PROPOSAL IN RESPONSE TO THE

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

eRFP Number 41900-DCH-0000136

Attachment Z Pharmacy Drug Rebate Services

Redacted Copy-Available for Public Review

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

PRIME THERAPEUTICS® | MagellanRx MANAGEMENT℠

Attachment Z
Pharmacy Drug Rebate Services
Mandatory Scored Response Sheet

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

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

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

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

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

1.	Bookmark Title: MSQ1 - Executive Summary 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 I - Pharmacy Drug Rebate 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 Drug Rebate Services (PDRS) 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. ***Our experience in providing the Pharmacy Benefit Services sought by the State is unmatched***. MMA has been a recognized industry leader in delivering clinically excellent, cost-effective Medicaid Pharmacy Benefit Services

for over 40 years. As the largest standalone Medicaid pharmacy Contractor in the nation, we currently provide PBS solutions to government customers, including 26 Medicaid programs, eight AIDS Drug Assistance Programs (ADAPs), and four State Pharmaceutical Assistance Programs (SPAPs). Collectively these programs serve over 56 million members. MMA has 33 years of experience providing Pharmacy Drug Rebate Services. We currently support Drug Rebate/PDL services for 26 Medicaid programs, including Georgia, which we have served as the Drug Rebate/PDL Contractor for over seven years. [redacted]

MMA Experience with All States Participating in this Procurement

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

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

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

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

We have successfully provided the entire PBS scope of work supporting Medicaid, AIDS, and SPAP programs. ***This experience provides advantages to the State that cannot be achieved with any other Drug Rebate Services Contractor.*** We are a leader in the development and operation of innovative solutions that respond to the unique, complex, and evolving needs of Medicaid programs. We have a proven history of developing flexible solutions that respond to market and regulatory shifts. ***We offer a nimble infrastructure that can support 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 PBM model, tying pharmacy operations together between CMOs and the state. We have also supported state customers who have implemented Medicaid expansion as well as innovative models such as Arkansas Works and Arkansas Health and Opportunity for Me (HOME) program. We have supported states that have elected not to expand. For each Medicaid Drug Rebate implementation, we have successfully configured our rebate platforms to meet requirements that were specific to each state's complex and unique delivery landscape. We support drug rebate services including 340B identification across multiple Medicaid models, as well as for four state ADAPs and two SPAPs. MMA is optimally positioned to serve as the State's PDRS Contractor. Our experience is unmatched and provides advantages to the State that cannot be achieved with any other PDRS vendor. We have a proven history of developing innovations that respond to market and regulatory shifts to improve Medicaid rebate programs, including:

MMA Offers Extensive Experience Across All PBS Scopes of Work

PBA Services - **40 years**

Pharmacy Clinical Management Services - **40 years**

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

Pharmacy Drug Rebate Services - **33 years**

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

- **Designing and implementing the country's first Medicaid PDL program** in Florida in 2001, which we have since replicated and scaled across the country, helping our Medicaid customers save billions of dollars.

TRADE SECRET

- **Developing the first and second CMS-approved Medicaid supplemental rebate pools in the country**—the National Medicaid Pooling Initiative (NMPI) in 2004 and The Optimal PDL $olution (TOP$) in 2005, which together have 21 participants, over 22 million lives, and over $18 billion in annual drug expenditures. On average, states participating in the NMPI and TOP$ generate ongoing supplemental rebate savings that range from 9% to 12% of their drug expenditures. ***We also have the experience and capability to manage state-specific individual PDL programs, such as Georgia's.***
- **Establishing a diabetic supply rebate pool** in 2009 which has 10 participants, 10.5 million lives, and established medical and diabetic supply contracts with manufacturers including Roche, Abbott, and Lifescan. ***We have the experience and capability to manage state-specific individual diabetic supply programs, such as the one we currently manage for Georgia. Including Georgia, we manage medical and diabetic supply programs for 11 states.***
- **Offering states more purchasing power** through our NMPI, TOP$, Medical/Diabetic Supply Pool (MSP), and five individual state PDLs, which collectively represent 47.8 million Medicaid lives and almost $29 billion in drug spend.
- **Launching the first multi-state outcomes-based rebate solution,** [redacted]
- **Offering states more manufacturer-established relationships and contracts and with representatives** from over 825 labeler codes across all our rebate programs, an established and constantly honed negotiation process, and numerous solicitations with manufacturers during the year.
- [redacted]

2022 Rebate Collection Success

Our proven rebate collection processes have helped our customers collect almost [redacted] for the following rebate programs:

- **Federal Drug Rebates:** [redacted] in Federal drug rebates.
- **Supplemental Rebates:** [redacted] for our NMPI and TOP$ pool members, respectively.
- **Diabetic Supply Rebates:** [redacted] in market share rebates through our Medical Supply Rebate Pool.

CMS-Certified, Modular Solution: MMA's proprietary Drug Rebate Solution, which includes the RxLink rebate platform, incorporates all facets of Medicaid modernization, leveraging COTS and Cloud components to deliver a best-in-class, scalable, modular solution. Our Drug Rebate Solution offers

[1] exa-cel (Casgevy) by Vertex and CRISPR and lovo-cel (Lyfgenia) by Bluebird Bio were approved by the FDA on December 8, 2023.
[2] Data & Statistics on Sickle Cell Disease | CDC
[3] Medicaid and CHIP Sickle Cell Disease Report, T-MSIS Analytic Files (TAF) 2017

Medicaid customers the flexibility to adopt new features as they become available and quickly adapt to the ever-changing healthcare landscape.

RxLink is configurable and aligns with CMS guidance, providing the State with a modular system based on Service Oriented Architecture (SOA) design principles. RxLink is built on an architecture that offers a flexible approach through using open industry-standard interfaces and exposed Application Programming Interfaces (APIs). The CMS-certified, NCPDP-compliant, MITA-mature, scalable RxLink system provides configurable functionality. RxLink was certified in 2023 in Nevada where we provide Drug Rebate Services as part of our PBA contract. In each certification, no findings, corrective actions, or follow-up action items were necessary. Below we summarize our proposed solution that we will implement for the PDRS components.

CMS-Certified Drug Rebate Solution

MMA has over **17 years** of CMS certification experience, MMA's PDRS solution has been certified for the 15 current state government customers for which we are performing federal rebate invoicing, including our recent RxLink certification for Nevada. In each CMS certification, no findings, corrective actions or follow-up action items were necessary.

PDRS Component	MMA's Proven Solution
Pharmacy Drug Rebate and Supplemental Rebate Processing	With 52 years of Medicaid and other government pharmacy experience that includes 33 years of Federal drug rebate experience, 23 years of PDL and supplemental rebate experience, and 16 years of diabetic/medical supply rebate experience, our PDRS experience is unmatched. We provide our PDRS solution to 26 Medicaid programs. MMA uses the NCPDP-compliant, CMS-certified, modularized RxLink rebate platform to support the administration (reporting, invoicing, dispute resolution, and collection) of Medicaid FFS Pharmacy PADL/J-Code Rebates, Supplemental Rebates, CMO Pharmacy and PADL/J-Code Rebates, and State Special Rebates (for example, diabetic supply rebates). We also support rebates for SPAPs. RxLink maximizes rebate savings potential and speeds time to collection. MMA delivers increases in supplemental and Federal drug rebate yields year after year. MMA will maintain an on-line database of information about the current labelers, including contact name, addresses for invoice mailing, telephone numbers, fax numbers, and email addresses. RxLink provides web-based electronic invoicing options for labelers, including self-service capabilities. Labelers log into a secure website and retrieve their own claim-level detail along with their quarterly invoices. MMA provides the capability for authorized State staff to access the reporting functions via our web portal. Our system and operations will be available 24 hours a day, 5 days a week (Monday – Friday), except during State-approved Contractor-Scheduled Downtime or maintenance windows.
Supplemental Rebate (SR) Activity	MMA has 23 years of experience, including 7 years of Georgia-specific experience, administering supplemental drug rebates including supplemental rebate negotiation and management for PDL programs. Our Contracting Team understands the intricate details of bid solicitation and negotiation of both individual and multi-state contracts that bring both exceptional value and flexibility to our customers. MMA manages contract discussions and inquiries from manufacturers and shares with the State any information that assists the State in being thoroughly informed purchasers of medications. While engaging manufacturers in aggressive rebate bidding, our processes focus on the final net cost to Medicaid programs through Federal and/or supplemental rebates, as well as value-based agreements through MRx Value Plus. MMA has a team of Data and Financial analysts that support our PDL Team by providing financial and clinical data to support almost 90 P&T Committee meeting cycles annually. Prior to each State Advisory Board meeting, MMA will work with the State to determine which classes of products will be reviewed.
Invoice Processing	RxLink flags claims for drug rebate processing and excludes claims from invoicing based on defined business rules. RxLink reviews FFS claims and CMO encounter data to identify rebateable and non-rebateable drugs prior to the generation of the quarterly invoices. We exclude certain drugs from the rebate process through NDC exclusion rules. We will receive input from the State on drugs that should not be rebated. The flexible and configurable RxLink platform provides functionality for system identification and exclusion of 340B drug claims and encounters from dispensing pharmacies that are not eligible for drug rebate program. RxLink also supports the preparation of a quarterly 64.9R report that provides the information that the State needs to incorporate receivables for the drug rebate programs into the required Federal CMS 64 report.

Accounting for Rebate Activity	RxLink supports all accounting functions for rebate administration, including creating invoices for NDC/Year/Quarter per rebate program, posting rebate payments, applying prior quarter adjustments, calculating interest, reviewing discrepancies between invoiced amounts and payments received, and tracking manufacturer disputes through resolution. Disputes provided by the manufacturer on payment documentation are recorded as part of our payment posting process; they can be reported on by the appropriate CMO or FFS program and tracked to resolution.
Dispute Resolution	MMA's proven rebate dispute resolution approach includes automated processes and follows CMS best practices. As part of MMA's established process, our Rebate Operations Team responds to drug manufacturer inquiries. Our Rebate Operations Team will include experienced Dispute Analysts who can accept emails from manufacturers who need additional assistance to resolve disputes. In addition, the MMA Rebate Operations Team has regular quarterly and ad hoc meetings with manufacturers to discuss large-scale dispute resolution efforts.
Report and Data-Related Requirements	MMA will utilize RxLink's reporting tool, iQ, to meet rebate reporting requirements for the State. RxLink's iQ offers powerful and feature-rich functionality for creating and producing reports using the self-service tools or by selecting from a list of standard interactive, parameter-driven rebate reports. We will provide an interactive reporting module containing a package of standard rebate reports available for users to run at any time. Our rebate and PDL reports include price comparisons, cash receipts, trial balances, overall savings, diabetic supply movement, utilizing members, and other pertinent information including ad hoc reports listed in eRFP Attachment I.
Pharmacy Drug Rebate Services Common Requirements	We provide rebate services through our established information technology, project management, staffing, training, and security infrastructure. We are recognized as national experts in the implementation and operation of secure Medicaid pharmacy programs. Our Solution is compliant with CMS and other Federal security regulations outlined in the eRFP 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). Our PDRS Solution is designed to maintain confidentiality of Labeler and State information in accordance with all Federal and State confidentiality statutes, regulations, and requirements. Our Training and Development Department will provide training on rebate and supplemental rebate processes and timelines and electronic bid submission processes required by Labelers and the State. Our Learning Management System (LMS) will provide authorized State staff 24/7/365 access to computer-based training and other resources.

History of On-Time Implementations: MMA has an outstanding track record of on-time, successful Medicaid pharmacy implementations for functionalities and system solutions similar to those required for this Contract. Our proven approach has been used to successfully implement services for over 40 government pharmacy programs. This approach is based on the Project Management Institute's Project Management Body of Knowledge (PMBOK®) Guide and driven by an experienced, veteran DDI Team with broad cross-functional expertise. 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.

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 health care company, and we and serve as a fully transparent PBA rather

than PBM. Our parent company is most focused on value for our customers and their member populations as opposed to company profits. MMA is mission-driven, with a purpose of reimagining pharmacy management to provide the same care we want for our loved ones. Our approach to delivering pharmacy benefit administration is agnostic and independent of health plan influence or other external conflicts. We focus on designing and maintaining pharmacy programs that deliver clinically proven care for members while maximizing savings and delivering value to state Medicaid agencies. Our strategic priority—to continue serving the evolving Medicaid market through improved affordability and efficiency, and better experiences and health outcomes—has the strong support of our parent organization. MMA has approximately 1,020 employees nationally, and Prime has approximately 6,700 employees (including MMA employees).

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

The purpose of our Equal Opportunity Policy is to communicate the commitment of Prime and all its divisions and subsidiaries to provide equal employment opportunities to all persons, to take affirmative action to ensure that applicants are employed without regard to membership in any legally protected class, and to ensure employees are treated equally during employment. This Policy applies to all full-time, part-time, intern, resident, temporary, and seasonal employees and to all non-employees, as well as qualified applicants. Prime provides equal employment opportunities to all team members and qualified applicants regardless of race, color, religion, sex (including pregnancy), sexual orientation, gender identity or expression, genetic information, marital status, familial status, national origin, age (40 or older), disability, veteran status, public assistance status, membership or activity in a local commission, or any other legally protected class under federal, state, or local law. This Policy applies to all employment processes, practices, and terms and conditions of employment, including but not limited to recruitment, hiring, placement, promotion, transfer, demotion, compensation, selection for training, employment advertising, discipline, lay-off, and termination. Team members or applicants who believe they have experienced or witnessed a violation of this Policy are encouraged to immediately notify Human Resources, any leader, the Compliance Department, or the Company's Compliance Hotline. Prime contracts with Lighthouse Services to independently administer the Company's Compliance Hotline. Lighthouse provides a secure, third-party reporting system that allows Team Members and applicants to anonymously and/or confidentially report any violation of this Policy or other suspected misconduct. Prime prohibits retaliation against anyone who in good faith makes a complaint under this Policy or participates in an investigation into whether any conduct violated this Policy.

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

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

Supplemental Material – Location of Satellite Offices

We maintain satellite offices in:

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

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

Supplier Response

MMA is an industry leader with ***33 years of experience in CMS Federal Drug Rebate Administration.*** We currently provide CMS Federal rebate administration services for ***14 state Medicaid customers, with a 15th being added in October of 2024***. ***We have 22 years of experience in supplemental drug rebate administration.*** MMA currently provides supplemental drug rebate administration for the Medicaid programs in ***20 states plus the District of Columbia.***

MMA's PDRS solution has been certified for the 15 current state government customers for which we are performing federal rebate invoicing, including our 2023 RxLink certification for Nevada. Our solution complies with all CMS policies, guidance, and requirements related to the administration of a drug rebate program. ***For almost three decades, we have assisted our state customers in navigating Federal regulations and oversight, as well as providing support during CMS/OIG audits and during State audits.*** Our rebate programs operate in full compliance with all Federal and State laws, regulations, and notices.

MMA's track record includes ***40 data conversions*** for Medicaid and other government programs that ***successfully transitioned all rebate data*** (including open invoices, unpaid rebates, and open disputes) to our platform. Our solution will meet all PDRS Program requirements as described in the eRFP. Drug rebates play a vital role in offsetting overall drug cost for our customers. MMA provides a proven, comprehensive Federal and State drug rebate services solution. We combine clinically sound, evidence-based guidelines with market-leading Medicaid rebate negotiation expertise to deliver lowest

net cost solutions. We take pride in maximizing rebate funds returned to our customers so that funds are available to provide better access and care to Medicaid members.

MMA uses the CMS-certified RxLink rebate platform, which will support the administration (reporting, invoicing, dispute resolution, and collection) of Medicaid FFS Pharmacy PADL/J-Code Rebates, Supplemental Rebates, CMO Pharmacy and PADL/J-Code Rebates, and State Special Rebates. We have transitioned to the RxLink rebate platform to build upon an existing solid operational foundation to provide increased flexibility and scalability. Key benefits of the CMS-certified RxLink platform are streamlined, integrated processes and enhanced automation, more efficient workflow management, flexible, customer-specific reporting, and timely configuration updates.

RxLink enables separate invoicing for FFS and CMO claims, as well as inclusion and exclusion of claims based on State business rules, such as zero paid FFS claims, terminated products, medical supply/market share products, and 340B claims. RxLink's enhanced automation drives high team efficiency while reducing errors and omissions through system-generated emails requesting supporting documents, one-click report generation and report scheduling, and an auto-allocate feature that applies payments at the NDC level when labelers pay as invoiced. The RxLink platform is a flexible tool that supports electronic invoicing, minimizes disputes, calculates interest on behalf of the State for late payments, promotes accurate monthly balancing, and provides the data necessary for timely quarterly reporting (e.g., 64.9R).

MMA's rebate processes are all OBRA '90 and HIPAA-compliant for each of the rebate programs administered. We follow the CMS Best Practices for Dispute Resolution, use the mandated invoice format, submit quarterly invoices and utilization data by the deadline, include institutional and medical claims, and utilize the CMS Quarterly Rate File for the appropriate rebate programs. Our Rebate Operations Team will provide all required rebate administration services for the State in support of its rebate programs.

Throughout the life of the contract, MMA will partner with the State to identify opportunities for CMOs to maximize rebates. MMA can help identify NDCs being paid by CMOs that are terminated or expired. To communicate which terminated NDCs need POS edits, MMA uses excluded claims reports in combination with dispute reports. We can provide a report of claims excluded due to terminated/expired NDCs with recommendations to the State so that it can direct the CMOs to require point-of-sale edits to not allow claims for these NDCs to pay. In addition, MMA is currently developing a future report that would identify providers who are not compliant with CMS billing standards, resulting in increased disputes/rejections. Once developed, such a report could be used by the State or pharmacy claims adjudication system vendor to promote better provider adherence to CMS standards, which would support the State's ability to maximize their rebates.

In accordance with SOW 4.5.5, for any new rebate administration implementation, MMA will collaborate with the State's current Drug Rebate administrator to ensure a seamless transition. ***MMA has 33 years of experience implementing and transitioning successful Medicaid rebate systems and services.*** The result of our well-honed project management methodology is a smooth implementation with minimal risk to providers, beneficiaries, and other stakeholders. MMA understands the importance of transitioning all rebate data from the current rebate contractor by the end of the DDI Phase. With decades of experience in transitioning programs, MMA has proven expertise in supporting a seamless transition of the rebate programs. Data needing to be converted will consist of Accounts Receivable records at the NDC 11 level and grouped by labeler code, cash receipts, adjustments, disputes, and original invoice records.

For any new rebate administration implementation, the data exchange format used to receive historical account receivables information from the current rebate contractor will support loading open invoices and balances to enable efficient collection of the outstanding receivables. Additionally, MMA will need all claims/encounter detail records to support the summary information to be able to work disputes or analyze remaining amounts owed. MMA also will require any paper information that supports the rebate program. The following data conversion components are representative of those that must be completed to successfully implement the rebate system for the State: Historical Claims Conversion, Provider Data, Recipient Data, and Rebate History Conversion.

Security and Online Access

MMA's proven State Pharmacy Drug Rebate Program solution meets or exceeds all applicable State and Federal regulations and is in full compliance with all privacy and security aspects protecting data confidentiality, including those defined by the HIPAA Security Rule, the HITECH Act, HITRUST, and the NIST SP 800-53 Rev. 5 Moderate Control Baseline, which requires MFA, including unique user login/password credentials and a second form of authentication (e.g., text, telephone call, email).

MMA uses Okta and Microsoft Identity, our identity management tools, to provide both single sign-on and MFA for user sign-on activity. MFA provides another layer of security in addition to login credentials. As required by Attachment C SOW 6.2.16, our MFA technology will meet the NIST Special Publication 800-63B Digital Identity Guidelines Standards at an Authenticator Assurance Level 2 (AAL2) or higher standard. MMA’s solution uses MFA for all users except for public-facing user accounts that do not have logical access to State data.

a. How the Supplier will provide the State's Authorized Solution Users access to review information such as invoice status, reporting data and reviewing the status of payments.

MMA will provide State Authorized Solution Users with access to review information such as invoice status, reporting data and reviewing the status of payments. MMA’s solution incorporates a rebate reporting module that will contain over 20 standard parameter-driven financial, management, and invoice reports. These reports support multiple program types.

We will provide access to State rebate data via our web portal RxLink iQ reporting functions. This customer-facing dashboard offers several methods for users to find and review up-to-date account information for rebate labelers. Users may search, browse, or refer to previously favorited reporting content. Once a user has navigated to a report they can use the filters to narrow their results to the desired account(s) they’re interested in reviewing. RxLink iQ is refreshed with data from rebate transactional systems daily. Most daily operational updates occur in near-real time. Some batch processes still exist, and these are supported daily as appropriate, based on the receipt of updated information from the source system. An example of these batch processes would be the quarterly rate updates from CMS.

