PROPOSAL IN RESPONSE TO THE

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

eRFP Number 41900-DCH-0000136

Attachment U Pharmacy Clinical Management Services

Redacted Copy-Available for Public Review

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

PRIME THERAPEUTICS® | MagellanRx MANAGEMENT℠

Attachment U
Pharmacy Clinical Management Services
Mandatory Scored Response Worksheet

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

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

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

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

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

1. Bookmark Title: MSQ1 - Executive Summary
The Executive Summary is limited to five (5) pages.

Provide an Executive Summary that illustrates the Supplier's understanding of and capability to provide the requested services as described in Attachment G - Pharmacy Clinical Management Services Scope of Work and Attachment C - Common Scope Requirements and Security Standards.

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 Clinical Management Services (PCMS) 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 of the state procurement process by making our services available to states through NASPO.

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 Contractor, from 2001 – 2005.

Our experience in providing the Pharmacy Benefit Services (PBS) 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, including 26 Medicaid programs, 8 AIDS Drug Assistance Programs (ADAPs) and 4 State Pharmaceutical Assistance Programs (SPAPs), where components of our PCMS Solution are in place providing clinical support to these programs. Collectively these programs serve over 56 million members. We have six years of hands-on experience supporting the State, currently serving as its Drug Rebate/PDL Contractor since 2017.

We are the vendor with experience successfully providing the entire PBS scope of work, supporting Medicaid programs, ADAPs, and SPAPs. We are a leader in the development and operation of innovative systems and services that help control pharmacy costs and improve clinical outcomes for government healthcare program members. Our PCMS Solution is designed to address the unique, complex, and evolving needs of Medicaid pharmacy programs.

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**

Our extensive experience provides advantages to the State that cannot be achieved with any other PCMS 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 provide pharmacy services in **22 Medicaid expansion states and 4 non-expansion states and have transitioned** Medicaid customers through Medicaid expansions since 2014.

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.

With 40 years of experience providing Pharmacy Clinical Management Services, as well as experience gained from currently supporting 26 Medicaid Programs, MMA is optimally positioned to serve as the State's PCMS Contractor. Our experience providing full pharmacy benefit administration services to Medicaid Programs, including pharmacy POS claims processing, gives us a complete understanding of the complexities involved in operationalizing clinical recommendations and four decades of experience successfully achieving this integration.

MMA has a long history of developing clinical innovations that respond to market and regulatory shifts to improve Medicaid pharmacy programs, including:

- We were an **innovator and early adopter of RetroDUR,** implementing our first RetroDUR services for the Pennsylvania Pharmaceutical Assistance Contract for the Elderly (PACE) Program in 1984. After successfully expanding our RetroDUR model to Virginia's Medicaid Program in 1987, MMA partnered with legislators to help shape the Omnibus Budget Reconciliation Act of 1990 (OBRA '90).
- We designed and implemented the country's **first Medicaid Preferred Drug List (PDL) program** for Florida in 2001, which we have since replicated and scaled across the country, generating billions of dollars in savings for our state Medicaid customers through our clinical consultation. ***We have 23 years of PDL design, development, implementation, and operations/maintenance experience.***

- [redacted]



With 36 years of experience supporting State Advisory Boards, such as Pharmacy and Therapeutics (P&T) Committees and DUR Boards, MMA has an established approach for providing effective, strategic support. Our Clinical Team conducts therapeutic class reviews (TCRs) and utilization reviews of historical pharmacy claims data to establish preferred drug recommendations based on clinical safety and efficacy data and available evidence-based medicine. Our PCMS support for our customers includes providing written recommendations for utilization management in the form of ProDUR criteria, prior authorization (PA) criteria, quantity limits, and therapeutic criteria. Our mature, CMS-compliant RetroDUR program, supported by our proprietary FirstIQ clinical management decision support tool identifies, and ultimately corrects, potentially dangerous prescribing, dispensing, and drug utilization patterns and detect clinical gaps in care.

Our Clinical Team will monitor, identify, and provide consultation on changing Federal and State statutes, regulations and policies governing pharmacy services in the Medicaid Program and the pharmacy industry. MMA has a proven history of identifying opportunities for innovation in the changing regulatory environment. MMA has been instrumental since 2010 in helping states navigate through the impact of the Affordable Care Act (ACA) on PDLs.

This extensive experience provides advantages to the State that cannot be matched by any other Pharmacy Clinical Management Services vendor. Below we summarize our proposed solution that we will implement for each of the Clinical Management Services scope of work components.

Clinical Management Component	MMA's Proven Solution
State Advisory Board Support	With 36 years of experience supporting State Advisory Boards, such as Pharmacy and Therapeutics (P&T) Committees and DUR Boards, MMA has an established approach for providing effective, strategic support. Our Clinical Team conducts therapeutic class reviews (TCRs) and utilization reviews of historical pharmacy claims data to establish preferred drug recommendations based on clinical safety and efficacy data and available evidence-based medicine. Our PCMS support for our customers includes providing written recommendations for utilization management in the form of ProDUR criteria, prior authorization (PA) criteria, quantity limits, and therapeutic criteria. We currently support almost 90 P&T Committee meeting cycles annually. MMA also maintains a National P&T Committee, composed of physicians and pharmacists from across the country, that give expert opinions on the latest in drug therapy. We will provide support for the PDL and PADL by making recommendations for coverage and developing clinical monographs for presentation to the State Advisory Board. MMA's broad reach across many therapeutic areas and businesses is a distinct advantage to the State. ***We currently support Advisory Committees serving Medicaid programs covering over 25 million lives***. We currently support Advisory Boards for 26 State Medicaid customers. Leveraging our 23 years of PDL experience, MMA will initiate and develop prospective clinical, PDL, and PADL PA criteria proposals for the State and State Advisory Board review and approval.
Utilization Management Program	MMA possesses 32 years of experience managing and performing UM and developing and implementing clinical PA requirements, and we currently provide this solution to 26 state Medicaid programs. This experience includes supporting PDLs and PADLs and making recommendations for coverage and developing clinical monographs to be presented to State Advisory Boards. Leveraging this extensive experience and expertise of our clinical staff, MMA will develop and maintain criteria for covered products, including Metabolic and Nutritional Formulas. ***Criteria will be presented to the State and the State Advisory Board, as applicable, for review and approval to ensure they meet State-approved guidelines and approval prior to being recognized as covered products***.

TRADE SECRET

	We also provide Clinical Support that is responsive to changes in the clinical landscape, such as new product information or policy and reimbursement changes, enabling us to make timely recommendations regarding new criteria. Our clinical recommendations are developed by an internal team of experienced clinical pharmacists. This team formulates recommendations after performing an extensive literature search pertaining to established clinical guidelines and accepted prescribing patterns for each individual drug and drug class. Therapeutic classes are chosen for recommendation by considering factors such as high utilization, high drug expenditures, and therapeutic equivalency among drugs in the class, as well as competition and ability to move market share among drugs in the class.
Retrospective Drug Utilization Review Services	MMA has provided RetroDUR services for 36 years and created one of the first OBRA '90-based RetroDUR programs in the country. ***We currently support RetroDUR services for Medicaid programs covering over 25 million lives***. Our RetroDUR services are designed to provide quality clinical care, improved member experience, safety, and actionable clinical recommendations. Our RetroDUR strategies include clinical monitoring and decision support through our proprietary FirstIQ℠ tool. FirstIQ is a fully integrated data warehouse of pharmacy and medical data, including diagnosis, procedure, hospital, and lab claims data, when available. FirstIQ promotes therapeutic appropriateness of medications by checking data such as drug-to-drug interactions, gaps in therapy, and therapeutic duplication. We have over 2,500 active global criteria available, which provide a broad basis for checking data such as drug-to-drug interactions, gaps in therapy, and therapeutic duplication, thereby promoting therapeutic appropriateness of medications. ***Our RetroDUR interventions are designed to support policy goals and established standards of care and consist of objective, measurable interventions to support individual State goals***. We are experienced in meeting the changing demands of the CMS-required DUR Annual Report. Our reporting team has developed standard reports that directly address the requirements of the CMS online survey. We currently provide RetroDUR support to 14 state Medicaid programs, equipping our clinical team with the ability to share national best practices and clinical trends. Through MRx Explore, our Business Intelligence (BI) reporting tool, we will provide the State with a monthly Criteria Exception Report to identify issues related to the patient, provider, or pharmacy. This report will be presented to the State Advisory Board to inform decisions about future targeted interventions.
Clinical Management Services Common Requirements	As a provider of Medicaid Pharmacy Clinical Management services for over 40 years, we currently serve over half the states in the nation, through our established information technology, project management, staffing, training, communications, and security infrastructure. We are recognized as national experts in the implementation and operation of secure Medicaid pharmacy programs. Our Solution is compliant with all CMS and other Federal security regulations outlined in the RFP requirements, including FedRAMP, HITRUST, NIST 800-53 Revision 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***). We will establish and maintain a document repository that incorporates functionality to store, organize, track, control, and disseminate all information and items produced for and delivered to the PCMS Project in accordance with State requirements. This document repository will be supported by our robust, well-tested RBAC model in place to safeguard customer data. RBAC is a minimum necessary security access that is based on a person's job role within a business function. These controls are annually tested within our SOC 2 Type 2 audit and HITRUST Certification. This document repository will be accessible to authorized users 24/7/365 via a link on the State's web portal maintained by the PBA Services vendor, and viewable through all browser platforms including computer, laptop, smartphone, tablet, and other mobile devices. Authorized State users will also be able to submit issues or comments to the Project Team via our use the Customer Service Management (CSM) module in ServiceNow, 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.

History of On-Time Implementations: MMA has an outstanding track record of on-time, successful implementations for Pharmacy Clinical Management Services 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. We have 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.

Virginia Medicaid Program Implementation Effort 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, which included a Pharmacy Clinical Management scope of work. We worked with DMAS and its third-party vendors to install and integrate our 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. MMA is mission-driven, with a purpose of reimagining pharmacy management to provide the same care we want for our loved ones. Our parent company is most focused on value for our customers and their member populations as opposed to company profits. 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 – State Advisory Board Bookmark Title for Supporting Material: MSQ2.1 – Sample HIV Clinical Drug Monographs Narrative description is limited to five (5) pages, not including the required supporting material. Describe your experience, ability, and method (both administrative and clinical) for providing support to the State Advisory Board as described in Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.2 State Advisory Board.



MMA has been providing State Advisory Board, Drug Utilization Review (DUR) Board, and P&T Committee support to customers since 1987, and we currently support almost 90 P&T Committee meeting cycles annually. MMA's broad reach across many therapeutic areas and businesses is a distinct advantage to the State. A successful partnership with an Advisory Board requires a thorough understanding of the policies, procedures, and legislation governing the Board. It also requires the ability to respect the viewpoints of various stakeholders—including the State, providers, members, and advocacy and special interest groups—and confidently communicate analyses based upon both therapeutic and cost-effectiveness models. Our clinical staff members are experienced and tenured pharmacy management partners. Their success in providing support to Advisory Boards, including the policies and procedures that have been proven to facilitate informed decision making, has resulted in programs that are implemented on time and are well accepted by the provider and patient communities.

If MMA is also selected as the PDRS Contractor, the State can expect access to our National P&T Committee, composed of physicians and pharmacists from across the country, who give expert opinions on the latest developments in drug therapy, as well as MMA's executive staff to discuss business needs. The State would also be supported by the MMA State Government Solutions P&T Committee to review Cost Sheets used to make recommendations.

In the following narrative, we address the requirements provided in in Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.2 State Advisory Board.

2.2 STATE ADVISORY BOARD

2.2.1 The Contractor will be responsible for overseeing and implementing State Advisory Board meetings, as well as, but not limited to:

MMA provides state Medicaid expertise gleaned from over 50 years of experience, including 40 years of pharmacy benefit administration experience. We have 37 years of P&T Committee/DUR Board Support experience. We commit to providing superior support, including overseeing and implementing State Advisory Board meetings for the State PCMS Services Contract in support of PDL, PADL, Drug Utilization Review, and Prior Authorization services. Our PCMS Pharmacist Account Executive (PAE) will present clinical drug information at the State Advisory Board meetings. Findings presented to the State and State Advisory Board will include educational material on supportive clinical research, protocols, and use research models, such as control comparison groups or repeated time series, to assess the effectiveness of current ProDUR and RetroDUR practices (PCMS SOW 2.3.6). Our PCMS PAE will review State Programs and claims data obtained from the PBA vendor, monthly, reporting progress-based results of current programs offered by the State, including recommendations of effectiveness, improvement, enhancements, and general observations (PCMS SOW 2.3.3). As noted in Addendum 5, Q&A Round 1, Numbers 242 and 243, related to PCMS SOW Requirements 2.3.6 and 2.3.8, we understand that the PDRS vendor will provide and present financial analyses for drug therapies and their indications to the Board. MMA acknowledges that our monthly and quarterly reports will be limited to the PCMS Project Scope of Work, and we will not be required to report on external efforts.

a. Developing drug monographs for new drug entities;

MMA has 28 years of experience providing drug class reviews and clinical subject matter expertise for new drugs and new drug classes to support Advisory Board activity. We will provide support for the PDL

and PADL by making recommendations for coverage and developing clinical monographs for presentation to the State Advisory Board (PCMS SOW 2.1.1b). MMA's seasoned Clinical Team is highly experienced in conducting drug class reviews, utilization reviews, and analysis on customers' recent historical pharmacy claims data. A key aspect of this review process is performed by our expert clinical pharmacists who thoroughly review the available published, peer-reviewed clinical literature. They use this information to create drug monographs and therapeutic class reviews (TCRs) that are provided to formulary committees. These reviews present an accurate, balanced picture of the relative clinical strengths and weaknesses of each agent within a therapeutic class. This analysis will allow State Advisory Board members to evaluate each medication's place in therapy to make meaningful recommendations to the State.

Supported by a thorough analysis of the State's pharmaceutical utilization, our recommendations will be clinically founded, but pragmatic. ***Additionally, our drug monographs and TCRs are highly customizable based on the State's needs and can be relatively detailed or brief but comprehensive.*** Therapeutic classes are chosen for PDL or PADL inclusion by taking into consideration important factors such as high utilization, high drug expenditures, and therapeutic equivalency among drugs in the class, as well as competition and ability to move market share among drugs in the class. Therapeutic classes included in the PDL or PADL represent those that MMA has demonstrated to have the greatest impact in maintaining cost-effective therapy without significantly inconveniencing the pharmacy provider or prescriber or hindering access for the member. We will maintain a PDL and PADL to ensure clinically appropriate and cost-effective coverage in high-use and high-cost drug categories, while increasing the use of clinically appropriate generic and other lower cost drugs. (PCMS SOW 2.1.1.d and 2.1.1.e)

MMA actively researches media to provide reliable clinical, financial, and strategic guidance to customers. New indications and changes to existing indications are considered as they occur. We provide information on products that are new to the market in PDL and PADL classes to our customers within six months via clinical documentation—TCRs or New Drug Updates (NDUs). We update our TCRs at least annually, but earlier when significant changes to the class, such as the release of a new drug to market or the publication of relevant clinical trials or updated clinical practice guidelines. Our strategy incorporates vigilant monitoring of movement in new drugs to market, drug pipeline, significant clinical evidence, generic launches, patent litigation, brand preference over generic, and State legislative issues.

b. Creating presentation material for the State Advisory Board meeting;

The PCMS PAE will create presentation material for State Advisory Board meetings. Our presentation material is thorough and comprehensive. At the center of our State Advisory Board presentations is our commitment to providing superior clinical care based on sound protocols, cutting edge research, and a sincere desire not only to bring members to levels of optimum health, but also to support Medicaid customers such as the State with complete, accurate, and quality information. MMA has provided customized clinical innovation to our customers while bringing best practices gleaned from our numerous interactions to each of our Medicaid customers. The result is vetted and up-to-date quality material and support for the State Advisory Board. We also understand the importance of State Advisory Board presentations to be incisive and concise, so that the essence of the drug monographs/TCRs is captured and delivered to the Board members in an effective and efficient manner. Our PCMS PAE will collaborate with our clinical resources to ensure all presentation material is succinct and up to date. MMA will develop all presentation materials in accordance with approved time frames and processes and procedures per the State's requirements and needs.

c. Providing all State Advisory Board materials, regardless of size, produced by the Contractor or State or submitted by interested stakeholders (e.g., Manufacturers, Providers, advocacy organizations) through a secured file;

We will provide all State Advisory Board materials, regardless of their size, produced by MMA or the State or submitted by interested stakeholders (e.g., Manufacturers, Providers, advocacy organizations) through

a secured file. These materials will be accessible to authorized users on our electronic document repository. MMA's electronic document repository is a secure site that has controlled access. Our PCMS PAE will prepare and electronically deliver State Advisory Board meeting materials within State-specified time frames.

d. Preparing and distributing meeting agendas to State Advisory Board members;

MMA's PCMS PAE will prepare and distribute meeting agendas to State Advisory Board members and will provide the agenda and drug monographs/TCRs, as well as other information material when necessary. The PCMS PAE's functions include the development and analysis of forecasting trends, development of drug class review strategy, interpretation of legislative changes to pharmacy programs, reporting of program outcomes, and the preparation and review of clinical monographs. Our PCMS PAE will propose agenda items for State Advisory Board meetings based on FDA and marketplace activity.

e. Posting meeting agendas on the website required under the Contract;

MMA will post State Advisory Board meeting agendas on the website required under the PCMS Contract. We will work with the State during DDI to establish processes and associated time frames to meet State requirements. MMA will also post State Advisory Board meeting agendas on our electronic document repository. Our shared online document repository is a cloud-based content management and collaboration system that gives the ability to upload, download, and collaborate on files. MMA's electronic document repository will support Role-Based Access Control (RBAC) for PCMS Project documents and Deliverables through the life of the PCMS Contract.

Our document repository incorporates functionality to store, organize, track, control, and disseminate all information and items produced for and delivered to the PCMS Project, including State Advisory Board meeting agendas. We will provide the State with a shared electronic document repository, easily accessible by both the State and MMA, that can receive, store, and organize documents. ***The shared electronic document repository is configurable and organizes content so that it is easy to find.*** The repository is also supported by full-text search capability for text-based documents, enabling document consumers to locate needed information quickly and easily. In addition, the document repository allows users to select, view, print, copy, and download reports. Through version history functionality, the shared electronic document repository can retain reports, as specified by the State.

f. Recording meeting minutes and forwarding them to the State within three (3) Business Days after the meeting; and,

MMA's PCMS PAE will prepare and electronically deliver State Advisory Board meeting minutes to the State within three business days following each meeting as directed by the State and in a format agreed to during the DDI Phase.

g. Posting meeting minutes on the State's website.

MMA will post meeting minutes to the State's website. The PCMS PAE will also post State Advisory Board meeting minutes to MMA's shared electronic document repository. We will work with the State during DDI to establish processes to meet State requirements. MMA will adhere to time frames for posting as agreed upon with the State.

2.2.2 The Contractor shall provide a Key Staff position to manage and direct the State Advisory Board meetings.

MMA will provide a Key Staff position to manage and direct the State Advisory Board meetings. We are proposing two dedicated clinical pharmacists for the State PCMS Contract. Our Drug Utilization Review (DUR) Clinical Account Manager (CAM) will be responsible for DUR-related activities and the PCMS PAE will be responsible for managing and directing the State's DUR program and act as MMA's representative at the State Advisory Board meetings. (PCMS SOW 2.3.2)

MMA's PCMS PAE will also be responsible for overall account management of the State PCMS Project and possess the following qualifications:

- Registered Pharmacist (RPh) or Doctor of Pharmacy (PharmD), with appropriate State licensure

- Three to five years of experience in clinical operations, quality, pharmacy, or a managed care pharmacy residency.

MMA's PCMS PAE will provide information regarding new drugs, as well as updates to existing drugs, and facilitate weekly clinical meetings with the State and other participating parties deemed necessary by the State. (PCMS SOW 2.1.1.c) The PCMS PAE will facilitate quarterly evaluations of focused ProDUR and RetroDUR criteria and interventions, recommend draft standards and criteria, and implement approved changes. Findings resulting from literature reviews related to our ProDUR and RetroDUR activities will be reported to the State on a regular basis, as defined by the State. (PCMS SOW 2.3.4 and 2.3.5)

2.2.3 The Contractor shall make recommendations to the State and the State Advisory Board regarding new or enhanced Utilization Management criteria, including, but not limited to, clinical, fiscal, and Step Therapies for covered Products and all new Products, taking into consideration, the efficacy, medical appropriateness, quality of life, safety, and cost considerations within the applicable therapeutic categories.

Our PCMS PAE, supported by internal clinical staff as appropriate, will make recommendations to the State and the State Advisory Board regarding new or enhanced Utilization Management criteria, including clinical, fiscal, and Step Therapies for covered products and all new products, taking into consideration, the efficacy, medical appropriateness, quality of life, safety, and cost considerations within the applicable therapeutic categories.

MMA understands that, for the State to operate efficiently and maximize the benefit to its members, responsiveness to changes in the clinical landscape is essential. We remain attentive to new clinical information, as well as potential modifications to clinical strategies that need to be implemented. In response to these findings, MMA will provide written recommendations for utilization management to the State in the form of prospective DUR criteria, prior authorization (PA) criteria, quantity limits and therapeutic criteria. We also act in a consultative role for criteria that may impact POS processing and PA requests outside of the PDL model but pertinent to PDL classes. Our pharmacy staff is supported by our Drug Policy Development (DPD Committee), consisting of clinical experts who review primary literature and evolving clinical guidelines to make recommendations on new drugs and appropriate clinical edits.

MMA's expert clinical staff collaboratively will develop, document, and disseminate all the clinical criteria that are needed to meet the needs of the State Medicaid Pharmacy Program, members, prescribers, and pharmacy providers based on our extensive clinical and Medicaid experience. Upon State approval we will collaborate with the PBA vendor to incorporate the criteria in its POS system. If awarded the PBA Services Contract, we will build the corresponding adjudication rules in our flexible FirstRx claims processing system, including claim rules that apply automated or manually created prior authorizations, quantity limits, step therapy, and PDL exceptions.

MMA's PCMS PAE will support the functions of the State Advisory Board by attending all meetings and collaborating with the State to identify and monitor the use of prescription medications and products to ensure proper member drug utilization, safety, therapeutic efficacy, and cost-effectiveness throughout the term of the Contract. We will identify and monitor member prescription medication use and product appropriateness, and compliance rates for drug classes defined by the State. The PCMS PAE will provide support before, during, and after State Advisory Board meetings and will be prepared to discuss matters such as patient safety, drug safety and efficacy, appropriate medical therapy, drug-drug or drug-disease warnings, duplication of therapy, medication adherence, polypharmacy, and analysis and reporting.

2.2.4 The Contractor will be responsible for recruiting State Advisory Board members as directed by the State. All members of the State Advisory Board are appointed by the State.

MMA will recruit State Advisory Board members as directed by the State. Our strategy for recruiting State Advisory Board members includes contacting Pharmacy and Medical associations, as well as universities with pharmacy and medical schools. We acknowledge that all members of the State Advisory Board are appointed by the State.

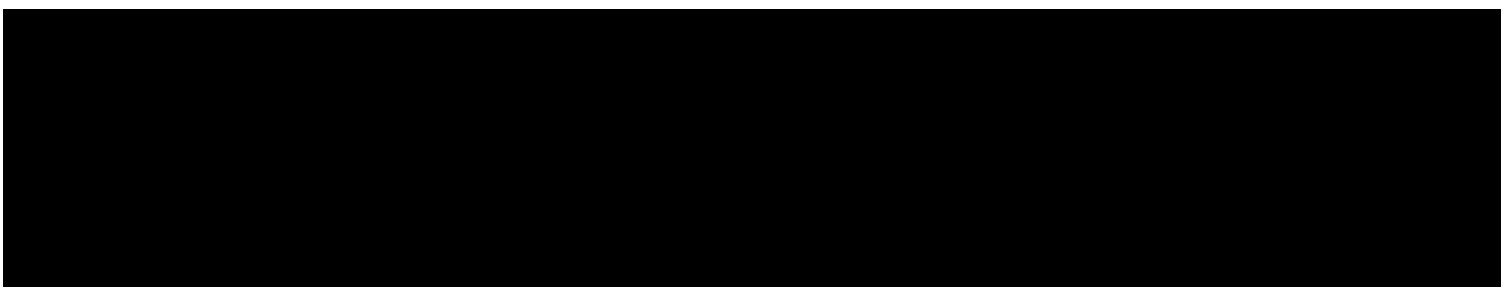
MSQ2.1 – Sample HIV Clinical Drug Monographs (TRADE SECRET)

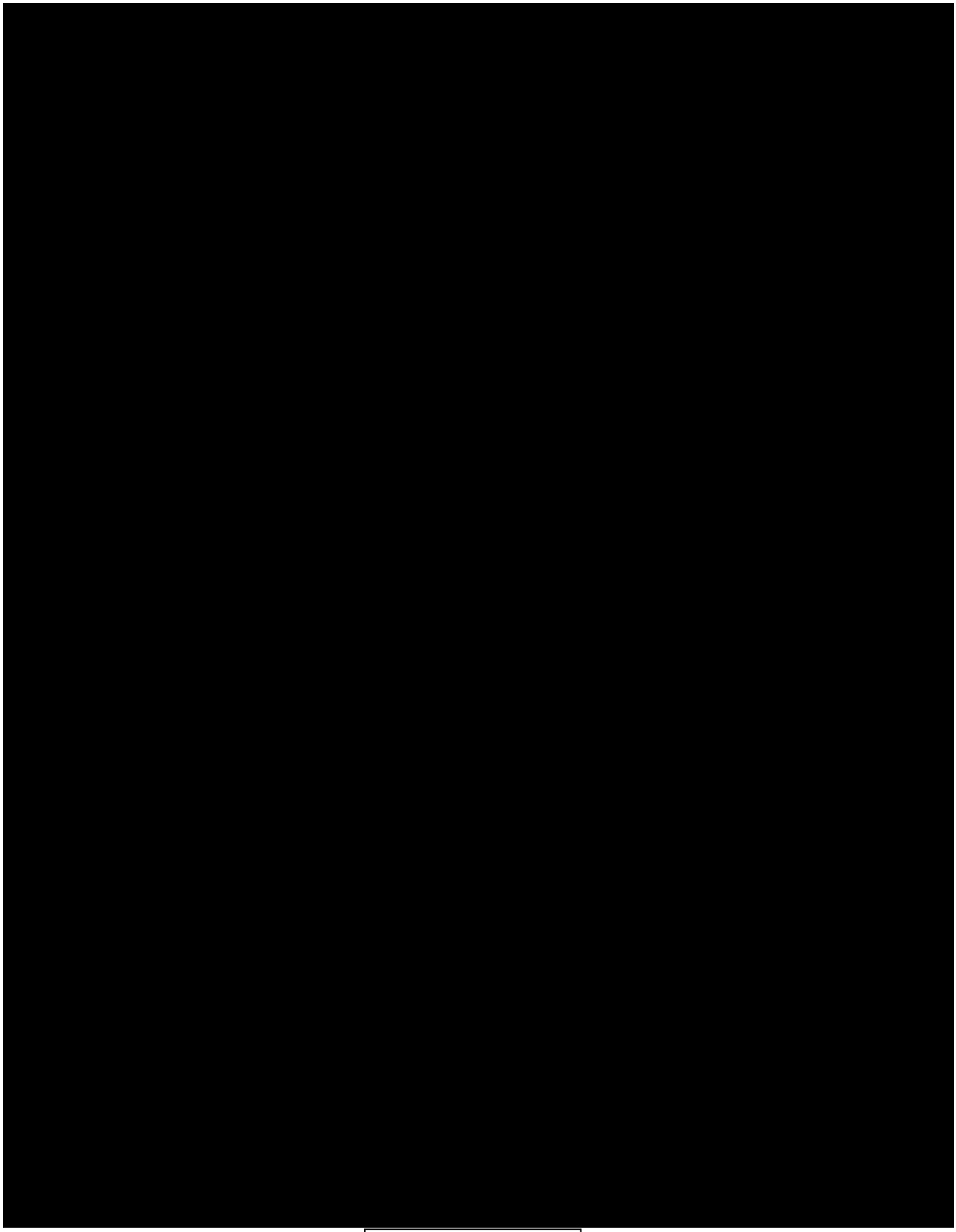
On the following pages, MMA submits the required sample HIV Clinical Drug Monographs. We include the following:

