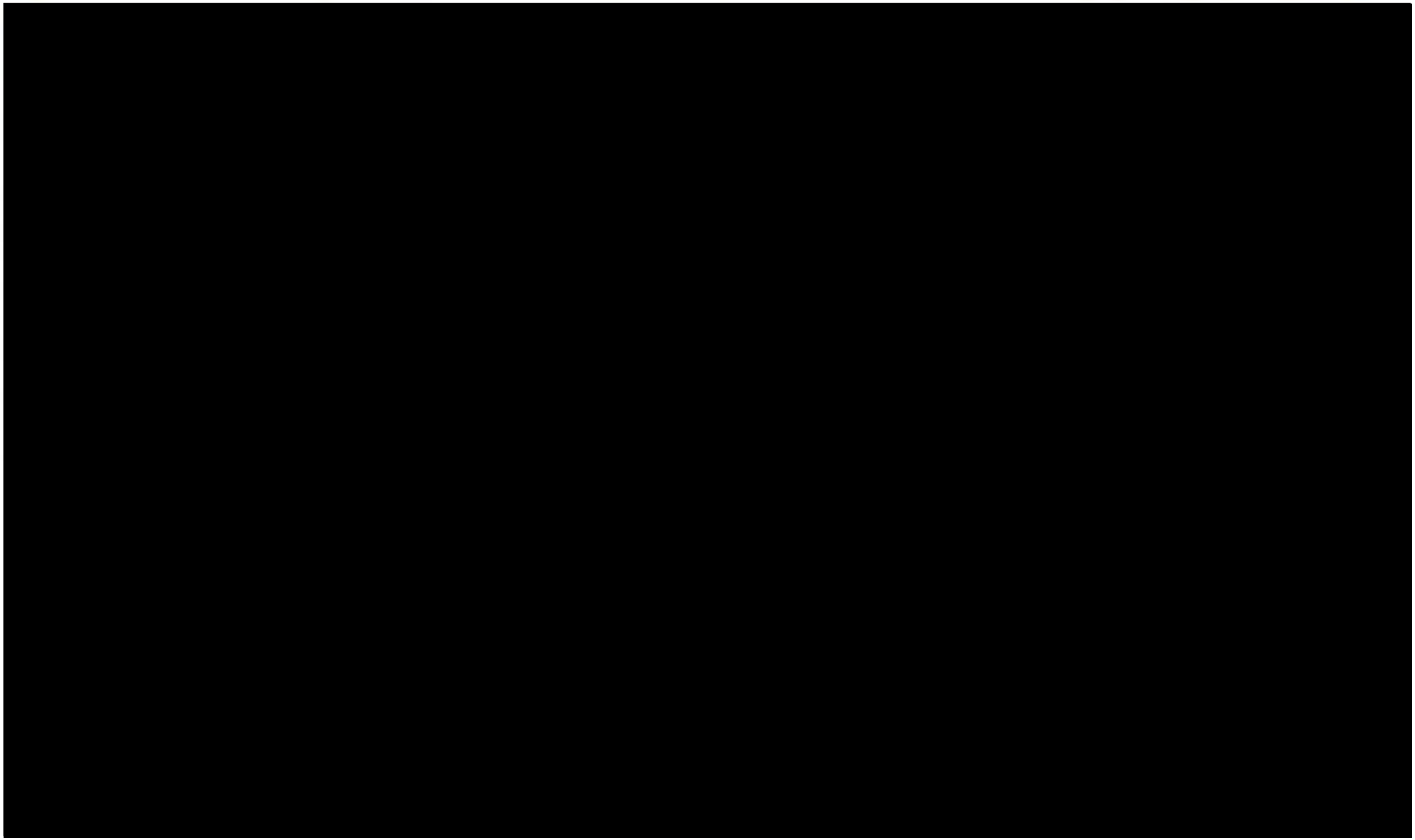


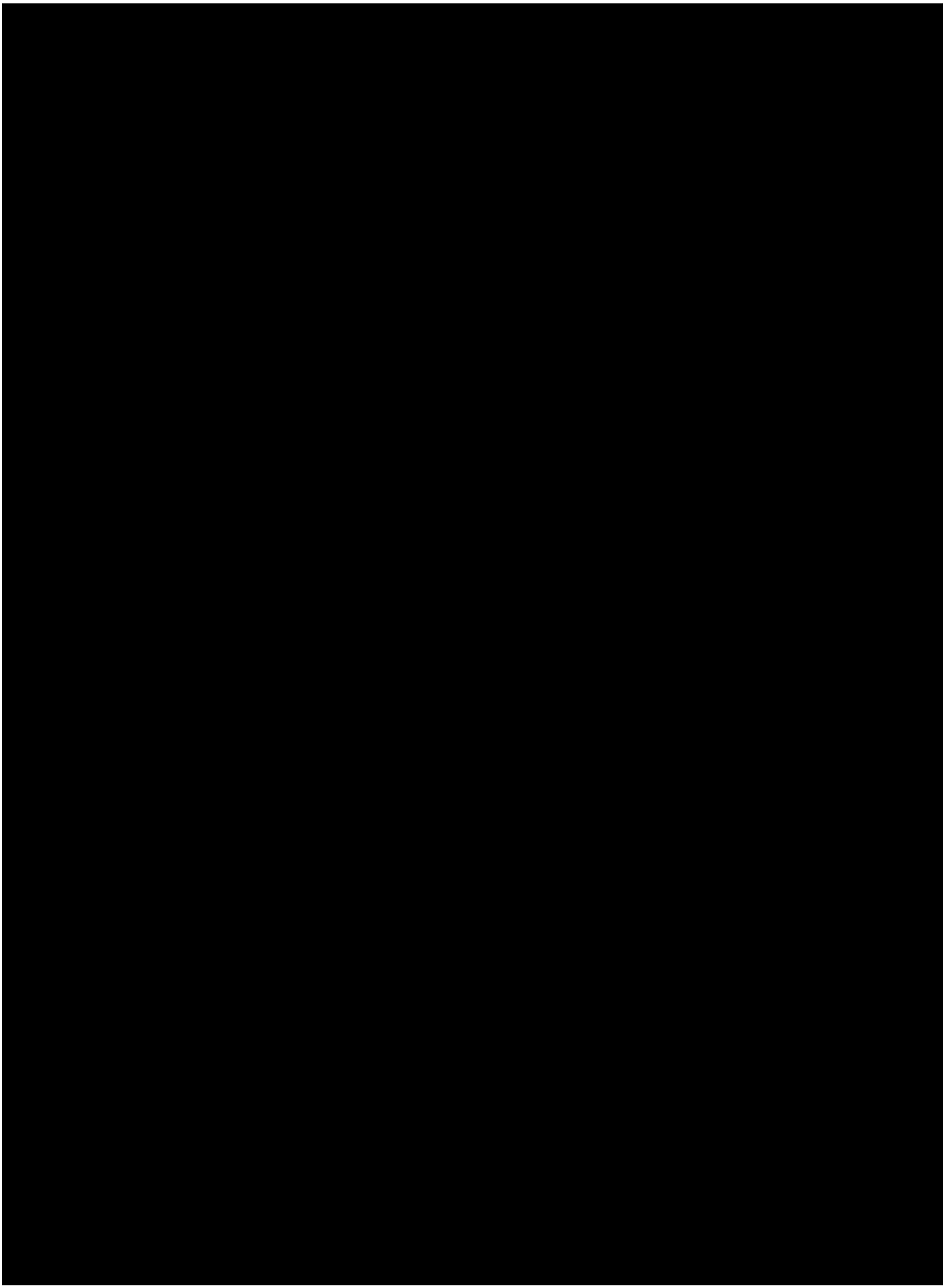




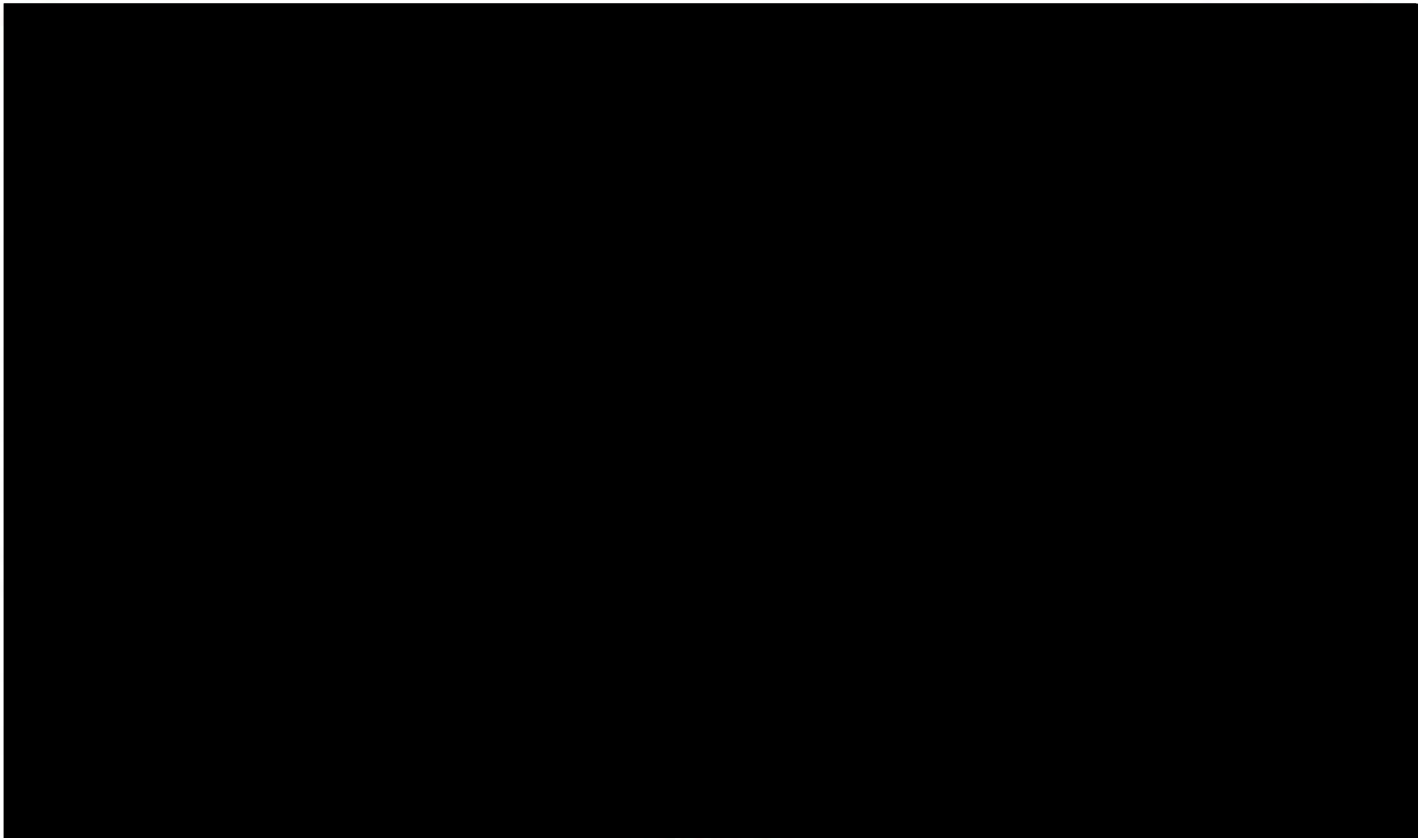












MSQ29.6 – Conceptual and Logical Data Models (TRADE SECRET)

On the following pages we have provided a sample Conceptual and Logical Data Model.

MSQ29.7 – Data Dictionary (TRADE SECRET)

On the following pages, we include a sample Data Dictionary.

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

Communication is a crucial component of our account management strategy. ***We understand the importance of communicating information to members and providers to ensure the success of the PBA Services Project.*** MMA will communicate policy and program changes that affect stakeholders in accordance with our Communication Plan, which we will review and validate with the State during the DDI Phase.

MMA provides at the end of this section 10 examples of materials we have historically used to accomplish stakeholder communications. We have numerous established communication channels routinely used to communicate with our customers' stakeholders. These channels include telephone support, direct mail, and Internet-based applications, such as a customer-specific web portal, including banner messages. MMA can also send mass fax blast/email blast notifications to pharmacies and pharmacy groups, including third-party payers and other stakeholders, to disseminate pertinent information in a timely fashion regarding the PBA Services Project. Information typically communicated in this manner includes program changes, benefit changes, or when system changes are implemented. Our Account Team will work with the State to determine the appropriate method of dissemination and associated time frames for completion. In the following narrative, we provide our approach to meeting the specific requirements in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 8.3 Communication Management.

8.3 COMMUNICATION MANAGEMENT

8.3.1 The Contractor shall furnish Pharmacy Providers, stakeholders, Members, and pharmacy software vendors any and all information regarding the program as required by the State. Communicated information may 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

MMA will provide pharmacy providers, stakeholders, members, and pharmacy software vendors any and all information regarding the Program as required by the State. Our communication materials will include the following: an announcement of the Contract; BINs; PCNs; customer services numbers; Plan contact information; policies and procedures; billing tips; and changes in program administration.

For example, our State-specific Payer Specification Sheet will document POS claims processing requirements. Our Payer Specification Sheet will be available to all pharmacy providers and submitted to the State for posting on the State Web Portal. We will also post to our State PBA Services portal, if desired. MMA's Payer Specification Sheet denotes which D.0 fields, mandatory and situational, are required to support claim submission. It details the requirements for pharmacy claims submission, including information specific to claims where there is coordination of benefits. In addition, MMA coordinates closely with the switch vendors during the Testing Phase in providing the Payer Specification Sheet and scheduling times for switch vendor and provider testing.

Policy and program change documents reference the pertinent current Federal or State policy and Contract requirement and address policies/procedures on matters required by the State. We communicate all program changes through the communication channels established during DDI, not only through website postings, but also through electronic newsletters and faxes. MMA will be responsible for member and provider communications, including the provision of letters, manuals, bulletins, and other communications, in formats determined by the State. We will submit communication content to the State for review and approval prior to dissemination. A major component of our implementation and ongoing operational processes is ***collaboration with the State*** to identify all communication needs and to design a strategic plan for keeping members and providers informed and up to date.

In addition to Call Center support to provide Program stakeholders with information, MMA will provide and maintain a hosted public-facing website for the Contract. We will deploy a secure PBA Services Web Portal for members, participating providers, and State staff that provides Program stakeholders with an interactive, user-friendly environment. The Web Portal will offer a combination of services and static content. Static and dynamic content, as well as downloadable documents maintained on the site, will also be accessible through the hypertext links, drop-down lists, and menus. ***Program stakeholders will be able to access Program-specific details and pharmacy information 24/7/365.*** MMA's Web Portal will contain all necessary communications and content, such as PBA Services-related news, announcements, billing information, policies, and other documentation as directed by the State. We also post pharmacy benefit information (e.g., FAQs, PDL, etc.) and provide Pharmacy Locator functionality to ensure that all Program stakeholders can easily locate and access needed information.

8.3.2 The Contractor shall prepare all communication documents, including Provider/Member information letters for notification of plan design or coverage changes and ad-hoc requests, for release to third parties consistent with the requirements of the State as requested. All communication documents must be approved in writing by the State prior to release or distribution.

MMA's Account Team, supported by appropriate internal staff, will prepare all communication documents, including provider/member information letters for notification of plan design or coverage changes and ad-hoc requests, for release to third parties consistent with the requirements of the State,

as requested. Our Account Team will submit all communication documents to the State for review and obtain written approval prior to release or distribution. MMA will share our standard notification letters, communications, and forms with the State to determine any need for customization. We will also collaborate with the State to establish appropriate time frames for member and provider correspondence and notifications. Our solution supports standard letters or other text that can be modified by the State or MMA and sent to members and providers. We provide the ability for authorized users to develop configurable correspondence for members and providers according to State standards and business rules. The State will be able to review MMA draft correspondence templates for member/provider communications and elect to customize correspondence with logos, letterheads, and Program-specific formats prior to release. We will identify the letters we recommend as standard, and the communications that may be customized. During DDI, we will work with the State to customize member and provider communications to ensure the materials align with the State's PBA system service model.

In addition, our established process ensures that all guides, reference materials, and system/user documentation is kept current at the time changes and upgrades are applied to the system. MMA incorporates industry best practices into our approach to documentation management to ensure that all information is accurate and up to date. Our approach to documentation maintenance supports our goal of standardized, published, and maintained information that is easily accessible and promotes the best understanding of the tools and services provided for the Project. Our strategy has strict procedures in place to maintain all types of program and system documentation, provider manuals, operating procedures, or other documentation to ensure they remain current as program requirements, or our systems or processes, change. An internal documentation review process occurs to validate all revisions have been correctly made in accordance with State-specific criteria and standards and industry professional standards.

8.3.3 The Contractor must respond to verbal inquiries from Providers within two (2) Business Days regarding any services provided by the Contractor.

Our experienced Education and Outreach Specialist/Formulary Analyst and Call Center staff will respond to verbal inquiries from providers within two business days regarding any services provided by MMA. The Education and Outreach Specialist/Formulary Analyst ensures providers and prescribers are aware of Plan policy and requirements for claims submissions and PA requests, and conducts outbound calls and visits, as appropriate, to prescribers/pharmacy providers who need assistance and proactive outreach. The Education and Outreach Specialist/Formulary Analyst also participates in the full life cycle of formulary and clinical program development by assisting with benefit-related requirements, impact analysis, and advising and helping formulate process developments.

Our 24/7/365 solution will provide the State with a high level of customer service by leveraging MMA's existing Call Center infrastructure, which has been designed, tested, refined, and optimized over the past ***36 years of service to our customers,*** including our 14 Medicaid PBA customers. Through this solution, Program providers will be able to contact a live MMA Call Center representative, who has received State-specific training, 24/7/365 using a toll-free number to assist with inquiries such as eligibility, claim status, billing issues, etc. ***Excellence in customer service is not simply responding quickly and accurately to inquiries—it requires working closely with Program stakeholders to address their concerns and helping them to better understand State-specific policies and processes.*** To create, maintain, and facilitate electronic communication, MMA provides a Contact Us email support option for questions or concerns on the Web Portal which gives users the ability to electronically submit questions, comments, and request outreach assistance. The mailbox is checked on a daily basis, and a response will be provided within mutually agreed-upon time frames. A contact detail record is created in FirstTrax for each request received through our Contact Us functionality. The

request becomes part of the Call Center queue ensuring timely response. Response time frame metrics are available through FirstTrax.

8.3.4 The Contractor must respond to written inquiries from State it receives by mail, facsimile transmission, email, or other methods within two (2) Business Days of receipt and written inquiries from Providers [other than Provider PA requests and Appeals] within two (2) Business Days of receipt.

MMA's Account Team, including the Education and Outreach Specialist/Formulary Analyst, will respond to written inquiries from the State received by mail, facsimile, email, or other methods within two business days of receipt and Call Center staff, supported by the Education and Outreach Specialist/Formulary Analyst, will respond to written inquiries from providers (other than provider PA requests and Appeals) within two business days of receipt. To facilitate accurate and timely responses to providers, as well as members and other Program stakeholders, MMA develops and maintains PA and Help Desk Guides detailing the requirements of the Program. We will create State-approved Program-specific QuikChek and Clinical Criteria documents that will be utilized by our Call Center staff to assist with prescriber, pharmacy, and member inquiries and requests. We will maintain electronic copies of the QuikChek and Clinical Criteria documents, which will contain State-specific PA requirements, policies, and plan-specific information. Documents will be accessible to staff across all locations through MMA's internal electronic document repository. Our Account Team will obtain State review and approval for all reference materials utilized by Call Center staff prior to their implementation and will ensure that documentation is updated regularly.

Additionally, our Education and Outreach Specialist/Formulary Analyst ensures providers and prescribers are aware of Plan policy and requirements for claims submissions and PA requests, and conducts outbound calls and visits, as appropriate, to prescribers/pharmacy providers who need assistance and proactive outreach. The Education and Outreach Specialist/Formulary Analyst also participates in the full life cycle of formulary and clinical program development by assisting with benefit-related requirements, impact analysis, and advising and helping formulate process developments.

8.3.5 The Contractor shall have no more than three (3) documented instances per quarter in which it fails to: a. Provide a directly responsive answer by a live person to telephonic inquiries received from Providers, Members, and the State within two (2) Business Days of receipt. b. Provide an answer to written inquiries received from Providers, Members, and the State within two (2) Business Days of receipt.

MMA will have no more than three documented instances per quarter in which we fail to provide a directly responsive answer by a live person to telephonic inquiries received from providers, members, and the State within two business days of receipt and provide an answer to written inquiries received from providers, members, and the State within two business days of receipt. MMA will use FirstTrax to ensure compliance with these requirements. FirstTrax provides the ability to record call types/reasons utilizing the Category – Type – Item nomenclature. This ensures all staff documents are uniform and consistent, as well as allowing for reporting of trends and analysis. FirstTrax produces an electronic record to document all calls. When a call or fax request/inquiry is received, a contact detail record is created in FirstTrax by the Call Center representative. FirstTrax assigns a time and date stamp to the contact detail record when it is created. FirstTrax captures the date and time of the contact, pharmacy Call Center staff identifier, caller identifier, customer type, reason for contact, disposition of contact, date of disposition, and free-form notation, and can accommodate additional elements identified by the State. Call Center management staff monitors metrics to ensure compliance with State-required time frames.

8.3.6 The Contractor shall correspond and communicate regularly with select Provider associations to ensure an adequate flow of information between the State and Providers.

Our Education and Outreach Specialist/Formulary Analyst, along with other Key Account Staff, will correspond and communicate regularly with select provider associations to ensure an adequate flow of

information between the State and providers. As noted in Addendum 5, Q&A Round 1, Number 23, MMA acknowledges that the State anticipates coordination with five provider associations. We will communicate with these associations via fax, email, telephone call, and in person at State provider association conferences, as directed and required by the State.

For the customers we serve, MMA has established relationships with provider communities and visibility within the State as a delegate of the State to all stakeholders. We will participate in communication and outreach to stakeholders including providers, provider associations, manufacturers, and advocacy organizations, as needed and directed by the State. Providers can also sign up to receive automatic notifications through the Web Portal. Refer to our response to MSQ30.1, Communication Examples, for a sample of our Provider Web Portal Subscription Services Sign-up functionality.

Our solution for the PBA Services Contract includes the development of a comprehensive plan that will guide our communication and engagement strategy with stakeholders from implementation, and persist and evolve through the maintenance and operations, for the life of the Contract. We have experience developing and executing on comprehensive education, outreach, communication, and training plans. MMA's stakeholder communication and engagement strategy leverages highly-experienced teams and an in-depth understanding of the needs of each group of stakeholders.

8.3.7 Communication Alerts: In the event of a drug recall, the Contractor shall perform communications to Members and/or Providers as follows: a. For Level 1 (Urgent) Drug Recalls, the Contractor shall send an electronic communication (e-blast) to Providers and Members along with a written communication to Members at no additional cost to State. b. For all other Level Drug Recalls, the Contractor shall provide an electronic communication (e-blast) to Pharmacy Providers.

In the event of a drug recall, MMA will communicate with members and/or providers according to State-approved requirements as detailed in eRFP requirement 8.3.7. Urgent or emergent FDA decisions are reviewed internally by our Drug Policy Development (DPD) Committee which evaluates significance and potential impact of those announcements. This Committee issues new or revised clinical criteria or recommendations and creates documents supporting FDA decisions (e.g., new drug updates and position statements). ***We employ rapid communication on emergent therapeutic issues to alert prescribers and customers about significant patient-safety related issues (e.g., drug withdrawals, black box warnings, and Level I recalls).*** The DPD Committee, Drug Information Team, and the Quality Team monitor drug recalls. The Quality Team is responsible for disseminating drug recall information as soon as it is identified. A sample recall email is shown in *Figure MSQ30-1*. Our clinical staff will notify the State so that it can be prepared for changes in drug availability, recalls, and other abrupt changes in utilization and impact on the Project. As the PBA Contractor, MMA can provide reports listing the members receiving the recalled drug.



Figure MSQ30-1: Sample Recall Email (TRADE SECRET)

8.3.8 Public Relations: The Contractor shall, at the State's direction, perform field inquiries from State stakeholders regarding the pharmacy benefit and program statistics (e.g., Manufacturer/industry surveys, research inquiries, trade association surveys, Manufacturer coverage questions, legislative inquiries, etc.) and attend Provider regional and annual meetings.

At the State's direction, MMA's Education and Outreach Specialist/Formulary Analyst, supported by appropriate internal functional areas, will field inquiries from State stakeholders regarding the pharmacy benefit and program statistics (e.g., manufacturer/industry surveys, research inquiries, trade association surveys, manufacturer coverage questions, legislative inquiries, etc.) and attend provider regional and annual meetings. We use a variety of methods for distribution and collection of questionnaires for our survey administrations. These methods include postal mail, email, fax, telephone, IVR, and online (website or URL address). MMA also uses a vendor to translate materials as appropriate based on the population served and in accordance with State regulations. Telephone interviews or follow-up efforts are conducted using a third-party vendor. Face-to-face survey distributions and/or interviews are arranged via stakeholders, staff, partner consumer groups or vendors as needed. Survey distribution methods are tailored to the population being surveyed and the least intrusive but still effective method for contacting the targeted population.

MSQ30.1 – Communication Examples (TRADE SECRET)

MMA will provide pharmacy providers, stakeholders, members, and pharmacy software vendors with any and all information regarding the Medicaid Pharmacy Program and PBA Services Contract as required by the State. Our communication materials will include an announcement of the Contract, BINs, PCNs, customer services numbers, Plan contact information, policies and procedures, billing tips, and changes in Program administration. We have provided 10 examples of materials historically used to accomplish stakeholder communications, including:

- Pharmacy Provider Program Announcement **(TRADE SECRET)**
- Switch Notice Vendor Connectivity and Validation Testing Notice **(TRADE SECRET)**
- Payer Specification Document **(TRADE SECRET)**
- Diabetic Supply Update Memo **(TRADE SECRET)**
- SMAC Price Research Request Form **(TRADE SECRET)**
- Provider Web Portal Subscription Services Sign-up **(TRADE SECRET)**
- Member Welcome Letter **(TRADE SECRET)**
- Member Lock-in Warning Letter **(TRADE SECRET)**
- Member Web Portal Registration Job Aid **(TRADE SECRET)**
- Prior Authorization Denial Letter. **(TRADE SECRET)**

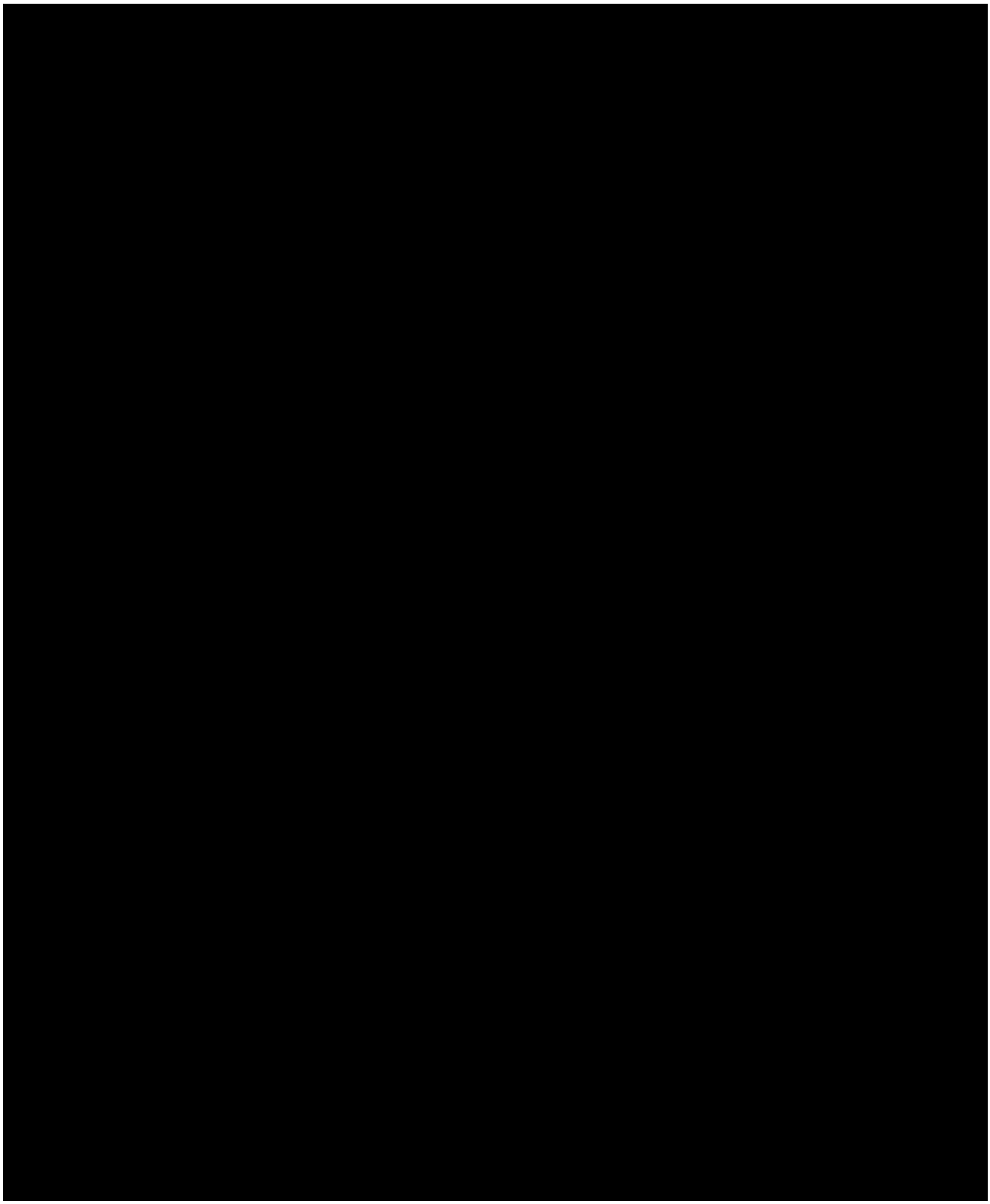


Figure MSQ30.1-1: Sample Pharmacy Provider Program Announcement (page 1) (TRADE SECRET)

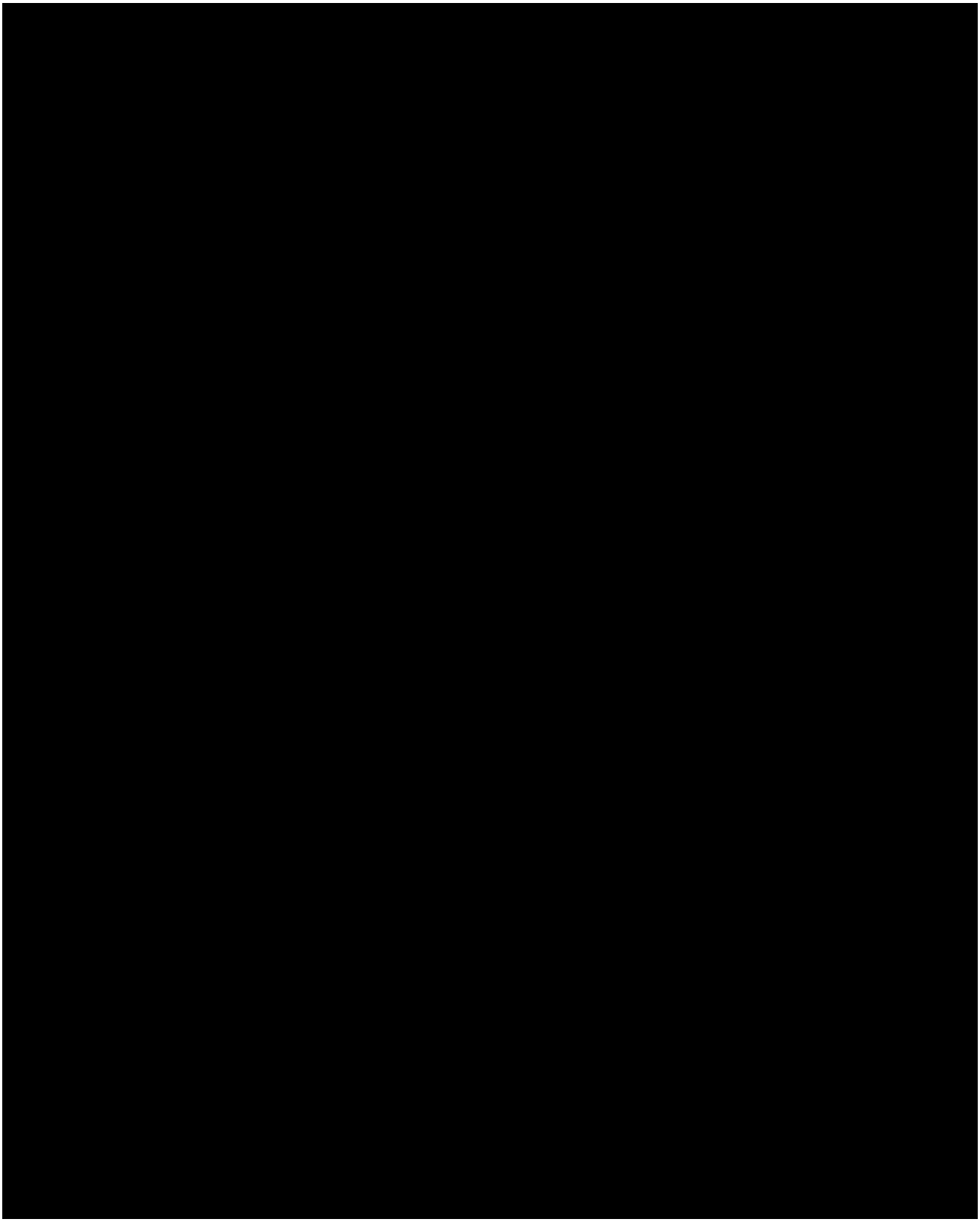


Figure MSQ30.1-1: Sample Pharmacy Provider Program Announcement (page 2) (TRADE SECRET)

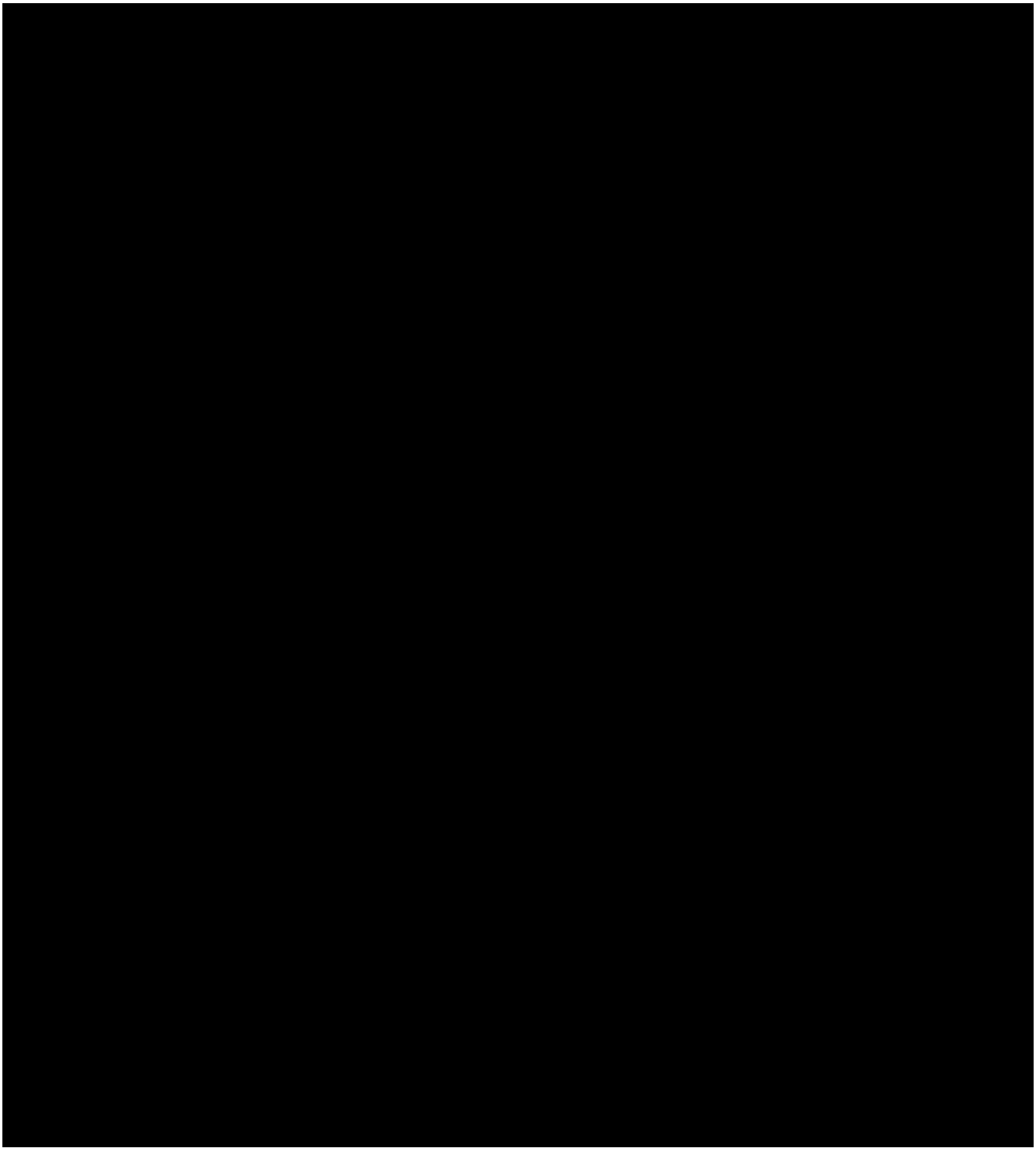


Figure MSQ30.1-2: Sample Switch Notice Vendor Connectivity and Validation Testing Notice (TRADE SECRET)



Figure MSQ30.1-3: Sample Payer Specification Document (Page 1) (TRADE SECRET)

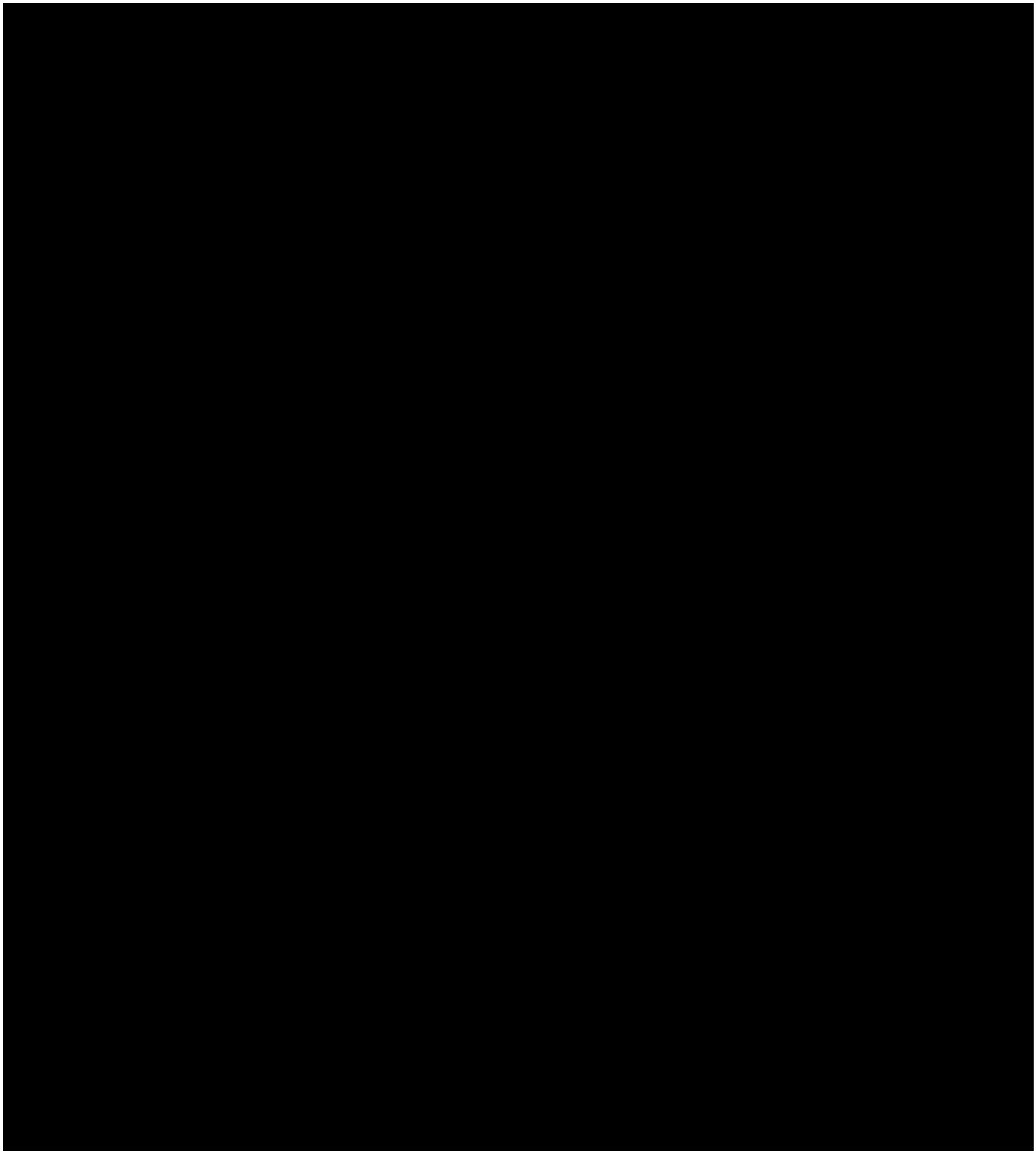


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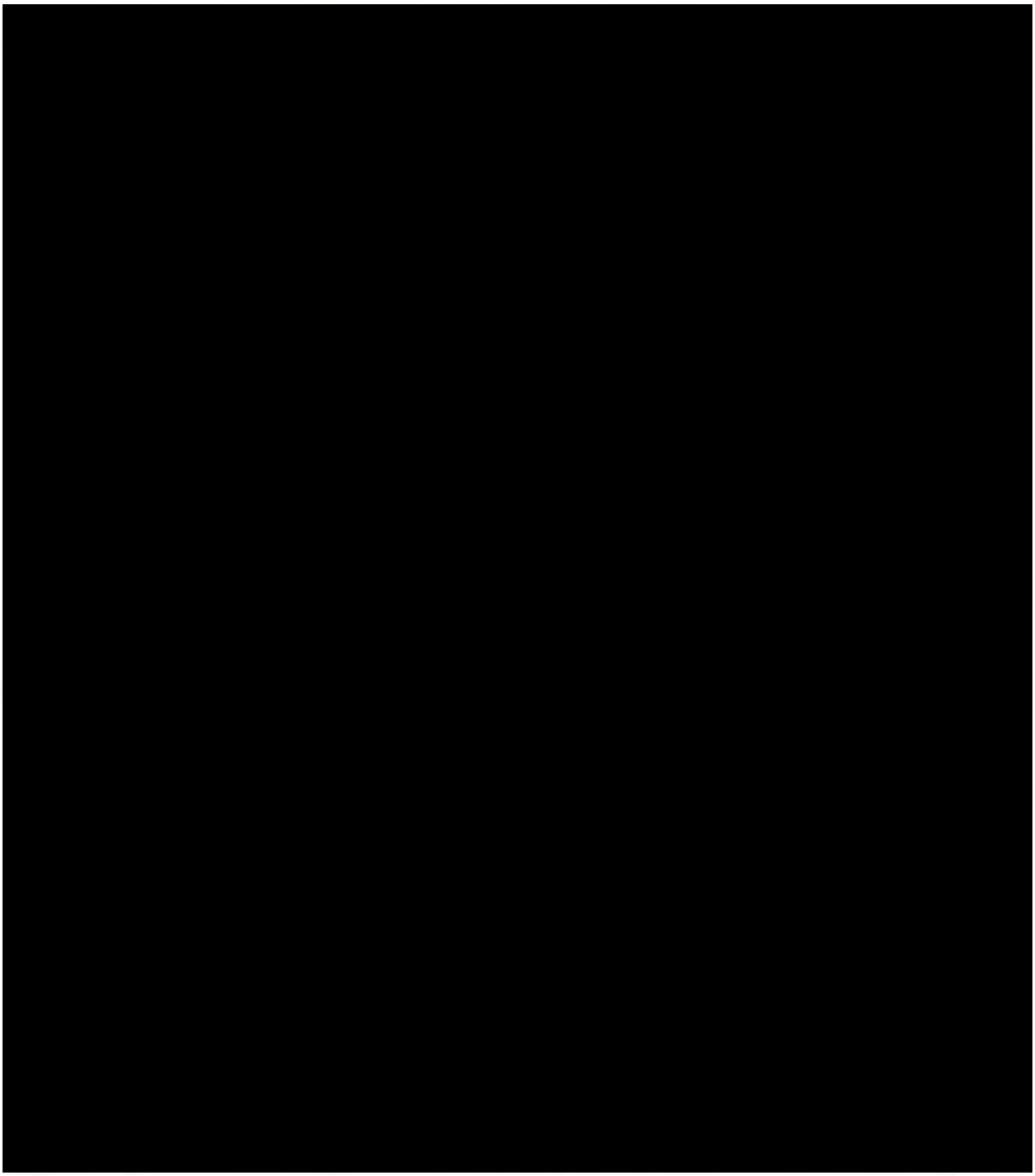


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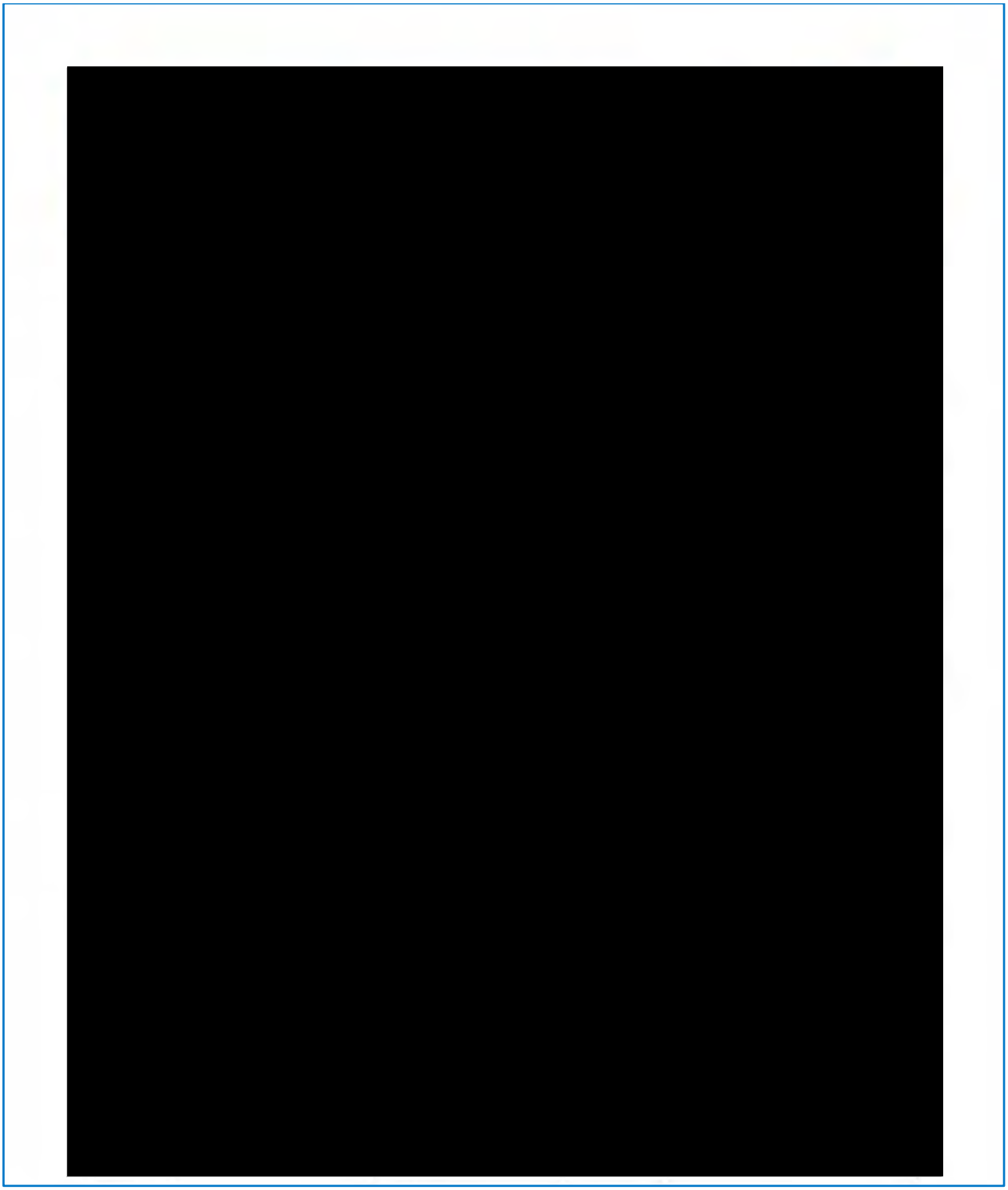


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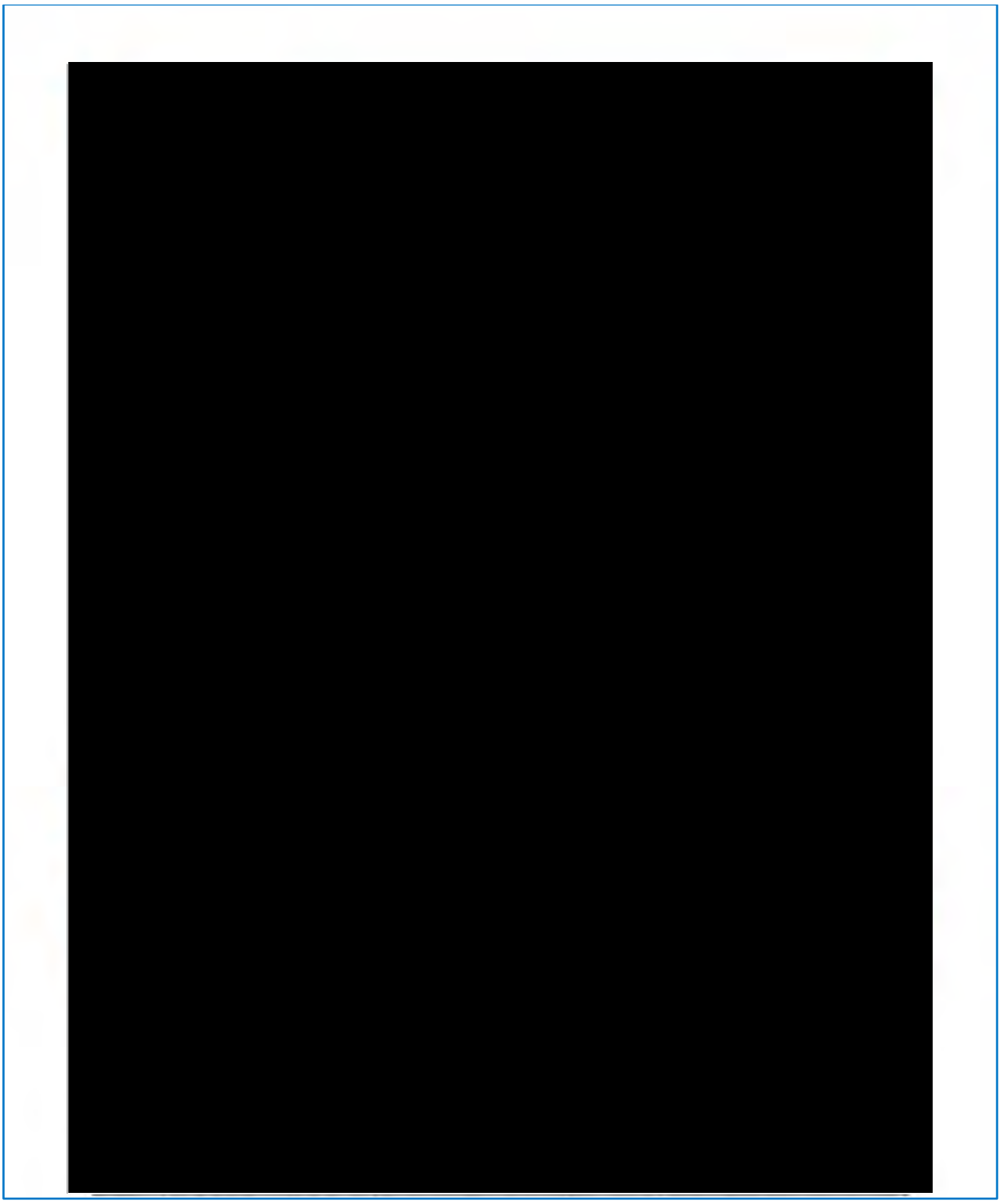


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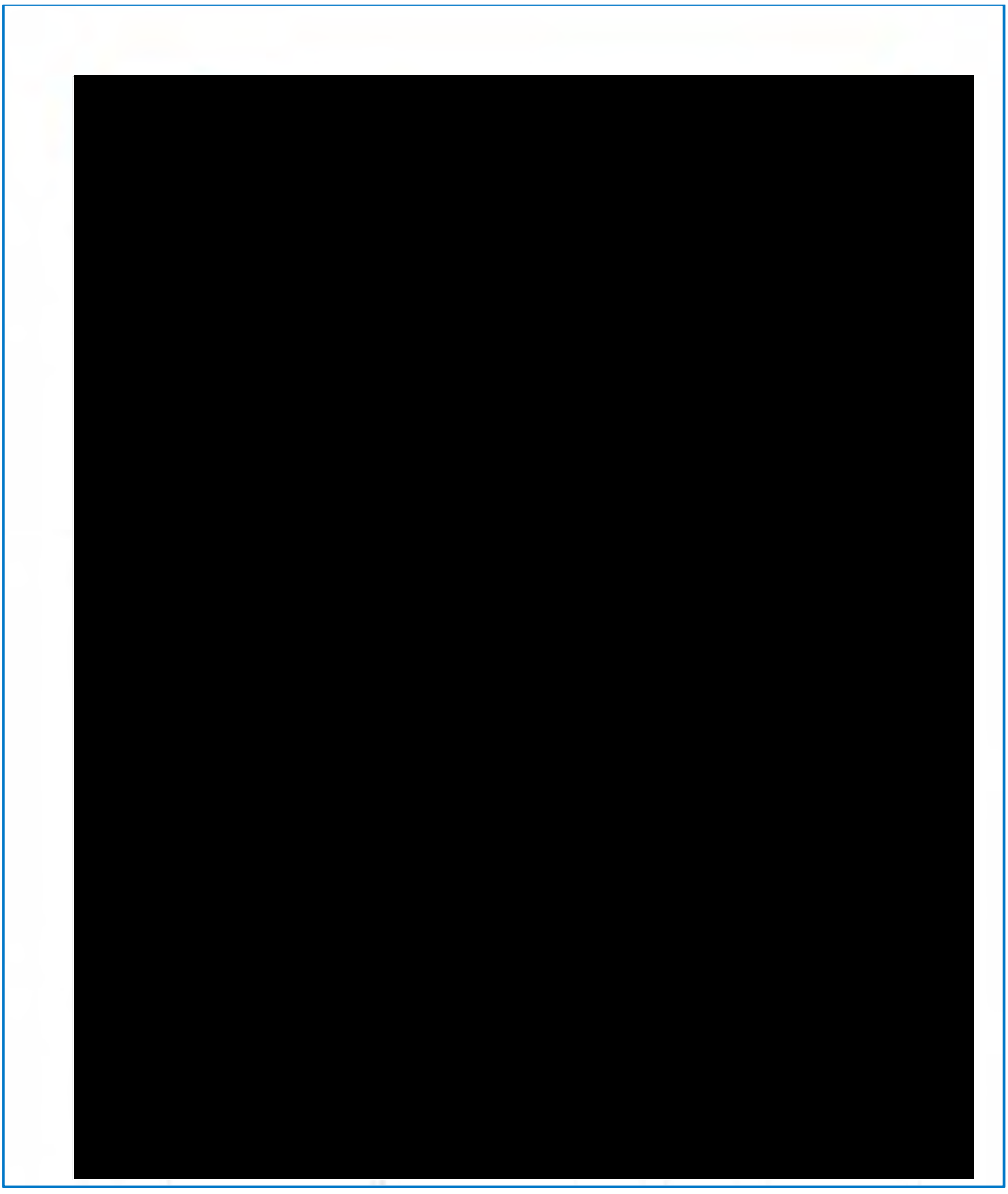


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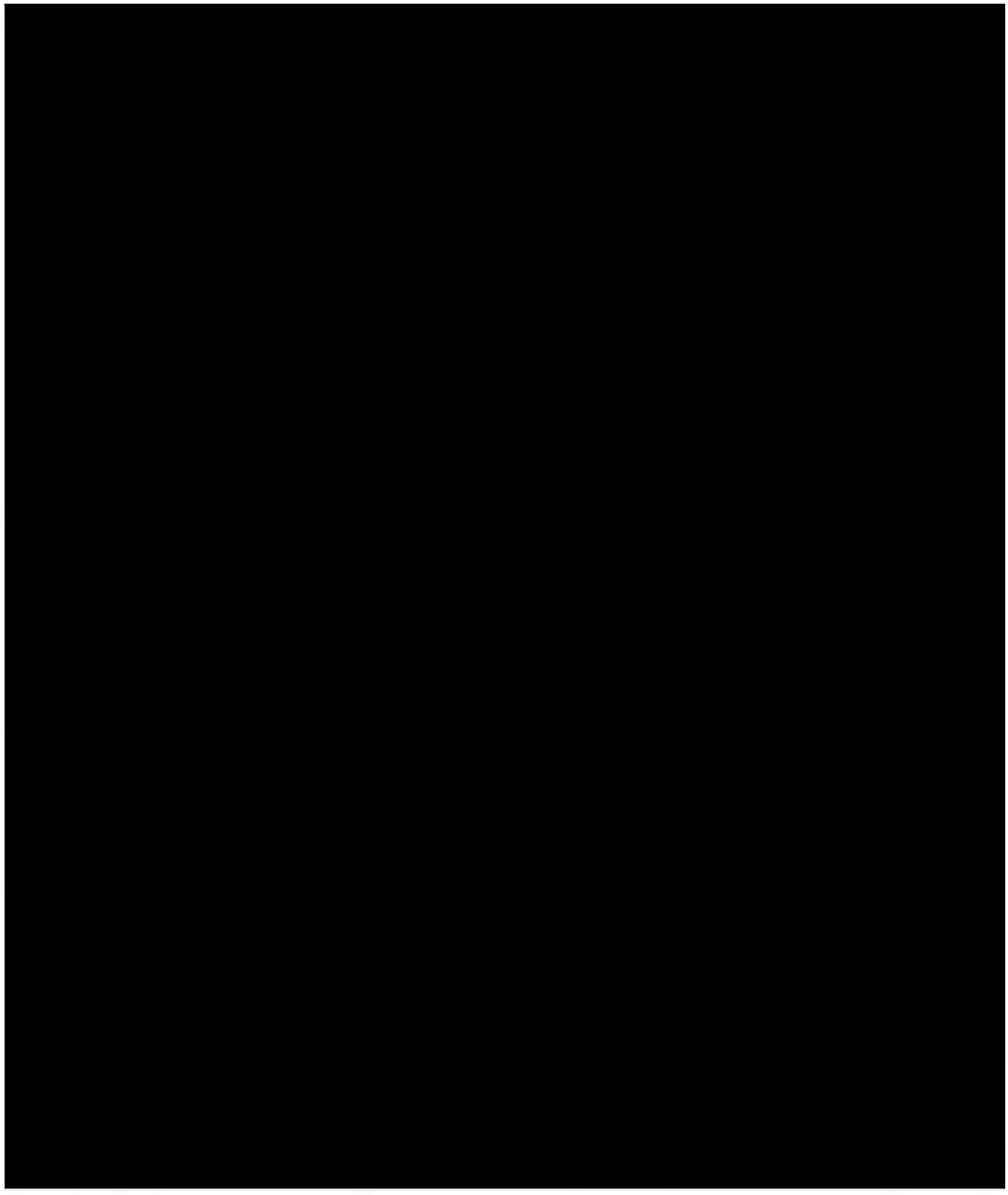


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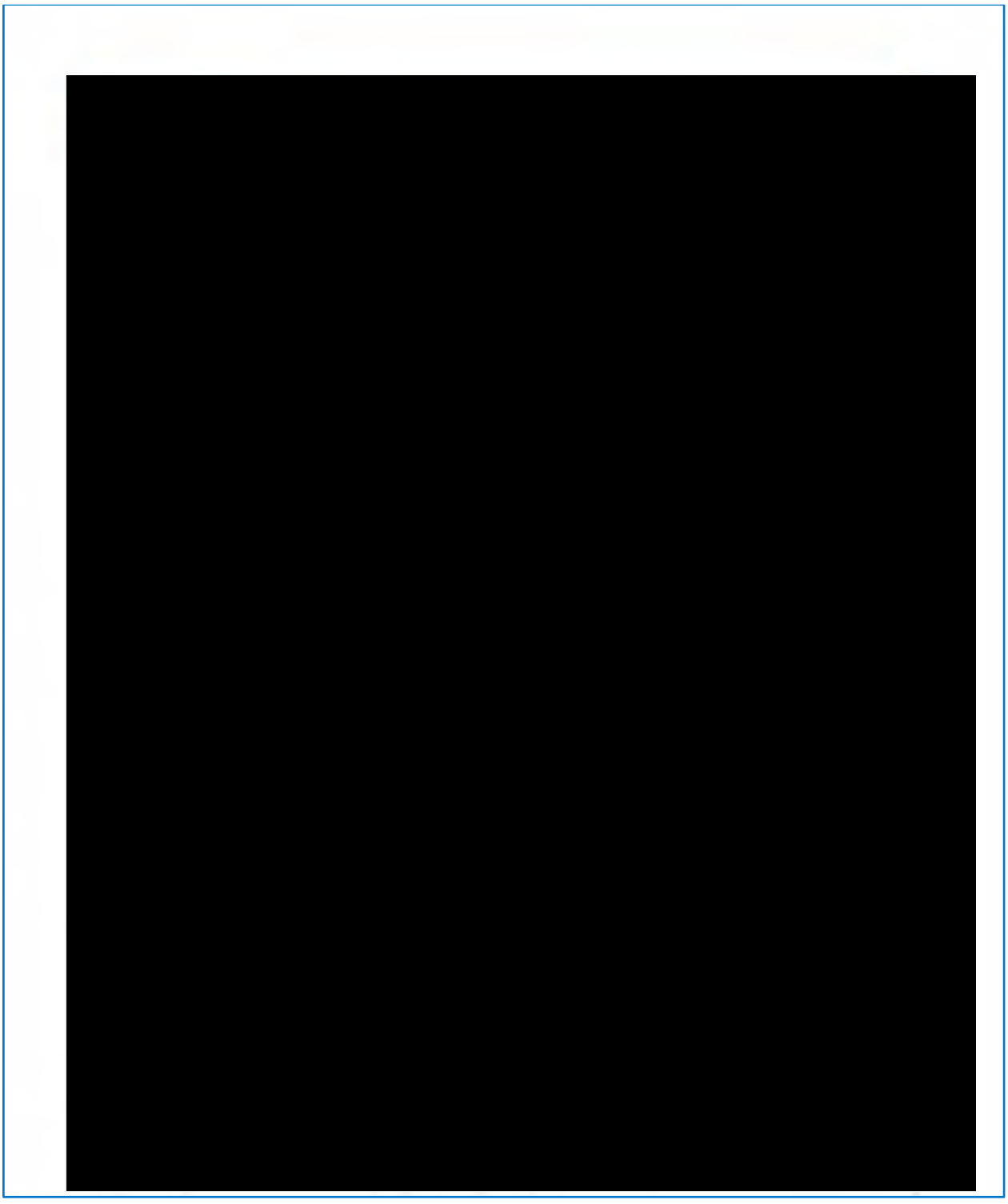