The RxLink rebate suite has two primary report types: financial and invoice-related. Financial reports include information about cash receipts, outstanding balances, and disputed activity. Invoice-related reports center around both detail and summary information for claims and invoices. These reports are all parameter-driven to allow the user to analyze the specific information from various lenses. The flexibility of the system also allows custom creation of new reports or easy configuration of existing ones, without the need for a ticket. MMA provides monthly and quarterly reports providing an accounting of the previous month’s regular drug rebate collections for Medicaid, including interest when applicable. Currently, rebates are invoiced to labelers separately by each rebate program. The drug rebate monthly collections breakdown incorporates information across all programs.

MMA's proven State Pharmacy Drug Rebate Program solution meets or exceeds all applicable State and Federal regulations and is in full compliance with all privacy and security aspects protecting data confidentiality, including those defined by the HIPAA Security Rule, the HITECH Act, HITRUST, and the NIST SP 800-53 Rev. 5 Moderate Control Baseline, which requires MFA, including unique user login/password credentials and a second form of authentication (e.g., text, telephone call, email).

MMA uses Okta and Microsoft Identity, our identity management tools, to provide both single sign-on and MFA for user sign-on activity. MFA provides another layer of security in addition to login credentials. As required by Attachment C SOW 6.2.16, our MFA technology will meet the NIST Special Publication 800-63B Digital Identity Guidelines Standards at an Authenticator Assurance Level 2 (AAL2) or higher standard. MMA's solution uses MFA for all users except for public-facing user accounts that do not have logical access to State data.

b. Any limitations with accessing information, such as payments received, or disputes resolved.

Any properly credentialed State Authorized Solution User can access information once it has been processed by a Rebate Billing Specialist, such as payments received, or disputes resolved, by logging into RxLink iQ via our web portal.

c. Any limitations with accessing information to see the bidding submission system for Supplemental Rebates.

Given that the solution is not contained and constrained by a single application, we are limited in our ability to allow State customers to access the entirety of our solution. However, MMA will provide State Authorized Solution Users with access to see their State's finalized bids from manufacturers using our MRx Explore data analytics tool. MMA's PDRS Solution allows online bid submissions from authorized manufacturer representatives. The State Submitted Supplemental Contract Offers report will contain details on all State offers over a defined time period allowing the provisioned user to view bid submissions with varying offer levels (tiers) and select configurable query parameters, such as contract year, therapeutic class, and drug name. Whether a multi-state or state-only solicitation, manufacturers are instructed to submit their offers in a specified format to a pre-determined SFTP site.

d. The Windows or web browser that will be used.

Properly credentialed State Authorized Solution Users can access RxLink iQ through secure, role-based, single sign-on, via standard web browsers from any workstation that can connect to the Internet. RxLink iQ can support any of the Tier 1 browsers, including but not limited to Chrome, Edge, Firefox, or Safari.

e. Limitations, if any, on the number of State users who can be given access to any of the systems.

MMA will provide up to five licenses for designated State Authorized Solution Users to have access to RxLink iQ. MMA regrets that we are unable to provide direct access to PDL Connect, which contains manufacturer information that MMA is contractually required to keep confidential. We will make the State's finalized bids accessible to State Authorized Solution Users as described in the prior response to requirement c.

MMA's PDRS Solution will meet all System Capabilities requirements in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 2.1.

MSQ2.1 – System Screenshots (TRADE SECRET)

The following System screenshots shown in *Figures MSQ2.1-1* through *MSQ2.1-22* illustrate information that the State's Authorized Solution Users can access online in RxLink iQ, including, but not limited to, invoice status, reporting data and reviewing the status of payments.



Figure MSQ2.1-1: Executive Dashboard – Executive Summary and Rebate Invoiced Collected (TRADE SECRET)

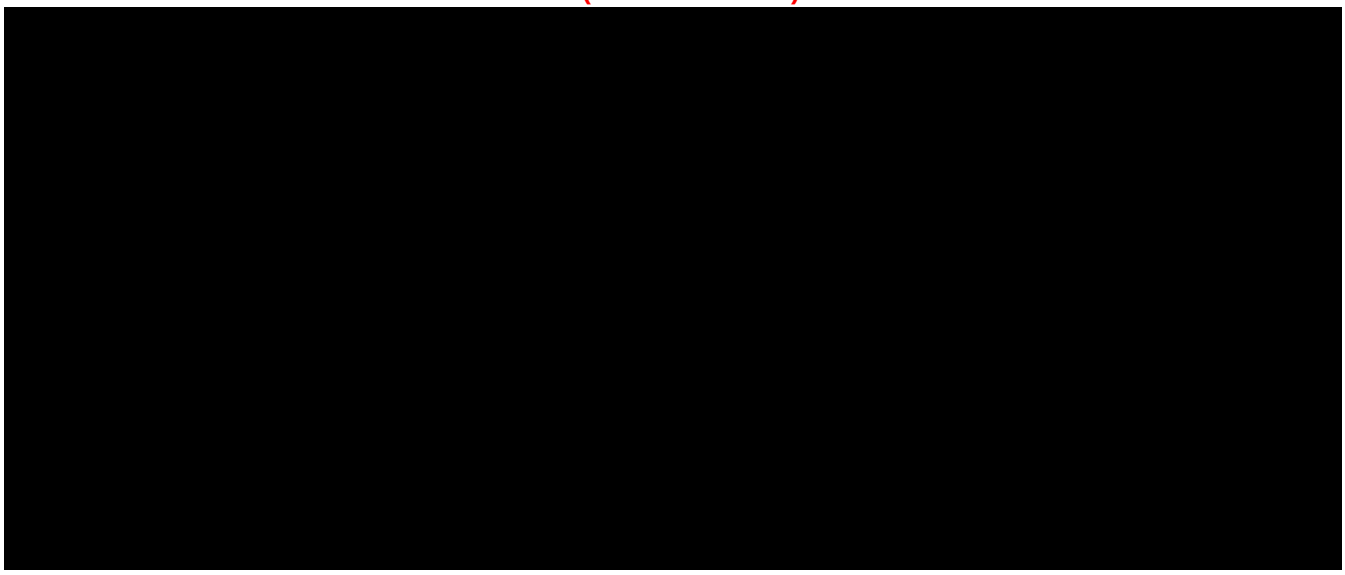


Figure MSQ2.1-2: Cash Receipts Recap Dashboard (TRADE SECRET)



Figure MSQ2.1-3: Executive Dashboard – Invoice Totals by Quarter (TRADE SECRET)



Figure MSQ2.1-4: Aged Disputes Remaining (TRADE SECRET)



Figure MSQ2.1-5: RxLink iQ Filtering Example (TRADE SECRET)



Figure MSQ2.1-6: Aged Receivables (TRADE SECRET)



Figure MSQ2.1-7: Cash Receipt Detail (TRADE SECRET)



Figure MSQ2.1-8: Cash Receipt Recap Support Summary (TRADE SECRET)



Figure MSQ2.1-9: Dispute Activity (TRADE SECRET)



Figure MSQ2.1-10: Disputed NDCs By Labeler By Quarter (TRADE SECRET)



Figure MSQ2.1-11: Dunning Notice Report (TRADE SECRET)



Figure MSQ2.1-12: Executive Summary (TRADE SECRET)



Figure MSQ2.1-13: Labeler Paid Amount vs. Billed Amount (TRADE SECRET)



Figure MSQ2.1-14: Outstanding Manufacturer Rebate Invoice Balance Report (TRADE SECRET)



Figure MSQ2.1-15: Payment Receipt Detail (TRADE SECRET)



Figure MSQ2.1-16: Quarterly Labeler Account Balance Report Tab (TRADE SECRET)



Figure MSQ2.1-17: Receipt Listing (TRADE SECRET)



Figure MSQ2.1-18: Total Dollars By Check Number (TRADE SECRET)



Figure MSQ2.1-19: Claim Detail Report with Prompts (TRADE SECRET)



Figure MSQ2.1-20: Excluded Claims Report by Reason Code (TRADE SECRET)



Figure MSQ2.1-21: Invoice Totals for Quarter (TRADE SECRET)



Figure MSQ2.1-22: Quarterly Invoice Comparison (TRADE SECRET)

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

Supplier Response

MMA has 23 years of experience, including six years of Georgia-specific experience, administering supplemental drug rebates including supplemental rebate negotiation and management for PDL programs. Our Contracting Team understands the intricate details of bid solicitation and negotiation of both individual and multi-state contracts that bring both exceptional value and flexibility to our customers. In addition to individual state programs, which MMA currently provides for Georgia, we offer our customers the opportunity to participate in either of our two CMS-approved Medicaid pools—the National Medicaid Pooling Initiative (NMPI) or The Optimal PDL $olution (TOP$)—or, in the case of blended managed care and FFS models, we work with our customers to develop a uniform PDL model that is customized to the unique goals and needs of the State.

We understand that many states are considering the benefits of implementing a single (unified) PDL service model for both the FFS and MCO (CMO) populations. MMA possesses extensive experience with this approach. The Medicaid Drug Rebate Program's best price exemption permits the most advantageous rebate contracting results, and the 2010 Affordable Care Act (ACA) provided an opportunity for states to invoice the Federal rebate from manufacturers for MCO pharmacy utilization. MMA recognized a pathway for customers to collect supplemental rebates on MCO utilization, as well, leading to development of the first single (unified) PDL to maximize these benefits for our customers. MMA also pioneered the first unified-PDL in the State of Texas in 2013. [redacted] These programs include both full and partial unified PDLs. A partial unified PDL is one where only select classes are implemented across all FFS and managed care members. MMA has assisted our customers in the financial evaluation of a projected unified PDL. To do so, we look at all Medicaid utilization for a customer, whether FFS, MCO/CMO, or some combination of the two. Using reliable modeling from our experiences in other MMA business, we model the transition from FFS to MCO and vice versa to demonstrate the impact on the customer's net pharmacy spend. MMA also provides guidance during the State's submission process of their State Plan Amendments for CMS approval and communicating changes to pharmaceutical manufacturers. With the most program implementations and the longest history with providing PDL recommendations in this format, MMA has an excellent knowledge base for successfully operating unified PDL programs from the standpoints of all involved.

MMA's in-depth experience provides great insight into the similarities and differences of each state customer, including the opportunities and challenges presented both individually and collectively. In this section, we describe our bid solicitation process for Supplemental Rebates, including the identification of pharmaceutical contacts for all Products included in the Supplemental Rebate program and a

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description of the electronic bid system used for manufacturer submission of bids. MMA's solution meets all requirements in eRFP Attachment I—PDRS Scope of Work, Section 3.2 Bid Solicitation.

For State-specific programs, MMA will perform bid solicitations according to a mutually agreed upon schedule and cadence with the State (PDRS SOW 3.2.1). All actively contracted and/or single source brand manufacturers within a drug class will be given the opportunity to submit a supplemental rebate offer prior to review by the State Advisory Board. Our Contracting Team will ensure that any bidders offering Supplemental Rebates are in good standing and do not have more than two quarters of outstanding unpaid rebates (not including any rebates that MMA and Labeler are actively working through the dispute resolution process) (PDRS SOW 3.2.4). Solicitations will be sent to manufacturers, and they are all given the same deadline for submission of their best and final offers. Subsequent offers are not accepted unless we determine that further negotiations are in the best interest of the State. This procedure ensures fairness to all manufacturers and discourages manufacturers from making anything less than their best offer. It also gives us the ability to negotiate deeper discounts if determined to be in the best interest of the State. ***Through numerous formal solicitations with the manufacturing community throughout the calendar year, our individual state and multi-state pool programs can drive savings for our customers.***

Our process for rebate negotiation and solicitation encourages active and aggressive participation by pharmaceutical manufacturers. MMA's approach has been refined over the years and results in a process that is transparent and trusted by manufacturers and results in maximum savings for our customers. Our solicitation and negotiation process is:

- **Open to all:** All manufacturers are given an equal opportunity to participate, giving them assurance that their rebate offers are evaluated in an equitable manner, increasing the likelihood that a maximum number of labelers will participate.
- **Consistent:** Giving manufacturers/labelers certainty on what they are bidding on increases the likelihood of more aggressive offers.
- **Credible:** Manufacturers know that MMA has the longest history and most extensive experience in the negotiation and contracting of rebates for Medicaid FFS programs.

We will solicit clinical information and supplemental rebate offers from pharmaceutical manufacturers with rebate-eligible products in the identified classes. MMA manages contract discussions and inquiries from manufacturers and shares with the State any information that assists Medicaid programs in being thoroughly informed purchasers of medications. While engaging pharmaceutical manufacturers in aggressive rebate bidding, our processes focus on the final net cost to Medicaid programs through Federal and/or supplemental rebates, as well as value-based agreements. Prior to each State Advisory Board meeting, MMA will work with the State to determine which classes of products will be reviewed. We send bid solicitations to manufacturers using condensed solicitation periods enabling us to incorporate the most current utilization data and pricing in our Cost Models.

While MMA's solution is not contained within one system, our established process allows manufacturers to submit bids through an SFTP site and we engage in a process to ensure we are obtaining the best discounts for our customers. Our expertise in contracting has allowed us to create a dynamic solution that is a combination of various processes and automations to enhance efficiency. The contracting process is complex, and the data are highly dynamic. Therefore, we have designed our solution to allow us to quickly adapt to these changes, as well as respond to changes in regulations.

Given that the solution is not contained and constrained by a single application, we are limited in our ability to allow state customers to access the entirety of our solution. However, MMA will provide State Authorized Solution Users with access to see their State's finalized bids from manufacturers using our

MRx Explore data analytics tool. MMA's PDRS Solution allows online bid submissions from authorized manufacturer representatives (PDRS SOW 3.2.5.a). The State Submitted Supplemental Contract Offers report will contain details on all State offers over a defined time period allowing the provisioned user to view bid submissions with varying offer levels (tiers) and select configurable query parameters, such as contract year, therapeutic class, and drug name (PDRS SOW 3.2.5.b and 3.2.5.c). Whether a multi-state or state-only solicitation, manufacturers are instructed to submit their offers in a specified format to a pre-determined SFTP site.

Associated encryption ensures the maximum security of each manufacturer's sensitive data. To access the site, each manufacturer must complete and submit a Manufacturer Contact Form that requires identification of a primary and secondary contact which is uploaded into our proprietary Manufacturer Contact Application. We use this information to contact and discuss offer information with the manufacturer's primary and secondary contact listed in the database. Manufacturers' folders on the SFTP site are swept hourly throughout the day by an automated process which extracts Offer Form files from those folders and downloads them to our internal network server. Once loaded onto our server, an email confirmation of receipt of the Offer Form is generated and sent to the email address designated by the manufacturer on their Offer Form. Each offer is subjected to an automated, thorough validation process to ensure that the offer is accurate and reasonable. If the offer does not pass validation, it is returned to the manufacturer with comments and guidance. Our validation process enables MMA to verify that the manufacturer has submitted an accurate submission, ensuring that the State receives the full benefit of each supplemental rebate offer intended for submission. [redacted]

If selected as the PCMS Contractor, MMA will have the ability to unify the management of financial and clinical data for the State Medicaid Pharmacy Program. In addition to established PDL classes, we will recommend additional therapeutic classes for inclusion in the PDL and bid solicitation when it may be financially advantageous to the State (PDRS SOW 3.2.2). MMA's Clinical Team will conduct drug class reviews, utilization reviews, and analysis on the State's recent historical pharmacy claims/encounter data to establish value-based preferred drug recommendations based on clinical safety and efficacy data and available evidence-based medicine. A key aspect of this review process is performed by our clinical pharmacists who thoroughly review the available published, peer-reviewed clinical literature to create Therapeutic Class Reviews (TCRs) that will be provided to the State Advisory Board. These reviews present an accurate, balanced picture of the relative clinical strengths and weaknesses of each agent within a therapeutic class. ***MMA will consider clinical, market, and financial factors when recommending additional therapeutic classes for the State Medicaid Pharmacy Program.***

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

Supplier Response

MMA has 15 years of experience providing diabetic supply supplemental rebates to our customers. Our deep and broad knowledge of the diabetic and medical supply marketplace allows for insightful evaluation of the future market shares of national brand name versus value brand medical supplies. As described in the following narrative, we have thoroughly reviewed and confirm that we will meet all requirements detailed in eRFP to Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.2 Bid Solicitation.

MMA was the first to develop a rebate program for medical and diabetic supplies, our multi-state Medical Supply Program pool (MSP). Our MSP started in 2008 and focused on meters and testing strips. MMA's MSP currently consists of 10 Medicaid customers. MMA manages diabetic supply therapeutic classes including diabetic blood glucose meters, strips, continuous glucose monitors, disposable insulin pumps, syringes, needles, and ancillary equipment, as well as spacers and other devices as part of our MSP. This year, MMA plans to implement an All-State Call for MSP member states to discuss supplemental rebate offers received, class management strategies, and advancements in glucose monitoring products (e.g., CGM) and insulin administration (e.g., insulin pumps).

[redacted] Our MSP contracts with 25 medical supply manufacturers including Roche, Abbott, and Lifescan. [redacted] In addition, we have successfully provided an individual state diabetic supply rebate program for Georgia since 2017. [redacted] Because of the breadth of our program, MMA is uniquely positioned to leverage the deepest diabetic supply discounts in the marketplace for both individual state and multi-state pool customers. Our individual state diabetic supply programs, as well as our MSP, provide demonstrated value to our customers. [redacted] MMA also has experience with implementing and managing unified (single) diabetic supply programs that cover both the FFS and CMO populations for several state customers.

Our process for rebate negotiation and solicitation encourages active and aggressive participation by diabetic supply manufacturers. MMA's approach has been refined over the years and results in a process that is transparent and trusted by manufacturers and results in maximum savings for our customers. Our solicitation and negotiation process is:

- **Open to all:** All manufacturers are given an equal opportunity to participate, giving them assurance that their rebate offers are evaluated in an equitable manner, increasing the likelihood that a maximum number of labelers will participate.
- **Consistent:** Giving manufacturers/labelers certainty on what they are bidding on increases the likelihood of more aggressive offers.

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- **Credible:** Manufacturers know that MMA has the longest history and most extensive experience in the negotiation and contracting of rebates for Medicaid FFS programs.

MMA solicits best and final supplemental rebate offers from medical/diabetic supply manufacturers using a WAC based GNUP. Our Contracting Team uses a competitive negotiation model to garner supplemental rebates for individual state and multi-state pool customers. Our strategy forces manufacturers to provide their best pricing or risk having their product not included in diabetic supply program until the next offer solicitation and negotiation period. This process eliminates the need for lengthy renegotiations during the solicitation period; discussions with manufacturers are instead held prior to the solicitation period. As a result, our diabetic supply customers avoid continuous financial discussions and achieve the best discounts available. MMA's solicitations for the MSP occur within a standard timeline that results in a two-year contract with an annual enhancement period. That timeline consists of a solicitation in the summer that results in executed contracts beginning fourth quarter of each year. A state that is new to the pool can access MSP contracts at any time. If the State elects to conduct its own individual state diabetic supply program, MMA will adhere to a similar timeline that meets the needs of the State.

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

Supplier Response

MMA will negotiate all Supplemental Rebates on behalf of the State and adhere to a State-approved timeline that provides for efficiency in process management to allow State review of recommendations and approval through the State Advisory Board (PDRS SOW 3.2.3). ***MMA has 23 years of experience in drug pricing and negotiating experience, including 16 years of diabetic supply experience.*** We have experience in negotiation of Supplemental Rebates with generic manufacturers and manufacturers of products not traditionally included in Supplemental Rebate programs (e.g., aerochambers, spacers, glucometers, diabetes testing supplies, etc.). MMA utilizes our established negotiation process for brand drugs to negotiate with generic and diabetic supply manufacturers. We will leverage our extensive experience and established relationships with pharmaceutical manufacturers encompassing 825 labeler codes and 25 diabetic supply manufacturers/labelers to meet all requirements in eRFP Attachment I - PDRS Scope of Work, Section 3.2 Bid Solicitation.

Supplemental rebate savings are generated through negotiation with pharmaceutical manufacturers who seek positioning for their products on the PDL. Our Contracting Team negotiates supplemental rebates through a competitive bidding process. Because each therapeutic class is scheduled to be negotiated only once a year, manufacturers must bid aggressively or risk their product(s) being assigned non-preferred status. Manufacturers understand, and MMA enforces, that all pricing is submitted as best and final. Each manufacturer is instructed to provide their best and final Guaranteed Net Unit Price (GNUP). Offers may also include positioning within each class and provide clinical criteria guidelines that a state may apply while maintaining eligibility for the manufacturer's offer. Positioning language includes:

- Limiting the number of preferred products in a class
- Defining a subclass of products
- Detailing clinical criteria for consideration allowing manufacturers flexibility in their approach while providing maximum value to our customers.