- Human Immunodeficiency Virus (HIV) Agents Therapeutic Class Review (TCR) **(TRADE SECRET)**
- Lenacapavir (Sunlenca®) New Drug Update. **(TRADE SECRET)**

Human Immunodeficiency Virus (HIV) Agents
Therapeutic Class Review (TCR)



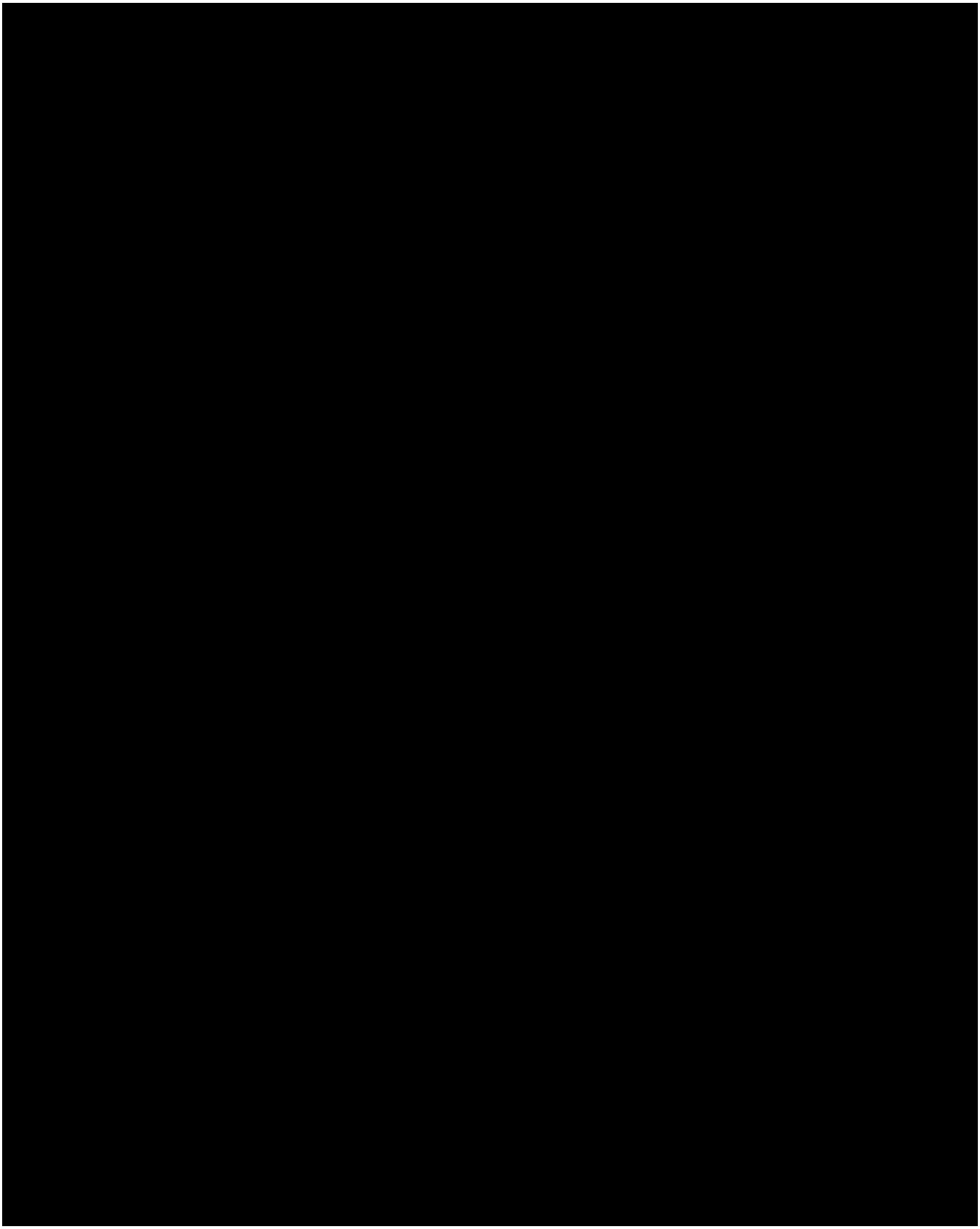




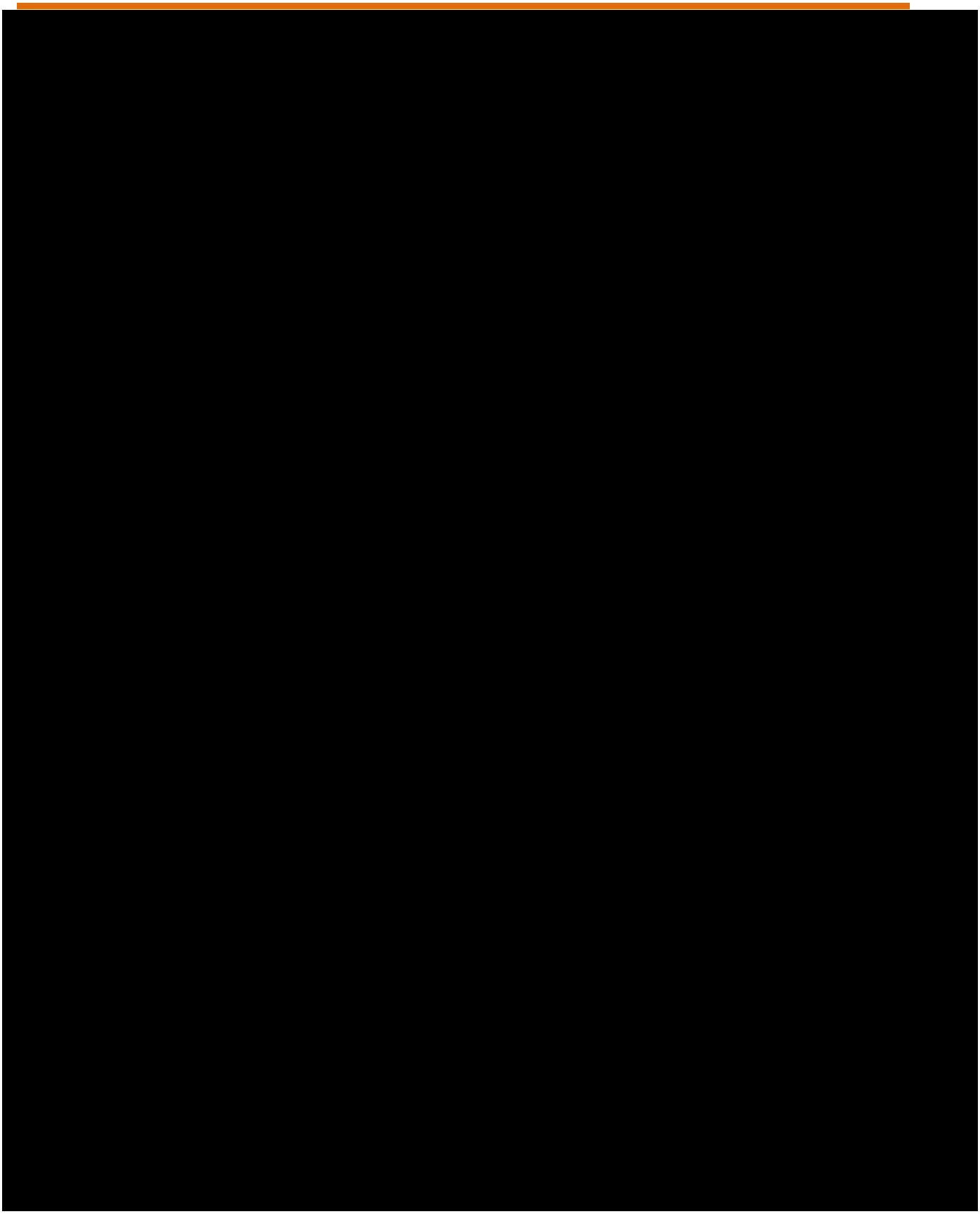
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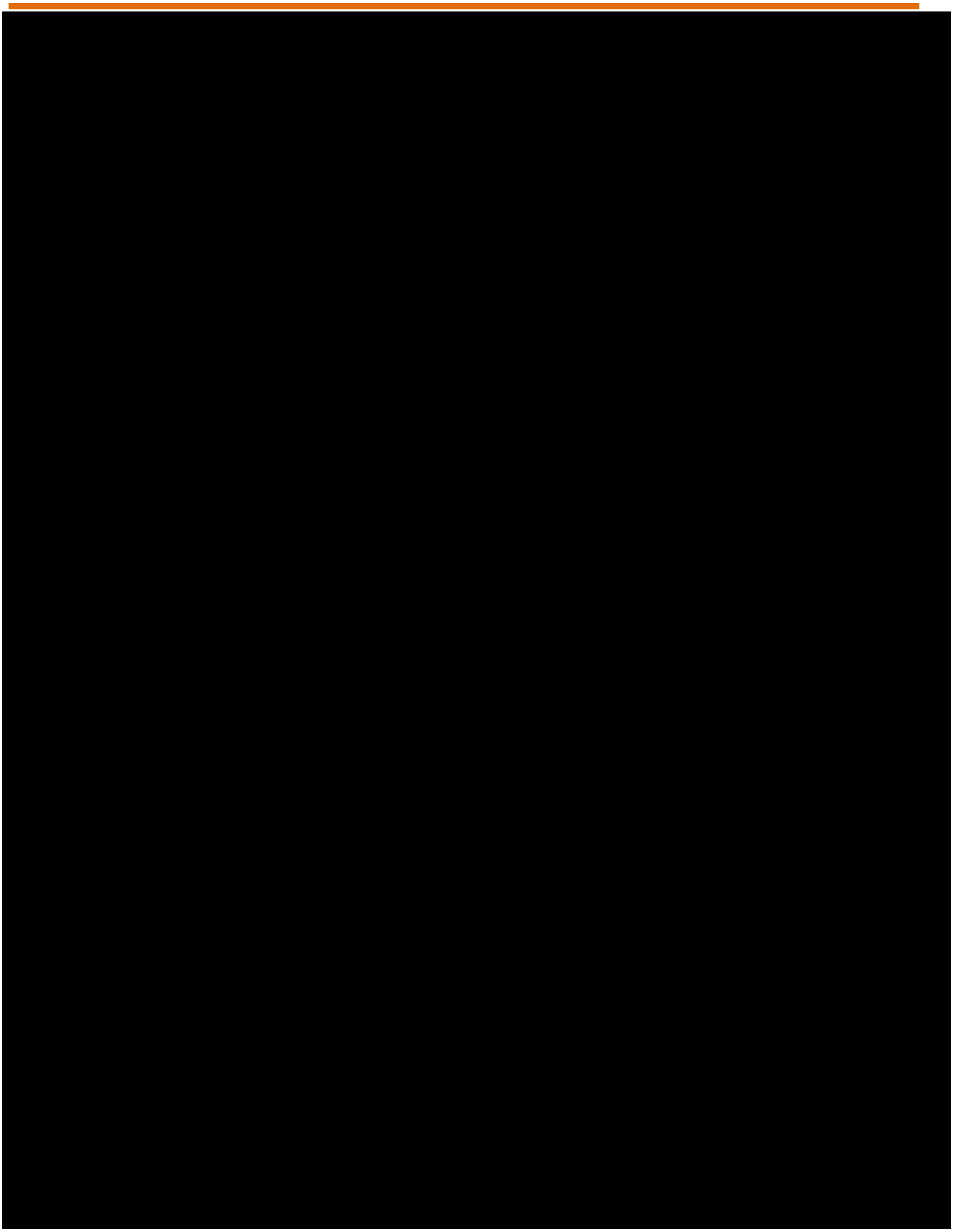
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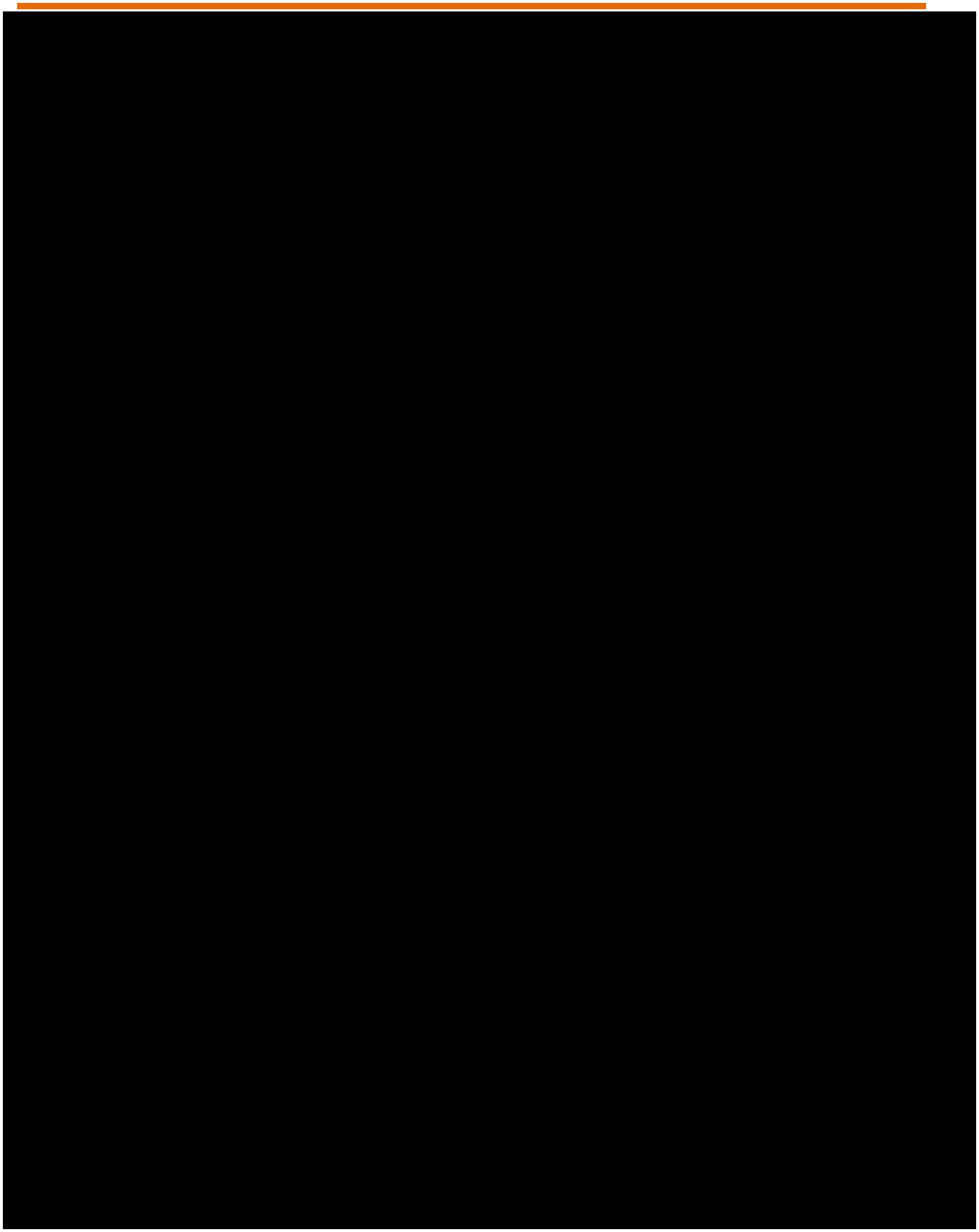
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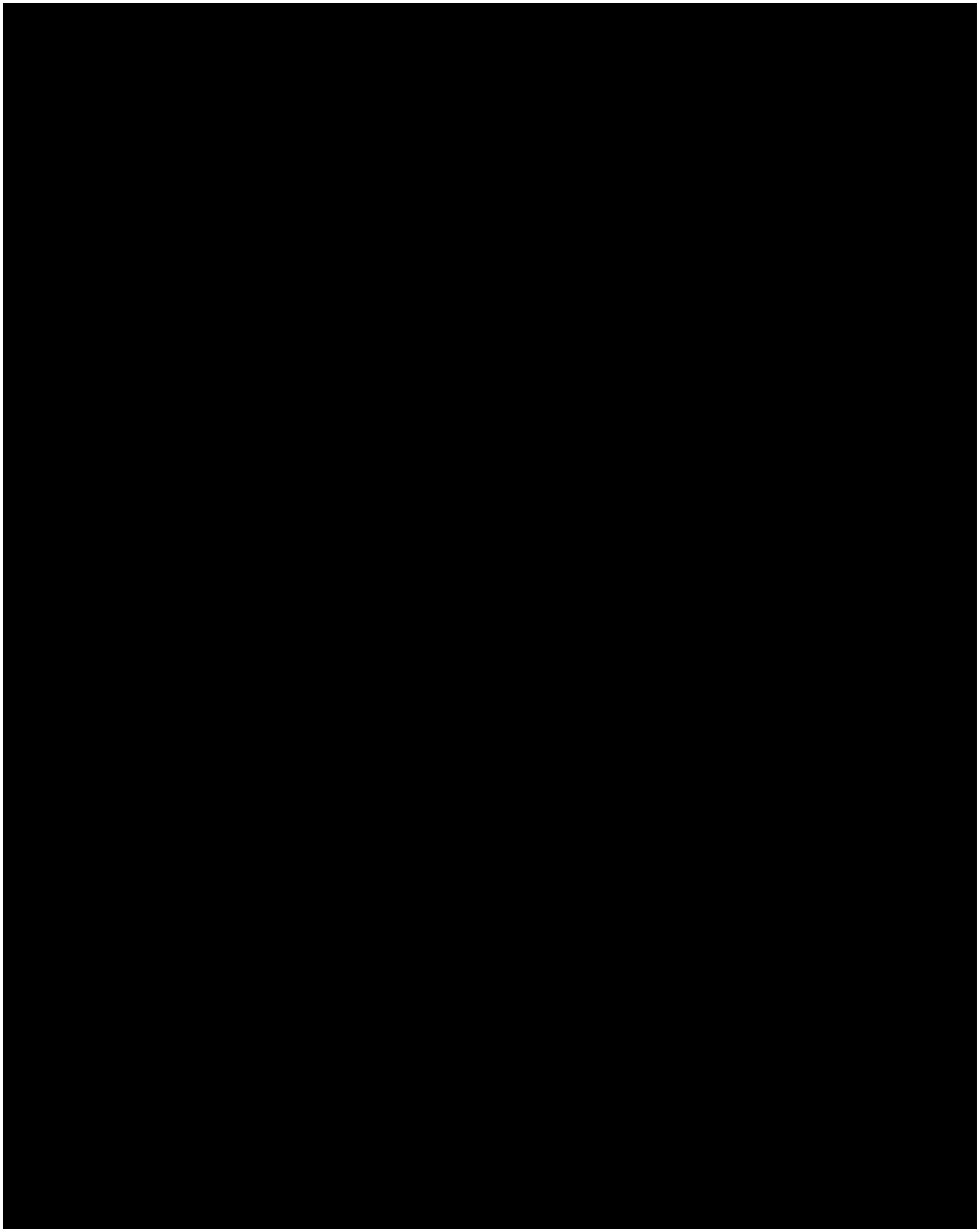
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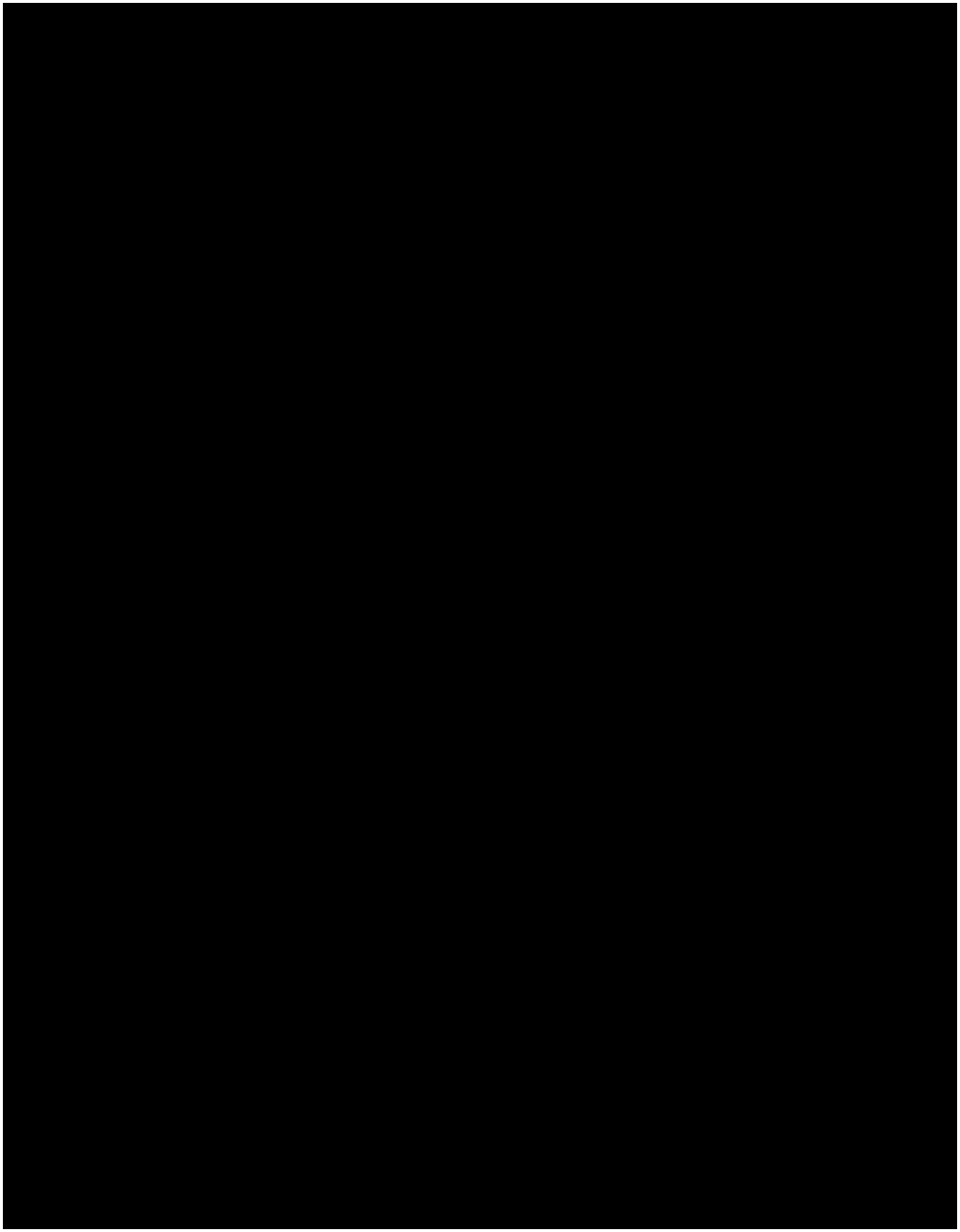


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3.	Bookmark Title: MSQ3 – Utilization Management Program Approach Bookmark Title for Supporting Material: MSQ3.1 – QLL Utilization Management Criteria Narrative description is limited to four (4) pages, not including the required supporting material.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

Supplier Response

MMA has an established and proven approach to developing Utilization Management (UM) clinical review criteria and quantity level limit (QLL) programs. ***Our approach to criteria development provides a clinically and fiscally sound solution for State Medicaid members.*** MMA meets all requirements in RFP Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.4 Utilization Management Program. We acknowledge that Requirements 2.4.6, 2.4.8, and 2.4.9 were deleted by Addendum 5, Q & A Round 1, numbers 247, 248, and 249. We will work closely with the State and all parties participating in the successful implementation and coordination of PCMS clinical programs (PCMS SOW 2.1.1.a).

MMA understands that the primary goal of the UM program is to promote the most clinically appropriate utilization of select products. We will support the State and the State Advisory Board in the approval of requirements to target a chosen Product or group of Products. The PCMS PAE will present additional products to require UM for review by the State Advisory Board and approval by the State in accordance with all State and Federal laws and regulations (PCMS SOW 2.4.1).

MMA possesses 32 years of experience managing and performing UM and developing and implementing clinical PA requirements. Leveraging this extensive experience and expertise of our clinical staff, MMA will develop and maintain criteria for covered Products, including Metabolic and Nutritional Formulas. Criteria will be presented to the State for review to ensure they meet State-approved guidelines and approval prior to being recognized as covered Products (PCMS SOW 2.4.2). We will collaborate with the PDRS vendor, as appropriate. ***If we are awarded the PDRS Contract as well as this PCMS Contract, we will bring to this Contract the ability to design UM strategies that align closely with the State's PDL and Supplemental Rebate contracts. This alignment will result in further efficiencies and cost savings.*** First-hand knowledge of our Supplemental Rebate Agreements will also ensure that criteria do not violate special conditions of those Agreements.

MMA can add new drug(s) to respective therapeutic PA categories and add new PA categories after final approval and notification from the State. Our DUR CAM will work closely with the State and appropriate internal MMA staff to identify drugs whose usage patterns might indicate a need for additional clinical PA criteria. These criteria requirements will provide the guidelines for the State's PBA vendor's Call Center staff to follow when determining whether a member meets approval conditions.

MMA understands that for the State to operate efficiently and maximize the benefit to its members, responsiveness to changes in the clinical landscape is essential. We remain attentive to new clinical information, such as new indications and new formulations for existing products, as well as potential modifications to clinical strategies that may need to be implemented. We will monitor new drugs to market that have clinical and financial impact and develop PA criteria recommendations for the State's consideration in a timely manner. Additionally, we will remain abreast of current literature and updated practice guidelines to ensure that existing criteria remain relevant. MMA will analyze utilization data to determine if existing criteria are effective or if new criteria are necessary.

In addition, MMA monitors potential changes to the current healthcare system at both the State and Federal level, including broad health policy reforms guiding PA criteria changes. This information is used to revise and/or improve the PA process where possible.

In response to these findings, MMA will provide written recommendations for UM to the State in the form of prospective DUR criteria, PA criteria, quantity limits, and therapeutic criteria. We also act in a consultative role for criteria that may impact the State's PBA vendor's POS processing and PA requests outside of the PDL model but pertinent to PDL classes. Our pharmacy staff is supported by our (DPD Committee, consisting of clinical experts who review primary literature and evolving clinical guidelines to make recommendations on new drugs and appropriate clinical edits. ***Our DPD Committee actively monitors the clinical landscape and assesses how new clinical information will be incorporated into existing criteria or developed into new criteria for State review.*** MMA will initiate and develop prospective clinical and PDL and PADL PA criteria proposals for the State and State Advisory Board review and approval.

Specific to MMA-developed UM criteria, our approach includes medical exception reviews and overrides, quantity limits, non-preferred Product determinations, Step Therapy rules, and benefit exclusions as specified and directed by the State (PCMS SOW 2.4.3). This information will be provided to the State's PBA Services vendor to apply adjudication rules in their POS system. By developing step therapy protocols for State review and approval, MMA assists the State in controlling utilization/drug benefit expenditures without compromising quality of care. Step therapy drives PDL (managed by the State's PDRS vendor) and appropriate utilization by recommending edits to require first line therapy before second line therapy is approved, and lab results and diagnoses to drive appropriate therapy.

MMA will develop and maintain protocols for all Products identified as requiring UM, Step Therapy, and QLLs. We will develop concise web-based versions of these criteria at no additional charge to the State. These criteria will be customizable and allow for open-ended question responses. If we are selected as the PDRS Contractor, first-hand knowledge of our Supplemental Rebate Agreements will also ensure that the PA web summaries comply with the terms of Supplemental Rebate Agreements and posted in a timely manner to avoid contractual disputes with manufacturers. The PCMS PAE will submit all UM criteria and web-based criteria to the State for review and approval prior to dissemination. We acknowledge and agree that customized UM criteria as approved by the State will be the property of the State and will not be considered proprietary to MMA (PCMS SOW 2.4.4).