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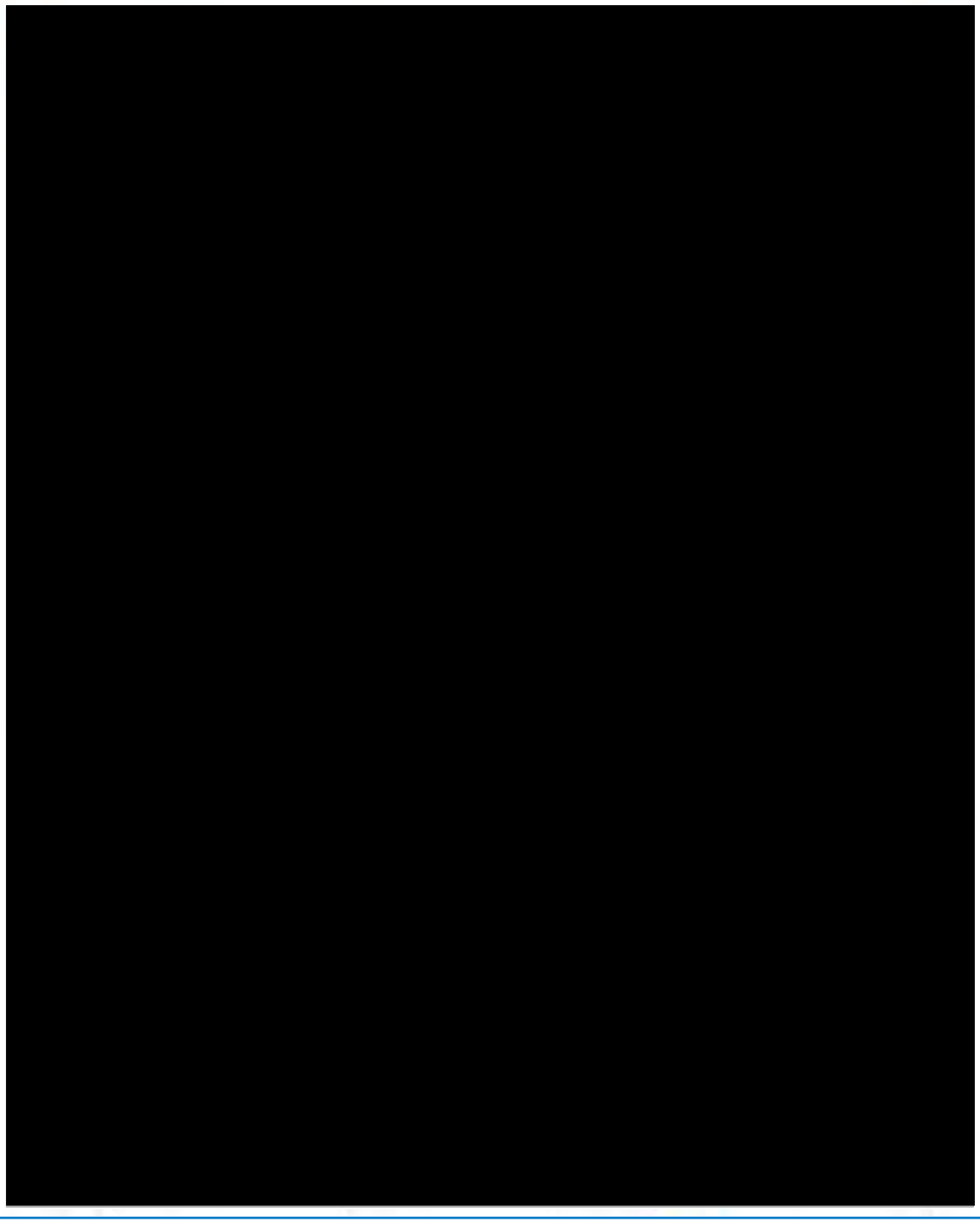


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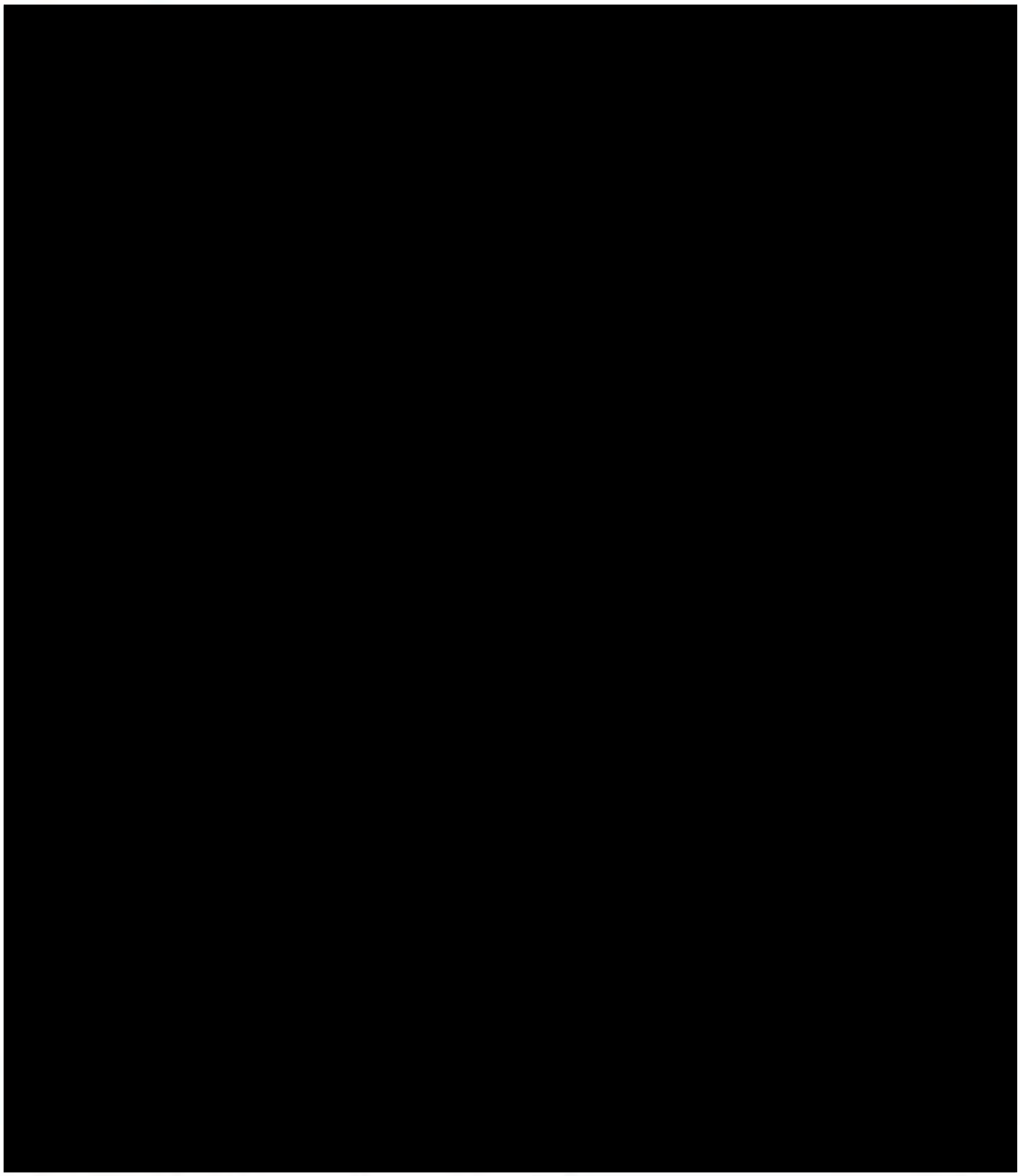


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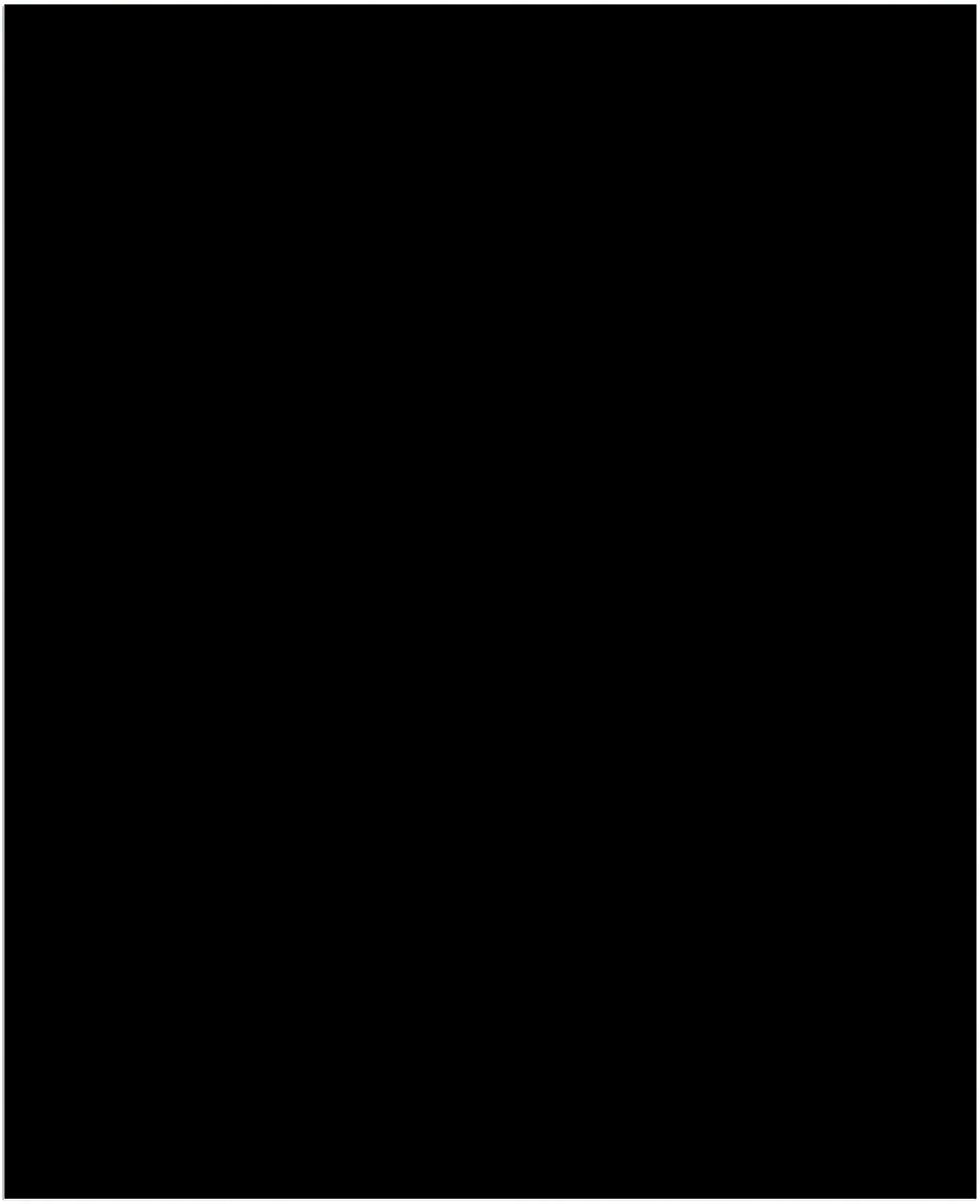


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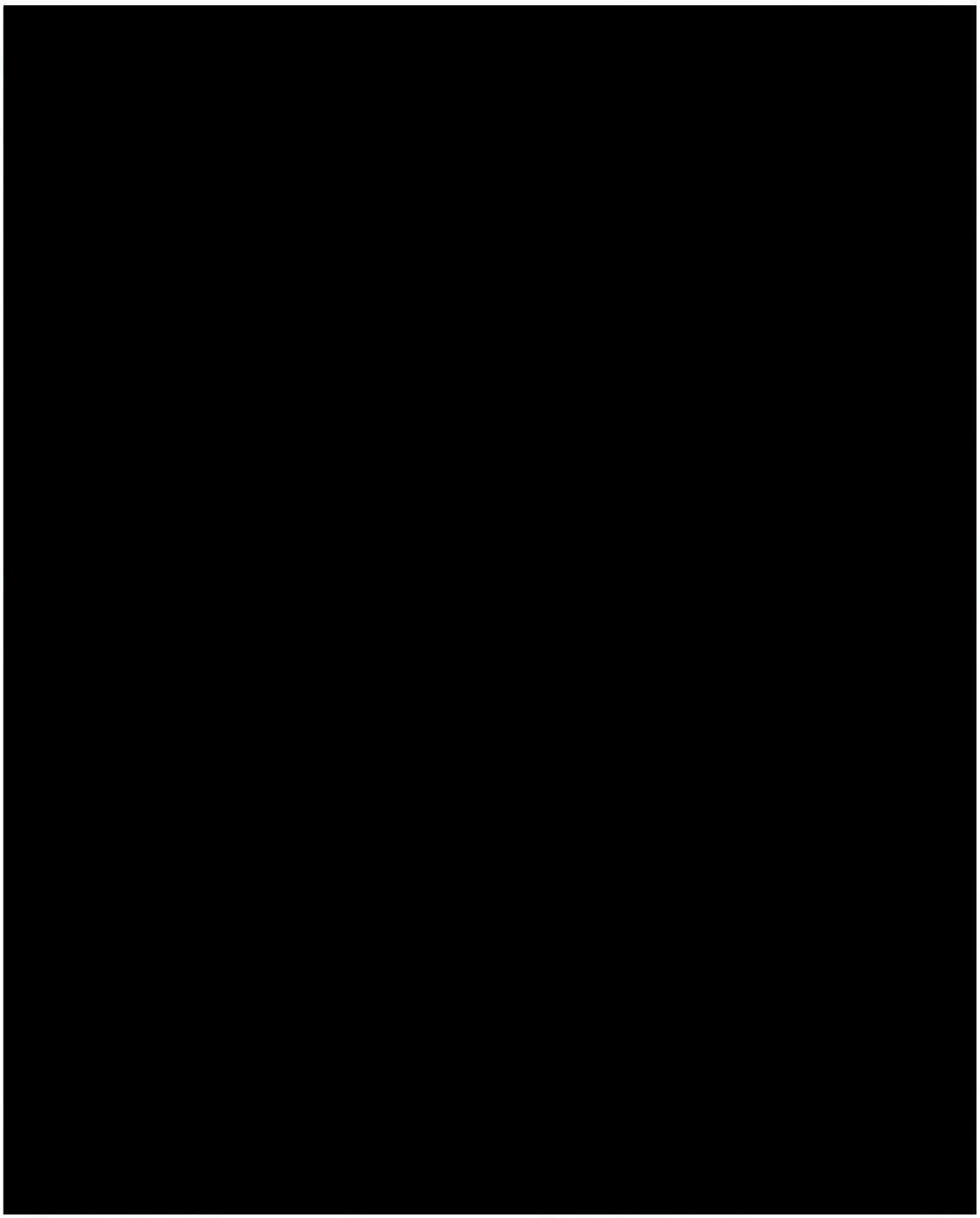


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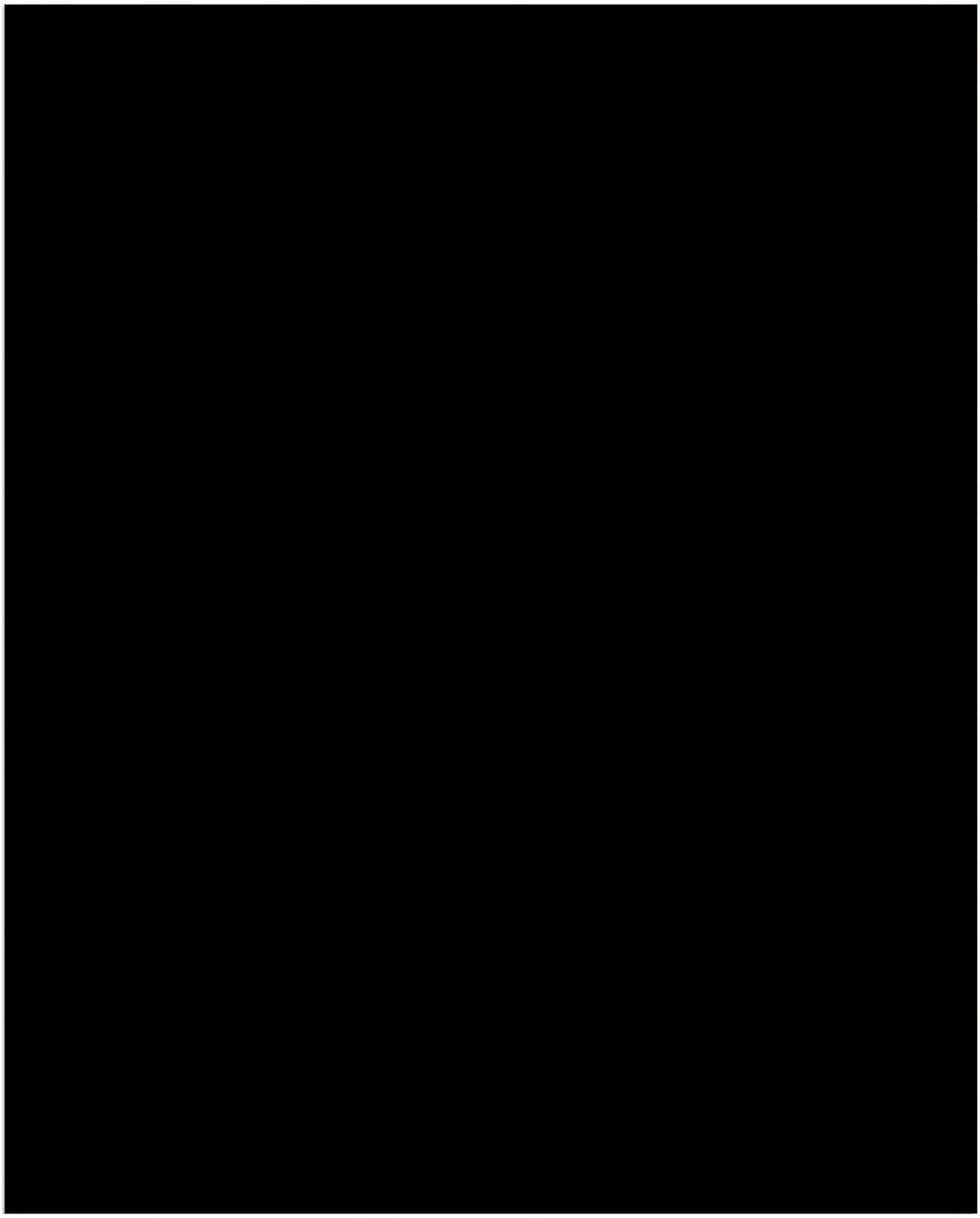


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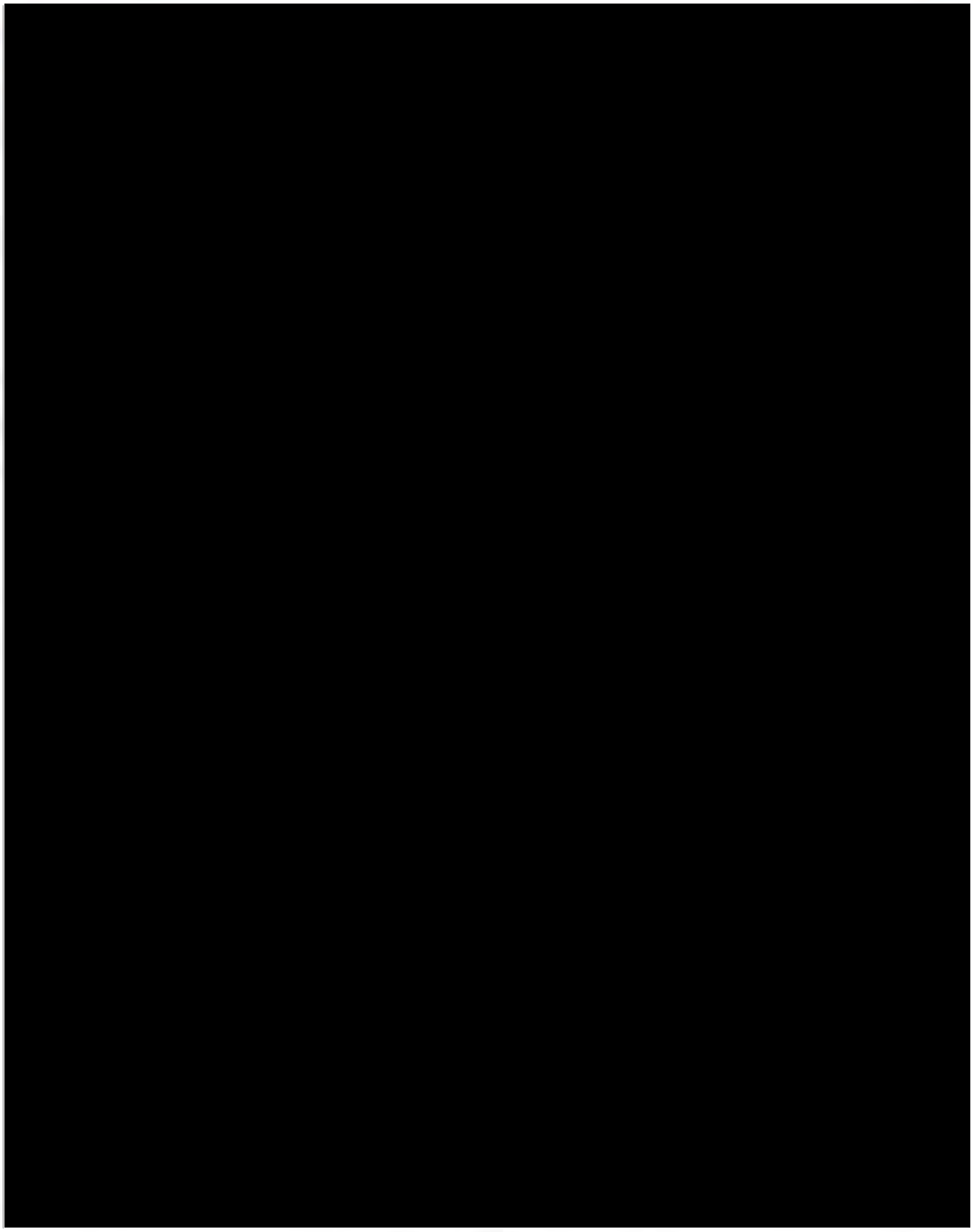


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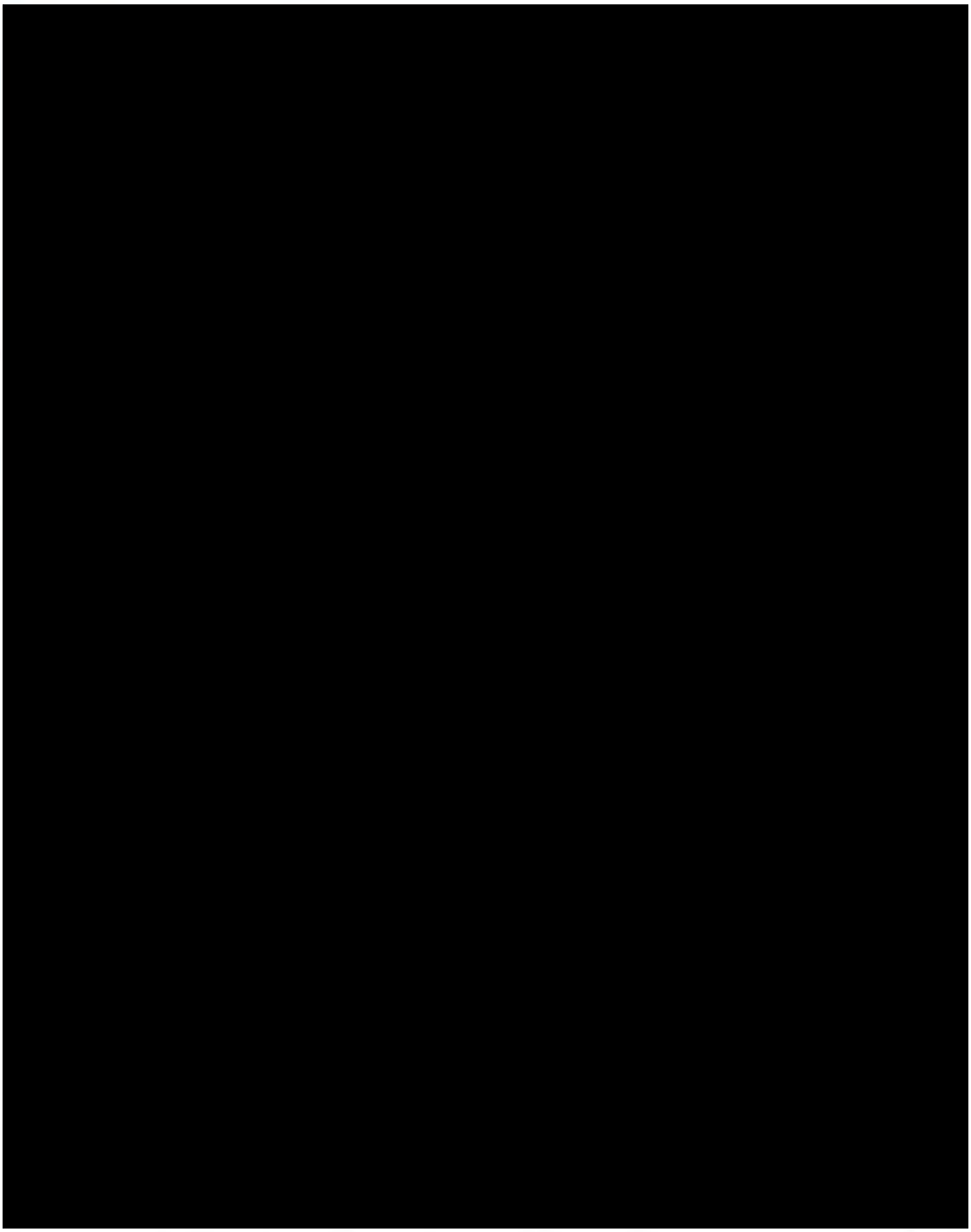


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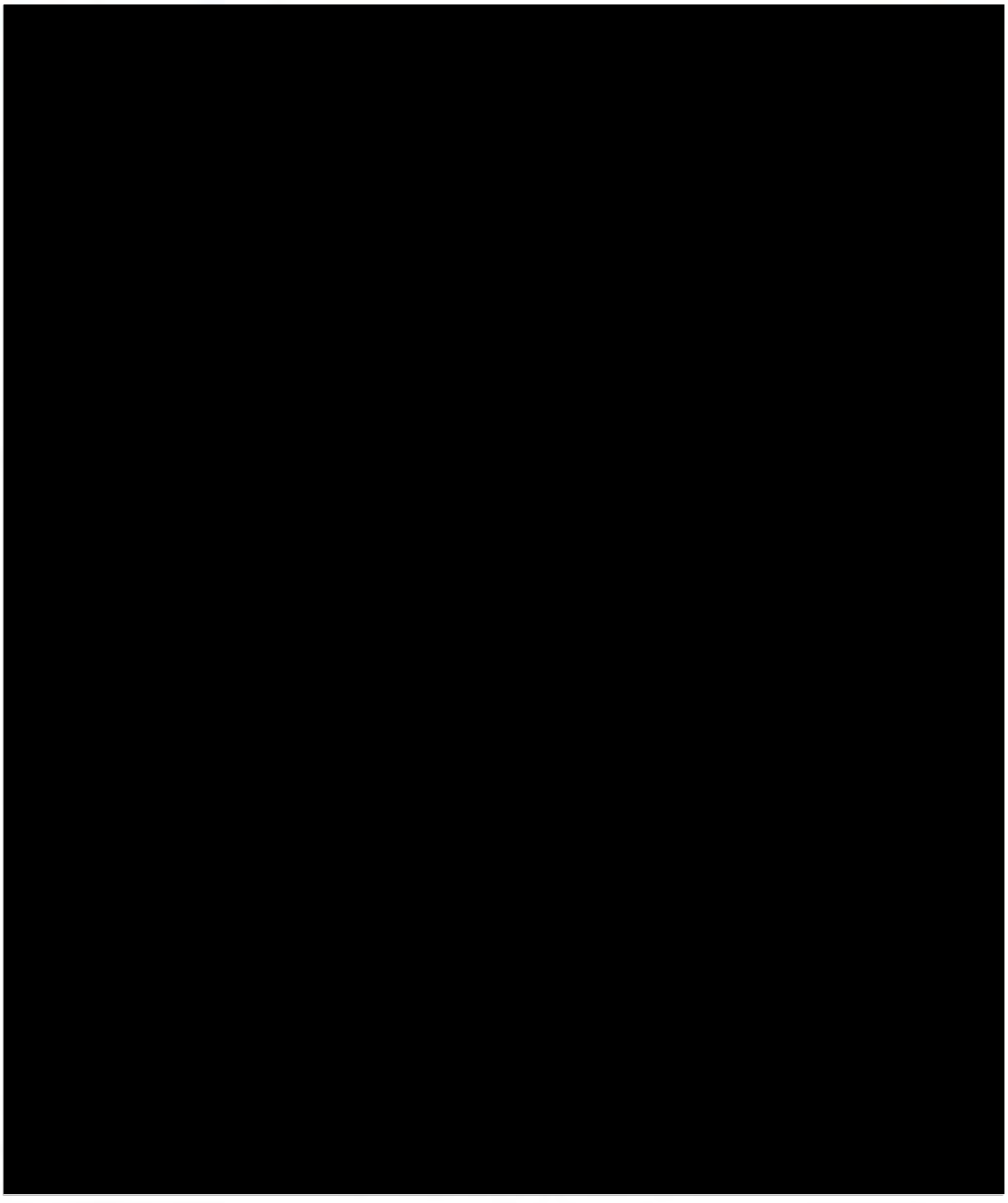


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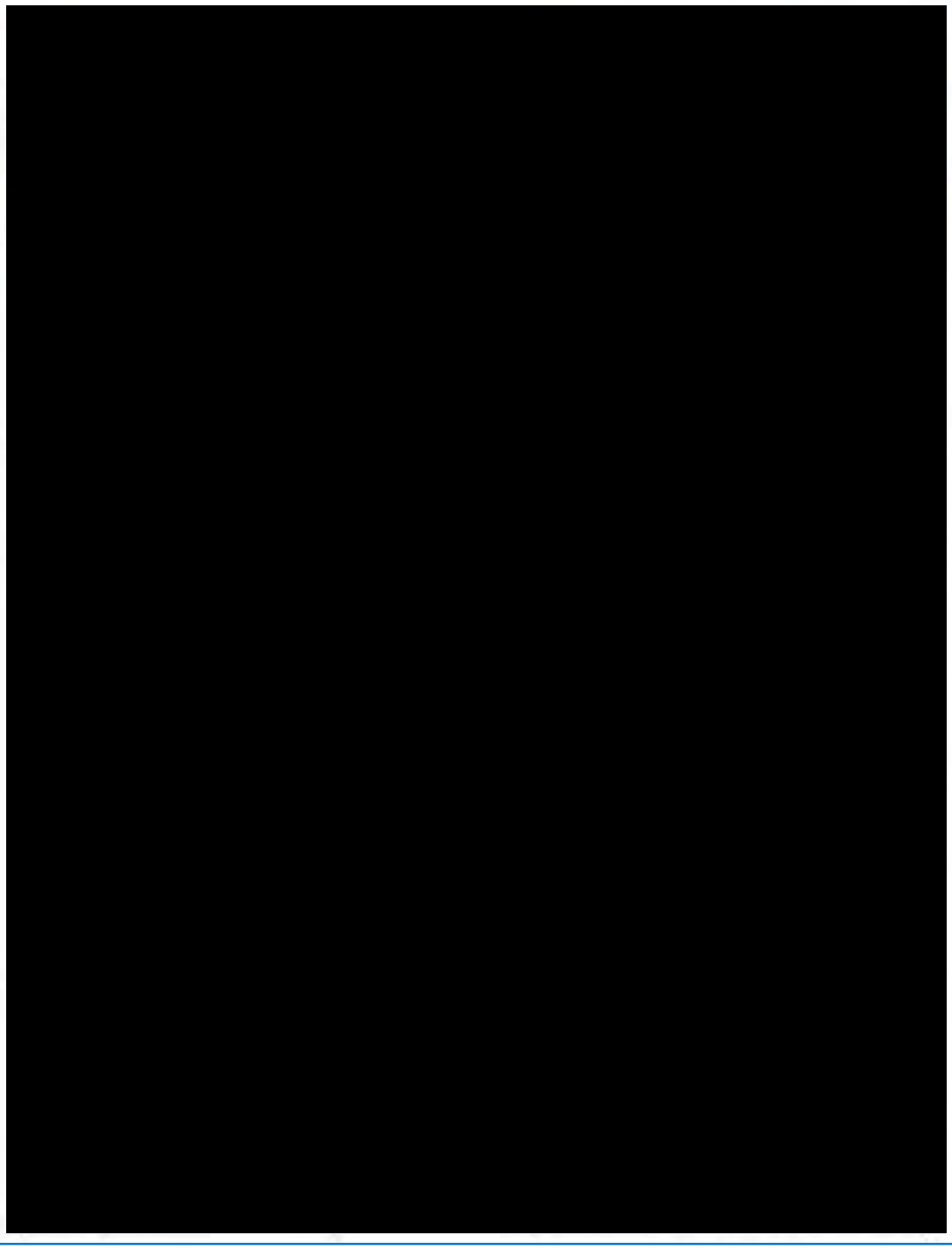


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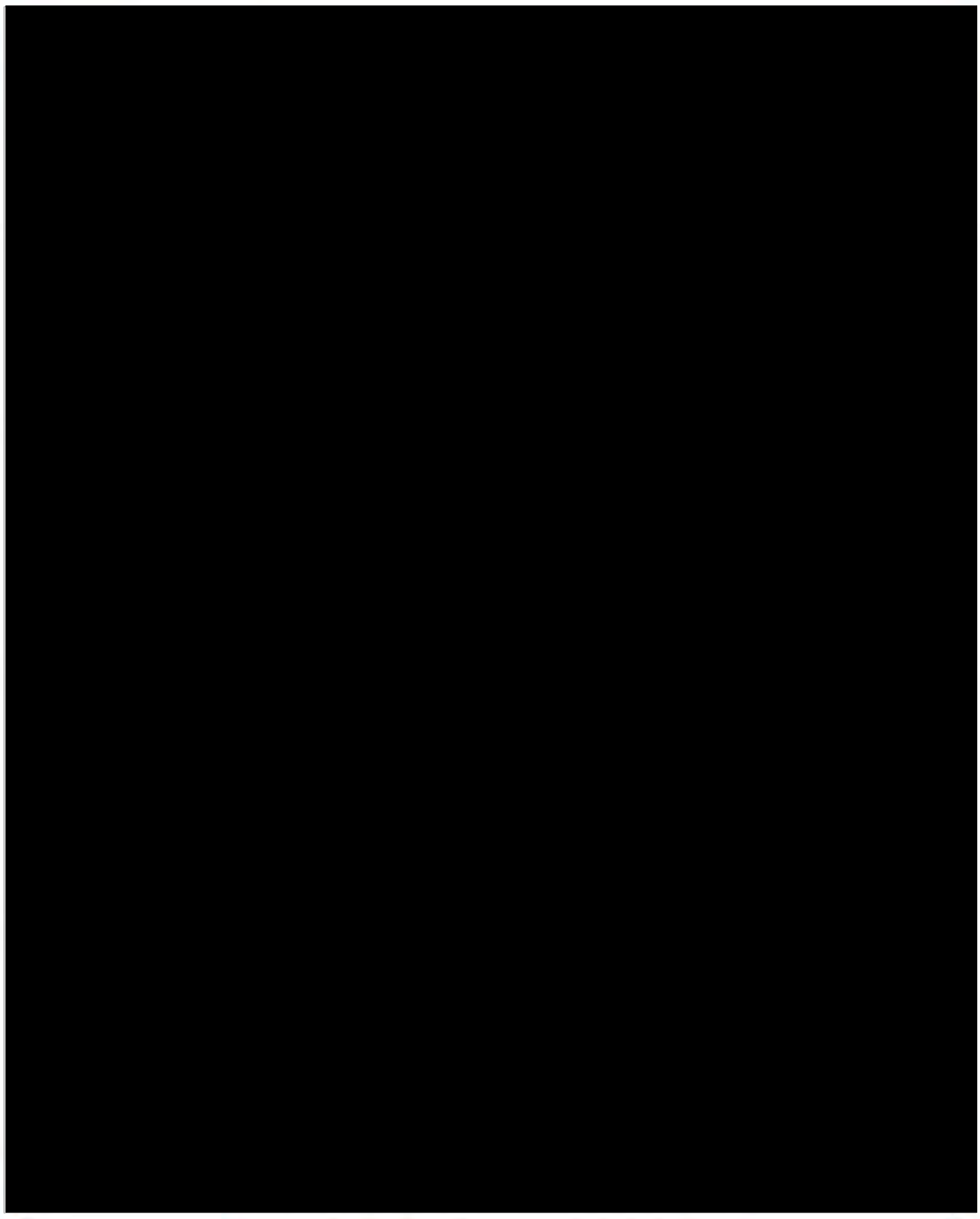


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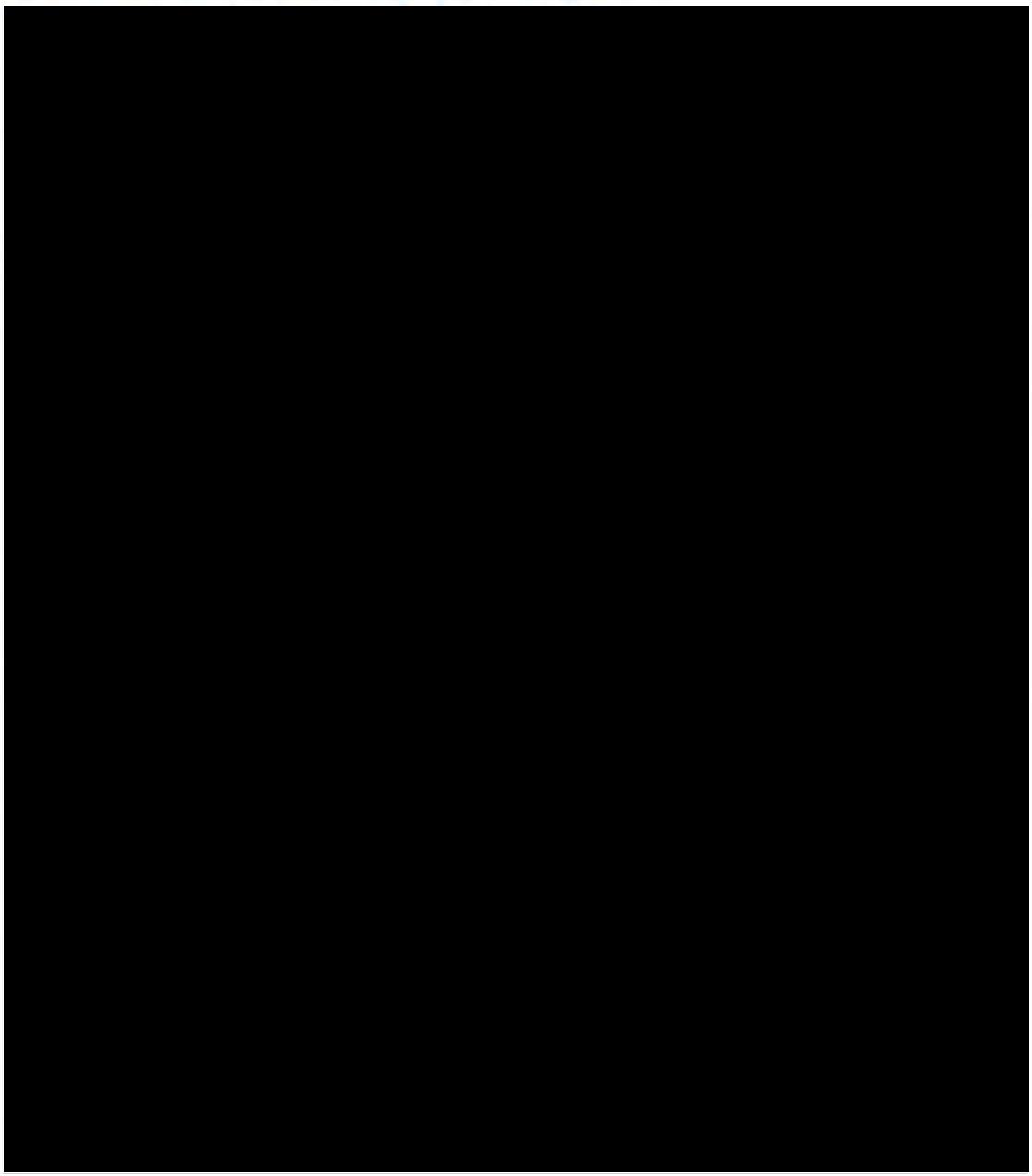


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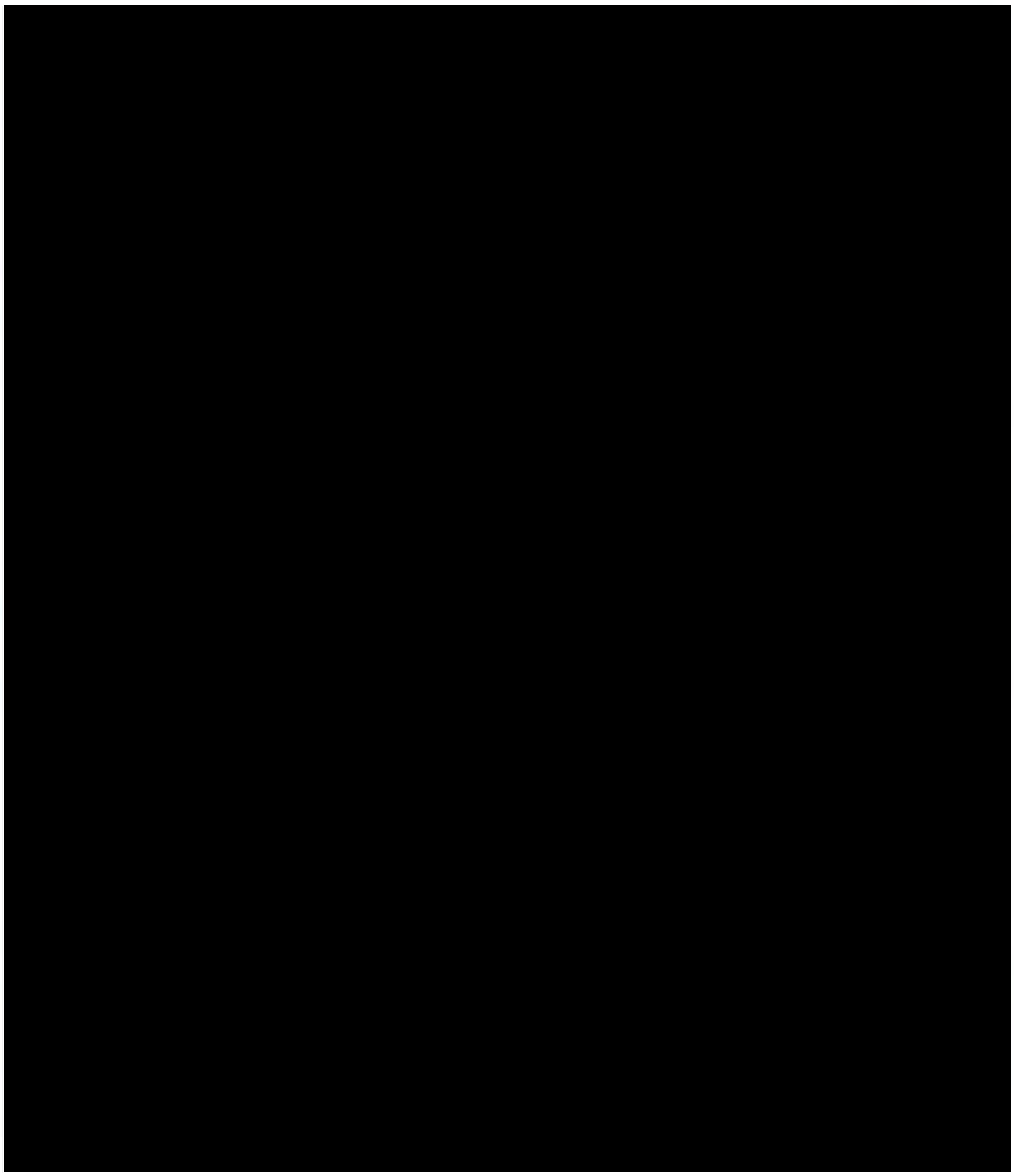


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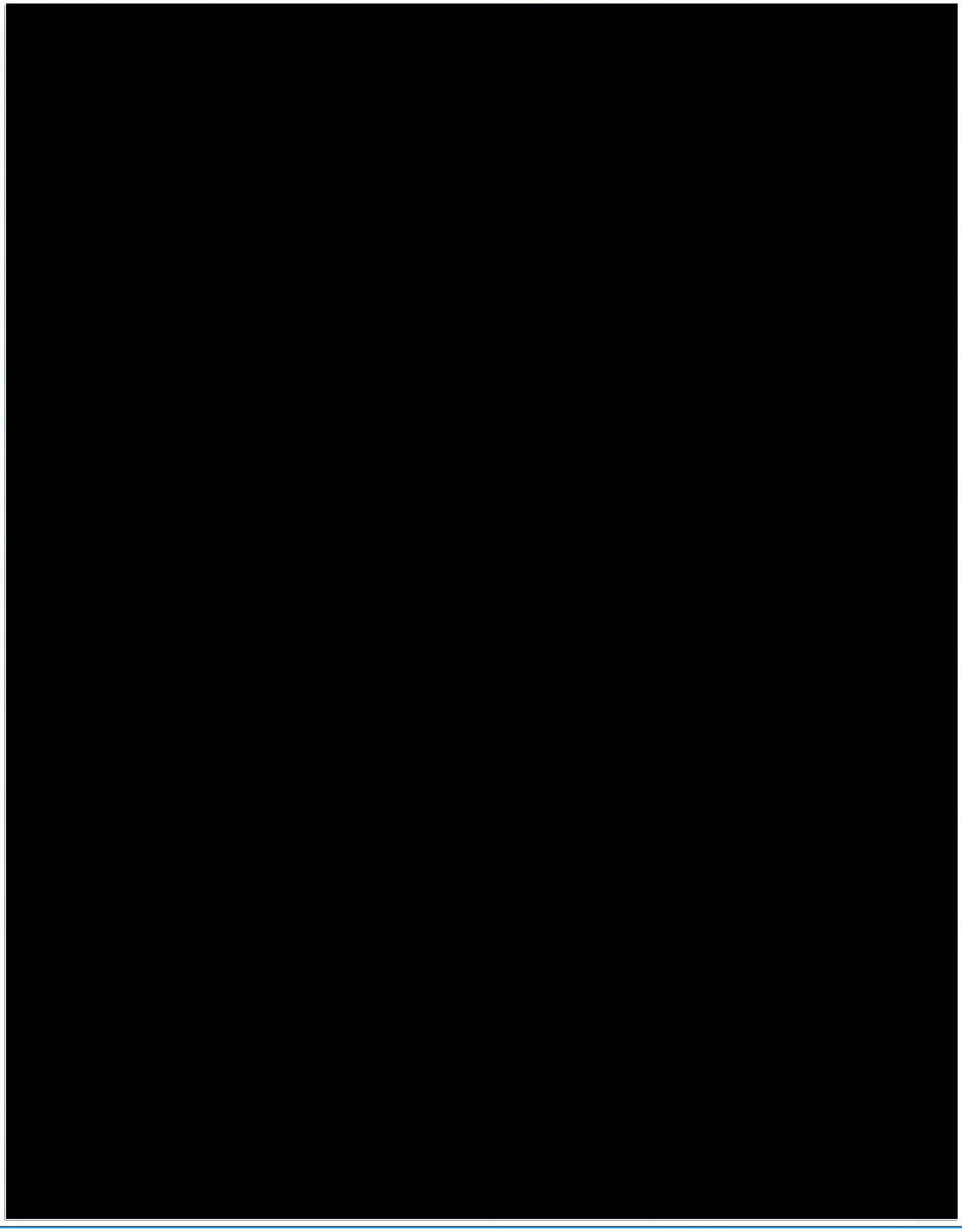


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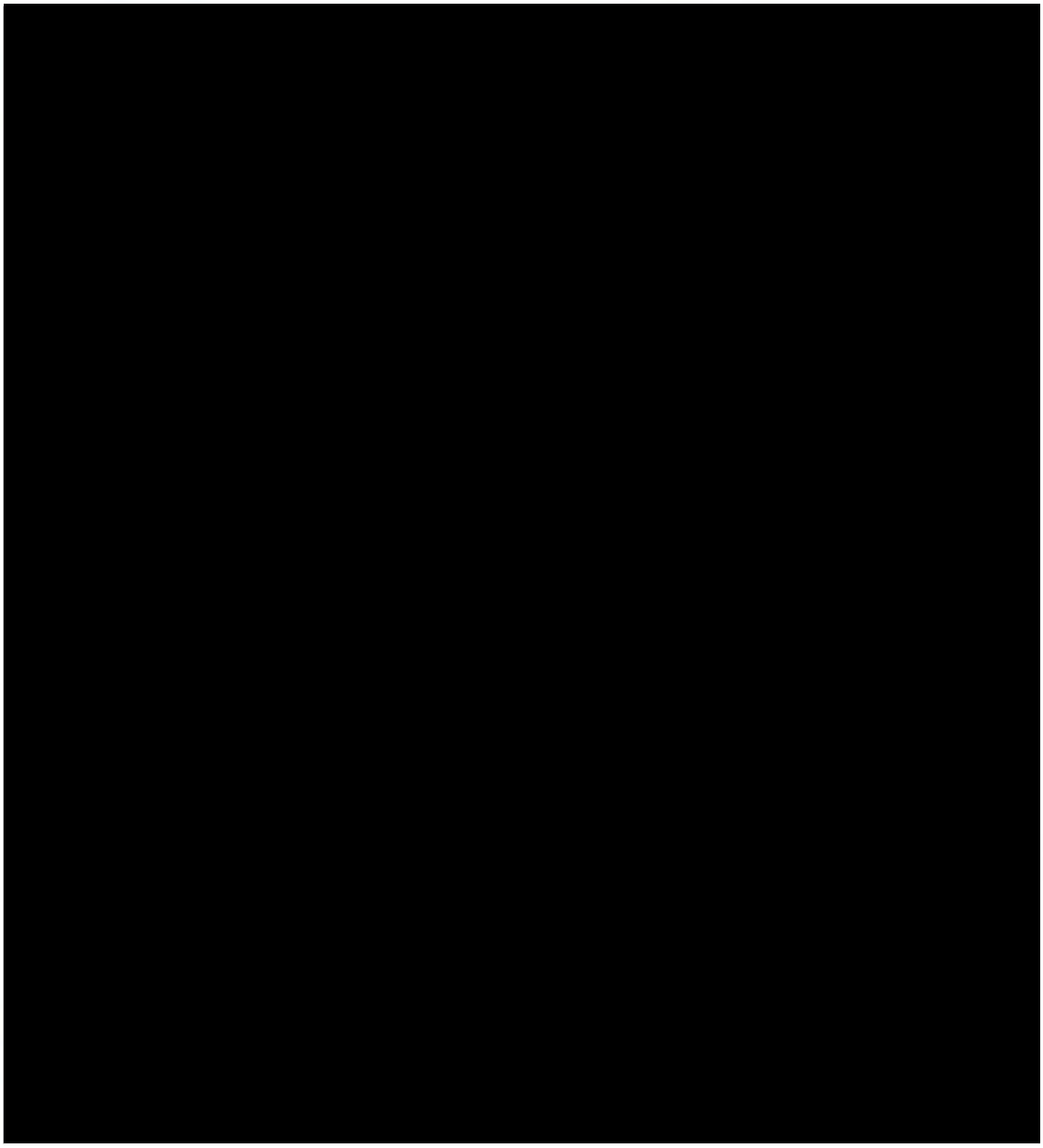


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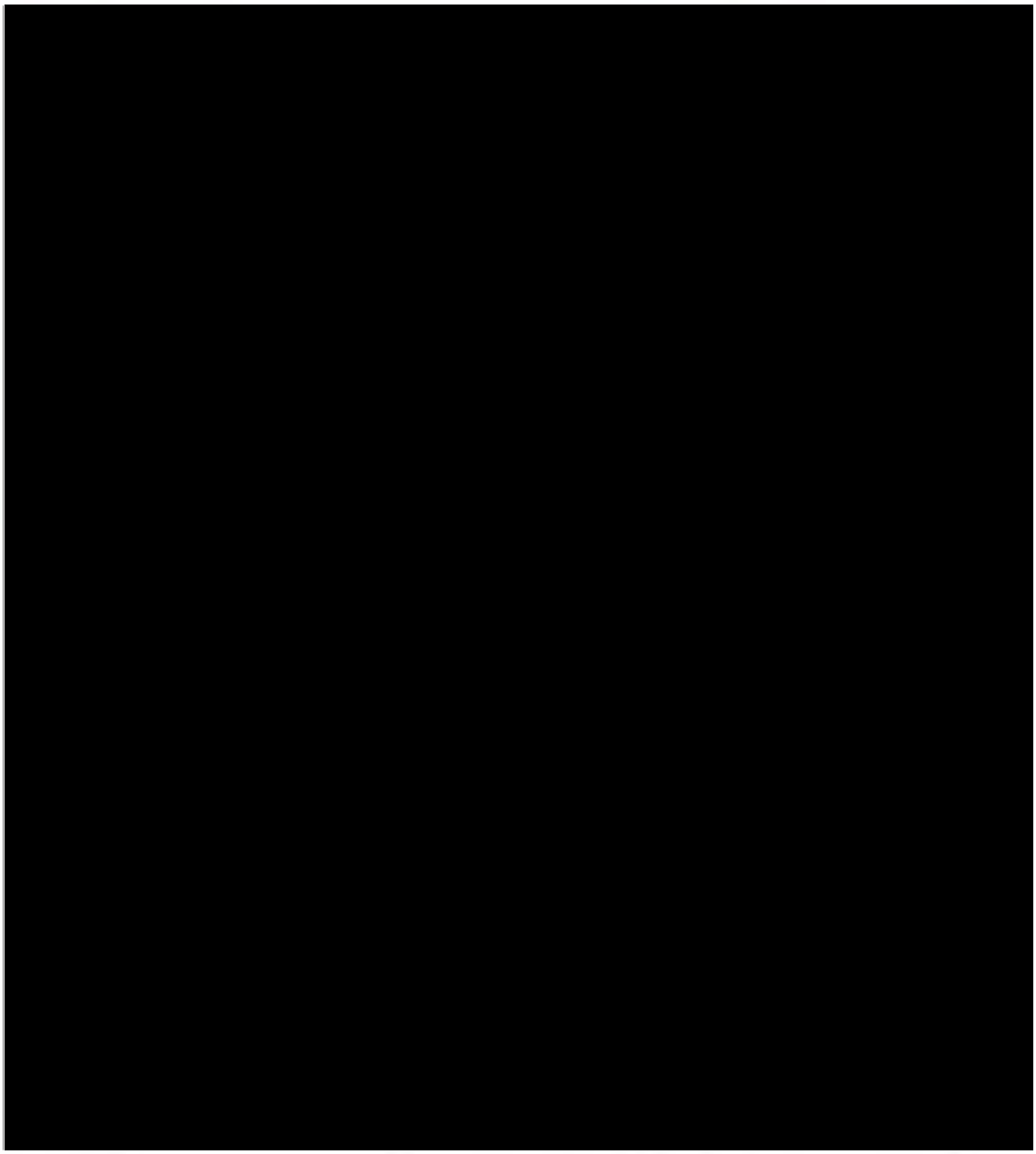


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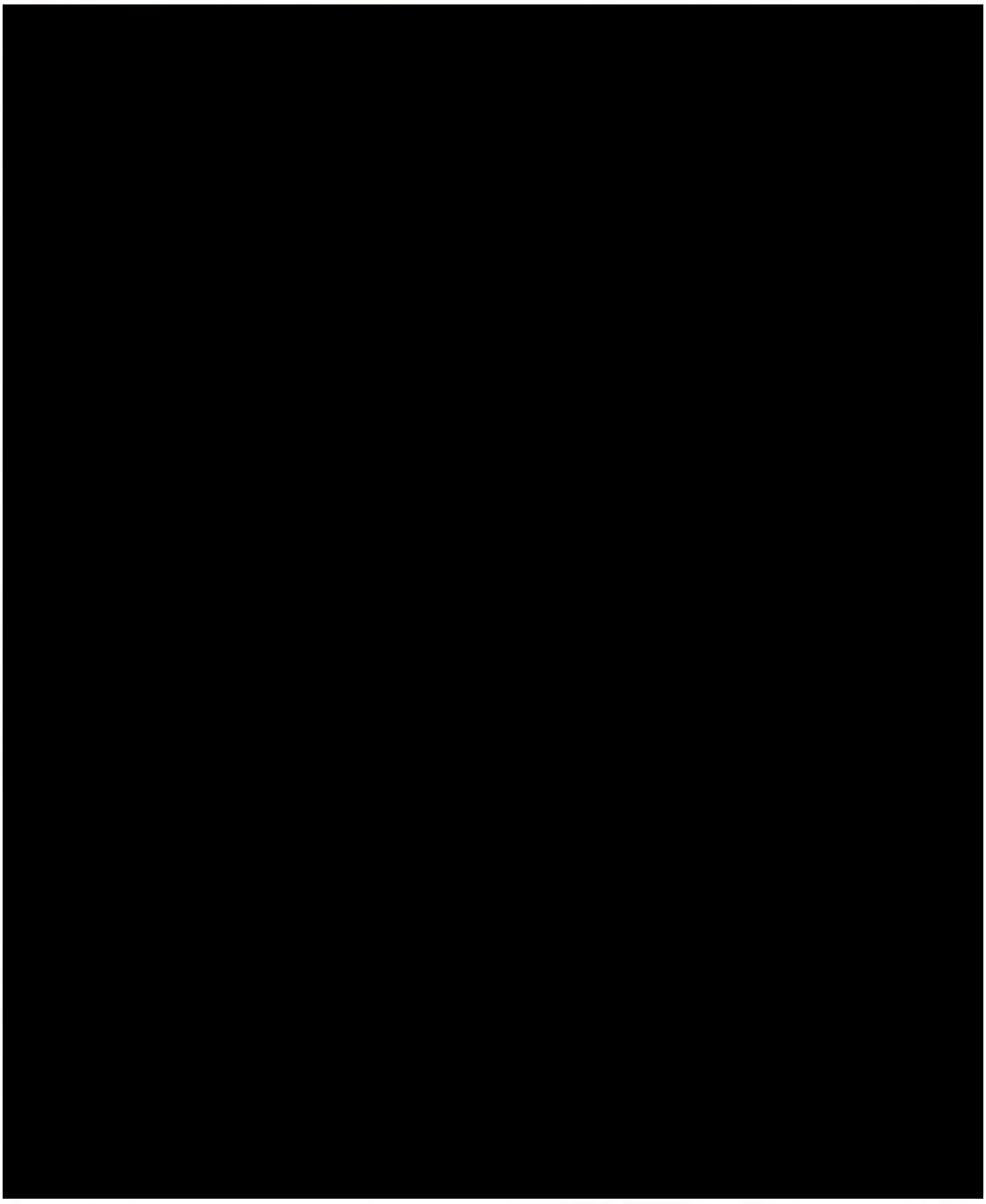


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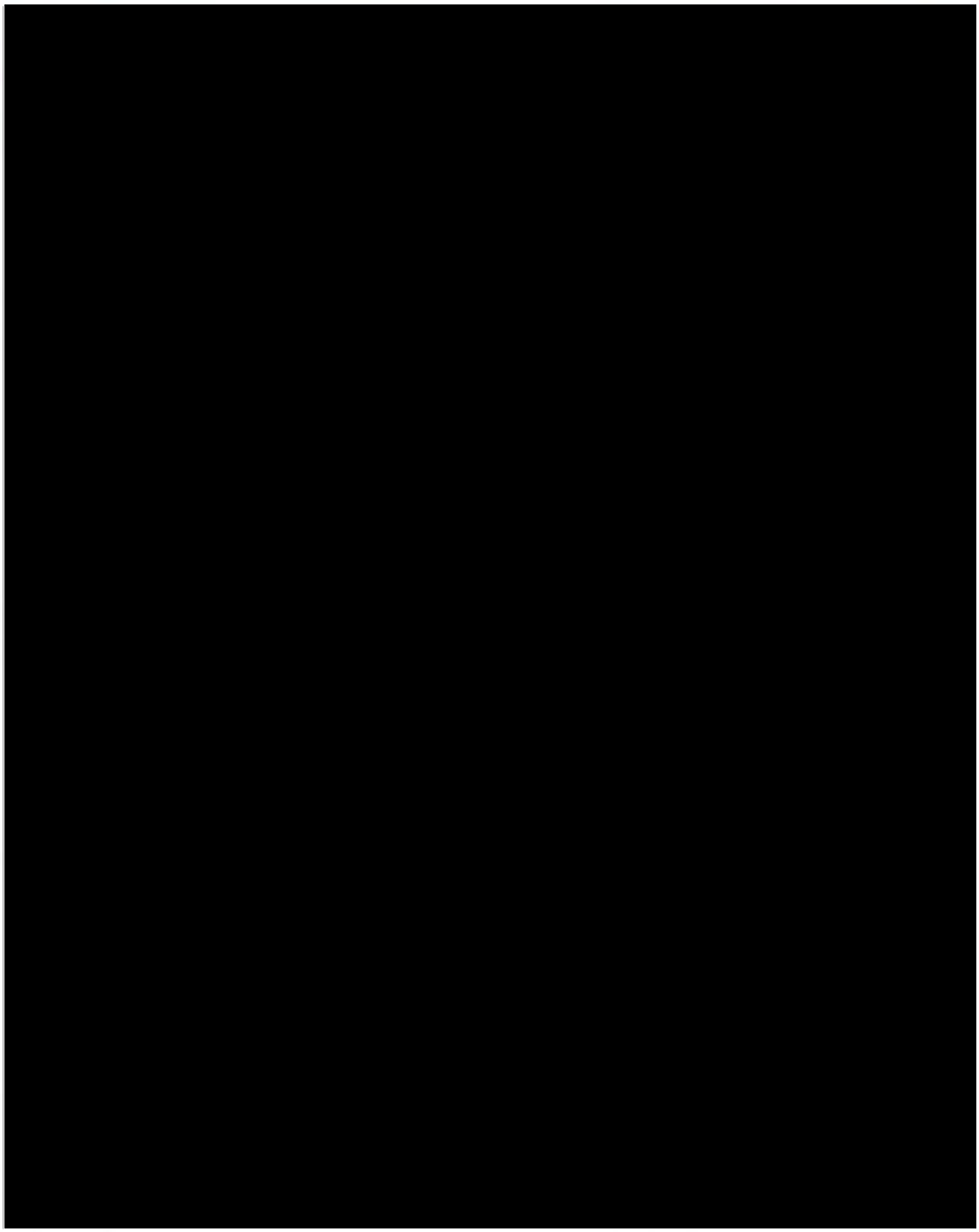