MMA has a high level of interaction with manufacturers, with 25 PDL customers involved in different annual review cycles, including Georgia. ***This involvement gives us continuously updated knowledge of the Medicaid pharmaceutical market; our PDL customers can be assured they are receiving the best offers available regardless of their review schedules.***

Our philosophy is to negotiate contracts that deliver a clinically sound, lowest cost PDL with minimal disruption. Although we broadly define value as having clinical and financial considerations as the main components, we recognize that other market factors play a role in value determination. Provider abrasion and member disruption, as well as Call Center volumes obtained through collaboration with the PBA Services vendor, represent the strongest of these factors. We make recommendations based on all factors. Brand drug disruption is minimized due to our broad Medicaid footprint and our expert Negotiation Team, as we have developed SRAs with all major manufacturers for our customers.

MMA maintains negotiated rebate information as confidential, separate from other customers' rebate data. We follow this practice whether the customer participates as an individual state or in a multi-state pool. The same is true for any State's utilization data. This information is frequently requested by manufacturers but denied by MMA, unless otherwise instructed by the State. Both current utilization data and cost data are included in our cost sheets. MMA maintains SRAs in accordance with Federal Confidentiality Guidelines. For the individual-state SRA, the information is maintained as confidential and retained separate from any of our other customers.

We successfully support our state customers in maximizing their purchasing power and lowering overall costs, while preserving a robust drug benefit for members. For individual PDL customers, MMA can design our contract cycles to meet the required State cadence. For example, we utilize a bi-annual contract cycle for the current Georgia PDL and Rebate Contract, working closely with DCH to create a timeline of classes for review. Our Account Team uses established communication channels to ensure that the State is apprised of the status of bid solicitations, offers received, stipulations on offers, if any, and providing year-to-year offer comparisons.

MMA's strategy for improving savings to the State is to continually negotiate deeper discounts on pharmaceuticals year after year. Negotiations with manufacturers are conducted over the course of the year, not during the solicitation and analysis time frames. Having established dialogues with these companies reduces the need for lengthy back-and-forth negotiations when it comes time for them to submit their supplemental rebate offers, permitting us to maintain a condensed review cycle that gives the most up-to-date data to the State and appropriate Boards when making PDL recommendations. MMA maintains constant contact with manufacturers and continually monitor pricing sources (e.g., MAC or quarterly CMS rebate files) to obtain the lowest net prices available for our customers. Although we currently provide an individual program for six states, including Georgia, we also offer the following rebate contracting options. ***We are a leader in the development and operation of innovative solutions that respond to the unique, complex, and evolving needs of state Medicaid programs and the patients they serve.***

NMPI: The NMPI provides decision-making autonomy to individual states while leveraging a common contract across participating states. Our manufacturer contracts provide multiple positioned bids in many cases which affords supplemental rebate pricing that matches with any state PDL decision. SRAs are between the manufacturer and MMA. NMPI contracts are three-year agreements, ensuring stable price protection, and guarantee prices through the term of each manufacturer's contract. Each manufacturer has an annual opportunity to reduce their brand's net cost to improve competitiveness.

TOP$: TOP$ provides decision-making autonomy with a common contract, but coordinates class reviews among participants. TOP$ uses a competitive bid model which encourages manufacturers to provide positioned offers from exclusive one-of-one offers, to access offers or inclusive offers. The biannual contract cycle and review schedule allows member states to review half the PDL in May and the other half in November on an annual basis. For TOP$, MMA sends bid solicitations to manufacturers approximately four months prior to the P&T Committee/DUR Board meeting.

[redacted]

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[redacted]

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

Supplier Response

MMA can negotiate or renegotiate Supplemental Rebates, as needed, outside the standard cycle throughout the PBS Contract period for drugs that are added to the State Medicaid Pharmacy Program, newly approved drugs, or as requested by the State. We will comply with all requirements detailed in eRFP Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.2 Bid Solicitation.

MMA may recommend off-cycle reviews for a PDL drug/class if major developments occur within the market, including the entry of a new drug to the market, the removal of a drug from the market, drug shortages, anticipated legislative impacts (e.g., American Rescue Plan Act of 2021's provision for removal of the Medicaid Drug Rebate Cap, Inflation Reduction Act, etc.), or significant new clinical or safety data. We will review new drugs or formulations with the State to determine whether MMA should contact the Labeler prior to the next official bid cycle date to solicit Supplemental Rebate bids.

Because it is not MMA's standard practice to accept off-cycle bids, unless necessitated by special circumstances (e.g., insulin price changes), manufacturers are encouraged to offer their best price up front. ***This strategy ensures that all manufacturers are afforded equal opportunity, optimizing manufacturer participation.*** Our negotiation methods ensure that manufacturers present their best price at the beginning, reducing back-and-forth exchanges. Because each therapeutic class is negotiated on fixed cycles, manufacturers must bid aggressively according to these cycles or risk their product(s) being assigned non-preferred status.

MMA monitors the pharmaceutical industry for press releases, FDA updates, clinical data, and market occurrences that could impact PDL decisions. Our clinical staff work in conjunction to perform a comprehensive review of medical references and pharmacy compendia, including peer-reviewed literature and clinical practice guidelines published by nationally recognized organizations. We may recommend off-cycle reviews for a PDL drug/class if major developments occur within the market, including the removal of a drug from the market or the advent of significant new clinical or safety data. New product entries to the market can be reviewed with the next full review of the class or as single products at the next scheduled meeting of the State Advisory Board.



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

Supplier Response

MMA's Contracting Team manages, tracks, and oversees all negotiated Supplement Rebate Contracts. We manage, on behalf of our state customers, the negotiation, implementation, and management of supplemental rebates including, traditional supplemental rebates, value-based contracts, diabetic supplies, state-specific rebates, CMO rebates, and multi-agency purchasing agreements (PDRS SOW 3.1.1). Within 30 Calendar Days following Contract Execution, we will provide the State with a written Supplemental Rebate Work Plan detailing all aspects of the supplemental rebate program, including the process for bidding, making recommendations, and negotiating (PDRS SOW 3.1.2).

MMA assists our state customers, using our established Supplemental Rebate Contract templates, to develop Supplemental Rebate Contract for the State, upon request, for submission to CMS for approval (PDRS SOW 3.1.3.c). ***MMA has a productive relationship with CMS which provides benefit to our customers related to single-PDL programs, value-based contracting, and other state initiatives that require Supplemental Rebate Agreement revisions/State Plan Amendment changes.*** If the State requires a Supplemental Rebate Agreement revision with CMS, we will provide guidance regarding the submission of a new State Plan Amendment. We will support the State in addressing CMS questions by formulating responses that balance the needs of the State with CMS requirements. Our Rebate Contract Analyst manages, tracks, and oversees all negotiated Supplemental Rebate Contracts, including attachments and exhibits, to labelers and the State for execution and loading the selected bid submission data to the rebate platform (PDRS 3.1.3.f). [redacted] Negotiation correspondence is tracked and archived. Validations are completed to ensure all agreements are accounted for and rates match bid submission data and are loaded accurately to reflect the PDL posted.

MMA provides cost information, including CMS Unit Rebate Amount (URA) and Unit Rebate Offset Amount (UROA) and supplemental rebate offers to the State, which clearly outline the supplemental rebate offer, current/proposed PDL drug status, and the impact to the total net cost per drug (PDRS SOW 3.1.3.e). We are experienced in predicting/reporting the fiscal impact due to preferring or non-preferring specific products within each PDL therapeutic class and convey these data through our Cost Sheets. We compare therapeutically-like drugs based on their net-net cost to the State. The net-net cost considers pharmacy reimbursement, Federal rebate, Rebate Offset Amount, and supplemental rebates and is, therefore, representative of the actual, final cost of each drug to the State. Cost modeling allows us to demonstrate, by therapeutic category, the best financial case, as well as the current case and an alternate case, by preferring/non-preferring brands and generics based on the State's net-net cost for each product. We provide cost modeling and recommendations for each class

reviewed by the appropriate Board, both prior to the review and subsequent to the Board's clinical recommendations. Our PDRS Solution incorporates the following functionality and processes:

Schedule for activities and how it will be agreed upon with the State: MMA sends solicitations to manufacturers for supplemental rebate offers according to the state's specified schedule for an individual state program (e.g., bi-annual) schedule. Best-and-final offers from all manufacturers that have products in the existing drug classes being reviewed are collected within the allotted time frames, along with any new single products or classes that the State desires to review. For our multi-state pools, NMPI contracts are three-year agreements, ensuring stable price protection, and guarantee prices through the term of each manufacturer's contract. Each manufacturer has an annual opportunity to reduce their brand's net cost to improve competitiveness. TOP$ uses a competitive bid model which encourages manufacturers to provide positioned offers from exclusive one-of-one offers, to access offers or inclusive offers. The biannual contract cycle and review schedule allows member states to review half the PDL in May and the other half in November on an annual basis. For TOP$, MMA sends bid solicitations to manufacturers approximately four months prior to the P&T Committee/DUR Board meeting. We will work with the State during DDI to establish time frames for all activities. (PDRS SOW 3.1.3.f.i)

Procuring Bids: Our solicitation for supplemental rebates is via a best-and-final-offer methodology. Following manufacturer submission of offers, we clarify received discounts in areas if there is potential for increased savings to the State. If a significant clinical or financial change occurs in the market, MMA reserves the right to open negotiations outside of the regular time frame. We send bid solicitations to manufacturers using condensed solicitation periods that enable MMA to incorporate the most current utilization data and pricing in our Cost Models. (PDRS SOW 3.1.3.f.ii)

Bid option Alternatives: In addition to SR bids, MMA also has established bid processes for diabetic supplies, physician-administered drugs, and value-based contracting. (PDRS SOW 3.1.3.f.iii)

Presenting Information to the State: We will continue to communicate all manufacturer bids to the State for consideration, understanding that the State has the authority to accept and/or reject any supplemental rebate bids for the Program. MMA provides support to the State for the bid review/selection process and presents financial/clinical PDL recommendations, including savings strategies and clinical rationale to support the recommendations. (PDRS SOW 3.1.3.f.iv)

Labeler Follow-up: We require each labeler with a product included in a PDL class to designate two contacts authorized to negotiate with MMA. This enables us to develop relationships with the contacts which facilitates negotiation of supplemental rebates, as well as completion of our contracting process (Supplemental Rebate Agreement execution) and invoicing preparations. With all communication funneled through these contacts (or designees), we achieve a consistent open line of communication to respond to inquiries from labelers. Our communication channel, along with the transparency (to the extent possible in a competitive marketplace) of the MMA process, encourages a partnership among the manufacturers, our customers, and MMA that is a critical component of our successful process. (PDRS SOW 3.1.3.f.v)

Bid Finalization: Following receipt of offers, cost sheet analysis, and Board meeting decisions, we require that labelers with products selected at the meeting execute the CMS-approved Supplemental Rebate Agreement or an amendment if a labeler modifies the products included in a previously signed Supplemental Rebate Agreement. This step ensures that the labeler agrees with all applicable terms and conditions of the Supplemental Rebate Agreement. After being executed by the labeler and returned to MMA for review, partially executed contracts are forwarded electronically to the State for

final execution. A fully executed electronic copy of the Supplemental Rebate Agreement or Amendment is retained by the State, MMA, and the manufacturer. (PDRS SOW 3.1.3.f.vi)

Interim Bids: MMA may recommend off-cycle reviews for a PDL drug/class if major developments occur within the market, including the entry of a new drug, removal of a drug, drug shortages, anticipated legislative impacts, or significant new clinical or safety data. We will review new drugs or formulations with the State to determine whether MMA should contact the manufacturer prior to the next official bid cycle date to solicit supplemental rebate bids. (PDRS SOW 3.1.3.f.vii)

Bid Accuracy/Timeliness: Each offer is subjected to an automated, thorough validation process to ensure it is accurate and reasonable. If the offer does not pass validation, it is returned to the labeler with comments and guidance. This process provides verification that the labeler has submitted an accurate offer, ensuring that the State receives the full benefit of each supplemental rebate offer intended for submission. To facilitate timely submission, labelers are provided advance notice of drug classes being reviewed and informed of time frames three to four weeks prior to the submission deadline. (PDRS SOW 3.1.3.f.viii)

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

Supplier Response

MMA will leverage our PDL program best practices gleaned from 23 years of experience and 25 current customers to evaluate the rebate value in relation to the Drug Product utilization mix of a therapeutic class, negotiate and renegotiate rebates, and accommodate the exclusion of certain therapeutic classes of drugs from rebate participation per State or Federal mandate (PDRS SOW 3.1.3.a and 3.1.3.b). MMA meets all requirements detailed in eRFP Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.1 Overview.

MMA is a recognized leader in delivering cost savings to state Medicaid programs. Our proven process focuses on the development of a clinically sound and cost-effective PDL for our customers. This is accomplished by considering aspects beyond efficacy and cost, such as market share, potential disruption (e.g., drug shortages, product discontinuations, etc.), pipeline, patent expiration dates, and pricing for multisource products. MMA assesses drug cost and utilization changes and trends by drug, drug category, price, PDL compliance, and other factors that may be specified. Our Cost Sheets incorporate data from the CMS rebate rates, First Databank (FDB) pricing, supplemental rebate offers, rebate offset amounts, State utilization data, State MAC list, if provided, and MMA's PDL Connect tool. Cost Sheets are populated with the most recently available file for each of these which is quarterly for CMS rebates, weekly for FDB pricing and PDL Connect tool updates, and monthly for State MAC prices and utilization. Cost Sheet data typically contain the most current three months of utilization and the most current CMS rebates. Projected market share and savings estimates based on various PDL scenarios are based on real data. While there is a standard model upon which our projections are based, we can manually direct and customize various PDL scenarios as we identify the need. We compare therapeutically equivalent drugs based on their net cost to the State. The net cost considers pharmacy reimbursement, Federal and supplemental rebates, and the rebate offset amount and is, therefore, representative of the actual, final cost of each drug to the State. Our Cost Sheets also include savings resulting from the movement of market share from more costly to less expensive drugs, regardless of supplemental rebates. Our experiences with states' real data can be leveraged representing demonstrated market share projections and savings estimates. State-specific data can be redacted or generalized to maintain confidentiality.

Part of MMA's ongoing PDL maintenance activities is our provision of comprehensive PDL recommendations. We develop recommendations for drugs to be designated as preferred or non-preferred on the PDL based on a thorough evaluation of clinical merits of all drugs in the class and present our findings during each State Board meeting. ***Clinical strategy is combined with financial metrics of Cost Sheets to produce cost-effective PDL recommendations.*** We consider clinical, market, and financial factors when evaluating a therapeutic drug class for addition to the PDL program. This includes clinical efficacy, safety, side effects, drug-drug interactions, health outcomes, therapeutic equivalency/interchangeability of all medications available in the class, comparative efficacy within a class, dosing, prescribing trends, indications, appropriate use concerns, treatment landscape, and numerous dosage forms (e.g., Generic Sequence Number [GSN]) of chemically equivalent or similar

compounds. The presence of these and other similar factors are indications that inclusion of a therapeutic drug class in the PDL program would likely bring value to the State through generation of supplemental rebates, identification of, and movement of utilization to lower cost and clinically equivalent drugs and, of critical importance, assurance that clinically effective and safe drugs are preferred for Medicaid members. Although MMA determines PDL status recommendations within the framework of our defined classes, we do not limit considerations to those definitions. Products in the anti-infective class are separated by mechanism of action, as are diabetes treatments. However, we look across all available treatments for conditions when recommending PDL statuses. Combination products may not have the same value as the separate ingredients from a financial standpoint. The same can be true for a new class of products with a unique mechanism of action, but without consensus on its place in therapy. ***We will not always recommend a product in each therapeutic class just to have representation, but we will always be prepared to recommend a product should the State desire the best value.***

MMA's Cost Sheets contain all required information, as well as a savings summary. Our Cost Sheets include the following information for all drugs within a therapeutic class: brand name, if applicable; generic name; offer type, if applicable (e.g., 1 of 2 preferred); current PDL status (i.e., preferred, non-preferred, not previously reviewed); current number of prescriptions; current market share; projected number of prescriptions; projected market share; recommended PDL status; drug reimbursement per prescription; Federal rebate per prescription; rebate offset amount per prescription; PDL cost per prescription if non-preferred; supplemental rebate per prescription; PDL cost per prescription if preferred; average number of units per prescription; PDL cost per unit; and manufacturer name.

We also prepare a savings summary for each State Board meeting that provides the total savings for the classes scheduled for review. Our savings summary sheet shows the projected total annualized savings, as well as savings by PDL class and, at a minimum, the following fields: PDL class description; projected savings attributed to market share shifts; projected savings attributed to supplemental rebates; projected spend based on PDL recommendations; projected total savings based on PDL recommendations; and projected total savings based on PDL recommendations compared to current PDL.

MMA also possesses the experience to predict and report the fiscal impact resulting from the exclusion or inclusion of specific products within each of the therapeutic classes in the PDL. Our predictive modeling is enhanced by the knowledge and expertise gained by the current management of 25 Medicaid PDL customers across the country. ***We conduct fiscal analyses to monitor and report the cost-effectiveness of the PDL, and, where appropriate, we advise the State on the effects of other State-specific policies that have been implemented or are under consideration.*** MMA has experience completing financial analyses to properly evaluate supplemental rebate offers provided by the manufacturers. To determine whether an offer is acceptable, we convert the Guaranteed Net Unit Price (GNUP) to a Wholesale Acquisition Cost (WAC) percentage and then incorporate utilization data so that the comparisons are between the expected annual benefit of the offered rebate. The expected annual rebate revenue is calculated by multiplying the offered supplemental amount by annualized total units, which can then be compared to the State's requirements for that particular drug. Once the financial analysis is complete, MMA provides the State with input regarding offer acceptance. If requested by the State, we can work with the manufacturer to obtain a counteroffer. We will work closely with the State during DDI to ensure that our proven process for Rebate Value Evaluation meets the State's PDRS Project needs.

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

Supplier Response

In this section, MMA details our experience in negotiation Supplemental Rebates on PDL drugs. We will meet all requirements detailed in eRFP Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.2 Bid Solicitation. MMA will negotiate all Supplemental Rebates for PDL drugs on behalf of the State and adhere to a timeline approved by the State that provides for efficiency in process management to allow for State review of recommendations and approval through the State Advisory Board. ***MMA has 23 years of experience in drug pricing and contract negotiations, including a total of 12 years of Georgia-specific experience.***

MMA has longstanding relationships and a high level of interaction with manufacturers, with 25 PDL customers involved in different annual review cycles including: Georgia, Alaska, Arizona, Arkansas, Colorado, Connecticut, District of Columbia, Florida, Idaho, Louisiana, Maryland, Michigan, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, Rhode Island, South Carolina, Texas, Virginia, Washington, and Wisconsin. ***Our mature manufacturer bid process gives us continuously updated knowledge of the Medicaid pharmaceutical market; our PDL customers can be assured that they are receiving the best offers available regardless of their review schedules.***

Successes and Challenges: We have demonstrated success in the development, negotiation, implementation, and maintenance of Medicaid PDL programs. ***MMA offers states more manufacturer established relationships, contracts, and touchpoints with pharmaceutical manufacturers representing 825 labeler codes across all our rebate programs, an established and constantly honed negotiation process, and numerous regularly scheduled solicitations with manufacturers throughout the year.*** [redacted]

Our in-depth experience has provided great insight into the similarities and differences of each state customer, including the opportunities and challenges presented both individually and collectively. For example, MMA developed the first and second CMS-approved Medicaid supplemental rebate pools in the country — the National Medicaid Pooling Initiative (NMPI) in 2004 and The Optimal PDL $olution (TOP$) in 2005. Our Contracting Team understands the intricate details of negotiating multi-state contracts that bring both exceptional value and flexibility to allow each State to retain individual decision-making authority. All pool participants receive the benefits of pricing scenarios based on greater pooled membership. We exert leverage in the form of formulary restrictions or by using large populations to drive volume discounts. [redacted] We also established a market share (medical and diabetic supply) rebate pool in 2009 which has 11 Medicaid participants, 10.5 million lives, and established medical and diabetic supply

contracts with 25 manufacturers that include Roche, Abbott, and Lifescan. MMA offers states more purchasing power through our NMPI, TOP$, Medical Supply Pool (MSP), and five individual state programs, which collectively represent 47.8 million Medicaid lives and almost $29 billion in drug spend.

We understand that many States are considering the benefits of implementing a single (unified) PDL service model for both the FFS and MCO populations. MMA possesses extensive experience with this approach. The Medicaid Drug Rebate Program's best price exemption permits the most advantageous rebate contracting results, and the 2010 Affordable Care Act (ACA) provided an opportunity for states to invoice the Federal rebate from manufacturers for MCO pharmacy utilization. MMA recognized a pathway for customers to collect supplemental rebates on MCO utilization, as well, leading to development of the first single (unified) PDL to maximize these benefits for our customers. MMA also pioneered the first unified-PDL in the State of Texas in 2013. [redacted] These programs include both full and partial unified PDLs. A partial unified PDL is one where only select classes are implemented across all FFS and managed care members. MMA has assisted our customers in the financial evaluation of a projected unified PDL. To do so, we look at all Medicaid utilization for a customer, whether FFS, MCO, or some combination of the two. Using reliable modeling from our experiences in other MMA business, we model the transition from FFS to MCO and vice versa to demonstrate the impact on the customer's net pharmacy spend. MMA also provides guidance during the State's submission process of their State Plan Amendments for CMS approval and communicating changes to pharmaceutical manufacturers. With the most program implementations and the longest history with providing PDL recommendations in this format, MMA has an excellent knowledge base for successfully operating unified PDL programs from the standpoints of all involved.