Our PCMS PAE will work with an MMA data analyst and the State to identify drugs whose usage patterns might indicate a need for clinical PA criteria. These criteria requirements will provide the guidelines for the PBA vendor Call Center staff to follow when determining whether a member meets approval conditions.

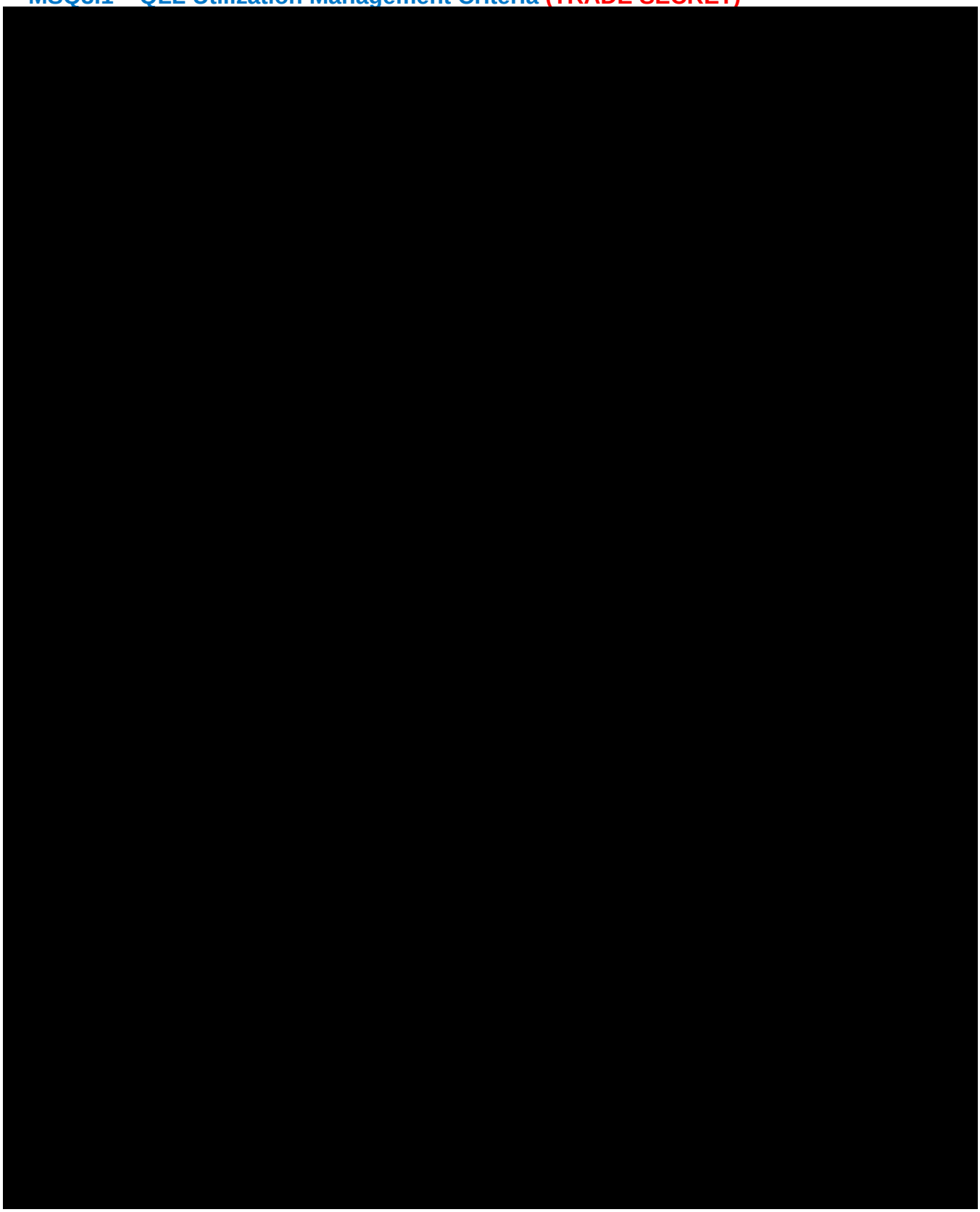
We will collaborate with the State to develop and disseminate clinical criteria, establish procedures for its application, and ensure proper documentation of all clinical decisions. Our development of PA criteria is centered in current practice guidelines issued by national or international medical organizations, such as the American College of Cardiology and American Psychiatric Association. This ensures that there is a strong clinical foundation for the criteria used to determine medical necessity. In cases where new clinical data are published, but not yet incorporated into the practice guidelines of the medical organization, we will evaluate the data and, where indicated, recommend changes to the PA criteria. On an annual basis, or more frequently as requested by the State, MMA's clinical staff will review and update UM algorithm criteria for each therapeutic class and UM. We will provide the State with the finalized UM algorithm criteria with web-based criteria and UM for web posting in accordance with predetermined deadlines (PCMS SOW 2.4.5).

Utilizing our electronic document repository, MMA will provide the State with an automated workflow tool that will allow Authorized Solution Users to review and approve PA criteria changes, modifications, deletions, or alterations as part of the UM program (PCMS SOW 2.4.6). Our shared online document repository is a cloud-based content management and collaboration system that gives the ability to upload,

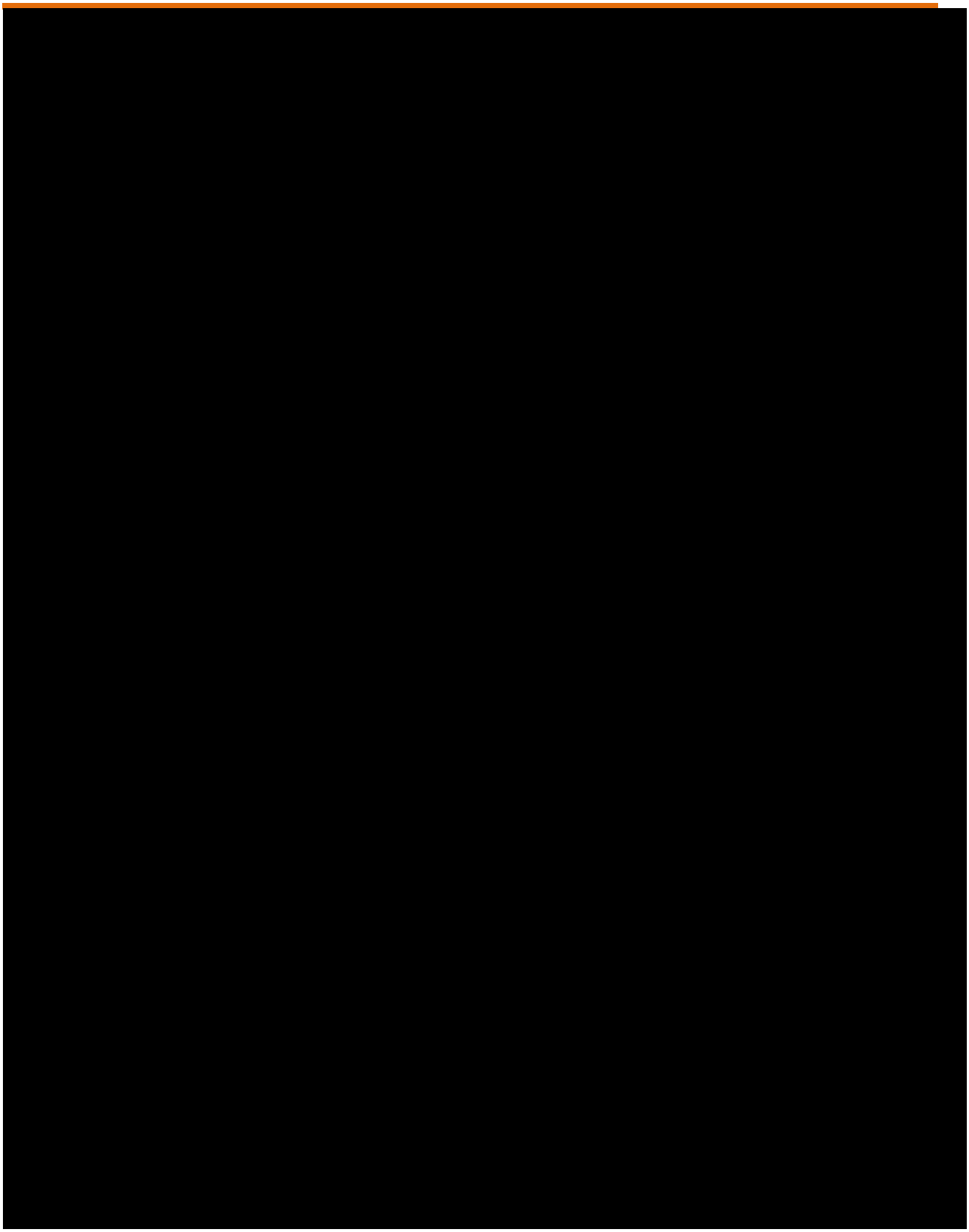
download, and collaborate on files. Automated workflows can be established for specific libraries or lists using business logic to control the movement of documents through the PA criteria review and approval process. For example, automated workflows can be created to route and notify designated users that a document is ready for their review or approval. These notifications are sent through email alerts which include instructions for the activity and a link to the document. The workflow status page allows users to see what tasks have been completed and the status of the document in the overall process.

MMA's document repository, which is accessible through a secured web-based interface, incorporates functionality to store, organize, track, control, and disseminate all information and items produced for and delivered to the PCMS Project. Previous versions of the document can be accessed through our shared electronic repository's version history functionality. All retired documentation is retained in an archived folder and accessible in the event there is a question, audit, or reinstatement. We will work closely with the State during DDI to determine mutually agreed upon retention periods for document reference and retrieval. Our standard process is to retain all documentation unless a specific request for archive is received. MMA will adhere to any relevant State-specific retention requirements.

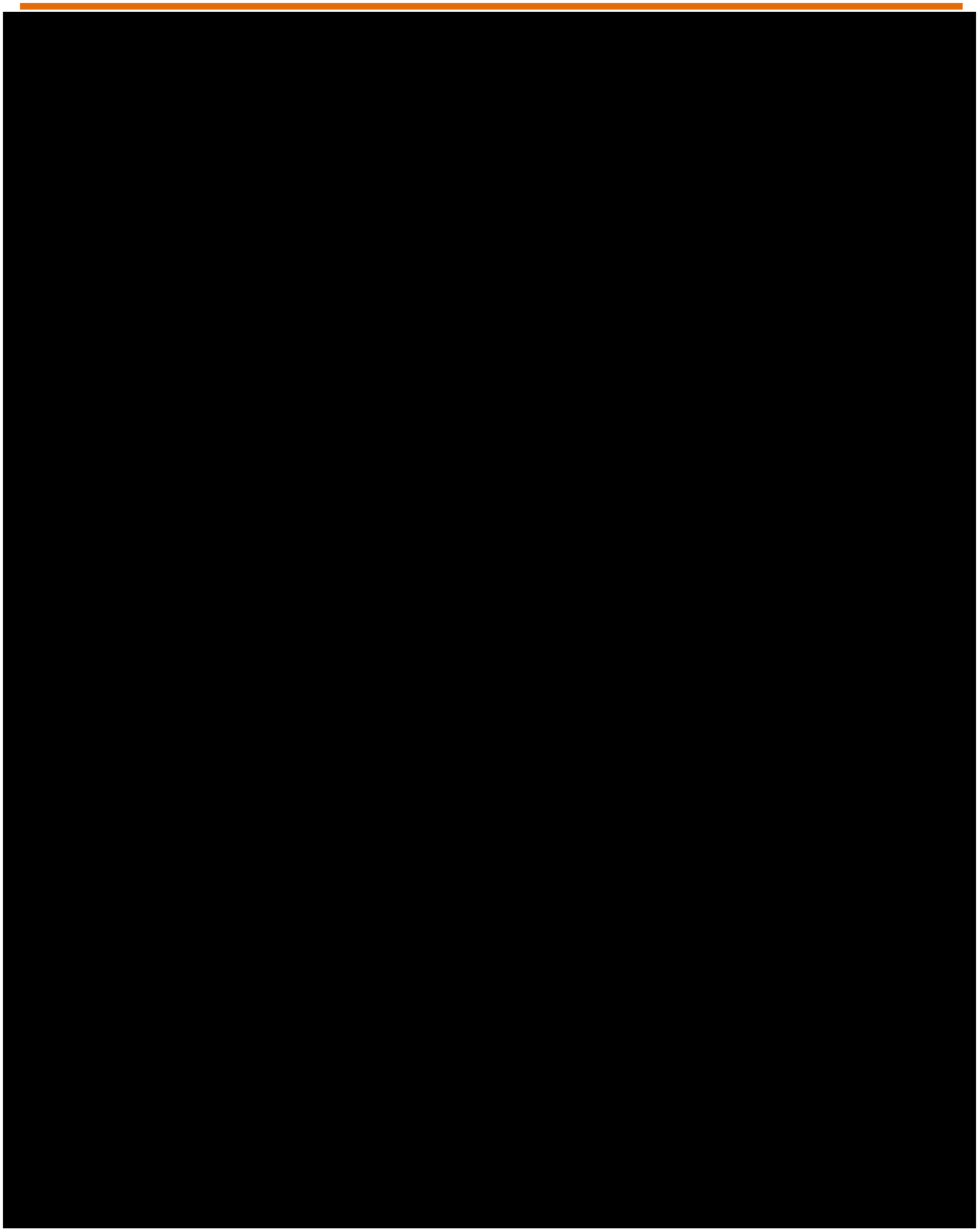
MSQ3.1 – QLL Utilization Management Criteria (TRADE SECRET)



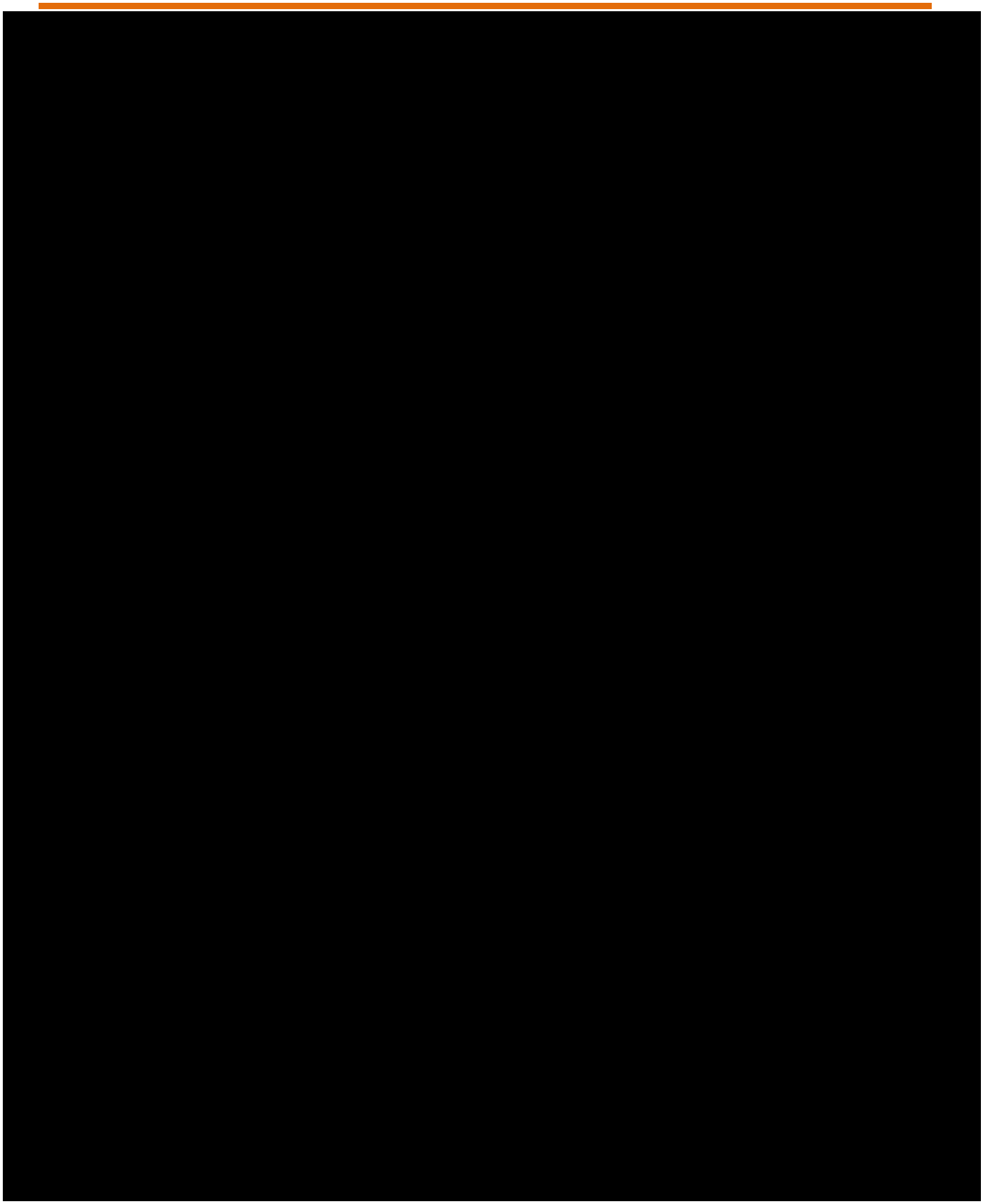
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4.	Bookmark Title: MSQ4 – Utilization Management Criteria Structure Bookmark Title for Supporting Material: ➢ MSQ4.1 – Utilization Management Process Visual ➢ MSQ4.2 – Utilization Management Algorithm Examples ➢ MSQ4.3 – QLL Override Criteria Narrative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

Supplier Response

MMA will provide Utilization Management (UM) services, including the development of UM criteria for Covered Drug Products designated on the PDL. Our UM criteria will be structured as outlined by the requirements detailed in RFP Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.4 Utilization Management Program. We will collaborate with the State to develop and maintain criteria for covered Products. For example, our PCMS PAE will review covered outpatient drugs that generally follow a seasonal trend and update the UM criteria prior to the start of the expected season (e.g., respiratory syncytial virus [RSV] season which typically starts in the fall and ends in the spring). (PCMS SOW 2.1.1.g). MMA acknowledges that Products requiring Utilization Management, including Metabolic and Nutritional Formulas, must meet State-approved guidelines before they are recognized as covered Products.

MMA understands that for the State to operate efficiently and maximize the benefit to its members, responsiveness to changes in the clinical landscape is essential. We remain attentive to new clinical information, as well as potential modifications to clinical strategies that may need to be implemented. We will monitor new drugs to market that have clinical and financial impact and develop PA criteria recommendations for the State's consideration. Additionally, we remain abreast of current clinical literature, practice guidelines, and expert consensus to ensure that existing criteria remain relevant and kept up to date. MMA will analyze utilization data to determine if existing criteria are effective or if new criteria are necessary.

In response to these findings, MMA will provide written recommendations for UM to the State in the form of prospective DUR criteria, PA criteria, quantity limits, and therapeutic criteria. We also act in a consultative role for criteria that may impact the State's PBA vendor's POS processing and PA requests outside of the PDL model but pertinent to PDL classes. MMA's extensive experience allows us to make recommendations focused on protecting the health of members through our RetroDUR activities and suggested prospective DUR editing to prevent inappropriate drug dispensing and/or use. (PCMS SOW 2.1.1.g)

Our pharmacy staff is supported by our DPD Committee, consisting of clinical experts who review primary literature and evolving clinical guidelines to make recommendations on new drugs and appropriate clinical

edits. ***Our DPD Committee actively monitors the clinical landscape and assesses how new clinical information will be incorporated into existing criteria or developed into new criteria for State review.*** MMA will initiate and develop prospective clinical, PDL, and PADL PA criteria proposals for State and State Advisory Board review and approval.

Figure MSQ4-1 shows our standard UM criteria development template, including the type of information incorporated into our UM criteria during the development process.

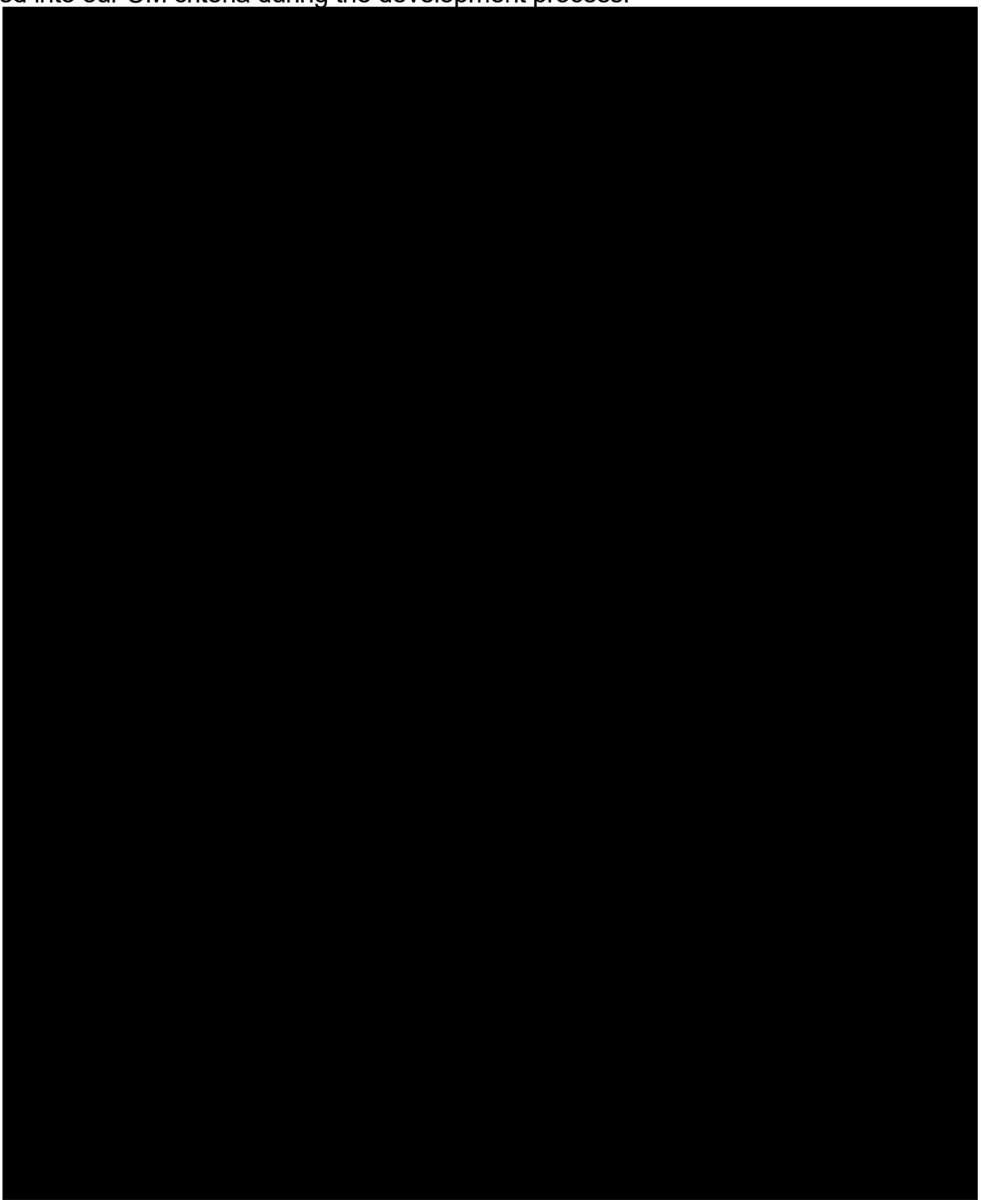
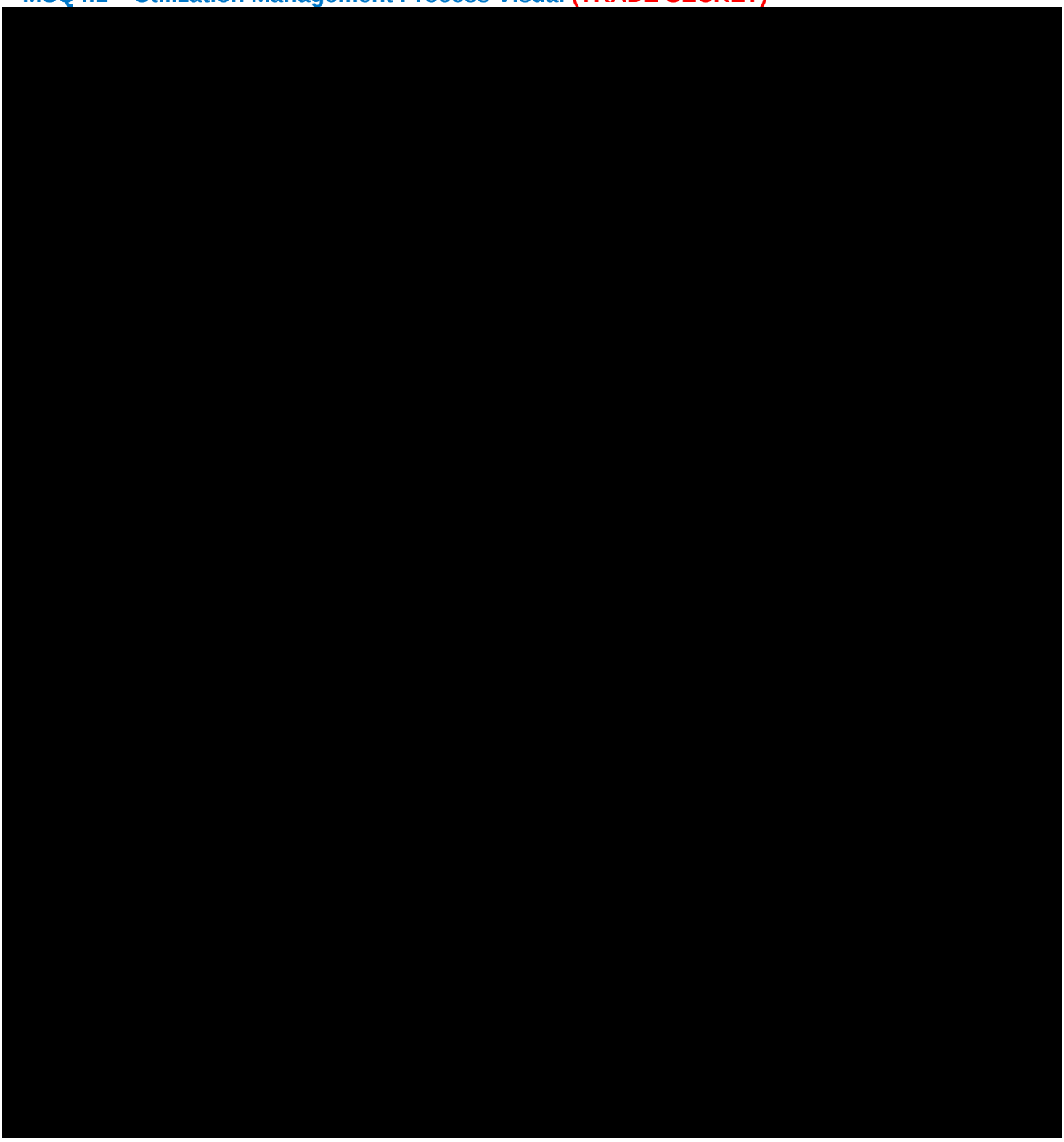


Figure MSQ4-1: Sample UM Criteria Development Template (TRADE SECRET)

MSQ4.1 – Utilization Management Process Visual (TRADE SECRET)



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MSQ4.2 – Utilization Management Algorithm Examples (TRADE SECRET)