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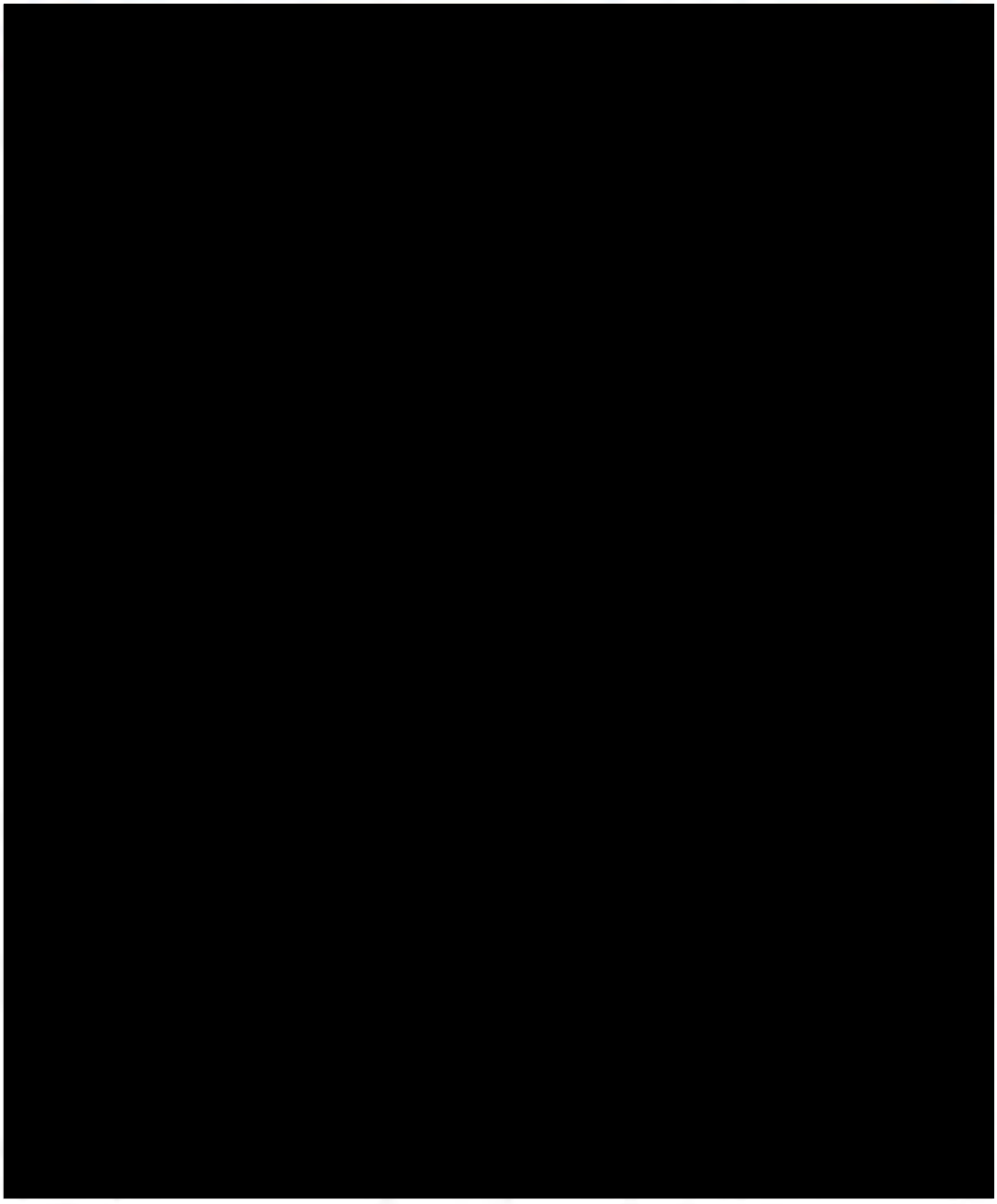


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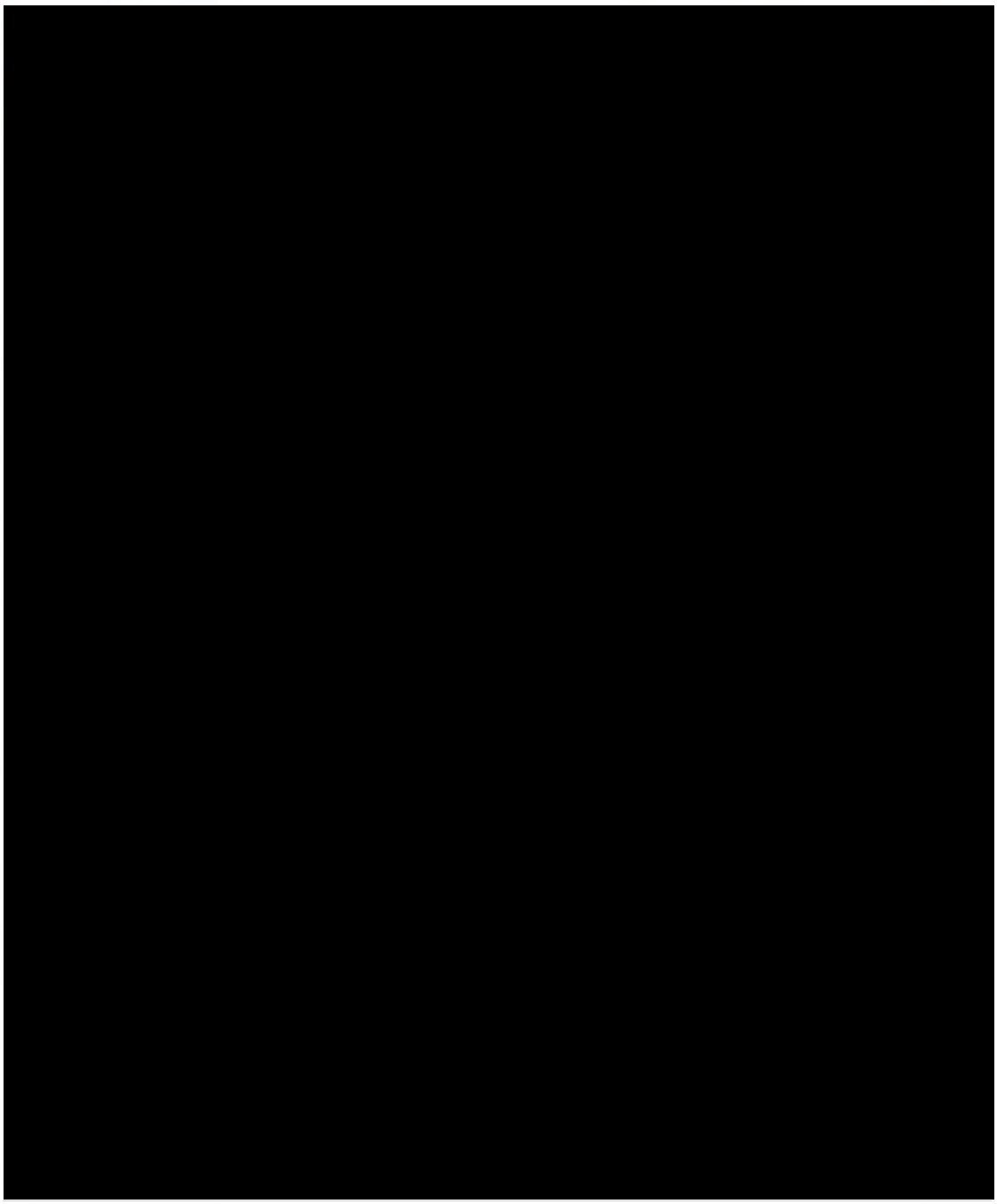


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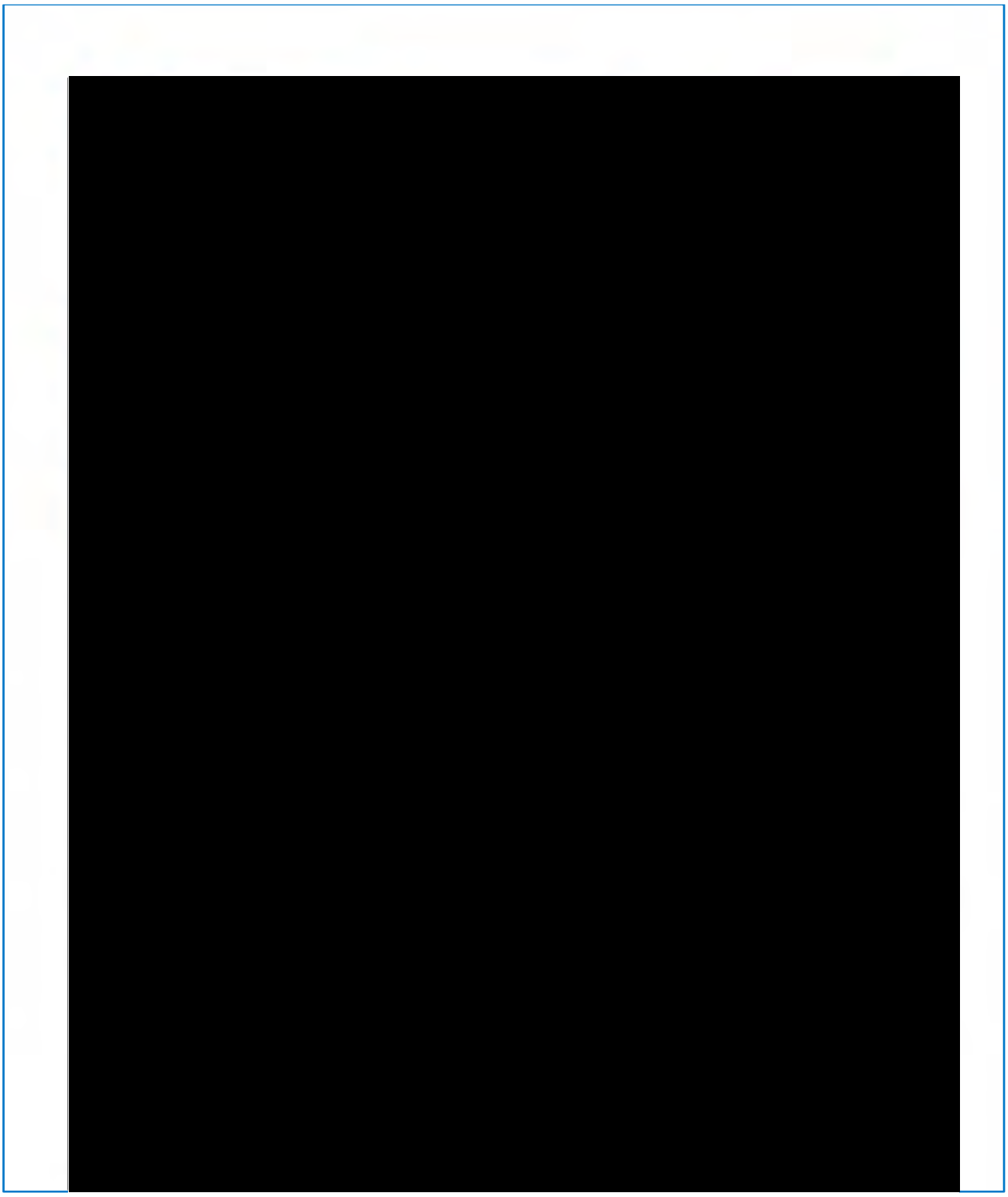


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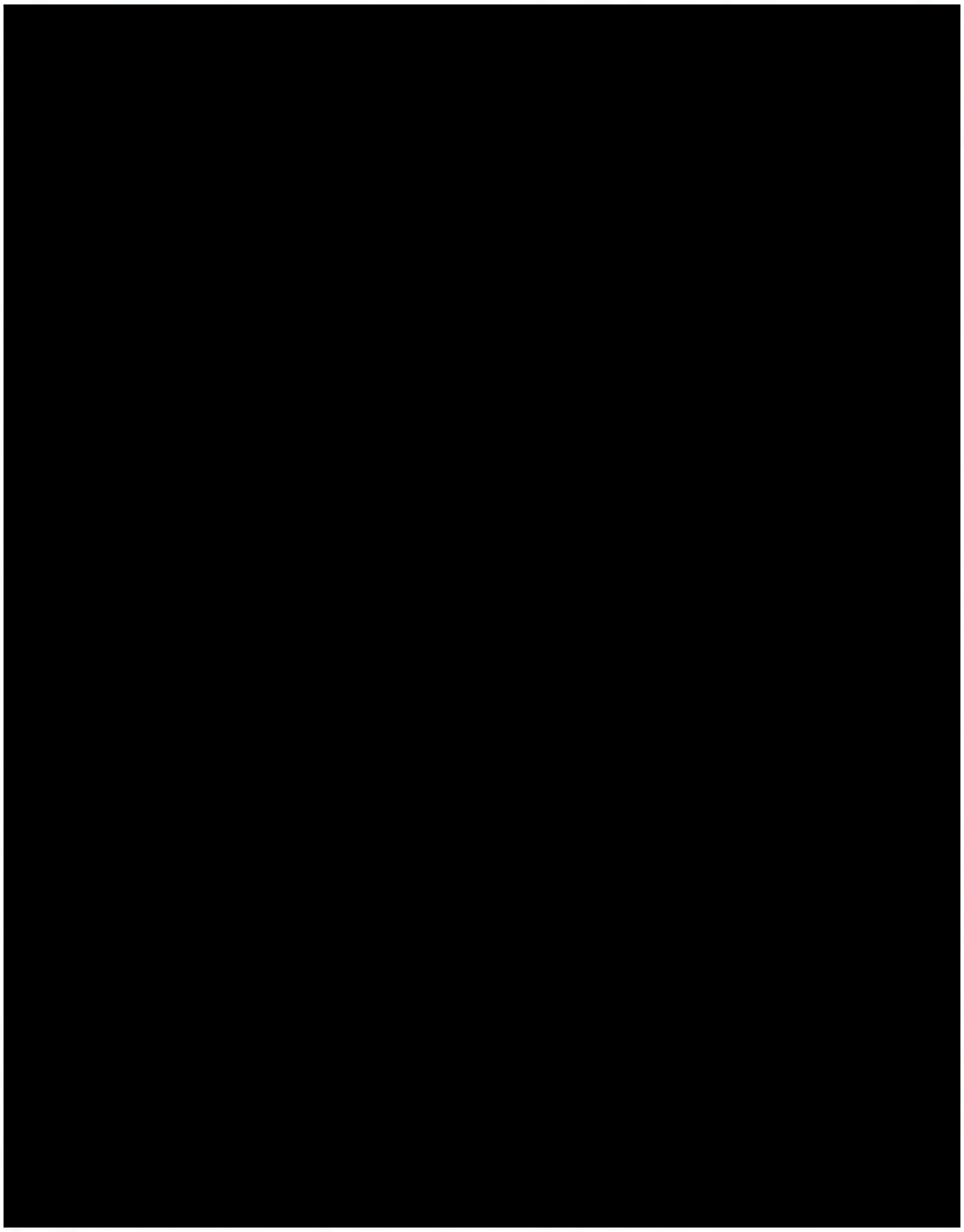


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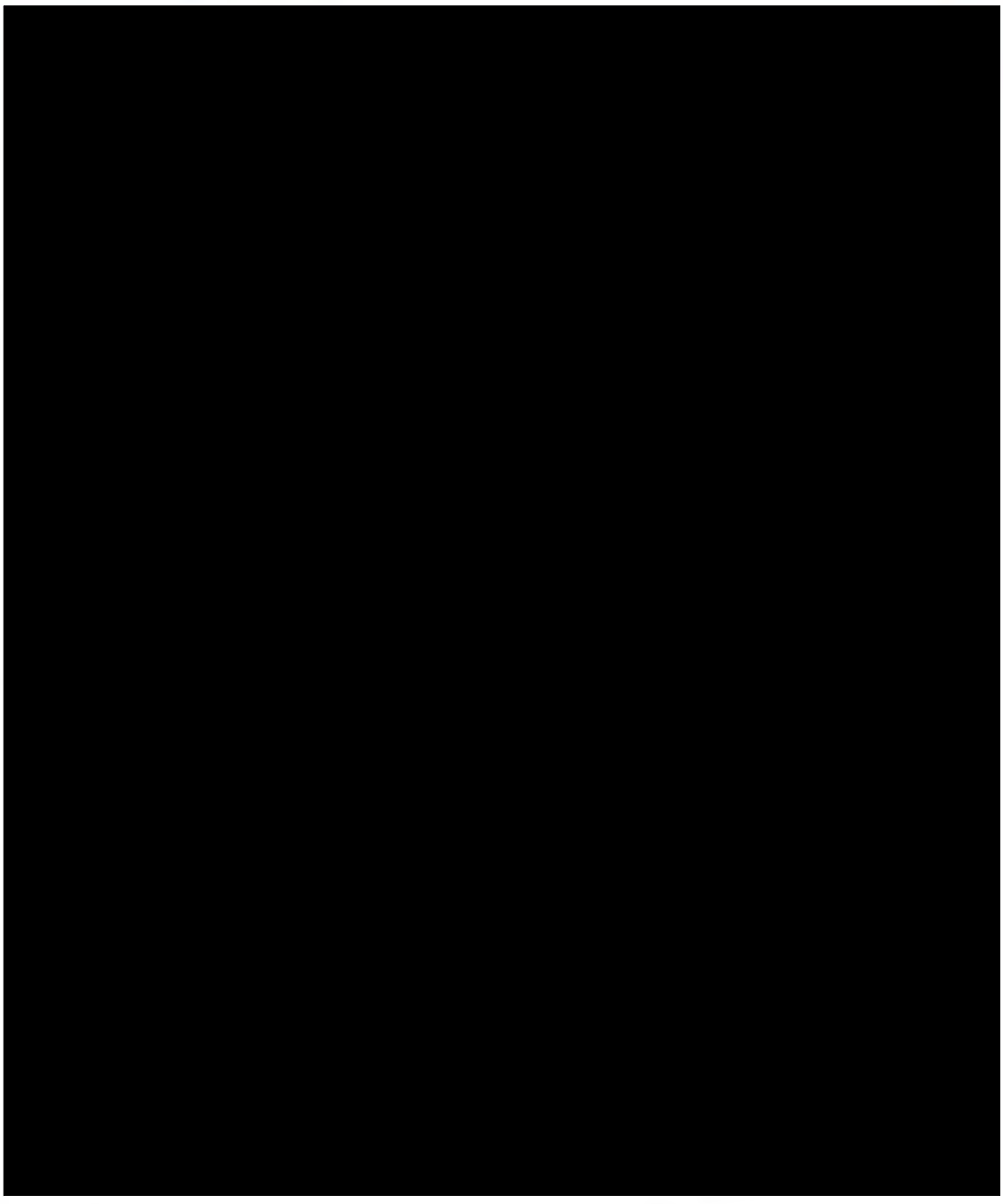


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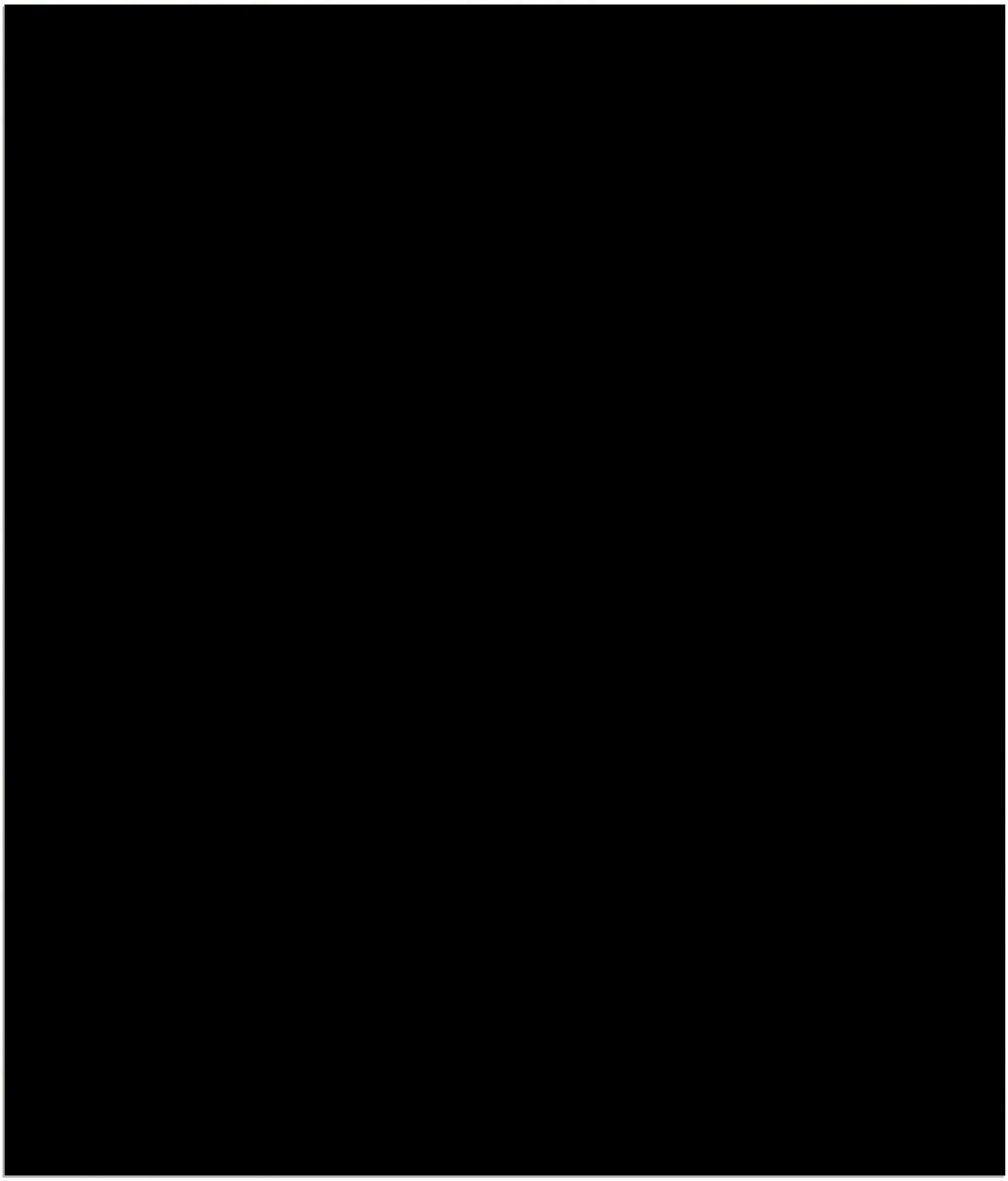


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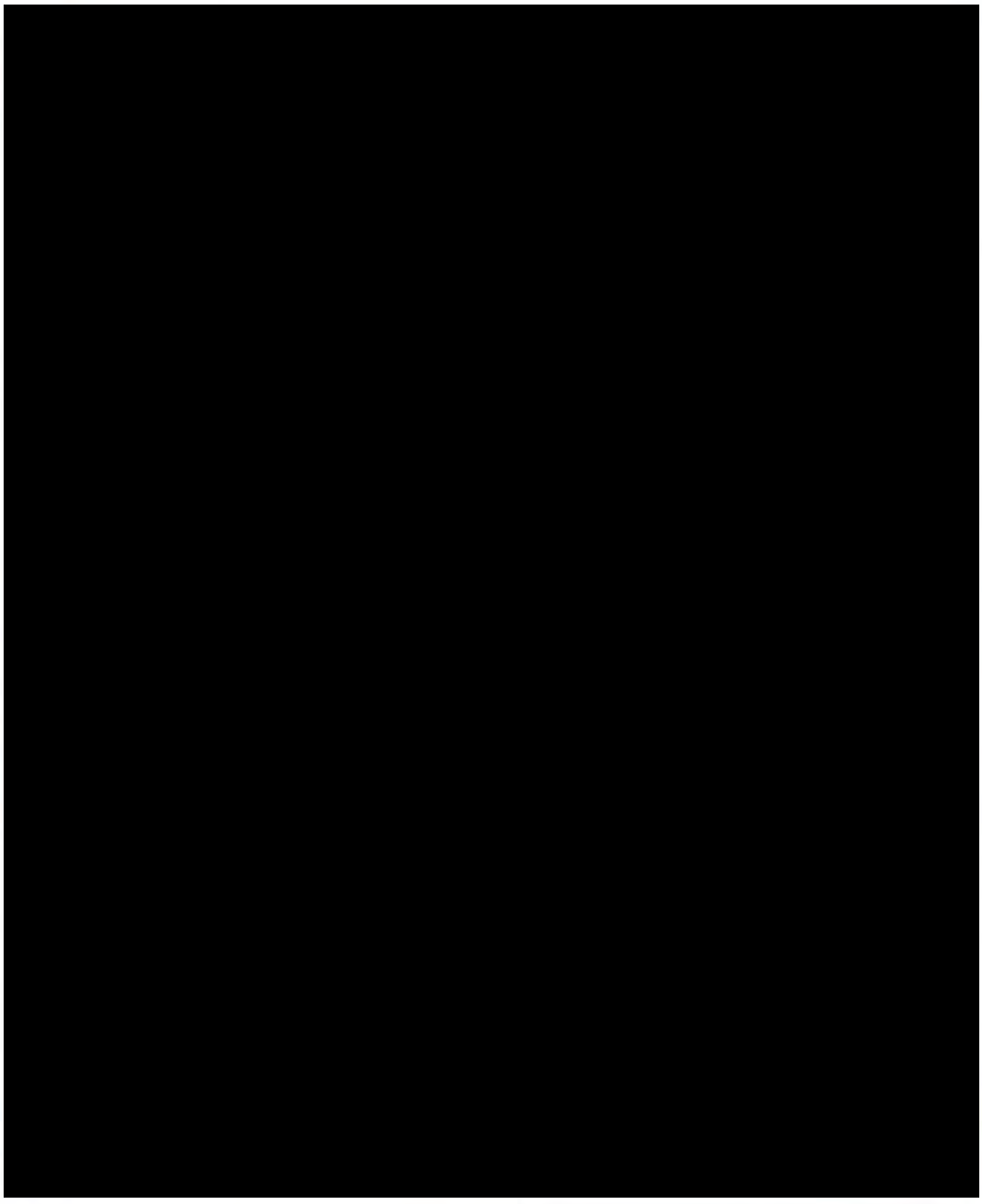


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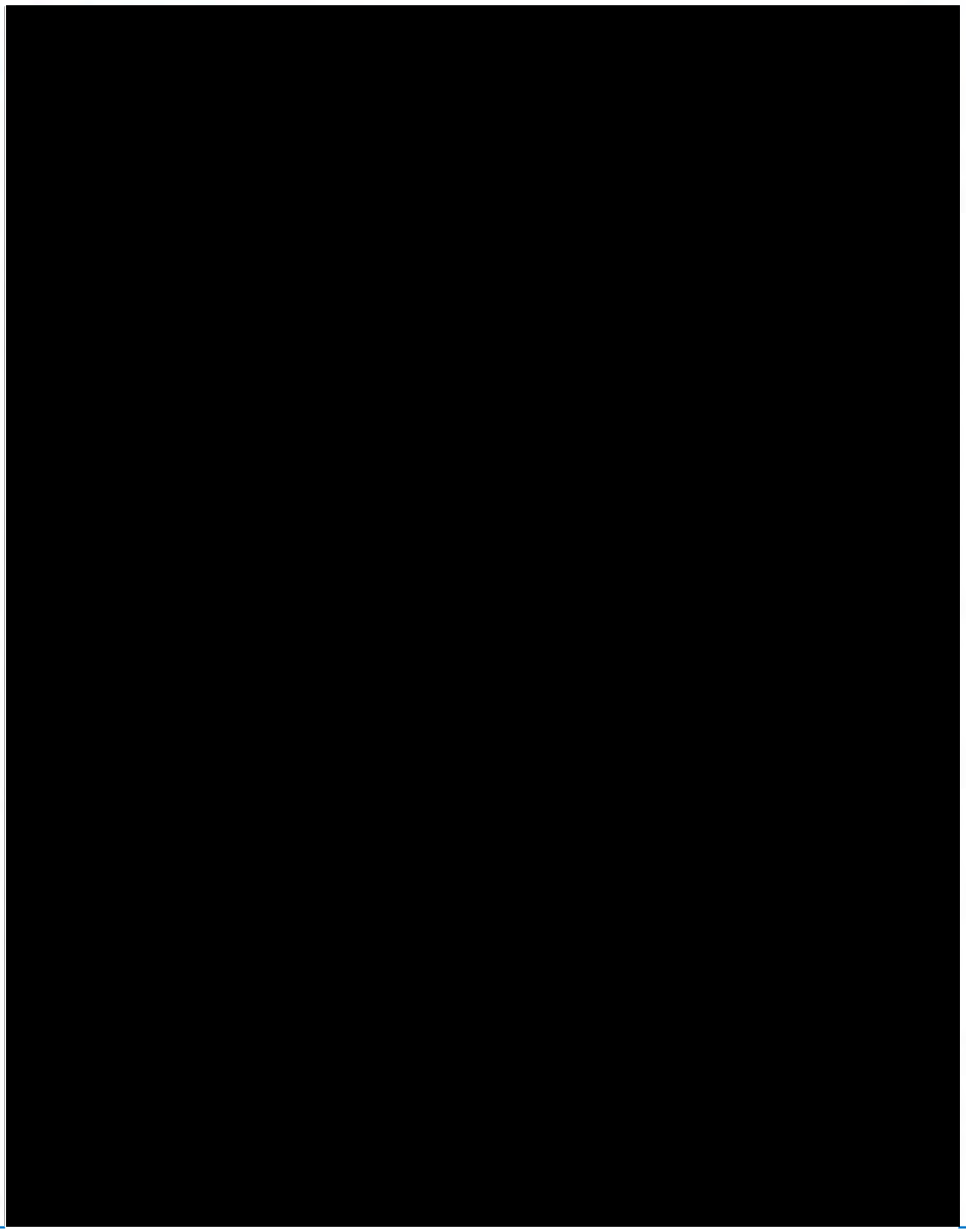


Figure MSQ30.1-3: Sample Payer Specification Document (Page 34) (TRADE SECRET)

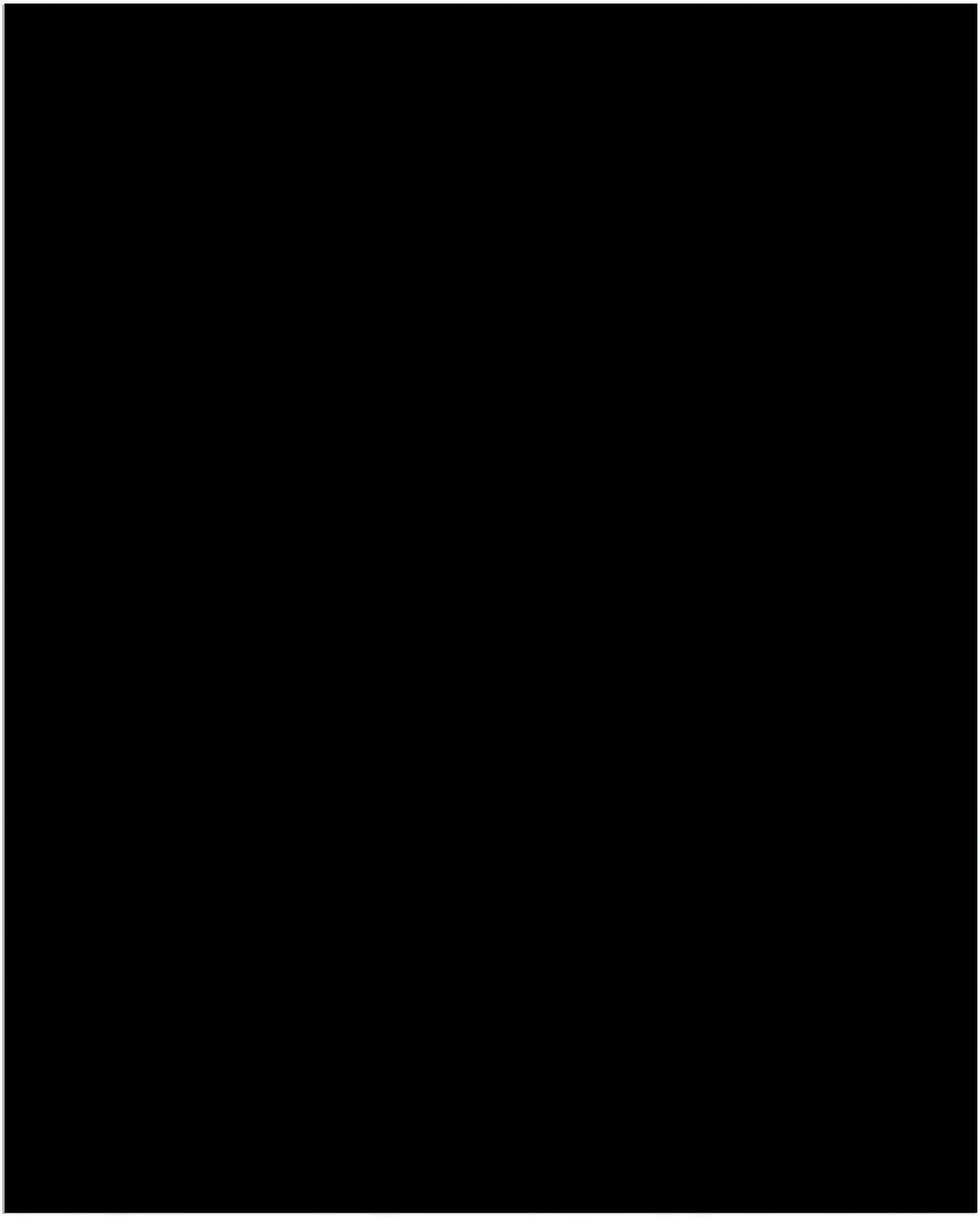


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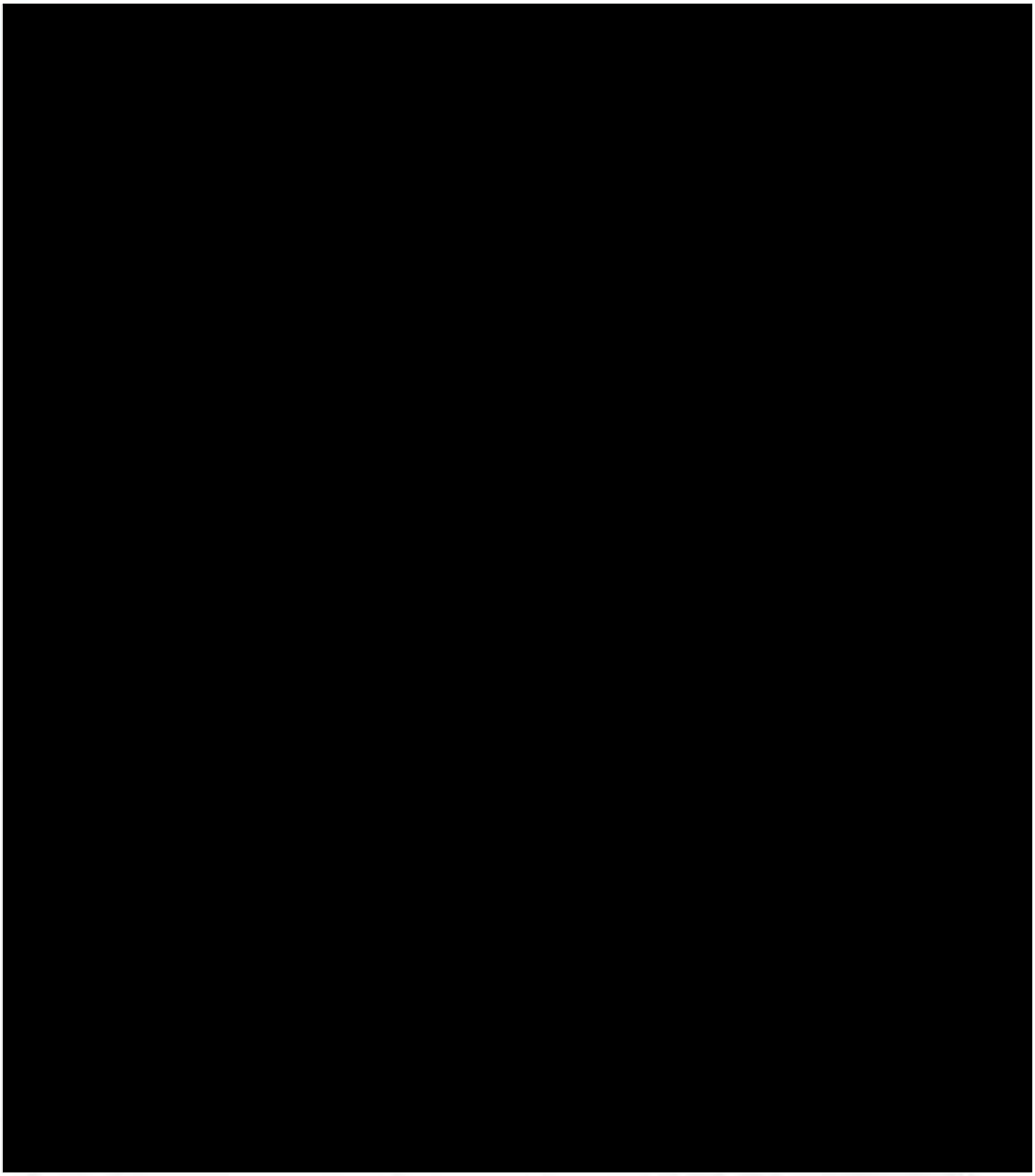


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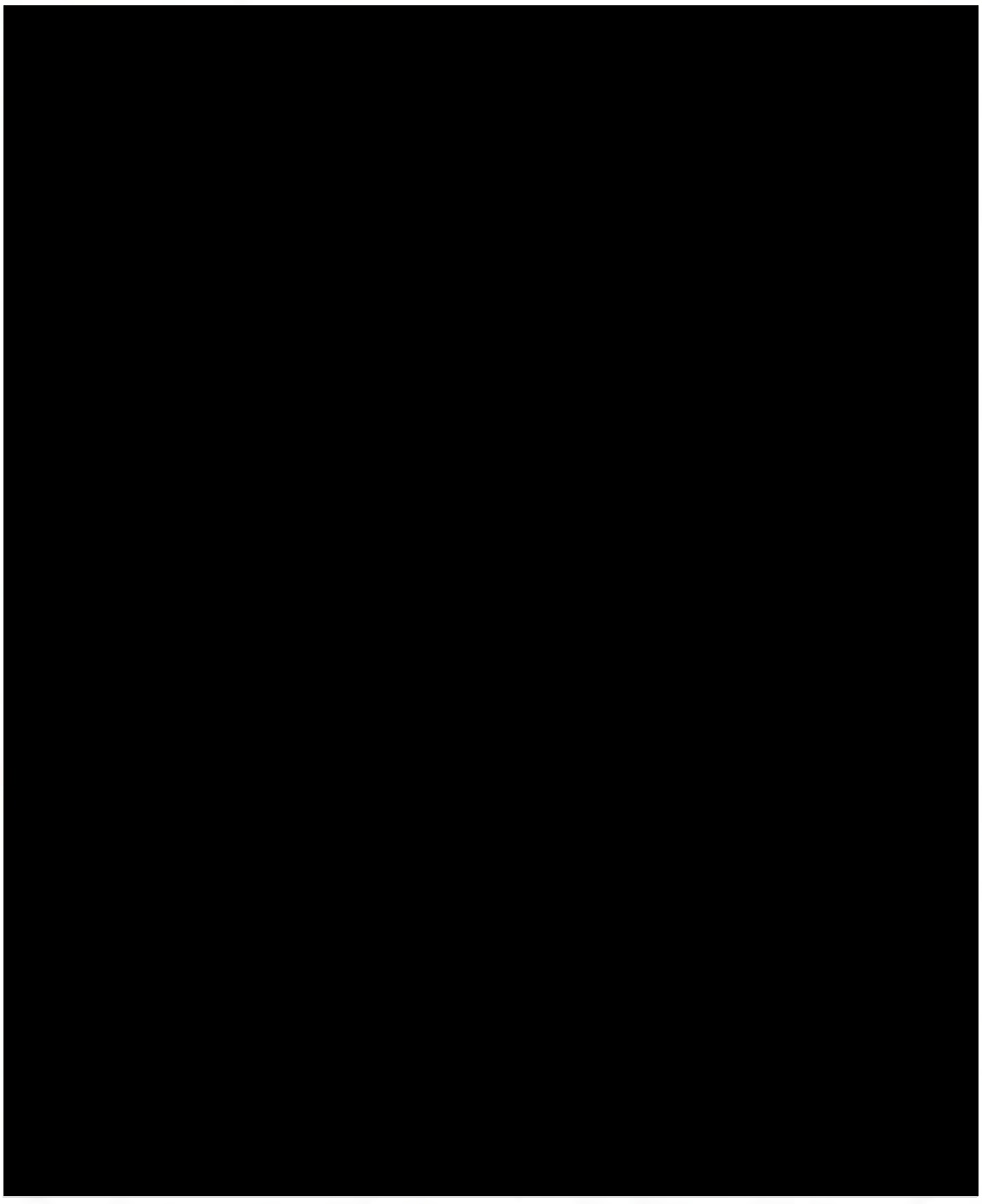


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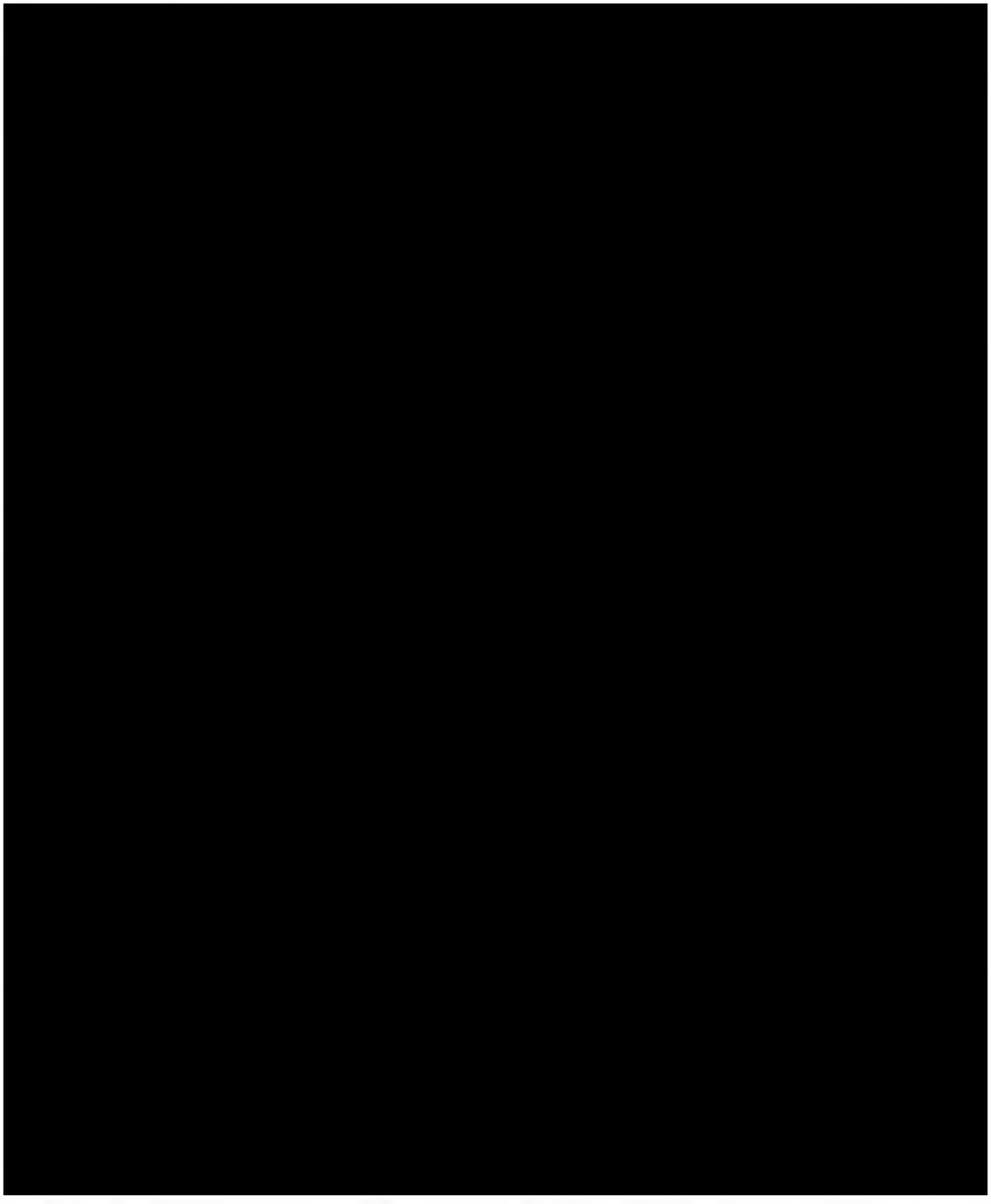


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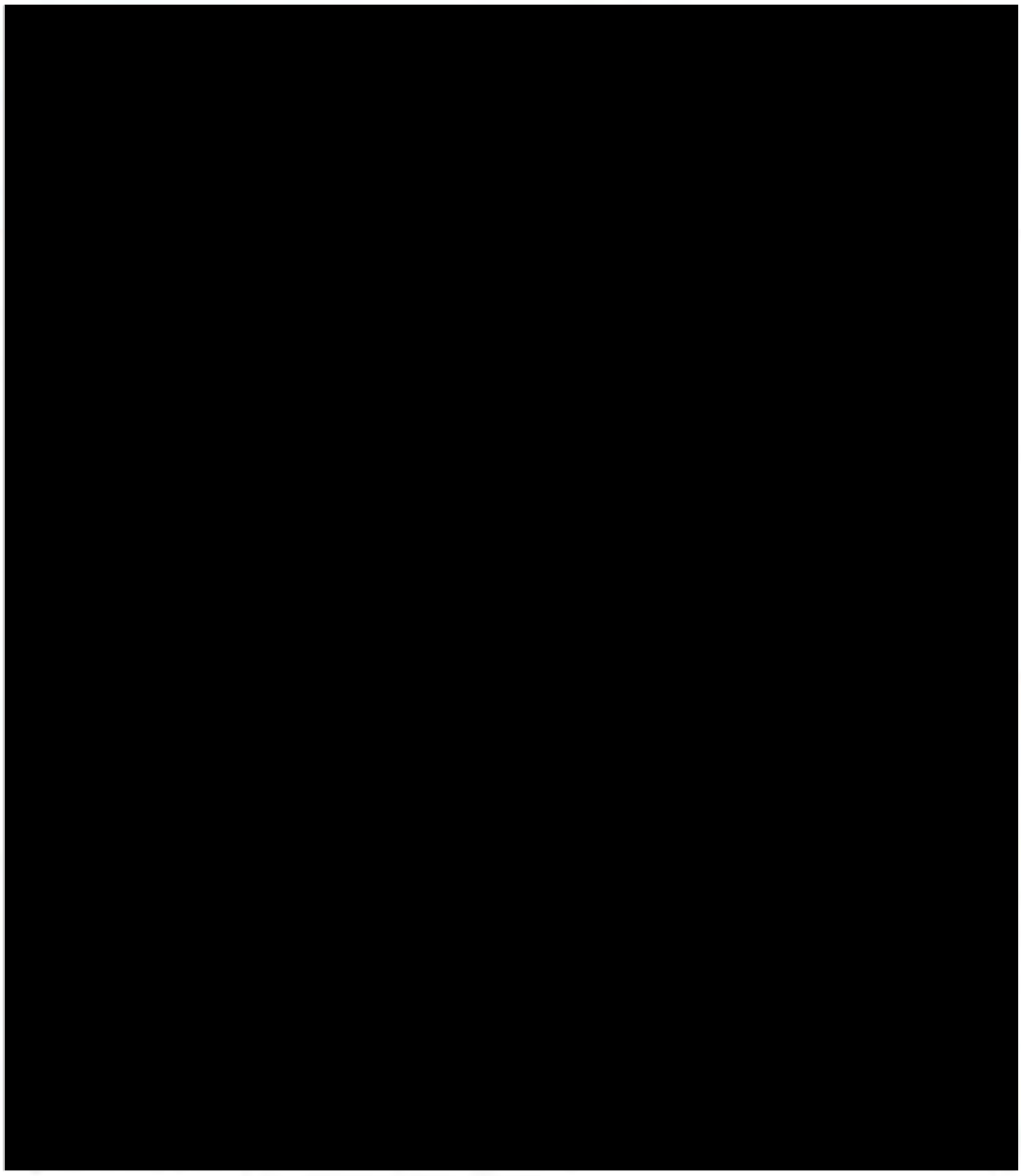


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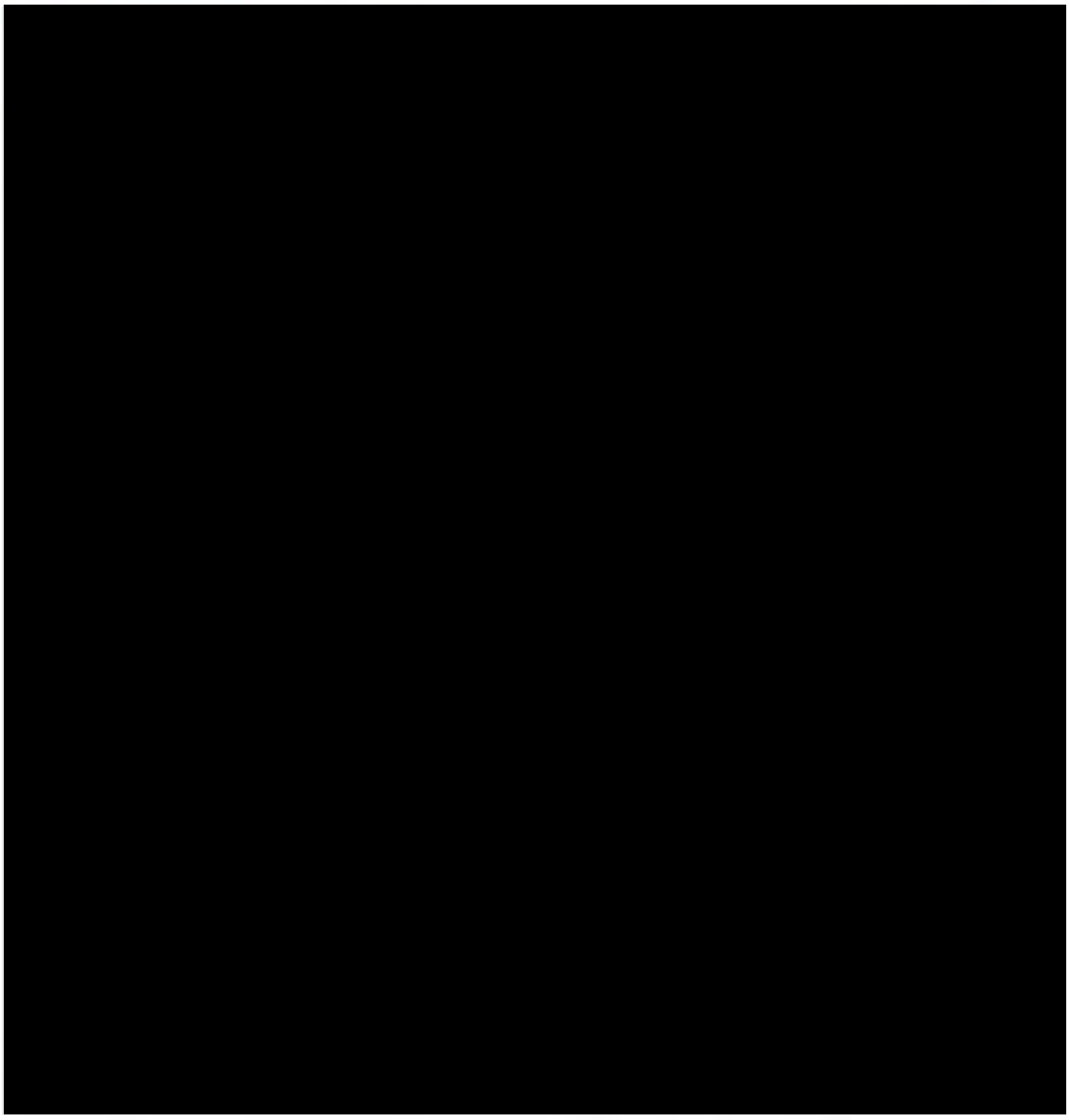


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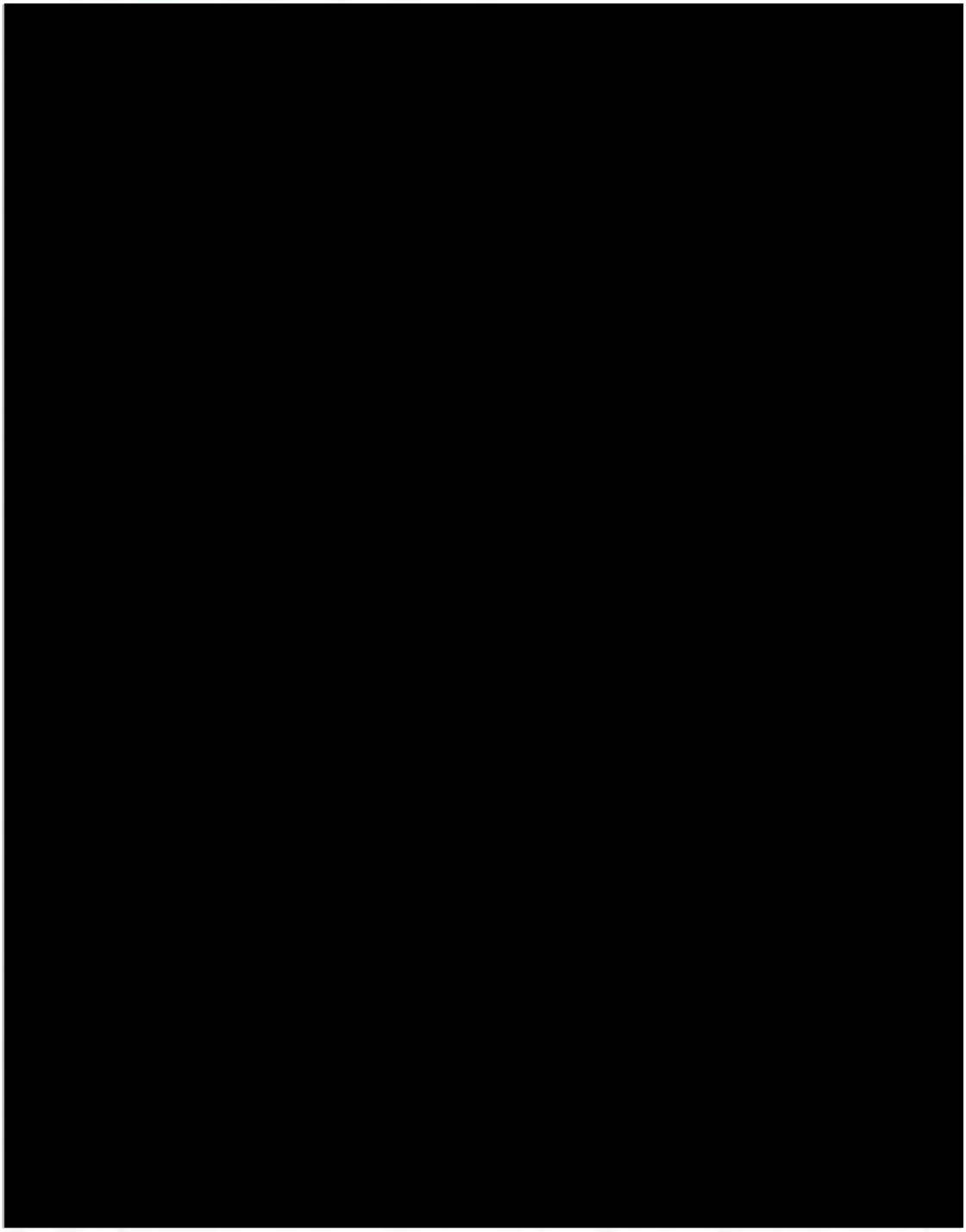


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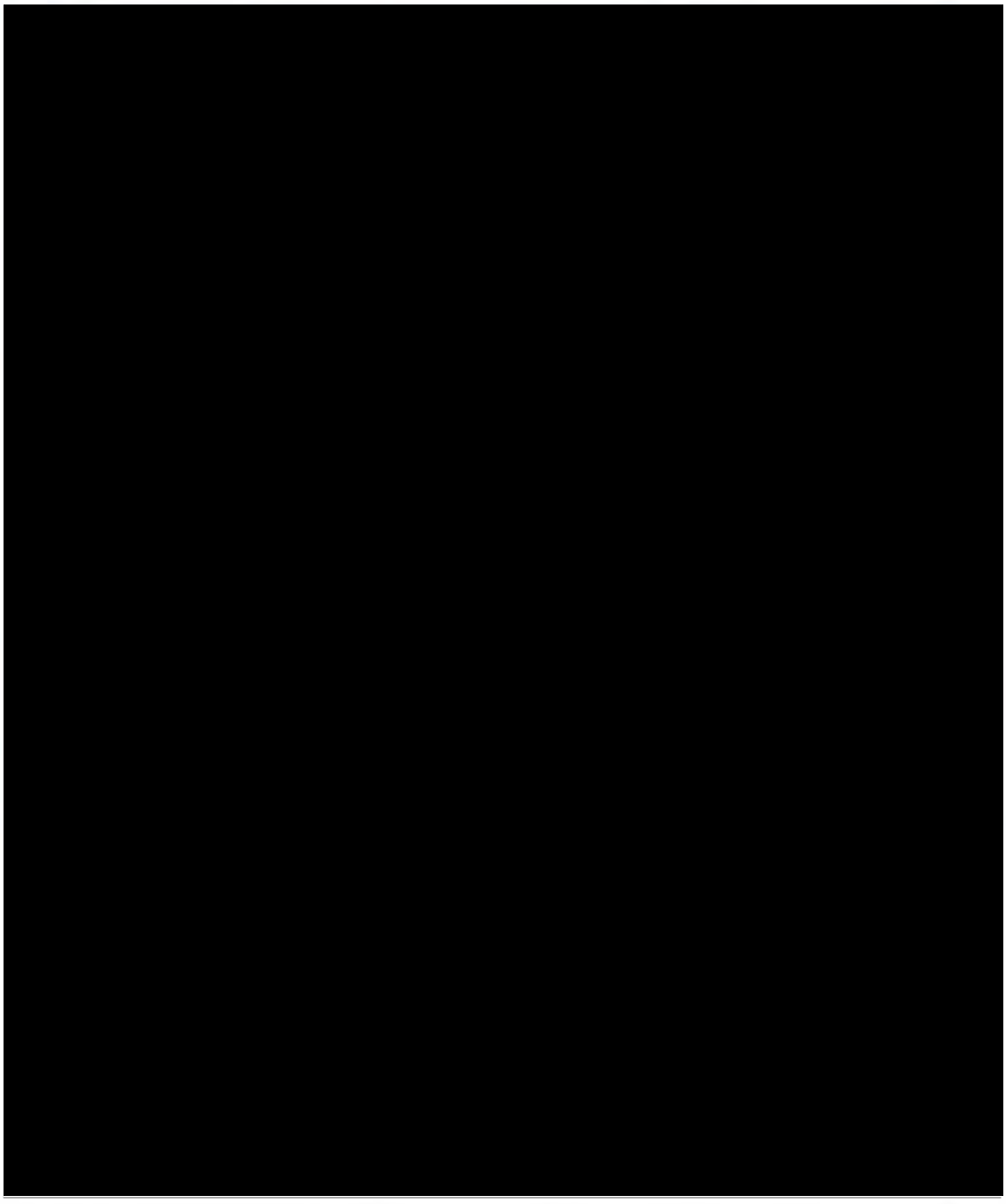


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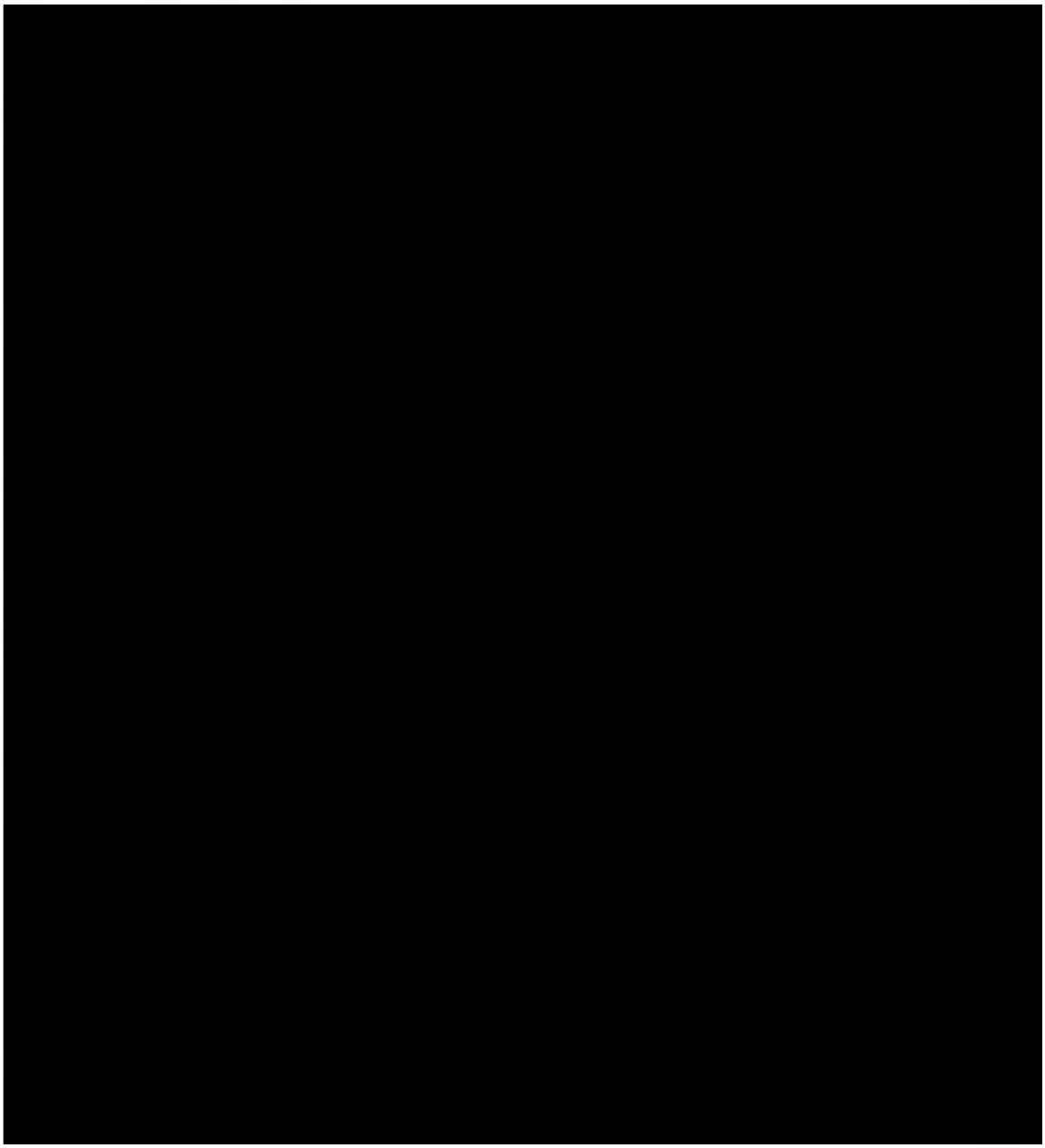