[redacted]

Manufacturers understand the Medicaid volume represented by MMA, and they have experienced first-hand our customers' collective ability to drive market share. ***That success translates into cost savings for our customers, evidenced by the pharmaceutical industry's desire to provide competitive proposals for MMA's customers.*** We successfully support our state customers to maximize their purchasing power and lower overall costs, while preserving a robust drug benefit for members. MMA's strategy for improving savings to the State is to continually negotiate deeper discounts on pharmaceuticals year after year. Negotiations with manufacturers are conducted over the course of the year, not confined to the solicitation and analysis time frames. Having established dialogues with these companies, there is no need for lengthy back-and-forth negotiations when it comes time for them to submit their supplemental rebate offers, permitting us to maintain a condensed review cycle that gives the most up-to-date data to the State and the State Advisory Board when making PDL recommendations.

TRADE SECRET

[redacted]

MMA has also successfully mitigated challenges related to contract negotiations. For example, our negotiation methods ensure accurate and timely submission of rebate offers. Each offer is subjected to an automated, thorough validation process to ensure that the offer is accurate and reasonable. If the offer does not pass validation, it is returned to the labeler with comments and guidance. This process provides verification that the labeler has submitted an accurate offer, ensuring that the State receives the full benefit of each supplemental rebate offer intended for submission. To facilitate timely submission, labelers are provided advance notice of drug classes being reviewed and informed of time frames three to four weeks prior to the submission deadline.

Process: Supplemental rebate savings are generated through negotiation with pharmaceutical manufacturers who seek positioning for their products on the PDL. On behalf of the State, our Contracting Team uses a competitive negotiation model in developing PDLs that are based on the powerful results achieved by allowing market forces to work.

MMA encourages manufacturers to bid aggressively or risk their product(s) being assigned non-preferred status. We solicit best-and-final supplemental rebate offers from manufacturers with products contained in one of the therapeutic classes that the State has designated for supplemental rebate inclusion. Our strategy requires manufacturers to provide their best pricing or risk having their product non-preferred for one year, until the next offer solicitation and negotiation period. Manufacturers offer GNUPs for their products and may attach positioning language. Positioning language includes:

- Limiting the number of preferred products in a class
- Defining a subclass of products
- Detailing clinical criteria for consideration allowing manufacturers the flexibility in their approach and providing maximum value to our customers.

Our philosophy is to negotiate contracts that deliver a clinically sound, best strategy, lowest cost PDL with minimal disruption. Although we broadly define value as having clinical and financial considerations as the main components, we recognize that other market factors play a role in value determination. Provider abrasion, member disruption, and call center volumes, as provided by the PBA vendor, represent the strongest of these factors. We make recommendations having considered all factors.

MMA maintains negotiated rebate information as confidential, separate from other customers' rebate data. We follow this practice whether the customer participates as an individual state or in a multi-state pool. The same is true for any state's utilization data. This information is frequently requested by manufacturers but denied by MMA, unless otherwise requested by the State. Both current utilization data and cost data are included in our cost sheets. MMA maintains Supplemental Rebate Agreements in accordance with Federal Confidentiality Guidelines. For the individual-state Supplemental Rebate Agreement, the information is maintained as confidential and retained separate from any of our other customers.

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

Supplier Response

MMA will use our established processes for providing information used for updating the drug file resulting from new drugs, new strengths, dosage forms, or the expiration of drugs from CMS or from Manufacturers ceasing to participate in the program. MMA meets all requirements listed in eRFP Attachment I - PDRS Scope of Work, Section 3.3 New Drugs and Labeler Changes.

MMA uses the quarterly CMS drug file as the source of truth for all NDCs and active manufacturers in the Medicaid Drug Rebate Program (MDRP). The rebate system is updated overnight after the CMS drug file is retrieved from the CMS web portal to ensure the latest data are in place each quarter prior to invoicing.

We also make use of the First Databank (FDB) drug compendia which is loaded to RxLink and identifies new products appended to each update file, to include the OBRA rebate indicator, effective and termination dates, and associated data points related to strength and dosage form of new products.

This information will be collectively used to provide a weekly NDC additions report, to include rebate data points where applicable. This weekly report will be provided to the State's PBA Services and MMIS vendors who are then responsible for updating their PBA platform utilizing this report via a mechanism agreed upon in requirements validation session(s). When MMA supports both PDRS and PBA Services, our MMA's solution contains functionality to update our PBA POS system with new drugs, new strengths, dosage forms, or the expiration of drugs from CMS or from Manufacturers ceasing to participate in the program seamlessly.

Identify/address new drugs or formulations occurring outside the standard bid cycle: MMA will use a State-approved process to identify and address new drugs to the market or new formulations that occur outside the standard bid cycle. Our clinical staff provide information to the State in a timely manner and make associated recommendations, concerning new drugs, conversion from brand name drugs to generic drugs, decreases or increases to drug costs, and the impacts to the PDL. Our Account Team works with our corporate clinical and financial SMEs who provide details related to our market baskets (i.e., therapeutic classes). Collectively, we assist the State in determining the best course of action in PDL recommendations for new brand and generic drugs, new indications for existing drugs, and new product forms/strengths. We promote and defend our recommendations from a clinically strategic and financial standpoint and ensure that necessary information is brought to light to ensure a clinically sound PDL. MMA monitors and evaluates changes in the marketplace to ensure that the State has the opportunity to maximize savings. Our strategy for maintaining and evaluating the State's PDL requires strict monitoring in the following areas: new FDA approvals; drug pipeline; drug availability issues; significant clinical evidence; generic and biosimilar launches; patent litigation; brand preferred

over generic; State-specific legislative issues; national legislative issues; and CMS rules, regulations, and state/manufacturer release notices to clarify program operations. (PDRS SOW 3.3.1)

Review new drug formulations/recommend off-cycle solicitations: We will review new drugs or formulations with the State to determine whether the manufacturer should be contacted prior to the next official bid cycle date to solicit SR bids. MMA may recommend off-cycle reviews for a PDL drug/class if major developments occur within the market, including the entry or removal of a new drug, drug shortages, anticipated legislative impacts (e.g., American Rescue Plan Act of 2021's provision for removal of the Medicaid Drug Rebate Cap, Inflation Reduction Act, etc.), or significant new clinical/safety data. In addition, MMA monitors the pharmaceutical industry for press releases, FDA updates, clinical data, and market occurrences that could impact PDL decisions. Our Account Team and MMA's clinical pharmacists work in conjunction to perform a comprehensive review of medical references and pharmacy compendia, including peer-reviewed literature and clinical practice guidelines published by nationally recognized organizations. New product entries to the market can be reviewed with the next full review of the class or as single products at the next scheduled meeting of the State Advisory Board. MMA will work with the State during DDI to establish processes and associated time frames to review new products with the State and make recommendations. (PDRS SOW 3.3.2)

Add new formulations to existing supplemental rebate contracts: MMA has established processes in place, as mutually agreed upon with our state customers, to add new formulations to existing supplemental rebate contracts. Our process includes how new drugs are identified, financial analysis, solicitation of bids, presentation of information to the State, contract preparation, and any necessary postings to ensure supplemental rebates may be collected. Periodically through each quarter, with the last iteration occurring two weeks after the end of the quarter, MMA generates a report of NDCs that were released in FDB during this period for Brand Name Routes that are currently under contract. The Rebate Contract Analyst contacts the manufacturer to determine if the NDC is valid to be contracted. It may not be valid for contracting if it is an institutional NDC or inner package NDC. If valid, the NDC is contracted as of the first day of the quarter during which the NDC entered FDB, according to the regular contract process. If the new NDC for a currently contracted Brand Name Route also shares a Label Name, the new NDC is contracted at the same rate as the corresponding contracted Label Name NDCs. If the new NDC does not share a Label Name under contract, a bid solicitation is submitted by the manufacturer for an at-parity offer compared to the currently contracted products. (PDRS SOW 3.3.3)

Notification of manufacturers added/removed from the MDRP: On a quarterly basis, CMS provides updated manufacturer and rate files accessible in their MDRP that are loaded in the rebate system via an automated load process. The file Drug Manufacturer Contact Information contains Optional Effective Date, Termination Date (if applicable), and Legal Contact, Invoice Contact, and Technical Contact information for each drug company participating in the MDRP. MMA uses this information to notify the State of any manufacturers added and/or removed from the MDRP. If the change in MDRP status for the manufacturer impacts a PDL class or Supplemental Rebate Agreement, MMA performs financial analysis, bid solicitation, and reviews the information with the State within a mutually agreed upon timeframe. (PDRS SOW 3.3.4)

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

Supplier Response

In this section, MMA provides samples of all financial modeling reports used with our current customers to perform financial evaluations for all therapeutic classes as defined by the State, including Provider Administered Drugs (PADs), and for presentation to the State Advisory Board, including supplemental rebates (SRs). We provide samples of both our internal and external Cost Sheets. Internal Cost Sheets are submitted to the State and include State-specific utilization, expenditure, net cost, and rebate data, as well as the initial PDL recommendations. State Advisory Board members receive external Cost Sheets that have confidential information coded. MMA also provides a detailed explanation about the customization of our Cost Sheets for the State, including advantages and limitations. We meet all requirements listed in eRFP Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 3.4 Financial Review and Recommendations.

MMA recognizes fiscal pressures and service demands and offers the State targeted solutions for the high-cost, high-need areas of Medicaid and other state health programs. We work with our Medicaid customers to design and implement innovative programs related to supplemental rebate contracting which are focused on overall value, including clinical effectiveness, safety, and net cost, to lower total healthcare costs. ***MMA's approach is designed to improve health outcomes and maximize cost savings.*** Our methodology for calculating cost savings will be mutually agreed upon by MMA and the State (PDRS SOW 3.4.1).

MMA uses proven processes to review current manufacturer supplemental rebate data and make recommendations to the State for specific drugs that demonstrate the greatest possibility of both therapeutic value and cost savings through supplemental rebates. MMA considers aspects beyond efficacy, safety, and net cost, such as market share, potential disruption, patent expiration dates, and pricing for multi-source products. ***We excel at applying unbiased, thoroughly reviewed clinical data vital to the efficient and effective enforcement and administration of the PDL. This clinically sound rationale is married to net cost calculations to determine the value, or cost-effectiveness, of each product under review.*** Our approach to PDL management is predicated on relative drug value, knowledge-based forecasting, minimal provider/patient disruption, and transparency (to the extent possible in a competitive marketplace), all of which are exemplified by our financial analyses. Most importantly, our continuous monitoring ensures that net cost modeling is viewed in context of current and ongoing changes in the Medicaid marketplace. (PDRS SOW 3.4.1)

MMA actively researches media to provide reliable clinical, financial, and strategic guidance to customers. We monitor and evaluate changes in the marketplace to ensure that the State maximizes

rebate opportunities. Pharmaceuticals are reviewed for changes that affect prescribing patterns. New indications and changes to existing indications are considered as they occur. Our strategy for maintaining and evaluating the State's PDL requires vigilant monitoring of movement in new drugs to market, drug pipeline, significant clinical evidence, generic launches, patent litigation, brand preference over generic, and State-specific legislative issues.

MMA's seasoned clinical staff conducts drug class reviews, utilization reviews, and analysis on customers' recent historical pharmacy claims/encounter data, received from the State's PBA vendor to establish preferred drug recommendations based on clinical safety and efficacy data and available evidence-based medicine (PDRS SOW 3.4.1). ***We focus on the development and maintenance of a clinically sound and cost-effective State PDL not only today, but in the future.***

MMA will provide the State with complete financial modeling scenarios of the current PDL, and suggested changes based on Supplemental Rebate Contracts prior to each Board cycle, as requested by the State (PDRS SOW 3.4.2). Our proprietary Cost Sheets enable us to model the projected impact of various PDL scenarios on utilization of drugs within a class including Federal and Supplemental Rebates that impact net costs, and patient access and disruption. Using our knowledge of market share shift—drug-specific and state-specific—we can project the likely result of PDL decisions. These Cost Sheets will incorporate the State's actual utilization from pharmacy and medical claims data, provided by the PBA Services vendor, expenditure, and rebate data to ensure applicability to the State. By targeting the amount of market share movement and correlating this movement to a specific drug or drugs, our Cost Sheets clearly show the end result of potential PDL decisions on the State's total net cost for each class, as well as the number of prescriptions that will be impacted by each decision.

MMA will conduct financial modeling on behalf of the State to support its PDL decision-making process and proactively inform the State if changes in rebate market dynamics lead to potential savings opportunities or losses. Our cost models consider:

- Cost and rebate information
- Market share and utilization data
- Projected market share
- Clinical considerations in therapeutic class design
- Savings estimates based on various PDL scenarios.

To aid the State in financial decision-making, MMA provides an external version of State Cost Sheets (cost modeling scenarios) with the projected impact of various PDL scenarios on a relative net cost basis for sharing with external stakeholders at the State's discretion. Our Cost Sheets provide the information necessary to make the PDL decisions that are most appropriate and clinically defensible. This practice permits pharmaceutical manufacturers to provide aggressive pricing in pursuit of an opportunity to gain market share. In these selected cases, the State can assess the value of a variety of PDL choices.

Our Cost Sheets always contain two scenarios for consideration—one projection by making no changes to the current PDL and another that projects savings based on recommended changes. MMA can also provide cost savings scenarios based on changes suggested or required by the State, such as potential grandfathering scenarios for non-preferred products. The data from our modeling can provide scenarios to drive informed decision making allowing the State to select the appropriate formulary drug mix. For example, if the State prefers to grant clinical exceptions, MMA can adjust the market shift percentage to something more appropriate to generate estimated savings. Our highly qualified Data Analytics staff are committed to accurate and effective analysis that provides actionable information to

enable decision-making. Reports provide utilization and financial outcome metrics before and after a drug class is added to the PDL to determine the impact associated with PDL changes.

MMA's accurate and meaningful Cost Sheets contain drug class, drug name, brand/generic status, current PDL status, average quantity dispensed per prescription, net cost per prescription, current market share, projected market share, federal and supplemental rebates per prescription, Rebate Offset Amount (ROA) per prescription, and projected savings based on PDL recommendations. Projected savings are delineated by projected supplemental rebates and projected market shift savings. MMA continually develops enhancements to our cost models to provide our customers with more sophisticated projections. The Cost Sheets incorporate data from the CMS rebate rates, supplemental rebates, rebate offset amounts, state utilization data, state MAC list (if provided), and our PDL Connect tool. MMA's Cost Sheets also include estimated savings resulting from the movement of market share from more costly to less expensive drugs, regardless of supplemental rebates.

Our financial modeling reports include financial details, limitations, and exception language of the contract bid offer from the manufacturers. MMA will adjust the financial modeling reports based on the State Advisory Board's recommendations and submit them to the State within 10 Calendar Days after each State Advisory Board meeting. We will be present at all State Advisory Board meetings to support the State as requested. (PDRS SOW 3.4.3 and 3.4.4)

Cost Sheet Customization, Advantages, and Limitations

Pricing Customization: Cost Sheets can be customized to meet each state's dispensing fee and reimbursement formula which may include an Average Whole Price (AWP), Wholesale Acquisition Cost (WAC), Average Acquisition Cost (AAC), National Average Drug Acquisition Cost (NADAC), Maximum Allowable Cost (MAC), or Federal Upper Limit (FUL) pricing point.

This customization allows for the most accurate estimate of the State's cost. We recognize that state's pharmacy dispensing fee methodology may vary, such as tiered dispensing fees, differing pharmacy dispensing fees, or percentage of a price point (e.g., percentage of AWP or WAC). MMA's Cost Sheets allow for one dispensing fee only. We work closely with our customers to determine the dispensing fee used when calculating estimated savings on the Cost Sheet.

When MCO utilization is included for states following a unified (single) PDL, MMA can price generics based on what the state actually paid for those products. This provides accurate pricing estimates as MCOs typically dispense generics when available and their reimbursement formulas are not available to other vendors.

MMA's Cost Sheets include multiple modeling options to show product cost based on the units per prescription. Cost modeling can be modified at the NDC level, as well as higher drug classifications. Examples include modeling per NDC and label name, limiting NDCs used, and changing cost and estimated saving based on unit, prescription, or course of therapy, when appropriate. This customization allows for Cost Sheets savings estimates specific to a therapeutic class when appropriate. MMA can change many products to use the units per prescription of all members, but custom values can only be applied to individual products. Products without available pricing cannot be included in Cost Sheets. Cost Sheet pricing can only be provided on the Brand Name Route level.

Layout Customization: The Cost Sheet layout can also be customized. In addition to our standard fields, MMA can add the current PA status, PA Recommendation, and Net Fed/Rx (i.e., the price of a prescription net of the federal rebate).

The criteria on which products are sorted within the Cost Sheet can be modified and include various combinations of the Brand Name, Net Net Rx (i.e., the final cost of a prescription net of supplemental

rebates, Federal rebates, rebate offset amounts and dispensing fee), Subgroups, Generic Name, Hierarchical Ingredient Code 3 (HIC3), and PDL Recommendation.

Innovations

[redacted]

State and State Advisory Board Support and Recommendations

As an advocate for the State, we will maintain a presence at State Advisory Board meetings as we facilitate discussions related to PDL recommendations. MMA actively promotes and defends these recommendations from a strategic clinical perspective and financial standpoint and provides the necessary information to achieve the goal of a clinically sound PDL. MMA has a long history of excellence in conducting meetings, working with Board members, and achieving the PDL decisions designed by the State and MMA in a collaborative effort. Our advanced-degree pharmacists are SMEs in clinical and financial details and lead State pharmacists and the State Advisory Board in determining the best course of action in PDL recommendations. MMA's extensive knowledge in working with P&T Committees, DUR Boards, state agencies, and state legislatures provides the State with expert consultative resources to provide a full suite of services.

MMA will use our cost models as a tool to assist the State and State Advisory Board members in making sound financial PDL decisions based on MMA recommendations. These analyses are presented in detail to the State and State Advisory Board members including appropriate clinical context for PDL recommendations. MMA's clinical information is combined with the financial Cost Sheet metrics to produce cost-effective PDL recommendations.

Financial considerations are not the singular driver in making PDL recommendations. Therapeutic classes are defined per our standards and contain products that are therapeutically similar and are designed to create competition amongst manufacturers for preferred PDL status. This analysis allows State Advisory Board members to evaluate each medication's place in therapy as they vote on the State's recommendations. ***Supported by a thorough analysis of the State's pharmaceutical utilization, our recommendations are clinically founded and pragmatic.*** Therapeutic classes are chosen for PDL inclusion 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. Therapeutic classes included in the PDL represent those that MMA have 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.

TRADE SECRET

At the State Advisory Board meetings where PDL recommendations are discussed, MMA will lead the financial discussion regarding the drug classes under review. To aid the State in financial decision making, we provide cost modeling scenarios with the projected impact of various PDL alternatives on a net cost basis. Our Cost Sheets provide the financial information necessary for State Advisory Board members to compare products within a therapeutic class and make the PDL decisions that are most appropriate and clinically defensible. Following the State Advisory Board meeting, MMA continues to support the final approval process for PDL recommendations and the implementation of status changes. We provide updated Cost Sheets based on State Advisory Board changes in PDL recommendations and facilitate the contracting process to completion in the form of fully executed Supplemental Rebate Agreements.

Our objective is to work with the State to provide recommendations which improve rebate levels for all programs. We analyze current utilization and rebates, as well as evaluate our existing strategies on a monthly, quarterly, and semi-annual basis. We can pivot, as needed, to maximize results. MMA can perform Quarterly Business Reviews (QBRs). During our QBR, we will present the State with key findings related to drug spend and opportunities for the State to make programmatic changes to improve trends. We will also provide quarterly PDL compliance reports which highlight PDL therapeutic classes with poor compliance or high utilization on non-preferred agents. ***This intelligence is used to make future PDL recommendations that result in better PDL compliance and an increase in State Medicaid Pharmacy Program savings.***

On the following pages, we provide samples of all financial modeling reports provided to our current customers, including Georgia, to perform financial evaluations for all therapeutic classes. As required, we submit both the internal and external version of our PDL Cost Sheets. MMA produces only internal versions of our PADL and Diabetic Supply Cost Sheets.