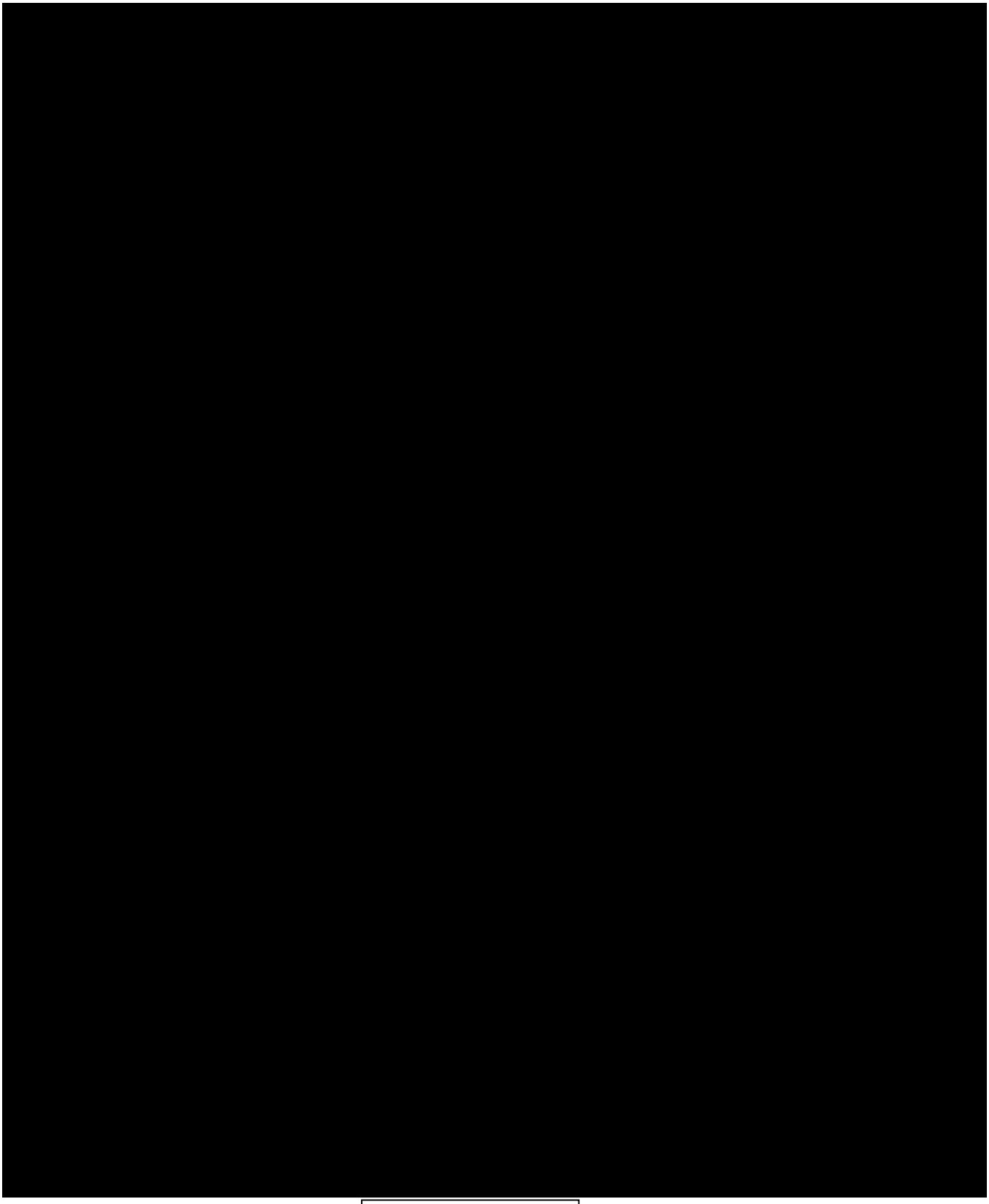
As required, MMA submits examples of our UM algorithms for the HIV, Atypical Antipsychotics, and GLP-1 Antagonist therapeutic classes. We provide the following sample documents:

- HIV UM algorithms **(TRADE SECRET)**
  - Trogarzo® UM Criteria
  - Selzentry® (maraviroc) Statement of Medical Necessity
- Atypical Antipsychotics algorithms **(TRADE SECRET)**
  - Approval Criteria for Atypical Antipsychotics for Adults ≥18 Years Old with Dosing Charts
  - PA Form for Antipsychotics for Children Younger than 18 Years Old
- GLP-1 Antagonist UM algorithms **(TRADE SECRET)**
  - Approval Criteria for GLP-1 Agonists
  - Non-Preferred Incretin Memetics Authorization Form.

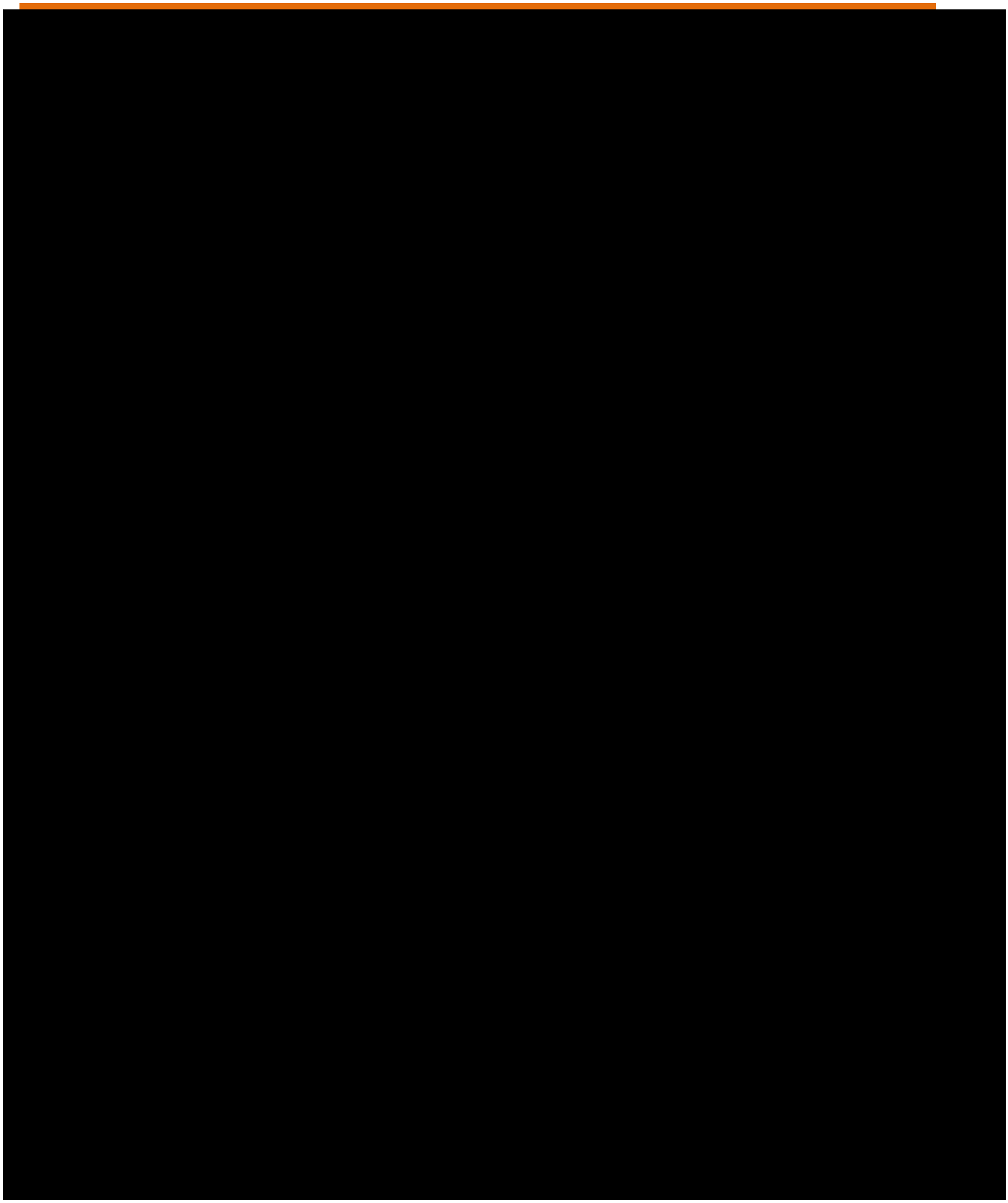
HIV (TRADE SECRET)



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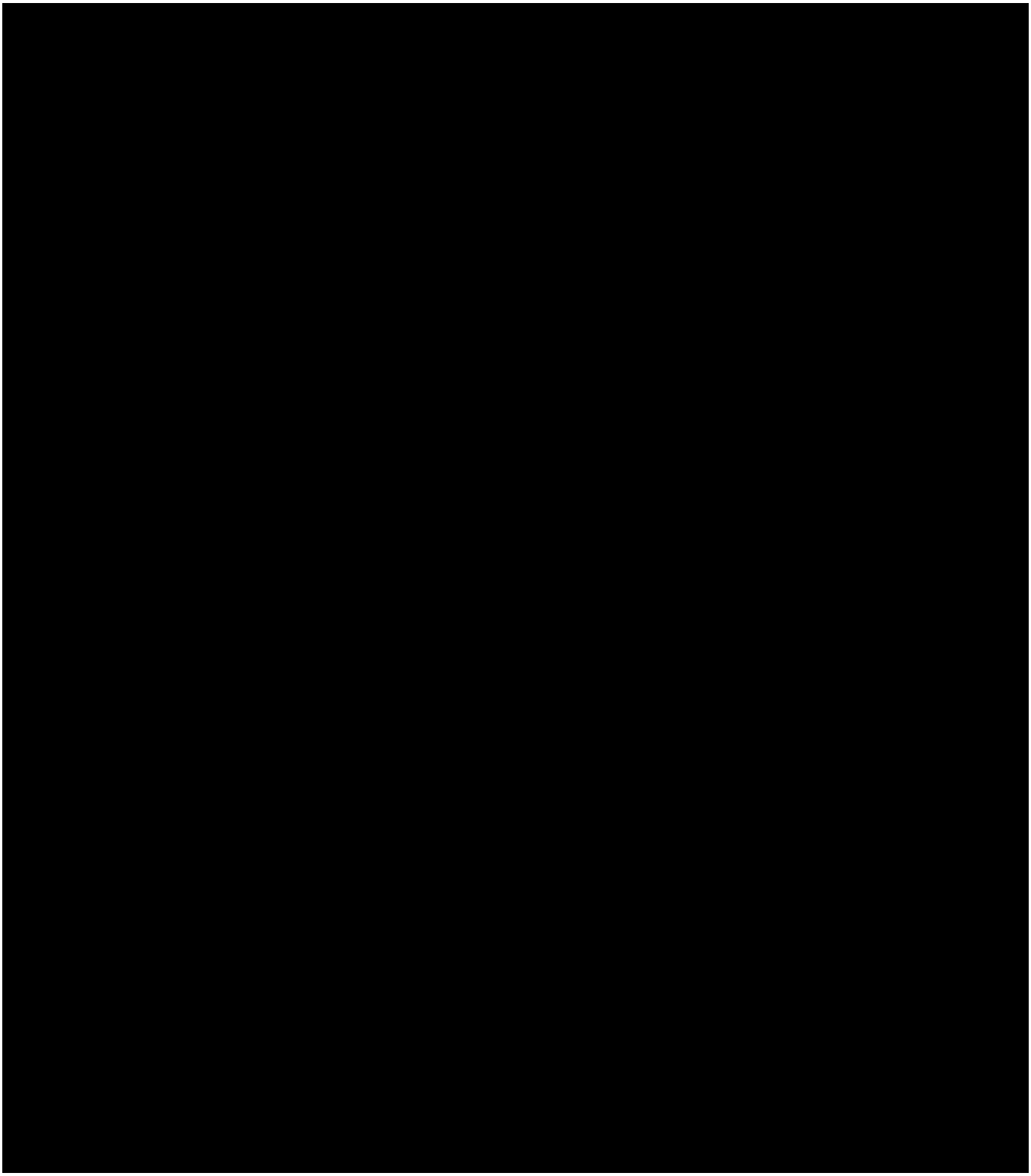


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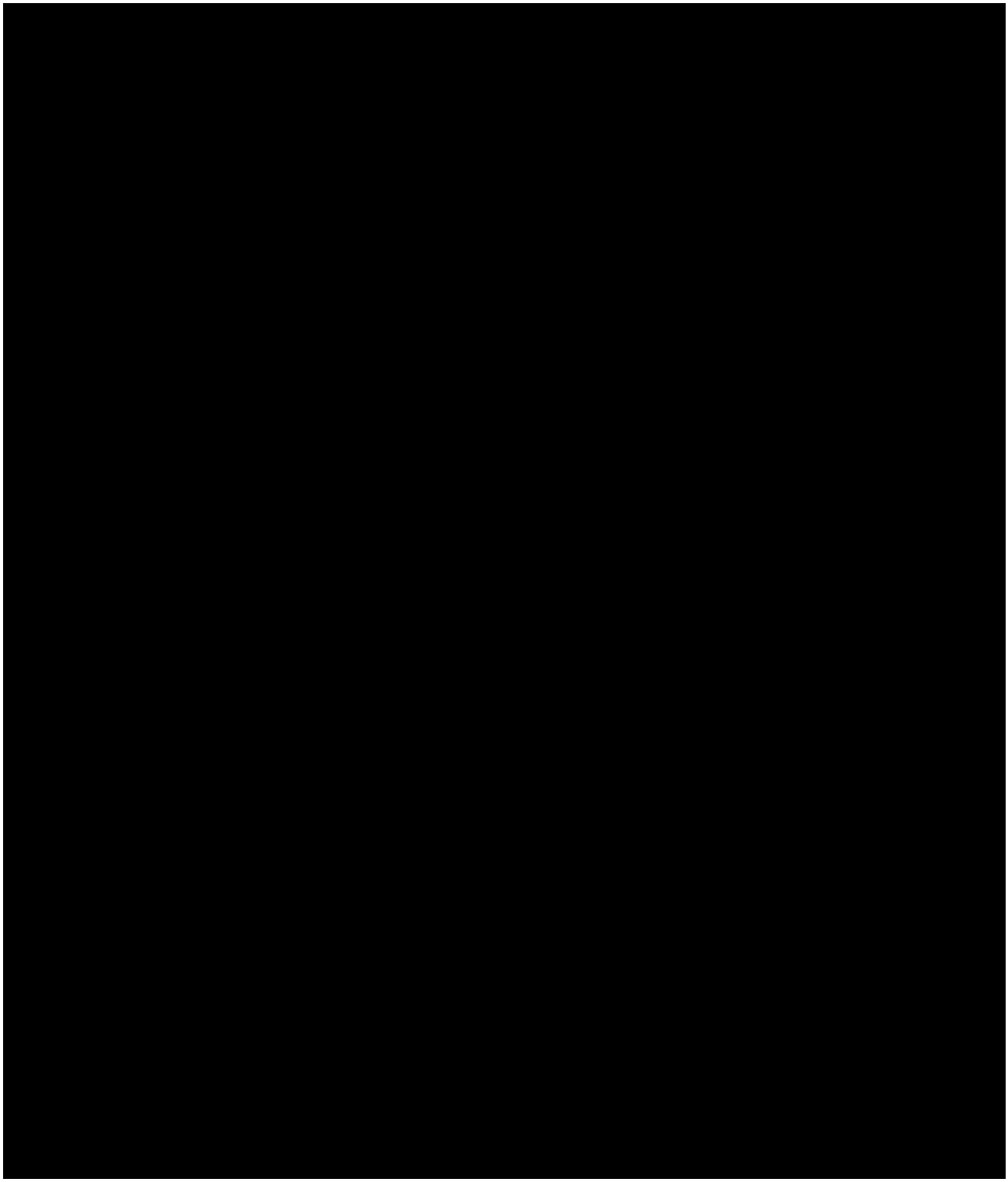
Atypical Antipsychotics (TRADE SECRET)

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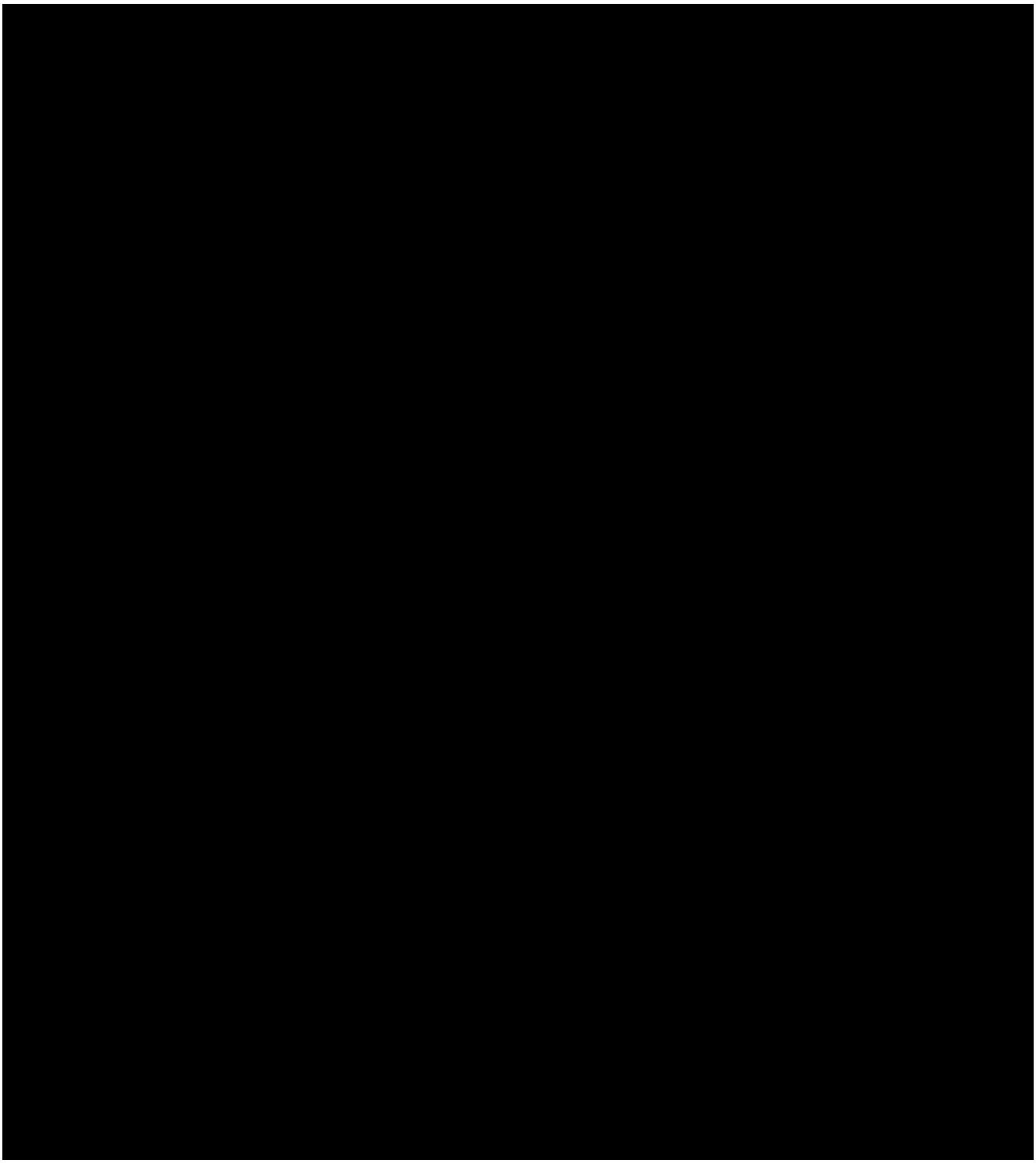
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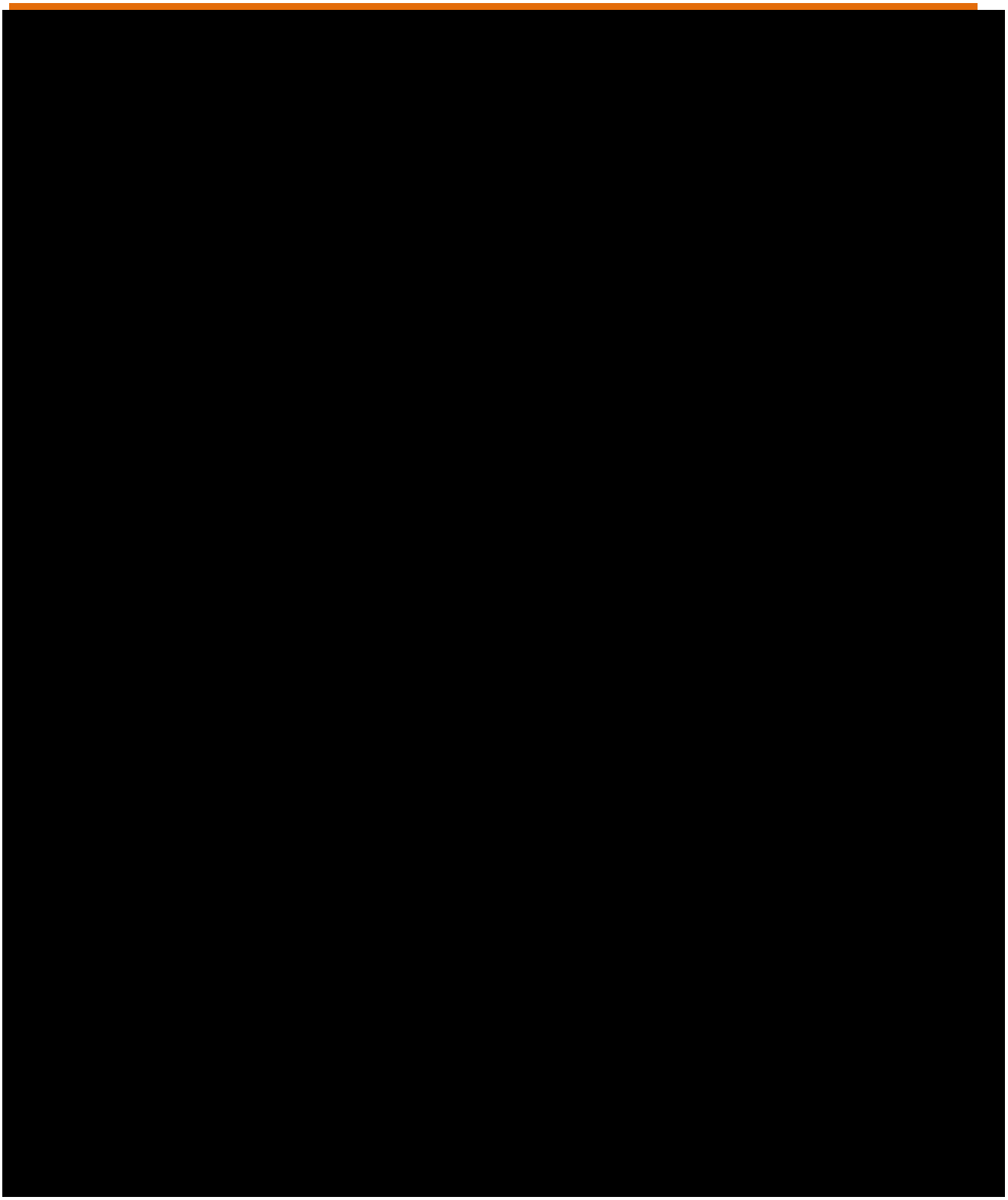
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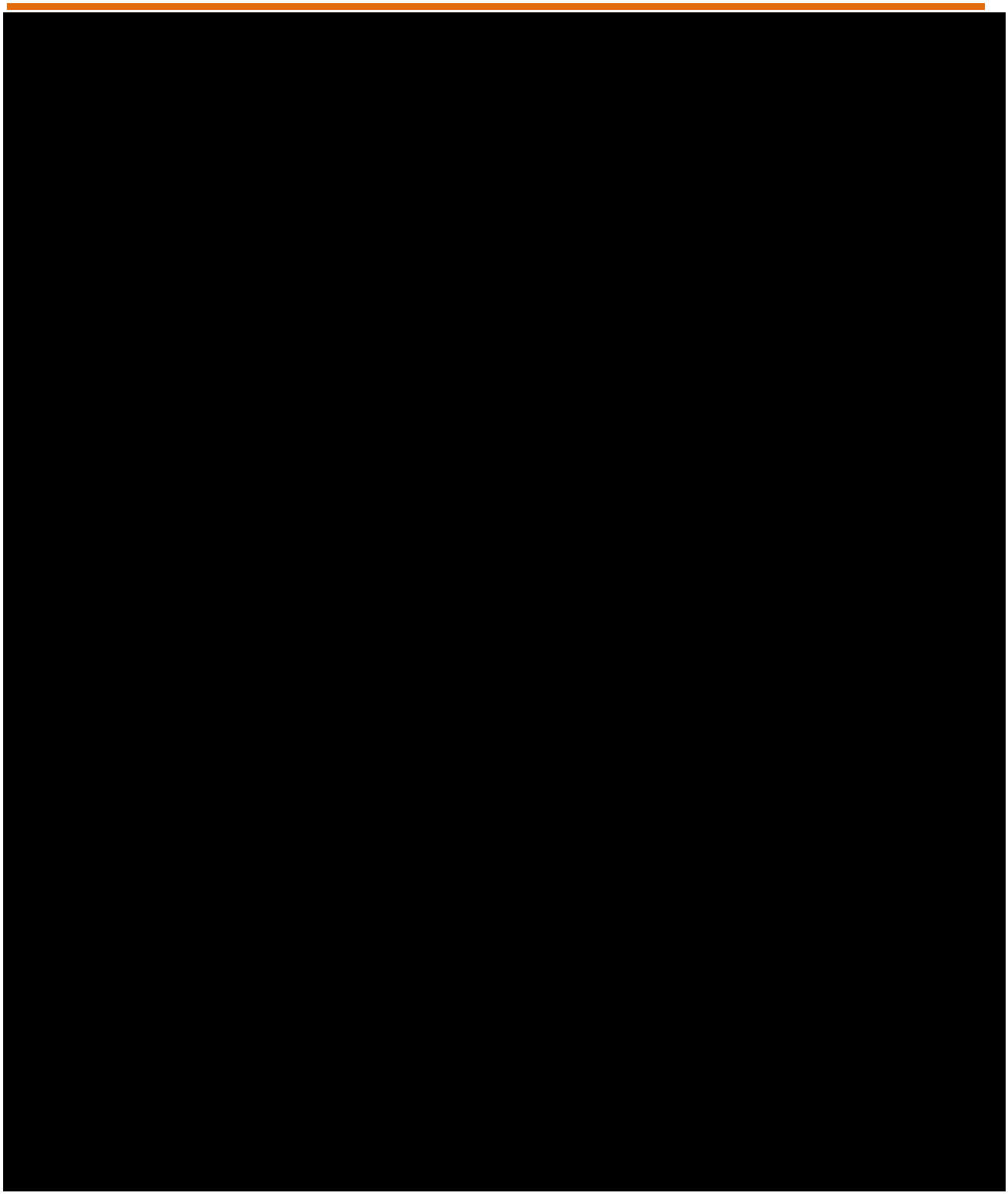
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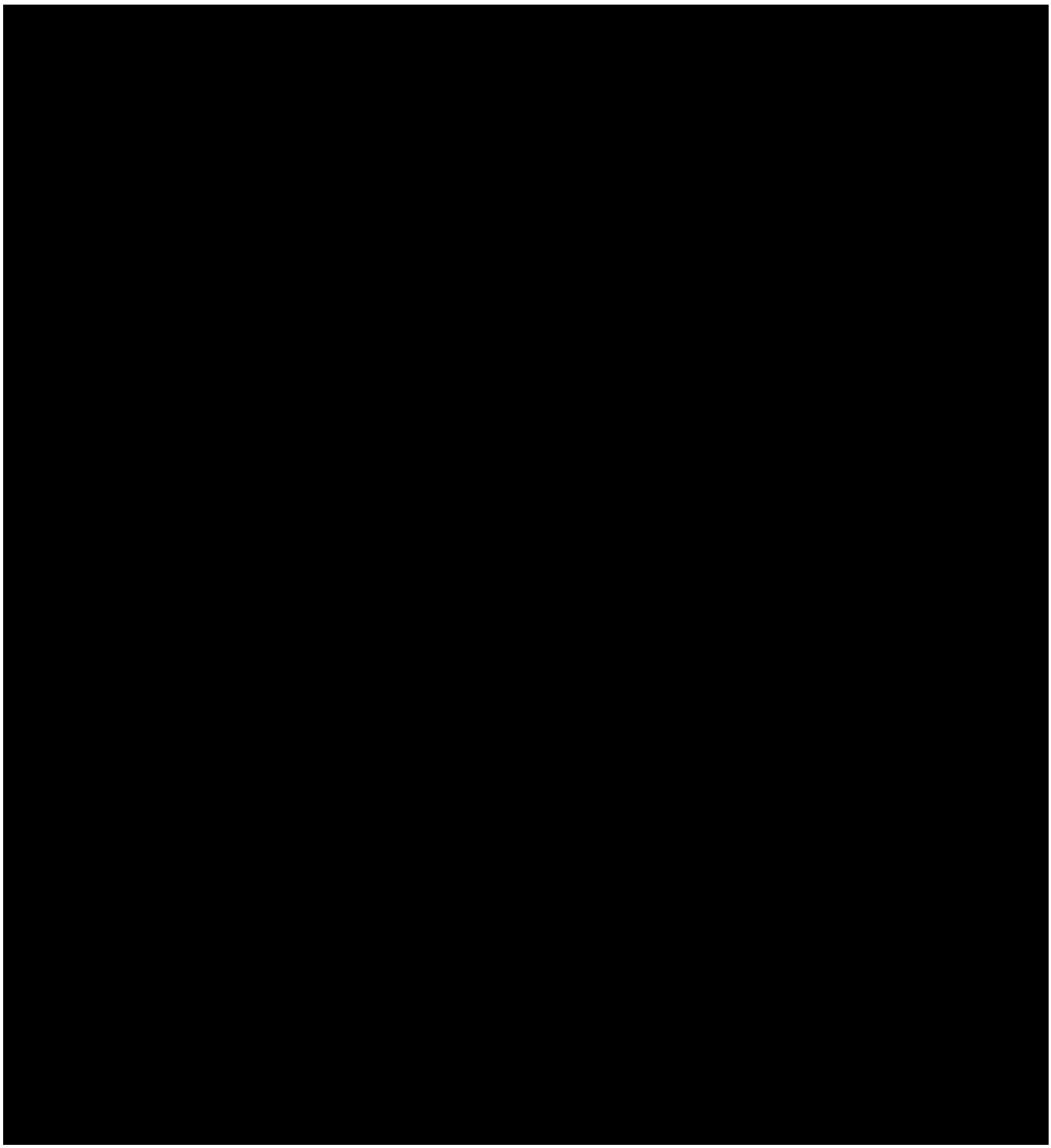