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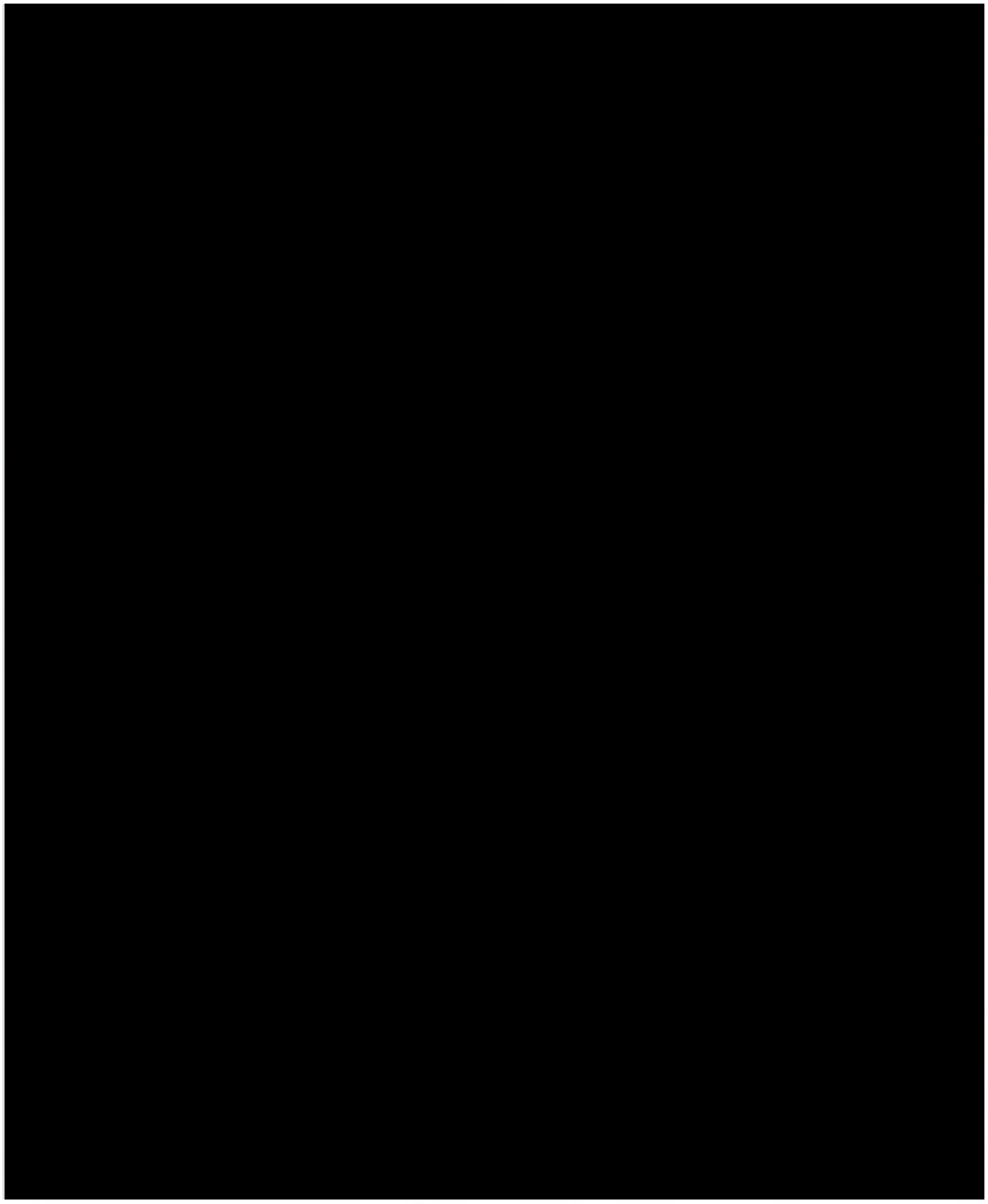


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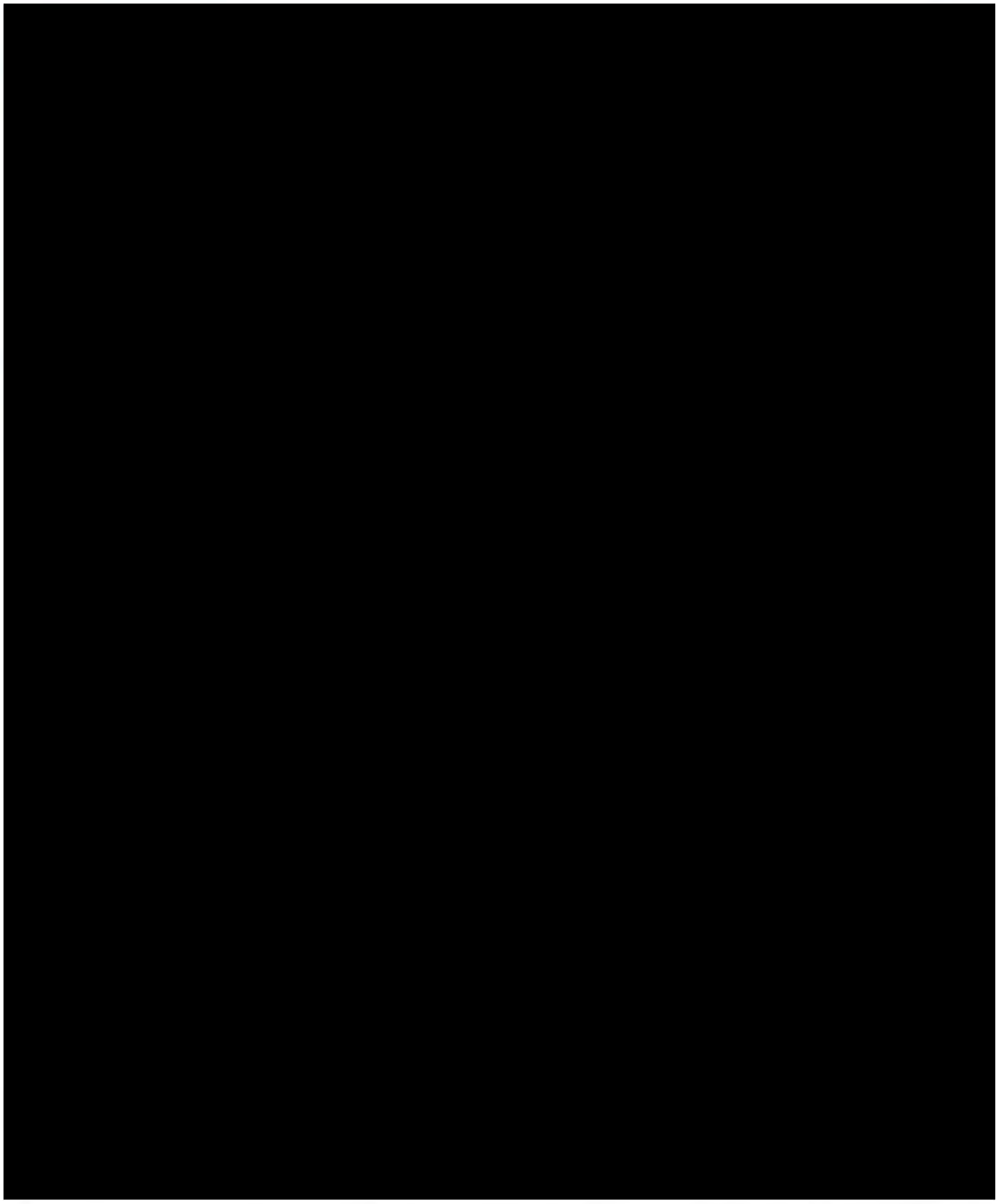


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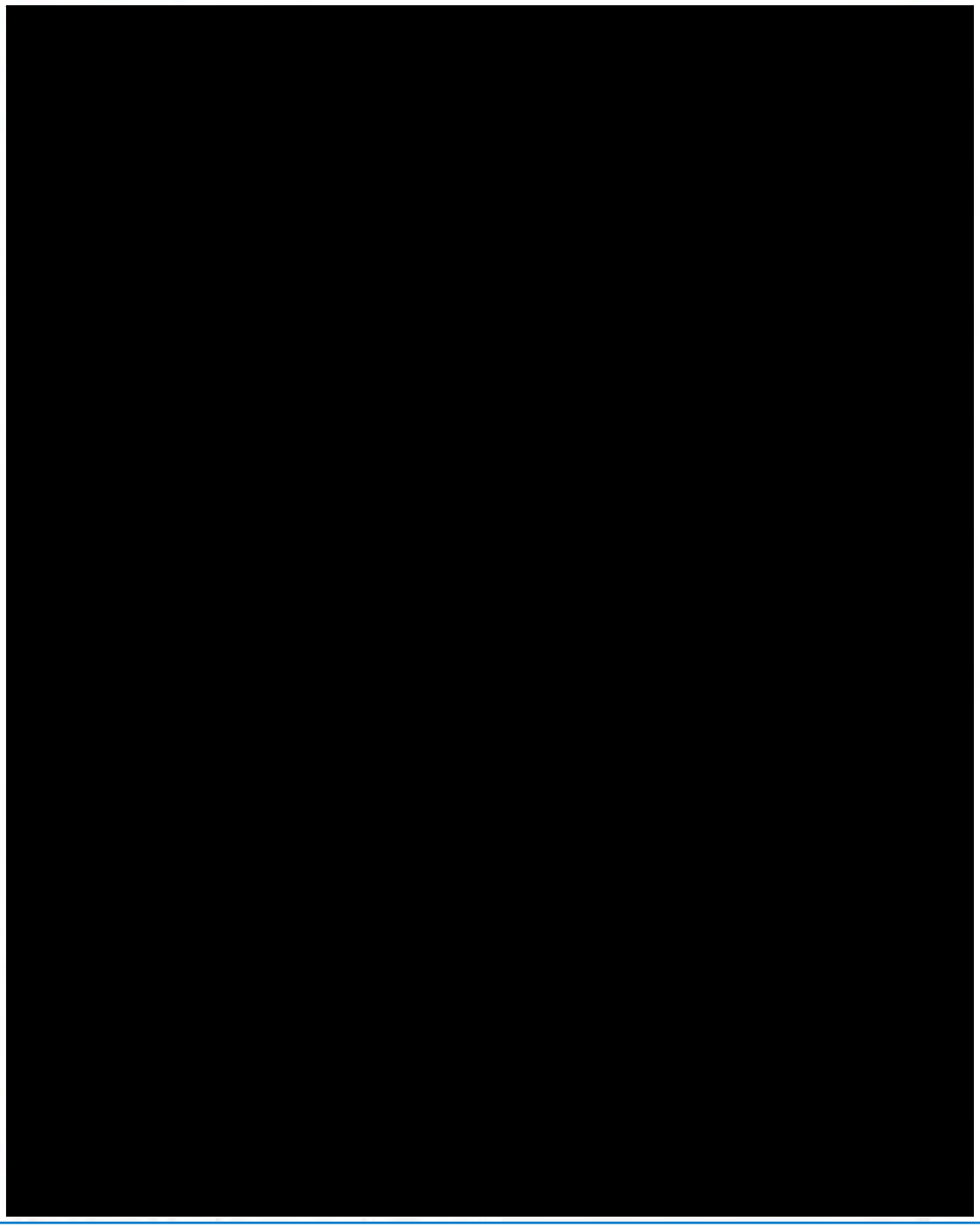


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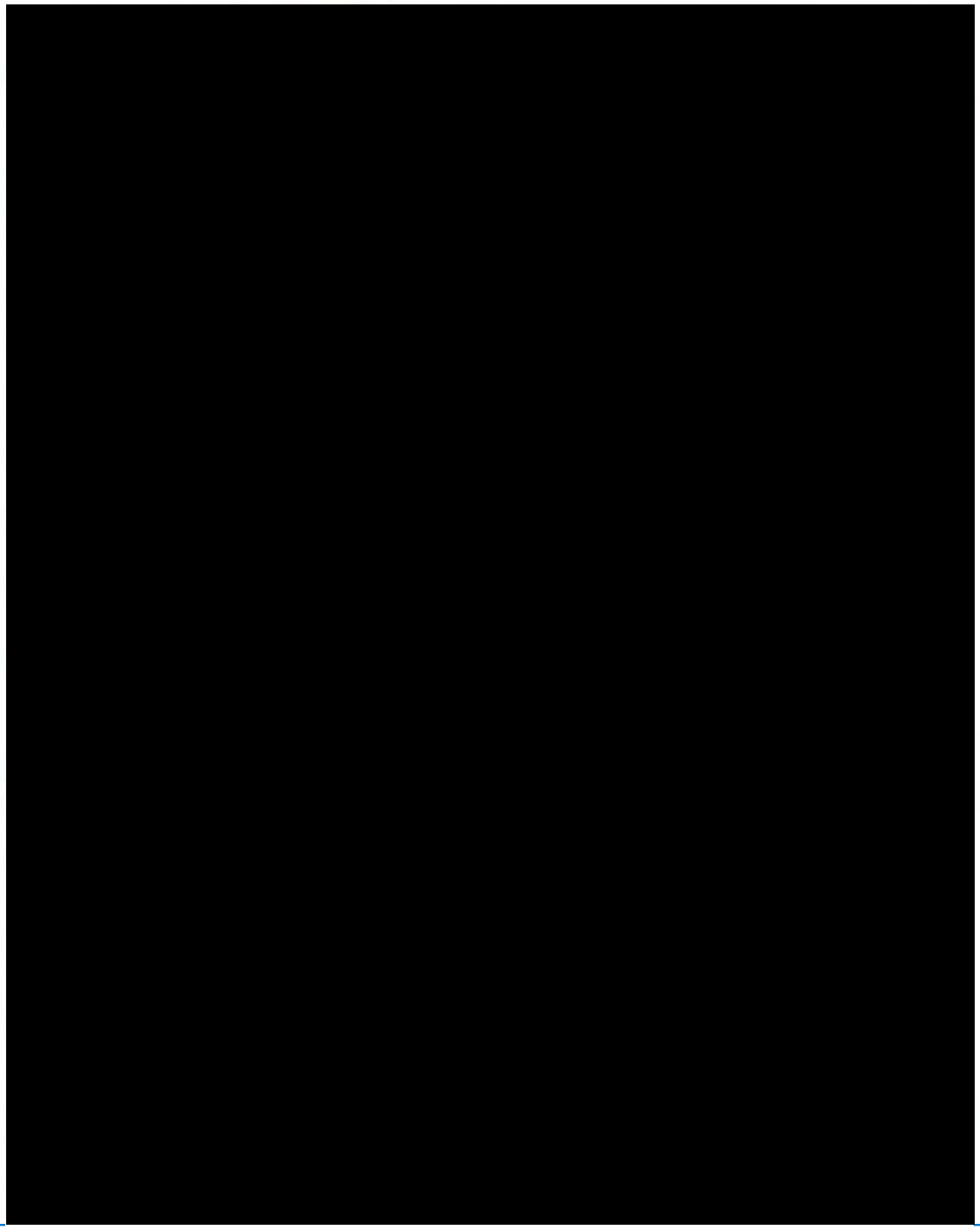


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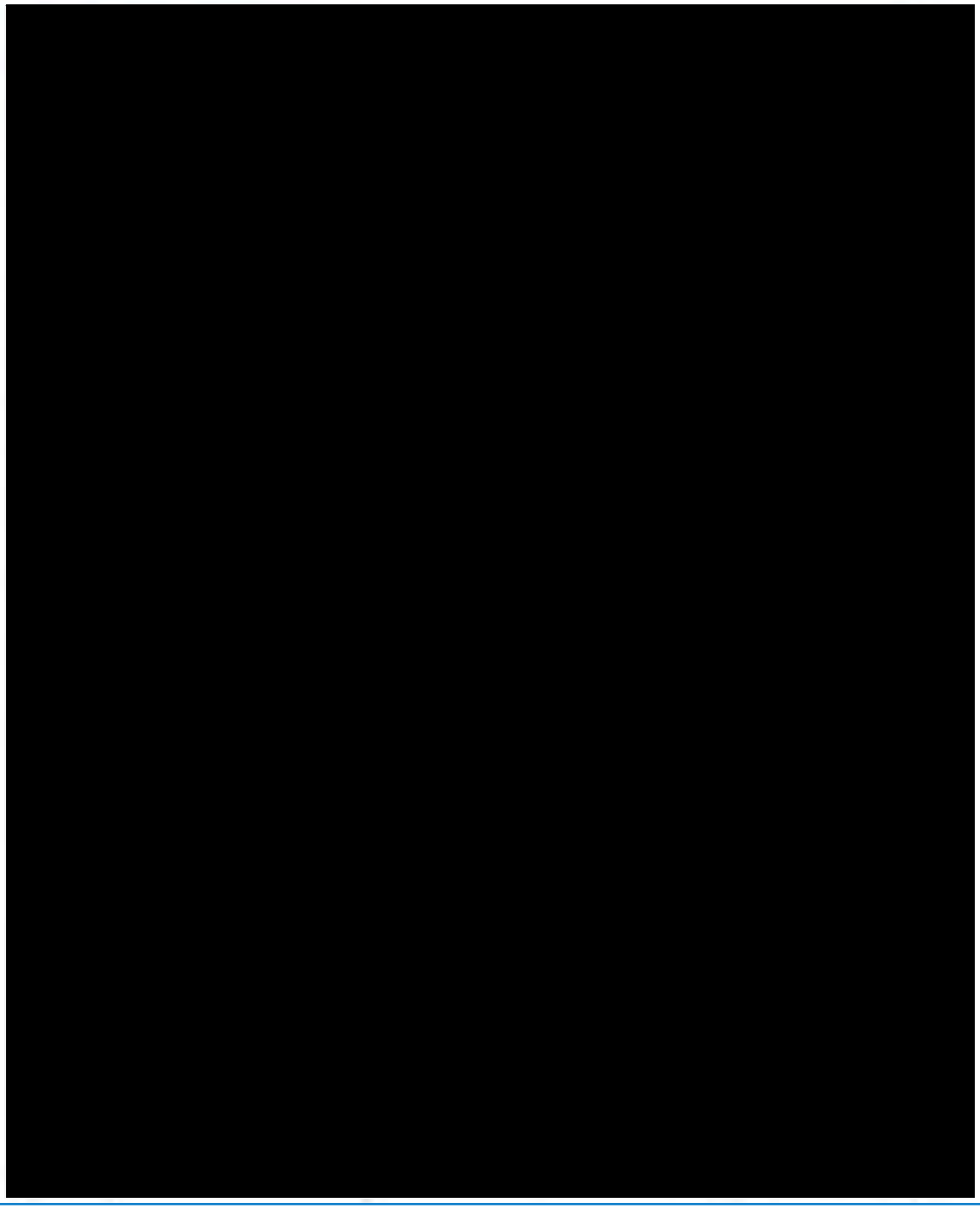


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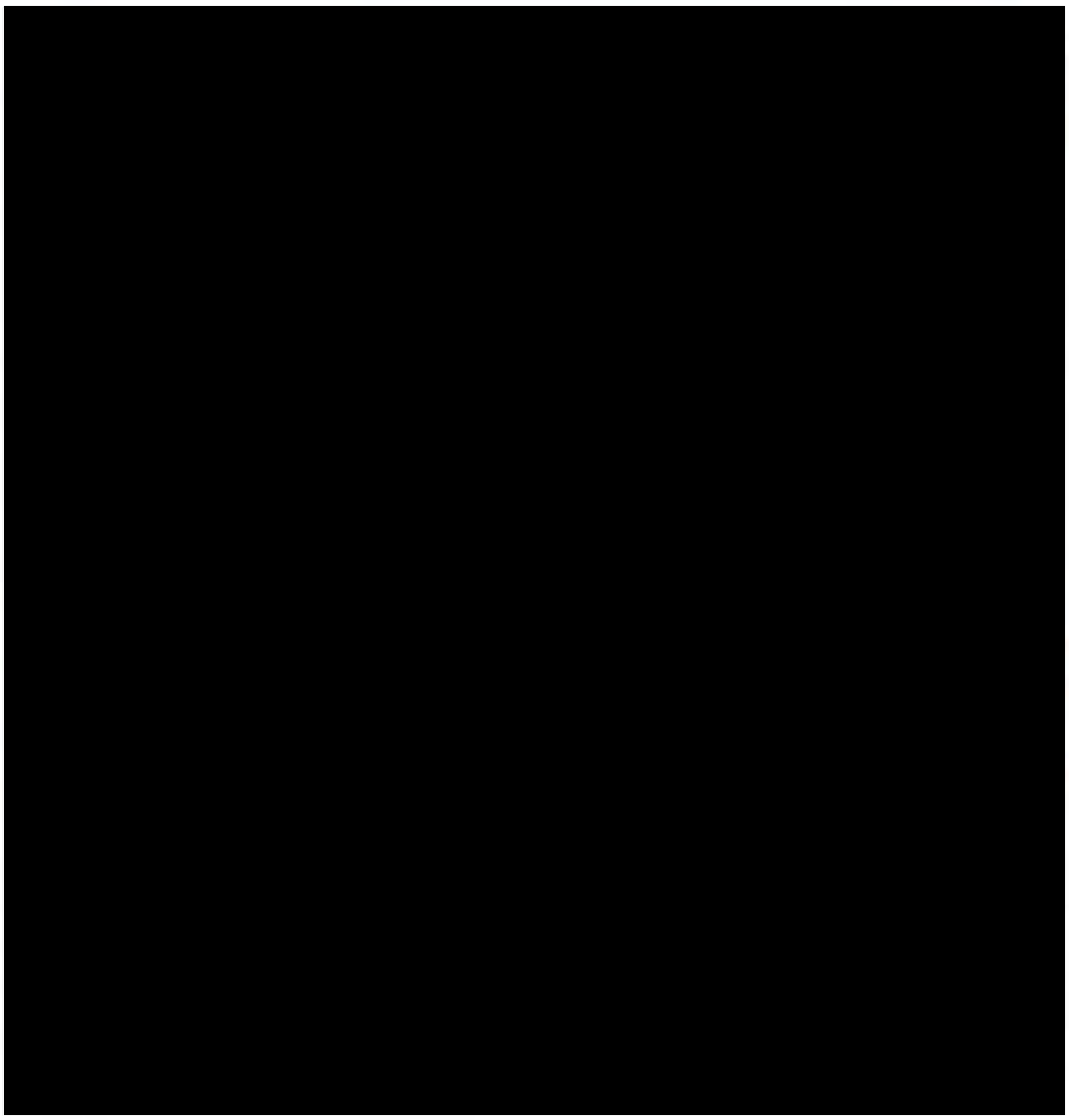


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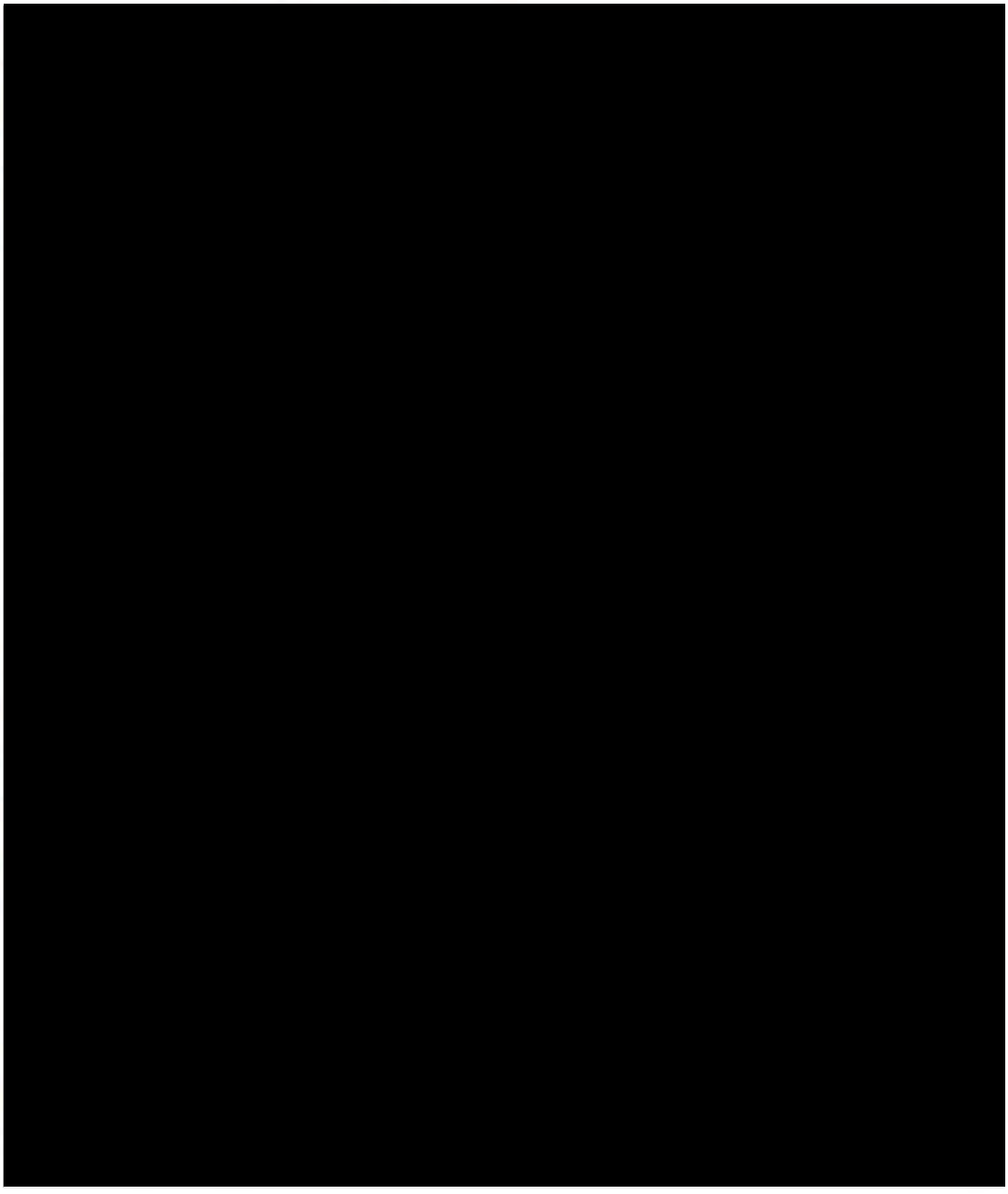


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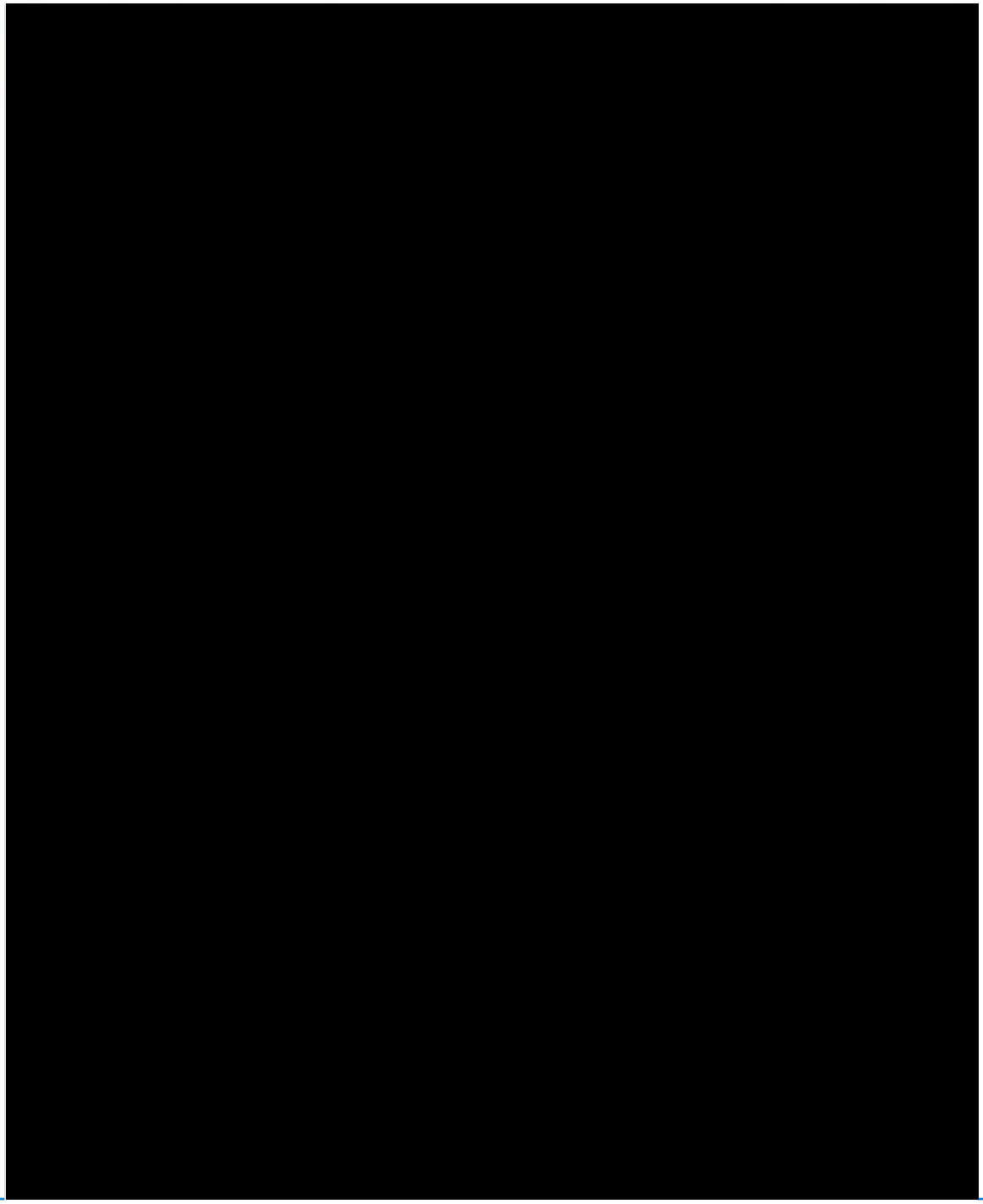


Figure MSQ30.1-3: Sample Payer Specification Document (Page 54) (TRADE SECRET)



Figure MSQ30.1-3: Sample Payer Specification Document (Page 55) (TRADE SECRET)

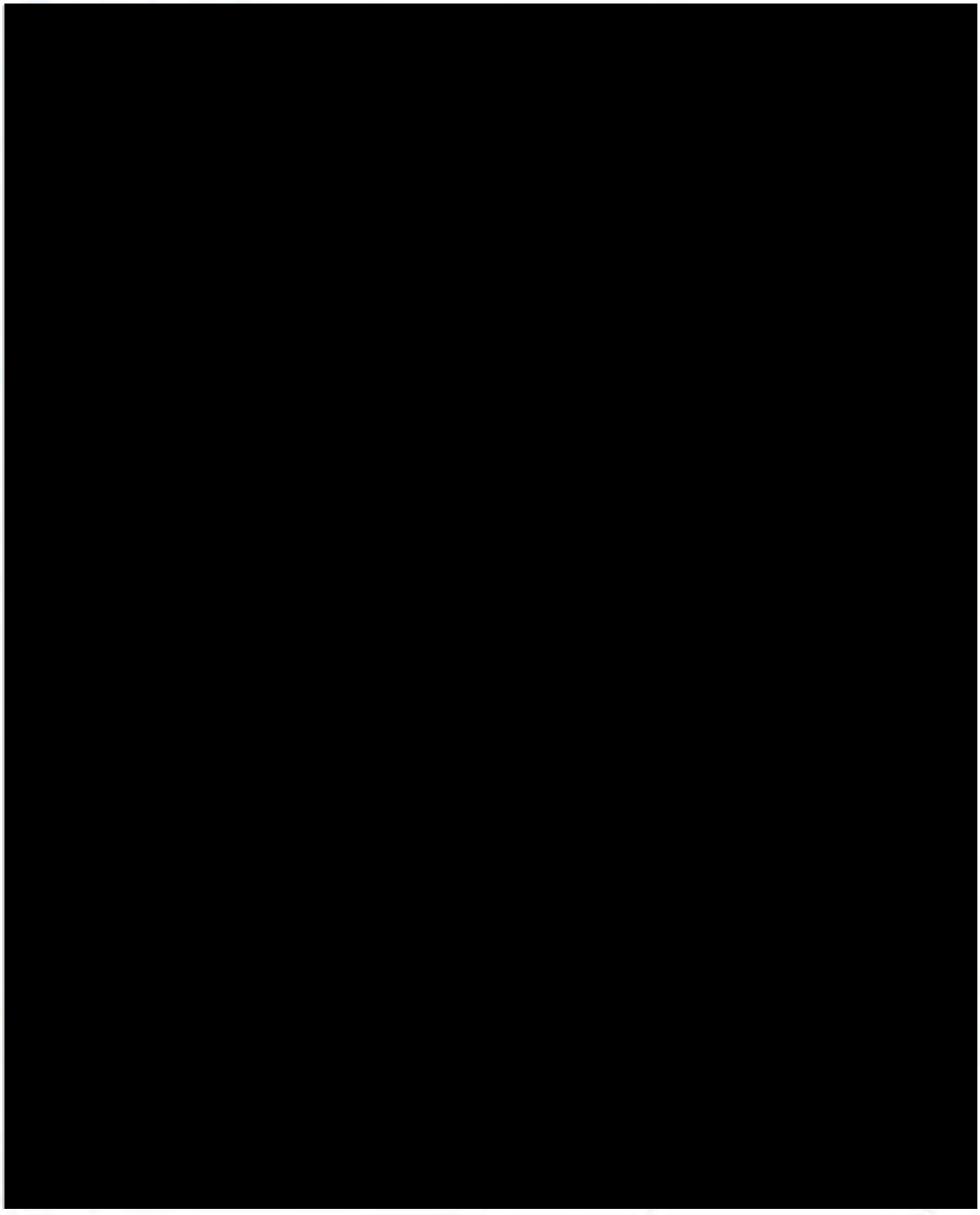


Figure MSQ30.1-3: Sample Payer Specification Document (Page 56) (TRADE SECRET)

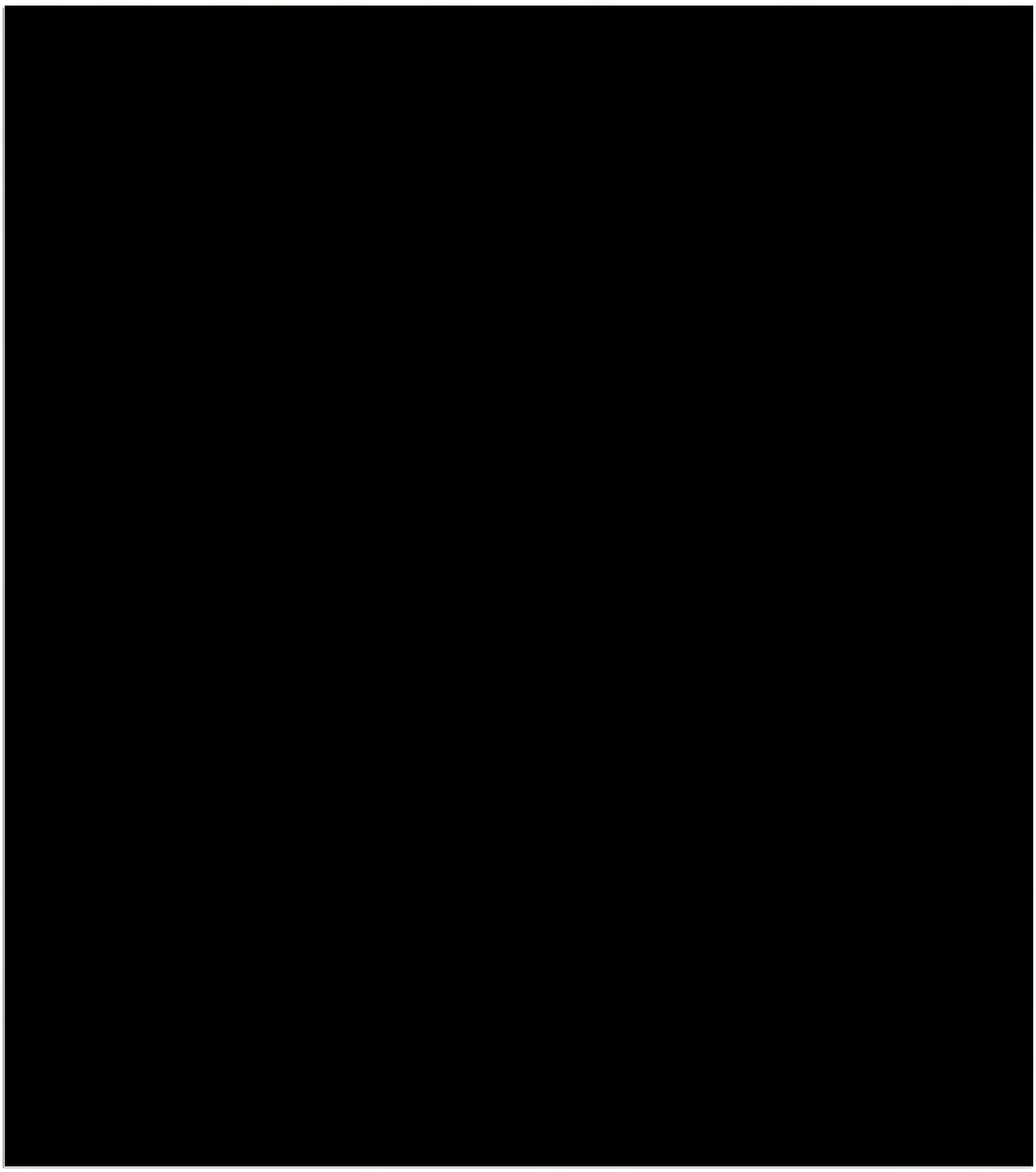


Figure MSQ30.1-3: Sample Payer Specification Document (Page 57) (TRADE SECRET)



Figure MSQ30.1-3: Sample Payer Specification Document (Page 58) (TRADE SECRET)

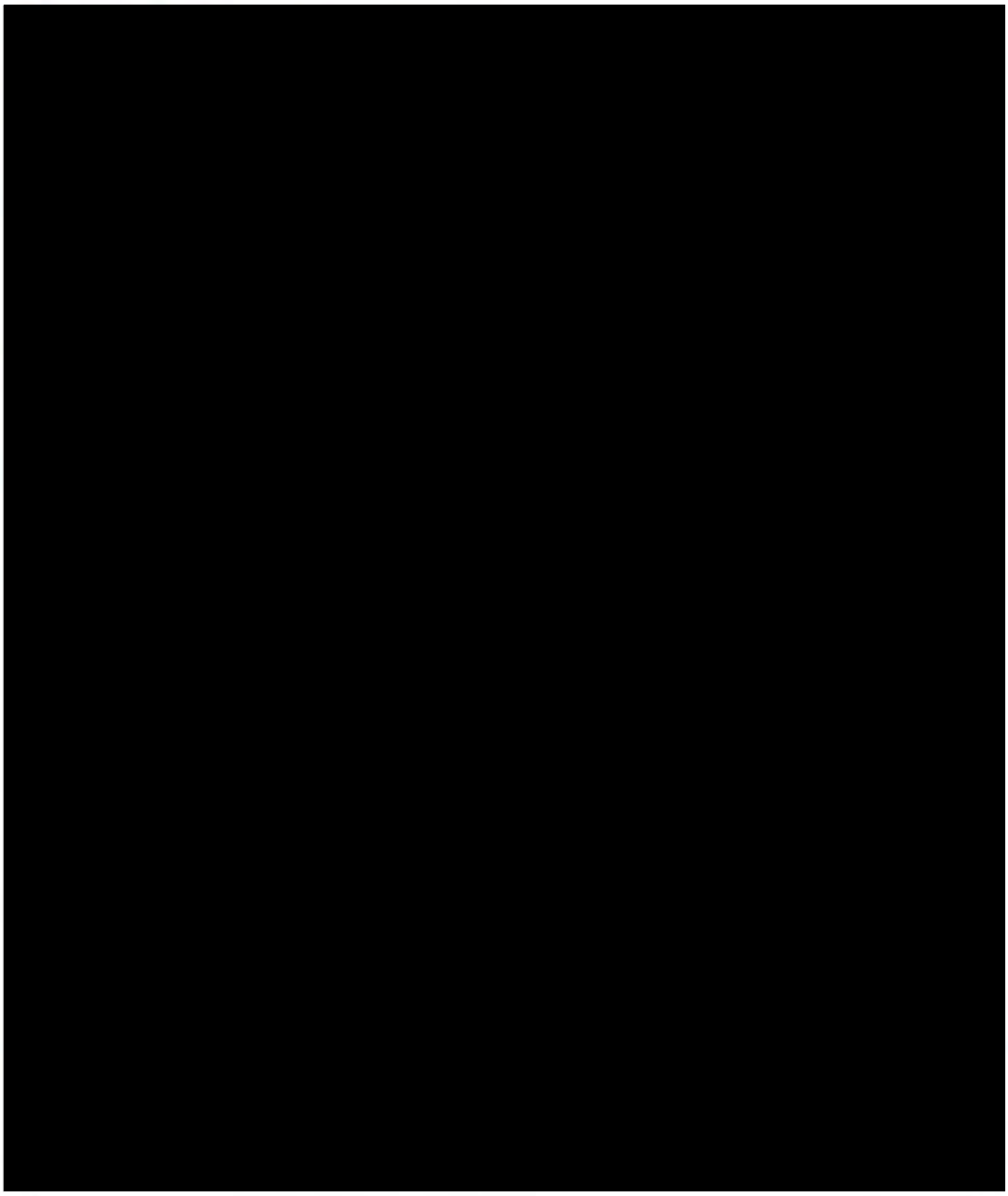


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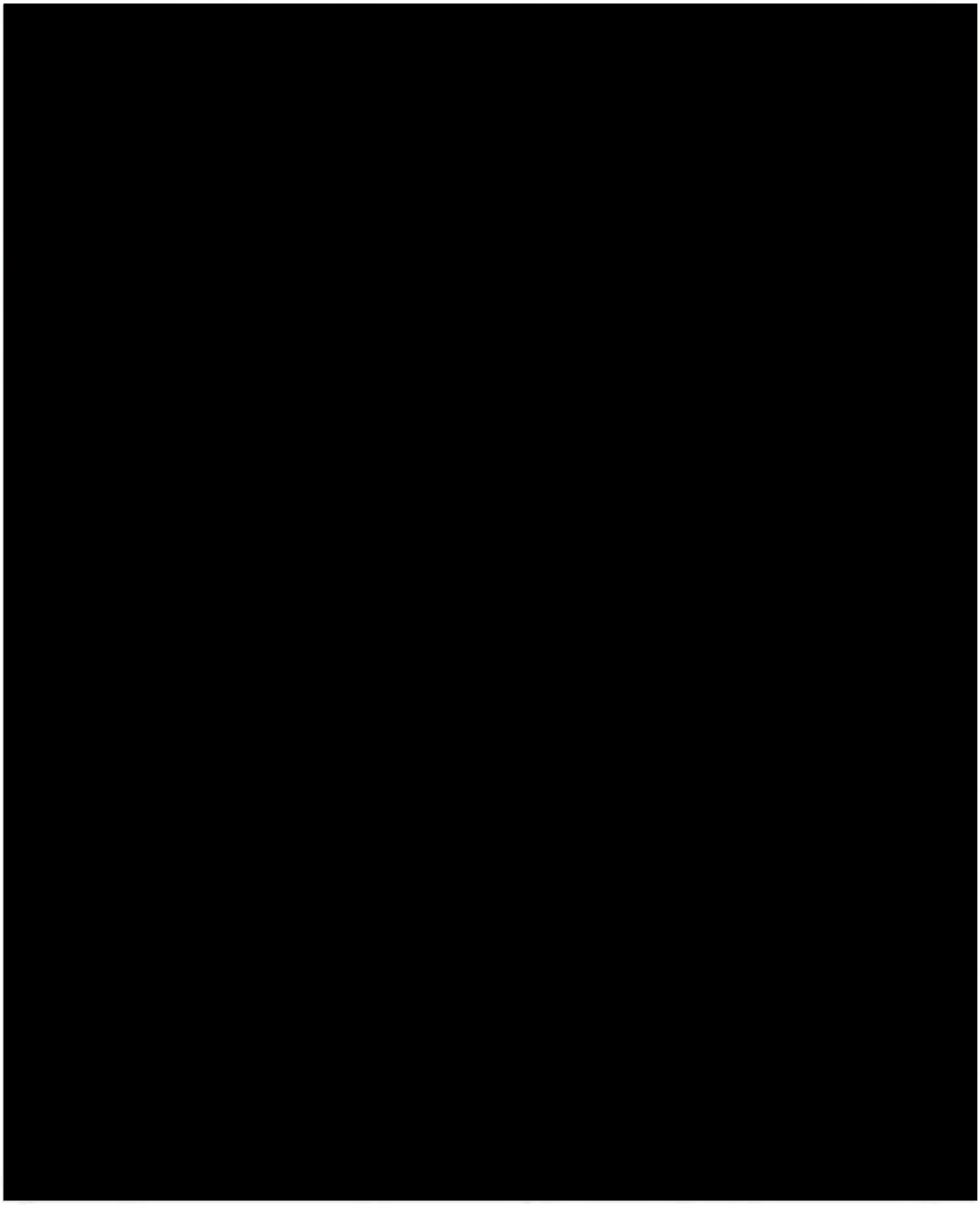


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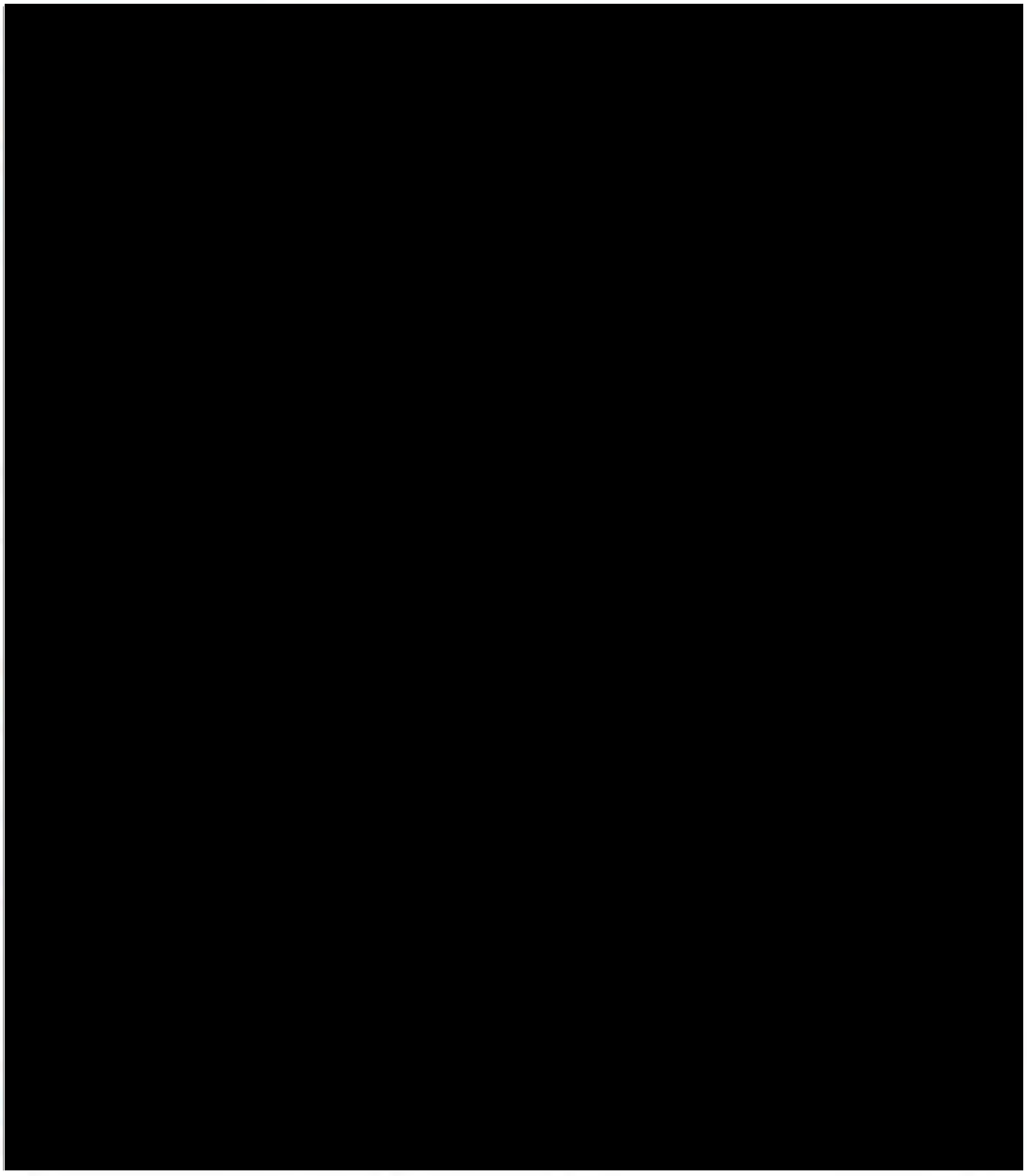


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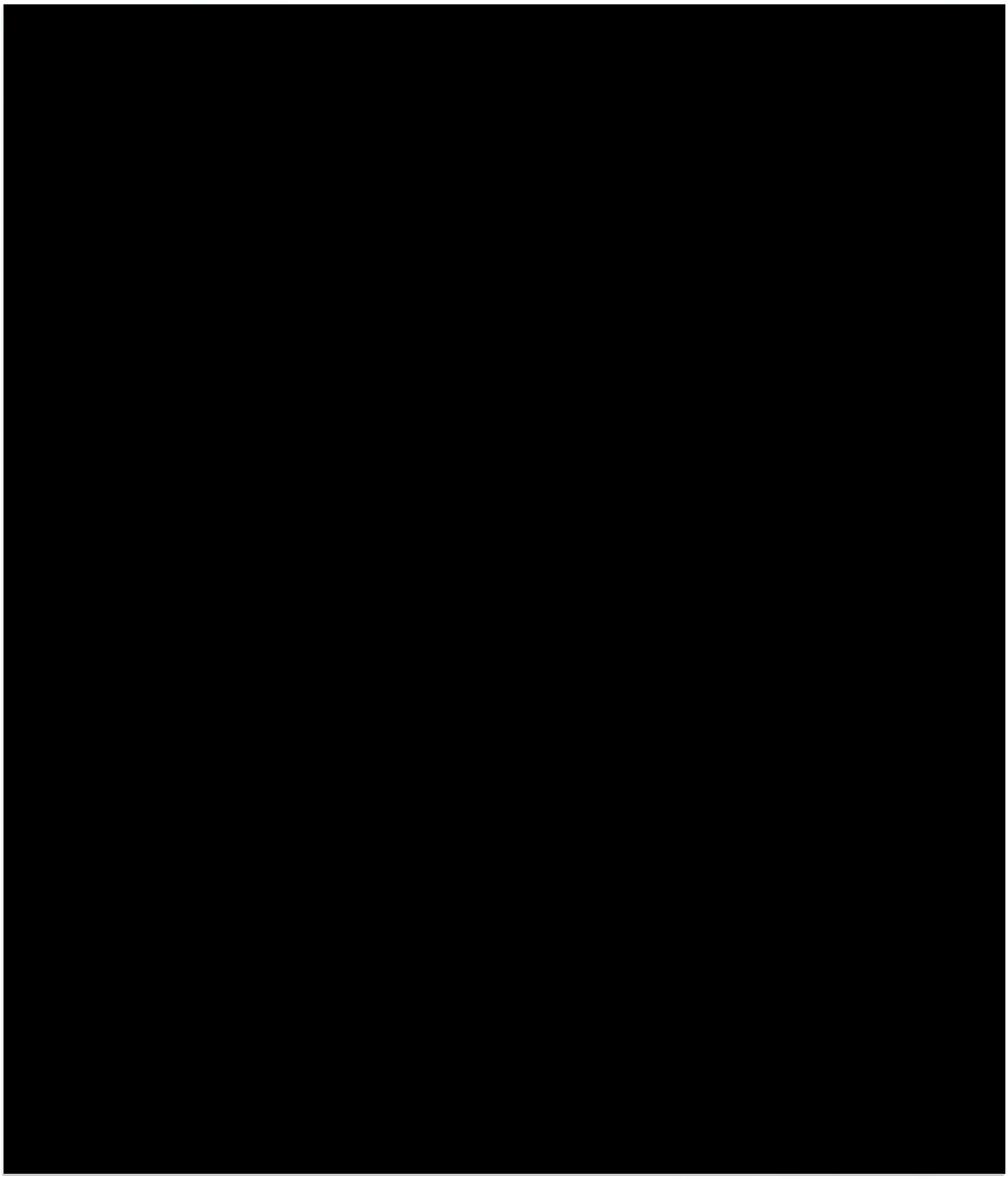


Figure MSQ30.1-3: Sample Payer Specification Document (Page 62) (TRADE SECRET)



Figure MSQ30.1-4: Sample Diabetic Supply Update Memo (Page 1) (TRADE SECRET)

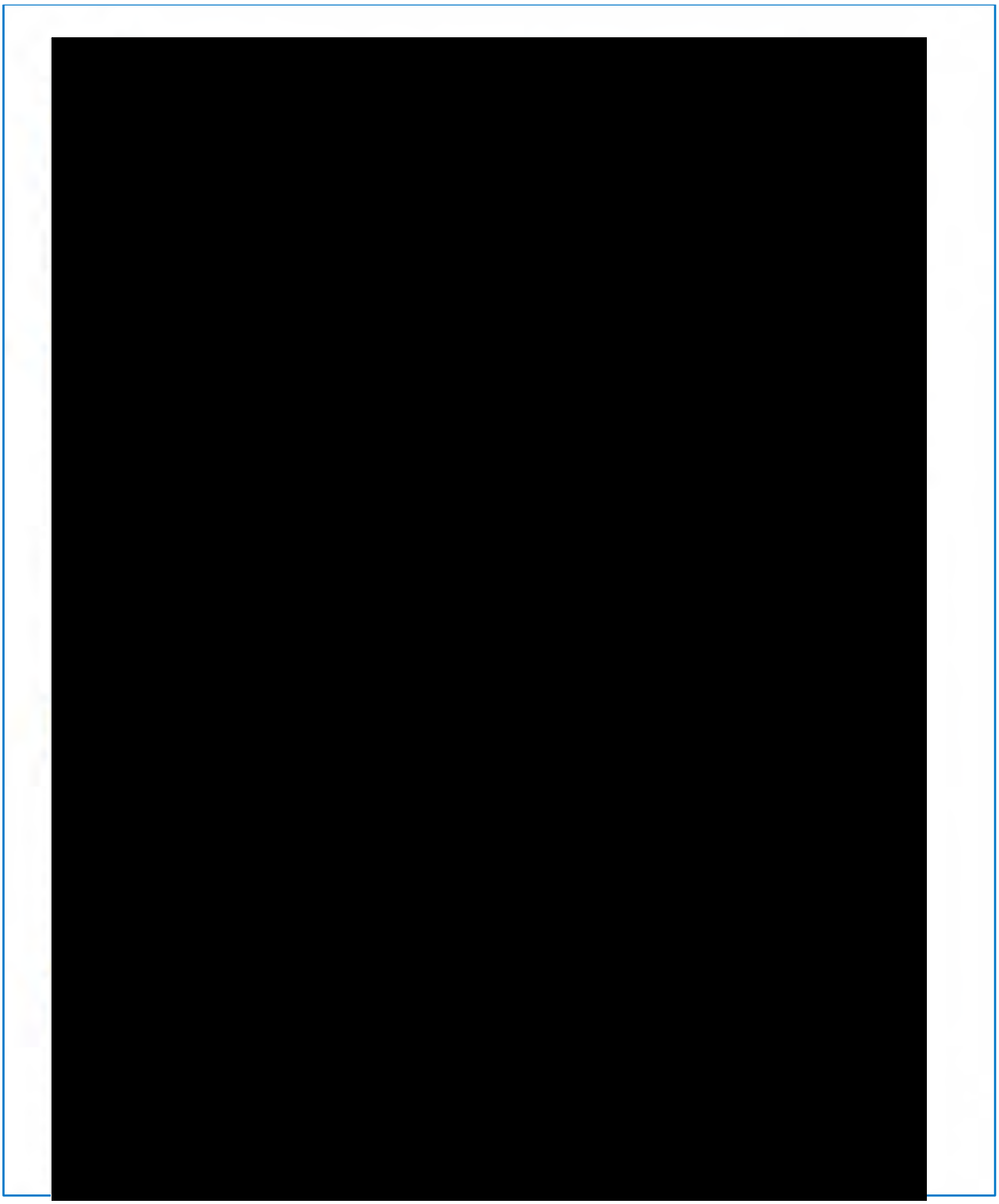


Figure MSQ30.1-4: Sample Diabetic Supply Update Memo (Page 2) (TRADE SECRET)

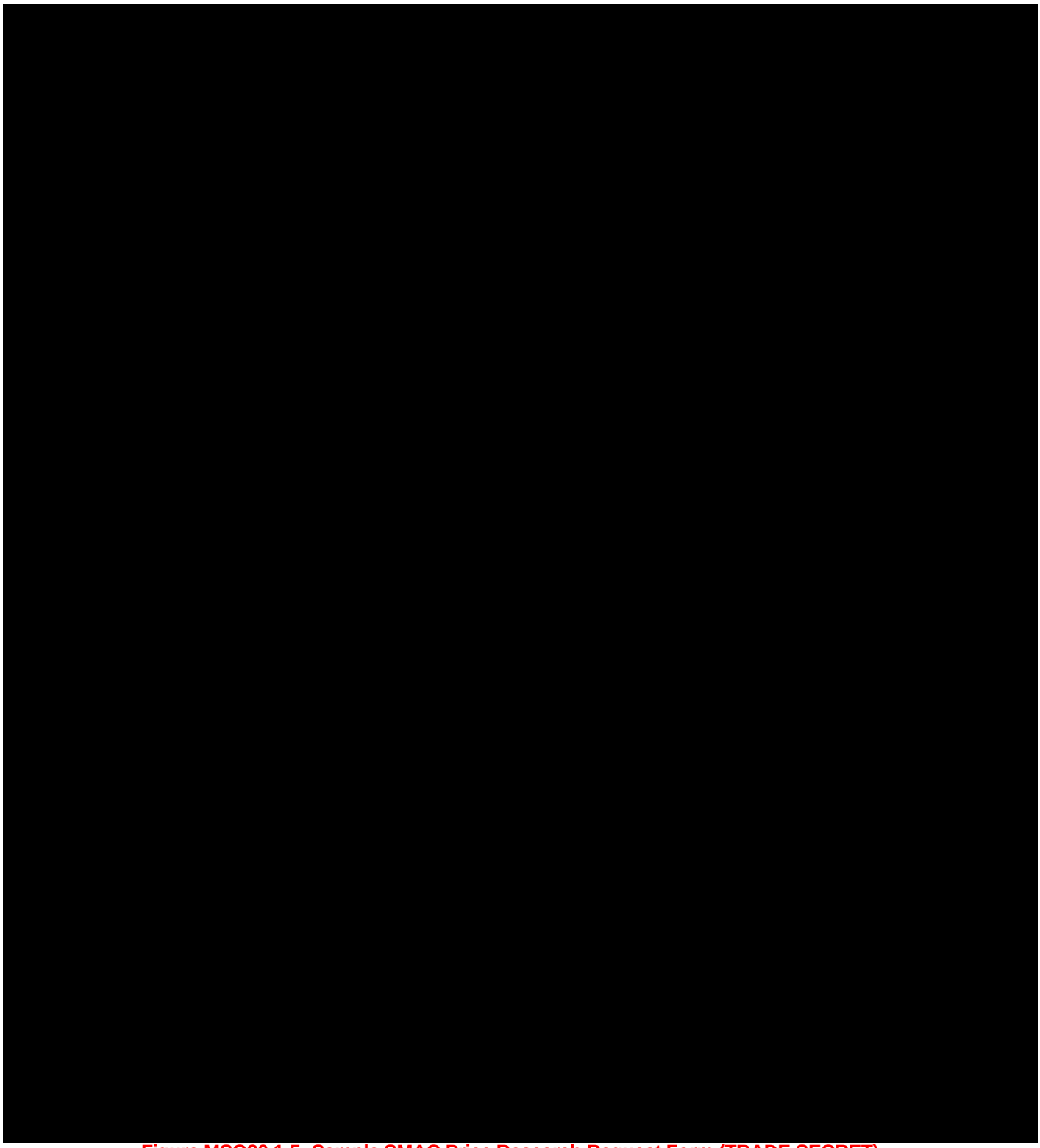


Figure MSQ30.1-5: Sample SMAC Price Research Request Form (TRADE SECRET)

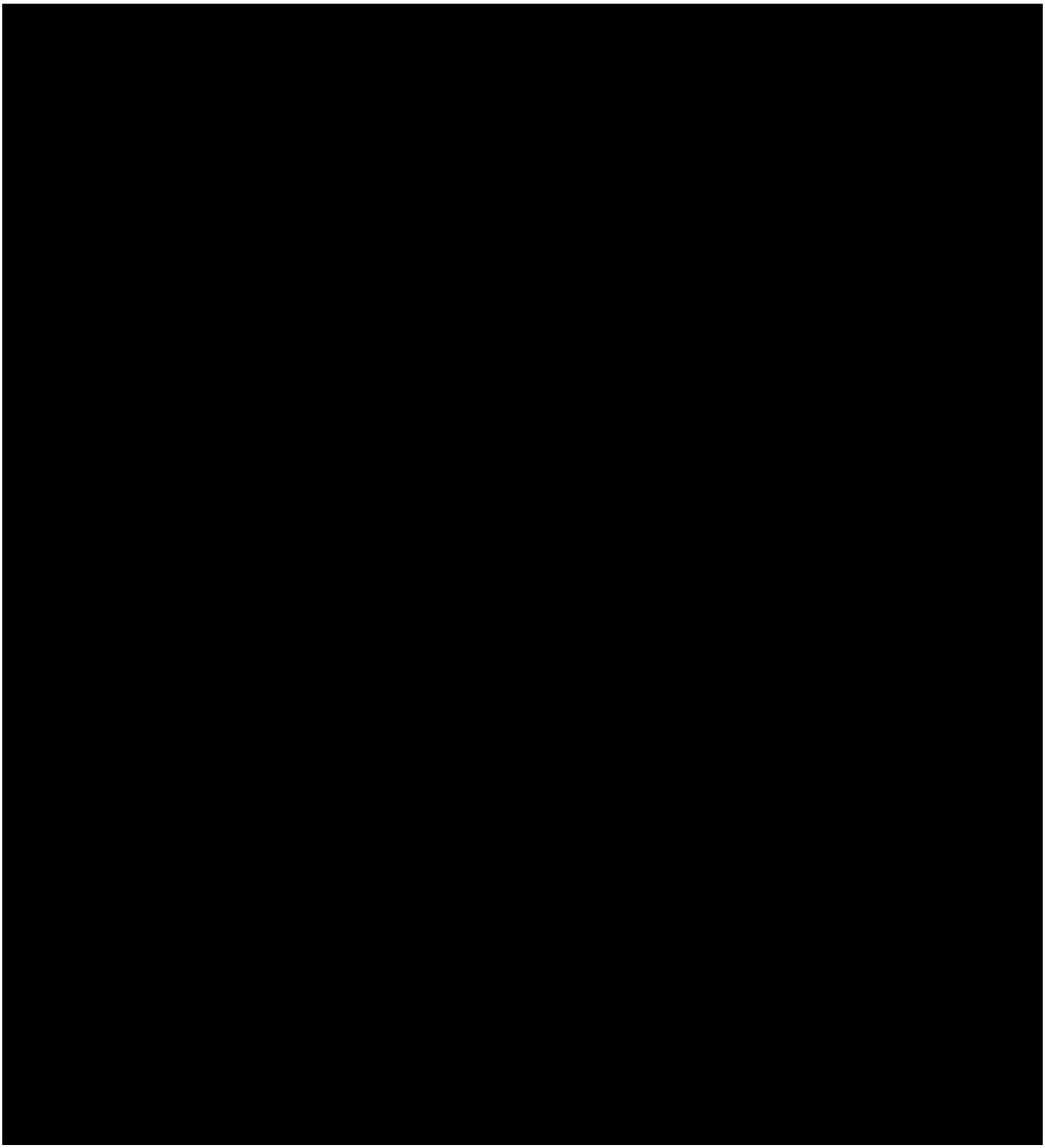


Figure MSQ30.1-6: Sample Provider Web Portal Subscription Services Sign-up (TRADE SECRET)