MMA has included the following financial modeling sample reports:

- Internal PDL Cost Sheet **(TRADE SECRET)**
- External PDL Cost Sheet **(TRADE SECRET)**
- PADL Cost Sheet **(TRADE SECRET)**
- Diabetic Supply Cost Sheet. **(TRADE SECRET)**



Figure MSQ11-1: Sample Internal PDL Cost Sheet (TRADE SECRET)



Figure MSQ11-2: Sample External PDL Cost Sheet (TRADE SECRET)



Figure MSQ11-3: Sample PADL Cost Sheet (TRADE SECRET)



Figure MSQ11-4: Sample Diabetic Supply Cost Sheet (TRADE SECRET)

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

Supplier Response

MMA can accept different pricing structures for supplemental bid submission, financial evaluation, and invoicing, including percent of Wholesale Acquisition Cost (WAC), Average Sales Price (ASP), and Guaranteed Net Price (GNP). In this section, we describe all the pricing structures currently utilized for MMA's book of business with a brief description of each structure. Our PDRS Solution meets all requirements detailed in eRFP Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.7 Supplemental Rebates.

As an experienced PBA contractor with 40 years of experience providing point-of-sale services and 22 years of experience providing supplemental rebate and PDL services, MMA is well versed in incorporating various price types, such as Average Acquisition Cost (AAC), National Average Drug Acquisition Cost (NADAC), WAC, Average Wholesale Price (AWP), state Maximum Allowable Cost (MAC), and Federal Upper Limit (FUL), into various pricing algorithms. We have collaborated with numerous states and their AAC vendors to establish new pricing algorithms based on state-specific AAC pricing. We account for OBRA rebate requirements and comply with Federal and State reimbursement regulations and the CMS-approved State Plan Amendment for the State.

MMA solicits supplemental rebate bids from pharmaceutical manufacturers on a Guaranteed Net Unit Price (GNUP) or per unit rebate basis. We use a WAC-based GNUP methodology for calculating supplemental rebates to be paid by pharmaceutical manufacturers. The supplemental rebate calculation is:

WAC-CMS Rebate-Net Price=Supplemental Rebate

GNUP contracts are very effective in protecting the State against the inflationary pricing pressure associated with manufacturer price increases.

MMA applies the contracted supplemental rebate formula, including application of a GNUP, WAC formula, or other appropriate formula for those manufacturers under such a Contract, for all billed units under the supplemental rebate program (PDRS SOW 4.7.2). MMA will process the paid claims data, as accurately provided by the State's PBA Services vendor, for State supplemental rebates which the State has a signed Supplemental Rebate Agreement, including durable medical equipment (DME), and invoice manufacturers on a timeline identified by the State (PDRS SOW 4.7.1).

The rebate platform's (RxLink) flexibility accommodates supplemental rebate processing. As with the CMS program, a final calculated supplemental rebate rate file is received and loaded to the rebate platform where it is applied to the applicable utilization for products covered under the supplemental rebate contracts. As each quarter file is delivered to MMA, changes in prior quarter rates initiate an adjustment to the rebate amount owed and the manufacturer will be notified with an adjustment record

on the invoice. Additionally, RxLink manages the supplemental contract information and utilize its drug pricing records to calculate the rates prior to invoice generation. Changes that occur to pricing elements within the contract calculation, such as WAC, NADAC, and ACA FUL, generate a supplemental rebate rate adjustment.

MMA's rebate platform is configured to apply State Medicaid Program policy, including creating invoices for zero Supplemental Unit Rebate Amount (SURA) with the necessary utilization data (PDRS SOW 4.7.3). Our solution monitors drug rebate information to determine if any Unit Rebate Amount (URA) is zero, and if more than two quarters have a URA of zero, the rebate platform will issue an alert prior to invoice generation to provide sufficient time for research, analysis, and resolution. MMA's PDRS Solution enables the creation of State Medicaid Pharmacy Program-specific alerts through easily defined parameters and performs pre-adjudication of business rules. ***MMA's rules-based Solution provides both unparalleled flexibility and configurability in establishing and modifying edits and rules through online functions by an authorized business user.***

In addition, RxLink iQ's reporting functionality generates reports of all Unit Rebate Offset Amounts (UROAs) that occurred in the quarter plus any changes to previous quarters UROAs. The *Unit Rebate Offset Amount Report* allows the user to view the UROA for all NDCs paid within the deposit dates entered. Calculations are based on the paid units entered, and NDCs will be grouped by invoiced year quarter. The report also shows the calculated offset amount per NDC and invoiced year quarter where the UROA was initially reported as zero by CMS for quarters prior to the current quarter, and units that were paid in quarters prior to the current quarter.

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

Supplier Response

RxLink meets all Invoice Methodology requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Sections 4.5 Invoicing and 4.7 Supplemental Rebates. *Figure MSQ13-1* illustrates the RxLink Process Flow for invoice generation.



Figure MSQ13-1: RxLink Rebate System Process Flow (TRADE SECRET)

MMA will receive outpatient drug claims and encounters from the PBA contractor, CMOs, or their designee(s). We load these claims into RxLink to perform drug rebate tasks. This will be accomplished via internal transfer of files, using the agreed-upon format. We will also load claims from other applicable third-party data sources as required to accomplish drug rebate tasks. MMA's solution will compile utilization data, invoice manufacturers, receive rebate payments from the manufacturers, allocate payments appropriately to the correct invoices, and provide resolution of disputes. The drug rebate platform produces tracking for utilization, payments, balances, credits, and disputes.

RxLink will house all necessary data elements and will support the functions required for all State Medicaid Pharmacy Program drug rebate related activities, including creating invoices for NDC/Year/Quarter per rebate program, posting rebate payments, applying prior quarter adjustments, calculating interest, reviewing any discrepancies between invoiced amounts and payments received, and tracking manufacturer disputes through resolution. MMA's proven drug rebate platform supports automated generation of the Drug Rebate Electronic Invoice Files for drug manufacturers with current rebate information, with the ability to generate and distribute electronically and on paper.

Electronic Invoices

As required by Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.5.1, MMA uses an electronic process to notify labelers of the availability of rebate invoices. We provide rebate payment details on all invoices, including address, the State's already-established bank lockbox number, and point of contact information, per SOW 4.5.2. In accordance with SOW 4.5.3, MMA will maintain an on-line database of information about the current labelers, including contact name, addresses for invoice mailing, telephone numbers, fax numbers, and e-mail addresses. A unique feature of RxLink allows us to offer electronic invoicing options for labelers. The web-based, electronic invoice application provides self-service capabilities for labelers. The electronic invoice application allows manufacturers to log into a secure website and retrieve their own claim-level detail along with their quarterly invoices.

Manufacturers' immediate access to invoices may facilitate ***faster payments with fewer disputes,*** thereby improving cash flow. The web-based, electronic invoice application initiates electronic notifications to more than ***93% of manufacturers who are actively participating in the CMS Medicaid drug rebate program.*** MMA encourages manufacturers to use this electronic functionality to benefit our State customers. MMA provides paper notifications to those manufacturers who choose not to receive electronic notifications.

Generate Separate FFS and MCO/CMO Invoices

RxLink will generate separate FFS and MCO/CMO invoices to participating drug manufacturers for eligible paid claims and encounters. We comply with all State and Federal regulations for drug rebate administration. A rebate extract will be sent from the PBA vendor's source POS system to RxLink in order to support the drug manufacturer rebate process. This extract will be loaded to the rebate platform to support the drug manufacturer rebate process. Fee for service claims extracts are sent in conjunction with the provider reimbursement cycle, accommodating weekly or bi-weekly extracts. Claims data are also sent from the MMIS vendor to support rebate invoicing for MCO/CMO claims.

Information provided in the rebate records includes all NDC and other data needed for the rebate process, such as the time period covered, NDC, total units paid by Medicaid, product names, number of prescriptions paid, the rebate rate amount per unit based on the CMS-approved formula, and any rebate rate amount provided by a supplemental contract (typically produced on an independent invoice). The rebate solution then summarizes the claims at the end of the quarter, according to rebate eligibility, and we provide the data to manufacturers.

Rebate invoices are generated in the CMS R-144 layout and provided to the manufacturer. MMA will follow CMS guidelines and provide rebate invoices and reporting per Federal regulations. We will keep rebate records indefinitely. Our team is very familiar with Federal requirements and receives all CMS State releases, just as the State representatives do. In addition, our team representatives are registered with CMS on behalf of our customers to receive all program notifications. We review any new policy information that is posted by the entity and will remain in compliance with all current requirements.

Track and Retain Non-Eligible Claims

RxLink will track and retain non-eligible claims with the corresponding exclusion reason for reporting purposes. For example, if a claim has been billed with a HCPCS/NDC combination that does not appear on the global file, that claim can be excluded from the rebate invoice. MMA reporting identifies any excluded claim, along with the reason(s) that claim was excluded.

Report Collected and Outstanding Rebates

MMA will work to identify, collect, and report to the State, all rebates due from manufacturers. We recognize the importance of pursuing all outstanding balances, so that all rebate amounts owed to the State are received in whole as quickly as possible. The rebate reporting functionality provides for the creation of the *Outstanding Manufacturer Rebate Invoice Balance* that provides the details/data provided on a ROSI/PQAS that is received from the manufacturer. This report displays the amounts allocated for a selected manufacturer or NDC.

As part of the standard report package for RxLink, the State will be provided a report that shows the disposition of all outstanding balances. This report can be accessed for the Federal or the supplemental program by the use of program choice. This shows the State the balances that are unpaid or in dispute so the State will know what area of collection is being pursued. The rebate reporting module contains over 20 standard parameter-driven financial, management and invoice reports. Our standard management reports include historical rebate data, as well as current data, and these reports support multiple program types.

The rebate reporting tool provides data, accessibility, flexibility, customization, and user-friendliness and is refreshed with data from transactional systems daily, including data from external vendors such as the PBA vendor, when that data is provided daily. ***Transactions are updated in near real time.*** Some batch processes for absorbing data that is sent quarterly does happen overnight. MMA provides the opportunity and capability for authorized State staff to access the reporting functions via our web portal.

Per SOW 4.5.4, MMA reviews invoices internally and with the State before sending invoices, to ensure there are minimal discrepancies. We will recreate past invoices within five calendar days of request if replacements are needed. By choosing MMA as its rebate contractor for the new contract, the State ensures that there will be no lapse of Rebate invoicing and collections during the transition period, in accordance with SOW 4.5.5. As required by SOW 4.5.6, MMA will report all invoicing activity, including variance reports, to the State within 10 calendar days after quarterly invoices have been sent. The invoice summary sent to labelers informs them that interest will begin to accrue on disputes and unpaid balances on the 38th calendar day after the date of the quarter's invoice postmark date, per SOW 4.5.7.

In accordance with SOW 4.5.8 and 4.5.9, MMA generates paper and electronic notices of late payment at intervals designated by the State and with language approved by the State, and we retain and use the postmarked envelopes as proof of receipt dates and for interest calculations. MMA's practice is to provide notice of late payment (dunning letters) via email, because they are received faster, USPS delivery times have been extended and slow the delivery process, manufacturers as a whole prefer a paperless process, invoice contacts change regularly throughout the quarter, and our electronic

delivery process ensures the most recent contact is the one who receives the emails. Also, remote work by manufacturer contacts means that they often are not in the office to receive USPS mail. MMA can track delivery of an email, but we cannot confirm delivery of USPS mail. In short, electronic delivery via secure email has been shown to be more effective than USPS delivery of paper notices. Additionally, email delivery of late payment notices allows manufacturer to forward on to us to have a meaningful discussion about any questions they might have about an outstanding rebate balance due. MMA's PDRS solution will meet all the invoice requirements of SOW 4.5.11.

MSQ13.1 – Sample Invoice

A sample rebate invoice is shown in *Figure MSQ13.1-1.*

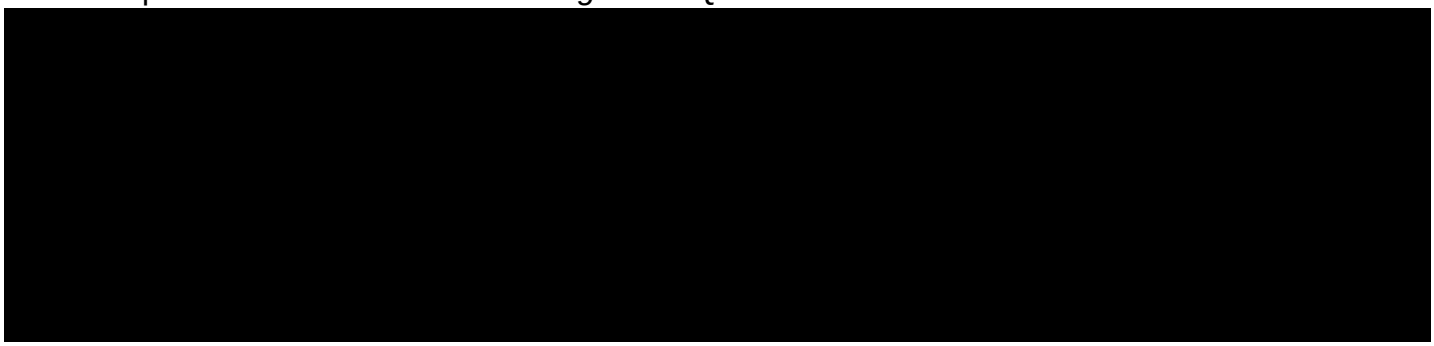


Figure MSQ13.1-1: Sample Rebate Invoice (TRADE SECRET)

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

Supplier Response

MMA's PDRS solution will meet all Labeler Data Maintenance requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.1 Rebate Eligible Claims Identification. State Authorized Users will access Labelers' entries via RxLink iQ.

Labelers' entries, including invoice contact information and labeler termination dates, are kept up to date by loading each quarterly CMS labeler file in RxLink. RxLink conforms to all CMS data and file layouts. For example, invoices (electronic and paper) are generated in the CMS-R-144 layout and within the CMS-required time frame using this powerful, modularized rebate operational application.

MMA receives quarterly pricing/product data (and revisions) in the CMS-mandated file format. Pricing files are designed for format CMS-367a, and product files are designed for CMS-367c. Pricing and product data received through paper, encrypted email, or via the secure file transfer protocol (SFTP) site will be promptly loaded to the rebate system. As part of the file load process, data are validated for accuracy of file layout (e.g., field length) and checked for other potential file errors that could delay file processing.

As required by Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.1.1, MMA will calculate and create invoices for any and all eligible rebates for products reimbursed by the State program for its members at 100% accuracy.

MMA accepts and uses the file feed that identifies NDCs and the associated HCPCS used to bill for all provider-administered drugs, including crossover claims, per SOW 4.1.2. We also use the CMS Report to identify these NDCs and associated HCPCS.

In accordance with SOW 4.1.3, MMA's solution will maintain labelers' entries and termination dates in the CMS Rebate Program with access for the State to view, update, and use in claims processing. MMA will communicate changes to the State's PBA vendor to ensure proper claims processing. We will maintain multiple Labeler enrollment dates, Termination Dates, and address changes that are provided by CMS.

MMA will communicate termination dates to the State's PBA vendor within five business days of their posting on the CMS website, as required by SOW 4.1.4.

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

Supplier Response

As described in our response to MSQ13 – Invoice Methodology, MMA's PDRS solution will meet all Manufacturer Rebate Invoices requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.1 Rebate Eligible Claims Identification. We are experienced in the process to calculate, create, and mail invoices for CMS Rebates (OBRA J-Codes, and SPAP), CMOs and Supplemental Rebates. MMA is an industry leader with 33 years of experience in CMS Federal Drug Rebate Administration and 22 years of experience in supplemental drug rebate administration.

We notify manufacturers when invoices are postmarked and made available (or mailed). This notice includes the invoice registers for each rebate program. We use our proven rebate processes to ensure accuracy and timeliness of submitting invoices to the manufacturers.

In accordance with SOW 4.1.1, MMA will calculate and create invoices for any and all eligible rebates for products reimbursed by the State program for its members at 100% accuracy. Per SOW 4.1.3, MMA's solution will exclude from invoice processing certain categories of claims, including zero-dollar Claims, and NDCs that are reimbursed by the State.

MMA provides will create and mail paper invoices and notifications to those manufacturers who choose not to receive electronic notifications. A unique feature of RxLink allows us to offer electronic invoicing options for labelers. The web-based, electronic invoice application provides self-service capabilities for labelers. The electronic invoice application allows manufacturers to log into a secure website and retrieve their own claim-level detail along with their quarterly invoices.

Manufacturers' immediate access to invoices may facilitate faster payments with fewer disputes, thereby improving cash flow. The web-based, electronic invoice application initiates ***electronic notifications to more than 93% of manufacturers who are actively participating in the CMS Medicaid drug rebate program.***

MMA encourages manufacturers to use this electronic functionality to benefit our State customers.

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

Supplier Response

MMA's PDRS solution will meet all Converting Units requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.2 Unit Conversions.

MMA's solution converts between the drug database unit and quantity used for invoicing (billed units) to those used by CMS. Our solution will provide, maintain, and apply accurate unit conversion factors required to convert paid claim units to CMS rebate units.

RxLink will identify valid NDC and HCPCS combinations for CMO encounter data and convert the units billed to the NDC rebate units for accurate rebate invoicing. We will provide J-code crosswalk data to ensure the correct invoicing of units of claims that are not NDC-coded. ***Our crosswalk file is maintained by clinical pharmacists.***

MMA maintains and continuously updates a global HCPCS to NDC crosswalk and J-Code to NDC unit conversion factor that is used to convert billed HCPCS units on medical claims to rebate-eligible drug units. These files are used to validate the presence and combination of NDCs and HCPCS and/or J-Codes on medical claims and encounters that are loaded to the rebate reporting system.

The global file is inclusive of only rebate-eligible NDCs, as certified by CMS and designated as such in the Medicaid Drug Programs (MDP) product. The rebate-eligible NDCs are only included in the global file when the NDC can be associated with a dedicated HCPCS and J-Codes for which the amount of drug administered can definitively be determined.

As required by SOW 4.2.1, MMA will identify correct billing units for NDCs based on available package sizes and CMS-specified units prior to invoicing. MMA will convert billed units to CMS rebateable units, and we will invoice labelers with correction(s) to accurately determine utilization. MMA affirms that the State has the ability to view all conversion factors, per SOW 4.2.2. MMA will partner with the State to ensure that all conversion factors are updated as directed.

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

Supplier Response

MMA's PDRS solution will meet all Invoice Methodology requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.1 Rebate Eligible Claims Identification.

The rebate system is able to flag claims for drug rebate processing and is configured as directed by the State to exclude claims from invoicing based on defined business rules. We will follow our proven methodology for excluding NDCs from non-participating Manufacturers and DESI drugs from being invoiced, as directed by the State.

RxLink reviews FFS claims and CMO encounter data to identify rebateable and non-rebateable drugs prior to the generation of the quarterly invoices. We exclude certain drugs from the rebate process through NDC exclusion rules.

MMA will receive input from the State on drugs that should not be rebated. MMA's solution is readily configurable to enforce future possible changes in State policy by excluding some drugs based on rebate, inner packaging and other criteria, as directed by the State.

We work with the State to identify non-rebateable products billed by CMOs so that POS edits are continually updated to disallow payment for terminated NDCs. This will reduce non-rebateable NDCs in the invoice stream.

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

Supplier Response

MMA's PDRS solution will meet the 340B Providers requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.4, 340B. Our Rebate Team will identify, download, and report to the State all exempt 340B Providers (pharmacy and medical) as identified from the HRSA website quarterly with 100% accuracy prior to processing current invoices. These 340B Providers include pharmacies and clinics purchasing under the 340B provisions.

Description of the System Capability to Exclude 340B Providers

Recent developments and changes to the 340B Program; including the establishment of contract pharmacy relationships with covered entities, and growth in virtual inventory management vendors, have significantly altered the covered entity, pharmacy provider, and payer dynamic. MMA provides analytics, guidance, and support for the multiple transactions associated with the business model and changes to OBRA rebate eligibility for claims dispensed by HRSA-enrolled providers if an event fails to result in a 340B eligible transaction. The flexible and configurable RxLink rebate platform provides functionality for system identification and exclusion of 340B drug claims and encounters from dispensing pharmacies that are not eligible for drug rebate program, as directed by the State.

As required by Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.4.1, Each quarter, MMA will identify and download the providers who are identified as carved into the 340B program for the State's Medicaid program. We will provide the file to the State within four business days of release of the Medicaid Exclusion File (MEF). MMA's solution will be configured to validate new providers added to the 340B exclusion file, ensuring that NPIs and Medicaid numbers meet the format and digit requirements. We contact 340B providers to confirm information or request correction of information on a quarterly basis, as needed, per SOW 4.4.2.

In accordance with SOW 4.4.3, MMA validates NPI and Medicaid ID billing information with the covered entity for all new entities identified on the MEF before submitting claims for rebates, within 15 calendar days from the date the MEF is available on the HRSA website.