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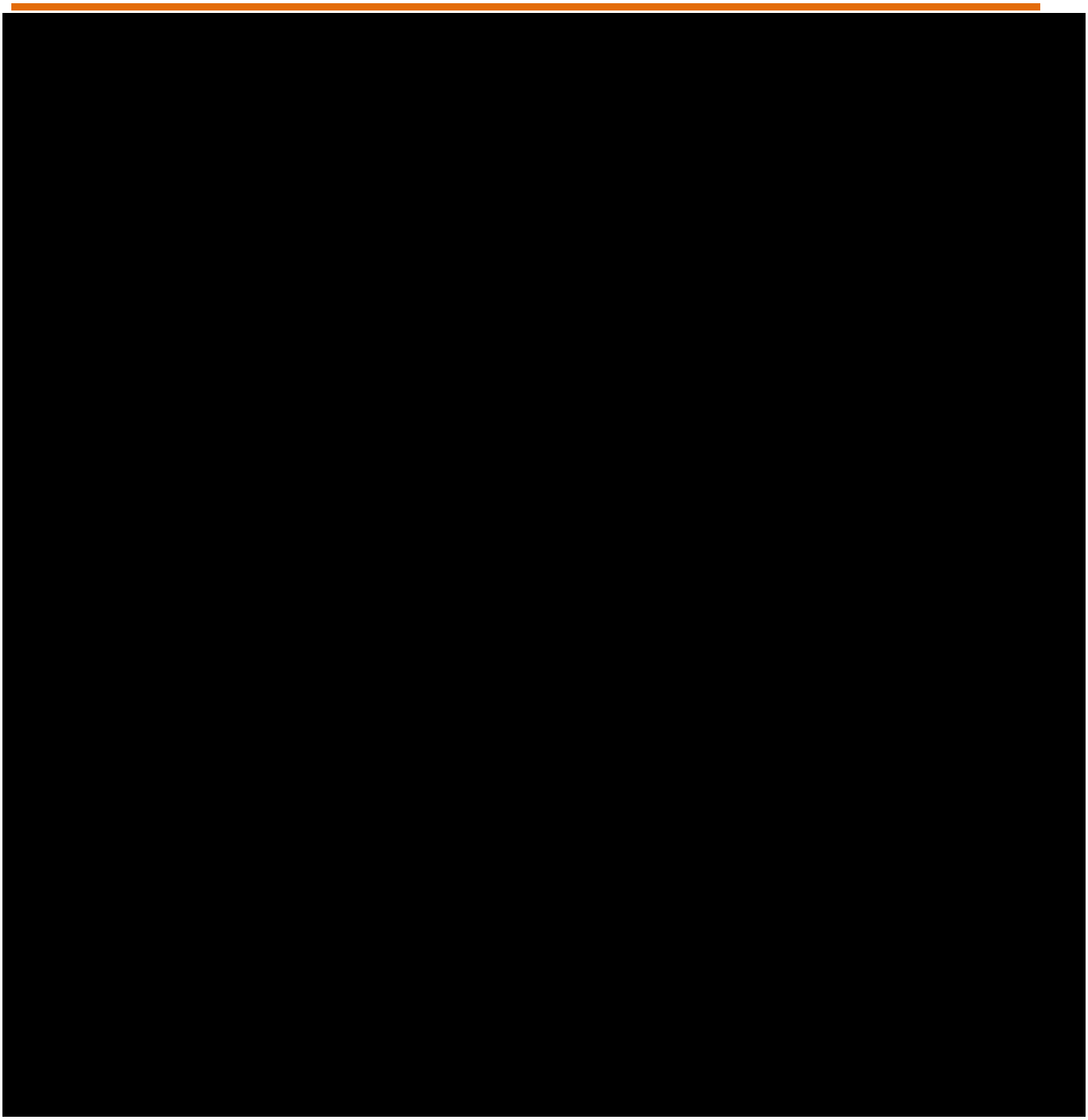
GLP-1 Antagonists (TRADE SECRET)



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MSQ4.3 – QLL Override Criteria (TRADE SECRET)

MMA provides QLL Override Criteria samples for the following drug classes:

- Migraine Agents **(TRADE SECRET)**
- Proton Pump Inhibitors **(TRADE SECRET)**
- Stimulants **(TRADE SECRET)**
- Opioids (MME QLL). **(TRADE SECRET)**

Migraine Agents QLL Override Criteria (TRADE SECRET)

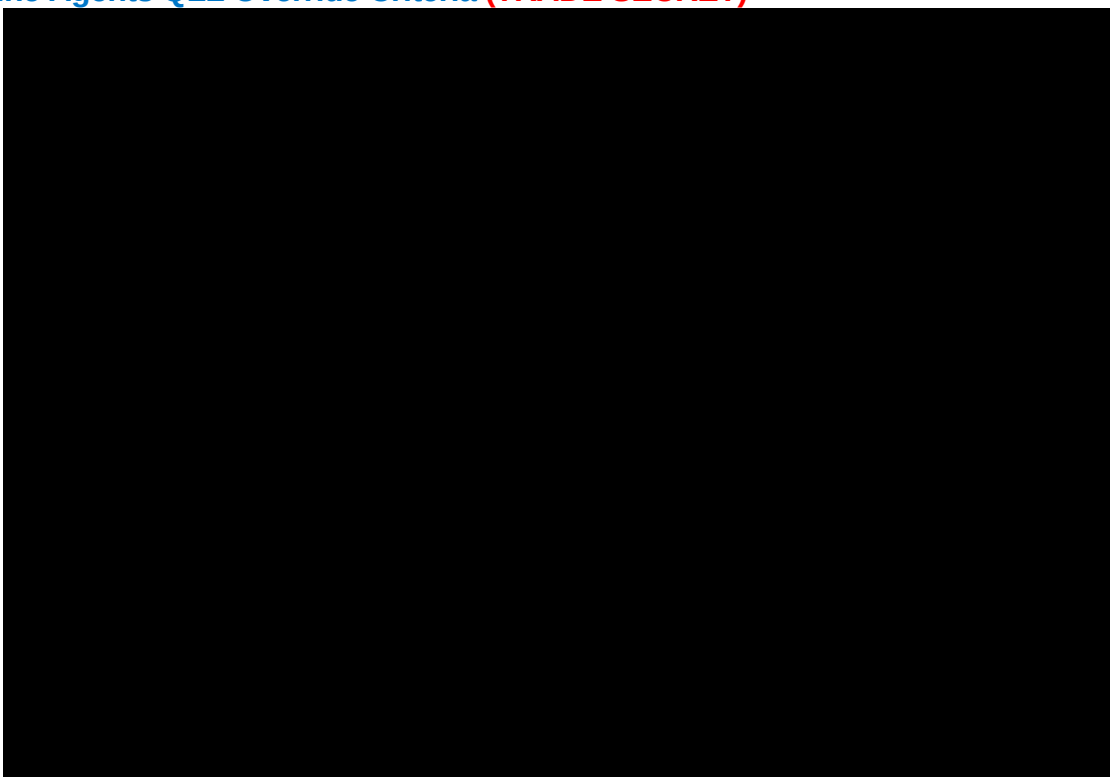


Figure MSQ4.3-1: Sample Migraine Agents QLL Override Criteria (TRADE SECRET)

Proton Pump Inhibitors QLL Override Criteria (TRADE SECRET)



Figure MSQ4.3-2: Sample Proton Pump Inhibitors QLL Override Criteria (TRADE SECRET)

Stimulants QLL Override Criteria (TRADE SECRET)

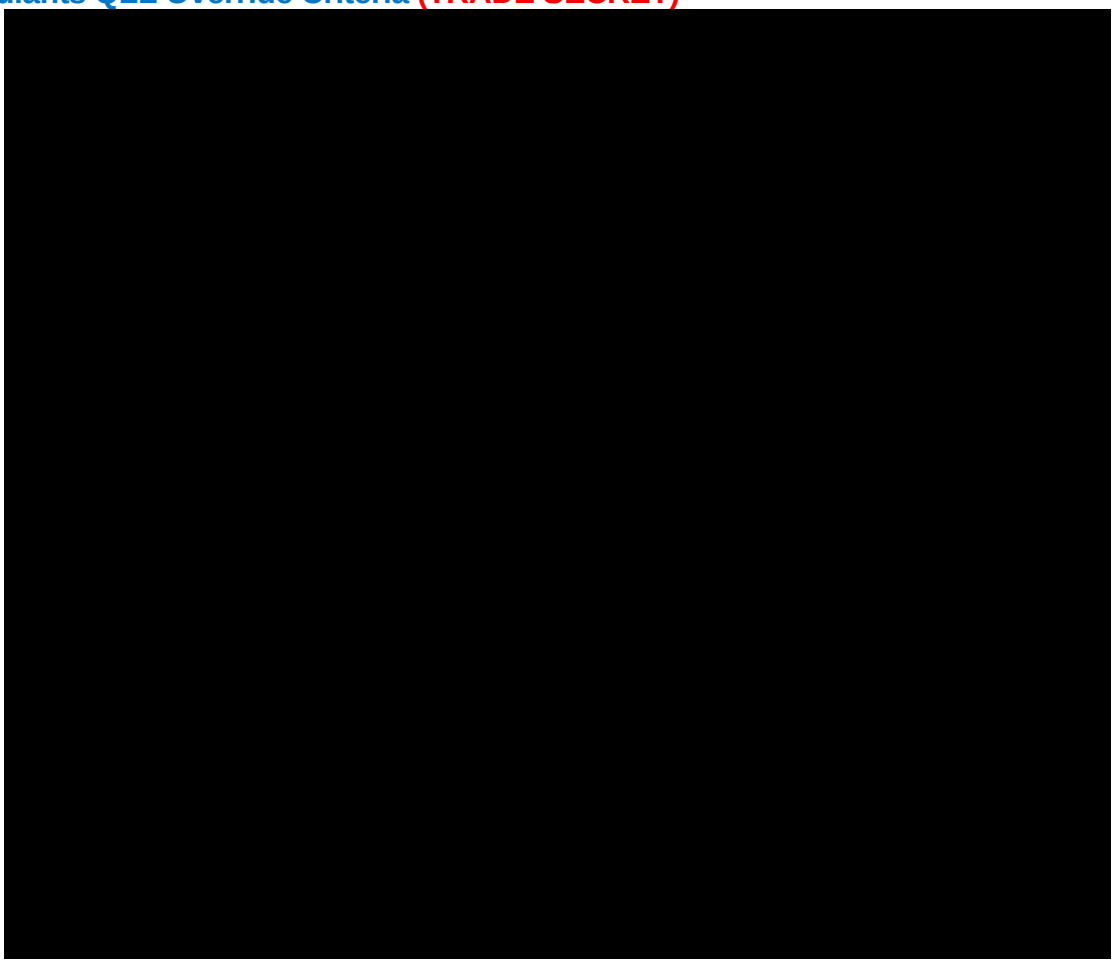


Figure MSQ4.3-3: Sample Stimulants QLL Override Criteria (TRADE SECRET)

Opioids (MME QLL Override Criteria) (TRADE SECRET)



Figure MSQ4.3-4: Sample Opioid QLL Override Criteria (TRADE SECRET)

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

Supplier Response



MMA will develop a Drug Utilization Review (DUR) program targeted, in part, at reducing clinical abuse and misuse of outpatient prescription drugs that includes ProDUR, RetroDUR, data assessments of drug use against predetermined standards, and ongoing educational outreach activities conducted by the Contractor on behalf of the State. (PCMS SOW 2.3.1). MMA has pioneered cost-effective pharmacy programs in the Medicaid space, including being an innovator and early adopter of RetroDUR when MMA implemented our first RetroDUR services for the Pennsylvania Pharmaceutical Assistance Contract for the Elderly (PACE) Program in 1984. ***After successfully expanding our RetroDUR model to the Virginia Medicaid Program in 1987, MMA partnered with legislators to help shape OBRA '90 legislation.*** We will leverage this experience to operate the RetroDUR program for the State PCMS Project in accordance with all State Medicaid Program policies and by-laws, State laws and rules, Federal statutes, regulations, policies, and mandates to successfully achieve the purpose and goals of the RetroDUR program. We currently perform RetroDUR activities for 14 Medicaid programs. Our RetroDUR solution meets State and Federal laws, rules, regulations, policies, and procedures. MMA's NCPDP/HIPAA-compliant pharmacy solution meets 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). Because we support RetroDUR for 14 Medicaid agencies, our clinical team can share best practices and clinical trends across the country. By having a single vendor provide POS, PA, Call Center, and DUR services, necessary interventions will be developed using a wholistic approach and can be implemented seamlessly and quickly. Those interventions may come in the form of POS system edits, new PA criteria, and/or educational activities.

RetroDUR Programs: Our RetroDUR solution is designed to identify, and ultimately correct, potentially dangerous prescribing, dispensing, and drug utilization patterns and detect clinical gaps in care. MMA's approach for RetroDUR will provide a program design that is clinically and operationally sound. We propose our clinical management decision support tool, FirstIQ, to provide comprehensive RetroDUR services that include supporting State Advisory Board oversight for the State.



FirstIQ is a fully integrated data warehouse of pharmacy and medical data, including diagnosis, procedure, and hospital data when provided. It is designed for efficient information retrieval to support RetroDUR functionality. FirstIQ promotes therapeutic appropriateness of medications by checking data such as drug-to-drug interactions, gaps in therapy, and therapeutic duplication. ***We have over 2,500 active global criteria available, which provide a broad basis for checking data such as drug-to-drug interactions, gaps in therapy, and therapeutic duplication, thereby promoting therapeutic appropriateness of medications.*** All our RetroDUR programs promote quality clinical care, assist in improving the member care experience, promote safety, and assist the Medicaid community by providing actionable clinical recommendations. MMA will monitor the use of prescription medications and products to ensure member safety, therapeutic efficacy, and cost effectiveness. We provide innovative strategies for promoting the appropriate

prescribing and utilization of prescription medications that include clinical monitoring, as well as system capabilities through FirstIQ. For example, MMA has a full suite of RetroDUR activities that address the concerns in the SUPPORT Act of 2018 including appropriate use of antipsychotics in children and the use of opioids with other drugs that may increase adverse events. Our ability to combine pharmacy and medical claims into complex algorithms allows MMA to go deeper into claims data to look for opportunities to improve patient safety in vulnerable populations. Using FirstIQ, we can identify members with pharmacy claims for opioids and medical diagnoses that suggest that they may be at risk for severe adverse events who do not have any pharmacy claims for naloxone nasal spray. Our FirstIQ retrospective decision support tool supports RetroDUR services such as:

- Analysis of utilization patterns among prescribers, pharmacy providers, and members, as well as those associated with specific drugs or groups of drugs
- Patterns and trends identified through FirstIQ are used to generate reports in our MRx Explore reporting tool
- Recommendations on the development of new and modifications of existing RetroDUR criteria and standards
- Identification of opportunities for innovation through collaboration with the State to explore the adoption of realistic approaches to encourage quality-driven health care via the RetroDUR program.

The results of these queries can be used to produce reports, files for further analysis, and graphs for use in monitoring clinical and economic trends in the State Medicaid Pharmacy Program.

Potential Customization: ***While FirstIQ contains over 2,500 criteria created based on specific clinical and other state Medicaid agency needs, it is a web-based application that also facilitates rapid criteria development allowing us to create custom algorithms specific to the State's unique needs.*** State Medicaid Pharmacy Program-specific data will be used to identify trends of interest and to identify variables that can be used as reliable predictors of subsequent outcomes. Our RetroDUR solution will enable MMA's Drug Utilization Review Clinical Account Manager (DUR CAM), and the State to readily examine prescribing and utilization patterns. The data may indicate that no action is required or that an intervention is needed. Data are presented to the State Advisory Board which can make final determinations on what action may be required. Actionable items may include POS edits, both soft (requires the dispensing pharmacist to review the edit and make a decision about the therapeutic concern based on their clinical expertise and information provided through the POS system) and hard (requires a clinical intervention or demonstration that the member meets certain criteria); prescriber/pharmacy education; prescriber/ pharmacy lettering via patient medical profiles or prescriber/ pharmacy profiles; or other programs. This approach allows the intervention to be uniquely designed for each point of interest.

The DUR CAM will conduct regular meetings with State staff to collaborate on the development of clinical criteria requirements and will share all new clinical criteria with State staff and provide data for each criterion specific to the State Medicaid Pharmacy Program population. The DUR CAM will also work with State staff to develop State-specific criteria based on the current claims data and other State-specific initiatives. For example, MMA has worked with our Idaho and Nebraska customers to look specifically at the use of psychotropic medications in their foster children population. MMA also developed program-specific criteria for our Idaho, Michigan, New Hampshire, South Carolina, and Tennessee (former) customers to reach out to prescribers and other providers when upcoming formulary changes might impact members in particularly vulnerable groups, such as behavioral health, hemophiliacs, and members utilizing growth hormone products.

MMA's Therapeutic Criteria Catalogue is designed to use evidence-based criteria to ensure appropriate utilization of pharmaceuticals. All these parameters can be customized based on State requirements and needs. The strength of our solution allows us to partner collaboratively with our customers in the delivery of innovative RetroDUR solutions focused on positive health outcomes and fiscally responsible programs.

Identification of RetroDUR Opportunities and Targeted Providers: MMA has developed sophisticated RetroDUR systems logic to identify and profile members, pharmacy providers, prescribers, and disease states. Program-specific historical data are used to identify trends of interest and variables that can be used as reliable predictors of subsequent outcomes. We will query State Medicaid data received from the MMIS and PBA vendors to produce reports, files for analysis, and graphs for monitoring clinical/economic trends. Our clinical staff uses these data/reports to detect therapeutically inappropriate treatment trends that are then targeted for intervention.

MMA can conduct RetroDUR interventions that have been approved by the State and the State Advisory Board following the schedule established by the State. We support our RetroDUR program with FirstIQ, which performs menu-driven RetroDUR functions and uses an established algorithm to identify polypharmacy, as well as any prescriber or member who may violate a State-specific clinical rule. Our RetroDUR interventions are designed to support policy goals and established standards of care and consist of objective, focused interventions to support State goals. Not less than quarterly, these data will be used to develop recommendations for specific RetroDUR interventions and its associated objectives, protocols, guidelines, and operational procedures. Both pharmacy and medical claims will be integrated in FirstIQ. Our DUR CAM will analyze the RetroDUR reports to determine which interventions would be appropriate and will collaborate with our corporate RetroDUR Team to develop an intervention recommendation for the State. Recommended interventions are presented to the State for approval prior to implementation. MMA will implement DUR recommended changes after State approval and generate educational materials for prescribers, pharmacies, and members to support State-approved interventions (PCMS SOW 2.3.7).

Through MRx Explore, our Business Intelligence (BI) reporting tool, we will provide the State with a monthly report that details potential intervention opportunities, including the number of prescribers and pharmacy providers identified for each activity. MMA will produce RetroDUR profiles based on topics and criteria determinations made by the State Advisory Board. Our Criteria Exception Report is used to identify issues related to the patient, provider, or pharmacy and is presented to the State Advisory Board to inform decisions about future targeted interventions.

Intervention and Assessment of Outcomes: MMA includes the impact of intervention from a claims utilization standpoint as we measure the impact of applying evidence-based interventions. Based on exhaustive data analyses, as approved by the State, MMA will develop measurable interventions and receive feedback through internal and external feedback loops, including project-specific responses received from prescribers, pharmacy providers, and the State Advisory Board. MMA includes the impact of intervention from a claims utilization standpoint as we measure the impact of applying evidence-based interventions. ***Our RetroDUR interventions are designed to support policy goals and established standards of care and consist of objective, focused interventions to support individual State goals. We will focus on delivering clinically sound RetroDUR interventions that are objective, State Medicaid-focused, and cost-effective.*** MMA's clinical solutions, supported by our advanced technology, will allow the State to ensure the highest levels of quality health care and support specific State policy goals.

After each intervention is completed, the DUR CAM will compile the results and outcomes and review them to determine the clinical and economic impact. The DUR CAM will ensure that the criteria used in interventions and the resulting outcomes satisfy State and Federal reporting requirements. In addition, the DUR CAM will re-review the initial cases to determine outcomes.

RetroDUR Reports: MMA will provide monthly and quarterly DUR summary reports to the State and the State Advisory Board as specified by the State. Prescribing and utilization patterns and trends identified through FirstIQ are used to generate reports in MRx Explore and serve as the basis for recommendations on the development of new and modifications of existing RetroDUR criteria and standards and

identification of opportunities for innovation. We maintain historical data to provide a rich environment for the development of in-depth trending reports, as well as potential focus areas in the future.

MMA will also assist the State in responding to the CMS and other survey questions and in providing all RetroDUR Program-related reports required for the CMS Annual DUR Survey. The DUR CAM will support the State in meeting the changing demands of the CMS-required DUR Annual Report. (PCMS SOW 2.3.8)

Through coordination with our reporting team, we have developed standard reports which directly address the requirements of the CMS online survey. We continually work to incorporate changes to our reports as required by CMS, and our DUR CAM will coordinate with the State to identify and implement any State-specific alterations. The DUR CAM will provide additional research as requested by the State in support of the Annual Report, including all applicable attachments, at least 30 calendar days prior to the deadline for submission to CMS. Following the State's approval, the Annual Report will be submitted to CMS no later than CMS' required deadline (PCMS SOW 2.3.9). We currently provide this service to our 14 state RetroDUR customers. As noted in Addendum 5, Q and A Round 1, Number 244, we acknowledge that any SLA missed due to factors beyond MMA's control will be reviewed on a case-by-case basis and, in general, if an SLA is missed due to factors beyond our control, Liquidated Damages will not be assessed.

In the following narrative we respond to the requirements in eRFP Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.5 Retrospective DUR (RETRO-DUR) Services.

2.5.1 The Contractor shall merge medical service claims provided by the State, or its designee, in addition to pharmacy claims provided by the State's PBA vendor, to identify and monitor drug usage for potential abuse/misuse and fraud assessments by Member, pharmacists, pharmacies, and prescribers.

FirstIQ can merge medical service claims provided by the State, or its designee, in addition to pharmacy claims provided by the State's PBA vendor, to identify and monitor drug usage for potential abuse/misuse and fraud assessments by member, pharmacists, pharmacies, and prescribers. MMA's RetroDUR solution also incorporates the use of lab values, if available. We will work with trading partners to develop interfaces for the RetroDUR Program, as well as all other programs in the scope of this Contract, through an interactive process that will ensure the nature of the data is well understood on both sides and that its use by each system is appropriate. Our technical staff will create robust data exchange processes that can be easily modified to address future enhancements. MMA will work with the State to determine the type, format, and frequency of the interface. MMA prefers to use industry-standard formats whenever possible to increase the interoperability and MITA maturity of the operation.

2.5.2 The Contractor's RetroDUR program shall have oversight of a Clinical Pharmacist and shall include Data Mining, clinical rules, algorithms, and profiling including, but not limited to, drug-disease contraindications, drug-induced illness, drug-drug interactions, incorrect drug dosage, incorrect duration of drug therapy, overutilization, ProDUR, therapeutic appropriateness, therapeutic duplication, underutilization, age/ gender contraindications, adverse drug effects, use of high-cost prescriptions, and other criteria identified by the state or its State Advisory Board.

Our DUR CAM, a Clinical Pharmacist, will provide oversight of MMA's RetroDUR program for the PCMS Project. The DUR CAM will be supported by the expertise of our RetroDUR Business Owner, Annette Paul, RPh. Ms. Paul has over 23 years of Medicaid experience. She leads the business unit that develops, maintains, and operates our RetroDUR program. Ms. Paul's business unit is responsible for criteria maintenance and development and system functionality and development. She acts as a resource for all our RetroDUR programs.

MMA's comprehensive RetroDUR solution is supported by our proprietary FirstIQ tool. FirstIQ is a fully integrated data warehouse of pharmacy and medical data, including diagnosis, procedure, hospital, and lab claims data, when available. It is designed for efficient information retrieval to support RetroDUR functionality. Our proposed approach for the State PCMS Project supports the ability to identify and make interventions on potential drug-related problems including, but not limited to, therapeutic duplication, overutilization, underutilization, multiple prescribers, polypharmacy, missing therapy, inappropriate dose,

drug/drug interactions, and drug/disease interactions, provided that the MMIS contractor has included this information on the claims and encounter data supplied to MMA.

FirstIQ promotes therapeutic appropriateness of medications by checking data such as early refills, drug-to-drug interactions, gaps in therapy, and therapeutic duplication. FirstIQ is a fully integrated data repository of available pharmacy and medical claims data that supports the analysis of prescription and member utilization patterns by prescriber, drug category, individual drug, diagnosis, procedure code, prescriber taxonomy, pharmacy, and member demographics data, when available.

FirstIQ detects drug-to-diagnosis contraindications, drug interactions, adverse reactions, and therapeutic duplications by evaluating product and diagnostic information. Other factors, such as the member's age, gender, comorbidities, and current or recent history of mental health and/or substance abuse treatment, are also incorporated into criteria as medically relevant.

2.5.3 The RetroDUR program must alert prescribers by letter of potential drug therapy problems among their beneficiaries including therapeutic duplication, drug-disease contraindications, incorrect drug dosage or duration, drug-induced illness, or clinical abuse and beneficiary misuse.