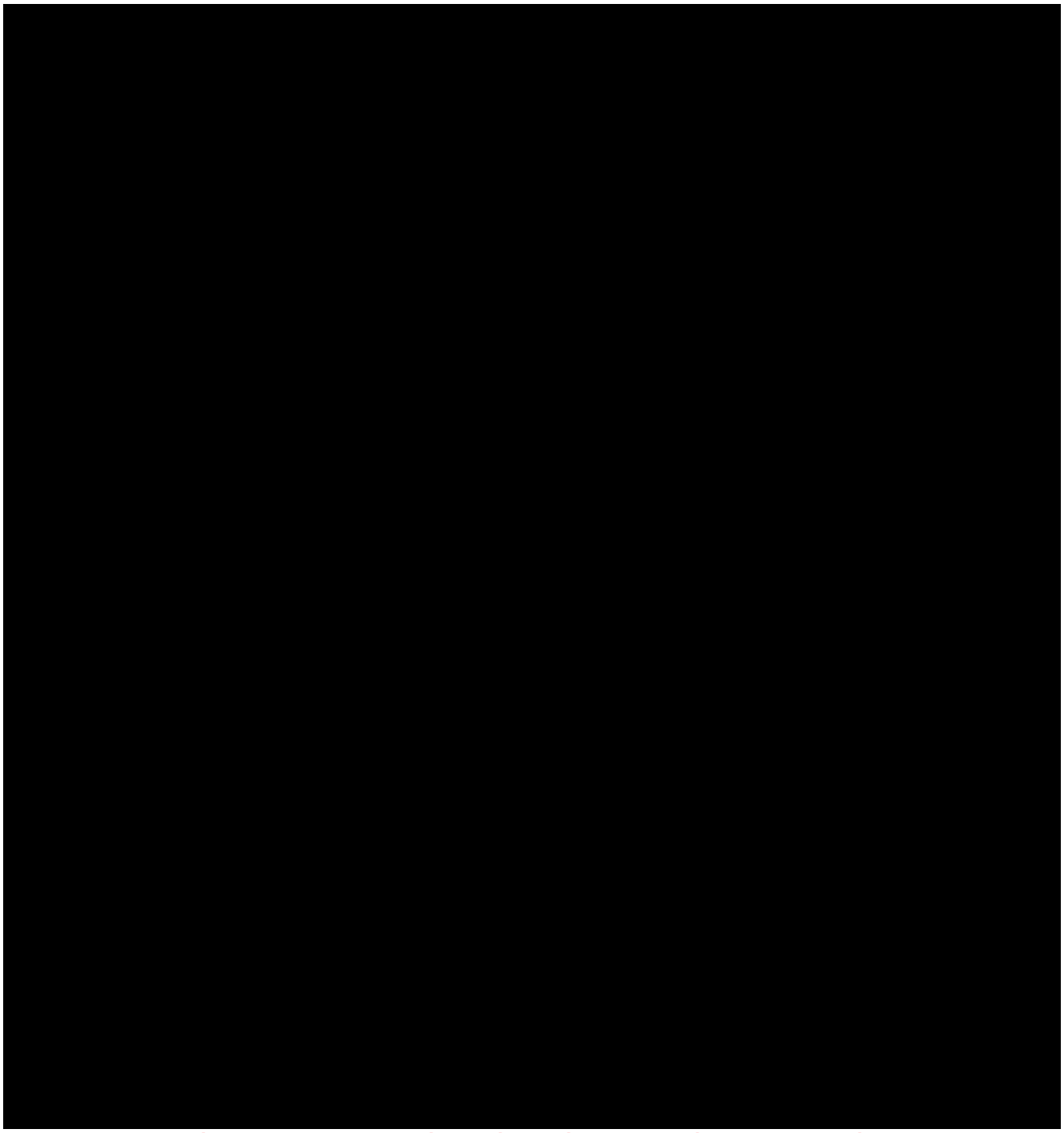


Figure MSQ30.1-7: Sample Member Welcome Letter (TRADE SECRET)

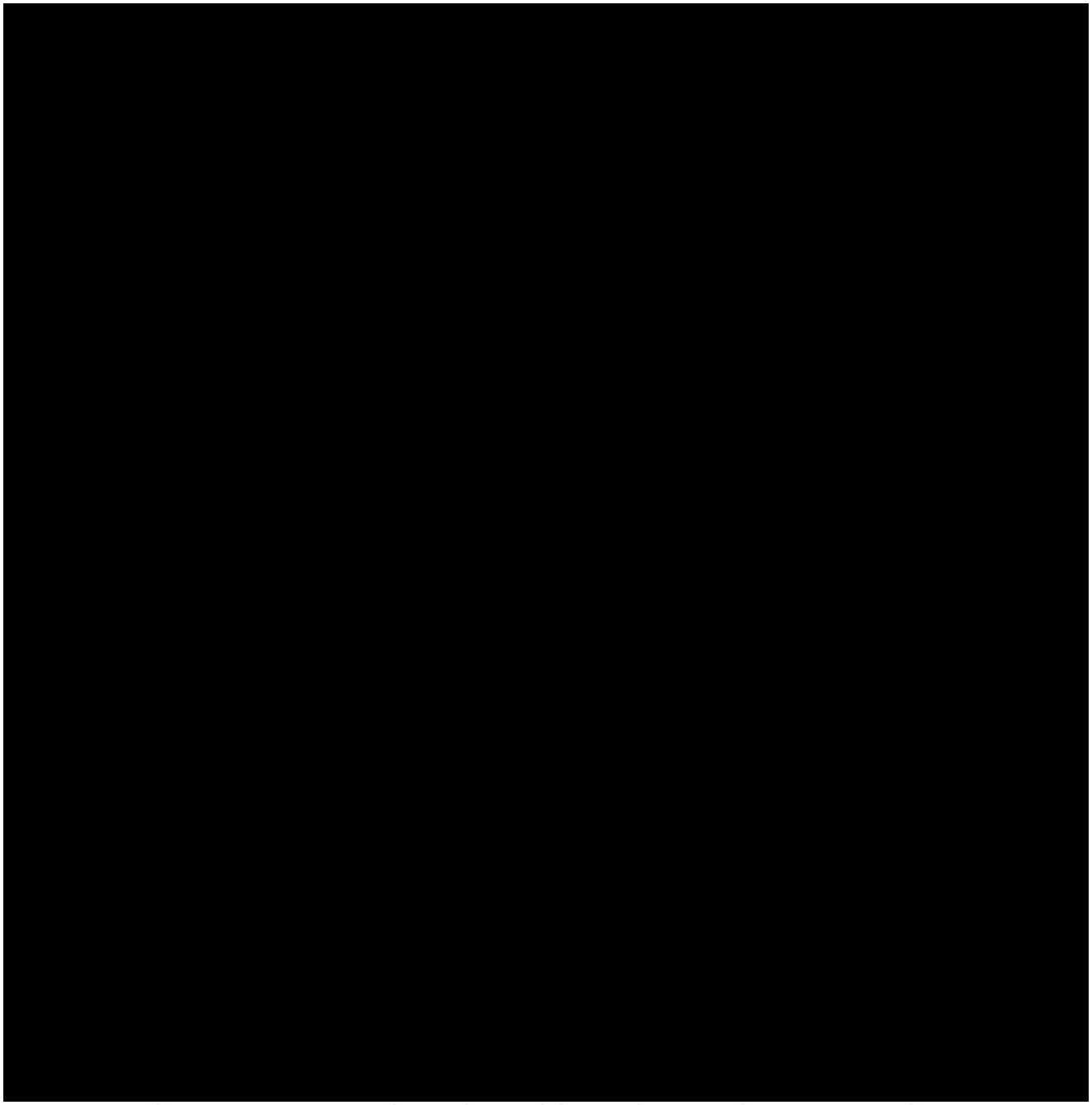


Figure MSQ30.1-8: Sample Member Lock-in Warning Letter (TRADE SECRET)

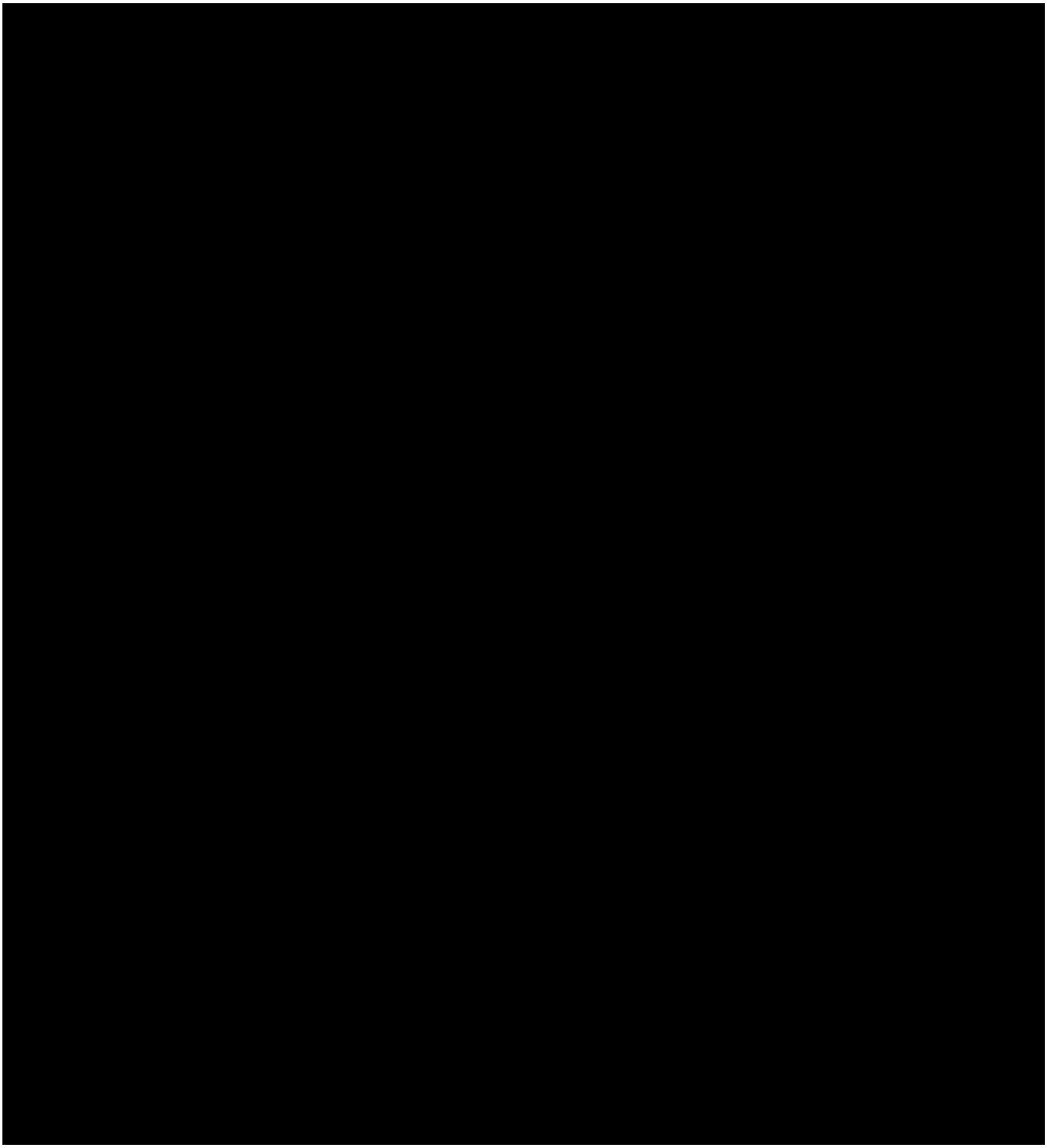


Figure MSQ30.1-9: Sample Member Web Portal Registration Job Aid (Page 1) (TRADE SECRET)

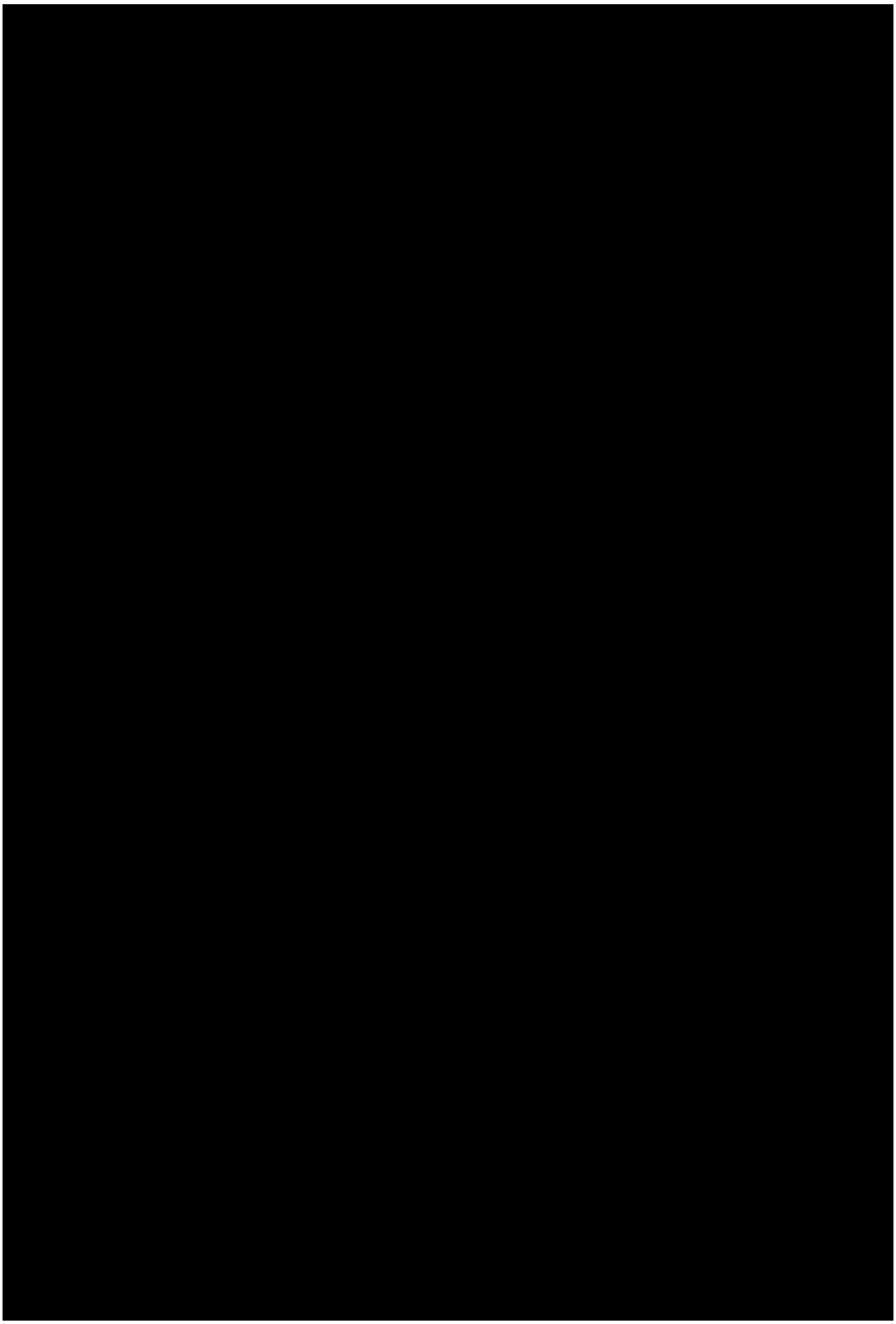


Figure MSQ30.1-9: Sample Member Web Portal Registration Job Aid (Page 2) (TRADE SECRET)

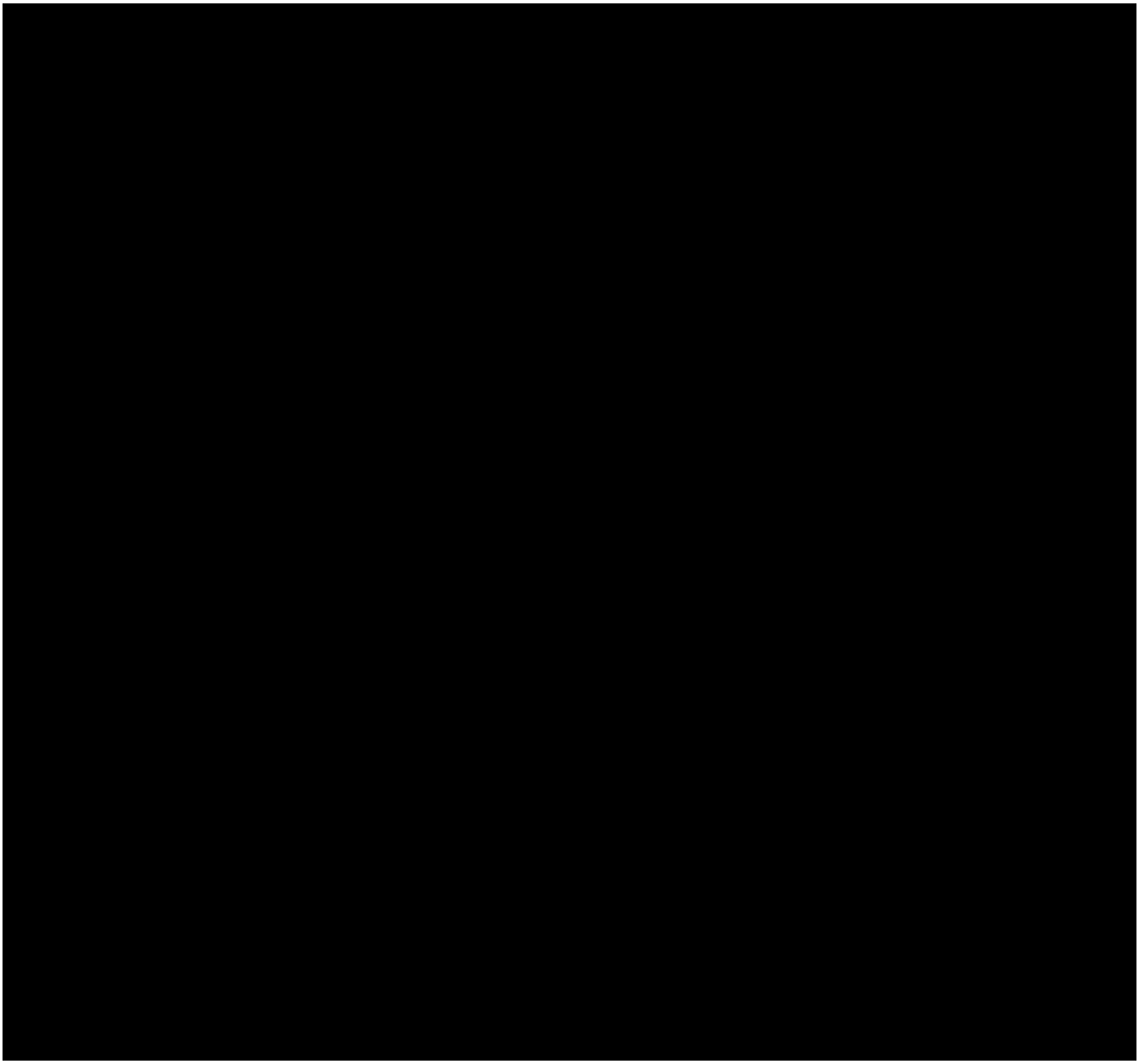


Figure MSQ30.1-9: Sample Member Web Portal Registration Job Aid (Page 3) (TRADE SECRET)

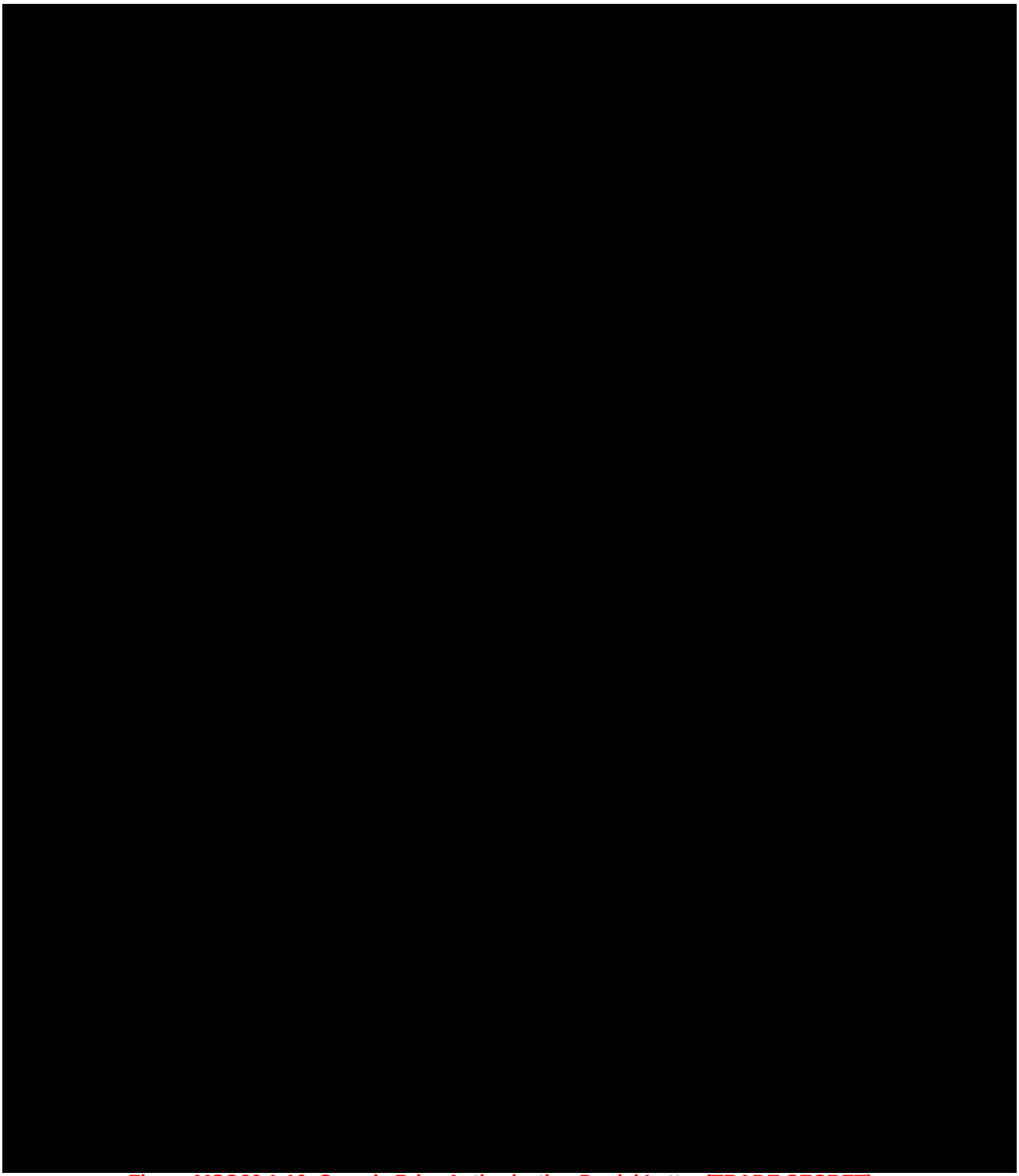


Figure MSQ30.1-10: Sample Prior Authorization Denial Letter (TRADE SECRET)

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 client-specific plan, design and coverage rule training, frequency, and the method of training, including any limitations, and indication if client-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

In this section, MMA describes in detail our proven and successful approach to Customer Service Representative (CSR) training. Our CSR Training Program meets the scope of work requirements in RFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work, Section 8.5 Training. MMA's Training and Development Department will ensure that all CSRs are regularly trained on the specific components of the State Medicaid Pharmacy Services program using materials approved by State (PBA Services SOW 8.5.2).

a. Information regarding initial training including the duration, required curriculum, and training based on specific areas of responsibility.

Through our established training initiatives, supported by extensive reference documentation, MMA will ensure that Call Center staff receives appropriate initial training based upon their designated role and associated responsibilities. Call Center staff will be trained to support the PBA Services Project's requirements and specifications and to provide consistently responsive, helpful, and courteous assistance when responding to inquiries. All Call Center staff receive comprehensive initial and ongoing customer service training. This training will include information specific to the PBA Services Project's systems, processes, and policies and procedures.

Call Center new hire training is an extensive, four-week course on everything needed to be an effective associate. The new hire CPhT participates in a structured orientation program that covers all aspects of the pharmacy operation. ***Through a combination of presentation, discussion, hands-on work, observation, testing, role-playing, and practice, the new hire is taught skills to provide excellent, knowledgeable service to our customers.*** Trainees will review the State Medicaid

Pharmacy Program plan and spend time with SMEs, who are experienced representatives, trained to support new hires through observation and feedback. New CPhTs spend time learning technical and customer service skills, customer-specific information, and clinical criteria as it pertains to the Program. Learners work under the supervision of SMEs to demonstrate their competency prior to being released to work independently. CPhTs will help manage clinical activities, such as PAs and communications between prescribers and pharmacists, in addition to member consultation. They will also aid members with forms, enrollment issues, and plan benefits, among other tasks. Once formal training is complete, we assign the new hire to a lead or senior team member who supervises performance until a sound level of proficiency is reached. Sample topics covered during training are shown in the following table.

Subject Matter Area	Topics Covered
Customer Service	Basic Customer Service Skills Communication Basics Professional Phrasing Empathy C.A.R.E. – One Touch Call Flow
System Training	Creating Contact Details Searching for Claims Reviewing Claims Resolving Issues
Telephone Training	Review of Telephone Features Aux Codes for Adherence
Call Quality	Quality Expectations Quality Scorecard
PBA Services Project Call Center Implementation Plan	Policies and Procedures

b. Training materials, i.e., presentations, videos, on-line references, support guides, and user manuals.

Our Training and Development Department uses training materials, such as presentations, videos, online references, support guides, and user manuals, to ensure that Call Center staff are thoroughly trained to provide the highest level of customer service to members, providers, and other Program stakeholders. MMA will utilize a variety of delivery methods for training, including online self-paced training presentations, virtual instructor-led, written materials, webinars, and demonstrations, to ensure a successful learner experience. We follow adult learning theory principles to determine the appropriate approach to ensure that all Call Center staff are trained in a way to easily transfer learning to performing their job tasks. Our standard training components include:

Training Plan: Our Training and Development Department works closely with our DDI and Account teams, including clinical staff, to generate training documents and plan the Project's training initiatives. To ensure the success of the training, the Training and Development Department: conducts a training needs analysis; establishes the tools and setting where the training will take place; pinpoints the target audience; and evaluates the needs of the audience, training priorities, and training objectives.

Learning Management System (LMS): MMA's LMS tool is used for training and education and provides status reporting for Call Center staff training. Our LMS provides Training and Development Department staff with the ability to strategically plan, deliver, and manage all training initiatives. Value-added characteristics of the LMS include learning messaging and notification, online course enrollment and tracking, CBTs, and assessment/testing capabilities. With our LMS, MMA can easily create, catalog, manage, and track all types of learning activities, including web-based, instructor-led, video-based, or file-based courses and classes. Our LMS provides Call Center staff with 24/7/365 access to CBTs and other resource materials on our system(s).

Virtual Instructor-led Training (VIT): MMA offers instructor-facilitated VIT through webcasts and webinars. Our VIT is delivered as a scheduled webcast/webinar session. This provides attendees with real-time, scenario-based, hands-on experience in an interactive session where learners can practice and ask questions.

Computer-based Tutorials (CBTs): MMA utilizes CBTs to allow users the flexibility to take courses at their own pace. CBTs consist of videos and tutorials providing instruction on system use and procedural changes.

Training Support Tools: All system courses delivered by the Training and Development Department utilize basic support tools to optimize learning. These tools include system user guides, job aids, case studies, examples, hands-on activities, and training presentations.

Course Evaluation Forms: Course Evaluation Forms are used to assess the effectiveness of MMA's training and gives learners an opportunity to provide feedback on documentation, activities, the instructor, technical issues, and overall training effectiveness. The Course Evaluation Form is attached at the course-level in the LMS.

Our Training and Development Department creates and maintains training materials as an integral part of our training process to foster a successful learning experience. Training materials such as user guides, job aids, and CBTs are written in a format that is clear, precise, and understandable. All user guides include a table of contents. Definitions of codes, acronyms, abbreviations, and field names are consistent throughout the documentation and applications. The user guides contain tables with field names, definitions, and valid values. Specific Call Center role-based job aids are provided as supplemental training documentation to the user guides.

MMA also creates and maintains all training materials to account for any system modifications that are made throughout operations and maintenance. Our content management strategy has strict procedures in place to maintain all types of training materials, program and system documentation, provider manuals, operating procedures, or other documentation to ensure they remain current as program requirements, or our systems or processes change. An internal review process validates that all revisions have been correctly made to the documentation in accordance with State-specific criteria and standards, as well as industry professional standards, before it is made available to State for review and approval. We incorporate industry best practices into our approach to documentation management to ensure that all information is accurate and up to date.

c. Information on new staff member training and ongoing training including frequency and required classes.

MMA's innovative education solutions embed a culture of life-long learning among all employees. The Training and Development Department provides learning experiences to help employees prepare for the implementation and throughout the life of the contract. Employee training includes interactive, hands-on activities that help employees acquire new, or improve existing, knowledge or skills to support program needs. Required annual classes are assigned directly to (new and ongoing) learners through the LMS (e.g., workplace harassment, respect in the workplace, code of conduct, security and privacy, etc.). All Call Center employees receive regular coaching sessions with their Leader. The Training and Development and Quality Assurance departments maintain a close relationship with Call Center management to assure compliance with the Program, quality customer service, and accuracy. Using call calibration and trends identified in Quality Scorecards, training needs are identified and addressed. If any deficiencies are brought to MMA's attention by the State, the Training and Development Department will consult with Call Center leadership to design and deliver the appropriate learning experience.

Customer Service Training: Our overall approach to providing member, provider, and prescriber support is to create a positive experience in our Call Centers. Call Center representatives are trained to identify solutions to member, provider, prescriber, and other stakeholder questions by partnering with callers to address their concerns. Using a blended approach to learning that combines CBT and instructional classroom training, pharmacy Call Center staff receive technical and programmatic training, as well as training on customer services best practices known as ***Compassion, Accuracy, Respect, Enthusiasm (C.A.R.E) on Every Call.*** C.A.R.E on Every Call defines a specific call flow and attributes that are the foundation and definition of MMA service. From new hire training to consistent and daily reinforcement by the Call Center Leadership Team, our staff become fluent in our service expectation and our execution.

Our Training and Development Department offers courses during Contract operations for newly hired Call Center staff. ***MMA will also provide Call Center staff refresher training, or ad hoc training, on applications and processes throughout the life of the Contract.*** We will develop, update, and submit our Training Plan, training completion reports, training manuals, system and user documentation, and subsequent training schedule to validate that both system and operational changes are effectively managed and appropriately communicated to affected groups, identifying resources, modifying schedules, and adjusting priorities and contingencies, as needed. We recognize the importance of ensuring that all MMA staff resources are fully trained and knowledgeable of the State's requirements. We perform ongoing training and development efforts that focus on areas for improvement identified through our quality program. Management and supervisory staff are trained in performing reviews with all staff to ensure we meet performance objectives for the Project.

HIPAA Training: MMA provides HIPAA, PHI, and PII training for all employees, including Call Center staff. We require all workforce members to take HIPAA Privacy and Security training when they are hired. Subsequently, all workforce members are required to take annual refresher training, which includes any updates or changes to the privacy policies since the previous annual refresher training. Additionally, each department incorporates appropriate privacy procedures into new hire orientation training and annual refresher training. Each manager is individually responsible for ensuring his or her staff is informed and educated on policy and procedure changes and adherence to all privacy standards as required by laws and regulations. We also maintain a Privacy Office as part of the Compliance Department. The Privacy Office is responsible for the content of privacy training and also delivers targeted training to specific departments who either request additional training or who are directly affected by changes to our privacy policies outside the normal training cycle. Any employee who requests additional training, or whose performance is judged to be out of compliance with PHI Privacy practices, is provided coaching or additional training, as needed.

d. Description of client-specific plan, design and coverage rule training, frequency, and the method of training, including any limitations, and indication if client-specific training is limited to Dedicated core staff only.

Call Center staff will receive State-specific training to ensure compliance with PBA Services policies and guidelines with no limitations. We ensure that Call Center staff are trained to support Program requirements and specifications and to provide consistently responsive, helpful, and courteous assistance when responding to inquiries. This Program-specific training enables Call Center staff to provide quick resolution to member, provider, and/or State questions. This training is not limited to Dedicated Core staff. To facilitate resolution, pharmacy program requirements are documented and maintained in the State-specific QuikChek (a reference guide used by internal MMA staff). ***The quick accessibility to our resource documentation enhances the efficiency and accuracy of information given and/or issue resolution.*** The QuikChek provides Project specifics on resolving claims and billing issues (e.g., COB/TPL) or other State policy related to the PBA Services Project. To

ensure the accuracy of information provided, MMA will also provide initial and ongoing training for Call Center staff about State-specific PA criteria. Once we receive benefit requirements and the State's PA criteria and policy protocols, our Training and Development Department will develop a training class schedule for the CPhTs and clinical teams. When significant changes to benefits, policy, or criteria occur, the updates are communicated to CPhTs and clinical teams via online or virtual class protocols to ensure that only the most current version of State-approved PA criteria is used. A training program will also be provided when there are major changes to the State's plan. We provide a re-training process to ensure each team member continuously gives excellent customer service and support if we should identify areas of opportunity.

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.

In preparation for handling direct inquiries from members or providers, new hires participate in a Success Lab. The Success Lab includes working in pairs or independently answering live production calls with SME supervision. SMEs provide any additional training or support needed until the new hire is released to work independently. Regular supervisory huddles with Call Center staff and Quality Assurance monitoring that includes our performance guarantee scorecard to ensure customer service principles and Program requirement adherence. Call Center staff are regularly monitored through our call monitoring system. This includes a review of the verbal interaction and a navigational review of the Call Center representative's screen.

MSQ31.1 – Training Materials (TRADE SECRET)



Figure MSQ31.1-1: Sample Contact Center New Hire Training Agenda (Page 1) (TRADE SECRET)

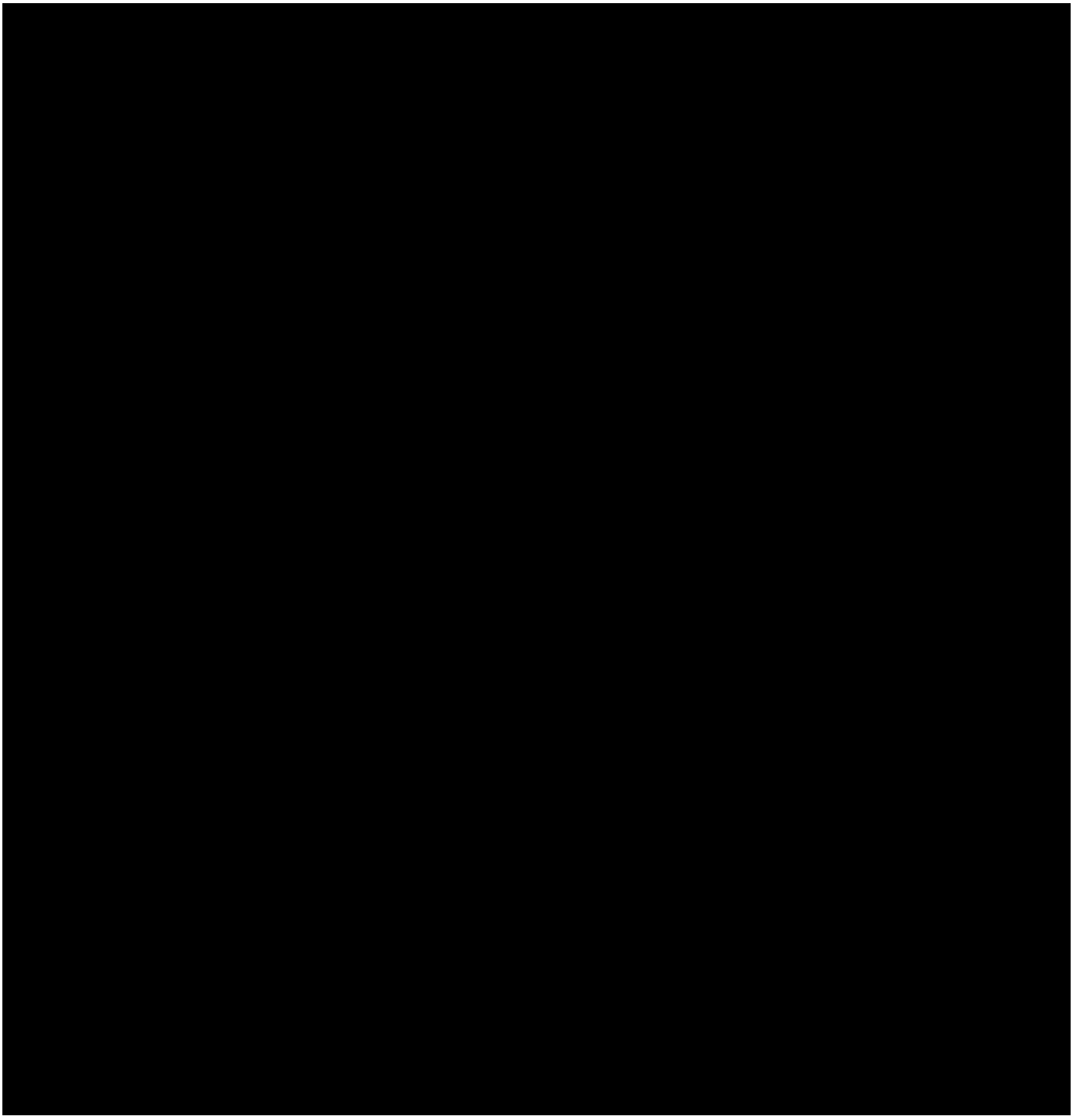


Figure MSQ31.1-1: Sample Contact Center New Hire Training Agenda (Page 2) (TRADE SECRET)

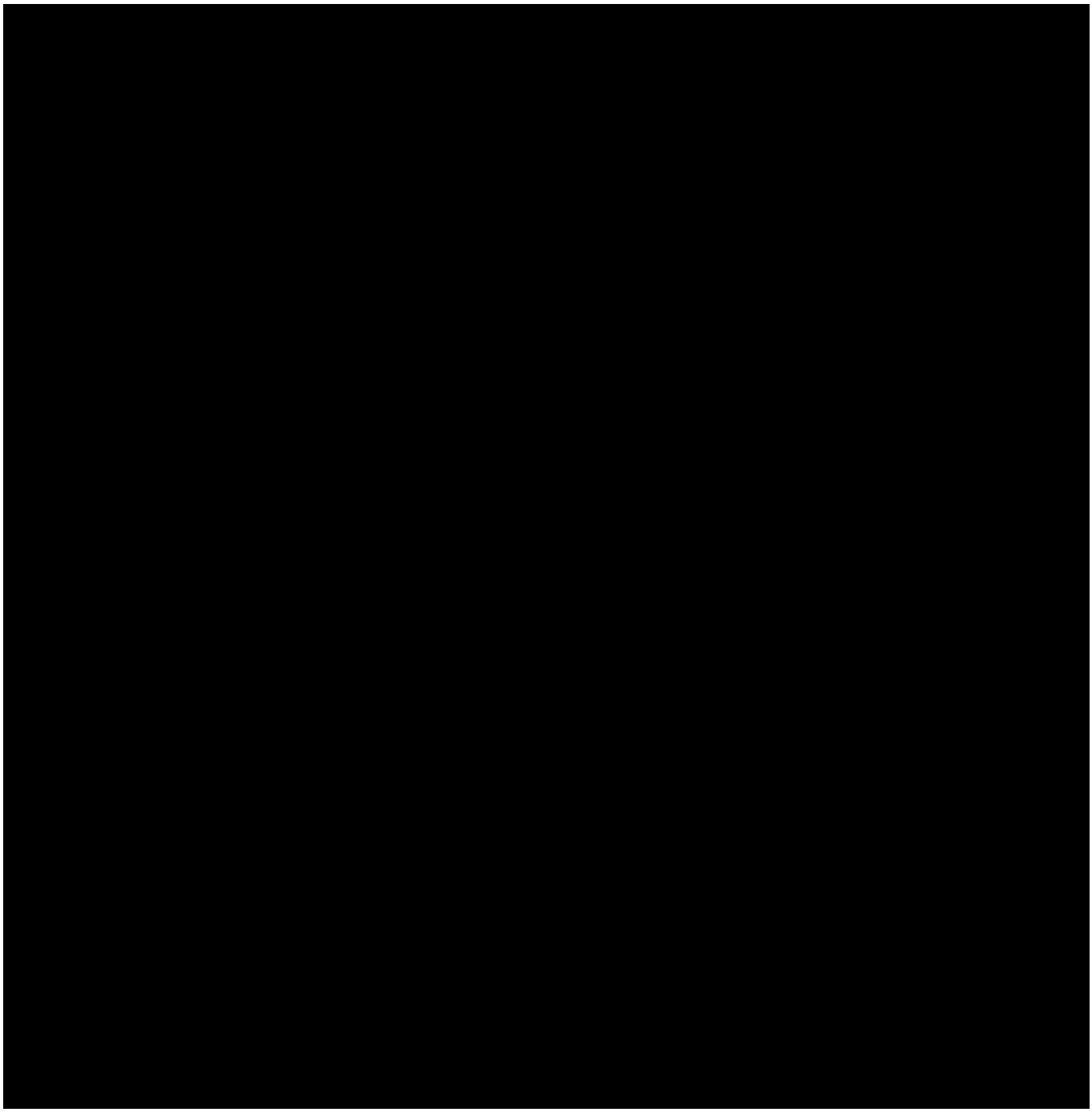


Figure MSQ31.1-1: Sample Contact Center New Hire Training Agenda (Page 3) (TRADE SECRET)

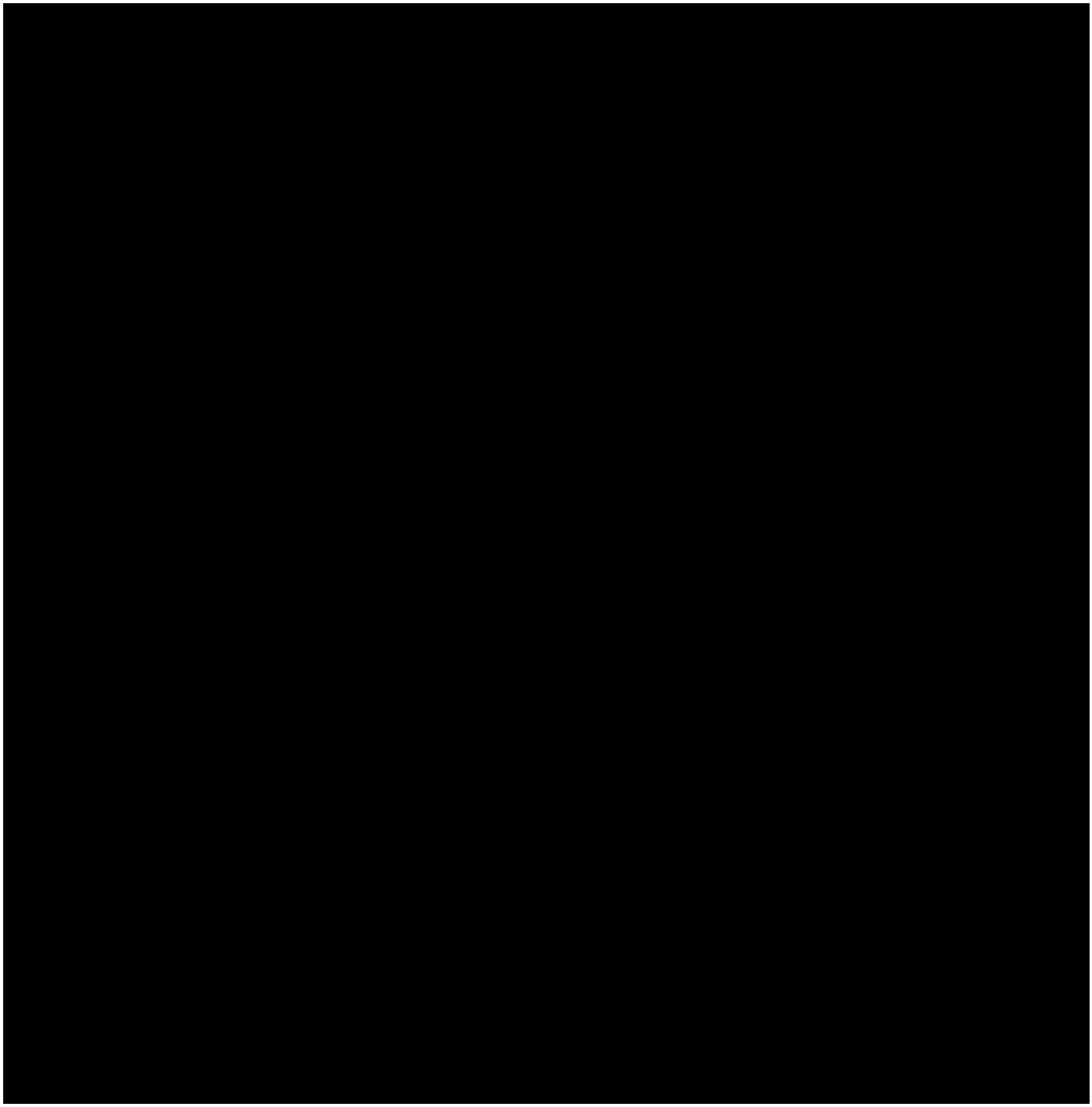


Figure MSQ31.1-1: Sample Contact Center New Hire Training Agenda (Page 4) (TRADE SECRET)

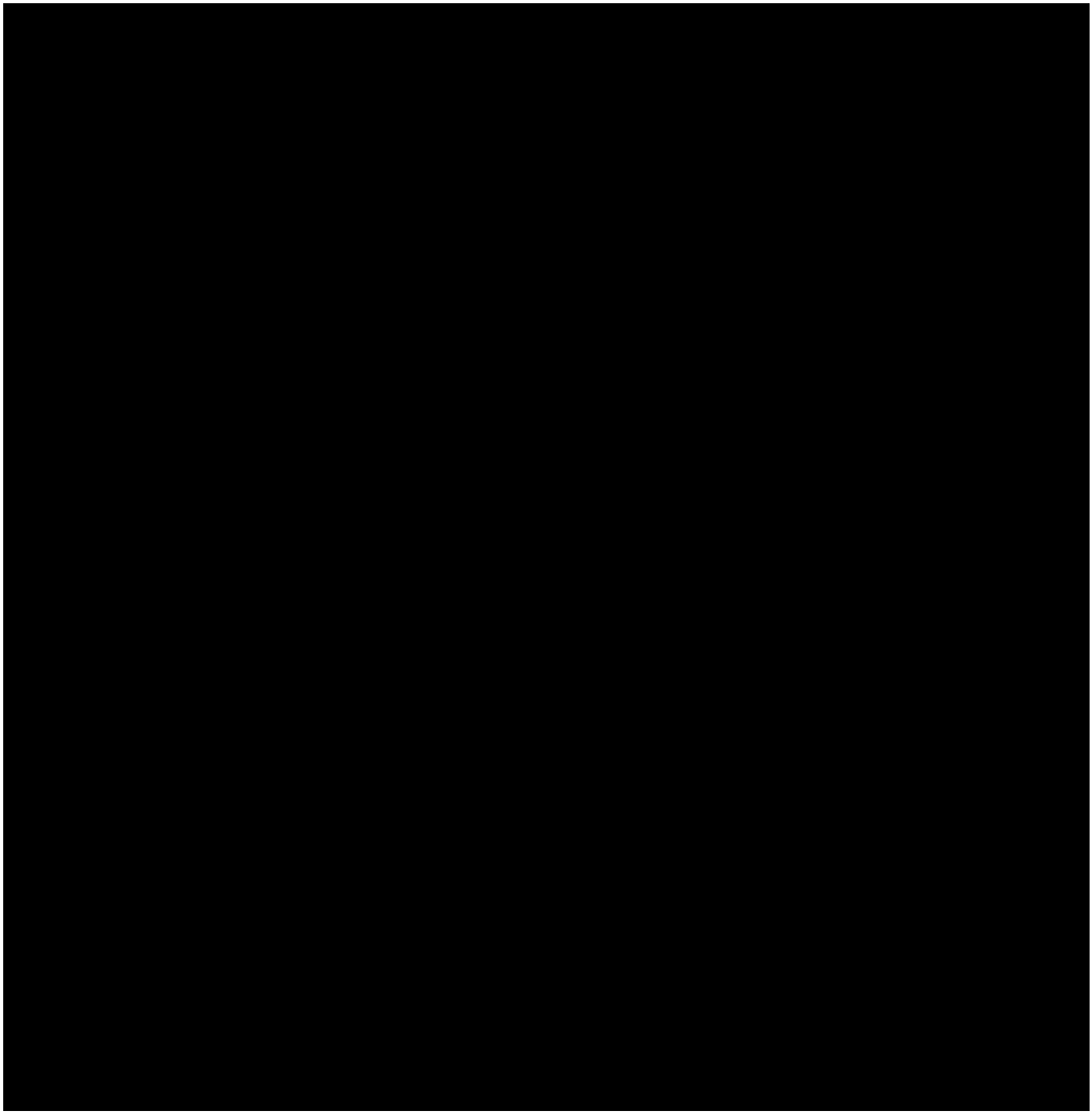


Figure MSQ31.1-1: Sample Contact Center New Hire Training Agenda (Page 5) (TRADE SECRET)

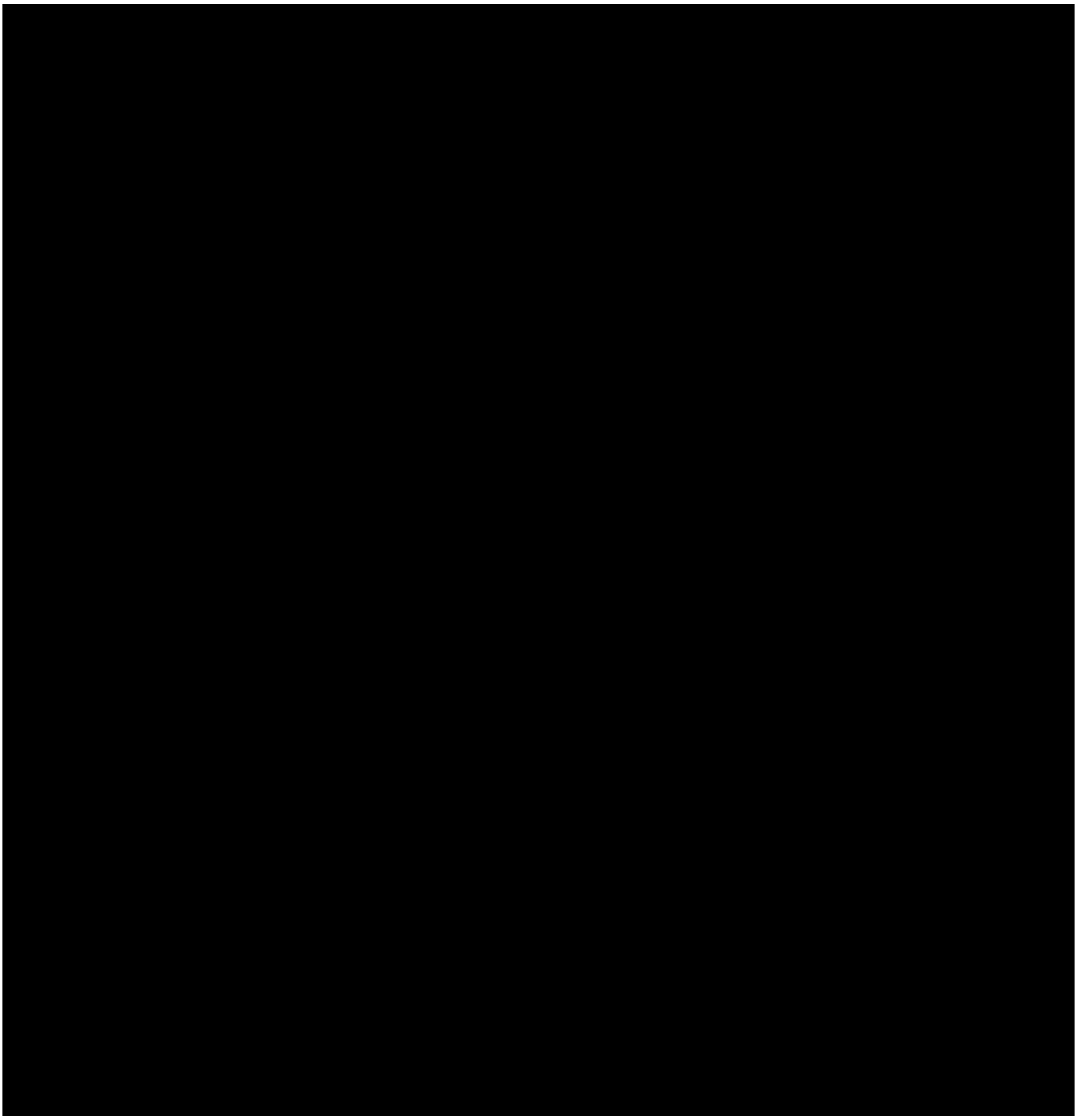


Figure MSQ31.1-1: Sample Contact Center New Hire Training Agenda (Page 6) (TRADE SECRET)

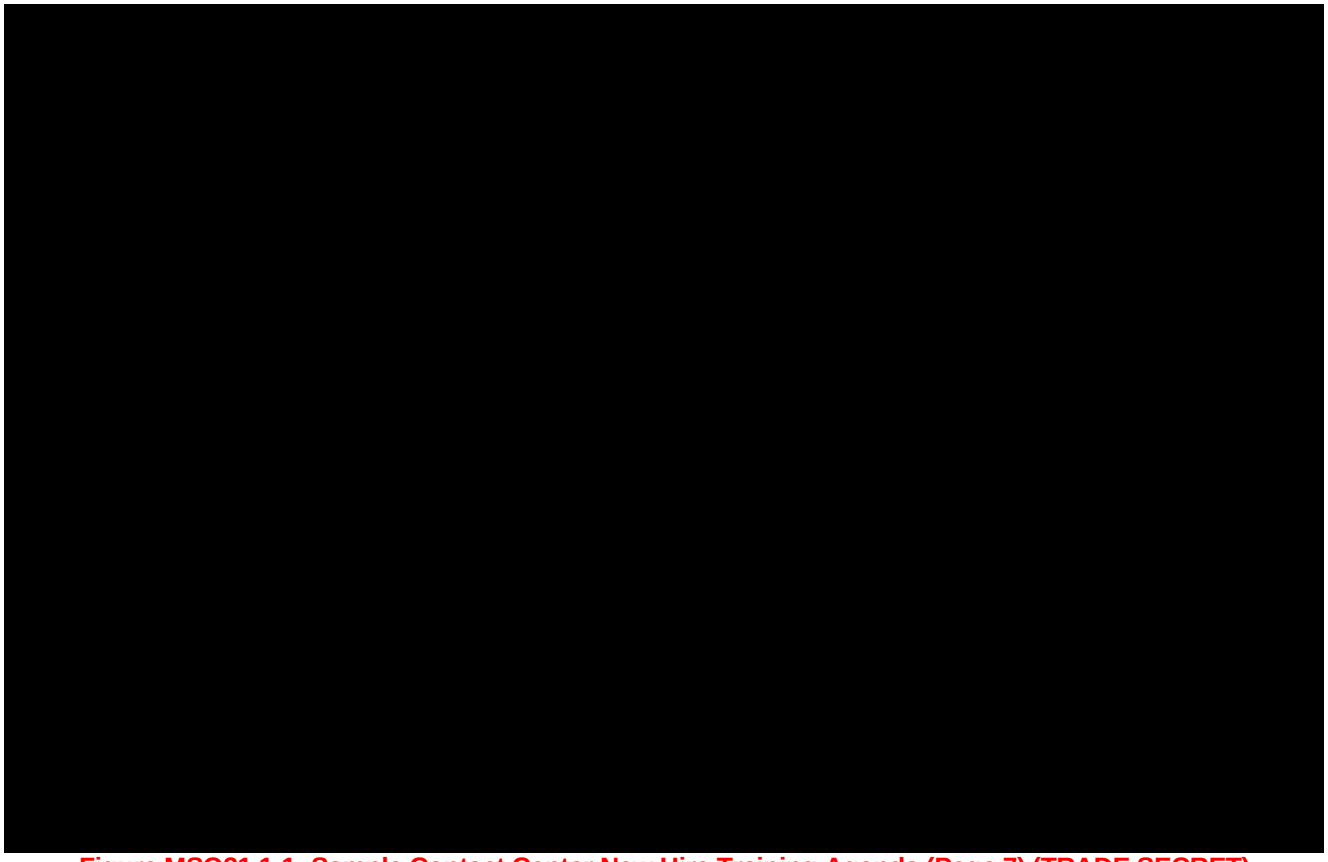


Figure MSQ31.1-1: Sample Contact Center New Hire Training Agenda (Page 7) (TRADE SECRET)

Call Center FirstTrax Participant Workbook Sample Technical Scenario (TRADE SECRET)

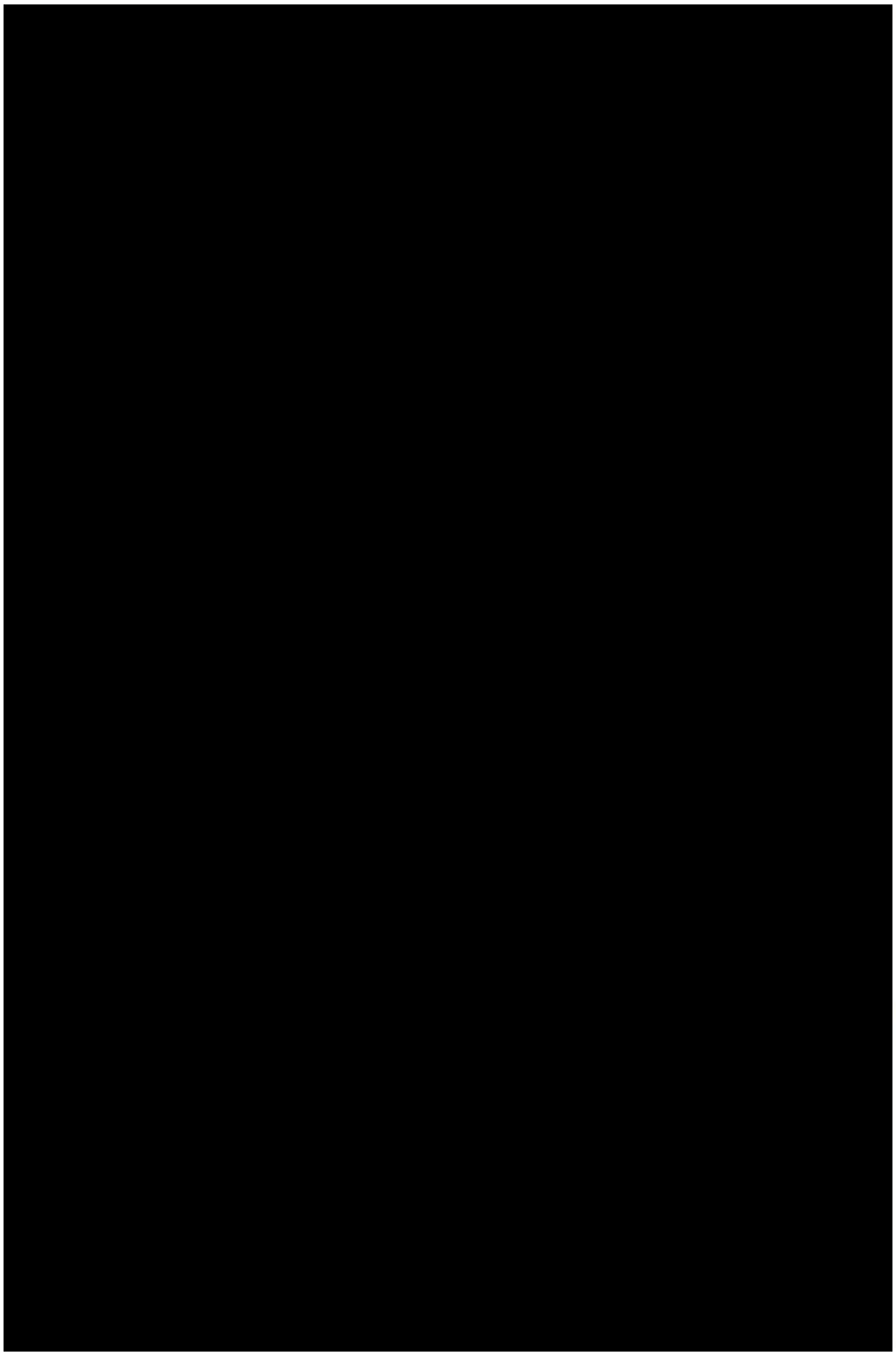


Figure MSQ31.1-2: Sample FirstTrax Participant Workbook Technical Scenario (TRADE SECRET)

MSQ31.2 – Training Plan (TRADE SECRET)

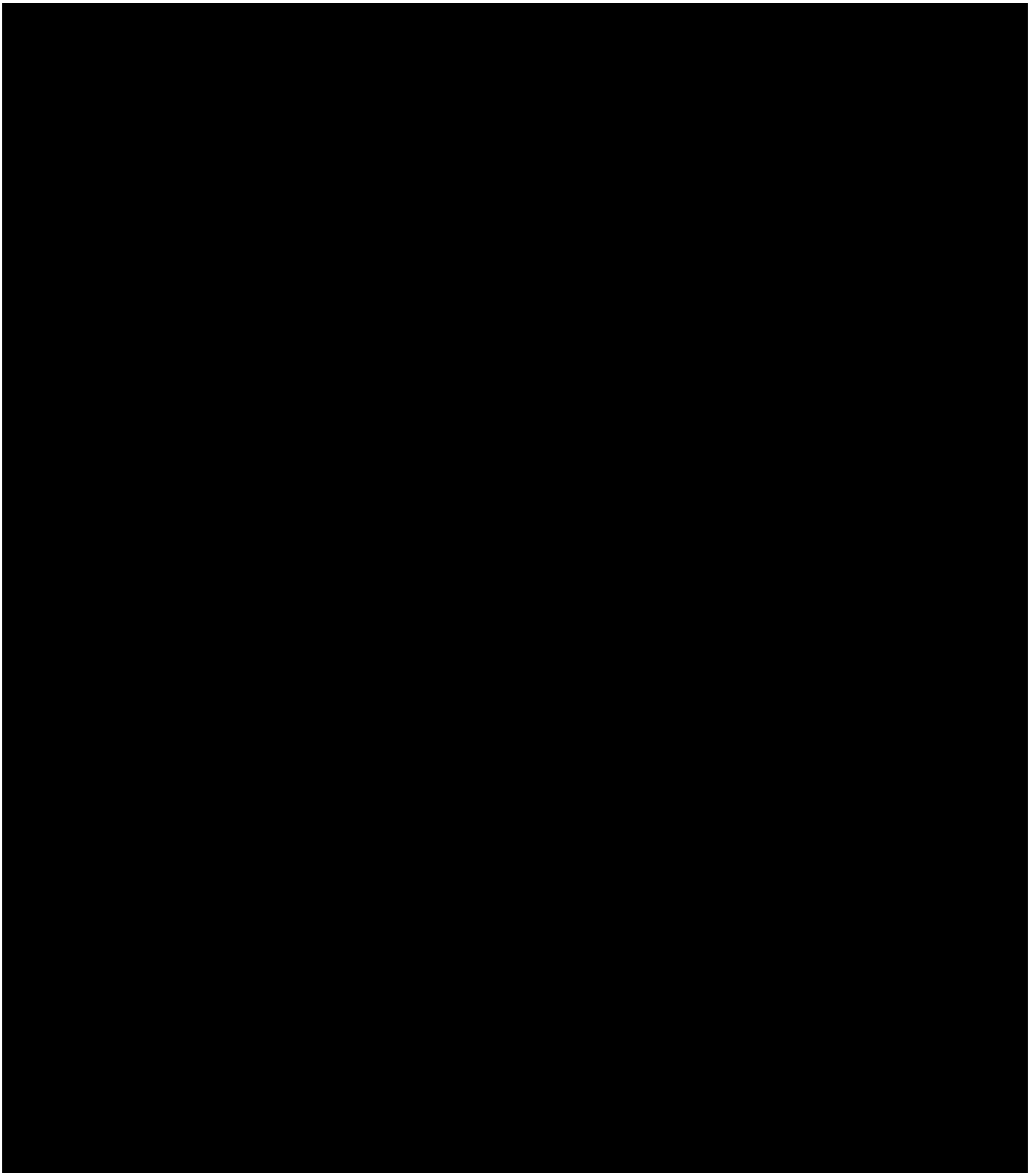


Figure MSQ31.2: Sample CSR Training Plan (Page 1) (TRADE SECRET)

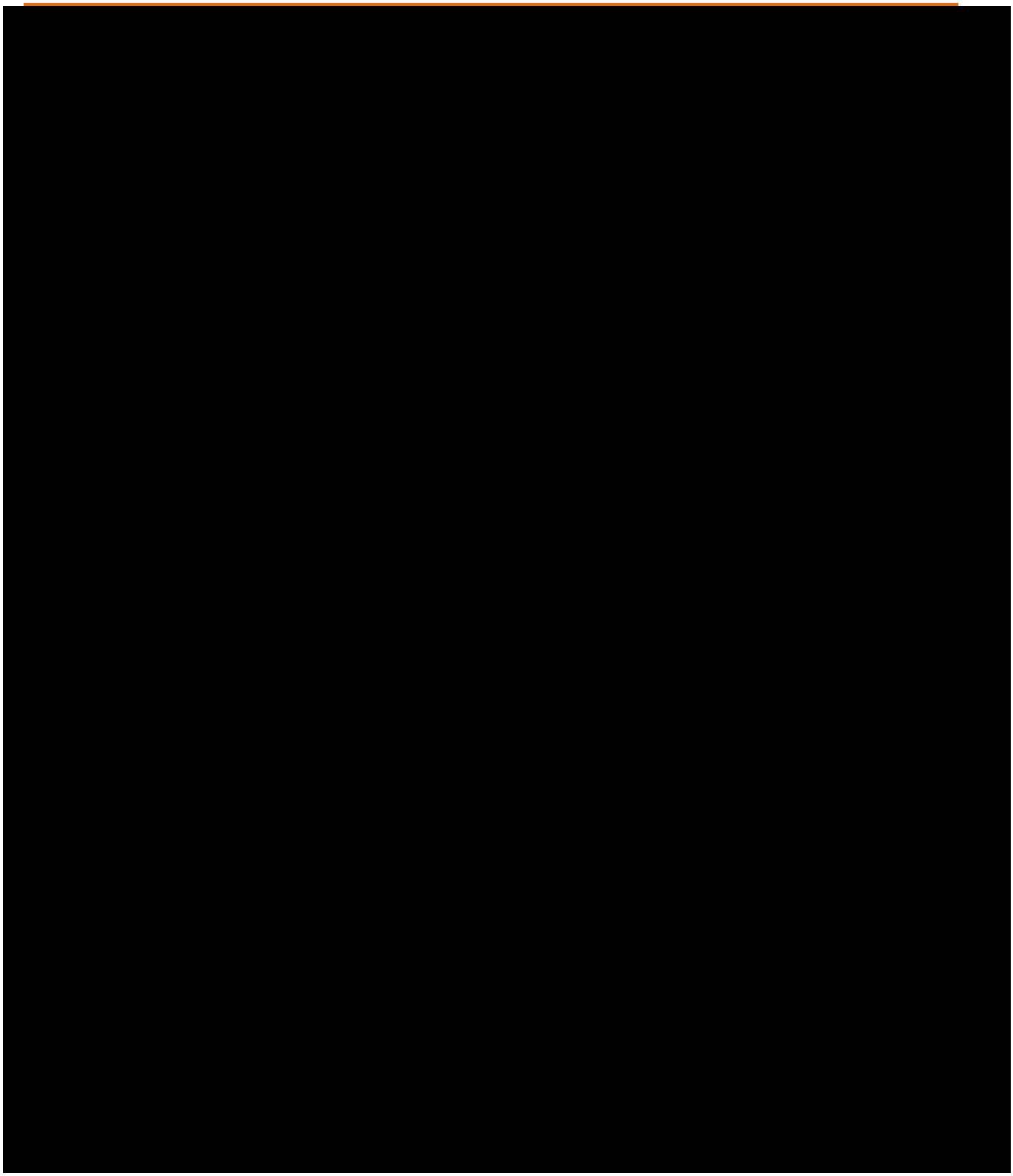


Figure MSQ31.2: Sample CSR Training Plan (Page 2) (TRADE SECRET)

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

MMA's proven solution will meet all PBA architecture requirements listed in eRFP Attachment F – Pharmacy Benefit Administrator Services Scope of Work and Attachment C – Common Scope Requirements and Security Standards. MMA will provide a technical solution that incorporates all facets of Medicaid modernization, leveraging COTS and Cloud solutions to deliver a ***best-in-class, scalable, modular*** solution for the State's Medicaid Pharmacy Program. Ninety percent of our COTS-based solution is configurable to meet each State's needs.