Per SOW 4.4.4 and 4.4.5, MMA maintains a list of all 340B Providers purchasing drugs under 340B for exclusion from rebate billing, and we use the NCPDP billing standard fields to identify 340B claims and to exclude those claims from rebate billings. 340B pharmacies are required to include the NCPDP indicator at the claim level for drugs purchased through the 340B program. As required by SOW 4.4.6

and 4.4.7, MMA complies with CMS-established modifiers to identify 340B acquired drugs in hospital outpatient settings, and we exclude claims identified as 340B purchased drugs from rebate invoicing using an exclusion methodology mutually agreed upon between MMA and the State.

In accordance with SOW 4.4.8, MMA has created a 340B Maximum Allowable Cost (MAC) rate file for use in claims processing, using a methodology mutually agreed upon between MMA and the State. The 340B MAC rate is based on the CMS URA and Average Manufacturer Price (AMP) files.

Identify Drug Claims Eligible for Rebates and Those Not Eligible for Rebates

RxLink identifies drug claims eligible for rebates and those not eligible for rebates. This highly configurable drug rebate platform allows for inclusion, or exclusion, of claims in the drug rebate process based on business rules developed by the State, including reason codes for issues such as zero paid FFS claims, terminated products, medical supply/market share products, and 340B claims based on claim or line-level indicators. Through our rebate solution, we will apply global exclusion rules that can be configured at the customer level, ensuring that exclusion—or inclusion—criteria can be updated based on the State's requirements and needs. These exclusions will be applied at either the NDC or claim level, as approved by the State.

The RxLink rebate platform provides functionality for system identification and exclusion of 340B drug claims and encounters from dispensing pharmacies that are not eligible for drug rebate program, as directed by the State. The rebate system flags claims for drug rebate processing and excludes claims from invoicing based on defined business rules. RxLink reviews FFS claims and CMO encounter data to identify rebateable and non-rebateable drugs prior to the generation of the quarterly invoices. We exclude certain drugs from the rebate process through NDC exclusion rules. We will also receive input from the State on drugs that should not be rebated. We work with the State to identify non-rebateable products billed by CMOs so that their PBA can update POS edits to disallow payment for terminated NDCs. This reduces non-rebateable NDCs in the invoice stream.

The State's pharmacy POS claim administration platform is currently configured to identify a 340B submitted claim in the NCPDP D.0 standard. Retail pharmacies are required to submit the NCPDP clarification code of 20 to identify 340B claims. The incoming Submission Clarification Code (Field 420-DK) of 20 identifies a claim as a 340B claim.

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

Supplier Response

MMA's PDRS solution will meet the Compound Prescription Invoicing requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.1 Rebate Eligible Claims Identification.

To ensure compliance with federal requirements, drug manufacturers are invoiced for compound prescriptions. Rebate extracts from pharmacy claims processing system to the rebate system will be customized for the State, ensuring that inclusion/exclusion criteria can be updated based on the State's requirements.

The rebate platform provides the ability to configure exclusion rules based on customer-specific needs by providing an administrative tool that allows the user to configure claim exclusions from invoice billing.

Each ingredient line sent to the rebate system will be evaluated and invoiced for rebate if it complies with the State-approved rules that we have in place in the rebate system.

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

Supplier Response

MMA's PDRS solution will meet the Adjustments requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.5 Invoicing. MMA requires that labelers use the standard ROSI and PQAS forms for adjustments, and we ensure that labelers follow CMS instructions for the completion of forms, per SOW 4.5.10.

MMA's PDRS platform incorporates functionality to adjust accounts receivable balances for rebates only at labeler/quarter level, interest only at labeler/quarter level, rebates and units at the NDC level, which also updates labeler/quarter balances, adjustments and any State-approved write-offs, and interest only at the drug detail level.

Our drug rebate invoices reflect information, per CMS regulations, at the summary NDC level. This ensures that the rebate application keeps the outstanding summary balance reflected on the current quarter invoice or the prior quarter adjustment statement (PQAS), which reflects prior period adjustments (PPAs) in line with the claims level detail that supports it.

MMA generates and reconciles both current quarter invoices and PQAS, which include PPAs, for our rebate programs. We retain all prior period history details pertinent to invoicing. The rebate system constantly maintains a connection between claim level detail and summary NDC on the invoice for all data processed.

All invoice unit adjustments are made at the claim level to keep the correlation between the invoice and the claim detail in balance. If a labeler has a rate change, our system adjusts the rate accordingly and brings the invoice up or down, as necessary. MMA performs both rate adjustments and unit adjustments, and both are matched to the quarter that we originally invoiced for that rate for that NDC.

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

Supplier Response

MMA's PDRS solution will meet the Invoice Delivery Process requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.5 Invoicing. MMA generates electronic and paper invoices in the CMS-R-144 layout and within the CMS-required time frame using RxLink. Because more than ***93% of manufacturers who are actively participating in the CMS Medicaid drug rebate program*** participate in receiving electronic notifications from our web-based, electronic invoice application, the need for paper notifications is minimized.

We receive mail, track postmark dates, and store postmarks or envelopes of paper notifications. MMA provides electronic tracking of electronic notifications.

As required by SOW 4.3.6.a, RxLink will maintain an audit trail of transactions related to the drug rebate invoices. RxLink iQ provides the capability to display original and all revised invoice records.

With coordination and as directed by the State, MMA's solution is able to run drug rebate invoice cycles due to a late claims file delivery, per SOW 4.3.6.b.

In accordance with SOW 4.5.8 and 4.5.9, MMA generates paper and electronic notices of late payment at intervals designated by the State and with language approved by the State.

MMA retains and uses the postmarked envelopes as proof of receipt dates and for interest calculations. MMA's PDRS solution will meet all the invoice requirements of SOW 4.5.11.

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

Supplier Response

MMA's PDRS solution will meet the Invoice Quality Assurance requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.9 Quality Assurance.

As required by SOW 4.9.1, MMA will, on a quarterly basis, perform quality assurance and monitoring procedures within 30 calendar days after sending invoices to ensure that accurate invoices are produced, and duplicate invoices are never sent except upon specific request. MMA will provide an outcomes report to the State within five calendar days after completing the quality assurance review. We will meet with the State within another five calendar days from the outcomes report submission to discuss the review.

In accordance with SOW 4.9.2, MMA will carry out the following monitoring procedures, which will be automated as appropriate, for the validation of an accurate drug rebate process:

a. Make use of an automated date field which changes the date to the next quarter after current invoices are produced with a provision for manual override capability available when necessary to recreate previous quarter invoices.

b. Review and identify all records for follow-up in the claims file which do not have a corresponding URA for an NDC on the CMS rebate file.

c. Verify the calculated interest due.

d. Monitor remittance documentation to ensure the collection of the correct amount of interest.

e. Verify the dates that payments are received at the lockbox.

f. Provide a sample of current quarter invoices for quality assurance purposes for the State's approval.

MMA has a comprehensive process in place to identify and adjust data prior to creating quarterly rebate invoices that includes both systematic controls and stringent checklist-based manual quality reviews specific to claim load validation, invoice totals pre-summarization, NDC with unit discrepancy, negative units, rebates exceeding reimbursement, pre-invoice adjustments, quarterly invoice comparison, and conversions. Our internal quality control process includes the following:

- Claims will be reviewed by the MMA team to validate that appropriate rebate billing occurs. Our internal audit processes use industry best practices.
- Once CMS rate files are received and loaded into the rebate system, pre-invoice quality reviews are performed by the Rebate Analyst on the current quarter's claims. These quality reviews include the following:
  - **Invoice Totals Pre-Summarization:** Invoices totals before any adjustments are made

- **NDC With Unit Discrepancy:** Checked to make sure the units are correctly converted; if not, adjustments are made
- **Negative Units:** Check to make sure we do not invoice negative units; adjustments made if necessary
- **Rebate Exceeds Reimbursement:** Looking for high dollar difference and making necessary adjustment
- **Pre-Invoice Adjustments:** After all adjustments are made, this report is generated, and a second quality check is performed by another Rebate Analyst as a quality check to ensure accuracy.
- **Quarterly Invoice Comparison:** Looking at variance between the most recent quarter and the previous quarter, comparing amount invoiced to reimbursement received; and reviewing excessively high variance by manufacturer for the most recent quarter.

These reports allow the Rebate Operations Team a view into all NDCs where the total calculated rebate exceeds the total reimbursement to identify where true overstatements occur, as well as all claims where the units meet a chosen threshold amount, to ensure that overstated or understated claim units are identified and corrected. This is also the step where the automated unit conversions are reviewed for accuracy and manual unit conversions are entered at the claim level.

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

Supplier Response

MMA's PDRS solution will meet the PPA Methodology requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.4 Dispute Resolution. MMA generates and reconciles both current quarter invoices and PQAS, which include PPAs, for our rebate programs.

We retain all prior period history details pertinent to invoicing. The rebate system constantly maintains a connection between claim level detail and summary NDC on the invoice for all data processed. All invoice unit adjustments are made at the claim level to keep the correlation between the invoice and the claim detail in balance.

PPAs resulting from voided claims or adjusted rebate rates from CMS are systematically applied in the rebate system as part of the invoice summary process. PPAs can be created in two separate ways. The first way occurs during subsequent invoicing periods and is system-generated during the invoice process. The second way is a result of manual adjustments that are made by our Rebate Analysts after the original invoice was created.

The rebate platform automatically performs the accounting required because of a rate or utilization PPA and presents the manufacturer with the net outcome of that adjustment (credit or debit). Should a claim be identified as a true error, adjustments are made into the system and are reflected as PPAs. Regardless of how we categorize the claim on the invoice (by date of service or paid date), MMA matches the voided claim with the original paid claim.

As required by SOW 5.4.11, for any type of rebate reconciled, MMA will perform the following:

a. A review of receivables obtained to ensure that all invoiced amounts for the current quarter are paid regardless of outstanding credits to the account.

b. A documentation of continuous contact with Labelers when clarification is required for collection of past due balances.

c. A provision for check-level balancing in a point and click environment.

d. A reconciliation of checks received with outstanding invoices to ensure proper application to the correct invoices or adjustments.

e. An account balance and payment history conversion.

f. An application of Prior Period Adjustment (PPA) payments recorded and applied to the quarter billed.

g. A matching, without exception, of the information of the PQAS to the PPA records on the CMS file.

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

Supplier Response

MMA's PDRS solution will meet the Paid Claim Recording requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 6.1 Reporting.

As required by SOW 4.6.5, MMA will submit quarterly reports of State Drug Utilization Data (SDUD) of Labelers' invoice information to CMS per CMS's requirements within 60 calendar days after sending invoices or no later than the frequency determined by CMS. MMA has a process in place for contacting the Labeler for resolution when more than two quarters of CMS URAs do not match.

RxLink will accumulate and monitor all records in paid claims data that don't have a corresponding NDC or URA on the current CMS file. We will submit these records to the State, quarterly, with one list for each of the following:

a. One for NDCs on Claims that processed as POS.

b. One for NDCs that are contracted under the Supplemental Rebate program.

c. One for those that processed as HCPCS.

For the State's CMOs that would need one list for POS and another list for HCPCS, at minimum, RxLink is easily configured to send the required multiple quarterly lists to each CMO.

MMA's PDRS platform is configured to apply State Medicaid program policy, including creating invoices for zero Supplemental Unit Rebate Amount (SURA) with the necessary utilization data, per SOW 4.7.3. Our solution monitors drug rebate information to determine if any URA is zero, and if more than two quarters have a URA of zero, the rebate platform will issue an alert prior to invoice generation to provide sufficient time for research, analysis, and resolution.

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

Supplier Response



MMA's dispute resolution process will meet all requirements in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.4 Dispute Resolution and 5.5 Unpaid Rebate Balances. The RxLink rebate platform will support processing of open invoices, collection of unpaid rebates, and dispute resolution for the State's PDRS for both FFS claims and all CMO drug encounters, including the collection of J-code rebates.

Receive Rebate History

To assume the State's rebate administration, MMA will migrate, convert, or manage the transfer of the historical rebate data that are provided to MMA. MMA has extensive experience performing this task for other customers, and we have the expertise to get it done. RxLink will store data related to State Medicaid rebate administration, accounts receivable management, and dispute resolution, including historical data.

Any historical data that may need to be referenced and that is supplied to MMA in an acceptable format (i.e., a format that can be loaded into the system) will be loaded into RxLink. Online reports will include historical rebate data that could be loaded into the system, as well as the most current data.

MMA adheres to all CMS policy and guidance regarding pursuit of rebate amounts from manufacturers. MMA will partner with the State to maintain and provide all the data necessary to resolve outstanding rebates and disputes including historical disputes dating from 1991 to present when it is determined to require service.

Provided that the data are in an appropriate form to be loaded into the system, the MMA Rebate Operations Team, with input and direction from the State, will perform a dispute resolution process that follows CMS Best Practices.

Process, Adjust, Correct, and Resolve All Outstanding Rebates and Disputes

MMA will track, report, research and manage all open invoices, unpaid rebates, and rebate disputes to resolution. We can produce an *Outstanding Manufacturer Rebate Invoice Balance Report* to notify a manufacturer of corrected balances after dispute resolution procedures have been completed. We have the ability to manage all manufacturer communication related to disputes, unpaid balances, or other variances, including Dunning Notices and notification of interest accrual.

Our invoicing process includes multiple communications with manufacturers to address unpaid balances and notification of interest accrual. With each invoicing cycle, a manufacturer is notified of balances for which no payment has been received or balances are not paid in full, as well as updates on the amount of interest accrued for late payments. When a manufacturer does not submit a payment,

our process also automatically sends out Dunning Notices that include the unpaid balance, as well as the amount of interest accrued.

When MMA invoices manufacturers, multiple attempts are made to collect on unpaid balances after the original invoice postmark date, whether balances have been disputed or not. The outstanding rebates and/or disputes due will be documented within the system for future reference and audit purposes. As a standard practice, MMA sends Dunning Notices to all labelers that have a partial or full payment outstanding. Our Dunning Notice process consists of a 45-, 75-, and 90-day notice. This is followed up with a 180-day notice that is sent to the State to identify those manufacturers still in arrears. Approximately 210 days after the original postmark date, MMA will work with the State to determine next steps.

Disputes provided by the manufacturer on payment documentation are recorded as part of our payment posting process, allowing them to be reported on by the appropriate CMO or FFS program, and tracked through to resolution.

RxLink produces tracking for utilization, payments, balances, credits, and disputes. This modular, rule- and association-based system allows for flexibility in establishing independent program needs to accommodate differences in the Federal (FFS, CMO) and supplemental contracts, as well as support of diabetic supplies, managed care, or State-funded programs when applicable.

MMA will provide all necessary support for all steps involved in CMS's dispute resolution process. We will correspond with manufacturers, and entities working on behalf of manufacturers, on drug rebate-related issues. Our Rebate Operations Team will provide all required rebate administration services in support of the State Pharmacy Drug Rebate Program.

MMA online drug reports include dispute amount reporting, and our standard management reports include the *Dispute Activity Report*. The *Aged Disputes Remaining Report* lists all outstanding disputes for the number of days selected, either 90, 150, 240 days or greater than 240 days. Included in this report are the NDC numbers in question, the respective year and quarter of the dispute, the dispute code, and the first contact date, disputed units, outstanding balance, etc.

Coordinate with CMOs/MCOs to Resolve Invoiced and Disputed Claims

MMA will coordinate CMOs/MCOs as needed to resolve invoiced and disputed claims. MMA's proven dispute resolution approach follows CMS best practices guidelines and automated processes. For another of our Medicaid customers, ***MMA has realized a recovery rate of 99.3% of the adjusted invoice balance across FFS programs and a recovery rate of 108% for CMO programs.***

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

Supplier Response

MMA's solution has described our compliance in the following paragraphs with Manufacturer Dispute Resolution requirements needed to administer the State's PDRS described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 2.5 Accounting for Rebate Activity, and Section 5.4 Dispute Resolution and 5.5 Unpaid Rebate Balances.

MMA will use the processes and procedures described in the following paragraphs to efficiently address disputes from manufacturers.

With regard to SOW 4.3.1-4.3.3, provider billing errors must be addressed by the PBA vendor, who can conduct outreach with the provider. Every effort should be made by the PBA vendor to automate these changes in the POS and with the State's MMIS vendor.

With regard to SOW 4.5.7, MMA accrues interest on unpaid balances, which includes unpaid balances with open disputes.

With regard to SOW 5.4.1, MMA will comply with the dispute resolution processes in accordance with guidance provided by CMS, as well as the state regulations, policies, and procedures that align and comply with MDRP.

With regard to SOW 5.4.4, MMA will collaborate with the State to work to resolve disputes. MMA can pursue all disputes, but we recognize that disputes can be opened and reopened regarding any year/quarter throughout the 33+ year history of the MDRP; therefore, MMA is unable to guarantee payment or resolution of historical disputes. We can best facilitate the timely collection of rebates by focusing on disputes opened regarding the most recent quarters.

With regard to SOW 5.4.8, MMA will work collaboratively with the State to address disputes from previous vendors; however, MMA may potentially be limited in our ability to address disputes based on the quality of data received from previous vendors, including when no supporting documentation has been provided.

With regard to SOW 5.5.4, MMA takes measures to assist with collection, including dunning letters and meeting with manufacturers. Our current dispute resolution process includes at least three outreach attempts to manufacturers over the course of six months before we close out the dispute because the manufacturer was unresponsive.

We have ***established working relationships, contracts, and touchpoints with 812 pharmaceutical manufacturers*** across all our rebate programs. We bring these relationships, along with our established and constantly honed negotiation process, and seven regularly scheduled solicitations with

manufacturers throughout the year. Our electronic invoicing function minimizes disputes by making claim level detail available to manufacturers online. MMA's proven rebate dispute resolution approach includes automated processes and follows CMS best practices guidelines. As part of MMA's established process, our Rebate Operations Team responds to drug manufacturer inquiries. Per CMS guidelines, disputes must be submitted via ROSI or PQAS forms. We cannot accept the submission of disputes via telephone calls.

Our State Rebate Operations Team will include one experienced Dispute Analyst who can accept emails from manufacturers who need additional assistance to resolve disputes. In addition, the MMA Rebate Operations Team has regular quarterly meetings with manufacturers to discuss large-scale dispute resolution efforts. Manufacturers are also encouraged to attend and participate with MMA rebate representatives at the annual Medicaid Drug Rebate Program (MDRP) conference to have CMS representation and documentation of a resolution timeline. Our rebate representatives are often asked to speak at the conference and discuss general manufacturer questions as well as details of disputes and their resolution. The MDRP conference also presents an opportunity for MMA to stay updated on industry developments and best practices, as well as to foster the relationships that are essential to successful resolution of disputes.

Resolve Disputes with Manufacturers

When a labeler disputes a rebate invoice, either partially or in its entirety, the rebate platform is used to track, research, and resolve disputes with manufacturers following the dispute resolution procedure guidelines set forth by CMS and may include additional requirements from the State.

We will leverage our experience, as well as the functionality of RxLink and its iQ reporting tool, to provide data to accurately resolve the dispute in case of a drug manufacturer dispute over the rebate invoice. ***Dispute resolution is performed in collaboration with manufacturers for any utilization amounts in question.*** This includes providing claim level detail through secure electronic mail in support of the unit quantities invoiced or through direct entry into the rebate system.

The web-based RxLink electronic rebate invoicing application provides ***self-service capabilities for manufacturers.*** The electronic invoice application allows manufacturers to log into a secure website and retrieve their own claim-level detail along with their quarterly invoices. Manufacturers' immediate access to invoices may facilitate ***faster payments with fewer disputes,*** thereby improving cash flow.

The web-based, electronic invoice application initiates electronic notifications to more than ***93% of manufacturers who are actively participating in the CMS Medicaid drug rebate program.*** MMA provides paper notifications to those manufacturers who choose not to receive electronic notifications. We will provide access via our web portal to RxLink electronic invoicing. Use of this application requires completion of the appropriate security process and assignment of a keyword specific to the login ID. The keyword determines what the user can view when accessing the electronic invoice application; for example, manufacturers can see only their own invoicing and claim level detail information.

MMA will partner with the State to maintain and provide all available data to resolve rebate invoice disputes with drug manufacturers for the State Pharmacy Drug Rebate Program, including historical disputes with input and direction from the State.

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

Supplier Response

MMA's PDRS rebate solution will enforce State-approved allocation of payments and adjustments at the NDC/quarter level. The rebate platform's cash posting workflow consists of uploading the payment to the correct programs and allocating cash to each NDC. Each payment is matched to one or more invoices. MMA performs end-of-month balancing as a part of our standard rebate processes.

The systematic data validation process is designed to prevent input errors. Our process is designed to ensure checks are accurately allocated to the correct program (CMS, Supplemental/DME, CMO) 100% of the time. The cash posting process allows for NDC level recording of drug rebate payments. If the invoice is paid with the exact amount that was invoiced, RxLink will automatically allocate the payment to the NDC level with 100% accuracy.