MMA's RetroDUR program alerts prescribers by letter of potential drug therapy problems among their members including therapeutic duplication, drug-disease contraindications, incorrect drug dosage or duration, drug-induced illness, or clinical abuse and member misuse.

Our DUR CAM will work directly with State staff to develop intervention letters and provider feedback templates for the intervention packets. We will oversee the production and delivery of RetroDUR patient profiles on a schedule agreed upon between MMA and the State. Our menu-driven system provides the flexibility to change letter templates quickly within the application, allowing for customization of the letter graphics, format, and content to meet the State's specifications. All RetroDUR intervention packets will be approved by State staff before mailing. Patient medical profiles will contain both pharmacy and medical claims/encounters and can be included or excluded from any intervention packet, depending on the intent, requirements, and preference of the State for each intervention activity. MMA's DUR CAM will also provide proposed language for intervention letters for any interventions that State staff approves for review and approval before use. MMA has developed a solution and has the ability to alert prescribers of potential drug problems among members electronically. We are happy to explore this as an optional service if requested by the State.

2.5.4 The Contractor shall update RetroDUR files and criteria tables as recommended by the State Advisory Board within ten (10) Business Days of the State's approval.

MMA will update RetroDUR files and criteria tables as recommended by the State Advisory Board within 10 Business Days of the State's approval. The appropriate medical references are documented for each therapeutic criterion. When new criteria are developed, the information regarding approved dosage forms, approved indications, doses, duration of therapy, adverse reactions, and drug interactions is collected and carefully evaluated. These criteria are translated into sophisticated computer algorithms and entered into the Therapeutic Criteria Catalogue for additional analysis by team members. Extensive automated testing is then performed using broad patient populations. The resulting exception profiles are then evaluated, and changes are made, as necessary.

2.5.5 The Contractor shall implement active and on-going educational outreach programs that, using State Advisory Board data and other data, educate physicians and pharmacists on common drug therapy problems to improve prescribing and dispensing practices. Any findings of fraud, waste or abuse shall be communicated to the Program Integrity vendor.

Led by the DUR CAM, MMA will implement active and ongoing educational outreach programs that, using State Advisory Board data and other data, educate physicians and pharmacists on common drug therapy problems to improve prescribing and dispensing practices. The DUR CAM will communicate any findings of fraud, waste, or abuse (FWA) to the Program Integrity/FWA Audit Services vendor.

MMA will provide approved educational intervention letters and other educational materials to prescriber and pharmacy providers throughout PCMS Contract Operations and Maintenance. We will provide educational materials that include disease categories, prescription drug classes, appropriate drug therapy, the most cost-effective pharmaceutical therapy with drugs in the same drug class or drug therapies, State policies, and new drug therapies. MMA's educational materials also include information about appropriate and cost-effective drug use, and the use of prescription drugs associated with causing or exacerbating medical disorders to reduce the need for remedial drugs. For example, we will submit a Criteria Exception Report to the State Advisory Board that shows cost metrics related to the patient, provider, and pharmacy that allows the State Advisory Board to make decisions about future targeted interventions. We will meet State-required time frames for distribution.

MMA will produce and mail, or securely fax, materials to identified State Medicaid Pharmacy Program stakeholders for the purpose of focused educational interventions. We will query State Medicaid data (e.g., pharmacy, diagnostic, and lab) received from the MMIS and PBA Services vendors to detect therapeutically inappropriate treatment trends that are then targeted for intervention. MMA will also provide educational outreach through our established customer-specific quarterly DUR Newsletter. We will present educational intervention letters and communications to the State for approval prior to distribution. *Figure MSQ5-1* shows an excerpt from one of our customer-specific DUR Newsletters.

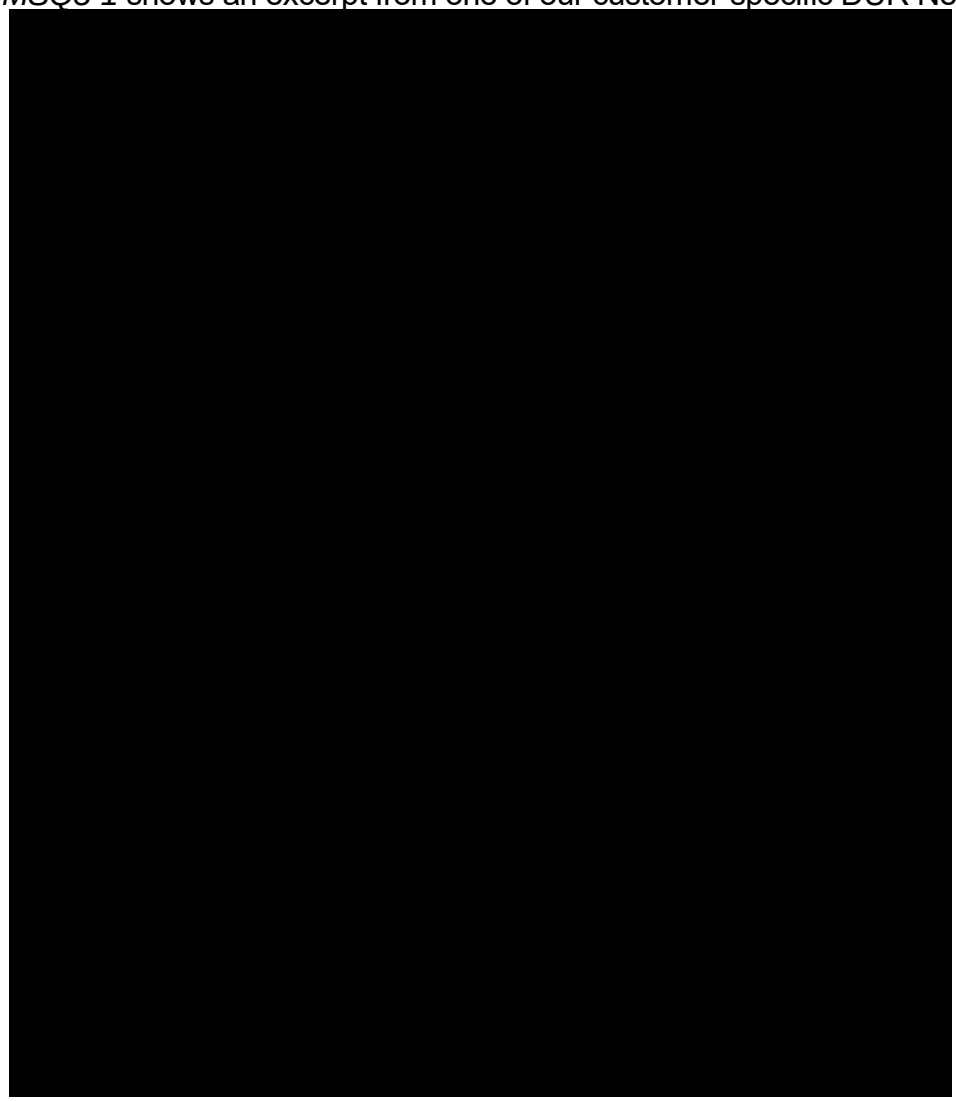


Figure MSQ5-1: Sample DUR Newsletter Content (TRADE SECRET)

FirstIQ uses algorithms that help identify possible fraud, waste, and abuse for commonly abused pharmaceuticals. FirstIQ identifies potential and existing members at risk whose medication profiles are reviewed by our clinical pharmacists. Potential opportunities to improve member care are sent to the member's physician for incorporation into care and case management. Integration of medical information allows the use of medical claims data and ICD-10 diagnosis codes to assist with FWA activities. MMA will coordinate with the State's FWA Audit Services vendor for these activities. We integrate pharmacy claims data, medical claims data, and prescriber taxonomy into FirstIQ. Any of these components may be combined for our clinical algorithms and both the pharmacy and medical claims data are included in our patient medical profiles which are utilized in our clinical reviews and may be included in prescriber mailings.

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

Supplier Response

MMA has an established Appeals approach in place that includes responding to inquiries and complaints about the Utilization Management criteria and review process, as well as processes for sharing this information with the State. In the following narrative, we describe our approach to meeting the requirements related to Appeals in RFP Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 2.4 Utilization Management Program. We acknowledge that MSQ6.1 – Approach to Appeals Visual was deleted by Addendum 6, Q&A Round 2, Number 77.

UM Criteria Inquiries and Complaints

MMA has an established process in place to address UM inquiries and complaints. This process mirrors the process we use to create new or update existing UM criteria. When an inquiry or complaint is received from a State Medicaid Pharmacy Program stakeholder (e.g., practicing physicians or pharmacists, members, the State's PBA Services vendor, the State, or the State Advisory Board), MMA's Pharmacy Clinical Management Services Pharmacist Account Manager (PCMS PAE) reviews the complaint against the most current clinical references. Research is performed using package inserts, FDA website, Drug Monographs, Chapter Reviews, Drug Dex, Micromedex, Clinical Practice Guidelines, and other clinical references. Changes are made, if necessary, and presented for review and approval by the State and the State Advisory Board, as appropriate and requested by the State.

Following State review and approval of any necessary changes, our PCMS PAE communicates changes to the State's PBA Services vendor for implementation, coding updates, and development of fax forms. In all cases, the PCMS PAE follows up with the person who submitted the inquiry or complaint to inform them of the outcome and resolution. MMA will collaborate with the State during DDI to establish processes and associated time frames to meet PCMS Project requirements.

RetroDUR Criteria Inquiries and Complaints

MMA also has an established process in place to address inquiries and complaints related to RetroDUR criteria. To facilitate the receipt of, and subsequent response to, members' and providers' inquiries and complaints about the RetroDUR criteria and review process, MMA maintains a secure fax mailbox to collect provider survey responses and display document images or provider entries in the member profiles. Provider feedback is obtained through a secure imaged facsimile mailbox which is monitored by a CPhT on the central MMA RetroDUR Team. All responses, including any free text, are documented in the FirstIQ tool, and may be viewed through the application or as a summary from our MRx Explore reporting platform. The data are updated on a real-time basis, and our reports reflect intervention response information that has been entered up to the time the report is generated. If the provider requests additional information, the RetroDUR Team forwards the request to the PCMS PAE and Drug Utilization Review Clinical Account Manager (DUR CAM), as appropriate. We will collaborate with the State during Requirements Review and Validation meetings to establish processes in accordance with State Medicaid Pharmacy Program requirements.

Central to this process is the response page included in our RetroDUR intervention packets which allows providers to easily provide input to MMA. The response page is configurable and can be customized based on the criteria that are sent. A sample response page is shown in *Figure MSQ6-1*.

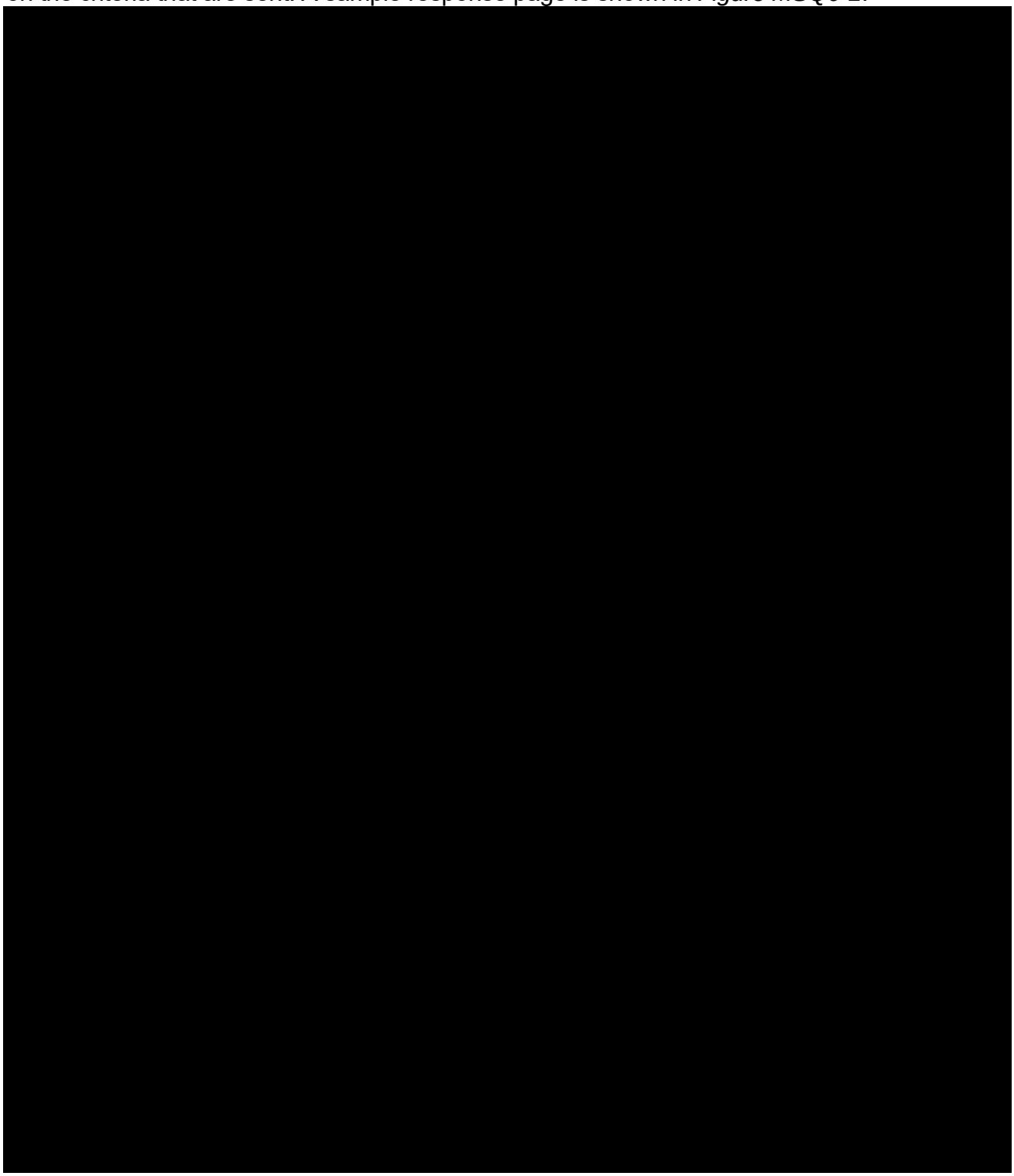


Figure MSQ6-1: Sample Provider RetroDUR Response Page (TRADE SECRET)

Sharing information with the State

MMA will provide designated State staff with information related to the UM and RetroDUR criteria appeals process and input, including complaints. For inquiries and complaints related to UM criteria, MMA's PCMS PAE, supported by the DUR CAM, will notify the State of inquiries and complaints received, including:

- Date inquiry/complaint received
- Submitter contact information
- Nature of inquiry/complaint
- Steps taken to research and resolve the issue, including clinical rationale, if appropriate
- Resolution date
- Date resolution communicated to the submitter.

For RetroDUR criteria, inquiries and provider responses are documented in the FirstIQ tool, and MMA staff may view the information through the application. To ensure the accuracy of data, our RetroDUR Business Owner (Team Lead) documents the following information in the FirstIQ/RetroDUR Fax Audit Tracker:

- Date fax was received
- Account
- Profile ID
- Provider ID
- Date of review
- Accuracy of transcription
- Follow up, if applicable.

The RetroDUR Team Lead reviews the audit findings with the RetroDUR Team monthly. After data are reviewed, the RetroDUR Team gathers information for submission to the Account Team. The Account Team will then share the information with appropriate State staff. Authorized Solution Users will also have access to summary information through our MRx Explore reporting platform. These reports can be generated on demand.

MMA will work closely with the State during DDI to develop processes and associated time frames for sharing UM and RetroDUR criteria appeals information with the State. We will ensure that our processes meet all State expectations and requirements.

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

Supplier Response

MMA will establish and maintain a document repository for the State Pharmacy Clinical Management Services (PCMS) Project. Our shared online document repository is a cloud-based content management and collaboration system that gives the ability to upload, download, and collaborate on files. MMA will maintain the Documentation Library on our shared electronic document repository throughout the life of the PCMS Contract. During the DDI, our Project Management staff is responsible for managing project-related documentation on the shared electronic document repository. Once the PCMS Project enters the operations and maintenance phase, the Account Management staff assumes this responsibility. As required, MMA will assign a Business Analyst to serve as the account manager who will be responsible for overseeing the document repository (Common SOW 2.14.1.b). In the following narrative, we describe our approach to the design and maintenance of the document repository in accordance with requirements detailed in RFP Attachment C: Common Scope Requirements and Security Standards, Section 2.14.1 Document Repository, and Attachment G: Pharmacy Clinical Management Services Scope of Work, Section 3.2 Document Management.



MMA's shared electronic document repository will support Role-Based Access Control (RBAC) for PCMS Project documents and Deliverables through the life of the PCMS Contract (Common SOW 2.14.1.a.i). 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 our 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. Access for contractor and State staff is provided through component applications. 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 Identity and Access Management (IAM) policies for MMA AWS environments.

Our document repository incorporates functionality to store, organize, track, control, and disseminate all information and items produced for and delivered to the PCMS Project (Common SOW 2.14.1.a.ii). We will provide the State with a shared electronic document repository, easily accessible by both the State and MMA, that can receive, store, and organize documents. ***The shared electronic document repository is configurable and organizes content so that it is easy to find.*** The repository is also supported by full-text search capability for text-based documents, enabling document consumers to locate needed information quickly and easily. In addition, the document repository allows users to select, view, print, copy, and download reports. Through version history functionality, the shared electronic document repository can retain reports, as specified by the State.

MMA's robust content and document management solution enables end users to access saved documentation in an organized document repository through a secured web-based interface. Previous versions of the document can be accessed through our shared electronic repository's version history functionality. All retired documentation is retained in an archived folder and accessible in the event there is a question, audit, or reinstatement. We will work closely with the State during Requirements Review and Validation Meetings to determine mutually agreed upon retention periods for document reference and retrieval. Our standard process is to retain all documentation unless a specific request for archive is received. MMA will adhere to any relevant State and/or State-specific retention requirements.

Authorized users will be able to obtain PCMS Project information and current documentation through our electronic document repository. A link to the shared electronic document repository will be provided to authorized users and can also be posted to the State's web portal maintained by the PBA Services vendor. Authorized State users will also be able to submit issues or comments to the Project Team. 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 submit comments and report issues, log and track action items and change requests. MMA will work collaboratively with the State, as determined reasonably practicable by the State, to establish the best approach to perform this function (Common SOW 2.14.1.a.iii).

Our document repository for the PCMS Project will be accessible 24/7/365. Authorized users will have the ability to upload/attach new or revised versions of electronic documents and images in a variety of formats (e.g., PNF, JPEG, and GIF). MMA's shared electronic document repository allows various standard file types to be attached to workflow products. File types include MS Word, Excel, PowerPoint, PDFs, etc. Files can be added to workflows and associated specific tasks with the ability to link uploaded documents or images to other system documents/ images/cases. This functionality is easy to use and allows authorized users to upload files from their desktops or shared libraries. Our document repository will support electronic file (medical images, digital X-rays, MRI, ultrasounds, etc.) size limits no less than 2GB per file (Common SOW 2.14.1.c.i, ii, and iv, and PCMS SOW 3.2.1).

MMA's document repository allows mobile device access (through a mobile application) that communicates to a real-time centralized data repository (Common SOW 2.14.1.c.iii). Our web-based systems are fully accessible through all browser platforms including computer, laptop, smartphone, tablet, and/or other mobile devices. For the applications that MMA builds and manages, our responsive web design strategy enables success in the mobile application and mobile web market to all form factors that encompass current and future device types. As smart phone use is widespread for a variety of health and business needs, our enhancement strategy meets the demand for mobile access by allowing the design and functionality to expand based on the end user's browser and platform capabilities, while ensuring that basic and critical features are fully functional and easy to use. MMA's

solution supports multiple presentation views of the end-user web interface tailored to the end user's role and purpose within the MMA system.

Our User Interface (UI) strategy employs responsive design in which pages are designed with the intelligence to configure itself to best fit the device on which it is being viewed. MMA's service enablement activities work together with our MITA roadmap to provide a decoupled, service-based architecture. This enables us to take advantage of new technology as it becomes available, facilitating the speed at which required changes are made. MMA's UI designs focus on the ability to render well on an array of devices including Android and iOS mobile devices. When delivering web portal solutions, our leveraged web services, which include functions such as drug look up and pharmacy search, are designed to work well when accessed via mobile devices by way of their responsive design architecture. *Figure MSQ7-1* illustrates samples of our responsive UI web design strategy.



Figure MSQ7-1: Sample Smartphone and Tablet Consistent Responsive Web Design (TRADE SECRET)

MMA will provide the tools and techniques used to facilitate, track, and control all project artifacts. The products or outputs of the tools will be accessible to authorized individuals designated by the State. Leveraging the functionality of our document repository, MMA tracks and records all versions of PCMS Project documents and deliverables. Once a document is submitted to the State for review, changes to the document are tracked through an independent comment log and any changes made through the version control process are tracked within the document. Archived versions of all documents are stored for historical purposes, enabling MMA and the State to review the history of the document and the various iterations each document has undergone (Common SOW 2.14.4).

MMA will create and maintain documentation as required by the SOW, including support, maintenance, and operations-related documentation needed for continued usability of any services and system functionality. MMA will ensure all PCMS Project activities, processes, procedures, and services are documented in detail and maintained as changes or updates occur. Our content management strategy

has strict procedures in place to maintain all types of training materials, program documentation, 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 validates that all revisions have been correctly made to the documentation in accordance with State-specific approved criteria and standards, as well as industry professional standards, before it is made available to the 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. ***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 to the State.*** (Common SOW 2.14.5, 2.14.6, and 2.14.7)



MMA will provide an Operations Manual that includes instructions on the proper use of the document repository. Our Training and Development Department will train authorized State users, and other identified stakeholders as needed, on our PCMS Project document repository. We follow adult learning theory principles to determine the appropriate approach to ensure that all designated stakeholders are trained in a way to easily transfer learning to performing their job tasks. The Training and Development Department will provide an appropriate web-based tutorial training on the document repository, as specified by the State. Components of this training will include role-based access, navigating, downloading, and viewing application and supporting documentation, and protocols for confidentiality and safe record keeping. 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 (Common SOW 2.14.2).

MMA acknowledges that the State will own all documentation developed or leveraged for the purposes of the PCMS Project. We affirm that we will submit all records, documentation, reports, data, etc., which are required to be produced under the terms of the Contract to the State or its designee no later than the time frame specified in the State-approved Turnover Plan (Common SOW 2.14.3 and 2.14.8).

8.

Bookmark Title: MSQ8 – Staffing

Narrative description is limited to five (5) pages, exclusive of organizational chart(s) and Subcontractor contract(s) or letter(s) of agreement, if applicable.

Provide a narrative description of the proposed staffing plan that details policies, plans and staffing strategies. The proposed plan must include the following:

- Organizational charts that provide a complete and detailed description of the proposed organizational structure the Supplier will use, including Subcontractors and how they fit into the Supplier's overall organizational structure.

b. Roles and responsibilities of staff.

c. Job titles and the requisite qualifications, skills, and credentials, including clinical licensures relevant to this Contract.

If Subcontractors will be used, provide the following:

a. Subcontractor's name and address.

b. Roles and responsibilities to be delegated to the Subcontractor for purposes of this Contract.

c. Subcontractor's qualifications to perform these roles and responsibilities.

d. Copy of the Subcontractor contract; the State will accept a letter of agreement with a prospective Subcontractor pending formalization of a final contract with details relevant to "c" in this section.

Refer to Attachment G - Pharmacy Clinical Management Services Scope of Work and Attachment C - Common Scope Requirements and Security Standards, Sections 2.15 Staff Management and 3 Staffing.

Supplier Response



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 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 PCMS 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 implementation 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 PCMS scope of work. MMA is committed to maintaining a comprehensive strategy for ensuring appropriate operational staffing. We 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 PCMS Contract include:

Stephanie Christofferson, PharmD, MBA, AVP, Southeast Region, will serve as senior account leadership working with the PCMS 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 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 PCMS scope of work are outlined in the following table:

Name and Position	Role and Experience
Dan Comeaux, MS Vice President, Implementations and Operations	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 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.
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.
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.
Annette Paul, RPh RetroDUR Lead	Annette Paul, RPh leads the business and clinical teams that develop, maintain, and operate our RetroDUR program and is responsible for criteria maintenance and development, system functionality and development, and will serve as a resource for the State. She will work closely with her technical counterparts at the State to provide the best functional RetroDUR solution for the State.

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 MSQ8-1,* that depicts MMA's proposed organizational structure for the PCMS scope of work at the end of our response to MSQ8 – 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 MSQ8 – 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 MSQ8 – Staffing as Supplemental Material.

If Subcontractors will be used, provide the following:

MMA is not using any subcontractors for the Pharmacy Clinical Management Services scope of work.

a. Subcontractor's name and address.

Not applicable. MMA is not using any subcontractors for the Pharmacy Clinical Management 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 Pharmacy Clinical Management Services scope of work.

c. Subcontractor's qualifications to perform these roles and responsibilities.

Not applicable. MMA is not using any subcontractors for the Pharmacy Clinical Management 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 Pharmacy Clinical Management Services scope of work.

Refer to Attachment G - Pharmacy Clinical Management Services Scope of Work and Attachment C - Common Scope Requirements and Security Standards, Sections 2.15 Staff Management and 3 Staffing.

MMA has thoroughly reviewed and affirms that we will meet staffing requirements detailed in eRFP Attachment G - Pharmacy Clinical Management Services Scope of Work and Attachment C - Common Scope Requirements and Security Standards, Sections 2.15 Staff Management and 3 Staffing.