MMA's application architecture provides a ***modular, flexible approach through the use of open, industry-standard interfaces and exposed Application Programming Interfaces (APIs).*** MMA's proven architecture will enable the system to exchange data efficiently, effectively, and appropriately with other participants in the State's Medicaid Enterprise System. MMA establishes secure data transfers with all applicable vendors.

Our applications enable us to rapidly make configuration updates and system modifications to support the changing needs of our customers' pharmacy programs. ***More than 98% of all program changes are configurable by a business analyst and do not require any development or customization efforts.*** Through configuration, not coding, our system has efficiently kept pace with changes in government healthcare programs and program policy. We have demonstrated this agility as we have continued to configure the system to meet evolving government customer needs throughout our ***40 years of pharmacy benefit administration experience supporting government healthcare programs.***

MMA's solution operating systems, database management systems, COTS software, and logical servers are shown in *Figure MSQ32-1: Medicaid Pharmacy Program—PBA Solution Architecture Model (SAM).* Our FirstRx pharmacy POS system and our other systems have been designed to provide both flexibility and configurability in establishing and modifying edits and rules through on-line functions.

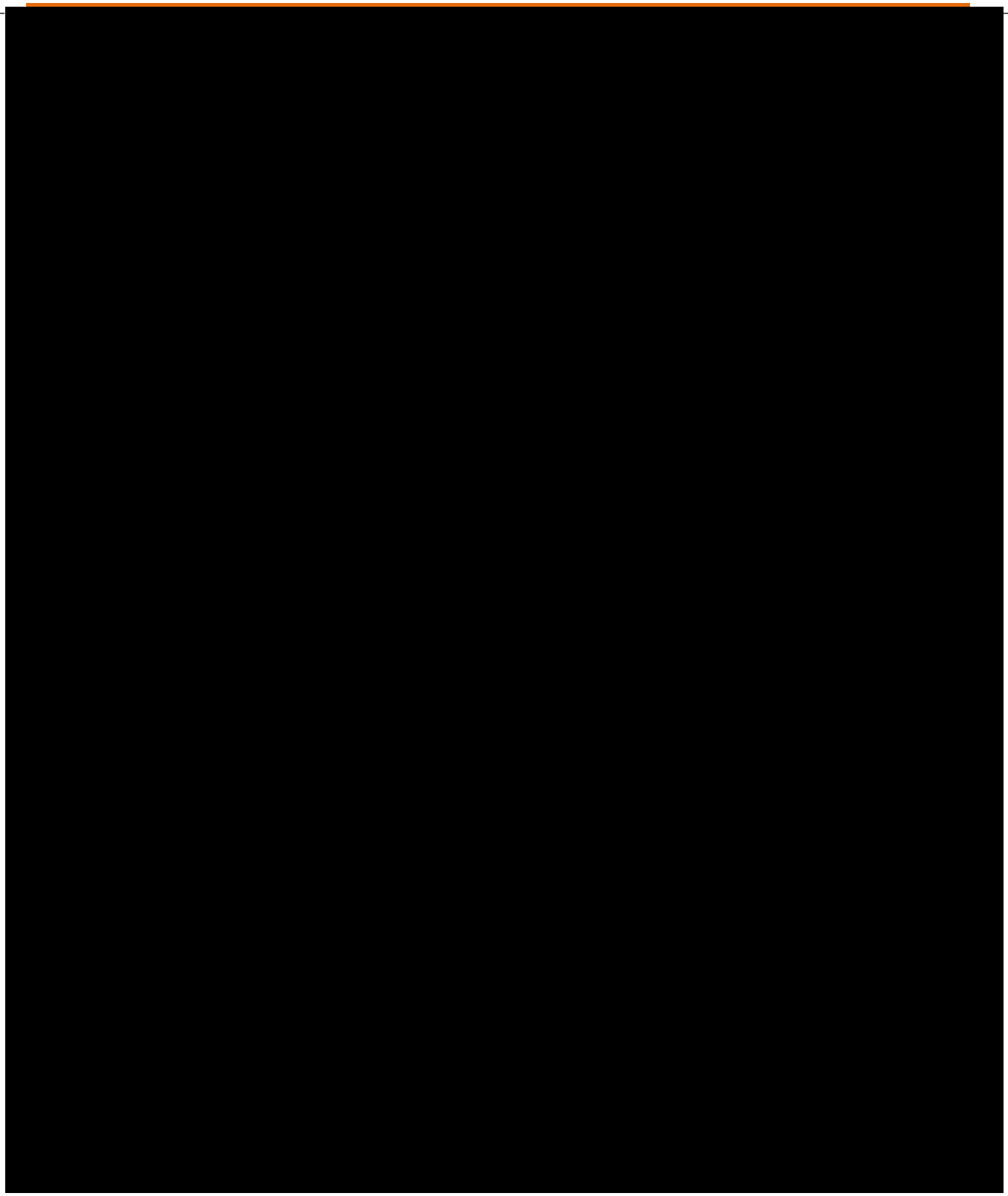


Figure MSQ32-1: Medicaid Pharmacy Program—PBA Solution Architecture Model (SAM) (TRADE SECRET)

Our existing architecture also includes an electronic data interchange (EDI) gateway and enterprise business services capabilities which are also key components of our data exchange strategy. These provide a means for more customizable, near real-time exchanges of member records or transaction-level data, if stakeholders choose to use this instead of the more commonly leveraged batch data interface architecture. MMA's solution integration framework is standards-based. We have experience interfacing with a variety of program management application systems.

Our data exchanges, including inbound and outbound interfaces, align with the MITA framework and comply with industry standards for interoperability and data integration needs where applicable (e.g., National Information Exchange Model (NIEM), National Institute of Standards and Technology (NIST), HIPAA-compliance standards including but not limited to HIPAA X.12 and NCPDP EDI transactions, Health level 7 (HL7), and Fast Healthcare Interoperability Resources (FHIR). We have the proven capability to receive, process, and store all Medicaid and related data, and integration transactions in a HIPAA-compliant format from Medicaid Enterprise platforms in as close to real time as possible.

Across our book of business, ***we currently support well over 5,000 interfaces*** that enable the integration of files and transmission of data with all Medicaid Enterprise contractors and authorized third-party contractors. Each interface is configured to meet HIPAA privacy and security rules and guidelines and supports industry standards, such as X.12, NCPDP, and HIPAA for interoperability and data integration needs. We support the use of industry-standard data exchange by using industry-leading tools, including SnapLogic, Edifecs, and Informatica.

MMA's proprietary solution is delivered as ***SaaS, Software as a Service.*** The SOA-based architecture applied across our solution supports real-time data exchanges through APIs and web services. Network authentication is used to access any applications. Users who have been properly authorized and credentialed by our Security Team can ***access our solution by any platform that can run a modern browser*** and be connected to the Internet.

As a leading provider of Medicaid pharmacy services to 26 Medicaid programs, we have established interfaces, as well as SFTP for data transfer, in place supporting state Medicaid customers across our enterprise today. Our solution will support the update of data integration points with the State Medicaid component systems described in the eRFP as existing legacy systems are upgraded or replaced.

Our solution is built around ***loosely coupled service-oriented architecture.*** The public interfaces of our service endpoints are designed around nationally recognized standards, where they exist, to maximize the efficiency with which additional services and/or new trading partners may be integrated.

MMA's ***adherence to MITA standards and similar best practices*** allows us to provide access to additional services without extensive code or design changes. MMA's parameter-driven, rules-based programming techniques make our technical solution flexible, and our loosely-coupled, service-oriented architecture (SOA) makes it interoperable and reusable.

Our RESTful Services are secured using Amazon WAF/Shield (Web Access Firewall). All web transmissions are secured using Secure Sockets Layer (SSL) Certificates from Origin to RESTful endpoint. File transfer jobs are secured and run over SFTP.

MMA's solution supports multiple web services standards, including web services, specifications, and adapters (WSDL, WS-*, SOAP, REST, UDDI, ODATA), support standard databases such as MS SQL, SQL Server, Oracle, Redshift, and support integration transfer protocols such as SFTP (secure file transfer protocols), FTPS (file transfer protocol secure), HTTPS, MSMQ. In addition to API and web service interfaces, we can communicate through message queuing or by secure file transfer with polling times as short as every 15 minutes to achieve a near real-time throughput. We will efficiently

use our Oracle Fusion ESB to manage volume, provide security and auditing to information transfer services.

Risk Mitigation: MMA fully understands the need to ensure that our systems are up and responding appropriately. We have dedicated system administrators and operations specialists staffing Network Operations Centers and Data Centers 24/7/365. These experts have access to best-in- class monitoring and notification tools to manage both cloud-based and on-premise applications, ensuring all critical systems are available and responsive.



MMA recognizes the critical importance of maintaining data and system integrity, providing security over private information, protecting data accuracy, preserving an accurate record of all changes made to our systems, and monitoring access to the system. Therefore, we have strict oversight and controls in place to ensure compliance. Our Information Security (IS) Team has implemented the following risk mitigation and system monitoring practices to assess/mitigate/prevent application vulnerabilities within our Medicaid pharmacy solution.

- Foster awareness for risk mitigation at all stages of the software development lifecycle
- Provide developer training and consulting
- Implement application security technical controls (SAST/SCA/DAST/RASP)
- Integrate security testing (SAST, SCA) into build pipelines
- Assist developers to interpret test results and address mitigation.

Additionally, MMA employs physical, logical, and administrative security controls to reduce exposure and risk of cyber events/incidents to all our systems and services, including our databases. These controls include technical controls and security architecture, corporate policies, and employee training. We routinely conduct security assessments and vulnerability testing, prepare necessary incident responses, and help teams to resolve any issues or risks found in a timely manner.

Our Data Centers have dedicated enterprise-grade highly available Palo Alto Networks firewalls deployed in production. These HA pairs of next generation firewalls allow the system to match each customer's technology and security profiles and write security policies, ensuring that strict security rules are enforced properly.

We use Cisco Aggregate Routers (ASRs) deployed with carrier and path redundant circuits. This redundancy allows us to take advantage of both carriers and provide the best route possible back to our data centers. These connections utilize Bidirectional Forwarding Detection (BFD) to constantly monitor each circuit several times per second and quickly identify any issues with the WAN routing over the Border Gateway Protocol (BGP) network. This constant health check and failover ensures that our communication is not impacted by any latency or carrier issue.

As shown in *Figure MSQ32-2: MMA Cloud-based Model,* the Network Load Balancers (NLBs) distribute work across the cluster of FirstRx nodes. As load increases, multiple Distributors and Transaction Engines will be activated so claims can be balanced among them by the node's distributor. The compute layer is supported by the data layer consisting of an Oracle Cluster, allowing the concurrent processing of data. Within each FirstRx node, we have multiple distributors and transaction engines to support increased loads. ***This architecture, which uses a combination of infrastructure- and app-supported load balancing, gives FirstRx the ability to achieve massive scale.***

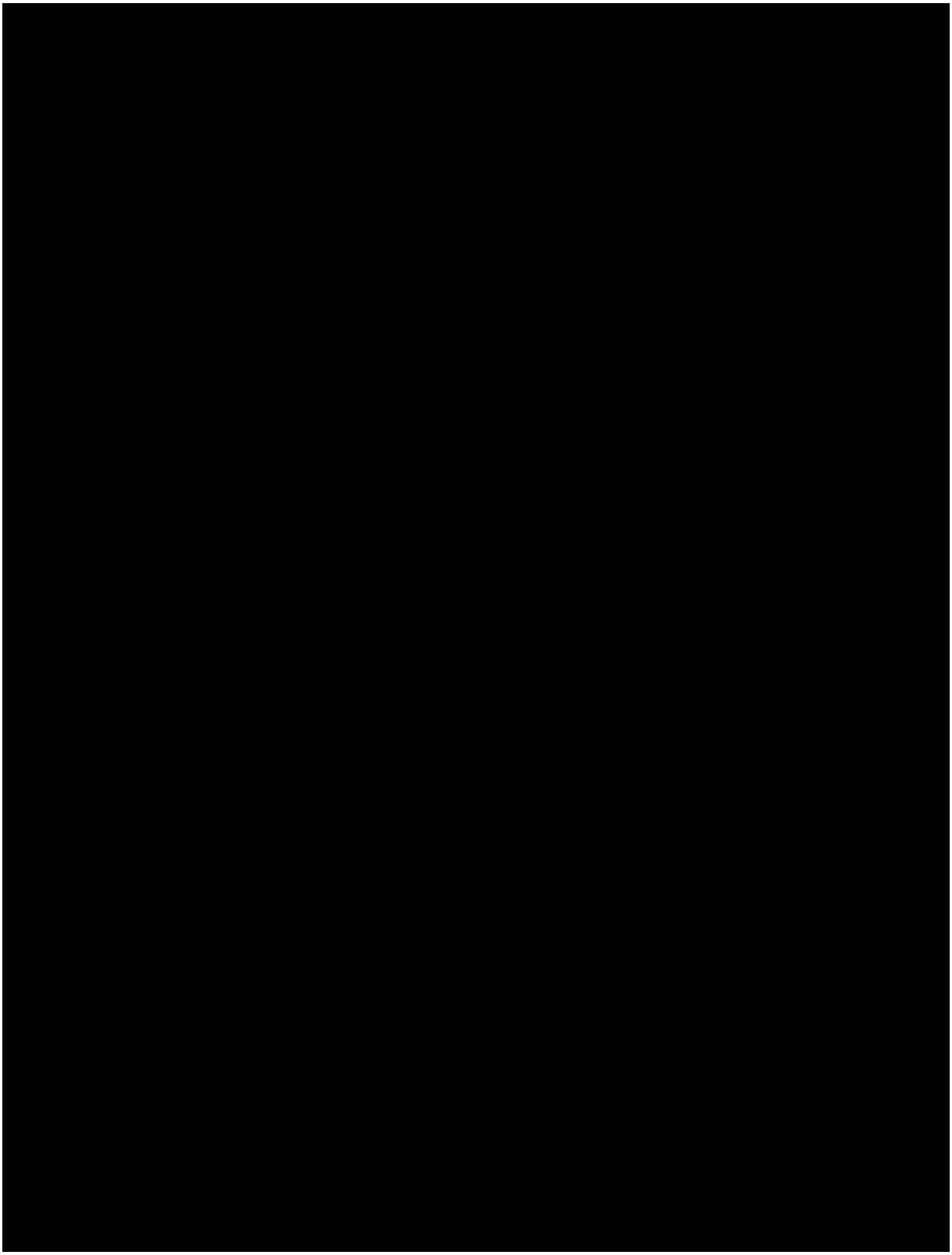


Figure MSQ32-2: MMA Cloud-based Model (TRADE SECRET)

As shown in *Figure MSQ32-3: MMA Solution Network Components,* we are able to re-route Internet traffic and "float" the traffic between multiple data centers, allowing the system to send traffic to under-utilized devices in another data center or perform maintenance with little to no impact on the customer.

Customers and Business Partners connecting to the data centers via Virtual Private Network (VPN) can be routed to each data center by using a primary and backup data center configuration.

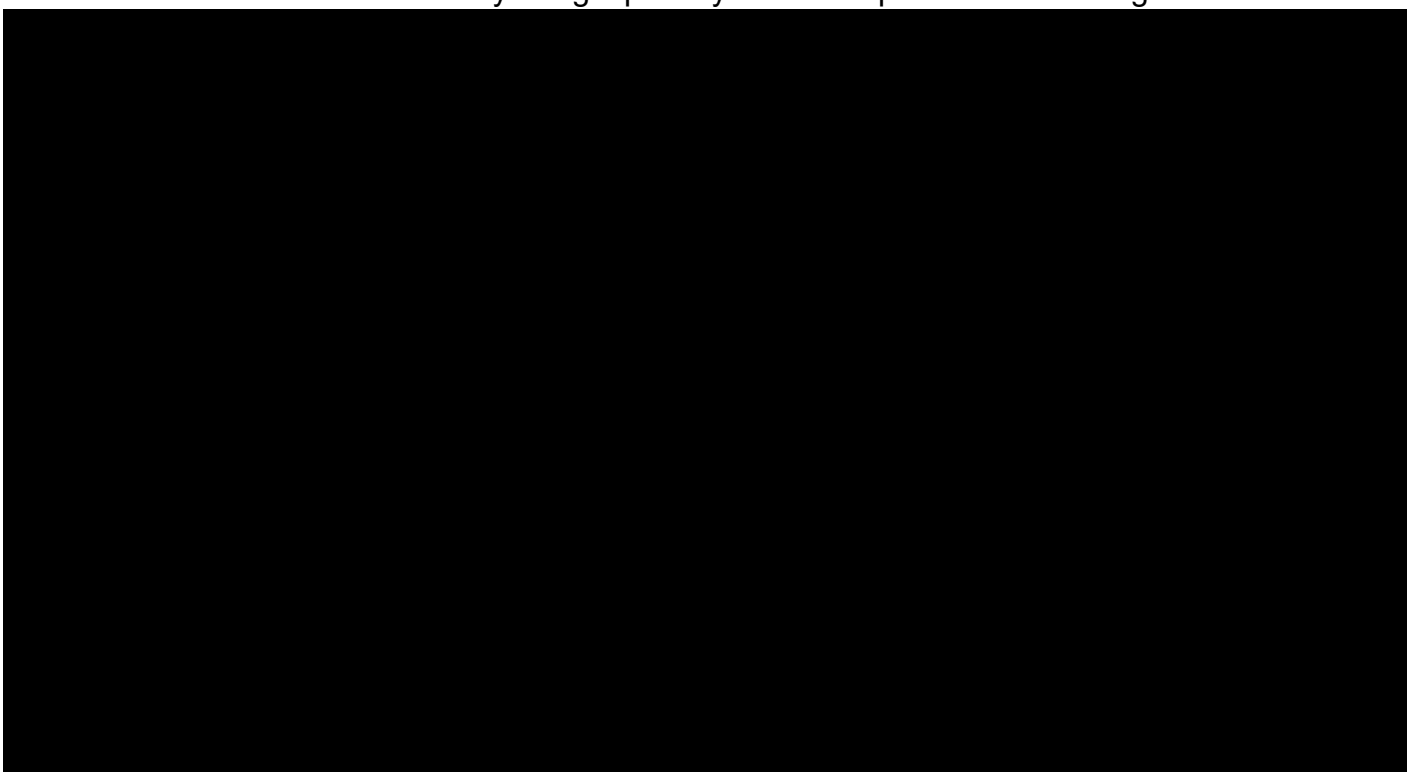


Figure MSQ32-3: MMA Solution Network Components (TRADE SECRET)

Potential Bottlenecks and Automatic Failover Capabilities: MMA will provide sufficient bandwidth and redundancy to ensure accessibility, reliability/fault tolerance and acceptable performance. To ensure production system availability, we have created significant ***infrastructure technology redundancies.***

MMA's pharmacy AWS solution takes advantage of features provided by services such as EC2 autoscaling groups, EBS snapshots, and AWS ELB to create a highly reliable solution. MMA's application architecture uses autoscaling to maximize the benefits of the AWS cloud.



The MMA PBA Services Solution achieves high fault tolerance by using autoscaling to detect when an EC2 instance is unhealthy, terminate it, and launch an instance to replace it. Autoscaling in combination with CloudWatch is used to support scalability and performance demands of the MMA PBA Services Solution.

For our on-premises network infrastructure, we use industry-standard Cisco equipment to support failover capability in the event of a hardware issue with the network. All of MMA's pre-existing proprietary systems, whether hosted in our own data center or in the cloud, are part of our comprehensive Business Continuity Plan (BCP).

We employ a range of ***proactive measures to guard against system failures*** and to ensure the integrity of State data as they rest in our systems. To ensure data availability for our application

components hosted in our data center, MMA follows industry best practices to ***safeguard against a single point of failure*** for any critical operational component.

System server settings and ***continuous monitoring and alerting*** will detect a loss of service and notify the technical teams if action is necessary. The hardware has redundant components (e.g., network cards, CPUs, HBAs, Power Supplies). Server redundancy is managed by IBM's PowerHA technologies. Each of the Power 770 servers has a passive target server available for ***automated failover*** if the primary applications or database hosts incur a loss of service.

Security: MMA will meet all eRFP Security and Privacy requirements for safeguarding data at rest and in transit, as well as protecting member confidential information. MMA's Security Department has the task of ensuring that confidential health information is protected as it rests in our systems and when it is exchanged via electronic means. To address this, we have implemented technical, physical, and administrative safeguards.

HITRUST MMA will maintain data security by employing encryption and other State-approved security protocols and processes. MMA follows all applicable privacy and security standards promulgated by CMS, enumerated under MARS-E, Version 2.0, including successor versions as required under 45 CFR §155.260. MMA is certified under the HITRUST CSF Assurance Program, which incorporates the NIST Cybersecurity Framework and establishes a certification mechanism as an effective and efficient approach for reporting cybersecurity posture, leveraging the NIST Cybersecurity categorization.



MMA will maintain data confidentiality to prevent disclosure to unauthorized persons or system(s). MMA' s PBA System meets or exceeds all applicable Federal Regulations and is in full compliance with all privacy and security aspects protecting data confidentiality, including those defined by the HIPAA Security Rule and the HITECH Act.

The Security Department has integrated HIPAA requirements for the inadvertent disclosure of electronic PHI as part of our compliance effort. All systems activity, including user activity, is monitored in accordance with policy. All deviations from accepted practices outlined in policy are investigated and risks associated with these events are mitigated accordingly.

To monitor internal systems activity, MMA employs a systems activity audit/monitor, which is monitored in accordance with policy. We investigate deviations from policy and mitigate associated risks. We maintain audit trails on all systems that process sensitive information.



All production application systems that handle sensitive information generate logs that show every addition, modification, and deletion to such sensitive information. We regularly back up all audits and management trails and store them in a secure location.

MMA has a DMZ structure in place to support e-commerce that is monitored via firewall rules and correlated log monitoring to provide incident response and intrusion detection capabilities. Network authentication is used to access applications. The communication layers supported include the highest level of protocol versions. MMA Internet-facing websites incorporate the usage of TLS protocols to protect sensitive information.

Under the direction of our Chief Information Security Officer, our Information Security Team provides the management and technical expertise to ensure that all information is properly protected. This includes consideration of the confidentiality, integrity, and availability of both information and the systems that handle it.

The Information Security Team performs risk assessments, prepares action plans, evaluates vendor products, participates on in-house system development projects, and assists with control

implementations; reviews security audit logs to minimize and eliminate vulnerabilities, investigates security incidents, and performs other activities, which are necessary to ensure a secure environment.



Our IS Team provides the direction and technical expertise to ensure that information is properly protected. This includes consideration of the confidentiality, integrity, and availability of both the information and the systems that house it.

The IS Team serves as a liaison on information security matters between all departments and divisions and is the focal point for all information security activities throughout our organization. Within IS, the Incident Response team performs detection activities which include the following:

- Continuously monitor security detection technologies
- Detect Events and determine if an incident has occurred and/or is ongoing
- Determine the Attack Vector of the Events/alert.

Events that may be reasonably considered to be adverse are reported, initiating the incident response process. Such events may be detected through several mechanisms, including by ongoing monitoring operations, by IT, by end users, or by hunting activities. Primary technologies for detection are:

- SIEM
- IDS/IPS
- Antivirus
- Endpoint Detection and Response Agent
- Firewalls
- Network and Endpoint Sandboxes
- Network Devices
- Operating System Logs and Events
- Database and Application Events
- Email and Antispam.

MMA routinely reviews audit logs of system activity, including user activity history, at least quarterly, for suspicious activity. Our solution collects and stores the following:

- System alerts or failures
- All successful/unsuccessful access attempts to our systems that process confidential information
- Administrative functions performed by end users who have root or administrative access
- Access to the central audit log
- Security changes such as activation and deactivation of identification and authentication mechanisms
- Initialization and/or modification of the audit log
- Creation and deletion of accounts
- Activation and de-activation of protection systems, including anti-virus systems and intrusion detection systems, and identification and authentication mechanisms
- Modification of privileges and access
- Application process startup, shutdown, or restart
- File access, creation, or deletion on file servers
- Read or modification access to databases containing sensitive information.

The following data elements are captured for each event logged:

- User Identification
- Type of event
- Date and time of the event

- Success or failure indication
- Origination of the event
- Identity (name) of the affected information, system component or resource.

Availability: To ensure production system availability, we have created significant infrastructure technology redundancies. ***All MMA FirstRx pharmacy claims processing, PA, and support systems maintain an annual overall availability percentage service availability of over 99.9%.***

Monthly system uptime reports will be provided to the Systems Manager/Report Analyst for review and customer distribution. In addition, MMA follows the SDLC for all approved change activities affecting the hardware and software components of our services. The SDLC provides a unified release management governance structure ensuring continual uptime and performance so that key performance measures and service level agreements can be met.



MMA's PBA solution (including the Pharmacy Claims Exchange Switch and portal) and its supporting databases operate and are ***available to providers and the State 24/7/365*** unless stopped for planned service and maintenance activities. We use industry-leading tools, including SnapLogic, Edifecs, and Informatica, to monitor systems 24/7/365 in accordance with ITIL best practices. To help maintain asynchronous communication, timely alerts, and notifications to ensure broad availability of data to authorized system users, MMA's IT Team has employed industry best practices for all critical components of our secure, scalable MITA-based infrastructure. When an anomaly is detected, alerts and notifications are automatically sent to the appropriate members of the IT Team so any issues may be immediately addressed. This active and passive monitoring allows MMA to validate systems are running and ***delivering the expected level of performance*** to ensure data in the system are broadly available through all applications.

Data Management: All State Medicaid data will be encrypted while at rest and while in transit. MMA's data encryption functionality meets HIPAA privacy requirements. Encryption products for confidentiality of data at rest and data in transit incorporate Federal Information Processing Standard (FIPS) approved algorithms for data encryption. The minimum key length for digital signatures and public key encryption is 2048 bit. Hashing functions have a minimum key length of 256 bit.

Data-at-rest encryption is enforced in the following environments:

- Storage Area Network – SAN data written is AES-256 encrypted when written to the Hitachi VSP storage arrays.
- Laptops and Desktop – McAfee Full Disk Encryption is installed on all company laptops and desktops utilizing AES-256 encryption.
- Removable media (laptops and desktops) – On machines where write access to removable media is enabled, McAfee EndPoint Encryption is enforced.
- Centralized CD-ROM production – MMA provides a centralized facility to burn CD-ROMs for bulk data transfer. Bitlocker encryption is used to encrypt all CD-ROMs to be transferred outside our facility.
- Backup Tapes – All tape backups are managed by IBM and written using IBM TS1120 tape drives with their onboard encryption enabled. Key management is handled using IBM Security Lifecycle Manager.

Any protected **data or information in transit** is encrypted with at least one of the following:

- Web connection using Transport Layer Security (TLS) 1.2
- Secure File Transfer Protocol (SFTP)
- Company to company email TLS negotiation. Where TLS is not possible Secure Messaging using Axway Mailgate can be used as an alternative for email communication.

- IPSec VPN.

Additionally, MMA applies the principle of Minimum Necessary to ensure that only the minimum amount of data is collected to carry out the functions of the pharmacy solution. The principle of Least Privilege is also in place to ensure that access to the data is restricted to personnel with a justified business need.

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



Our staffing plan will leverage our established executive team and experienced implementation professionals that have long seasoned tenure at MMA and in the industry. Our Account Team as well as our Senior Leadership who will support the Contract all share a common goal: to provide excellent, responsive program support for the State Medicaid Pharmacy Program and the member population it serves.

Our Key Staff and Other Staff, as defined in eRFP Attachment C – Common Scope and Security Standards sections 3.2 and 3.3, have Medicaid experience, and they are trained and licensed as applicable. They are supported by additional corporate resources who have experience supporting various Medicaid contracts across the country. This knowledge base assures the State that our staffing model provides the necessary support and has the Medicaid experience required to bring value to the State through mitigation of risk. Through our staff, we offer a well-rounded solution, and we bring experience in all areas critical to the continued successful operation of the contract. ***Our approach includes strict process discipline and active executive leadership involvement.***

Our approach to developing a project staffing plan is to carefully analyze the eRFP requirements, the Project Work Plan, and the requisite skill sets necessary to successfully implement and maintain the project. We then match the necessary skills with our seasoned team and SMEs and weigh them

against their projected availability. We understand the importance of providing a talented and experienced team that has successfully worked together on similar projects and ensuring their continued availability during the project. In the unlikely event a team member vacates a role, we employ proven recruiting and hiring strategies to build internal and external talent pools.

The mission of our Human Resources group is to provide high quality HR programs, tools, policies, systems, and services, along with strong HR partnership to attract, develop, motivate, and retain a diverse, engaged, and productive workforce, supporting our business today and into the future. To support that mission, we have company policies and a Code of Conduct that serve as guidelines to help all employees work safely, ethically, and respectfully. We have nearly 50 policies related to staffing and human resources, including a pre-employment background screening policy, equal employment opportunity policy, harassment and offensive behavior policy, and alcohol and drug-free workplace policy.

The Contract will be administered through collaboration among cross-functional teams at MMA, consisting of a combination of the PBA Account Team and DDI Leads and their teams. DDI Leads are SME leaders for areas of the company that will provide support to the Account Team. Upon Contract award, DDI Leads will work with their teams to set up the contract, and their team will provide support as needed. The DDI Leads will work with the Account Team to ensure successful knowledge transfer and best practices are carried forward during O&M. Once DDI is complete, the Account Team will work directly with the State to execute deliverables on a day-to-day basis during O&M.

We will designate and maintain sufficient staff to satisfactorily complete tasks within the PBA scope of work. MMA is committed to maintaining a comprehensive strategy for ensuring appropriate operational staffing. We will continuously monitor all State-specific performance metrics and forecast staffing needs for the Contract using a combination of historical patterns, business guidance, and emerging trends.

The Senior Leadership responsible for the PBA Contract include:

Stephanie Christofferson, PharmD, MBA, AVP, Southeast Region, will serve as senior account leadership working with the PBA Account Team for the Contract. Dr. Christofferson has 18 years of experience supporting pharmacy accounts as senior director, pharmacist, and operations lead. She will work closely with our executive leadership team as well as the DDI and O&M Teams throughout the contract. Dr. Christofferson will serve as the point person for escalation management, and she will ensure MMA's products and services support State needs.

Dr. Christofferson will also be supported by **Michelle Brennan-Cooke, PhD, MS, Vice President of Rebate Administration Analytics and Solutions, Billy Thomas, RPh, MBA, Senior Vice President, Jennifer Taylor, Vice President and COO for the State Government Solutions Division** and **Meredith Delk, PhD, MSW, Senior Vice President and General Manager** for the State Government Solutions Division. Dr. Brennan-Cooke, Mr. Thomas, Ms. Taylor, and Dr. Delk are leaders that bring high visibility within our organization, promote internal efficiencies, contract accountability, and transparency, which in turn will deliver superior service.

MMA's proposed DDI Leads for the PBA scope of work are outlined in the following table:

Name and Position	Role and Experience
Dan Comeaux, MS	Dan Comeaux, MS, has held a variety of positions within MMA since 1993. In his current position as Vice President of Implementations, he is responsible for the leadership of MMA Government

Vice President, Implementations and Operations	Implementations. He collaborates with customers to manage contracts, scope, budget, and schedule. He ensures that services are delivered on time and within budget by leading a focused implementation team that supports the Business Operations, Information Technology, and Account Management teams in the implementation of new contracts. Mr. Comeaux has overseen many pharmacy benefit management implementations, with recent projects including Medi-Cal Rx and Nevada Medicaid FFS PBM. Prior to his current role, he was Vice President of Information Technology where he provided oversight to Magellan's designated Information Technology (IT) lead for the Arkansas Medicaid, TennCare, Kentucky Medicaid, and Passport Health Plan pharmacy programs. He has significant experience creating and supporting applications that support the effective management of various areas of health care including data warehousing, analytics, provider management, and clinical systems. He received his Master of Science degree in Information Systems from the University of Maryland, Baltimore County, and his Bachelor of Arts degree from The College of the Holy Cross in Worcester, Massachusetts.
Karyn Wheeler, PMP, MBA Project Management Lead	Karyn Wheeler, PMP, MBA, joined MMA in 2017 and has 14 years of project management oversight experience in the pharmacy industry. Ms. Wheeler oversees our PMO office and specializes in government claims processing, technology implementation, and health care policy with a track record of successful Medicaid and PDL/Rebate implementations in multiple states. Ms. Wheeler recently served as the Transition Manager for the California Medi-Cal Rx Program, as well as for multiple Medicaid implementations. Ms. Wheeler will oversee the DDI Team and provide direct oversight of project team deliverables. Ms. Wheeler earned a Bachelor of Arts in German Studies from Smith College and a Master of Business Administration from Thomas College. She is also certified as a Project Management Professional by the Project Management Institute.
Steve Roehr, MBA, PMP DDI Project Manager	Steve Roehr, MBA, PMP has 30 years of industry experience including 15 years of pharmacy and healthcare project management experience. He has served as the primary lead for many implementations spanning all project phases including initiation, planning, execution, monitoring/tracking, and closure. He has recently overseen implementations for Nevada Medicaid and California Medi-Cal. Mr. Roehr has also served as technical owner for the Magellan Rx Medical Pharmacy Specialty IT applications and services. He will develop detailed work plans, schedules, project estimates, resource plans, and status reports. Mr. Roehr is a certified Project Management Professional. He has a bachelor's degree in media communications and Master of Art degrees in business management and interactive media from Webster University.
Stacy Ward, CHC, CHPC Privacy Lead	Stacy Ward will serve as the Privacy Lead. Ms. Ward will be responsible for ensuring compliance with privacy protocols. Ms. Ward is Certified in Healthcare Compliance (CHC) and Certified in Healthcare Privacy Compliance (CHPC), has more than 18 years of legal, regulatory, compliance, and privacy experience, and she has more than 16 years of experience in the healthcare industry. She has extensive experience building and improving compliance and privacy programs. Ms. Ward and her team of experienced privacy professionals will report breaches of security and HIPAA violations. Ms. Ward and her team will collaborate with the State in developing incident response plans. She will be responsible for implementing any necessary corrective action plans regarding privacy issues. Ms. Ward has a Bachelor of Science in Business Administration from Metro State University.
Cam Kracke, CISSP, CRISC, CCE Security Lead	Cam Kracke will be responsible for ensuring compliance with security protocols. Mr. Kracke has more than 25 years of IT and information security experience, specializing in the design and implementation of complex security ecosystems for global organizations. Mr. Kracke will provide results of independent security audit verifying the solution meets privacy and security requirements and will be responsible for communicating the progress of the action plan when any security weaknesses are identified. He will report possible and actual breaches of security and HIPAA violations to the State, and he will collaborate with the State in developing incident response plans. He will be responsible for implementing responsive corrective action plan regarding security issues. Mr. Kracke attended Champlain College focusing on studies in computer forensics, digital investigations, and criminal law. He served in the United States Navy as an Aviation Electronics Technician. His certifications include Certified Information Systems Security Professional (CISSP), Certified in Risk and Information Systems Control (CRISC) and Certified Computer Examiner (CCE).
Juanita Chapman Quality Lead	Juanita Chapman will work with the State to ensure QI activities align with the State's quality strategy. Ms. Chapman will develop and manage the MMA quality assessment and performance improvement (QAPI) program to ensure the accuracy and quality of the Contract. With more than 20 years of industry experience, Ms. Chapman ensures the integration of quality throughout the

	MMA organization and culture by working with staff from different program areas to identify quality improvement opportunities, test improvement strategies, and assess results using frequent measurements. Ms. Chapman has a Bachelor of Science in Computer Programming from Bloomfield College, an Associate degree in Finance from the University of Cincinnati, and a Certificate in Diversity and Inclusion from Cornell University.
Shiva Bangalore Veerappa Testing Lead	Shiva Bangalore Veerappa will lead all testing activities to ensure successful implementation. He will coordinate all testing activities with the DDI Manager and will develop the testing strategy, test plan, and test cases. He works in partnership with key personnel, and switch software vendors, coordinating testing documentation and processes with the State and its stakeholders. Mr. Bangalore Veerappa has over 20 years of testing experience working with Fortune 500 companies, including eight years of progressive responsibility overseeing development and testing for various corporate customers of Accenture LLP. He holds a bachelor's degree in engineering from Bangalore University and a Master of Science in Software Systems from Birla Institute of Technology and Science, Pilani.a
Helen Ma Data Integration Lead	Ms. Ma has 28 years of experience in full software development lifecycle (SDLC) from requirements, analysis, design, coding/implementation, systems test integration and deployment phases. Helen Ma oversees integration and interface activities during implementation to ensure all required interfaces are successful. She ensures that data exchange components have been captured and provides appropriate content. Ms. Ma provides system mapping configuration of data to new target systems. She will review all data integration requirements with the State and provide recommendations for an efficient data integration strategy. She also develops test cases for data conversion testing to validate data exchanges. She has a Bachelor of Science in Computer Engineering from McGill University and a Master of Business Administration from the University of Ottawa.
Anita Martin System Lead	Anita Martin has experience creating requirement document plans, defining project scope, monitoring, and reporting on risks, and leading staff in gathering business requirements and developing solutions. Ms. Martin has led staff to ensure success of multiple new pharmacy POS solution implementations. Ms. Martin will use her 30 years of experience to make the PBA Services implementation a success, including coordinating and leading cross-functional processes to identify and document requirements, develop workflows, and implement solutions.
Catal Breen Business Intelligence Reporting Lead	Catal Breen will work in collaboration with the State to ensure that our business intelligence tools, technologies, and processes are optimized and tailored to serve the needs of the State and the communities served by the State Medicaid Pharmacy Program. Mr. Breen is responsible for the delivery of timely, accurate, and value-added information for MMA's pharmacy support teams and customers, including the government, commercial, and specialty pharmacy divisions. During his 25 years with MMA, Mr. Breen has led initiatives that have provided increasingly valuable technical innovations in the areas of Business Intelligence and Reporting, Data Management, and Web and Application Development. Mr. Breen has a Bachelor of Science degree in Information Systems from the State University of New York.
Russell Thompson, MBA, CSM System Architect Lead	Russell Thompson, MBA, CSM, ensures that all system architecture components have been captured and developed for the Contract. He defines essential core design features and elements to provide the framework for configuration and implementation. Mr. Thompson provides oversight to ensure compliance with MITA and SOA standards. He collaborates with the DDI Team to oversee all system architecture activities. He will also coordinate all testing activities with Karyn Wheeler's team and will develop the testing strategy, test plan, and test cases for implementation. Mr. Thompson has more than 25 years of broad-based IT experience and 20 years of experience working for MMA. Mr. Thompson holds a Master of Business Administration (MBA) and is a Certified Scrum Master (CSM). His certification as an AWS Associate Cloud Engineer is pending.
Kimberly Brown, BBA, MEd Training Lead	Kim Brown oversees all training development activities during implementation. She develops course curriculum, user manuals, training seminars, and facilitates training sessions and training materials. Ms. Brown has 26 years of experience in the training field and has been with the company for seven years in our Training and Development Department. Ms. Brown holds a Bachelor of Arts Degree in Business Administration and a Master of Education degree with concentrations in Instructional Design, Curriculum, and Instruction.
Maria Hogan, CPhT CMS Certification Lead	Maria Hogan, CMS Certification Lead, will ensure system functionality and business operations meet the Medicaid Certification Checklist criteria to achieve CMS certification. She will plan and prepare for State participation in periodic certification reviews throughout the project and will serve as the primary contact for the State during certification efforts. Ms. Hogan uses

	outstanding organization skills to plan an approach for capturing providing all artifacts and documentation to support successful certification efforts. Ms. Hogan has a bachelor's degree in business administration from J. Sargeant Reynolds Community College and studied Project Management Principals and Fundamentals at Community College Workforce Alliance.

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.

As directed by Addendum 6, Q&A Round 2, Question 42, released on April 1, 2024, we have included our organizational chart, *Figure MSQ33-1,* that depicts MMA's proposed organizational structure for the PBA scope of work at the end of our response to MSQ33 – Staffing as Supplemental Material. MMA is not using any subcontractors for this scope of work.

b. Roles and responsibilities of staff.

As directed by Addendum 6, Q&A Round 2, Question 42, released on April 1, 2024, we have included roles and responsibilities of staff at the end of our response to MSQ33 – Staffing as Supplemental Material.

c. Job titles and the requisite qualifications, skills, and credentials, including clinical licensures relevant to this Contract.

As directed by Addendum 6, Q&A Round 2, Question 42, released on April 1, 2024, we have staff job titles and the requisite qualifications, skills, and credentials, including clinical licensures relevant to this Contract at the end of our response to MSQ33 – Staffing as Supplemental Material.

If Subcontractors will be used, provide the following:

a. Subcontractor's name and address.

MMA is not using any subcontractors for the PBA Services scope of work.

b. Roles and responsibilities to be delegated to the Subcontractor for purposes of this Contract.

Not applicable. MMA is not using any subcontractors for the PBA Services scope of work.

c. Subcontractor's qualifications to perform these roles and responsibilities.

Not applicable. MMA is not using any subcontractors for the PBA Services scope of work.

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.

Not applicable. MMA is not using any subcontractors for the PBA Services scope of work.

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.

MMA has thoroughly reviewed and affirms that we will meet staffing requirements detailed in eRFP 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.

Supplemental Material - PBA Services Organizational Chart (TRADE SECRET)



Figure MSQ33-1: Pharmacy Benefit Administration Services Organizational Chart (TRADE SECRET)

Supplemental Material – Roles, Responsibilities, and Qualifications of Staff

Title	Role and Responsibilities	Qualifications
Key Staff		
Account Operations Executive	▪ Accountable for building day-to-day operational relationships with the State. ▪ Ensures performance complies with contractually required service levels and performance standards, internal policies, and state and federal regulations. ▪ Coordinates internal resources to maintain account satisfaction.	▪ Bachelor's degree required. May consider candidates with an additional 4 years of directly relatable experience. ▪ 5+ years of broad-based Health Care experience including account management preferred. ▪ Operations or Account Management experience in health and welfare benefits and/or health insurance industries preferred.
Pharmacist Account Executive	▪ Leads the development of clinical program enhancements and better practices. ▪ Assists with development, enhancement, and maintenance of operational functions, policy and clinical support and provider education. ▪ Provides overall project coordination for the contract's clinical and operational functions.	▪ Registered Pharmacist (RPh) or Doctor of Pharmacy, PharmD ▪ 3-5 years' experience in clinical operations, quality, network, pharmacy or project management or a managed care pharmacy residency preferred. ▪ Project management experience and knowledge of health plans required.
Education and Outreach Specialist/ Formulary Analyst	▪ Ensures providers and prescribers are aware of Plan policy and requirements for claims submissions and prior authorization requests. ▪ Conducts outbound calls and visits to prescribers/pharmacy providers who need assistance and proactive outreach. ▪ Participates in the full life cycle of formulary and clinical program development by assisting with benefit related requirements, impact analysis, advising and helping formulate process developments.	▪ Certified pharmacy technician (CPhT). ▪ Bachelor's degree with a minimum of three years' pharmacy or other healthcare experience, an equivalent combination of experience and education will be considered. ▪ Experience with data analysis, programming frameworks or other end-user reporting programs and creating macros in spreadsheets. ▪ Ability to operationalize process improvements.
Systems Manager/ Report Analyst	▪ Ensure that requirements and acceptance criteria satisfy business needs. ▪ Deploy business requirements through reliable business system configuration updates to enterprise applications. ▪ Clear impediments and escalate issues when needed. ▪ Drive usability and quality of software. ▪ Collects data and provides analyses for a broad array of issues across disciplines.	▪ Bachelor’s degree in computer science. May consider a combination of education and work experience. ▪ 3-5 years of related analytical or consulting experience preferred. ▪ Experience in Health care, PBM, insurance, or related industries preferred. ▪ Strong expertise in MS Excel and relational database and reporting tools and ability to use reporting software.
Other Staff		
DDI Project Manager	▪ Serve as the primary lead for DDI. ▪ Responsible for directing, organizing and controlling project activities, under the direction of leadership.	▪ Bachelor’s degree required, Master’s degree preferred. ▪ PMP and/or Lean Six Sigma Green Belt certification preferred. ▪ 5+ years of project management or job related experience in a medium to large-scale corporation.

	▪ Develop detailed work plans, schedules, project estimates, resource plans, and status reports. ▪ Creates and executes project work plans and revises as appropriate to meet changing needs and requirements. ▪ Identifies resources needed and assigns individual responsibilities. ▪ Manages day-to-day operational aspects of a project and scope, including meeting facilitation and documentation.	▪ Strong working knowledge of Microsoft Product Suite, specifically Excel, Access and Visio. ▪ Knowledge of project management practices and methodologies. ▪ Knowledge of process improvement methodologies. ▪ Ability to develop and maintain multiple project plans.
DDI Coordinator	▪ Works under the direction of the DDI Project Manager to support and facilitate implementation activities. ▪ Tracks the progress and status of work being performed. ▪ Responsible for coordination and facilitation of the deliverable management process and ensure timely, efficient exchange of files and information. ▪ Effectively and accurately communicates relevant project information to the client and project team. ▪ Involved throughout DDI.	▪ Bachelor's degree. An equivalent combination of experience and education will be considered. ▪ Effective verbal and written communication skills, as well as presentation skills. ▪ Proven ability to work effectively both independently and in a team-based environment. ▪ Demonstrated willingness to be flexible and adaptable to changing priorities. ▪ Strong multi-tasking and organizational skills
BI Analyst	▪ Deliver business intelligence objectives including creating solutions for information delivery and data analytics projects to empower and enable users with actionable information. ▪ Independently analyze, design, and develop business intelligence and analytics solutions.	▪ A bachelor's degree in business intelligence, mathematics, statistics, analytics, computer and information sciences or similar is required. A Combination of Education and Work Experience May Be Considered. ▪ 4+ years of experience in BI or related discipline preferred.
Business Analyst	▪ Oversee document repository. ▪ Serves as liaison between departmental team business owners, end users, IT, Claims and Clinical departments. ▪ Responds to ad hoc requests for support, reports, and analysis. ▪ Supports departmental management team by providing trending and performance data. ▪ Supports the DUR process. ▪ Supports special projects.	▪ Bachelor's degree. A Combination of Education and Work Experience May Be Considered. ▪ Analytical/problem solving skills. ▪ Excellent verbal and written communication skills. ▪ Strong PC skills. ▪ Proficient in using standard software. ▪ Knowledge of system process analysis and/or program management, estimating IT system development and testing.
Call Center Supervisor/ Manager	▪ Responsible for day-to-day tactical activities, performance trending, performance managing/coaching/developing agents and time management of the call center. ▪ Responsible for the delivery of superior customer service by maximizing employee performance and ensuring calls are answered effectively and efficiently.	▪ Must have an active pharmacy technician licensure or registration. ▪ Active pharmacist license supersedes requirement for CPT and/or PTCB. ▪ Minimum of 3 years of experience in a high-volume call center and Pharmacy Benefit Management (PBM) experience required.
Call Center Pharmacists	▪ Performs prospective and/or retrospective drug utilization review and appeals per State and Federal regulations.	▪ Registered Pharmacist (RPh) or Doctor of Pharmacy, PharmD. ▪ Strong drug product and clinical pharmacy knowledge.

	▪ Participates in the distribution of clinical drug information and educates providers and staff regarding the use of pharmaceutical treatment regimens.	
Call Center CPhTs	▪ Evaluates and authorizes approval of prior authorization pharmacy requests from prescribers received by telephone and/or facsimile using client clinical criteria.	▪ Certified pharmacy technician (CPhT). ▪ Pharmacy industry experience, reimbursement experience, and/or experience working in a health care setting preferred. ▪ In-depth knowledge of specialty injectable prescription drugs, disease states, health plan formulary management techniques, medical terminology and current diagnostic and reimbursement coding (J/Q codes, ICD-10, CMS 1500, etc.) preferred.
COAR Analyst	▪ Responsible for authoring reports and queries including outcome analyses, drug trend forecasting and analysis, strategic planning, and ad hoc reporting requests. ▪ Address the anticipated volume of reporting requests through coordination with the State to determine prioritization to ensure timely turnaround.	▪ A bachelor's degree in mathematics, computer and information sciences or similar is required. A Combination of Education and Work Experience May Be Considered. ▪ 5+ years of transact-SQL experience preferred. ▪ Experience with healthcare and pharmacy claims data manipulation and analysis.
Finance Manager	▪ Guides financial decisions by establishing, monitoring and enforcing policies and procedures. ▪ Provides status of financial condition of the account by collecting, interpreting and reporting key financial data.	▪ Bachelor's degree in finance or a related field, CPA preferred. ▪ Minimum of 2 years of finance experience, experience in healthcare preferred. ▪ Customer service focused with excellent analytical skills.
IMS Analyst/ Developer	▪ Deliver identified system improvements and manage the deployment of business requirements to enterprise applications. ▪ Gather requirements and collaborate on design and definition of acceptance criteria. ▪ Responsible for planning resources and tools to deliver against that roadmap.	▪ Bachelor's degree in computer science. A Combination of Education and Work Experience May Be Considered. ▪ 5+ years of related experience including experience working with Agile Methods preferred. ▪ Experience in Health care, PBM, insurance, or related industries.
IT Analysts	▪ Execute day-to-day IT security related tasks. ▪ Work on infrastructure, operational or engineering/implementation issue. ▪ Perform daily application support, which includes contributing to 24/7/365 staff coverage, and database and application server administration. ▪ Assist with duties related to ongoing security of operation infrastructure.	▪ A bachelor's degree in computer science or related area of study, or equivalent combination of education and/or relevant work experience. ▪ Experience with system requirements and/or supporting key business applications and strong analytical and technical problem-solving skills. ▪ Experience working in environment with regulatory compliance requirements preferred.
MAC Data Analyst	▪ Maintains existing and creates new State generic upper limits. ▪ Responsible for MAC savings analysis, HIC3 comparison, Hemophilia/IVIG cost savings, FFS and encounter reporting, and various impact analyses.	▪ A bachelor's degree in business intelligence, mathematics, statistics, analytics, computer and information sciences or similar is required. A Combination of Education and Work Experience May Be Considered.

	▪ Develop and execute, as approved by the State, a pricing Appeals process that covers MAC and other pricing types. ▪ Research and correct MAC customized Medicaid pricing lists.	▪ Experience with healthcare and pharmacy data manipulation and analysis.
Plan Administrator	▪ Analysis and application of benefit plan design requirements. ▪ Ensure a high level of quality and accuracy through benefit configuration, test execution and validation efforts while serving as a subject matter expert on benefits and claim adjudication system coding setup.	▪ Up to 2 years of experience in benefit plan configuration/analysis preferred. ▪ Experience with adjudication processes, analyzing benefit plan design and system application preferred. ▪ Strong attention to detail, critical thinking and analytical skills.
Quality Specialist	▪ Coordinates assigned quality and process improvement activities including accreditation support, process improvement, and monitoring of performance guarantees. ▪ Conducts quality control reviews and internal audits and assists in the preparation of external audits. ▪ Summarizes findings and prepares reports on findings.	▪ Bachelor's degree and up to 2 years of quality improvement and auditing or related in healthcare field. ▪ Knowledge of healthcare quality improvement processes and performance measurement preferred. ▪ Expertise in data management, data analysis, reporting. word processing, and project management skills.
Training Specialist	▪ Designs and develops appropriate and effective instructional materials and content. ▪ Delivers training through appropriate channels (e.g., classroom, teleconference, asynchronous and synchronous online) while incorporating instructional design principles and methodologies.	▪ Bachelor's degree ▪ 1+ year of formal training (classroom delivery, content design and development) experience. ▪ Demonstrated understanding of instructional design, adult learning concepts, performance improvement, change management, and learning best practices.

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

MMA will be responsible for configuring our ***proven, NCPDP/HIPAA-compliant, online FirstRx POS System*** to perform the full scope of edits and audits as defined by the State. We will provide a technical solution that incorporates all facets of Medicaid modernization, leveraging COTS and Cloud solutions to deliver a best-in-class, scalable, modular solution for the State Medicaid Pharmacy Program.

MMA's ***mature and MITA-enabled architecture*** complies with the applicable infrastructure architecture standards for performance, security, and data retention described in the eRFP. To ensure the success of the project implementation and ongoing operations, MMA will collaborate with the State, other agencies, and stakeholders regarding dependencies and schedule coordination, including the State's PMO, Clinical Management vendor, FWA Audit Services vendor, PDRS vendor, IV&V vendor, Data Source vendors, and the legacy MMIS vendor.

As described in eRFP Attachment C – Common Scope Requirements and Security Standards SOW 4.1.3, during DDI, MMA will collaborate with the State and the other entities to contribute to the formal agreement that specifies the roles and responsibilities of each entity as it relates to the Project. MMA works closely with a wide range of third-party vendors to exchange and integrate data in order to support the specific requirements of each of our Medicaid pharmacy customers. ***MMA has extensive experience collaborating with third-party entities to drive success for our customers*** including, but not limited to, the following:

Systems Integrator Contractors: MMA has experience collaborating effectively with System Integrators in furtherance of unified state IT Enterprise visions and to ensure alignment with our solution and the broader, evolving IT agenda. During the implementation of our current Virginia Medicaid PBA Contract—which includes the scopes of work requested by the NASPO eRFP—we successfully integrated our pharmacy module with the System Integrator by implementing diverse interfaces using interoperability standards to successfully exchange data with multiple contractors. We worked with the Virginia Department of Medical Assistance Services (DMAS) and its third-party vendors to install and integrate our PBA Solution as part of a full Medicaid Enterprise System (MES) implementation. ***Virginia DMAS received a Project Excellence Award from the 7th Annual VITA IT Project Management Summit for the MMA-managed Medicaid FFS PBA implementation.***

Operational Data Store and Data Warehouse (ODS/DW) Contractors: MMA has worked proactively with ODS and DW Contractors to develop systems and processes to interface effectively and enable secure exchange of PBA or pharmacy data.

State Project Management Offices (PMOs): MMA has worked with various State PMOs to complete data exchanges and integrations to support PBA implementations, as well as system enhancements, system upgrades, and other PBA system-related projects.

Independent Verification & Validation Contractors: MMA has experience working collaboratively with every major IV&V vendor in the country. MMA has worked with IV&V Contractors throughout the implementation process to build effective communications and align procedures as well as to exchange and integrate data, in order to achieve CMS certification of our solution. We worked successfully with IV&V vendors during the implementation of our pharmacy solution for our Arkansas, and North Carolina, and Virginia state Medicaid customers.

Clinical Management Vendors: We collaborate with the Clinical Management Vendors to exchange and integrate data to support RetroDUR and utilization management functions. This includes working with them to establish ongoing data pulls of claims data to inform the development of RetroDUR member profiles for all FFS members and recommendations to the DUR Board.

Fraud, Waste, and Abuse (FWA) Audit Services Vendors: Our experience includes working closely with third-party FWA Audit Vendors to exchange and integrate data required to meet Contract audit requirements. We also communicate any instances of FWA that we encounter to the FWA vendor.

Pharmacy Drug Rebate Services Vendors: We collaborate with Pharmacy Drug Rebate Services vendors to exchange and integrate data from our PBA solution to support rebate operations. We provide pharmacy claims data for the invoicing process.

Collaborate and Provide Leadership

MMA has worked closely with a wide variety of stakeholders and partners across all of our Medicaid implementation projects, including a number of projects with a large number of integration and collaboration points. The Louisiana Single PBM implementation required integration and alignment with not only the state customer, but also with six individual health plans, their data and claims processing vendors, the MMIS vendor, and the state's External Quality Review (EQR) vendor.

The Virginia Medicaid PBA implementation required working with a system integrator, an IV&V vendor, and many other vendors/stakeholders supporting the fully modular Virginia MES system. Similarly, the Arkansas Medicaid PBA implementation that went live in 2015 and the efforts currently underway to implement MMA's PBA system for the North Carolina MES have required the MMA team to plan and manage the implementation efforts in close collaboration with extensive customer PMO, IV&V, and integration teams. In each case, MMA has been able to successfully deliver our portion of the overall effort on time and with minimal disruption.

Our approach is based on the idea that each stakeholder organization is our partner in success. Regardless of where a stakeholder sits within the overall constellation of vendors and stakeholders, ***MMA's approach is that we are one team, with a clear goal of delivering a timely, high-quality product that meets or exceeds the state's expectations.*** This approach is maintained and supported by early and transparent lines of communication, alignment of governance and management strategies, clear definition of roles and responsibilities, and a collaborative, flexible PMM.

MMA also recognizes the importance of providing technical and business subject matter expertise when it comes to PBA services, clearly defining the data needs and dependencies of the PBA module and communicating that to the wider team early and often.