Non-converted payment functionality is necessary to post a check at the payment level without then allocating to the NDC level, a scenario that could occur when MMA receive a payment covering a year/qtr that was invoiced by a previous vendor rather than invoiced by MMA.

The final step allocates payment to the applicable NDC within each invoice. Information regarding the units paid, the rebate rate paid, and the rebate amount paid is entered here. Data entered at this final level must reconcile with the prior level to ensure accuracy throughout the entire cash posting process. Finally, NDC payment is allocated, and any disputed information is captured in accordance with the manufacturer paperwork. Disputes provided by the manufacturer are also recorded at this phase of the payment posting, allowing them to be reported on and tracked through to resolution.

In the rare instance that an error is made during data entry of the manufacturer paperwork, each cash posting workflow level supports a systematic reverse post function. This process allows for reconciliation with the State's financial institution receiving the check payments, simplifying monthly balancing between the MMA Rebate Operations Team and the State.

MMA reconciles all checks posted against the State's lockbox payments, and we provide the State with a receipt listing report, containing all checks entered into the rebate system at the end of each month. To confirm all payments are processed, this report can be compared to the monthly bank statement provided to the State.

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

Supplier Response

MMA's solution will meet all Accounting and Reconciliation requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.1 General Rebate Accounting Requirements. ***We have 40 years of experience performing financial management services for State Medicaid customers.***

RxLink provides the business processes and automated functions to support invoices billed, full amounts of payments received, data from Reconciliation of State Invoices (ROSI), other adjustments, updates from prior quarter adjustments, disputes, and interest. MMA provides transparency in record keeping, and our rebate system and reconciliation process ensure proper management of State and Federal funds used for PDRS payments, in compliance with Generally Accepted Accounting Principles (GAAP) and State-mandated record-keeping rules.

MMA reconciles rebates collected by the State (including ROSI and PQAS documentation) to the invoices. Our rebate solution allows for the reconciliation of every ROSI and PQAS upon receipt of all supporting documentation. MMA standard practice is to balance cash receipts at least once a month as part of our rebate administration process. This balancing allows MMA and the State to proactively resolve any discrepancies prior to our generation of the quarterly CMS-64.9R.

Rebate payments are directed to a State lockbox. Our Rebate Operations Team will access the payment information from the lockboxes daily. They sort deposits by program, labeler, invoice number, and NDC. They take responsibility for ensuring that the supporting documentation matches the deposit information. Once all supporting documentation is available, they balance and verify deposits at all levels using the ROSI/PQAS form—program, labeler, invoice, and NDC—and post the deposit information appropriately into the rebate system.

MMA reviews, reconciles, and tracks payments through the RxLink Rebate Operations Module, which houses the cash posting functionality. Labeler information from the check documentation, ROSI and PQAS, allows us to identify the specific invoices that the payment is being submitted for, whether partial or full payment.

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

Supplier Response

MMA's solution will meet all Review Procedure requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.4 Dispute Resolution. As required by SOW 5.4.11.k, MMA will follow our established review procedure to ensure current rebate payments received are made without financial errors regarding "disputed Units" or "previously paid amounts" from prior quarters.

MMA reviews, reconciles, and tracks payments through the RxLink Rebate Operations Module, which houses the cash posting functionality. Labeler information from the check documentation, ROSI and PQAS, allows us to identify the specific invoices that the payment is being submitted for, whether partial or full payment.

On a monthly basis, a State fiscal representative will work with the MMA Rebate Analyst, and they will confirm that all State deposits for the rebate program have been received and entered into RxLink.

MMA provides monthly and quarterly reports providing an accounting of the previous month's regular drug rebate collections for Medicaid, including interest when applicable. Rebates can be invoiced to labelers separately by each rebate program. The drug rebate monthly collections breakdown incorporates information across all programs.

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

Supplier Response

MMA's solution will meet all Reconciliation Process requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.1 General Rebate Accounting Requirements and Section 5.4, Dispute Resolution.

MMA will reconcile rebates collected by the State (including ROSI and PQAS documentation) to the invoices. Our rebate solution allows for the reconciliation of every ROSI and PQAS upon receipt of all supporting documentation.

MMA standard practice is to balance cash receipts at least once a month as part of our rebate administration process. This balancing allows MMA and the State to proactively resolve any discrepancies prior to our generation of the quarterly CMS-64.9R.

MMA reviews, reconciles, and tracks payments through the RxLink Rebate Operations Module, which houses the cash posting functionality. Labeler information from the check documentation, ROSI and PQAS, allows us to identify the specific invoices that the payment is being submitted for, whether partial or full payment.

As required by SOW 5.4.11, for any type of rebate reconciled, MMA will perform the following:

a. A review of receivables obtained to ensure that all invoiced amounts for the current quarter are paid regardless of outstanding credits to the account.

b. A documentation of continuous contact with Labelers when clarification is required for collection of past due balances.

c. A provision for check-level balancing in a point and click environment.

d. A reconciliation of checks received with outstanding invoices to ensure proper application to the correct invoices or adjustments.

e. An account balance and payment history conversion.

f. An application of Prior Period Adjustment (PPA) payments recorded and applied to the quarter billed.

g. A matching, without exception, of the information of the PQAS to the PPA records on the CMS file.

State rebate payments are directed to a State lockbox. Our Rebate Operations Team will access the payment information from the lockboxes daily. They sort deposits by program, labeler, invoice number, and NDC. They take responsibility for ensuring that the supporting documentation matches the deposit information.

Once all supporting documentation is available, they balance and verify deposits at all levels using the ROSI/PQAS form—program, labeler, invoice, and NDC—and post the deposit information appropriately into the rebate system.

Should a manufacturer have a credit from a previous invoice year/quarter, MMA will work with the manufacturer to apply that credit to other outstanding balances. MMA creates accurate reconciliation for all payments and all year/quarters.

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

Supplier Response

MMA's solution will meet all Contacting Manufacturers requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.5 Unpaid Rebate Balances.

As required by SOW 4.6.5, MMA will submit quarterly reports of State Drug Utilization Data (SDUD) of Labelers' invoice information to CMS per CMS's requirements within 60 calendar days after sending invoices or no later than the frequency determined by CMS. MMA has a process in place for contacting the Labeler for resolution when more than two quarters of CMS URAs do not match.

RxLink will be configured to provide an alert when more than two quarters of CMS URAs do not match the rate of the manufacturers' rebate payment amount, automatically prompting the MMA Rebate Operations Team to notify the manufacturer that the rebate payment rate does not match the rate provided on the CMS quarterly rate file.

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

Supplier Response

MMA's solution will meet all Interest Calculation requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.5 Invoicing.

RxLink supports all functions required for rebate administration, including creating invoices for NDC/Year/Quarter per rebate program, posting rebate payments, applying prior quarter adjustments, calculating interest, reviewing any discrepancies between invoiced amounts and payments received, and tracking manufacturer disputes through resolution.

The 13-week Treasury Bill rate for interest calculation is updated in the Rebate Platform on a weekly basis. MMA provides monthly and quarterly reports providing an accounting of the previous month's regular drug rebate collections for Medicaid, including interest when applicable.

If a credit adjustment is required, our cash posting workflow supports a carefully documented, systematic reverse post function. This process allows for reconciliation with the State's financial institution receiving the check payments, simplifying monthly balancing between the MMA Rebate Operations Team and the State.

MMA will provide the State with a receipt listing report, containing all checks entered into the rebate system at the end of each month. To confirm all payments are processed, this report can be compared to any monthly bank statement provided to the State. Payment receipts of all checks posted are provided on a monthly basis for the State to reconcile them against the State's accounting system recording the deposits.

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

Supplier Response

MMA's solution will meet all Write-Off Procedures requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.4 Dispute Resolution.

MMA adheres to CMS and State guidelines, performing due diligence to recover outstanding balances and come to a mutually agreed-upon resolution between the State and the manufacturer/labeler. If that resolution does include MMA's recommending a write-off, we will obtain approval from the State prior to writing off any unpaid balance.

Adjustments to rebate receivables may be required for matters other than units times URA; for example, write-offs may be needed for uncollected balances or post-bankruptcy actions.

As required by SOW 6.1.2, MMA will maintain complete and accurate records of all adjustments, write-offs, and resolutions, in compliance with all federal and state reporting requirements.

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

Supplier Response

MMA's solution will meet all Accounts Receivable requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.1 General Rebate Accounting Requirements.

MMA's accounts receivables process for drug rebate includes posting each quarter's invoices to the accounts receivables subsidiary ledger and updating the ledgers with posting of payments, interest, and adjustments, per SOW 5.1.1.c.

The rebate platform's cash posting workflow consists of uploading the payment to the correct programs and allocating cash to each NDC. Each payment is matched to one or more invoices. The systematic data validation process is designed to prevent input errors.

The final step allocates payment to the applicable NDC within each invoice. Information regarding the units paid, the rebate rate paid, and the rebate amount paid is entered here. Data entered at this final level must reconcile with the prior level to ensure accuracy throughout the entire cash posting process.

MMA's State Rebate Billing Specialists will be responsible for timely and accurate customer record maintenance of incoming manufacturer payments. They perform all aspects of cash, posting including handling checks, Electronic Funds Transfers (EFT), and lockbox activity to obtain payment information. The Rebate Billing Specialists also post payments, interest, and adjustments.

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

Supplier Response

RxLink's reporting tool iQ will generate a report listing of all claims paid via the claims adjudication system for a specific labeler, in a specific quarter. Our experienced staff understands what is needed from a data support perspective to settle accounts. The rebate solution will apply, claim, and track interest on invoiced payments that are late.

RxLink supports all functions required for rebate administration, including creating invoices for NDC/Year/Quarter per rebate program, posting rebate payments, applying prior quarter adjustments, calculating interest, reviewing any discrepancies between invoiced amounts and payments received, and tracking manufacturer disputes through resolution.

The quarterly CMS rate, labeler, and Average Manufacturer Price (AMP) files from the Drug Data Reporting files are loaded into the Rebate Platform in preparation for invoicing. These files are made available by CMS no later than 45 days after the end of the quarter. The 13-week Treasury Bill rate for interest calculation is updated in the Rebate Platform on a weekly basis.

Process and Plans to Collect Unpaid Rebates from Manufacturers

Our Dunning Notice Policy is designed to establish common standard procedures for the collection of past due fully unpaid or partially paid rebates from drug manufacturers who have contracted to participate in the supplemental rebate program.

MMA's practice is to provide notice of late payment (dunning letters) via email, because they are received faster, USPS delivery times have been extended and slow the delivery process, manufacturers as a whole prefer a paperless process, invoice contacts change regularly throughout the quarter, and our electronic delivery process ensures the most recent contact is the one who receives the emails. Also, remote work by manufacturer contacts means that they often aren't in the office to receive USPS mail.

MMA can track delivery of an email, but we can't confirm delivery of USPS mail. In short, electronic delivery via secure email has been shown to be more effective than USPS delivery of paper notices. Additionally, email delivery of late payment notices allows manufacturer to forward on to us to have a meaningful discussion about any questions they might have about an outstanding rebate balance due.

MMA will generate a *Dunning Notice Report,* based on the invoice that is past due, through the Web report package. Notices to manufacturers are emailed directly to the manufacturers.

MMA will maintain a copy of the *Dunning Notice Report* and letters for audit purposes in our document management system. We recommend that this Dunning notice process be performed at 45, 75, and 90 days past the invoice date. In addition, the CMS invoices contain prior quarter statements reminding manufacturers of any unpaid balances.

Examples of Reports used to Track Manufacturers

RxLink's reporting tool iQ will generate a report listing of all claims paid for a specific labeler, in a specific quarter. RxLink iQ provides the capability to produce the *Labeler Paid Amount vs. Billed Amount by Quarter Report,* which lists the billed amount and paid amount for both rebate and interest for each invoice year quarter for each manufacturer, to display unallocated balances selected according to user-supplied criteria.

RxLink iQ generates a report listing current outstanding balances or credits of a labeler code at the invoice level. The *Labeler Account Balance Report* is a snapshot of account balance at the time the user runs it. The report can be run for one labeler code or all labelers and shows the overall principal and interest due for the program.

The *Cash Receipt Detail Report* allows the user to choose a deposit date range and view the payment activity for a particular labeler for the chosen date range. It is divided into rebate and interest payments received.

The *Interest Received Report* includes the total amount of interest received from all labelers for a specified date range. This report does not indicate how much interest is paid by each individual labeler.

MMA's summary *Executive Dashboard Report* for rebates shows the total cash amount of rebates collected (including interest) as well as the percent of rebates collected for each invoiced year quarter. MMA will also report how much interest was paid per program on the CMS 64.9R.

MMA's solution will meet all Unpaid Balances requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.5 Unpaid Rebate Balances.

MSQ35.1 – Sample Notice Letters (TRADE SECRET)

On the following three pages, we provide samples of the dunning letters that we send to manufacturers that have an unpaid balance due at 45 days past the invoice date, 75 days past the invoice date, and 90 days past the invoice date.

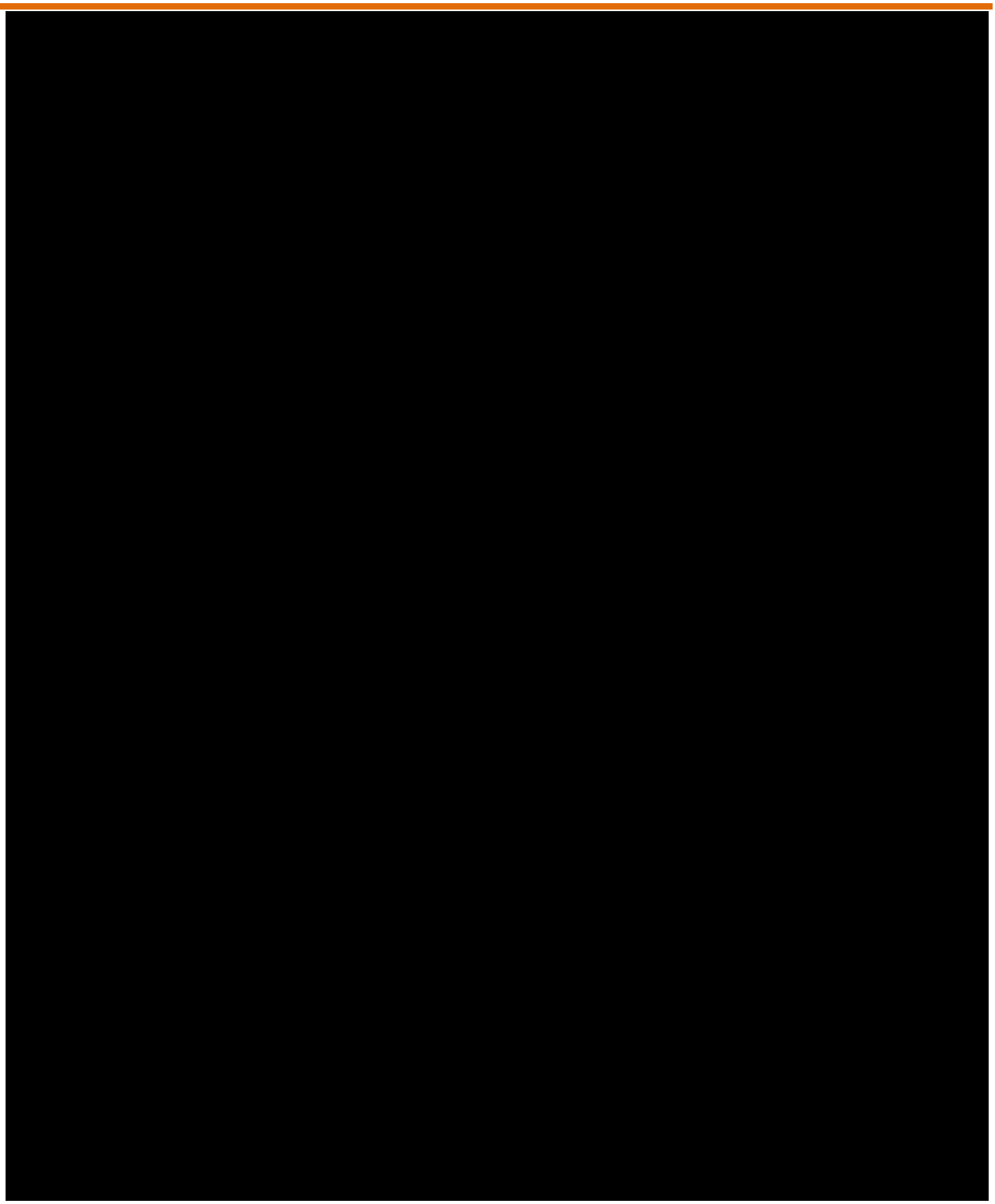


Figure MSQ35.1-1: Sample 45-day Dunning Letter Sent to Manufacturers with an Unpaid Balance (TRADE SECRET)

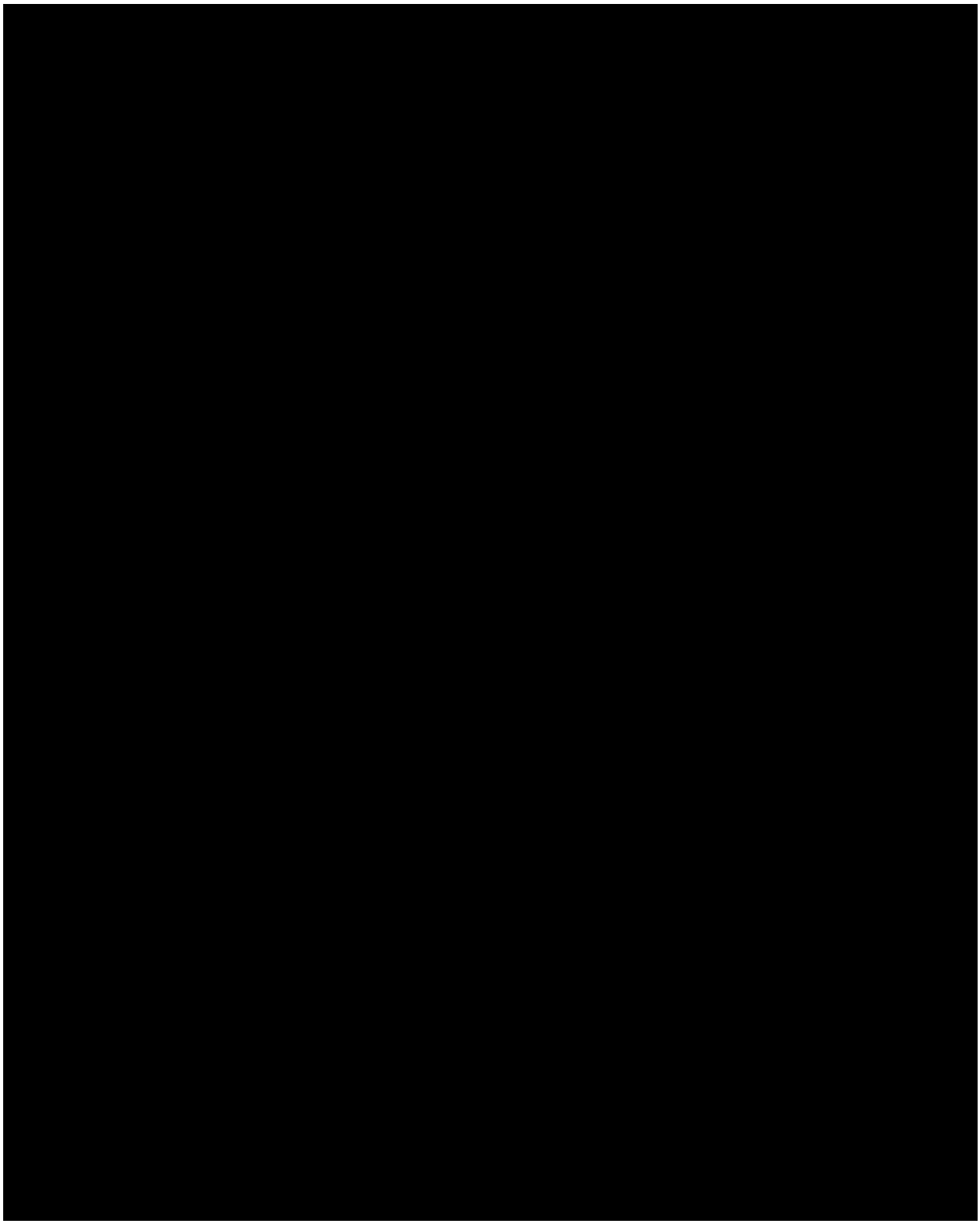


Figure MSQ35.1-2: Sample 75-day Dunning Letter Sent to Manufacturers with an Unpaid Balance (TRADE SECRET)