Supplemental Material – PCMS Services Organizational Chart (TRADE SECRET)

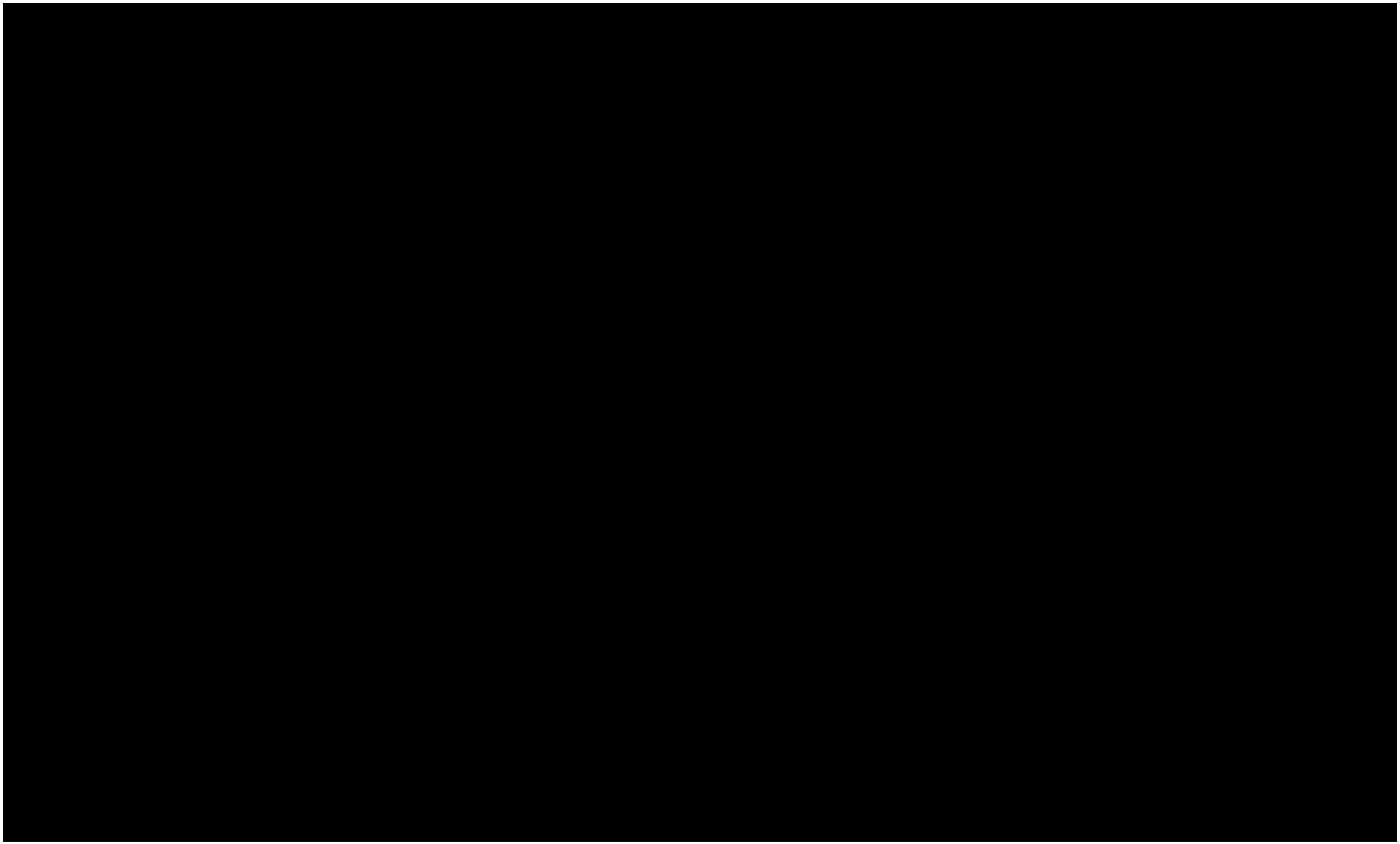


Figure MSQ8-1: Pharmacy Clinical Management Services Organizational Chart (TRADE SECRET)

Supplemental Material – Roles, Responsibilities, and Qualifications of Staff

Title	Roles and Responsibilities	Qualifications
Key Staff		
PCMS Pharmacist Account Executive	▪ Responsible for overall account management. ▪ Responsible for the State Advisory Board. ▪ Responsible for development of new or enhanced Utilization Management criteria ▪ 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, or pharmacy, or a managed care pharmacy residency.
DUR Clinical Account Manager	▪ Responsible for DUR. ▪ Assists in the development of new or enhanced Utilization Management criteria ▪ Assists in 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.	▪ Registered Pharmacist (RPh) or Doctor of Pharmacy, PharmD. ▪ 3-5 years' experience in clinical operations, quality, pharmacy, or a managed care pharmacy residency.
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.
Data Analyst	▪ Responsible for authoring reports and queries including outcome analyses, drug trend forecasting and analysis, strategic planning, and ad hoc reporting requests. ▪ Responsible for addressing the anticipated volume of reporting requests through coordination with the State to determine prioritization to ensure timely turnaround.	▪ Bachelor’s degree in Mathematics, Finance, or related field, or the equivalent combination of education and/or relevant work experience. ▪ 2 years of experience in pharmacy benefits management, reporting & analytics, benefits consulting, healthcare, financial services, or related field preferred.

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. ▪ 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.	▪ 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. ▪ 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.
RetroDUR Director	▪ Leads the business and clinical teams that develop, maintain, and operate our Retro-DUR program. ▪ Responsible for DUR criteria maintenance and development, system functionality and development.	▪ Registered Pharmacist (RPh) or Doctor of Pharmacy, PharmD with state licensure. ▪ Demonstrated knowledge of and experience in directing and managing programs. ▪ Knowledge and understanding of clinical and operations service delivery in a managed care environment, preferably mental health and substance abuse services. ▪ 2+ years in health care with management/supervisory experience in managed care environment and/or 2+ years' experience in pharmaceuticals in a pharmaceutical sales, retail, or managed care environment, including contact with physicians/prescribers preferred.
Senior Account Support Coordinator	▪ Responsible for project management and reporting for the client management process to ensure that due dates and deliverables are tracked and on schedule for all client activities as assigned by manager and team. ▪ Attends client conference calls and onsite meetings to document client deliverables, client summary notes and follow up items ▪ Independently handles the setting up and maintenance of client project tracking reports and processes.	▪ Associates degree required. A Combination of Education and Work Experience May Be Considered. ▪ 2+ years related experience in healthcare setting in customer service or account management, training, or education preferred. ▪ Knowledge of Pharmacy and Medical Claims.
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.	▪ Bachelor's degree ▪ 1+ year of formal training (classroom delivery, content design and development) experience.

	▪ Delivers training through appropriate channels (e.g., classroom, teleconference, asynchronous and synchronous online) while incorporating instructional design principles and methodologies.	▪ Demonstrated understanding of instructional design, adult learning concepts, performance improvement, change management, and learning best practices.
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.

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

Supplier Response

MMA proposes to use our established, proven Project Management Methodology to implement the systems and processes required to support the PCMS scope of work in compliance with State requirements, including:

- Implementing our FirstIQ clinical management decision support tool to support comprehensive RetroDUR services
- Implementing our MRx Explore Business Intelligence (BI) reporting tool, to support RetroDUR reporting
- Setting up the Document Repository and configuring it to support the State's document management requirements
- Working with the State, the State's MMIS vendor, the PBA vendor, and other relevant third-party vendors to develop, test, and implement interfaces to support receipt of medical and pharmacy data to support the RetroDUR Program
- Working with the State and its stakeholders to configure 24/7 role-based access to the Document Repository for Authorized Solution Users in accordance with State requirements
- Developing PCMS-specific deliverables as outlined in eRFP Attachment C, including State Advisory Board Material, Drug Monographs, Utilization Management Policies and Procedures, Provider Administered Drug List (PADL), Independent Security Assessment, and an Operations and Maintenance Plan.



We are recognized as national experts in the implementation of Medicaid pharmacy 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 been continuously refining it based on lessons learned from successful implementations of Medicaid pharmacy contracts that include Pharmacy Clinical Management Services (PCMS). 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 State PMOs, procedures, and processes. MMA proposes to use our proven PMM to ensure the success of the PCMS Services implementation and the ongoing maintenance of our PCMS 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 implementations that include PCMS for state Medicaid programs with functionalities and system solutions similar to those required for these Contract services. 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, including the PBA vendor and the PDRS vendor
- Established, proven industry-standard PMBOK tools, processes, and best practices
- An experienced, veteran DDI Team with broad cross-functional expertise
- Experienced Medicaid PCMS 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 that will allow us 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 requirement gathering meetings than what is outlined in requirement 2.2.2 of eRFP 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 gathering 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 PCMS Contract requirement. During this phase, we will work with the State to complete all PCMS-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 Project 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 and solutions of problems.

Project Phase II - Design, Development, and Testing: Once we have captured, validated, and documented all business requirements for the Contract, we will configure, test, implement, and deploy our MRx Explore and FirstIQ systems to support RetroDUR services. MMA has testing execution procedures

in place to ensure that robust testing is conducted and that our FirstIQ system is implemented correctly. This includes:

- Documenting system requirements in detail to allow the development and/or use of test scenarios and for the testing team to develop comprehensive test cases that handle normal and exception data, (e.g., data incorrectly formatted), or data that falls outside specified ranges.
- Ensuring test cases are linked to, and provide full coverage of, functional system requirements. Every step in a test case should have a clear indication of the expected results and pass/fail conditions. Performing thorough independent state review of the test results at various stages in the development cycle.
- Consistently tracking and reporting defects using defined defect severity levels.
- Establishing clear escalation paths to the appropriate stakeholders if high-severity defects are not fixed within a reasonable time frame or if system quality issues persist throughout system development.

During this phase we will develop and execute 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 Medicaid RetroDUR and reporting software and understands the nature and purpose of this software. Our people, systems, and processes are able to provide evidence and test results 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.

Data Migration and Interface Development: During this phase we will also work with the State and its relevant third-party vendors using our established Data Exchange/Migration process to develop interfaces to support the migration, conversion, and transfer of data required to support the PCMS 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.

System Development Lifecycle (SDLC): MMA will utilize a blend of agile methods and waterfall processes to work iteratively with State experts in order to transform the approved requirements into the reporting and clinical criteria necessary to administer this scope of work. 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. MMA will provide a testing approach that is based on industry best practices, integrated into our established SDLC, and customized to the needs of the State. This includes defining a User Acceptance Training (UAT) process that includes training State staff who participate in UAT, as applicable. Key milestones for this phase include design approval in the DDI process prior to entrance to testing, and completion and approval of UAT.

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 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 PCMS Solution are ready for Go-Live.

MMA's DDI Team will collaborate with State and Account Team staff to conduct operational readiness walkthroughs, as appropriate, to demonstrate that all State Medicaid Pharmacy Program 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 DDI phase. The DDI Team will work with the PCMS 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. 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: During this initial period of production operations and performance, the Account Team will work collaboratively with the State and any other required third parties, which may include, but not be limited to, providers, third-party vendors, and other governmental entities. They will focus on providing support for the provisioned SOW services and ensure that MMA is meeting all Phase IV requirements. During the O&M period, the MMA Account Team will be responsible for holding regular status meetings at a cadence agreed upon with the State to present and discuss project status updates for the following items:

- Updates on Operational Activities
- SLA Metrics
- Current project work plan and schedule for any new or enhanced activities with percentage complete for milestones and tasks
- Planned tasks and activities for the next 30 days
- Identification of any staffing issues or changes
- Current status on all identified issues and mitigation proposed
- Current status on all identified risks and mitigation steps
- Current status on testing and metrics
- Current status on performance standards
- Risk Management
- Change Management

- Action Items Management
- Schedule of upcoming key personnel availability
- Staffing Changes.

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 Solution from operating according to agreed-upon State specifications, and maintain routine 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; and 2) Completion of the Warranty Period (if applicable), as defined during the implementation.

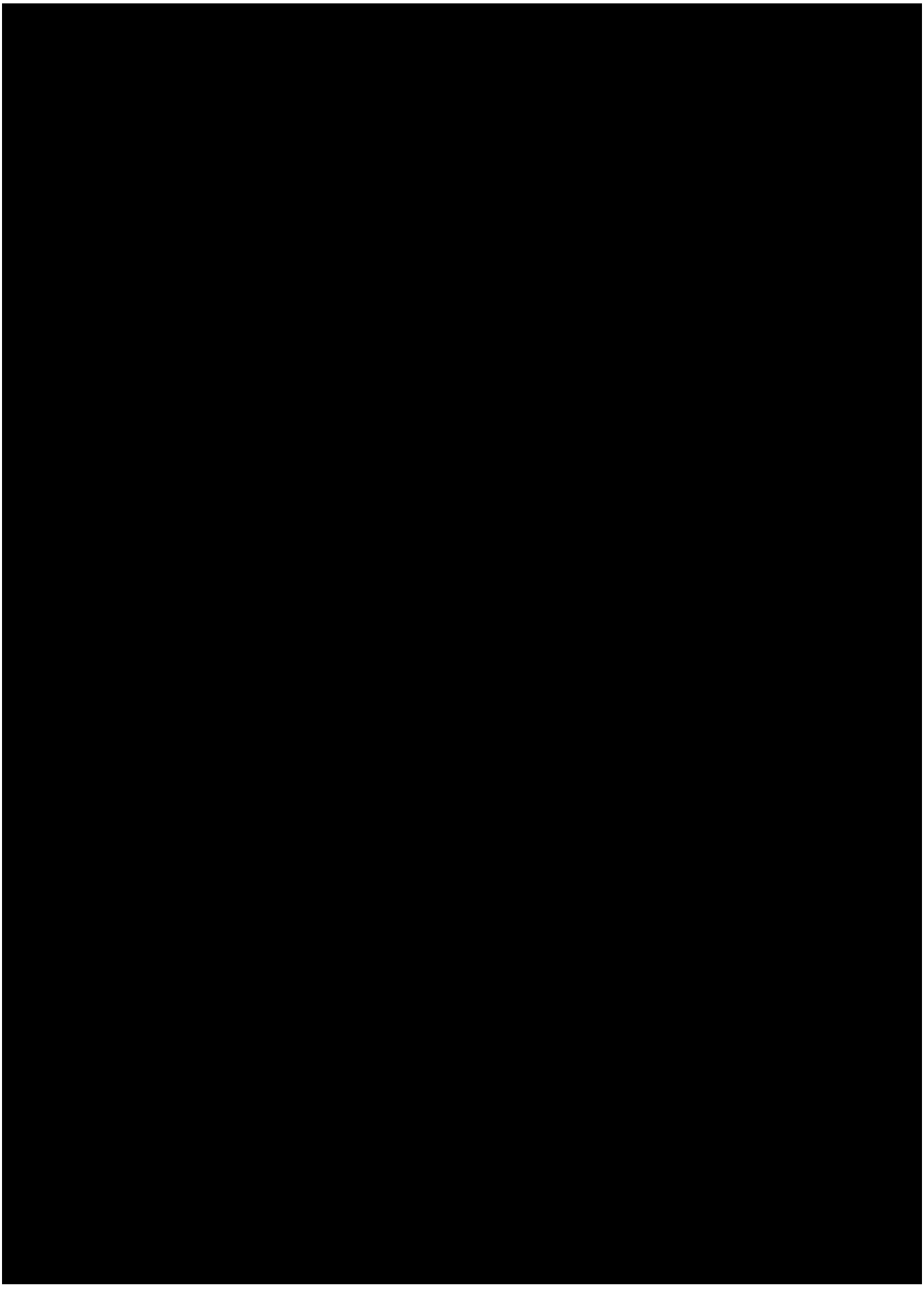
Project Phase V - Operations: During this phase we will continue our delivery and support of operations, maintenance, and support services, while ensuring that we meet all requirements and services as outlined in the Contract. We will collaborate with the State and its third-party vendors to identify opportunities to enhance the functionality of our 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, for any defects. 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 Solution.

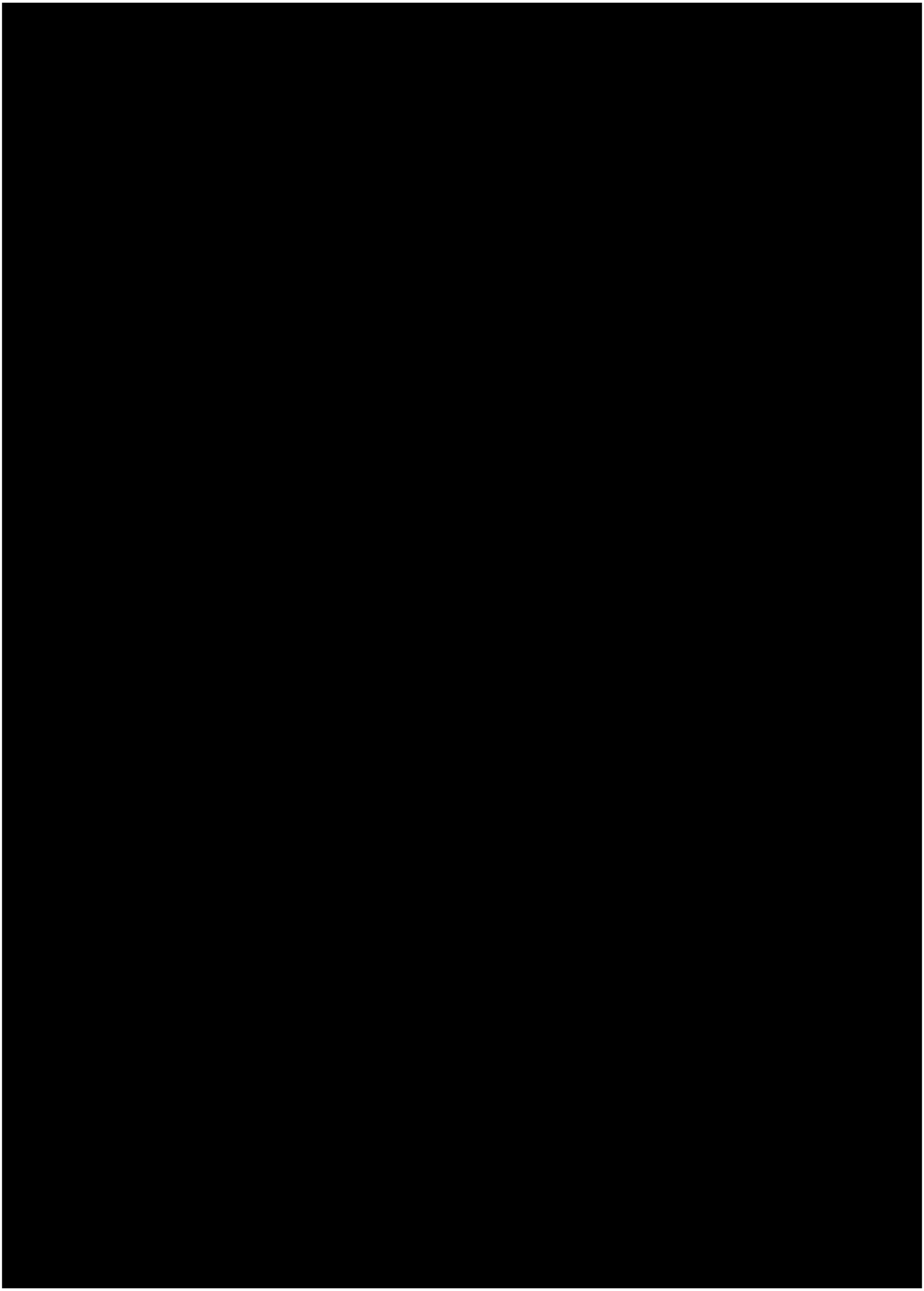
This phase will be supported on a day-to-day basis by the PCMS Pharmacist Account Executive (PCMS PAE), the DUR Clinical Account Manager (DUR CAM), and the Business Analyst. The PCMS PAE will be responsible for the State Advisory Board, for leading the development of clinical program enhancements and better practices, and assisting with development, enhancement, and maintenance of operational functions, policy and clinical support and provider education. They will provide overall project coordination for the contract's clinical and operational functions. The DUR CAM will be responsible for DUR, assisting with the development of clinical program enhancements and assisting with development, enhancement, and maintenance of operational functions, policy and clinical support and provider education. The Business Analyst will serve as the liaison between departmental team business owners, end users, IT, Claims and Clinical departments; respond to ad hoc requests for support, reports, and analysis; providing trending and performance data, and supporting special projects.

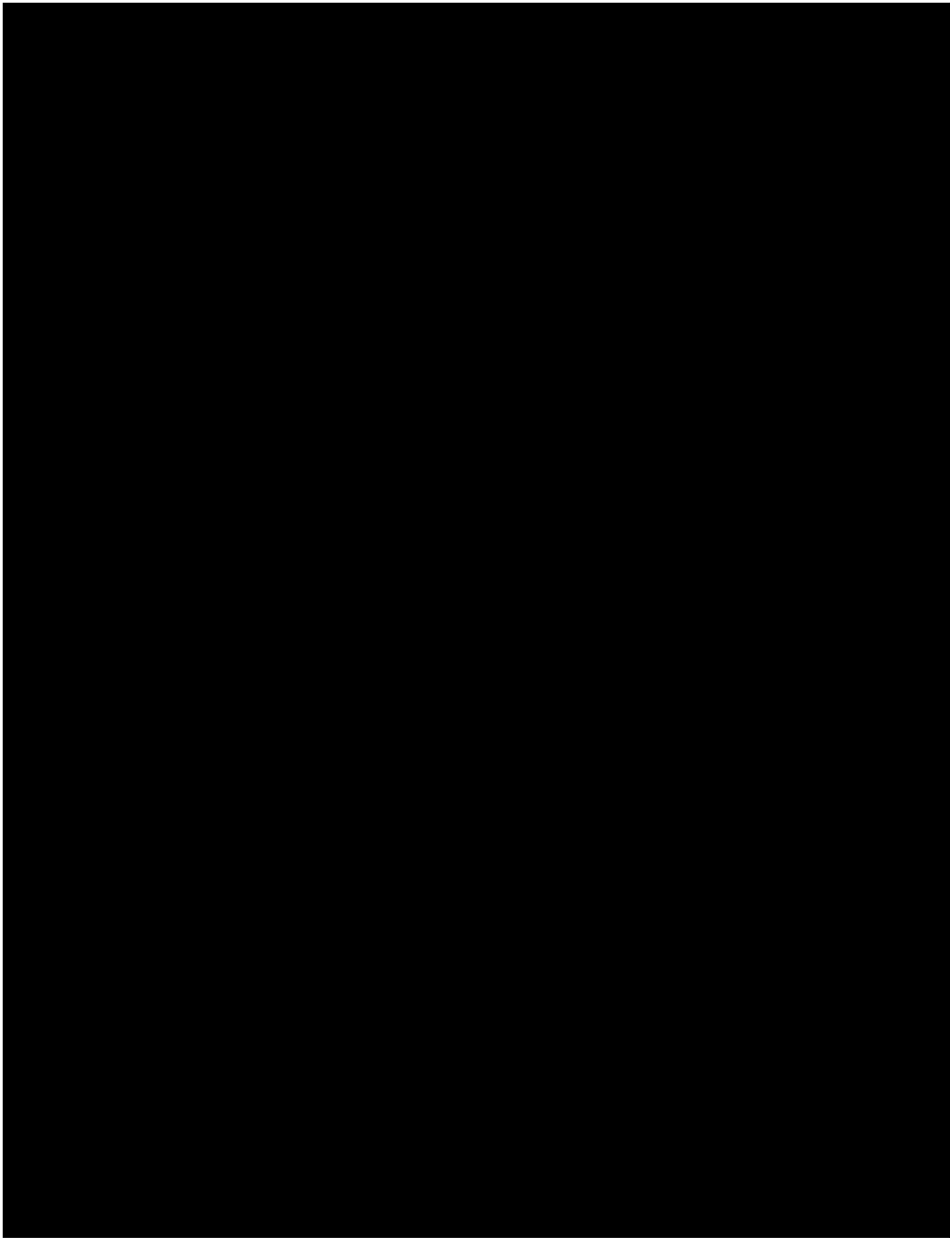
Project Phase VI - Turnover and Contract Closeout: In the event that it becomes necessary to turn over the PCMS Contract to another Contractor, we will work with the State to demonstrate readiness to turn over the State-contracted relationship to another entity and to close out all Contract-related obligations after satisfying a series of activities that benefit both the Contractor and the State's relationship closure objectives. We will develop a Turnover Plan that documents what will be needed for a new PCMS vendor to assume operations of the program, including technical, data, and business functions outlined in the Contract. The plan will include the proposed approach, tasks and schedule, coordination activities, level of support provided, training, and resources for the State or other stakeholders, coordination tasks and activities with the incoming vendor and requirements for a successful turnover. The Turnover Plan will include a plan for coordinating the transfer of any non-proprietary system documentation, software, and data files necessary for the incoming PCMS vendor to assume operations. The Turnover Plan will include a time frame by which MMA will submit all records, documentation, reports, data, etc., which are required to be produced under the terms of the Contract to the State or its designee. Key milestones for this phase will be: 1) Services turned over to the incoming Contractor; and 2) End of the Project.

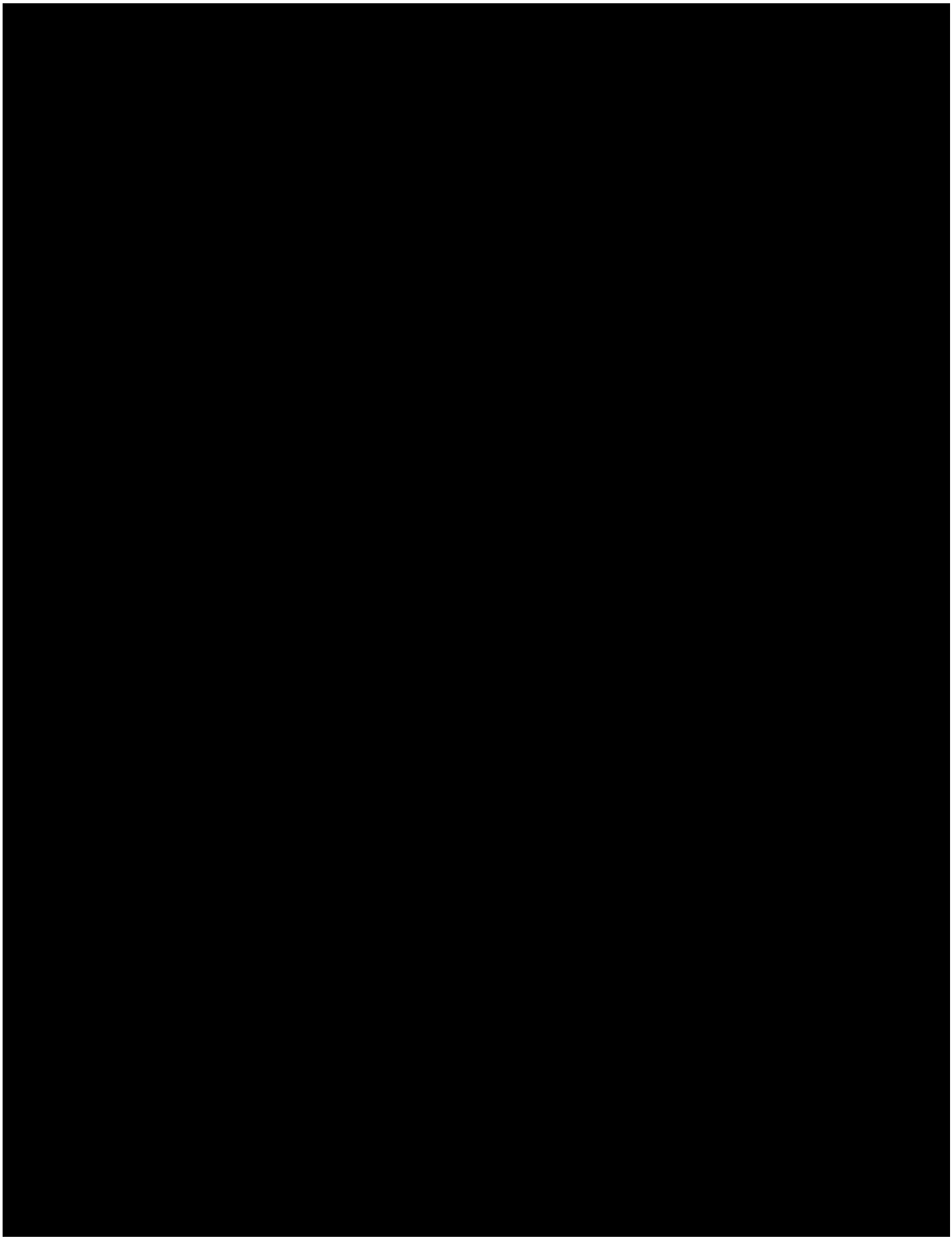
MSQ9.1 – Best Practices (TRADE SECRET)

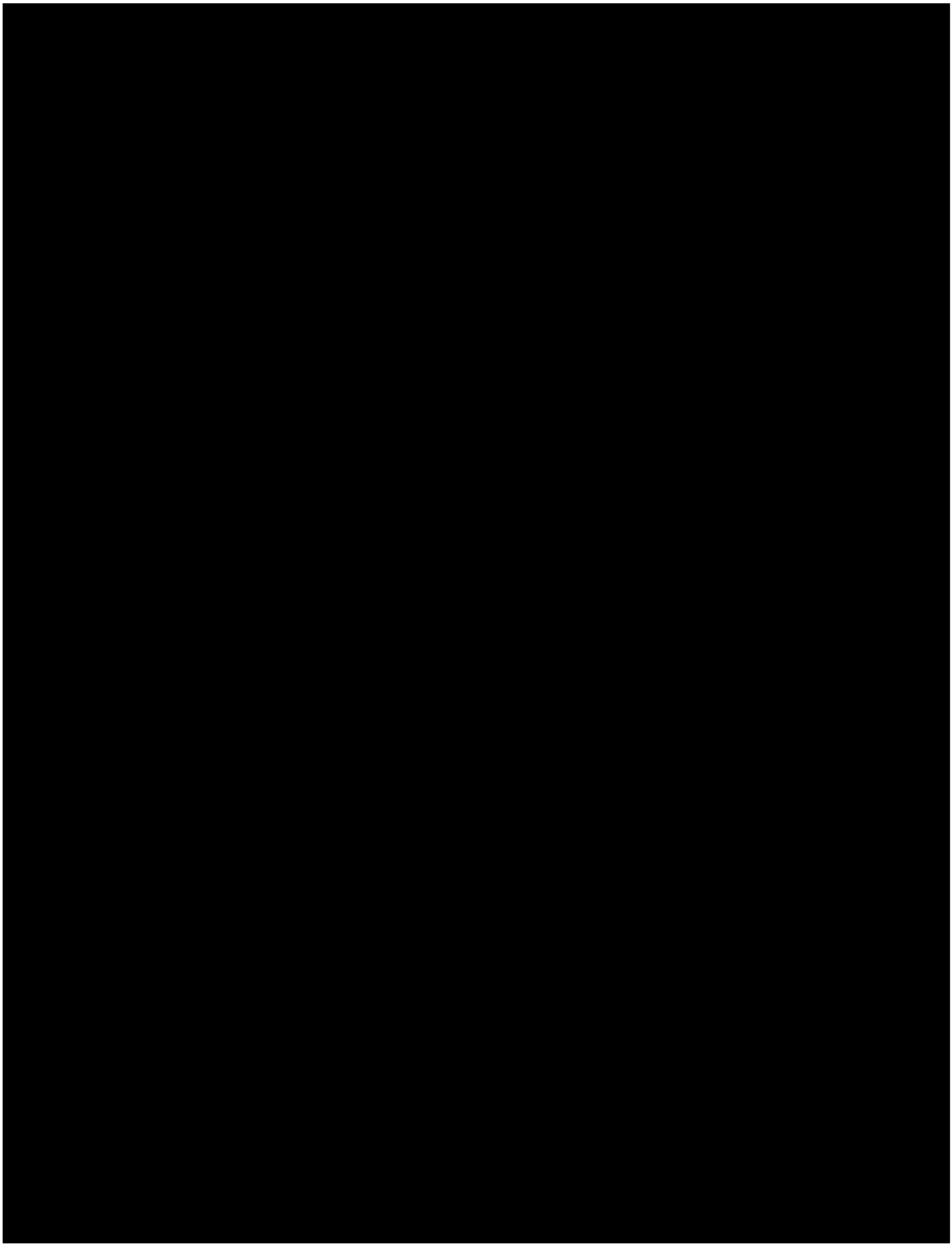
On the following pages, we provide a sample of our best practices that may be applied in the execution of PCMS services.