MMA has a proven track record of collaborating and providing leadership in supporting the pharmacy module portion of a successful CMS certification. MMA will work with the State and its IV&V vendor to support the completion of specific CMS required outcomes and metrics certification

forms, checklists, evidence, and required artifacts. We will support the State with everything required for the State to obtain the full 90/10 Enhanced Federal Funding for Medicaid and Medicaid-related areas. ***With over 16 years of CMS Certification experience, we have achieved CMS certification 100% of the time where it was required.*** We have successfully helped 15 Medicaid customers achieve certification on the first attempt—with no findings, corrective actions, or follow-up action items required.

MMA's CMS Certification Lead, Maria Hogan, CPhT, has 29 years of industry experience and over 14 years of direct experience participating in supporting CMS certifications of MMA's pharmacy solutions for our Medicaid state customers. Ms. Hogan will be the primary point of contact to coordinate with the State and IV&V certification counterparts on all pharmacy module CMS certification activities. We will work with The State to accomplish pharmacy module system validation. Our solutions and services will support the State in achieving CMS Certification (if applicable) and comply with Medicaid Information Technology Architecture (MITA) standards, in accordance with SOW 6.1.3.

MMA will collaborate and provide leadership among other entities and stakeholders regarding the integration of our pharmacy module within the MES. As required by SOW 6.2.31, MMA will collaborate with the State and its MES Integration Services vendor, as well as other stakeholders, to integrate our PBA Solution into the State's system integration (SI) platform, including the implementation of single sign-on (SSO), multi-factor authentication, and federated identity management integration solutions. We will also work as a team with the incumbent contractor to retire legacy systems.

The Commonwealth of Virginia was the first to have implemented the SI model for their Medicaid Enterprise, and therefore our 2018 pharmacy module certification for the Commonwealth of Virginia demonstrates our ***highly relevant experience working within a modern, modular Medicaid Enterprise System.*** Our PBA Solution was developed in compliance with industry best practice Application Architecture Standards, and it fully meets all Federal and State architectural, technical, security, and privacy requirements as well as the business and functional requirements.

MMA is able to deliver large-scale solutions within reduced time frames. This is due to our extensive Medicaid-specific experience, including with CMS certifications, as well as the high configurability of our systems and lean approach to our implementations. Our solution is built around loosely coupled service-oriented architecture. The public interfaces of our service endpoints are designed around nationally recognized standards, where they exist, to maximize the efficiency with which additional services and/or new trading partners may be integrated.

MMA will work cooperatively with the State and with other stakeholders and state agencies as needed to fulfill data exchange requirements. Our Data Integration Lead Helen Ma will ensure our compliance with the data sharing agreements authorized by the State, as specified by SOW 4.1.4. If MMA requires separate additional data sharing agreements with other agencies, we will work with those entities to facilitate the completion of those agreements. MMA's pharmacy solution supports the use of XML/JSON and PBA centric FHIR standards to ensure interoperability with other State MES modules, and it will provide automated electronic intrastate interchanges and interoperability, where applicable. Across our corporate book of business, ***we currently support well over 5,000 interfaces*** that enable the integration of files and transmission of data for our customers.

MMA's solution employs industry standard web services to promote a seamless, real-time integration with State and external systems such as U.S. HHS applications and intrastate agencies such as HIX and HIE, as well as with the technical environments of all trading partners. We support the use of industry-standard data exchange by using industry-leading tools, including SnapLogic, Edifecs, and Informatica. In addition to API and web service interfaces, we can communicate through message

queuing or by secure file transfer with polling times as short as every 15 minutes to achieve a near real-time throughput.

Our existing architecture also includes an EDI gateway and enterprise business services capabilities which are also key components of our data exchange strategy. These provide a means for more customizable, near real-time exchanges of member records or transaction-level data, if stakeholders choose to use this instead of the more commonly leveraged batch data interface architecture. ***MMA's adherence to MITA standards and similar best practices allows us to provide access to additional services without extensive code or design changes.***

MMA's role in and approach to the project will enable us to meet the requirements listed in eRFP Attachment C – Common Scope Requirements and Security Standards and Attachment F – Pharmacy Benefit Administrator Services Scope of Work.

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

MMA proposes to use our established, proven Project Management Methodology to implement the systems and processes required to support the PBA Services scope of work in compliance with State requirements, including:

- Implementing our CMS-certified, NCPDP-compliant, MITA-mature, scalable FirstRx POS claims processing system to support the State's claims processing requirements
- Implementing our FirstTrax system to support contact management and processing of PA requests
- Implementing our Genesys customer engagement platform to support call center services
- Implementing our MRx Explore flexible Business Intelligence (BI) and analytics tool
- Implementing a PBA Services Web Portal aligned with State requirements
- Implementing our FirstFinancial system to support Financial Management Services
- Setting up the Document Repository and configuring it to support the State's document management requirements and configuring 24/7 role-based access for Authorized Solution Users in accordance with State requirements
- Working with the State, the State's MMIS vendor, and other relevant third-party vendors to develop, test, and implement interfaces to support receipt of eligibility, medical, and pharmacy data to support coordination of benefits, prior authorization, electronic prescribing, claims processing, and PDL management
- Developing required PBA-specific deliverables as outlined in eRFP Attachment C, including an Information Architecture Design Document, Data Integration Plan, and Requirements Specifications Documents.

MMA is recognized as a national expert in the implementation of Medicaid PBA solutions with a proven track record for successful implementations. This track record is driven by our ability to develop and maintain productive relationships with our customers that foster efficiency and success during the implementation and operations phases. The foundation for this success is our Project Management Methodology (PMM), which is based on the standards and techniques developed by the Project Management Institute (PMI) as documented in the Project Management Body of Knowledge (PMBOK®). Since adopting this methodology in 2004, we have continuously refined it based on lessons learned from successful PBA solution implementations for our Medicaid customers. MMA's project management staff regularly applies PMI changes to our PMM, incorporating the most up-to-date practices across the project management discipline, while maintaining the flexibility and adaptability to tailor our approach to integrate fully with

existing client PMOs, procedures and processes. MMA proposes to use our proven PMM to ensure the success of the PBA Services implementation and the ongoing maintenance of our PBA Solution during all phases of the Contract. We will adhere to the Project Stages, Project Phases, timeline, expectations, and responsibilities outlined in Attachment C - Common Scope Requirements and Security Standards, Section 2.2 Project Stages and Project Phases.

MMA has an outstanding track record of on-time, successful PBA implementations that include state Medicaid programs with functionalities and system solutions similar to those required for the PBA Services Contract. Our technical plan for implementing a modern pharmacy solution that supports the eRFP requirements incorporates our proven approach that has been used to successfully implement services for over 40 government pharmacy programs. This PMBOK-based approach includes:

- Development and successful management of productive working relationships with the State and its third-party vendors
- Established, proven industry-standard PMBOK tools, processes, and best practices
- An experienced, veteran DDI Team with broad cross-functional expertise
- Experienced Medicaid PBA operations and clinical professionals
- Regular meetings, status reports, and customer touchpoints
- A corporate culture of excellence that promotes partnership with our customers to produce collaborative and successful relationships.

DDI Project Stage

During the DDI Project Stage, MMA will focus on completing design and development activities in accordance with State requirements. These will include activities to implement our Solution and services, as well as working with the incumbent Contractor to retire Legacy Systems. We will maintain a focus on helping the State obtain the full 90/10 Enhanced Federal Funding for Medicaid and Medicaid-related areas. We will work with the State to develop a mutually agreeable implementation schedule to achieve completion of implementation within nine months of Contract Award or other timeline agreed by the State. Below we describe our approach to completing each DDI Project Phase.

Project Phase I - Project Planning and Startup: This phase will consist of comprehensive planning activities between MMA and the State. MMA proposes a slightly different approach to kick-off and requirements review and validation than what is outlined in Section 2.2.2 of Attachment C. We will facilitate a joint kickoff meeting with key State stakeholders to initiate the Project Planning and Startup Phase. The kickoff meeting typically includes a comprehensive overview of our proposed solution and architecture, staffing approach, the overall project timeline, as well as project management, project governance, and requirements validation strategies and procedures. The kickoff meeting will also focus on establishing and documenting clearly defined roles, responsibilities, and expectations and introducing MMA staff. Following the kickoff meeting, MMA will begin in-depth requirement gathering meetings, which will serve to confirm the scope of services at a granular level and establish accurate assessments of Contract requirements. Our business and technical experts will participate in joint requirement gathering meetings with State staff to elicit, refine, and document expectations for each PBA Services Contract requirement. During this phase, we will work with the State to complete all PBA-related deliverables listed in Section 7.4 Pharmacy Benefit Services Deliverables of Attachment C. All deliverables will be reviewed, tracked, recorded, and documented in the project library, according to the processes documented in the Deliverable Management Plan. Key milestones for this phase will include State approval of Project Management Plans and Project Schedule, and approval and validation of requirements. The DDI Manager will be responsible for developing detailed work plans, schedules, project estimates, resource plans, and status reports. They will conduct project meetings and will be responsible for project tracking and analysis. The DDI Project Manager will ensure adherence to quality standards and review project deliverables. They provide technical and

analytical guidance to the project team. They will recommend and take action to direct the analysis of and solutions for problems.

Project Phase II - Design, Development, and Testing: Once we have captured, validated, and documented all business requirements for the new Contract, we will configure, test, implement, and deploy a State-specific instance of our solution that is customized to the requirements specified in the eRFP. Driven by a pre-existing single code base, our solution does not need to be designed or developed. The solution architecture that comprises MMA's base solution has been designed to support state Medicaid programs through our focus on the MITA's Seven Conditions and Standards. MMA's application architecture provides a modular, flexible approach through the use of open industry-standard interfaces and exposed Application Programming Interfaces (APIs). During Phase II, activities will be focused on configuring FirstRx and other PBA systems to meet State-specific contract requirements. These activities will include:

- Developing and executing a Master Test Plan and that aligns with the CMS Testing Guidance Framework and State requirements outlined in eRFP Attachment C. Our testing team has worked with and tested PBA and reporting software and understands the nature and purpose of this software. Our people, systems, and processes can provide evidence and test results to the State for various types of testing including unit testing, system integration testing, regression testing, user acceptance testing, performance/stress testing, load testing, parallel testing, data migration testing, internal security testing, and usability testing.
- Developing a Defect Management Plan that meets the State's requirements. MMA utilizes JIRA, a section of the Atlassian suite of products, to identify, trace, verify and report all defects. Defects are defined as the existence of a gap in the performance or functionality that currently exists compared to the project/system requirements and the approved design. Documentation in JIRA provides a uniform approach to the identification and classification of software defects and explicitly requires values for the following attributes: ID, Description, Severity, Status, Affected version, Business, Priority, "Found in" environment, Root cause, and Resolution.
- Working with the State using our established Data Exchange/Migration process to develop interfaces to support the migration, conversion, and transfer of data required to support the PBA SOW. Data conversion is a multi-step process, including but not limited to, establishing source-to-target mapping documentation, performing interface gap analysis, transforming the data from the source to be loaded to the target database, loading the data to the target database, validating the loaded data by executing test scripts, providing data conversion results to the State and working with the State on data corrections, fixing and reloading records for approval by the State. ***MMA maintains over 5,000 data interfaces across our book of business that enable us to send and receive data electronically to any given data source identified by the State***. MMA provides methods of communication that are fully compliant with CMS standards and meet HIPAA privacy and security rules and guidelines. Our interfaces use industry standard protocols such as NCPDP, HIPAA x12, HL7, XML, and CSV for interoperability and data integration needs. MMA's application architecture provides a modular, flexible approach through the use of open, industry-standard interfaces and exposed APIs. Our solution supports several methods of data exchange, including SFTP (secure file transfer protocols), FTPS (file transfer protocol secure), Hyper Text Transfer Protocol (HTTP), secure web services, EDI (electronic data interchange), and real-time RESTful or SOAP/XML exchange, electronic data interchange (EDI), as well as batch.
- Utilizing a blend of agile methods and waterfall processes to work iteratively with State experts in order to transform the approved requirements into the benefit configuration plans, claims adjudication rules, and related criteria necessary to administer this program. MMA utilizes a hybrid implementation model that incorporates Agile SDLC and a flexible PMM that allows us to successfully manage large, complex implementations within the framework of a fixed scope

contract. All development, both coding and new configuration, follows our SDLC. The SDLC includes multiple testing phases to ensure efficiency of process, communication with the enterprise, and mitigation of risks. This includes defining a User Acceptance Training (UAT) process that includes training State staff who participate in UAT. Key milestones for this phase include design approval in the DDI process prior to entrance to testing, and completion and approval of UAT.

- Working with the State and its IV&V vendor to support the State in the development of specific CMS-required outcomes and metrics. This includes developing documentation, certification forms, checklists, evidence, and assistance preparing the required artifacts necessary to demonstrate CMS compliance. This will also include developing a certification crosswalk and CMS Certification Plan, and other required CMS deliverables for State approval.

Project Phase III - Operational Readiness and Production Cutover: This project phase will focus on initialization of the Operational Solution and services, migrating final production data into the production environment. Prior to Go-Live, we will confirm readiness of the technical infrastructure and validate the readiness of all operations, MMA and State staff, and current documentation. During DDI, we will work with the State to determine the specific Operational Readiness Review (ORR) approach that best meets the needs of the State. This includes determining the type of readiness review which is appropriate to the Project, developing the breadth and depth (scope) of the ORR, and developing the procedures and conducting an ORR.

MMA will provide an Operational Readiness Review Plan that that describes the plan to ensure all project Deliverables are complete and tested to help achieve a smooth start-up followed by safe steady-state operations. It will also describe the strategy and plan to implement the solution and/or services and roll out to the State and any required stakeholders. Prior to Go-Live, we will provide a Memorandum of Operational Readiness that states our assurance that the people, processes, and technology required to support our PBA Solution are ready for Go-Live.

MMA's DDI Team will conduct operational readiness walkthroughs, as appropriate, to demonstrate that all PBA systems and functionalities have been completely and accurately developed and tested. Any issues will be documented and following the walkthrough, we will submit a summary readiness report that includes the results of the readiness checklist and walkthrough. Any compliance issues or identified gaps will be clearly documented in this report, along with the associated tasks/timelines to close the gaps and obtain State sign-off. Following the resolution of any gaps identified, MMA's DDI Team will obtain formal State approval for Go-Live and close out of the implementation phase. The DDI Team will work with the PBA Account Team to coordinate handover of operations responsibilities and ensure a smooth transition to the O&M Project Stage. Key milestones for this phase include approval of Parallel Testing results and operational readiness approved by CMS.

Operations & Maintenance Project Stage

During the Operations & Maintenance (O&M) Phase, MMA will focus on maintaining operations on an ongoing basis for the term of the Contract. This phase includes activities targeted on achieving CMS certification for our PBA Solution, with the aim of helping the State obtain 75/25 enhanced funding for Medicaid and Medicaid-related area beginning on the first day of the quarter after Go-Live. The O&M Project Stage will begin upon successful completion of the DDI Project Stage and continue through the life of the Contract.

Project Phase IV - Initial Operations and CMS Certification: During this initial period of production operations and performance, we will continue working with the State and its IV&V vendor to support the State in the completion of specific CMS-required outcomes, and will present the metrics certification forms, checklists, evidence, and required

artifacts developed during DDI to the State for review. We will ensure that our Solution meets CMS Certification approval for the maximum allowable FFP and work with the State to meet the requirements in Section 8.2 of Attachment F. With over 17 years of successful CMS Certification experience, we have achieved CMS certification 100% of the time where it was required. ***We have successfully helped 15 Medicaid customers achieve certification on the first attempt—with no findings, corrective actions, or follow-up action items required***. We will work with the State to complete all Certification Requirements listed in Section 6.2 of Attachment C. We will provide a high level of leadership and assistance during the certification process, including providing all the system and business operations staff necessary to complete the certification and support the State through our focus on the Conditions of Enhanced Funding. MMA helps states get the most value out of limited healthcare dollars while supporting clinically appropriate care for their most vulnerable citizens. ***MMA recently achieved certification for two states—Nevada and California—using the new CMS Streamlined Modular Certification (SMC) process***, which condenses the certification process and focuses on measuring the effectiveness of the pharmacy solution to support desired business outcomes. MMA has worked collaboratively with every major IV&V vendor, in the country, and have collaborated productively with the IV&V for every customer that has engaged one.

Maria Hogan, CPhT will serve as the Certification Lead, taking the lead on coordinating activities and acting as the primary point of contact to coordinate with the State and IV&V certification counterparts on all activities related to support all certification activities. Under Ms. Hogan's leadership, we have earned successful CMS certification in each of our Medicaid pharmacy contracts requiring certification with no findings, corrective actions, or follow-up action items needed from MMA. We will work with the State to obtain independent verification and validation that our Medicaid PBA Solution complies with CMS requirements. Following certification, we will provide ongoing certification support during O&M by reporting on PBA metrics as required by CMS. Ms. Hogan has ***over 14 years of direct experience participating in the process of successfully assisting our customers in obtaining certification of our PBA Solution while*** following current industry standards, including monitoring CMS certification milestones.

We will work with the State to develop and document a plan that demonstrates how our PBA Solution will satisfy all applicable CMS requirements. The plan will include a matrix outlining each requirement and response to meet the desired outcome. MMA will support the CMS Certification process by preparing all reports and documentation necessary for submission to CMS to support all certification gate/milestone reviews. MMA will make available all reports, systems-related planning, design, development, and implementation related activities, outputs, documentation, and test results to substantiate the solution meets related CMS certification checklist items as defined at the time of the review. Our team will provide State-related documentation and evidence, including certification artifacts and presentation materials (e.g., requirements, user stories, or use cases), as applicable and necessary, to satisfy and sustain CMS certification of new modules. Examples of artifacts provided to fulfill functional and non-functional requirements may include data related to business, capacity and performance, security and privacy, and HIPAA compliance, usability, maintainability, interface, 508-compliance, disaster recovery, and traceability, as well as test plans or test cases.

MMA understands that this phase includes a Warranty Period during which we will, at our expense and utilizing the agreed upon Change Management Process, correct all Defects, including all subsequent Defects resulting from a warranty-covered Defect fix, which prevent the PBA Solution from operating according to agreed-upon State specifications, and maintain routine PBA Solution performance and operations while correcting the Defects. Key milestones for this phase will be the 1) Go-Live of the Solution and/or Services; 2) Achievement of CMS Certification received; and 3) Completion of the Warranty Period (if applicable) as defined during the implementation.

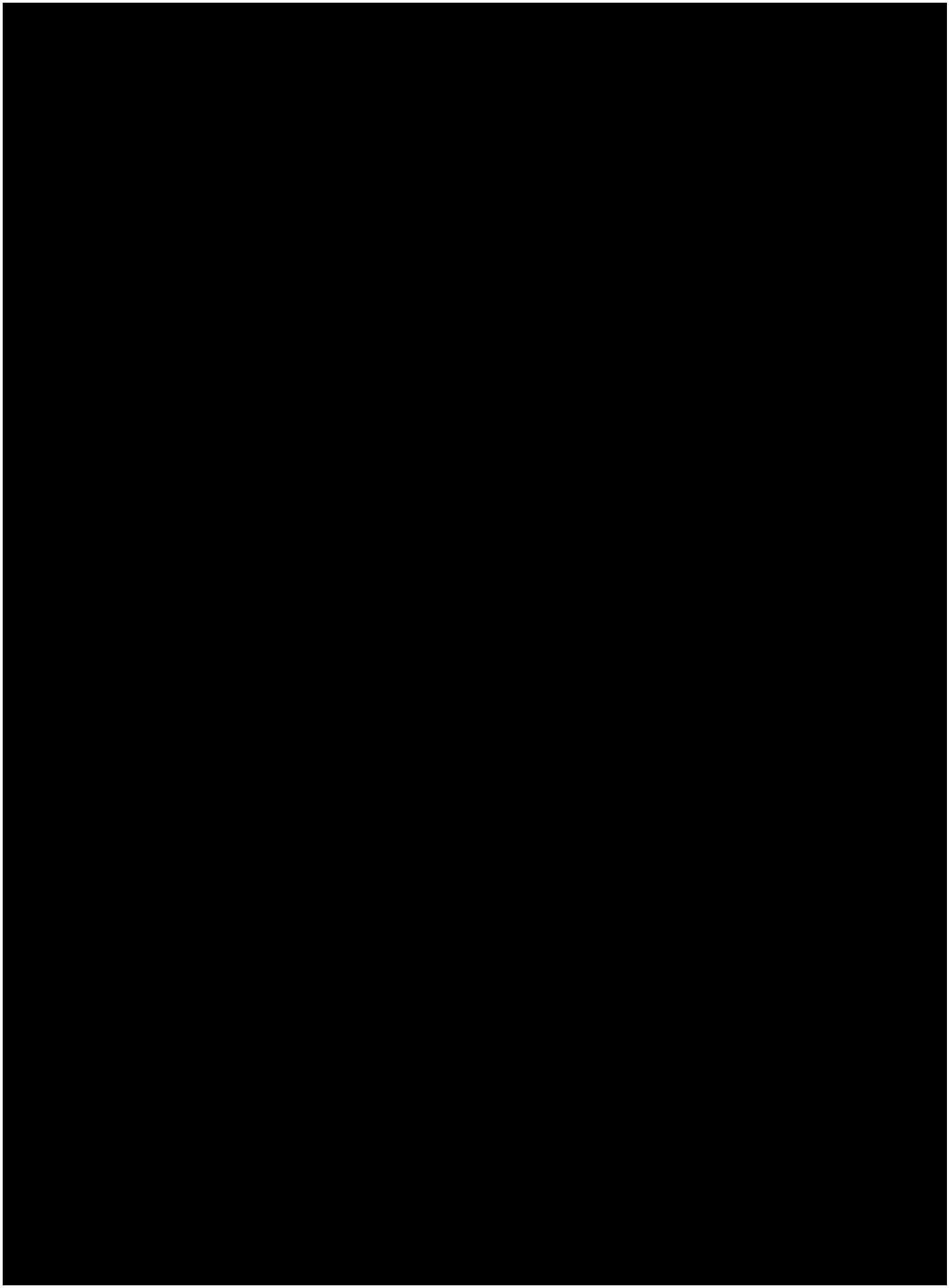
Project Phase V - Operations: During this phase we will continue our delivery of operations, maintenance, and support services, while ensuring that we meet all requirements and services as outlined in the Contract. We will collaborate with the State and its third-party vendors to identify opportunities to enhance the functionality of our PBA Solution, processes for Data Exchanges, and technical infrastructure in a systematic way. We will work with the State to implement any requested change using State-approved change orders to mature the systems and services, and our performance obligations. We will continuously monitor, track, and report on our performance on SLAs and work with the State to implement correct action plans and defect management processes, if needed.

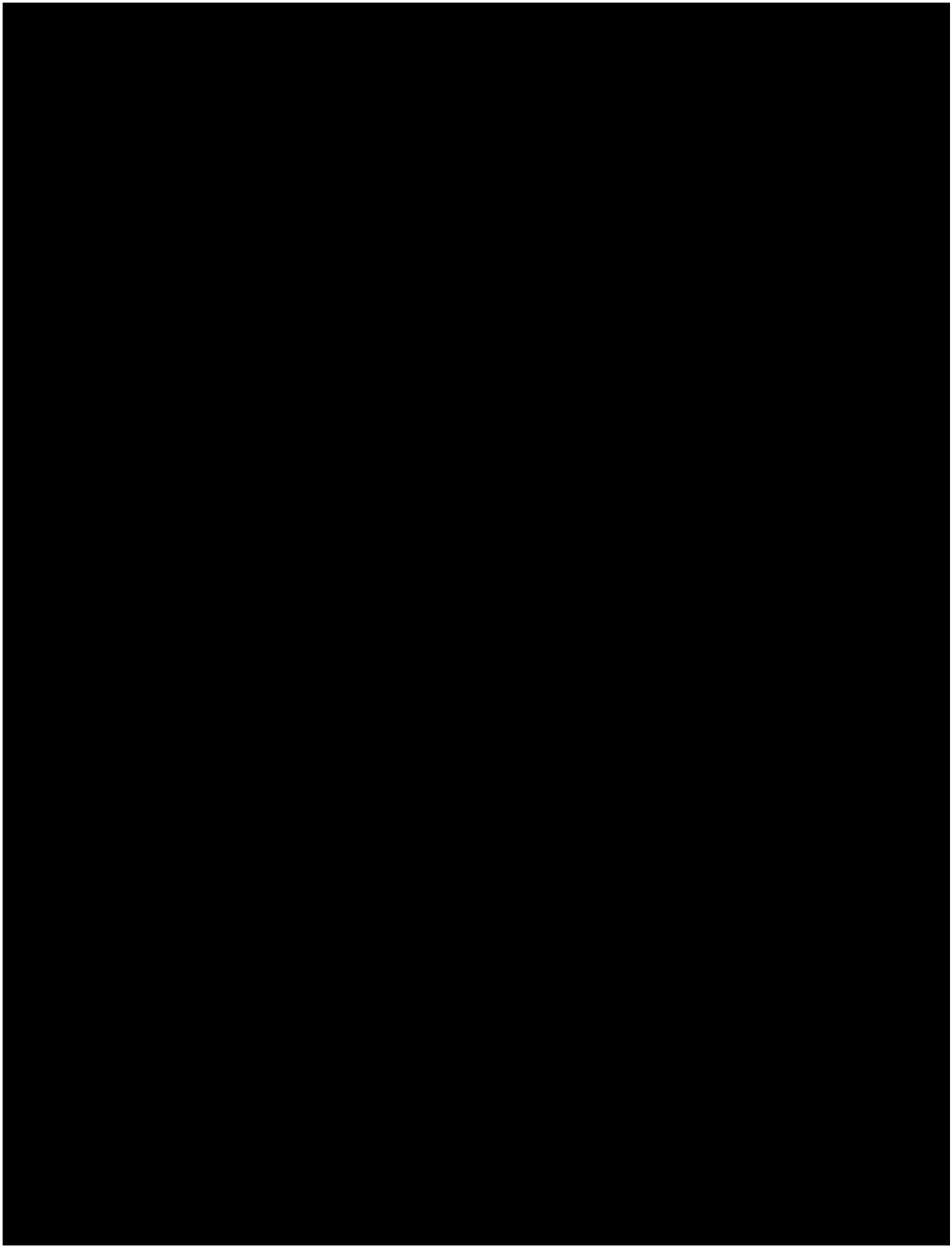
We will perform software upgrade and maintenance releases and required business reporting according to a mutually agreeable time frame. Throughout the Operations and Maintenance phase, MMA monitors system upgrades and releases to assess if they are working as expected. In addition, MMA ensures that our systems and applications are patched in a timely manner to ensure critical security and operational fixes are in place. Our utmost priority is ensuring the confidentiality, integrity, and high availability of all components that comprise our solution. The key milestone for this phase will be the ongoing operation and maintenance of our PBA Solution. This phase will be supported on a day-to-day basis by the Account Operations Executive (AOE) and the Systems Manager/Report Analyst (Systems Manager). They will work with the Account Team to hold regular status meetings at an agreed upon cadence, with the State to present and discuss project status updates on operational activities, including but not limited to SLA Metrics, planned tasks and activities for the next 30 days, identification of any staffing issues or changes, and current status on any identified operational issues.

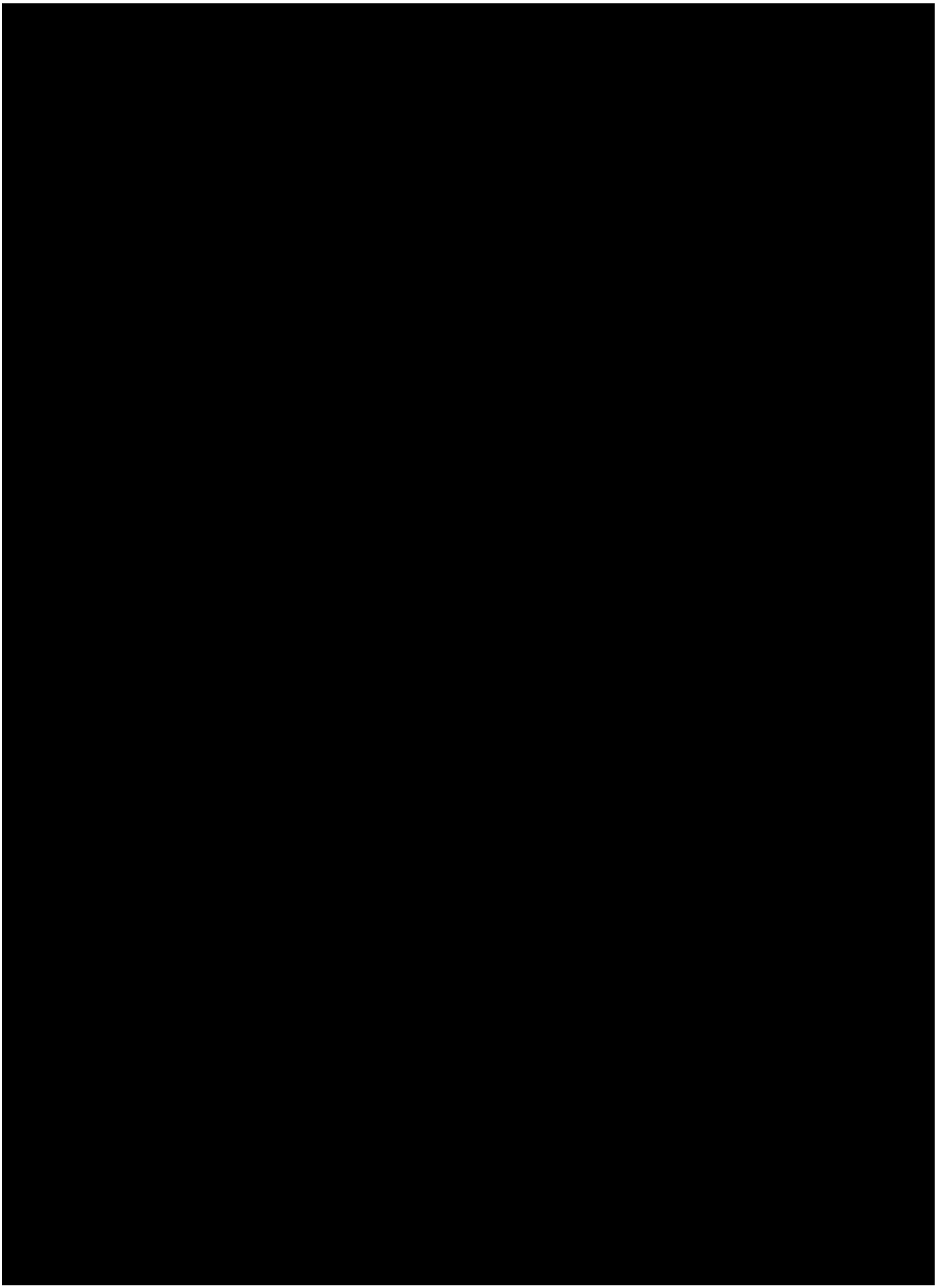
Project Phase VI - Turnover and Contract Closeout: In the event that it becomes necessary to turn over the Contract to another vendor, we will work with the State to turn over the State-contracted relationship to another entity according to Contract requirements. We will develop a Turnover Plan that documents what will be needed for a new PBA Contractor to assume operations of the program, including technical, data, and business functions outlined in the Contract. The plan will document all information required by the Contract. Key milestones for this phase will be: 1) Services turned over to the incoming Contractor; and 2) End of the Project.

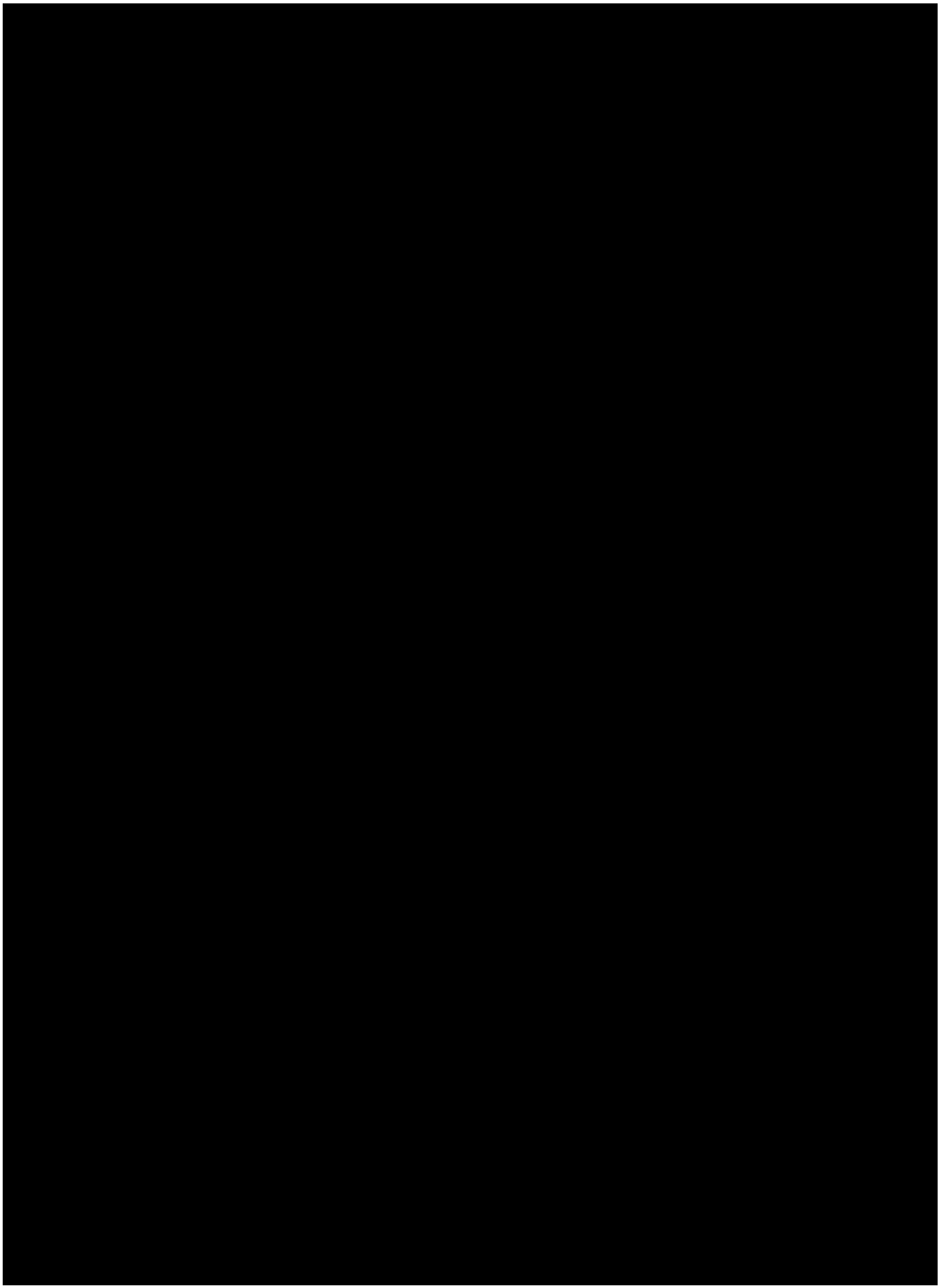
MSQ35.1 – Best Practices (TRADE SECRET)

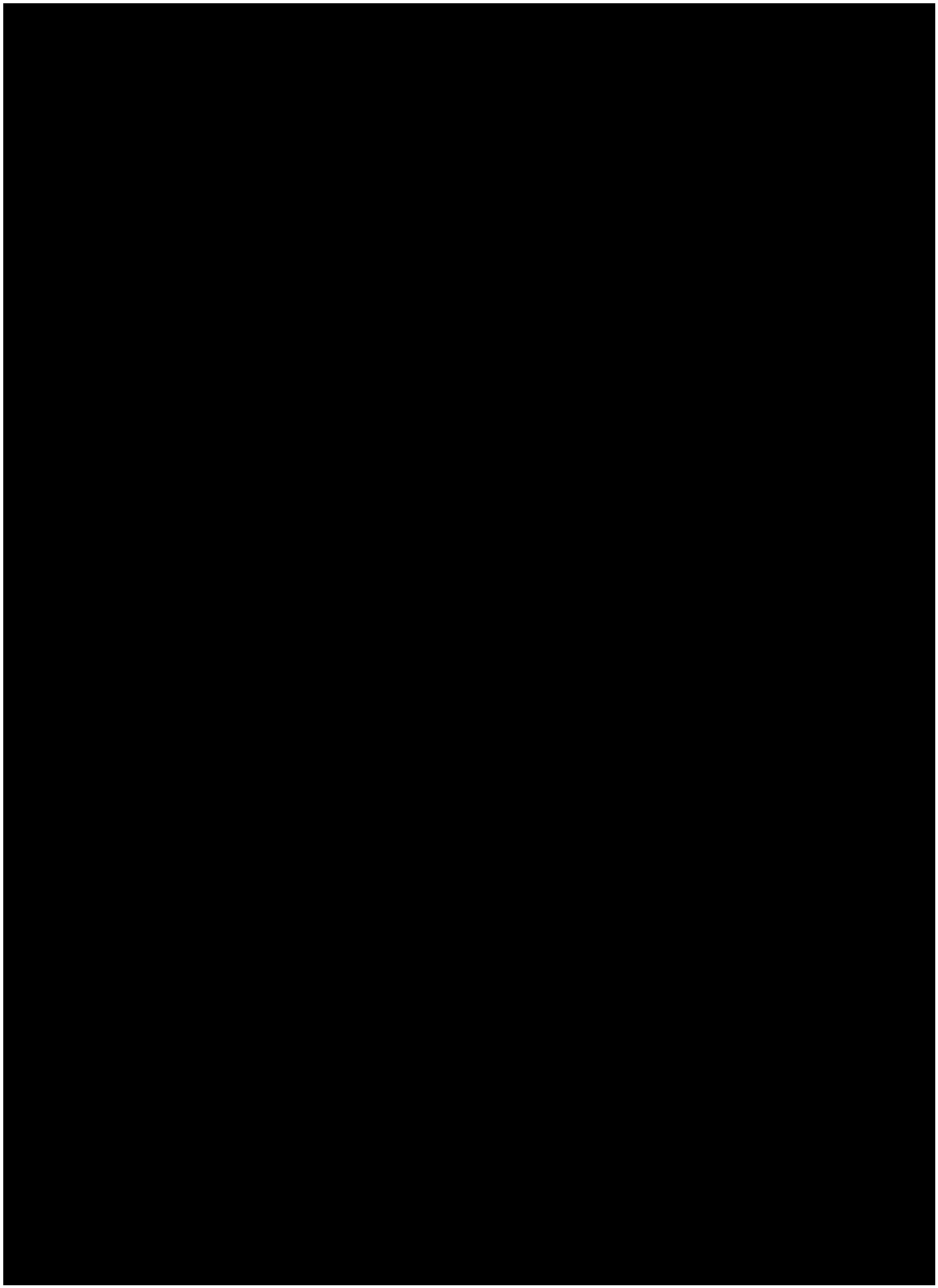
On the following pages, we include examples of our best practices that may be applied in the execution of PBA services.





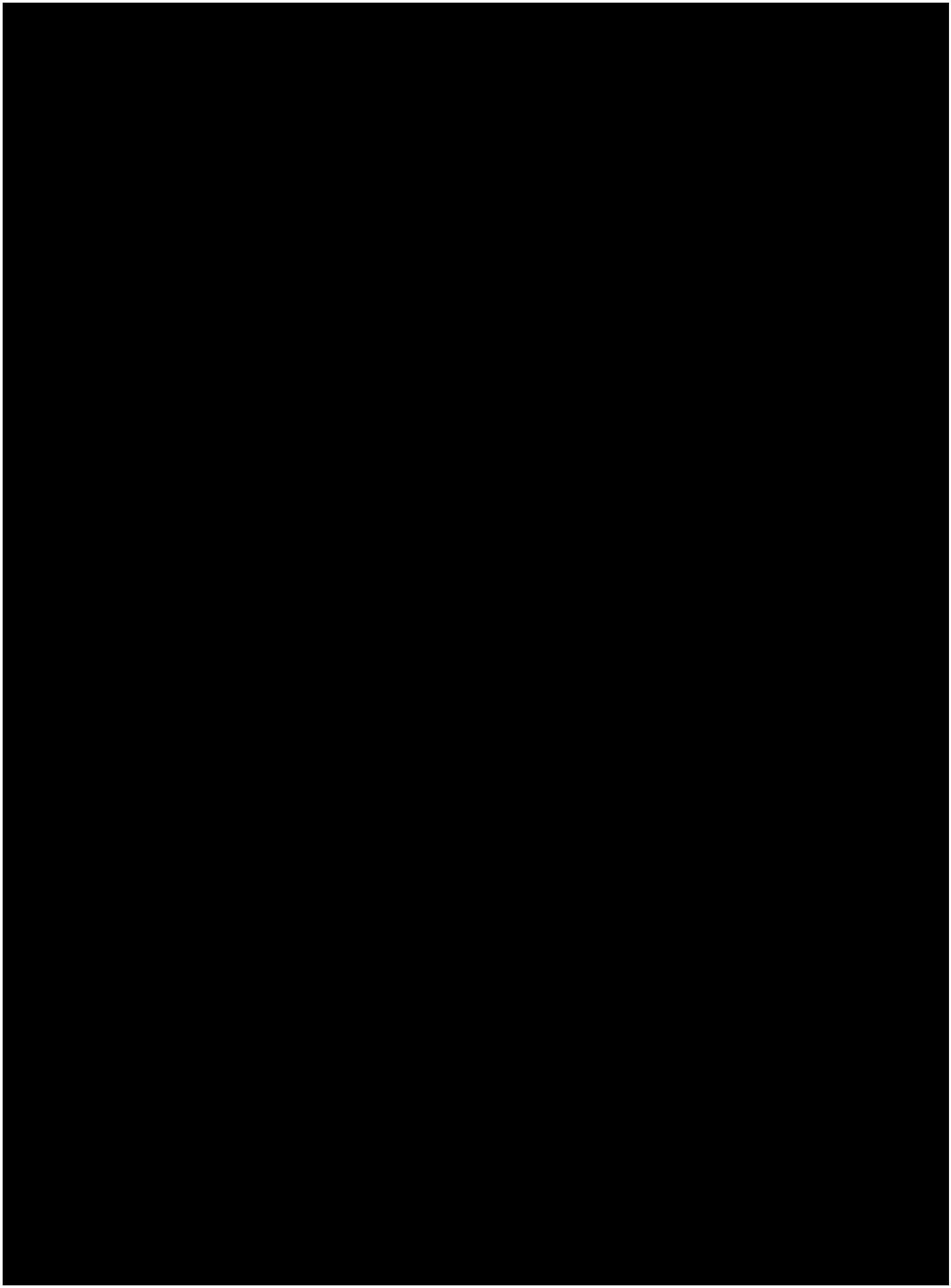






MSQ35.2 – Lessons Learned (TRADE SECRET)

On the following pages, we include examples of our lessons learned that may be applied in the execution of PBA services.



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



MMA offers ***more than four decades of experience successfully transitioning pharmacy programs*** from incumbent contractors, including Optum, to our proven solution. MMA's Transition Team will work with our Account Team, State staff and stakeholders, and the incumbent contractor to execute a successful transition. The Transition process will involve engaging and coordinating people and resources in collaboration with the State and its stakeholders to conduct successful orientation, knowledge transfer, knowledge acquisition, development of operational understanding, and operational independence from the incumbent contractor through collaborative meetings and gathering materials such as program data files, program manuals and existing programs and policies and procedures. We will use our established SDLC, testing, and transition approaches, described below, to implement our solution in accordance with Attachment C - Common Scope Requirements and Security Standards, Section 2.2 Project Stages and Project Phases and Section 6.2 Security Requirements. This includes developing and executing a Transition/Cutover Plan that defines and documents the strategy, scope, timelines, and details for moving from an "as-is" Solution to a "to-be" Solution. This plan will include activities related to the preservation of continuity of service, management transition, any necessary transition of assets (sites, inventory, etc.), data migration, etc.

SDLC Approach to all Project Stages and Phases: MMA's established Software Development Lifecycle (SDLC) utilizes a hybrid implementation model that incorporates Agile best practices and a flexible PMM that allows us to successfully manage large, complex implementations within the framework of a fixed scope contract. Our SDLC steps, tools, processes, and documentation are aligned with our PM lifecycle and integrated into an overarching implementation approach and applied alongside of our PMM approach throughout the DDI and O&M project phases. As these approaches are applied parallel to one another, they are collectively supported by a closely integrated structure of processes, tools, and documentation.

Our SDLC provides the guiding principles we use to elaborate, create, validate, and implement systems on time and on target, and in alignment with our customers' preferred approach. Agile development is based on the idea of incremental and iterative development, in which the phases within a development life cycle are revisited as needed. This agile method iteratively improves software by using customer feedback to converge on solutions. Rather than using a single large process model in conventional SDLC, the Agile development life cycle is divided into smaller parts, called increments or iterations, in which each of these increments touches on each of the phases of

development. The major strengths of Agile SDLC include self-organizing teams, suitability for teamwork and cross training, iterative development, and adaptation to change.

SDLC Processes: MMA utilizes sprint planning that is aligned with the milestones and tasks in the project work plan, as well as daily standup meetings to ensure that everyone on the team is up to date on the latest project developments and that tasks stay on track. Multiple iterations of the sprint process take place to ensure that the product meets customer needs and specifications, and we use iterative testing to demonstrate and collect customer feedback. This process of collecting constant feedback ensures that we meet the State's precise expectations.

SDLC Documentation: All changes to in-place MMA systems will be documented, coordinated, and communicated with all stakeholders, in a timely manner using our documented change management process. MMA's requirements confirmation approach includes the following actions: initial requirements definition, research, formal submission for approval, walkthroughs, requirements gathering confirmation, follow-up meetings, and corrections.

As a primary deliverable of the SDLC Requirements Phase, the Requirements Traceability Matrix (RTM) provides the ability to follow and audit the life of each system requirement, in both a forward and backward direction from its origins through its realization. We will work with the State during the Project Planning Phase to modify the RTM with business system requirements for any new functionalities or enhancements needed under the new Contract, and then modify functional specifications, test cases, and expected and actual results completed during the subsequent DDI phase. This method ensures accountability for both MMA and the State prior to release to production and subsequent operational phase of the project.

We follow IT Infrastructure Library (ITIL®) best practices as the preferred method for ensuring effective communication between the technical and operational groups involved in software program changes and code promotion. In combination, the SDLC and ITIL sets of practices aid MMA in ensuring that changes are:

- Documented in a clear, concise manner
- Managed to prevent system/performance conflicts
- Scheduled to minimize impact on normal business operations
- Approved and communicated effectively to all IT departments and the user community
- Implemented to support efficient and stable updates in the future.

Testing Approach: With 17 years of experience achieving CMS certification for our state Medicaid customers, our CMS Certification Team, processes, and systems are set up to conform to these guidelines from the Test Planning and Test Execution Phases and throughout the Operational Monitoring Phase. Comprehensive and thorough testing of enterprise software throughout the system development lifecycle leads to higher quality software products and increased levels of user satisfaction. Throughout the CMS certification processes, we will collaborate with the State to effectively test applications and services that comprise our PBA Solution so that issues are identified and remediated early in the system development lifecycle. By conducting early tests of systems, MMA can reduce the number of errors embedded in the system and the cost of rework for our state customers, resulting in increased overall quality of the delivered system and user satisfaction.

MMA will develop and maintain a Master Test Plan that aligns with the CMS Testing Framework and the requirements in eRFP Attachment C. This plan will encompass the needs of the various testing stages of the project and ensure all quality assurance objectives of the project are met. We operate and maintain QA testing environments that reflect parallel production environments for each of our

systems. Testing phases will be documented in the Master Test Plan and include various types of testing such as:

- **System Testing:** Our PBA testing cycle includes System Testing to assess the functionality and interoperability of the system. This test includes a test installation and configuration of our pharmacy system with a subsequent Functional Regression Test to confirm the installation's success. MMA conducts system testing to verify that specified system and contractual requirements are met. In doing so, testing strategies are created for each workstream; which will be documented in the Test Plan. Our Quality Control (QC) Team studies each testable system requirement to determine how to test and various tests cases/scenarios such as Positive, Negative, Boundary, and Regression are developed.
- **Integration Testing:** MMA's team conducts Integration Testing for external system impacts including PBA systems, downstream applications, and all interfaces. Integration Testing makes certain the application is working correctly within itself and with external system impacts including PBA systems and downstream applications. This testing also confirms that the system meets the business requirements and is working as designed and configured. Interfaces are also tested during this category of testing to validate layouts are correct and files load correctly to the joining system.
- **User Acceptance Testing:** This phase of testing confirms that the developed system meets all expectations of the State and its eventual users. MMA ensures that the UAT environment is accessible to the State and all its partners. MMA will provide the State with a user acceptance test (UAT) environment where the State and its partners can execute test cases.
- **Performance Testing:** Our Performance Load Testing will leverage automation tools whenever possible and, at a minimum, consider the following factors: a) Application server(s) or software; b) Database server(s) c) Network – latency, congestion, etc.; d) Customer-side processing; and e) Load balancing between multiple servers. MMA will include in the Master Test Plan all activities around Performance testing, which is conducted to verify performance and reliability. Our pharmacy solution uses a variety of test automation tools, depending on the use case and context, in our current test processes. These include:
  - **Apache JMeter** is an open-source Java application designed to load-test functional behavior and measure performance. It can be used to test performance on Static and Dynamic resources and web applications, as well as to stimulate a heavy load on a server, group of servers, network, or object to test or analyze overall response time under different load types.
  - **Cucumber** is a testing framework that helps to bridge the gap between software developers and business managers. We use Cucumber to interpret the tests into the specified programming language and use Selenium to drive the test cases in a browser. Our tests are translated into Java code.
  - **Zephyr** automated test management and tracking tool is designed to document, track, and manage test scenarios, cases, and results. Zephyr provides the ability for standardization of tests, data, metrics, processes, and reports, as well as repurposing and reusing test information to save time and effort. Testing requirements are easily maintained through traceability by having everything stored in one central location. Zephyr also serves as a test repository for MMA's internal staff where test information can be categorized, stored, and organized for easy retrieval of on demand status reporting and metrics.
  - **MCAT** (an in-house automation tool) is our claims adjudication testing tool built specifically for pharmacy claims testing. The automated tool provides the ability for our QA Team to fire a large quantity/batch of electronic claims into the FirstRx POS claims adjudication system. At point of entry, it verifies if the configuration has been deployed into an environment sufficiently and as stipulated per the contractual requirements. This tool is integrated with the FirstRx system QA

database, which allows testing metrics to be delivered with pertinent details and criteria associated with each claim record.

- **End to End Testing:** MMA has in place a detailed strategy for end-to-end testing of business rules, including planned usage of any tools leverage to automatically identify and fix conflicting rules. As described in our testing plans, the goal of end-to-end testing is to make certain that business continuity is not disrupted, and to verify that all systems and interfaces operate together as an integrated system that supports the business process.

MMA employs a comprehensive and organized approach to testing and auditing of our core FirstRx claims processing system, as well as our supporting systems and processes, which include our Business Intelligence (BI) reporting solution (MRx Explore), our provider payment system FirstFinancial, our call center systems (FirstTrax and Genesys), prior authorization services through ePA and AutoPA in FirstRx, interfaces, and web portal. In *Figure MSQ36-1,* we depict a sampling of the claims testing components we will use to ensure system accuracy during DDI, prior to Go-Live. During the M&O Phase of the Contract, MMA will thoroughly test benefit program changes initiated by the State. MMA has a highly structured QA process to ensure that the configuration of these changes is performed accurately and is implemented in a timely manner.



Figure MSQ36-1: Sampling of claims testing components to ensure system accuracy prior to Go-Live (TRADE SECRET)

Transition Approach and Experience Brings Added Value to the State: ***As a Contractor currently providing Medicaid PBA Services for 13 states and the District of Columbia today, as well the bidder with the most comprehensive Medicaid-specific Pharmacy Solution, we provide states with a proven, low risk, high return PBA Solution***. In each of our successful PBA implementation projects, our experienced staff collaborates with State Medicaid Agencies and their delegated entities, following agreed-upon project management work plans and processes to achieve project success. We have a track record of being able to transition customers to our PBA Solution on-time and according to State-specific requirements, ***ensuring that PBA systems are operational, accurate, and secure on Day 1 of Go-Live***.

As a result of our 40 years of experience providing PBA Services for states across the nation, we have existing relationships with MMIS vendors, switch vendors, PBA vendors, and related third-party vendors. Based on this experience working with multiple vendors in complex State Medicaid ecosystems, we have a proven, streamlined approach to communication and collaboration that contributes to effective transition. This approach ensures that data interfaces, process, and systems are operational and work together effectively when cutover happens. During each implementation, we leverage these relationships to ensure a seamless transition and uninterrupted service. We have extensive experience across the nation with industry-standard Medicaid PBA data exchange processes, interfaces, and security protocols. This experience allows us to respond quickly as situations unfold during implementation without disruption and will translate to less risk for the State because we are a Contractor who understands the State Medicaid systems, data, and staff roles. Further, we maintain ***over 5,000 data interfaces*** across our book of business that enable us to send and receive data electronically to any given data source identified by the State. These interfaces are fully compliant with CMS standards and meet HIPAA privacy and security rules and guidelines. Our interfaces use industry standard protocols such as NCPDP, HIPAA x12, HL7, XML, and CSV for interoperability and data integration needs. We will be able to leverage these as a starting point for the PBA Solution implementation instead of starting from scratch, which will benefit the State through cost and time efficiencies.

During each PBA implementation, we work collaboratively with our government customers to identify, create, and demonstrate value for all stakeholders. Our customers will attest to our smooth and successful transition, implementation, and operational experience, as well as our ability to cooperate fully with all program stakeholders to ensure a seamless implementation. The effectiveness and efficiency with which we are able to take over operations from incumbent PBA contractors results from our best-practices-driven, proven approach that is grounded in MMA's Project Management and SDLC approaches. These approaches govern implementation of all projects, as well as transitions and turnovers, by utilizing a structured life cycle and specific processes, tools, and documentation that guide projects and turnovers from initiation and planning and through to the completion of all agreed-upon deliverables. This experience, combined with our established, successful, and proven transition approaches will translate to a cost-effective, timely, and efficient project schedule for the State. We will be fully prepared for Go-Live, which will mitigate risk as a result of any unexpected time delays, rework, provider abrasion, or disruption of service to members. We have well tested and refined project management templates that allow us to plan and execute transition activities in a streamlined approach, without having to expend valuable time creating documents and tools from scratch. The systems that comprise our PBA solution are highly configurable, helping to expedite the implementation through minimal time spent developing code and programming. Our proven track record of smooth CMS certification successes with no finding or rework required further minimizes the risk of delay, which results in minimized risk of FFP loss due to delays.

Security Requirements: MMA's solution will comply with Attachment C - Common Scope Requirements and Security Standards, Section 2.2 Project Stages and Project Phases and Section 6.2 Security Requirements. MMA's AWS cloud-hosted applications are in a FedRAMP Moderate Certified environment. MMA's security standards are based upon the NIST 800-53 Rev. 5 security and privacy control sets. MMA performs internal control assessments and internal audits to assess our systems and processes according to our policies for safeguarding information systems and data which also align with State, Federal, and customer requirements to validate MMA's effectiveness of controls and safeguards in place. MMA uses hosting security best practices, including:

- Use FedRAMP certified Cloud Services
- Utilize SSAE-18-TYPE I/SOC2 TYPE II certified Cloud Services

- HITRUST
- NIST 800-53 Rev. 5
- HIPAA/HITECH.

MMA will provide secure hosting of our solution and all components in a way that reflects performance, security, and data retention expectations as described in the Section 6.2 of Attachment C.

MMA's hosting approach utilizes the AWS cloud to facilitate massive scalability. We are no longer constrained by the hardware available to us in our data center. Our cloud architecture allows us to scale compute, bandwidth, and storage in minutes rather than months. In addition to rapid scalability, our cloud architecture also allows us to deliver high availability and dependable disaster recovery to all of our state partners. As an example, we are the pharmacy vendor for the largest Medicaid FFS program in the United States and we routinely process an average of 84,000 POS transactions per hour. We have been able to scale that system to process 150,000 transactions per hour while maintaining sub second response times. MMA's mature and MITA-enabled architecture complies with the applicable infrastructure architecture standards for performance, security, and data retention described in the eRFP. ***MMA is certified under the HITRUST CSF Assurance Program, which incorporates the NIST Cybersecurity Framework and establishes a certification mechanism as an effective and efficient approach for reporting cybersecurity posture, leveraging the NIST Cybersecurity categorization***.

CMS Operational Readiness Review (ORR) Independent Security & Privacy Certification Engagement Activity and Artifacts: Six months prior to the ORR Project Milestone, MMA will provide to the State a completed NIST 800-53 Revision 5 or Higher Compliant, System Security Plan (SSP) for review and approval. MMA will engage an Independent Third-Party Security & Privacy Assessment Vendor to conduct and successfully complete a Security and Privacy Assessment Engagement of the Contractor's Solution based on applicable NIST 800-53 Revision 5 (Moderate-Impact-Baseline) Security and Privacy Controls and applicable HIPAA Security Rule Code of Federal Regulations. The Assessment Engagement Deliverables will include a Security Assessment Report (SAR) demonstrating the compliance status of applicable NIST 800-53 Controls, a Plan of Action and Milestones (POA&M) Report which details any identified Non-compliance Control Gaps. We understand that we must meet all CMS Certification requirements and artifact Deliverables in accordance with State requirements. MMA will provide the completed SAR and POA&M Report Artifact Evidence to CMS at least 45 Calendar Days prior to the Project ORR Milestone.

CMS ORR Independent Security Certification Penetration Testing Engagement and Artifacts: Six months prior to the ORR Project Milestone, MMA will conduct and complete an Independent Third-Party Penetration Test Engagement of its Technology Solution Platform based on the criteria specified in the CMS, Framework for the Independent Assessment of Security and Privacy Controls (version 3.1 or most current version). This Guidance Document will be provided by the State prior to CMS Certification. A Penetration Test SAR Report and POA&M which details any identified vulnerabilities found and Planned Remediation Steps and Remediation Dates shall be provided to CMS at least 45 Calendar Days prior to the Project ORR Milestone.

A sample of our Cutover/Transition Plan is included in on the following pages. This plan has been tailored an existing customer's specific requirements. As a result, the nomenclature, forms, tools, and content used in this sample may vary slightly from the State's requirements. Our DDI and Account Teams will work with the State during DDI to tailor this document to reflect the PBA Contract requirements.

MSQ36.1 – Cutover/Transition Plan (TRADE SECRET)

On the following pages, we include an example of a Cutover/Transition Plan.

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

MMA has a proven track record for successful implementations, as well as an ability to develop and maintain productive relationships with our customers that foster efficiency and success during the implementation and operations phases. The foundation for this success is our Project Management Methodology (PMM), which is based on the standards and techniques developed by the Project Management Institute (PMI) and fully documented in the Project Management Body of Knowledge (PMBOK®).

MMA's proven PMM approach has produced:

- A successful track record of implementing Medicaid PBA solutions on schedule
- Effective planning and project controls
- Key resources with appropriate experience
- Fully documented program requirements
- Established PM Processes
- Flexible reporting tools to provide rigorous monitoring and adherence to quality standards.

We will use our PMM to implement the PBA scope of work according to the Project Organization and Management requirements in eRFP Attachment C, and the PDL, POS Claims Processing, PA, Financial Management Services, Support, and Reporting requirements in eRFP Attachment F. Below we describe the components of our PMM and how it will support our project management approach throughout the life of the Contract.

MMA's PMM includes a set of Project Management Procedures that together comprise our Project Management Lifecycle (PM Lifecycle). Each component in MMA's PM Lifecycle represents a level of maturity as the PBA implementation is conceptualized and eventually delivered. Our PM Lifecycle is depicted in *Figure MSQ37-1*, and the components that comprise our PM Lifecycle are outlined below.

Project Schedule/Project Work Plan



MMA will develop and maintain a detailed Project Schedule/Project Work Plan in Microsoft Project, which will include agreed-upon milestones, tasks, planned start and finish dates, actual start and finish dates, work hours, and assigned resources. Created in Microsoft Project, the Project Schedule/Project Work Plan represents milestones, deliverables, tasks, dependencies, and organizations involved in each task and represents the primary tool used to ensure that all interrelationships and functional dependencies are documented and factored into implementation activities. This Project Schedule/Project Work Plan will serve as the roadmap for all activities and phases of implementation and is key to ensuring a successful Go-Live. ***A sample Project Schedule/Project Work Plan is included as MSQ37.1. A sample Work Breakdown Structure (WBS) Tasks and Project Outputs are included as MSQ37.2***.



Figure MSQ37-1: Project Management Lifecycle

Established Project Governance and Management Processes



Our established PMM, described in more detail below, provides structure to our project governance and management processes for all aspects of the Contract. This PMM consists of established, proven tools, processes, and procedures that are designed to ensure that implementation and post-implementation project management activities are closely coordinated with and aligned to the project management approach of our customers, as well as their third-party, vendors, and other stakeholders. ***We will use this PMM during DDI Phase to develop a Project Management Plan (PMP), which will adhere to requirements in Section 2.3 Project Management of Attachment C.*** This PMP will document a methodical approach to the project via individual "stepwise", or sub-plans, for management and administration of the project, as described below. Where applicable, required samples are referenced.

Schedule Management: We will develop and utilize a Schedule Management Plan that documents the schedule management approach, guidance, analysis processes, metrics, roles and responsibilities, and process governance as they pertain to the execution of the Project Schedule. The Project Schedule will be baselined, with a Project Critical Path calculated and identified, and will display the Schedule Performance Index (SPI). We will update it at least once monthly. Following Contract award, we will work with the State to provide an integrated Project Schedule that includes Project Schedules from the State, and any other third-party vendors or stakeholders.

Quality Management: MMA will develop a Quality Management Plan to monitor the quality, impact, and effectiveness of services, and will address Quality Standards, Quality Objectives, Quality Roles and Responsibilities, Quality control, Quality Tools, and Major Procedures, such as dealing with nonconformance, Corrective Action Plan (CAPs), and continuous improvement procedures as referenced in the current edition of PMBOK. We will also include SLAs in the Quality Management and use this plan to track SLA compliance. If required, will provide the State with a written Corrective Action Plan (CAP), including timeframes for resolution, no later than five Business Days from receipt of written notification from the State of non-compliance with Contractual obligations, unless otherwise agreed upon by the State in writing. ***A sample Quality Management Plan is included as MSQ37.4.***

Requirements Management: We will develop a Requirements Management Plan, in conjunction with the State, that defines the methods, processes, and procedures used to gather and analyze accurate requirements and manage them throughout the lifecycle of the project. We will identify a schedule for requirement gathering meetings in the Project Schedule, and upon State approval, execute the Requirements Management Plan to meet the Milestones as described in the eRFP. This plan will also address the requirements traceability strategy that will be applied to ensure complete end-to-end verification that requirements have been met and how this will be documented in a Requirements Traceability Matrix (RTM) tool. ***A sample Requirements Management Plan is included as MSQ37.5.***

Change Management: MMA will adhere to all requirements outlined in Section 2.5 of Attachment C.