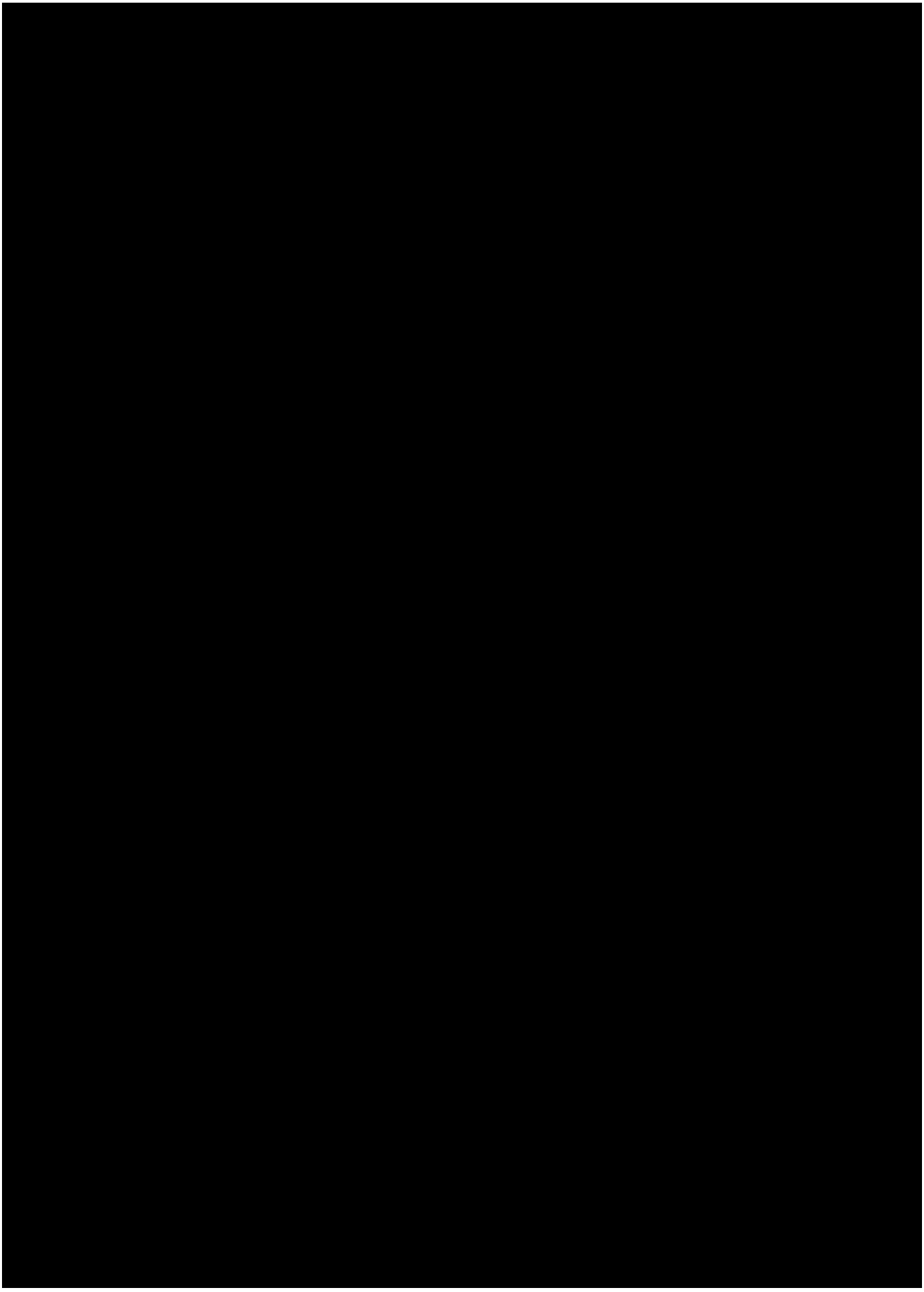






MSQ9.2 – Lessons Learned (TRADE SECRET)

On the following pages, we provide a sample of our lessons learned that may be applied in the execution of PCMS services.



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

Supplier Response



MMA is the largest stand-alone Medicaid pharmacy contractor in the nation, offering a full line of pharmacy services, including innovative Pharmacy Clinical Management services. MMA's approach to implementation will be well planned and managed, seamless, and will provide clinical effectiveness and improved outcomes for State Medicaid Pharmacy Program members, while optimizing cost efficiency and cost savings.

MMA offers more than four decades of experience successfully transitioning pharmacy programs from incumbent contractors for Contracts that include our proven PCMS solution. MMA's Transition Team will work with our Account Team, State staff, State 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 contractors through collaborative meetings and gathering materials such as program data files, program manuals (if available) and any other relevant materials.
- Smoothly transition responsibilities from incumbent contractors to MMA through close coordination using meetings and ad hoc communications to plan and execute the transition to MMA using our established operational readiness and data cutover processes.
- Establish accurate assessments of the program and program requirements using our established requirements gathering process, which will be facilitated with State staff, as well as State stakeholders, as needed.
- Develop strong accountability controls using our established monitoring processes, including Weekly Project Status Reports, Monthly Performance Guarantee reports, and State-required reports.

Our DDI Team will use PMI best practices to work with key MMA, State, and State stakeholder staff to transition responsibility for the State Medicaid Pharmacy Program scope of work to MMA. Transition activities will focus on holding kick-off meeting, finalizing the work plan, requirements review and validation for each solution area (State Advisory Board, DUR, and RetroDUR, Document Repository) developing required reports. We will also configure and set-up of the FirstIQ and MRx Explore applications to reflect State requirements, including any necessary testing, training, and development of operational readiness criteria needed to successfully transition PCMS operations from the incumbent to MMA.

Transition activities will be supported by Dan Comeaux, MS, Vice President of Implementations and Karyn Wheeler, PMP, MBA, Senior Director, Project Management. They will lead a DDI Team in coordination with the State, its Contractors and MMA staff to complete the transition activities included in the work plan. The DDI and Account Teams will participate in weekly status meetings during the DDI Project Stage and provide weekly project status reports to communicate transition progress and project status updates.

Our DDI Team, working with our PCMS Pharmacist Account Executive, DUR Clinical Account Manager, Business Analyst, and other Account Team staff, as well as key State and stakeholder staff, will transition the PCMS scope of work activities and responsibilities from the incumbent to MMA according to the PCMS Work Plan.

Transition Approach and Experience Brings Added Value to the State: ***As a Contractor currently providing Clinical Management Services for 26 Medicaid programs today, as well the bidder with the most comprehensive Medicaid-specific Pharmacy Solution, we provide states with a proven, low risk, high return PCMS Solution***. In each of our successful pharmacy implementations that include Clinical Management 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 Clinical Management Solution on-time and according to State-specific requirements, ***ensuring that all systems are operational, accurate, and secure on Day 1 of Go-Live***.

As a result of our 40 years of experience providing Clinical Management Services for states across the nation, we have existing relationships with MMIS vendors, PBA vendors, and related third-party vendors. Based on this experience working with multiple vendors in complex state Medicaid projects, 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 existing relationships to ensure a seamless transition and uninterrupted service. We have extensive experience across the nation with industry-standard Medicaid pharmacy 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 Clinical Management Solution implementation instead of starting from scratch, which will benefit the State through cost and time efficiencies.

During each 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 and/or associated expenses 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 executed transition activities in a streamlined approach, without having to expend valuable time creating documents and tools from scratch.

MMA has 36 years of experience supporting State Advisory Board, Drug Utilization Review (DUR) Board, and Pharmacy and Therapeutics (P&T) Committee support to Medicaid customers, and ***we currently support almost 90 P&T Committee meeting cycles annually across 26 Medicaid Programs.*** This broad reach spans many therapeutic areas and businesses, and combined with the expertise of our clinical staff, provides a distinct advantage to the State. Our clinical staff members are experienced and tenured pharmacy management partners, with an understanding that successful partnerships with State Advisory Boards require a thorough grasp of the policies, procedures, and legislation governing the Board.

They also understand the importance of respecting different viewpoints of various stakeholders—including the State, providers, members, and advocacy and special interest groups—and providing analyses that integrate therapeutic and cost-effectiveness models. Their success in providing support to Advisory Boards, including the policies and procedures that have been proven to facilitate informed decision making, has resulted in programs that are implemented on time and are well accepted by the provider and patient communities. This experience means that our clinical staff will be able to take over the State Advisory Board activities seamlessly with no decrease or transition downtime. They understand what State Advisory Boards need to succeed and are able to absorb State requirements and legislation quickly and begin providing meaningful clinical consultation and support immediately. This mitigates risk and/or associated expenses as a result of any unexpected time delays or rework.

PBA Vendor Integration Approach: Because in many states we provide a full scope of pharmacy services, we have extensive experience implementing Clinical Management services in conjunction with our PBA solution, but we also have experience successfully providing these clinical management services in conjunction with external PBA Contractors in 12 states. In either case, the State will benefit from our refined, proven approach to integrating Clinical Management services with PBA systems:

- Deep knowledge and understanding of what is required to integrate clinical criteria into a POS system and experience working with other PBA vendors to integrate our clinical criteria in their systems. We also understand that in order to be effective, clinical criteria must be developed to align with the capabilities of the PBA vendor's system.
- We have experience both within our organization and with external MMIS and PBA vendors to receive medical and pharmacy claims and encounter data necessary to perform RetroDUR services. We have experience developing and testing interfaces with external vendors to support secure claims data exchange.

We will collaborate with the PBA vendor to ensure that the implementation and operations of our solution is well-coordinated with theirs. MMA has ample experience integrating our PCMS solution with external PBA vendors. With over 40 years of supporting government pharmacy programs, MMA understands the importance of close coordination with states and contractors. We have worked with all of the major PBA vendors. This includes integrating PDL files into their PBA systems and establishing interfaces for exchanging claims information, provider eligibility/enrollment data, and member eligibility/enrollment data. We will leverage this experience to work with the State and the PBA vendor to establish common file structures and interfaces required for integrating PCMS data into the state Medicaid enterprise. We will coordinate with the PBA vendor to integrate our UM criteria into their POS system to inform claims processing. We will also work with them to establish ongoing data pulls of claims data to inform the development of RetroDUR member profiles for all FFS and CMO members and for use in developing our recommendations to the State Advisory Board.

Existing Infrastructure to Support PBA and PCMS Integration: MMA currently supports over 5,000 interfaces across our enterprise for all our current customers 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 X12, 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.

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 beneficiary 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 X12 and NCPDP EDI transactions, Health level 7 (HL7), and 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 the State Medicaid Enterprise platforms.

11.

Bookmark Title: MSQ11 - Project Management
Bookmark Title for Supporting Material:

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

Narrative description is limited to five (5) Pages, not including the 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.

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 Clinical Management 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 and maintain the PCMS scope of work according to the Project Organization and Management requirements in eRFP Attachment C. Below we describe the components of our PMM and how it will support our project management approach throughout the life of the Contract.

Project Management Procedures

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 PCMS implementation is conceptualized and eventually delivered. Our PM Lifecycle is depicted in *Figure MSQ11-1*, 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 MSQ11.1. A sample Work Breakdown Structure (WBS) Tasks and Project Outputs are included as MSQ11.2***.

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.



Figure MSQ11-1: Project Management Lifecycle

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 MSQ11.4.***

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 MSQ11.5.***

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 MSQ11.6.***

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 Project Management Institute (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 MSQ11.7.*** 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 11.8***.

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. We will work with the State to implement processes and procedures for monitoring, tracking, and managing system costs related to operations and maintenance. ***A sample Cost Management Plan is included as MSQ11.12.***

Stakeholder Management: MMA understands the importance of close coordination with states and their stakeholders. 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 MSQ11.13.***

Meeting Management: MMA has 40 years of experience coordinating with our Medicaid pharmacy 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 electronic 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, and we will ensure that Authorized Solution Users have access to the document repository 24/7.

Other Supporting Materials: We have also included a ***sample Implementation Plan (MSQ11.3)***, a ***sample Integration Plan (MSQ 11.9)***, a ***sample Operations and Maintenance Plan (MSQ 11.10)***, and a ***sample Training Plan (MSQ 11.11)***.

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 project management tools listed in the following table for recent state Medicaid customers for full pharmacy benefits administration implementation efforts. The following table shows examples of industry recognized project management tools MMA utilizes throughout the DDI and O&M Project Stages for project management.

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 MSQ11-2* and *MSQ11-3*.



Figure MSQ11-2: Project Status Report, Page 1 (TRADE SECRET)



Figure MSQ11-3: Project Status Report, Page 2 (TRADE SECRET)

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 PCMS 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 PCMS Contract requirements.

MSQ11.1 - Project Schedule/Project Work Plan (Sample) (TRADE SECRET)

On the following pages, we provide a sample project schedule/project work plan.

MSQ11.2 - WBS Tasks and Project Outputs (Sample) (TRADE SECRET)

On the following pages, we provide a sample of a WBS Tasks and Project Outputs.

MSQ11.3 - Implementation Plan (Sample) (TRADE SECRET)

On the following pages, we provide a sample of an Implementation Plan.

MSQ11.4 - Quality Management Plan (Sample) (TRADE SECRET)

On the following pages, we provide a sample of a Quality Management Plan.

MSQ11.5 - Requirements Management Plan (Sample) (TRADE SECRET)

On the following pages, we provide a sample of a Requirements Management Plan.

MSQ11.6 - Change Management Plan (Sample) (TRADE SECRET)

On the following pages, we provide a sample of a Change Management Plan.

MSQ11.7 - Risk Management Plan (Sample) (TRADE SECRET)

On the following pages, we provide a sample of a Risk Management Plan.

MSQ11.8 - Communications Management Plan (Sample) (TRADE SECRET)

On the following pages, we provide a sample of a Communications Management Plan.

MSQ11.9 - Integration Plan (Sample) (TRADE SECRET)

On the following pages, we provide a sample of an Integration Plan.

MSQ11.10 - Operations & Maintenance Plan (Sample) (TRADE SECRET)

On the following pages, we provide a sample of an Operations and Maintenance Plan.

MSQ11.11 - Training Plan (Sample) (TRADE SECRET)

On the following pages, we provide a sample of a Training Plan.

MSQ11.12 - Cost Management Plan (Sample) (TRADE SECRET)

On the following pages, we provide a sample of a Cost Management Plan.

MSQ11.13 - Stakeholder Management Plan (Sample) (TRADE SECRET)

On the following pages, we provide a sample of a Stakeholder Management Plan.

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

Supplier Response

Our proven solution has been built upon a foundation that consists of strong project management practices and disciplines, a deep pool of highly qualified and experienced personnel, and a commitment to strong communication and collaboration with our customers, our customers' IV&Vs, other trading partners, and all project stakeholders ensuring the highly successful delivery of our PCMS Solution. ***Leveraging our 37 years of Board support and pharmacy clinical management services experience, 23 years of PDL support, and 40 years of RetroDUR experience,*** MMA will successfully provide the State with all PCMS requirements as detailed in eRFP Attachment G: Pharmacy Clinical Management Services Scope of Work. We meet all requirements in eRFP Attachment C: Common Scope Requirements and Security Standards. As the PCMS Contractor, MMA will perform the following activities:

State Advisory Board Responsibilities: MMA will oversee and implement State Advisory Board meetings including developing drug monographs for new drug entities, creating presentation material for the Board meeting, preparing, distributing, and posting meeting agendas to Board members, and recording meeting minutes. We will provide a Key Staff position, the PCMS Pharmacist Account Executive (PCMS PAE), to manage and direct Board meetings. MMA will make recommendations to the State and the Board related to new or enhanced UM criteria, including clinical, fiscal, and Step Therapies for covered Products and all new products, taking into consideration, the efficacy, medical appropriateness, quality of life, safety, and cost considerations within the applicable therapeutic categories. MMA will also recruit Board members as directed by the State. We will interface with the State PDRS vendor in performance of these responsibilities. (PCMS SOW 2.2)

Utilization Management Responsibilities: MMA will develop and maintain criteria for covered products and products requiring UM before being recognized as covered products. Specific to MMA-developed UM criteria, we will develop medical exception review and override requirements, quantity limits, non-preferred product determinations, Step Therapy rules, and benefit exclusions as specified and directed by the State. We will also develop and maintain protocols for all products identified by the State as requiring UM, Step Therapy, and QLLs. On an annual basis, we will review and update UM algorithm criteria for each therapeutic class and UM Forms. In addition, MMA will provide the State with an automated workflow tool that allows review and approval of PA changes, modifications, deletions, or alterations as part of the UM. MMA will interface with the State PDRS vendor and PBA vendor to facilitate incorporation of criteria into POS and PA functionality, as well as documentation provided to Call Center staff. Once the State approves recommended criteria created by MMA, they are sent to the State's PBA vendor who then modifies and creates their own algorithm to fit their clinical decision module structure for use by their Call Center staff. (PCMS SOW 2.4)



RetroDUR Responsibilities: Using our FirstIQ RetroDUR tool, MMA will merge medical service claims provided by the State, or its designee. We will interface with the PBA and MMIS vendors to receive pharmacy claims data on a mutually agreed upon schedule after Contract award which will be used to identify and monitor drug usage for potential abuse/misuse and fraud assessments by member, pharmacists, pharmacies, and prescribers. Our Drug Utilization Review Clinical Account Manager (DUR CAM), a clinical pharmacist, will

have oversight of the program, including data mining, clinical rules, and algorithms, and profiling. We will interface with the PBA vendor to provide criteria for integration in their POS system. FirstIQ's functionality includes alerting prescribers by letter of potential drug therapy problems among their members including therapeutic duplication, drug-disease contraindications, incorrect drug dosage or duration, drug-induced illness, or clinical abuse and member misuse. MMA will update RetroDUR files and criteria tables as recommended by the State Advisory Board according to State-specified time frames. In addition, MMA will implement active and ongoing educational outreach programs that educate physicians and pharmacists on common drug therapy problems to improve prescribing and dispensing practices. We will interface with the State's Program Integrity/FWA Audit Services vendor to report any findings of fraud, waste, or abuse. (PCMS SOW 2.5)



MMA will collaborate and provide leadership among the various resources and stakeholders for the PCMS Project. ***We have 40 years of experience working with our state Medicaid customers, their program vendors, and stakeholder groups.*** 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 has worked closely with a wide variety of stakeholders and partners across all 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 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 PBA implementation that went live in 2014 and the efforts currently underway to implement MMA's PBM 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.

This experience includes working with state Project Management Offices (PMOs) and other PBA and Fraud Waste and Abuse vendors. MMA will serve as a collaborative partner to support the State's multi-layered approach to govern, manage, assure, and monitor the Project. Our DDI Team will communicate with the State's Executive Director, Project Leader, Project Team, Change Control Board, PMO, and IV&V vendor who will assist with Project assurance. We will ensure effective communication with other agencies and stakeholders, facilitated by the State as specified, to ensure successful implementation and ongoing operations of the PCMS Project.

MMA also recognizes the importance of providing technical and business subject matter expertise related to PCMS services, clearly defining the data needs and dependencies of the PCMS module and communicating that to the wider team early and often. MMA provides a range of subject matter experts with the experience necessary to assist the State throughout the DDI and Operations and Maintenance Phases of the Contract. Our established processes will enable MMA to successfully implement our PCMS Solution without disrupting the delivery of services to the member and provider communities. We will establish a formal Project Team that will be responsible for supporting project activities, performing the project work, and developing the required documentation.

Our core DDI Team of experienced individuals represents all key departments, such as account management, operations, clinical, medical, quality improvement, participant services, finance, facilities,

legal, Human Resources, training, information technology, and telecommunication. Taking the lead, MMA will engage the appropriate resources to support a successful project implementation. ***We will work collaboratively with the State to identify subject matter experts and bring the right teams together to address the various components of the implementation.***

Our DDI Project Manager will lead the DDI Team and serve as the State's primary point of contact during DDI. We will assign work groups to execute on the scope of work for their specific areas. Our governance structure is built to quickly and efficiently communicate progress, risk, mitigation, and needs through our steering committee and executive team, as necessary. MMA ensures that all staff involved in the implementation are held responsible for their assigned tasks.

The MMA DDI approach is very structured, yet it has the flexibility to adapt to the needs, culture, and resource availability for the State. We will utilize a hands-on approach to delivering and implementing our Solution. MMA understands the importance of providing an implementation organizational approach that is based on a veteran team and a Solution that is flexible, technically and clinically sound, and low risk to the State. Active direction and leadership for the PCMS Project DDI Phase will be provided by our DDI Project Manager**.**



A program transition of this size and scope can only be successful with an effective Communications Management Plan that keeps all parties aware of project status and targets all stakeholders. MMA will establish a detailed Communications Management Plan as an implementation deliverable and will collaborate with the State to review and approve the final plan. MMA's Communications Management Plan will clearly define the processes that we will employ to ensure timely and appropriate handling of project information, including collection, storage, retrieval, distribution, management, and ultimate disposition. Our Communications Management Plan details the coordination of all business activities and the method of communicating with internal and external stakeholders and trading partners. It outlines and documents our procedures for changes to PCMS Solution functionality, processes, and procedures, and established efficient communication channels and standards both internally and externally, the method of communication, and the types of information and frequency of communication. MMA will communicate project management and status reporting efforts on a weekly basis (or more frequently, as appropriate) to ensure effective lines of communication between all internal and external stakeholders and trading partners. Our DDI Project Manager will be engaged in the PCMS Project from the onset and, along with the Account Team, will keep the State and appropriate stakeholders informed of project status at all times.

MMA acknowledges the State's responsibilities, given the PCMS Project's scope and breadth and the existing/potential dependencies on other stakeholders and implementation activities, as outlined in the RFP. We understand that the State will, in conjunction with all other entities, develop a formal agreement that specifies the roles and responsibilities of each entity as it relates to the PCMS Project, address, as needed, project coordination and/or scheduling needs that relate to dependencies that may be delayed by these other entities, and work with MMA, in a timely manner, to secure necessary access for MMA staff to State systems, tools, data, and reports required to support the PCMS Project. MMA will serve as a collaborative resource, as requested, to support the State in performing these responsibilities.

In addition, MMA understands that the State will assume responsibility for creating necessary data sharing agreements. We will facilitate the completion of agreements in cases where MMA requires separate agreements with current State vendors. MMA will work cooperatively with the prime contractor for all other MES components, in cooperation with the IV&V. Our fully integrated, ESB-compatible solution is both flexible and scalable to seamlessly integrate with our customers' state systems and with the technical environments of all trading partners. MMA's solution architecture provides full integration with State systems and allows data to flow easily between State-identified systems to access or transmit data and perform business functions. Appropriate functional areas of the MES can be leveraged for reuse and to reduce risk by being exposed as services and managed by an Enterprise Service Bus or other similar queuing system, through MMA's robust service-oriented architecture (SOA) infrastructure. Our interfaces

use industry standards such as HIPAA X12, XML, HL7, and CSV for interoperability and data integration needs. MMA's proven processes will be used to successfully interface with the State and Project stakeholders, as necessary, to meet all requirements.

The ability to effectively manage data and the synchronization between the systems that support the State Medicaid enterprise, as a whole, is an important factor that contributes to program efficiency and to the quality of care and outcomes for State Medicaid Pharmacy Program members. Master data management enables strategies to be implemented that ensures data are maintained in a central fashion and that a source of truth exists for critical subject areas and that this source of truth feeds any ancillary or downstream solutions, as well as those solutions that may be dependent on reference data.

MMA also has extensive experience working with our State customers' IV&V service providers. We will provide project management Deliverables and other project artifacts to the State's IV&V vendor, as requested, for review. MMA will ensure documentation is updated and available to the IV&V service provider and the State, to support the IV&V process per the most current version of MECT. Our document repository provides a seamless mechanism to provide IV&V authorized users with access to technical, functional, and performance documentation. We maintain updates to all documents including technical, functional and performance documentation including detailed system design, user manuals, training materials, business process models, detailed descriptions of all standard reports including the MMA's method to generate results and MMA's comprehensive, cross-referenced data dictionary.

MMA will make our project resources available for periodic meetings and/or interviews with the State's IV&V vendor as specified in the RFP (no more than one to two hours per month) and provide timely and accurate responses to requests from the State's IV&V vendor for project information. We have experience facilitating strong, collaborative relationships by participating in, and leading upon request, cross-contractor and state customer operational status meetings, with IV&Vs and other MES Contractors, when determined necessary by our customers. Topics for these meetings have included interface/data exchange challenges, common processes/procedures, updates to data dictionaries, system changes impacting multiple systems, etc.

Through our contracts providing only PDL or Rebate/PDL services to 12 customers, MMA has proven, successful experience interfacing with other program stakeholders, as needed. This includes serving as the current Georgia Medicaid PDL/Drug Rebate Contractor since 2017. For our PDL only contracts, we coordinate with our customers' PBA and Rebate vendors, and for our Rebate/PDL only contracts we coordinate with our customers' PBA vendors. MMA provides PDL and Rebate/PDL services for the following customers:

- Arizona Medicaid MCO Rebate/PDL
- Connecticut Medicaid PDL
- Georgia Medicaid Rebate/PDL
- Maryland Medicaid PDL
- Minnesota Medicaid Rebate/PDL
- Montana Medicaid PDL
- New York Medicaid Rebate/PDL
- North Carolina Medicaid Rebate/PDL/RetroDUR
- Rhode Island Medicaid PDL
- Texas Medicaid PDL (11/03-6/2/2024)
- Washington Medicaid PDL
- Wisconsin Medicaid PDL.

MMA will leverage this experience to successfully collaborate with PCMS Project stakeholders.

MMA's ability to coordinate with the State, Project stakeholders, and the IV&V, coupled with our extensive technical clinical experience and the expertise of our staff members, will facilitate a seamless implementation and ongoing operation of the PCMS Project.