We will develop and implement a formal Change Management Process. This process will be documented in a Change Management Plan and address submission, review, and approval or rejection of all changes to requirements, scope, and other project and program artifacts within realistic and agreed upon time periods that are reflective of the Solution for the proposed change. Any updates or changes to our Solution will be handled through the Change Management Process to allow for the assessment of price and impact to the Solution and operations. The Change Management Process shall include steps, roles and responsibilities, and decision points, and will provide steps for submission of Change Request form to the Change Control Board (CCB), Documentation of Change Requests, business and technical assessment and validation of change requests, review, and decision from the CCB and tracking of Change Requests until verified as successful. ***A sample Change Management Plan is included as MSQ37.6.***

Risk and Issue Management: MMA's approach to risk and issue management is proactive, integrates risk management into our project management lifecycle throughout all work, and is based on best practices of the PMI. We will develop a Risk Management Plan and an Issue Management Plan that meets all requirements listed in Section 2.10 Risk and Issue Management of Attachment C. ***A sample Risk Management Plan is included as MSQ37.7.*** Our established risk and issue management approach has resulted in smooth implementations and the successful operation of Medicaid pharmacy programs in over half the states in the nation. This approach includes:

- Identification of risks and issues by MMA and State SMEs to identify areas of concern and articulate the potential impacts to the implementation.
- Risk Response Planning, consisting of developing options and determination actions to enhance opportunities and reduce threats to the project objectives.
- Monitoring and Controlling risks through to resolution using the Risk Register, including details such as planned responses, action items, and due dates.

Communications Management: We will develop a Communications Management Plan that aligns with the requirements outlined in Attachment C to guide communication of the progress, milestones,

issues, risks of the project to the State. This plan will include protocols that define the mechanisms to communicate project and program communication and status information, including response times for responding to telephone calls, emails, and voicemails from the State. ***A sample plan in included as MSQ 37.8***.

Cost Management: MMA will develop and adhere to a Cost Management Plan that describes how costs will be planned, structured, and controlled for the Project and Program and aligns with State requirements. ***A sample Cost Management Plan is included as MSQ37.12.***

Stakeholder Management: We will work with the State to develop a Stakeholder Management Plan that details the mechanism for identifying stakeholders, understanding their needs, and managing their involvement and engagement with the Program and Project. The Stakeholder Management Plan will capture the list of identified stakeholders for the Program and Project and the nature of their association. ***A sample Stakeholder Management Plan is included as MSQ37.13.***

Meeting Management: MMA has 52 years of experience coordinating with our customers through effective, regular meetings in person or virtual. We will identify all standard meetings and meetings that contribute towards product and project scope in the Project Schedule for accurate effort and resource estimates. We will provide meeting agendas and minutes on a schedule agreed upon by the State.

Staffing Management: We will staff the project in accordance with the RFP requirements. At project kickoff we will identify points-of-contact from our DDI and Account Teams to liaise with the State during the DDI Project Stage. We will implement a Staff Management Plan that incorporates all requirements listed in Section 2.15 Staffing Management of Attachment C.

Document Management: We will design, develop, and maintain an electronic document repository that supports role-based access control for project documents and Deliverables through the life of the Contract. The document repository will store, organize, track, control and disseminate all information and items produced for and delivered to the project. It will include an interface, such as a web page or portal, where individuals can obtain project information and the latest documentation and submit issues or comments to the Project Team. We will assign an Account Manager to oversee the document repository. Authorized Solution Users will have access to the document repository 24/7.

Other Supporting Materials: We have also included a ***sample Implementation Plan (MSQ37.3)***, a ***sample Integration Plan (MSQ 37.9)***, a ***sample Operations and Maintenance Plan (MSQ 37.10)***, and a ***sample Training Plan (MSQ 37.11)***.

Project Management Tools: Our PMM tools, which will be documented in the PMP are in place, tested, and supported by trained staff and established PMBOK-based project management infrastructure. These tools enable our DDI Team to effectively define, monitor, and report status of the various project management components, including the schedule, resources, milestones, deliverables, issues, and changes. We have successfully used the industry-recognized project management tools listed in the following table for recent state Medicaid customers for full pharmacy benefits administration implementation efforts.

Name of Tool	Description
	Microsoft Project is used for project schedule development and management.

servicenow	ServiceNow is our cloud-based implementation tool that provides web-based access for logging, maintaining, and applying automated workflows to project risks, issues, decisions, action items and change requests during the transition, along with status reporting and other project management functionality. ServiceNow enables customer self-service capabilities to log and track implementation-related risks, issues, decision, action items, and change requests. During the Transition Phase, MMA will work with the State to determine if ServiceNow or another State-approved tool will be used.
JIRA	JIRA facilitates problem description and identification of root causes and accommodates information about areas impacted by a given defect.
Microsoft Office	Microsoft Word, Excel, PowerPoint, and Visio applications used for word processing, spreadsheet editing, presentation programs, and diagram and flowcharting.
	Our shared electronic Document Repository is a cloud-based content management and collaboration system that gives the ability to upload, download, and collaborate on files.
LMS	Our Learning Management System tool is used for training and education and provides status reporting for State and State staff training, as well as other stakeholders.

Monitoring Project Status: Our project status reporting process will provide the State and its stakeholders a review of identified issues and risks, as well as proposed solutions. MMA has a proven track record of successful project status reporting, consistently delivering on schedule and with high customer, member, and provider satisfaction. MMA provide status reports during the DDI and M&O Project Stages according to a mutually agreed-upon frequency. Our status reports are flexible and allow for customization to meet the State's unique status reporting needs. We have provided screenshots of our Project Status Report template in *Figures MSQ37-2* and *MSQ37-3*.



Our Project Management Supporting Materials are included in on the following pages. With the exception of the Project Schedule/Project Work Plan, which has been developed specifically to address the PBA SOW requirements for this procurement and to reflect a nine-month DDI, these supporting materials are samples from actual, previous implementations. They have been tailored to each customer's specific requirements. As a result, the nomenclature, forms, tools, and content used in these samples may vary slightly from the State's requirements. Our DDI and Account Teams will work with the State during DDI to tailor these documents to reflect the PBA Contract requirements.

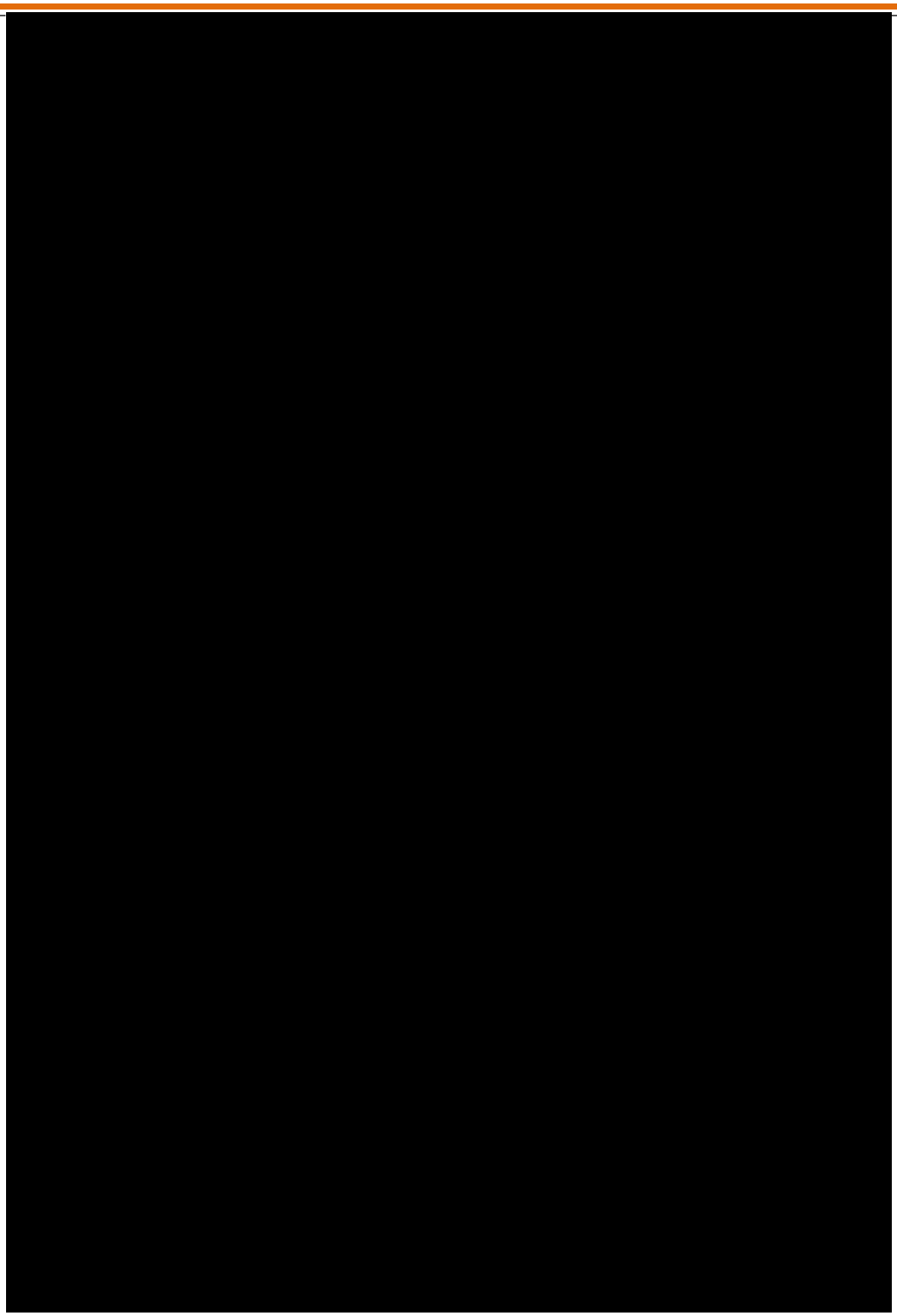


Figure MSQ37-3: Project Status Report, Page 2 (TRADE SECRET)

MSQ37.1 - Project Schedule/Project Work Plan (Sample) (TRADE SECRET)

On the following pages, we include a sample Project Schedule/Project Work Plan.

MSQ37.2 - WBS tasks and Project Outputs (Sample) (TRADE SECRET)

On the following pages, we include a sample WBS tasks and Project Outputs.

MSQ37.3 - Implementation Plan (Sample) (TRADE SECRET)

On the following pages, we include a sample Implementation Plan.

MSQ37.4 - Quality Management Plan (Sample) (TRADE SECRET)

On the following pages, we include a sample Quality Management Plan.

MSQ37.5 - Requirements Management Plan (Sample) (TRADE SECRET)

On the following pages, we include a sample Requirements Management Plan.

MSQ37.6 - Change Management Plan (Sample) (TRADE SECRET)

On the following pages, we include a sample Change Management Plan.

MSQ37.7 - Risk Management Plan (Sample) (TRADE SECRET)

On the following pages, we include a sample Risk Management Plan.

MSQ37.8 - Communications Management Plan (Sample) (TRADE SECRET)

On the following pages, we include a sample Communications Management Plan.

MSQ37.9 - Integration Plan (Sample) (TRADE SECRET)

On the following pages, we include a sample Integration Plan.

MSQ37.10 - Operations & Maintenance Plan (Sample) (TRADE SECRET)

On the following pages, we include a sample Operations & Maintenance Plan.

MSQ37.11 - Training Plan (Sample) (TRADE SECRET)

On the following pages, we include a sample Training Plan.

MSQ37.12 - Cost Management Plan (Sample) (TRADE SECRET)

On the following pages, we include a sample Cost Management Plan.

MSQ37.13 - Stakeholder Management Plan (Sample) (TRADE SECRET)

On the following pages, we include a sample Stakeholder Management Plan.

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

MMA has an extremely robust security system, with more than 40 years of experience ensuring privacy and security, having begun processing Medicaid claims in 1972. As a subsidiary of Prime, our corporate compliance staff works in conjunction with each of our business units, departments, and regional offices to monitor continuous compliance efforts and maintain various reporting mechanisms that are required by law to ensure HIPAA compliance prior to sharing data. ***Prime has 25 years of experience ensuring member and customer confidentiality*** for the customers we serve, dating back to its inception as a Pharmacy Benefit Manager in 1998.

MMA will meet all eRFP Security and Privacy requirements for safeguarding data and production of client identity, including those detailed in Attachment C – Common Scope Requirements and Security Standards, Section 6.2 Security Requirements. As required by SOW 6.1.1, we have a strong culture of compliance with our solutions and services designed to meet applicable Federal and State security and privacy laws, regulations, and standards for the protection of sensitive and confidential data, including the HIPAA Privacy and Security Rules and the HITECH act. MMA constantly updates our systems and procedures to maintain compliance with HIPAA Privacy and Security Laws, Regulations and Standards, as well as revisions to applicable laws and regulations. We have followed these regulations since HIPAA was passed in 1996.

MMA's PBA Solution is designed with a "privacy by design" framework to ensure proactive data protection. Our solution meets applicable Federal regulations and complies with privacy and security aspects protecting data confidentiality, including those defined by the HIPAA Security Rule, the HITECH Act, and HITRUST. We also comply with the NIST SP 800-53 Rev. 5 Moderate Control Baseline, which exceeds Rev. 4 compliance. MMA's system will continue to apply security across the Internet (e.g., user profiles and passwords, level of encryption, certificates, firewalls, etc.) that meets or exceeds the current HIPAA/MARS-E (2.0 or current version) privacy and security regulations, FIPS 140-2 (FIPS 140-3 starting January 2026), as well as HITECH rules.

As required by SOW 6.2.8, State Enterprise Information Security Policies and Standards, MMA's solution and services will comply with State Enterprise Information Security Policies and Standards where applicable, unless an exception is approved in writing by the State. In accordance with SOW 6.2.2, MMA agrees to provide the State with a signed HIPAA Business Associate Agreement following contract award. MMA does not propose subcontractors for this bid, but when applicable, MMA ensures that subcontractors and third-party service organizations comply with applicable HIPAA Privacy, Security and Breach Notification Laws, Regulations and Standards prior to being allowed access to State data.



MMA's Security Department has the task of ensuring that members' health information is protected as it rests in our systems and when it is exchanged via electronic means. To address this, we have implemented technical, physical, and administrative safeguards. The Security Department has integrated HIPAA requirements for the inadvertent disclosure of electronic PHI as part of our compliance effort. All systems activity, including user activity, is monitored in accordance with policy. All deviations from accepted practices outlined in policy are investigated and risks associated with these events are mitigated accordingly.

Regular Internal and Independent Third-Party Assessments

MMA ***routinely conducts internal security assessments and vulnerability testing*** and mitigates any issues or risks found in a timely manner. MMA uses industry-standard testing tool sets and engages third-party, independent agencies to verify security infrastructure. Our Security Department conducts network vulnerability assessments with industry-standard tools. Our Security Department contracts with external entities to ***conduct an impartial third-party review on at least an annual basis.*** As required by SOW 6.2.25, MMA will provide the State with an Annual Security Assessment Report (SAR) containing a detailed summary of the control tests performed and artifacts that were verified. Our 2023 System and Organization Controls (SOC) II Type 2 report, which was conducted by the third party Deloitte & Touche LLP across our parent company Prime, is provided at the end of this response as part of MSQ38.1 and serves as the required supporting material to document our full HIPAA compliance.

HITRUST The MMA solution uses the HITRUST Common Security Framework (CSF) as the basis for our policies and security controls because the HITRUST CSF is an overarching security framework that incorporates and leverages the existing security requirements placed upon organizations including global (GDPR, ISO), federal (e.g., FFIEC, HIPAA and HITECH), state, third party (e.g., PCI and COBIT), and other government agencies (e.g., NIST, FTC and CMS). This allows us to assess and report against multiple sets of requirements. Because the HITRUST CSF fully integrates the requirements of the HIPAA Security Rule, each HIPAA Security Rule standard and implementation specification is addressed as a part of the HITRUST CSF Assurance Program. ***We renew our HITRUST Certification on a biennial basis and perform an annual interim HITRUST review between certification years.*** Because the State security requirements are aligned with these generally accepted security frameworks and controls, our solution will satisfy its policies and demonstrate our adherence through the HITRUST certification.



As required by SOW 6.2.14, MMA will ensure that the environments using virtualized cloud computing platforms to deliver services to the State and store sensitive and confidential data comply with appropriate NIST security controls and infrastructure protection measures to prevent the loss or unauthorized access, destruction, use, modification, or disclosure of State data. These safeguards include FedRAMP Moderate Certified Government or Commercial Cloud Infrastructure Platform, Data Segregation, Logical Service/Host Separation, Network Intrusion Detection and Prevention, Firewalls, Virus/Malware Protections, appropriate Security Updates and Patching of Virtual Machine Images, etc. CSP services utilized will employ security controls that meet NIST 800-53 Moderate Impact Baseline Security Control Standards.

In accordance with SOW 6.2.15, MMA will ensure that the systems, applications, and data used to provide State services are physically and/or logically segregated from third-party systems and data. MMA's Amazon Web Services (AWS) cloud-hosted applications are in a FedRAMP-certified environment. MMA's standards are based upon the NIST 800-53 security and privacy control sets. MMA performs internal control assessments and internal audits to assess our systems and processes

according to our policies for safeguarding information systems and data that align with State, Federal, and customer requirements to validate MMA's effectiveness of controls and safeguards in place.

Data Encryption



All State Medicaid data will be encrypted while at rest and while in transit. MMA's data encryption functionality meets HIPAA privacy requirements. Encryption products for confidentiality of data at rest and data in transit incorporate Federal Information Processing Standard (FIPS) approved algorithms for data encryption. The minimum key length for digital signatures and public key encryption is 2048 bit. Hashing functions have a minimum key length of 256 bit.

Data-at-rest encryption for PII and PHI data is delivered through our storage area networks via EMC's unique VMAX 40k engine model with built-in, hardware-based data encryption. These modules encrypt and decrypt data as it is being written to or read from disk, thus protecting information from unauthorized access even when disk drives are removed from the system. MMA ensures all solution components that are accessible from the public Internet (e.g., websites) meet the site's privacy policy and terms of service available prior to authentication. We incorporate the TLS protocol for all Internet-facing websites.

Any protected data or information in transit to sources external to the PBA Solution is encrypted. Data owners and classifications have been established to better ensure accountability and security is based on the sensitivity of that data as denoted within MMA's Information Classification Policy. Additionally, MMA applies the principle of Minimum Necessary to ensure that only the minimum amount of data is collected to carry out the functions of the Pharmacy Benefit Management System. The principle of Least Privilege is also in place to ensure that access to the data is restricted to personnel with a justified business need.

Per SOW 6.2.6, MMA's solution meets the requirements of NIST/FIPS 140-2 Security Requirements for Cryptographic Modules, at Level 2 or Higher. We will configure our solution to meet NIST/FIPS 140-3 Security Requirements by 2026, when 140-3 becomes effective. Our solution and services will comply with the requirement of NIST Special Publication 800-88, Guidelines for Media Sanitization. The media sanitization method utilized for all media containing State data will be based on a NIST/FIPS 199 Data Security Categorization Risk Level of "Moderate," MMA acknowledges that this includes data stored on all computing devices, storage devices and media types, as required by SOW 6.2.7.



As required by SOW 6.2.10, E-Mail, Mobile Device and Data Storage Encryption Security Standards, MMA's solution will ensure that all sensitive and confidential State data are encrypted during transmission as well as while at rest. This includes data which reside in both production and disaster recovery platforms. Our encryption solutions will comply to the most current version of NIST SP 800-111 Guide to Storage Encryption Technologies for End User Devices where required by CMS and to the most current versions of NIST/FIPS Encryption and Cryptographic Standards where applicable. Full-Disk Encryption Solutions will be used where applicable.

Information Security Team

Under the direction of our Chief Information Security Officer, our Information Security (IS) Team provides the management and technical expertise to ensure that all information is properly protected. This includes consideration of the confidentiality, integrity, and availability of both information and the systems that handle it. The IS Team performs risk assessments, prepares action plans, evaluates vendor products, participates on in-house system development projects, and assists with control

implementations; reviews security audit logs to minimize and eliminate vulnerabilities, investigates security incidents, and performs other activities, which are necessary to ensure a secure environment.

In accordance with SOW 6.2.11, System Security Plans (SSP), MMA will submit a detailed System Security Plan (SSP) to the State's Project Team Lead for review and approval. We acknowledge that the draft SSP must be submitted and will be progressing through the State review process before MMA is allowed access to State data. Our SSP will detail how our system/application solutions and services meet the most current version of applicable NIST Special Publication 800-53 Moderate-Impact-Baseline Federal Computer Security Controls/Sub-controls and Requirements. MMA will review the SSP and update it as needed at least once annually or at such time as major system or architecture changes occur to our Solution.

Security Monitoring

MMA's solution supports security event, transaction, and activity log monitoring mechanisms to prevent the loss or unauthorized access, destruction, use, modification, or disclosure of State Medicaid Pharmacy Program data. Log data will be reviewed and analyzed by the appropriate trained personnel daily or as required by the State, as required by SOW 6.2.29. MMA's logging systems, configurations and files will be protected from breaches of confidentiality and integrity. Access to log files and log configurations/generators is continuously audited, monitored, and restricted to need-to-know personnel.

Our mature security infrastructure includes Client User Access Integration that is simplified and secure, with security built into the application development lifecycle. Our threat management and incident response are a priority and validated through industry specific certifications. According to a recent Enterprise Benchmark Report by Risk Recon, a security risk service offered by Mastercard® that proactively monitors and rates the cyber environment of online entities, ***MMA/Prime Therapeutics ranks higher than all of our competitors for security,*** with an overall rating of 9.3 (an "A" rating).

MMA employs physical, logical, and administrative security controls to reduce exposure and risk of cyber events/incidents to all our systems and services, including our databases. These controls include technical controls and security architecture, corporate policies, and employee training. We routinely conduct security assessments and vulnerability testing, prepare necessary incident responses, and help teams to resolve any issues or risks found in a timely manner.

MMA's systems and software application solutions will alert the appropriate authorities and staff of potential violations of security policies, controls, and safeguards such as the inappropriate access to sensitive and confidential information. Our solution includes mechanisms to monitor transaction-based events and support the appropriate activity logging, as required by SOW 6.2.17.

To monitor internal systems activity, MMA employs a systems activity audit/monitor, which is continually tracked in accordance with policy. We investigate deviations from policy and mitigate associated risks. We maintain audit trails on all systems that process sensitive information. All production application systems that handle sensitive information generate logs that show every addition and modification to sensitive information. We regularly back up all audits and management trails and store them in secure, cloud-based storage in accordance with the records retention policy.

Our IS Team provides the direction and technical expertise to ensure that information is properly protected. This includes consideration of the confidentiality, integrity, and availability of both the information and the systems that house it. The IS Team serves as a liaison on information security matters between all departments and divisions and is the focal point for all information security activities throughout our organization. Within IS, the Incident Response Team performs detection activities which include the following: continuously monitor security detection technologies, detect

events and determine if an incident has occurred and/or is ongoing, and determine the attack vector of the events/alert.

Events that may be reasonably considered to be adverse are reported, initiating the incident response process. Such events may be detected through several mechanisms, including by ongoing monitoring operations, by IT, by end users, or by hunting activities. Primary technologies for detection are:

- SIEM
- IDS/IPS
- Antivirus
- Endpoint Detection and Response Agent
- Firewalls
- Network and Endpoints
- Network Devices
- Operating System Logs and Events
- Database and Application Events
- Email and Antispam.

Regular Review of Audit Logs

MMA routinely reviews audit logs of system activity, including user activity history, at least quarterly, for suspicious activity. Our solution collects and stores the following:

- All successful/unsuccessful access attempts to our systems that process confidential information
- System alerts or failures
- Administrative functions performed by end users who have root or administrative access
- Access to the central audit log
- Security changes such as activation and deactivation of identification and authentication mechanisms
- Initialization and/or modification of the audit log
- Creation and deletion of accounts
- Activation and de-activation of protection systems, including anti-virus systems and intrusion detection systems, and identification and authentication mechanisms
- Modification of privileges and access
- Application process startup, shutdown, or restart
- File access, creation, or deletion on file servers
- Read or modification access to databases containing sensitive information.

The following data elements are captured for each event logged:

- User Identification
- Type of event
- Date and time of the event
- Success or failure indication
- Origination of the event
- Identity (name) of the affected information, system component, or resource.

Per SOW 6.2.13, MMA will ensure that State data are not used, maintained, transmitted, stored, accessed, or processed in geographic or virtual areas that are not subject to U.S. Law.

As required by SOW 6.2.18, MMA employs formal, structured, and documented organizational policies and procedures to detect and respond to Cybersecurity Incidents. Our Incident Response Plan (IRP) procedures will employ methodologies and guidelines detailed in the most current version of NIST Special Publication 800-61, Computer Security Incident Handling Guide. For security and privacy

incidents which may involve PII, SSA-derived Data, or PHI, our Information Security Team professionals will work with the State Security Team professionals to integrate our CMS-approved Incident Response Policies and Procedures with the State's in a way that is mutually acceptable. Our IRP will be updated and tested at least annually, as required by the State.

MSQ38.1 – Identity and Access Management

MMA's proven pharmacy solution meets or exceeds all applicable Federal regulations and is in full compliance with all privacy and security aspects protecting data confidentiality, including those defined by the HIPAA Security Rule, the HITECH Act, HITRUST, and the NIST SP 800-53 Rev. 5 Moderate Control Baseline, which requires MFA, including unique user login/password credentials and a second form of authentication (e.g., text, telephone call, email). To document our full HIPAA compliance, we have provided at the end of this MSQ38.1 response our 2023 System and Organization Controls (SOC) II Type 2 report, which was conducted by the third party Deloitte & Touche LLP across our parent company Prime.



MMA uses multiple identity management tools, currently including Okta and Microsoft Identity, to provide both single sign-on and multi-factor authentication (MFA) for user sign-on activity. MFA provides another layer of security in addition to login credentials. As required by Attachment C SOW 6.2.16, our MFA technology meets the NIST Special Publication 800-63B Digital Identity Guidelines Standards at an Authenticator Assurance Level 2 (AAL2) or higher standard. MMA's solution uses MFA for all users except for public-facing user accounts that do not have logical access to State data. As shown in *Figure MSQ38.1-1*, MMA's use of MFA requires a user's identity to be verified in multiple steps using different methods, such as identification through a registered device.



Figure MSQ38.1-1: Screenshots of a User's Identity being Verified in Multiple Steps to Sign into an MMA Account, Including Verification Through a Registered Device (TRADE SECRET)

As required by SOW 6.2.30, MMA's solution will meet the digital identity guidelines specified in the most current version of NIST SP 800-63B, Digital Identity Guidelines. MMA acknowledges that all Authorized Solution User identity and Access Management Solutions employed must meet NIST Identity Assurance Level 2 (IAL2) and Authenticator Assurance Level 2 (AAL2) Standards.

Per SOW 6.2.9, Password Security Standards, MMA's solution will meet CMS-approved password security standards, and our Information Security Team professionals will meet with the State Security Team professionals to agree on commonly acceptable password security standards.

Our Identity and Access Management Team

The Identity & Access Management (IAM) Team provides the operations, engineering, and delivery of IAM solutions. IAM services include Role-Based Access Controls (RBAC), user access reviews, centralized access integrations, privileged access management, federation, authentication services, Single Sign-On (SSO) and Public Key Infrastructure (PKI).

- **Authentication Services:** Implements and supports modern authentication services with our applications and services in alignment with a Zero Trust framework. Integrates members and customers into federations and single sign on services.
- **Identity Governance and Administration:** Implements and supports automated access lifecycle processes for both internal workforce and customers in a secure and compliant way. Deploys privileged access controls and secret management services across the organization. Ensures consistent access recertifications occur throughout and are executed timely.

Role-Based Access



MMA, through our parent company Prime, has a robust, well-tested, RBAC model in place to safeguard customer data, and we will deploy this for the State. RBAC is a minimum necessary security access that is based on a person's job role within a business function. Requests and approvals are submitted through ServiceNow. All user access is reviewed annually. All privilege accounts are reviewed quarterly. These controls are annually tested within Prime's SOC 2 Type 2 audit and HITRUST Certification. Prime's layered RBAC model includes security access based on the following RBAC layers:

- Birthright access roles based on who a user is
- Business roles based on which role a user has in a given department
- Application roles that provide access to applications needed outside of birthright and business roles.

Each system offers role-based security, allowing authorized users access to only the services, components, and data necessary to perform their designated function in order to maintain strict HIPAA compliance. For example, the claims system supports secure communication of claims and related claim information from the pharmacies to our POS claims system through industry standard NCPDP transactions. Access for contractor and State staff is provided through component applications that allow authorized users to review claims, product cost, and individual prescription history. Those users are also able to run reports and research client demographics.

User Business Roles and Accountability

An application role is a collection of the permissions for a single application. These permissions provide specific capabilities and functions. A business role encompasses a group of multiple application roles. The business role typically represents a group of users who perform similar functions in an organization.

MMA will partner with the State to determine provisions of access through the assignment of business roles. Each business role determines which applications, functions, and data elements are available to a State Authorized Solution User. During DDI, MMA and the State will work together to define application and business roles as required.

Through SSO functionality, the State has the capability to add designated State Authorized Solution Users to specific user groups based on defined roles for their user community, which are established collaboratively with MMA subject matter experts. The concept of least privilege and assignment of different credentials based on job role or function is used to design the IAM policies for MMA environments.

Security and Privacy Training

As required by SOW 6.2.3, MMA will ensure that prior to being allowed access to the State's sensitive data, and at least once annually, all individuals, including MMA and subcontractor (if used) staff and any third-party vendors with access to State data, will complete Cybersecurity and HIPAA Security Awareness Training and any training pertaining to the Privacy Act of 1974 for the Protection of PII and Social Security Administration Rules of Behavior.

MMA provides HIPAA, PHI, and PII training for all employees. We require all workforce members to take HIPAA Privacy and Security training when they are hired. Subsequently, all workforce members are required to take annual refresher training, which includes any updates or changes to the privacy policies since the previous annual refresher training. Any employee who requests additional training, or whose performance is determined to be out of compliance with MMA's privacy policies, is provided coaching or additional training, as needed. The Privacy Team conducts regular awareness and training campaigns throughout the year to promote privacy compliance. MMA will maintain training records and can provide them to the State upon request.



System and Organization Controls (SOC) 2 Type II Report

Report on Prime Therapeutics LLC's Description of Its Electronic Claims Processing Application (RxCLAIM®), Rebate Processing System (PrimeOne), and Online Client Reporting Tool (SAP Business Objects)

Independent Service Auditor's Report on Controls Relevant to Security and Availability

For the period January 1, 2023 through December 31, 2023

Deloitte.

This report, including the description of tests of controls and results thereof in Section IV, is intended solely for the information and use of management of management of Prime Therapeutics, user entities of Prime Therapeutics' electronic claims processing application (RxCLAIM®), rebate processing system (PrimeOne), and online client reporting tool (SAP Business Objects) system during some or all of the period January 1, 2023 to December 31, 2023, business partners of Prime subject to risks arising from interactions with the Prime's system, practitioners providing services to such user entities and business partners, prospective user entities and business partners, and regulators who have sufficient knowledge and understanding of the following: The nature of the service provided by Prime; How Prime's system interacts with user entities, business partners, subservice organizations, and other parties; Internal control and its limitations; Complementary user entity controls and complementary subservice organization controls and how they interact with related controls at Prime to achieve Prime's commitments and system requirements; User entity responsibilities and how they may affect the user entity's ability to effectively use Prime's services; The applicable trust services criteria; The risks that may threaten the achievement of Prime's service commitments and system requirements and how controls address those risks. This report is not intended to be and should not be used by anyone other than these specified parties.

TRADE SECRET

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

With ***40 years of experience implementing customized PBA Solutions for state government health care programs, including Medicaid,*** we have established Operational Readiness Review (ORR) methods and approaches to ensure our PBA Solution meets all State requirements prior to Go-Live. During DDI, we will work with the State to tailor our ORR approach to best meet the needs of the State. Our methods and approaches to ORR are described below.

Determining type of readiness and breadth and depth of ORR: To determine the type of readiness review which is appropriate to the Project and develop the breadth and depth (scope) of the ORR, we will work with the State to develop an ORR Plan. The ORR Plan will ensure project deliverables are complete, tested, and ready for Go-Live to help achieve a smooth start-up followed by safe, steady-state operations. The ORR Plan will also describe the strategy and plan to implement the PBA Solution and/or Services and roll out to the State and any required stakeholders.

Below we describe our overall ORR methods and approach, which we will evaluate with the State during the DDI period and tailor to best fit State and project needs. This process will consist of reviewing the requirements gathered during the requirement gathering meetings, and mapping them to the correct readiness approach, such as documentation review, application/process demonstration, test result review, or ORR checklist.

Developing the procedures and conducting an ORR: MMA's approach to ORR incorporates a formal operational readiness walkthrough, review, and approval prior to Go-Live. We collectively work together with State staff to document and demonstrate that production methods, file conversions, procedures, facilities, staff, and systems are in place and ready to successfully begin the new operation. We also develop metrics to assess implementation progress and an Operational Readiness Review strategy and checklist for implementation and roll-out. Specifically, our efforts to meet ORR requirements include:

- Identifying the appropriate experts within the State and its third-party vendors
- Gathering and confirming requirements to really understand the true intent of each requirement and ensure our people, processes, and technologies clearly meet the intent

- Configuring and developing our solutions based upon the requirements, including ensuring that our Solution is configured to comply with all security requirements listed in Section 6.2 of Attachment C, including HITRUST, NIST 800-53, HIPAA, SOAP, and MFA
- Developing data interfaces with all vendors
- Comprehensive testing and review of testing results to ensure State teams are in agreement on Operations Go-Live expectations
- Conducting a formal operational readiness walkthrough, review, and approval prior to Go-Live
- Providing a Memorandum of Operational Readiness that states we ensure the PBA Solution and/or Services are ready for Go-Live, including the people, processes, and technology
- Working with the State to prepare and complete all checklist requirements needed to pass the R2 Gate Review
- Ongoing monitoring of quality control processes to ensure performance and compliance during implementation and O&M.

Confirming that the Necessary Infrastructure is in Place

We will develop an Operational Readiness Review (ORR) Checklist to ensure that the necessary infrastructure (procedures, staffing, compliance with the State rules, and other requirements, etc.) is in place prior to go-live. The ORR Checklist focuses on ensuring that readiness criteria, established in collaboration with the State and its contractors, have been fully met and that the DDI Team is ready to deploy production-ready systems, complete final data conversion tasks, and assume responsibility for all operational tasks. The checklist outlines all activities and tasks needed to execute a flawless cutover from the incumbent systems. MMA employs Operational Readiness Checklists to track the status of key tasks as the Go-Live date approaches. Each workstream leader is responsible for developing their own checklist. Checklists tasks and activities include scheduling information and the owner responsible for completing the task. The workstream leaders are responsible for ensuring checklists are up-to-date and tasks are completed. We will ensure that the following criteria are met for a successful Go-Live:

- Final system and integration testing is completed successfully.
- System Test Report is delivered and accepted.
- All necessary data are converted, migrated, or loaded successfully per the Data Management, Conversion, Migration and Integration Plan and resources, timing, and infrastructure is in place to complete the remaining data conversion activities per the approved Cutover Playbook.
- Operations and Support Procedure Manual is delivered and accepted.
- Training for State personnel has been conducted successfully.
- MMA's local office facility (if a local facility is required) is fully set up and provisioned, meets all security and access control requirements, and is ready for the start of operations.
- The Operational Readiness Walkthrough has been completed and accepted.

Following the ORR walkthrough, we will submit a summary readiness report that includes the results of the readiness checklist and walkthrough. Any compliance issues or identified gaps will be clearly documented in this report, along with the associated tasks/timelines to close the gaps and obtain State sign-off. Following the resolution of any gaps identified, MMA’s DDI Manager will obtain formal State approval for Go-Live and close out of the DDI phase. If remediation or mitigation will not impact the ability to go live and it is determined that it can or should be done as a “Day 2” fix, this will be noted and the items will be flagged as provisionally approved for Go-Live based on the remediation plan included in the report.

ORR Walkthrough

MMA will coordinate with the State and conduct an Operational Readiness Walkthrough with the State

prior to the roll out. Our Operational Readiness Walkthrough process encompasses validating all the operations and hardware, software, and connectivity aspects of MMA's solution. This review includes comparing all operational components of the replacement system against the Operational Readiness Walkthrough checklists. As we prepare to take over operations, we make certain that all relevant activities, including deliverables and milestones, are identified and captured to be ready to perform our operational responsibilities with no disruption to the State, members, pharmacy providers, prescribers, other Contractors and stakeholders. The Operational Readiness Walkthrough describes how MMA will prepare and test our staff, business, practices, systems, and required system interfaces for the delivery of services and demonstrate MMA's solution from end-to-end. It demonstrates to the State that our infrastructure (e.g., facilities, hardware, software, and linkages) is operational and meets Federal and State architectural, technical, security, and privacy requirements, as well as the business and functional requirements prior to the Go-Live.

We prepare for operational readiness and develop a Go-Live support plan for implementation and roll-out by following a structured operational readiness strategy that leads to a successful Go-Live. Our approach incorporates a formal operational readiness walkthrough, review, and State sign-off process. During walkthroughs, MMA also develops a final assessment document to certify all operational areas are ready and we include test result reviews, as needed. We collectively work together to demonstrate that production methods, procedures, facilities, staff, and systems are in place and ready to successfully begin the new operation, and that a system is in place to proactively track and confirm data conversion files in coordination with the planned Go-Live schedule.

We perform final file conversions, fully train operations staff, update documentation, and conduct any additional provider and staff training to ensure preparedness for operations. We update operating procedures, manuals, and other documentation and develop a training plan to conduct training for State staff. MMA will ensure that Go-Live parallel testing results have been approved and that operational readiness of all operations, including MMA and State staff, has been validated. After obtaining approval from the State that all DDI Phase III milestones have been met, Phase IV, the Initial Operations and CMS Certification Phase of the PBA Services Contract, will be launched.

CMS ORR Process

ORR activities will also include complying with CMS ORR requirements in Attachment C Sections 6.2.41 and 6.2.42. Six months prior to the ORR Project Milestone, MMA will provide to the State a completed NIST 800-53 Revision 5 or Higher Compliant, System Security Plan (SSP) for review and approval. We agree to make the necessary revisions to the SSP required for State Approval. A Security and Privacy Assessment Engagement of MMA's Solution will be conducted using NIST 800-53 Revision 5 (Moderate-Impact-Baseline) Security and Privacy Controls and applicable HIPAA Security Rule Code of Federal Regulations. The Assessment Engagement Deliverables must include a Security Assessment Report (SAR) demonstrating the compliance status of applicable NIST 800-53 Controls and any Plan of Action and Milestones (POA&Ms) as required. MMA will meet all CMS Certification requirements and artifact Deliverables in accordance with State requirements. MMA will provide the completed SAR and POA&M Report Artifact Evidence to CMS at least 45 Calendar Days prior to the Project ORR Milestone.

MMA will participate in certification planning activities, such as Operational Readiness Review (ORR) and Certification Review (CR) processes and will assist with planning activities in support of these processes. MMA will make available all systems-related planning, design, development, and implementation-related activities, outputs, documentation, and test results in order to substantiate the Pharmacy Solution meets the goals of the State's Advance Planning Document and all OBC certification entrance and exit criteria.

PBA Solution is CMS Certifiable and Meets all CMS Security Requirements

Our DDI and Account Teams will work with the State and its relevant third-party vendors to ensure we are meeting requirements in Attachment C Section 6.2 Security Requirements. Our PBA Solution conforms to the HITRUST CSF Assurance Program which incorporates the NIST Cybersecurity Framework and establishes a certification mechanism as an effective and efficient approach for reporting cybersecurity posture, leveraging the NIST Cybersecurity categorization. MMA has achieved pharmacy CMS certification 100% of the time in every state where certification was requested. ***MMA recently achieved certification for two states–Nevada and California–using the new CMS Streamlined Modular Certification (SMC) process,*** which streamlines the certification process and focuses on measuring the effectiveness of the pharmacy solution to support desired business outcomes.

This excellent track record means that the State can be assured that MMA follows all applicable privacy and security standards promulgated by CMS. Our established relationship and communications channels with CMS mean that the State CMS certification process will run smoothly. We will provide a Security Assessment Report (SAR) demonstrating the compliance status of applicable NIST 800-53 Controls as required. Our approach for ensuring that MMA adheres to the guidelines, goals, and objectives documented in the SMC leverages our past successes and includes our existing pharmacy solution and rebate platform and the incorporation of lessons learned into our process to facilitate compliance with the MITA guidelines and SMC checklists. We will store the information, data, forms, system modifications, documentation, correspondence, consultation, and any other resources required for certification in our shared electronic Document Repository, which will align with the requirements in eRFP Attachment C and be accessible by Authorized Solution Users.

The certification review and analysis will conclude with a letter from CMS to the State that includes the disposition of the certification request and the effective date of certification. The letter may identify additional corrective actions upon which the certification is contingent. As previously described, MMA offers the State a PBA system inclusive of a claims processing system that has been granted CMS certification previously for 15 other Medicaid customers with no corrective actions or findings.

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



MMA's PBA Solution will meet all Disaster Recovery and Business Continuity planning, testing, and test reporting requirements as described in Attachment C – Common Scope Requirements and Security Standards, Section 6.2 Security Requirements. ***MMA has an extremely robust security system with over 51 years of experience in successfully providing Disaster Recovery and Business Continuity services*** for our customers, including providing a comprehensive plan designed to prevent interruptions to business, protecting critical business processes from natural or man-made disasters and pandemics, and providing a strategy to allow for the prompt resumption of normal business activity.

MMA has the people, processes, and systems in place to address emergencies and disasters. MMA uses best practices to prevent and/or ensure prompt detection of emergencies and disasters, reports incidents to all appropriate authorities and stakeholders, responds to and addresses all types of emergencies and disasters, and has contingency plans for adequate back-up and recovery for all operations. ***In the event of an emergency, MMA's primary objective is to help members obtain the medications they need.***

We will utilize all our resources to ensure that both the State and MMA staff are safe and secure from emergencies and disasters. If such a situation does occur, MMA will initiate our Disaster Recovery and Business Continuity processes in collaboration with the State to ensure that the PBA Services operations continue with no disruption to stakeholders.

Business Continuity Success

We have proven processes in place to ensure continuity of client care during emergencies. In addition to our ability to seamlessly roll over calls to a back-up location, we also have the capability to transition Call Center representatives to work from home status through secure VPN access. ***During the COVID-19 pandemic, we enabled 100% of Call Center staff, to work from home while maintaining and/or exceeding all current Service Level Agreements.***

We have a strong and successful track record of ensuring continuity for our PBA services in the face of unforeseen pandemics, natural disasters, or man-made emergencies.

Our Disaster Recovery Plan includes all elements necessary to support Business Continuity requirements. To do this, MMA maintains a Disaster Recovery and Business Continuity Plan for responding to a system emergency. This plan includes performing backups, configuring recovery sites, communications, and outreach during the disaster, and returning to regular operations following the disaster.

The Disaster Recovery Plan details the roles and responsibilities, activities, and procedures necessary to ensure all members continue to have access to medications. MMA is experienced in critical situations, as we have supported our customers with urgent configuration needs due to wildfires, hurricanes, and floods. In these situations, configuration can be updated and deployed in hours to

enable pharmacies to use industry standard codes to override identified edits, such as early refill or other ProDUR edits, quantity, etc.

To maintain consistent, high quality customer service during temporary telecommunication disruptions or office closures, MMA can reroute telephone traffic from any of our call centers, including after hours, to an alternate call center restoring critical customer services. The call center systems have full redundancy and automatic roll over. We provide full system support for all of our call center operations that is scalable, configurable, and provides the latest technological support and backup resources in the event of a disaster or emergency.

During the normal course of business, but ***especially during a disruption or emergency, customer communication is extremely important.*** Upon a declaration of an emergency, customers affected by the disaster will be notified immediately. The Business Continuity Management and Disaster Recovery Team will immediately convene in the event of a disaster and will direct the overall disaster recovery effort.

The disaster recovery design that follows assumes a recovery from a total disaster. Should the nature of a disaster result in partial destruction of the operation and/or premises, the same outline would be followed, but the amount of effort required to obtain normalcy would be predictably lower, and the number of specific steps might vary depending upon the severity of the disaster. Our plan is designed to support problem resolution within a 24-hour time frame after an emergency or disaster occurs. Our essential applications for supporting and processing a claim, adjudicating prior authorizations, and processing rebates will be restored within 24 hours.

As required by Attachment C, MMA's Disaster Recovery and Business Continuity Plan describes the backup and recovery mechanisms that guarantee data reinstatement within a defined Recovery Point Objective (RPO) and Recovery Time Objective (RTO), if applicable, aligning with performance standards set forth in the Contract, and document procedures for periodic updates and exercises (simulations).



The guiding principles of our business continuity are to ensure members have access to prescriptions, while ensuring our employees' safety, maintaining security of all PHI and confidential information, and then resuming normal operations. On an annual basis, all Business Continuity plans are updated, tested and gaps remediated.

In accordance with SOW 6.2.10, our encryption solutions for data which reside in both production and disaster recovery platforms will comply with the most current version of NIST SP 800-111, where required by CMS, and to the most current versions of NIST/FIPS Encryption and Cryptographic Standards where applicable.

Security and Business Continuity

Our Solution is compliant with all CMS and other Federal security regulations outlined in the eRFP requirements, including FedRAMP, HITRUST, NIST 800-53 Rev. 5, and HIPAA/HITECH.

According to a recent Enterprise Benchmark Report by Risk Recon, a security risk service offered by Mastercard® that proactively monitors and rates the cyber environment of online entities, MMA/Prime Therapeutics ranks higher than all of our competitors for security, with an ***overall rating of 9.3 (an "A" rating).***

Customer User Access Integration Simplified and Secured

- Authentication services are centralized and managed using modern authentication and multi-factor controls
- Single Sign-On and client federation services
- Role Based Access Control integrations with 700+ applications
- Automated access reviews for all access and access-types.

Security Built into the Application Development Lifecycle

- GitHub Advanced Security Implemented GitHub Advanced Security and are now scanning code repositories for security vulnerabilities and vulnerable libraries.
- Security testing (SAST, SCA) into build pipelines
- Dynamic web app security scanning and container image scan, container RAST/RASP
- Security Samurai Program helps shift left security into the product teams and improve the security of internally developed applications.

Threat Management and Incident Response – A Priority

- Internal and external controls implemented to prevent Data Leakage
- Cloud and network threat detection though Microsoft Defender and Cloud Access Security Broker
- Threat intelligence through Recorded Future
- 24/7 Security Incident monitoring and response.

Security Program & Controls Validated

- Annual SOC 1 & SOC 2 Type II audits
- Annual Internal/External Penetration Test
- HITRUST R2 certified
- NIST 800-53 Rev 5 & MARS-E 2.2 control frameworks
- HIPAA, URAC, and NCQA compliant.

MMA's Disaster Recovery (DR)/ Contingency Planning/ Annual DR Exercise Reports will comply with SOW 6.2.12. MMA will maintain a current and fully operational Disaster Recovery Business Continuity Plan to provide immediate response and subsequent recovery of State data from any unplanned service interruptions.

Our plan will be updated and exercised at least once annually. MMA will provide the State with a documented copy of their Disaster Recovery and Business Continuity Plan and our Annual DR Exercise Reports for review. These Deliverables will be provided to the State within an agreed-upon time frame.

Our overall DR Program includes annual DR plan/procedure review with updates, tracking plan updates and recovery test events, and storing DR plans in a location that will be accessible in a disaster situation.

MMA's disaster recovery solution includes redundant network connectivity to the local facility, data centers, and the internet. We use both primary and secondary circuits to our production data centers and our disaster recovery data center and utilize multiple telecom providers. We have multiple redundant network connectivity hubs across the continental US.

MMA has built layers of redundancy into the system to ensure adequate failover mechanisms are in place in the event of an adverse incident that could potentially affect business operations.

For on-premise solutions, we use a dual-data center architecture with data replication and application instances with high availability. Both the primary and secondary Data Centers have backup power generation systems, fire suppression, and environmental monitoring. Systems monitoring is in place for infrastructure and applications. There is hardware and network redundancies, mirrored disk, data replication, encrypted data backup, and logging including offsite and immutable backups.

The Disaster Recovery Data Center is provided by a Disaster-Recovery-as-a-Service (DRaaS) vendor and is located out of region and has capacity for the recovery of critical systems.

In the event of a disaster, MMA has an established process that incorporates the use of replicated data as well as backup copies of data to each data center, and to the DRaaS vendor for data center-hosted solutions.

Cloud solutions leverage multiple availability zones and multiple regions within Amazon Web Services (AWS). Critical systems are synced into multiple zones and regions to provide high availability and for continuity of operations during a disaster or regional outage. System monitoring is in place for network connectivity, hosting systems, and applications. These are some of the technologies currently in place to minimize the potential for downtime during normal day-to-day operations. In the cloud, all systems are synced into multiple geographically separated locations. Through these processes, MMA is well positioned to deliver an available, redundant solution to support the services we will deliver to the State.

All of MMA's pre-existing proprietary systems, whether hosted in a data center or in the cloud, are part of our comprehensive Disaster Recovery Plan. When new components are provisioned into one of the company's hosting environments, data center or cloud, corresponding recovery components are provisioned within an appropriate recovery site.

Recovery sites include the secondary data center, a third site with Recovery Point Services, and separate availability zones and an alternate region within AWS. In the cloud, all systems are synced into multiple geographic regions. Through these processes, MMA is well positioned to deliver an available, redundant solution to support the services we will deliver to the State.

In the event of a crisis, our hybrid and redundant on-premise and cloud capabilities would allow our data to be brought up in a remote location away from the disaster and to continue operations in support of the State Medicaid Pharmacy Program. MMA maintains a Disaster Recovery and Business Continuity Plan for responding to a system emergency. This plan includes performing backups, configuring recovery sites, communications, and outreach during the disaster, and returning to regular operations following the disaster.

For on-premise data center-based applications, MMA would fail applications over to the secondary data center which has hot/warm site configuration, for automatic or manual failover as well as ability to recover from a backup, if needed.

In the event of a disaster, recovery teams will restore data center operations, prioritizing the most business-critical functions first. If the secondary data center is not available, recovery teams would restore services at our Disaster Recovery data center that is out of region. In the unlikely event that remote recovery is not a viable option, teams can be dispatched to the secondary/disaster recovery site(s) to carry out recovery efforts.



For cloud-based applications, MMA leverages the disaster recovery features and capabilities within AWS. In the event of a disaster, MMA has an established process that incorporates the use of replicated data as well as backup copies of data to each data center, and to Recovery Point Systems for data center-hosted solutions.

For AWS hosted applications, MMA's replication-based and cloud recovery provides an industry standard solution to restore services in a separate availability zone, or if needed, an alternate location in AWS, for computer operations recovery without major service disruptions. Replication takes place at least daily.

All of MMA's proprietary systems, whether hosted in a data center or in the cloud, are part of our comprehensive Disaster Recovery Plan. When new components are provisioned into one of the

company's hosting environments, data center or cloud, corresponding recovery components are provisioned within an appropriate recovery site.



Our Disaster Recovery Plan details specific recovery steps for each system. The plan includes defined recovery roles and responsibilities, systems backup information, prioritized list of systems to recover, recovery procedures, off-site media storage details, detailed hardware and software configurations/specifications, and emergency and critical business contact information.

In the event of a crisis, our hybrid and redundant on-premise and cloud capabilities would allow our data to be brought up in a remote location away from the disaster and to continue operations in support of the State Medicaid Pharmacy Program. This plan includes recovery steps, communications, outreach during the disaster, and returning to regular operations following the 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

MMA has over 17 years of CMS Certification experience, having achieved CMS certification for 15 Medicaid pharmacy program customers. MMA has earned successful CMS certification in each of our Pharmacy Benefit Administration implementations that required certification, including seven MECT 2.x certifications, allowing these states to maximize Federal funds. ***In each CMS certification, there were no findings, corrective actions, or follow-up action items required of us.*** MMA helps our state Medicaid customers get the most value out of limited healthcare dollars while supporting clinically appropriate care for their most vulnerable citizens.

Our PBA Solution meets all requirements detailed in eRFP Attachment D – Pharmacy Benefit Services (PBS) CMS-Required Outcomes, as demonstrated by continued certification success.

MMA's PBA Solution is compatible and interoperable with all applicable State and Federal requirements, utilizing next generation technological tools and connectivity standards as a framework to facilitate adaptable, interoperable, and scalable architecture that is leveraged across the Medicaid Enterprise. Our solution has and will continue to meet CMS certification criteria. After initial certification, we will develop and supply the six prescribed CMS-required outcomes reports utilizing approved metric methodology during the operations and maintenance phase of the project. We will adhere to Certification updates released by CMS when they are published or as advised by the State.

MMA recently achieved certification of our PBA Solution for two Medicaid programs–Nevada and California–using the new CMS Streamlined Modular Certification (SMC) process, which streamlines the certification process and focuses on measuring the effectiveness of the pharmacy solution to support desired business outcomes.

We are a recognized leader in successfully achieving CMS certification of our systems and have developed productive relationships with CMS and MITRE. We will provide the State a high level of leadership and assistance during the certification process. The following table summarizes MMA's CMS certification experience, which demonstrates our experience and expertise in conducting post-implementation CMS Certifications for projects of similar scale and complexity, as well as both larger and smaller Medicaid pharmacy programs.

Medicaid Pharmacy Customer	Date Certification Notification was Received from CMS	Certification Type	Medicaid Information Technology Certification Approach*	Corrective Actions/Findings
Arkansas	June 2018	Pharmacy Module	MECT 2.2	None
Alaska	September 2018	MMIS	Medicaid Enterprise Certification Toolkit (MECT) 2007 Release	None
California	August 2023	Pharmacy Module	Streamlined Modular Certification (SMC)	None
Colorado	September 2019	MMIS	MECT 2.2	None
District of Columbia	December 2017	Pharmacy Module	MECT 2.1	None
Florida	June 2010	MMIS	MECT 2007 Release	None
Idaho	July 2012	MMIS	MECT 2007 Release	None
Kentucky	August 2016	Pharmacy Module	MECT 2007 Release	None
Michigan	April 2011	MMIS	MECT 2007 Release	None
Nebraska	January 2012	MMIS	MECT 2007 Release	None
Nevada	July 2023	Pharmacy Module	SMC	None
New Hampshire	June 2015	MMIS	MECT 2.1	None
South Carolina	April 2019	Pharmacy Module	MECT 2.2	None
Tennessee	February 2018	Pharmacy Module	MECT 2.2	None
Virginia	December 2018	Pharmacy Module	MECT 2.2	None



MMA's PBA Solution aligns with CMS modernization principles and adheres to the current CMS MITA framework version 3.0. MMA is fully aligned with the CMS Seven Conditions and Standards, and we will support the State's MITA Self-Assessment activities if necessary.

MMA complies with all HIPAA and CMS requirements today in standard operations. MMA has achieved pharmacy CMS certification ***100% of the time in every state where certification was requested. We have consistently achieved CMS Certification for our customers on the first attempt. No other pharmacy benefit administrator brings this level of CMS certification success.*** MMA will fully support the State in achieving CMS certification under CMS' new SMC process. The SMC approach streamlines the certification process and focuses on measuring the effectiveness of the pharmacy solution to support desired business processes through development of outcome statements and evaluation criteria specific to the Pharmacy Module.

MMA will support the development of outcomes and metrics reporting for pharmacy modules. Our team will provide pharmacy-related evidence, including certification artifacts and presentation materials as applicable and necessary, to satisfy and sustain CMS certification to ensure the State receives its Federal Financial Participation (FFP) rate percentage. Examples of artifacts provided to fulfill functional and non-functional requirements may include data related to business, capacity and performance,

security and privacy, HIPAA compliance, usability, maintainability, interface, 508-compliance, disaster recovery, and requirements traceability including test plans or test cases. MMA's established relationship and communications channels with CMS mean that we are an excellent source of information and assistance for the State as they manage their certification process.

MMA commits to providing all assistance necessary in support of the Operational Readiness Review (ORR) and CMS Certification Review (CR) process, including but not limited to assisting with planning activities, providing draft versions of certification criteria, and producing all artifacts necessary to demonstrate criterion within the Business and Technical architecture are met to the satisfaction of the State.

Maria Hogan, CPhT, will serve as the Certification Lead and primary point of contact to regularly communicate progress and status of remediation activities to the State and will collaborate for a successful certification. Ms. Hogan has been with MMA for over 29 years, holding various PBA positions and working with Medicaid customers. She has over 14 years of direct experience participating in certifying systems against the current industry standards, including monitoring CMS certification milestones. Ms. Hogan will leverage her strong planning and communication skills and draw on MMA's experience in other states to ensure that all necessary artifacts and documentation developed for the State are fully CMS-compliant. Under Ms. Hogan's leadership, we have earned successful CMS certification in each of our Medicaid PBA contracts requiring certification. In each of these certifications, there were no findings, corrective actions, or follow-up action items required of MMA. Ms. Hogan is a Certified Pharmacy Technician. She has a bachelor's degree in business administration from J. Sargeant Reynolds Community College and studied Project Management Principals and Fundamentals at Community College Workforce Alliance.

To satisfy the six PBA outcome-based measures required by CMS for certification, as identified in eRFP Attachment D, MMA will collaborate with our internal functional areas to provide evidence of system functionality, reporting of key performance indicators, and adherence to security standards for each certification review, as required by CMS. In addition, appropriate MMA staff will be available to provide ongoing reporting of key performance indicators and adherence to security standards throughout the system maintenance and operations phase.

We are aligned with CMS' strategy for modularity, and we have the proven ability to supply required documentation and to actively participate in certification activities to support our State Medicaid Agency customers. Our depth of experience with CMS Certification has provided us with significant insight into the way that CMS and the MITRE reviewers approach the interpretation of the necessarily broad business checklist items.

MMA will ensure that the data, processes, and documentation required for CMS Certification process and for SMC Milestone reviews, are provided to CMS in a timely manner.

MMA will leverage our significant experience and proven best practices to meet all requirements outlined in eRFP Attachment C – Common Scope Requirements and Security Standards Section 6.3 Certification Requirements including:

Certification Requirements (from eRFP Attachment C)	Experience
Certification Crosswalk: The Contractor shall develop a certification crosswalk that details how their Deliverables and other documentation align with federal certification requirements, encompassing applicable reviews and reporting processes.	MMA's proven CMS Certification Process includes developing a certification crosswalk detailing how our deliverables and other documentation align with Federal certification requirements, encompassing applicable reviews and reporting processes. We will develop the certification crosswalk as required.

CMS Updates: The Contractor shall perform required updates on CMS Certification requirements as specified by the State.	As standard practice, MMA adheres to Certification updates released by CMS when they are published or as advised by our state customer.
CMS Validation: The Contractor shall validate the system against CMS Certification requirements, ensuring compliance with the specified standards.	During CMS certification, it is customary for MMA to validate the system against CMS Certification requirements ensuring compliance with the specified standards.
Staff Resources: The Contractor shall provide staff resources to support CMS Certification and Medicaid Information Technology Architecture (MITA) activities. This includes participating in planning activities, meetings, and other activities required by CMS and as requested by the State.	***Maria Hogan, CPhT, will serve as the Certification Lead*** and primary point of contact for CMS Certification matters. Ms. Hogan has been with MMA for over 29 years and has over 14 years of direct experience participating in certifying systems against the current industry standards, including monitoring CMS certification milestones. MMA will provide staff resources to support Ms. Hogan in CMS Certification and Medicaid Information Technology Architecture (MITA) activities, including participating in planning activities, meetings, and other activities required by CMS and as requested by the State.
Artifact Preparation Assistance: The Contractor shall assist the State in preparing certification artifacts, evidence, and presentation materials. This involves requirements/ user stories and/or use cases for functional and non-functional requirements, data, business, capacity/ performance, security/ privacy/ HIPAA compliance, usability, maintainability, interface, Section 508 Compliance, disaster recovery, and traceability to test plans or test cases.	MMA will support the development of outcomes and metrics for pharmacy modules. Our team will provide pharmacy-related evidence, including certification artifacts and presentation materials as applicable and necessary, to satisfy and sustain CMS certification. Examples of artifacts provided to fulfill functional and non-functional requirements may include data related to business, capacity and performance, security and privacy, and HIPAA compliance, usability, maintainability, interface, 508-compliance, disaster recovery, and traceability, as well as test plans or test cases.
Support for Other Module Certifications: The Contractor shall participate in and support CMS Certifications of other modules as may be relevant to the PBS, as defined by the State.	MMA will participate in, and support CMS Certifications of other modules as may be relevant to the PBS, as defined by the State. We are aligned with CMS' strategy for modularity, and we have the proven ability to supply required documentation and to actively participate in certification activities to support our State Medicaid Agency customers. Our depth of experience with CMS Certification has provided us with significant insight into the way that CMS and the MITRE reviewers approach the interpretation of the necessarily broad business checklist items.
Remediation Activities: The Contractor shall expeditiously correct all required remediation activities related to certification findings on a schedule to be approved by CMS and the State.	Maria Hogan, CPhT, Certification Lead, has experience with remediation correction activities and collaborating for successful resolutions. Ms. Hogan will work with the State to expeditiously correct all required remediation activities related to certification findings on a schedule to be approved by CMS and the State.
Testing and Change Control Procedures: The Contractor shall use appropriate testing, configuration, and change control procedures for all changes made to the Solution during the certification process.	***With 17 years of CMS Certification experience and achieving CMS certification for 15 Medicaid pharmacy program customers,*** MMA will use appropriate testing, configuration, and change control procedures for all changes made to the PBA Solution during the certification process.
Documentation Updates: The Contractor shall update system, user, and training documentation as necessary to support the certification process and to reflect changes that have been made to the Solution during the certification process via the approved Change Management Process.	As standard practice, MMA updates system, user, and training documentation as necessary to support the certification process and to reflect changes that have been made to the PBA Solution during the certification process via the approved Change Management Process.
Ensuring CMS Certification: The Contractor shall ensure system CMS Certification through correct design, implementation, documentation, and support to final CMS Certification approval.	***MMA has achieved pharmacy CMS Certification 100% of the time in every state where certification was requested—no other pharmacy benefit administrator brings this level of CMS certification success.*** We have

	consistently achieved CMS Certification for our customers on the first attempt, and we will apply our proven processes to support final CMS certification approval for the State. Our solution has and will continue to meet CMS certification criteria.
Coordination with the State: The Contractor shall coordinate with the State to develop CMS Certification documentation for each certification requirement.	MMA and Certification Lead Maria Hogan, CPhT have extensive experience collaborating with state Medicaid clients to develop CMS Certification documentation for each certification requirement.
Certification Document Repository: The Contractor shall populate the certification document repository that the State has identified as each required item/artifact is completed and approved.	As part of our proven process, MMA will populate the certification document repository that the State has identified as each required item/artifact is completed and approved.
Primary Point of Contact: The Contractor shall adhere to the State serving as the primary point of contact, coordination, and communication between the Contractor and CMS. The State will facilitate all meetings, including but not limited to certification meetings and reviews.	MMA will adhere to the State serving as the primary point of contact, coordination, and communication between the Contractor and CMS. We understand that the State will facilitate all meetings, including but not limited to certification meetings and reviews.
Notification of Certification Issues: The Contractor must notify the State if it identifies an area in which certification or recertification requirements may not be met or any reason for which maximum Federal Financial Participation would not be granted. The Contractor must also notify the State of the deficiency, present corrective action plans, and upon approval by the State, correct the deficiency at no additional cost to the State.	***MMA proactively communicates throughout the CMS Certification process and about certification-related issues throughout the operations and maintenance of the Contract.*** We will notify the State if we identify an area in which certification or recertification requirements may not be met or any reason for which maximum Federal Financial Participation would not be granted. We will also notify the State of the deficiency, present corrective action plans, and upon approval by the State, correct the deficiency at no additional cost to the State.
Participation in Reviews: The Contractor shall present at reviews and other certification meetings as directed by the State.	Certification Lead, Maria Hogan, CPhT and other required Account Staff will be present at reviews and other certification meetings as directed by the State.