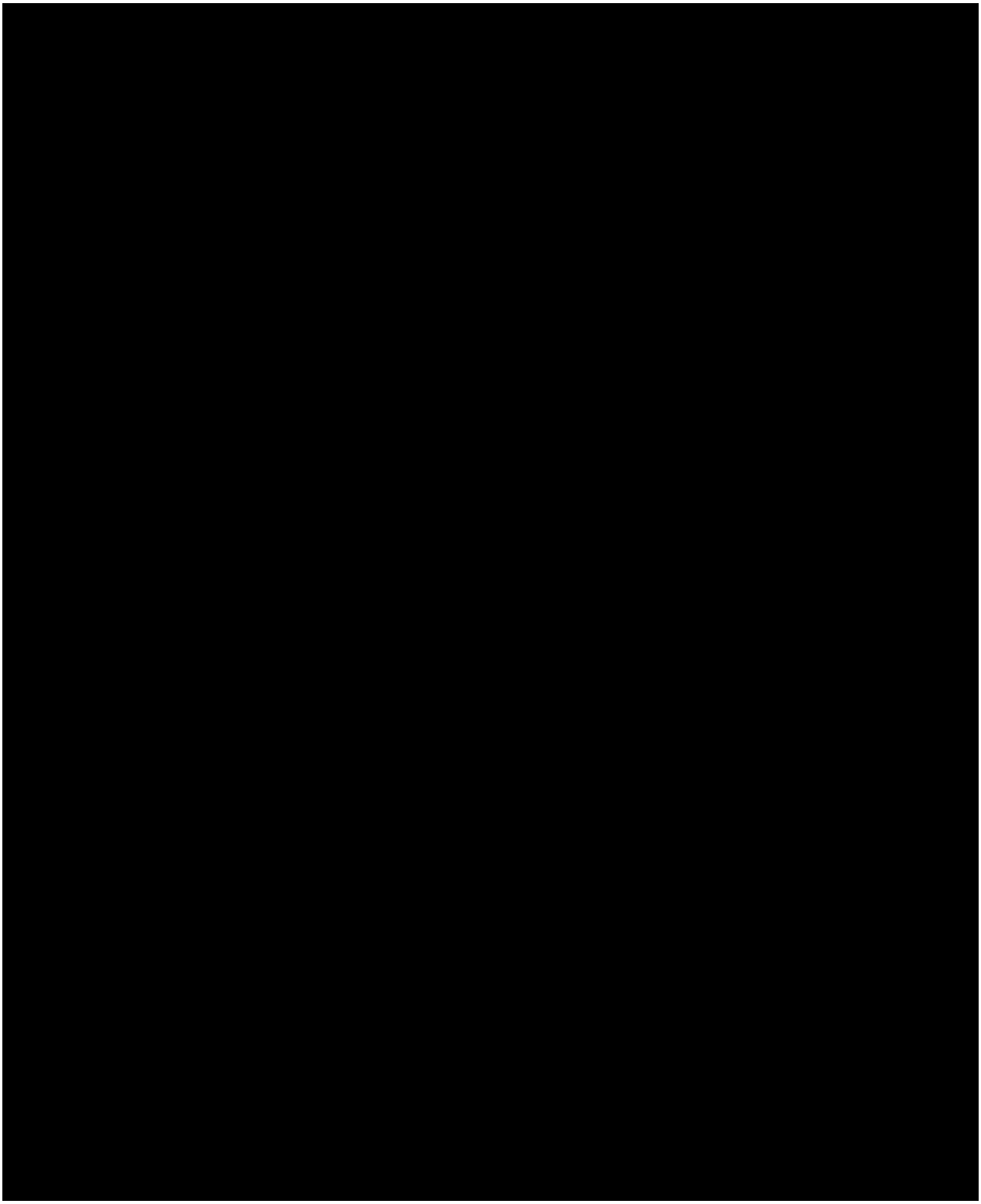


Figure MSQ35.1-3: Sample 90-day Dunning Letter Sent to Manufacturers with an Unpaid Balance (TRADE SECRET)

MSQ35.2 – Sample Manufacturer Tracking Reports (TRADE SECRET)

The following reports illustrate how we track unpaid balances due from manufacturers:

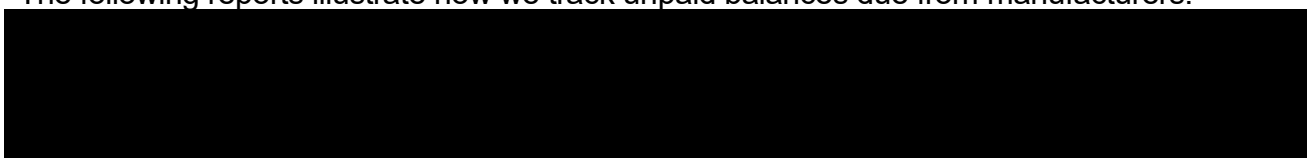


Figure MSQ35.2-1: Dunning Notice Report (TRADE SECRET)



Figure MSQ35.2-2: Labeler Paid Amount vs. Billed Amount (TRADE SECRET)



Figure MSQ35.2-3: Quarterly Labeler Account Balance Report Tab (TRADE SECRET)



Figure MSQ35.2-4: Cash Receipt Detail (TRADE SECRET)



Figure MSQ35.2-5: Interest Received Report (TRADE SECRET)



Figure MSQ35.2-6: Executive Dashboard – Executive Summary and Rebate Invoiced Collected (TRADE SECRET)

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

Supplier Response

MMA's solution will meet all CMS 64 Quarterly Report requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 5.6 CMS 64.

As required by SOW 5.6.1, MMA will provide the State with the CMS 64.9R report no later than the 15th day of the month following invoicing for the quarter with 100% accuracy and providing a narrative explaining 75% percent of the amount in disputes. MMA will ensure that the CMS 64.9R report will reconcile to check totals.

MMA will supply the information required to accurately report rebates, including CMS and Supplemental Rebate amounts on the CMS 64 report (must match Accounts Receivable report ending balance per SOW 6.1.15.j). MMA is experienced in complying with CMS accounting requirements for the Medicaid program.

MMA will prepare a quarterly 64.9R report that provides the information that the State needs to incorporate the receivables for the drug rebate programs into the Federal CMS 64 report that the State is required to complete. On a monthly basis, a Department fiscal representative will work with the MMA Rebate Analyst, and they will confirm that all Department deposits for the program have been received and entered into RxLink.

The 64.9R reports will be sent quarterly by the Rebate Analyst to designated Department representatives and will include all the supporting documentation of the figures. We will provide a summary of expenditures, cost receipts, and adjustments for the CMS-64 (actual quarterly expenses) report to support the State's Federal reimbursement under Title XIX for the State Medicaid Program.

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

Supplier Response

MMA's solution will meet all Account Maintenance requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.6 Federal Rebates and 4.7 Supplemental Rebates. RxLink maintains and produces transparent tracking for balances and payments, including history. As required by SOW 5.4.11, for any type of rebate reconciled, MMA will include an account balance and payment history conversion.

In accordance with SOW 2.1.1, MMA will provide an on-line (web-based) history. We will provide maintenance of manufacturer/labeler detail-level account information from inception of the rebate program to present, including invoices, payments, interest, adjustments, claim level detail and disputes. The State will have the ability to generate reports on parameters such as manufacturer/labeler, rebate type, and rebate period.

Per SOW 5.1.1.c, MMA accurately documents the accounts receivable subsidiary ledger and update the ledgers with posting of payments, interest, and adjustments. MMA will provide the State with a receipt listing report, containing all checks entered into the rebate system at the end of each month. To confirm all payments are processed, this report can be compared to any monthly bank statement provided to the State. Payment receipts of all checks posted are provided on a monthly basis for the State to reconcile them against the State's accounting system recording the deposits.

MMA will keep accurate rebate accounting records using GAAP, reflecting invoices billed, full amounts of payments received, data from ROSIs, other adjustments, updates from PQAS, disputes and interest, as required by SOW 5.1.3.

MMA will also provide the capability for State Authorized Users to have online access to accounts receivable data, including balances, invoice history, payment history, adjustment history, and the audit trail, through the comprehensive RxLink iQ reporting package.

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

Supplier Response

With ***33 years of experience in CMS Federal Drug Rebate Administration*** and ***22 years of experience in supplemental drug rebate administration,*** MMA has extensive experience in working and exchanging pharmacy claims data with Pharmacy Benefit Administrators (PBAs) and fiscal agents in order to support drug rebate administration for state Medicaid customers who have other vendors handling their pharmacy claims processing. We currently provide CMS Federal rebate administration services for ***14 state Medicaid customers, with a 15th being added in October of 2024***. MMA currently provides supplemental drug rebate administration for the Medicaid programs in ***20 states plus the District of Columbia.***

MMA's track record includes ***40 data conversions*** for Medicaid and other government programs that ***successfully transitioned all rebate data*** (including open invoices, unpaid rebates, and open disputes) to our platform.

MMA currently supports claims data exchange with the PBA vendor, MMIS vendor, and/or MCOs/CMOs for our Georgia, Arizona, Minnesota, New York, and North Carolina federal drug rebate administration customers. MMA will partner with the State, the PBA contractor, and the MMIS contractor during the DDI period of the new Contract to determine the appropriate agreed-upon data and time frame for any change to our existing claims data exchange requirements that is necessary for the successful administration of the PDRS scope of work.

Once the appropriate agreements are in place regarding this data, MMA will exchange the required data with other entities as directed by the State. We have ***real-world, proven experience processing and loading all interfaces with a variety of data sources*** from employer groups, State and Local Social Security Departments, Medicaid MMIS/Fiscal Agents and a wide range of other public and private organizations. Interfaces can be defined as near real-time processing or with scheduled processes, depending on the need. MMA performs this service for other customers across the country.

Provide a description of how the Supplier anticipates handling receipt of data, problems, and conflict resolution processes. Provide examples of past experiences, when applicable.

With ***33 years of experience implementing and transitioning successful Medicaid rebate systems and services,*** MMA understands how to handle receipt of data, and we can effectively resolve any problems or data conflicts that may arise.

MMA understands the importance of transitioning all rebate data from the current rebate contractor by the end of the Transition Phase. With decades of experience in transitioning programs, MMA has proven expertise in supporting a seamless transition of the rebate programs. Data needing to be converted will consist of Accounts Receivable records at the NDC 11 level and grouped by labeler code, cash receipts, adjustments, disputes, and original invoice records. The data exchange format

MMA uses to receive historical account receivables information from the current rebate contractor will support loading open invoices and balances to support efficient collection of the outstanding receivables.

In accordance with SOW 4.3.3 and 4.3.4, MMA will notify the State within 10 business days of identifying errors made by providers who submitted incorrect NDC numbers so that claim adjustments can be made.

If MMA detects activities that identify potential fraud or abuse, we will present this information to the State within 30 calendar days of identification.

As required by SOW 4.3.5, MMA will identify claims that were billed with terminated/obsolete NDCs, units that do not correspond to the package size, and other common and correctable errors on a regular basis, but no less often than once monthly, we will confirm correct claims processing parameters with the provider and will work with the State's PBA, the MMIS vendor, and the State to correct those errors.

MMA's solution will meet all Claims Data Exchange Experience requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 4.3 Claim Adjustments.

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

Supplier Response

In this section, MMA provides a listing of all proposed rebate and PDL reports that will be available to the State, including a synopsis, purpose, and frequency of delivery. Our rebate and PDL reports include price comparisons, cash receipts, trial balances, overall savings, impact on Pharmacy Management Programs, market share movement, utilizing members, and other pertinent information including ad hoc reports as requested by the State. All rebate reports can be customized to meet the State's needs at no additional cost to the State and can be readily accessed by authorized users. Designated State staff will access reporting functions via our web portal. Through the Okta UI landing page, authorized users can access designated components of MMA's operational pharmacy platform. Okta provides both single sign-on and multi-factor authentication (MFA) for all user sign-on. MFA provides another layer of security in addition to login credentials. With MFA in place, a user's identity is verified in multiple steps using different methods, such as identification through a registered device. We will provide authorized users with a secure username and password.

Rebate Reports: ***MMA's solution incorporates a rebate reporting module that will contain over 20 standard parameter-driven financial, management and invoice reports.*** We will utilize RxLink's reporting tool, iQ, to meet rebate reporting requirements for the State Medicaid Pharmacy Program. RxLink's iQ offers powerful and feature-rich functionality for creating and producing reports using the self-service tools or by selecting from a list of standard interactive, parameter-driven rebate reports. We will provide an interactive reporting module containing a package of standard rebate reports available for users to run at any time. These reports are user friendly, requiring the user to enter parameters to return results. The iQ reporting tool incorporates a dashboard component that includes a report retrieval mechanism allowing users to browse and review previously executed production reports organized by subject matter. RxLink's iQ provides supplemental and diabetic supply rebate reporting modules that include standard financial, utilization, management, and invoice reports related to supplemental/medical supply rebate administration. These reports support multiple program types (e.g., FFS, CMO), provided monthly, and made accessible to Authorized Solution users. The rebate reports will provide the State with visibility into Program data and our comprehensive drug rebate management activities. RxLink's iQ rebate reporting tool provides a complete operational view of the rebate program using interactive reporting capabilities, interactive dashboard access and enhanced graphics. RxLink iQ enables Authorized Solution Users to interact with a broad set of data and metrics to perform analysis, conduct

detailed reviews, and monitor ongoing activities. Through online self-service query tools, users can create their own ad hoc reports when needed using the data elements and parameters available through the system. MMA sets the customer configuration in the system to coincide with the different rebate program types. This is done so that all cash collected, adjustments made, disputes, and invoices will pertain to a specific program. This allows ease of reporting on each program separately according to the specific transaction types and detail and summary outstanding amounts owed. For example, RxLink's iQ functionality will allow authorized State staff to conduct ad hoc queries to meet State management information needs, including the ability to generate reports by rebate type, Labeler, time period or NDC of rebates billed, paid, and adjusted (PDRS SOW 6.1.1.a).

Our solution will allow authorized users to create, generate, and store standard and dashboard reports. MMA's report features include menu- and prompt-driven reports and queries, user-selected criteria, reporting parameters for queries, scheduling, and automatic triggers and notifications. For example, users will be able to view and access ongoing reports that contain specific details derived from all Encounter and Claims data transmitted to MMA's database according to the scheduled frequency that is driven by dates of payments. RxLink iQ reporting functionality includes a searchable, online repository of previously created and vetted reports that can be accessed by authorized users. Reports can be exported into numerous formats, including HTML, Excel, PDF, CSV, and XML. The rebate report package is available online in real time to authorized State users and provides visibility into program data and our comprehensive drug rebate management activities. (PDRS SOW 6.1.1.b, 6.1.1.c, 6.1.5, 6.1.6)

Our reporting tools contain a full portfolio of pharmacy program management dashboards/interactive reports built to interface with a flexible dimensional data warehouse model. MMA has strong reporting capabilities through advanced analytic software that allow us to develop, produce, and deliver accurate/efficient analytics. We recognize that the State will require ad hoc reports to meet specific technical and administrative program needs and MMA will provide the support, as needed. We will produce ad hoc and other reports not previously identified or requested by the State for review and approval. MMA will also provide any additional reports not requested previously but required by the State within the designated time frames set at the time of the request with capabilities for flexibility, scalability, and changeability of the reporting tools. We will work with the State to develop new innovative analytics, including recommendations for outcomes/ongoing analyses for the Program, to support the State's reporting needs. (PDRS 6.1.4 and 6.1.7)

Our data analytics expertise, along with robust technology, allows us to deliver timely, in-depth analysis of every aspect of State PDRS Program operations and identify market trends and analyses to provide economic outcomes analytics. MMA will support all State-specific reporting requirements, as determined during Requirements Review and Validation meetings. We will provide accurate electronic reports in accordance with the requirements mutually agreed upon during implementation of the Requirements Analysis Document (RAD) (PDRS SOW 6.1.3). MMA confirms that we will provide the following, in accordance with State-specified time frames, as specified in eRFP Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 6.1 Reporting: complete and accurate records of all checks received, Unit adjustments, write-offs, resolutions, interest paid, original and corrected Units, outstanding balances, and contacts with Manufacturers on current and prior drug rebates/invoice information in compliance with all Federal and State reporting requirements; accumulate and monitor all records in paid Claims data which do not have a corresponding NDC or URA on the current CMS file submitted quarterly, in three lists; invoice summary reports detailing the rebate activity billed or adjusted for each billing period, by Labeler and quarter; accounts receivable reporting including Claim Audits, CMS/ROSI discrepancies, CMS/drug file discrepancies, CMS/mismatches, Labeler differences, contact anomalies, drug (invoice) audits, under threshold invoices, suspended checks, ROSI/PQAS

inconsistencies, and payments received not allocated; a daily transmittal, including State-required fields, to reflect the prior day's activity listing all deposits by day and lockbox that have been posted against the invoices disbursed to the Labelers; three spreadsheets (one for Federal Rebates, one for Supplemental Rebates, and one for CMO rebates), including State-required fields, to the appropriate State Finance Director listing all the deposits by day and lockbox that have been posted against the invoices disbursed to the Labelers; monthly reporting to State Finance of all cash receipts in summary format; an annual report that details and summarizes rebate activities during the past year; drug rebate summary reporting including a Payment Summary, Rebate Summary, Quarterly Payments, Rebate Percent of Spend, Dispute Code report, Dispute Amounts, Dispute Activity, Invoice Register; Invoices for Quarter not Paid; CMS 64 matching the AR report ending balance, Top 10 Balances, Quarterly Accounts Receivable Reports, and Drug Type Summary; and drug rebate detailed reporting including NDC details, NDC history, Current Zero URA, Contract Manufacturer summary, ROSI/PQAS, Unallocated Balance, Provider Claims Listing, Adjusted Claims, Check/Allocation comparisons, HCPCS code, Claims Paid Interest Override, and Dispute recapitulation. (PDRS SOW 6.1.2, 6.1.8 – 6.1.16)

PDL Reports: MMA provides Authorized Solution Users with online access to our MRx Explore reporting tool that offers a suite of parameter-driven reports and has the functionality to produce standard reports on all therapeutic classes included or not included in the PDL. The web-based interface enables reports to be accessed easily on demand or through scheduled reporting. MRx Explore provides an intuitive user interface providing up-to-date information on program effectiveness. State-designated users are given secure access to MRx Explore to create and produce reports using the self-service tools or select from a list of standard interactive, parameter-driven reports. Our standard PDL reports examine market share compliance, year-over-year changes, savings from supplemental rebates, and market shift opportunities. Our Data Analytics staff provides analysis and reporting to support PDL and supplemental rebate program services for the PDRS Project. Our quarterly PDL and Supplemental Rebate reports include Quarterly PDL Supplemental Rebate and Market Shift Report; Quarterly Brand over Generic Report; Quarterly Rebate Activity Summary; Quarterly PDL Compliance Report Executive Summary and Detail Reports; Quarterly Class Market Share Report; Quarterly Year-to-Year Change in Market Share; Quarterly Top 25 Report; and Monthly MCO Compliance Report. The quarterly reports depict combined pharmacy utilization from both FFS and CMOs (MCOs). In addition, we will provide our Quarterly Business Review (QBR). This report shows State-specific utilization trends that are key drivers of net spend for the Program and includes valuable metrics to demonstrate how the PDRS Program is using its budget on pharmaceuticals. Our standard PDL reporting package contains a series of reports that provide customers with their PDL performance and trends, as well as a benchmark value of MMA's other PDL customers. This information enables the State to see how its performance compares to the average Medicaid PDL and helps identify areas of strength and those needing improvement. In the following tables, we provide samples of our proposed rebate and PDL reports. These reports include price comparisons, cash receipts, trial balance, overall savings, impact on Programs, market share movement, utilizing members, and other pertinent information. Our dashboards include visual representations of data trending over periods of time specific to each report. We will provide ad hoc reports as requested by the State. Sample reports are also included at the end of this section.

[redacted]

TRADE SECRET



TRADE SECRET



TRADE SECRET

Rebate Report Samples

Dashboards

Cash Posting Dashboard: This is a dashboard view for senior management that evaluates the aggregated rebate cash receipts.



Figure MSQ39-1: Cash Receipts Recap Dashboard (TRADE SECRET)

Executive Summary Dashboard: This dashboard provides a view that evaluates rebate financial trends. It is broken out into three sections: Invoice Totals, Rebate Collected, and Outstanding Disputes. The Invoice Totals graph shows the rebate amount/number of prescriptions that were originally invoiced for each invoiced year quarter. The Rebate Collected graph shows the total cash amount of rebates collected (including interest) and the percent of rebates collected for each invoiced year quarter. The Outstanding Disputed graph shows the total rebate amount that is currently in dispute for each invoiced quarter.



Figure MSQ39-2: Executive Dashboard – Executive Summary and Rebate Invoiced Collected (TRADE SECRET)



Figure MSQ39-3: Executive Dashboard – Invoice Totals by Quarter (TRADE SECRET)

CMS 64.9R Report: Medicaid Program

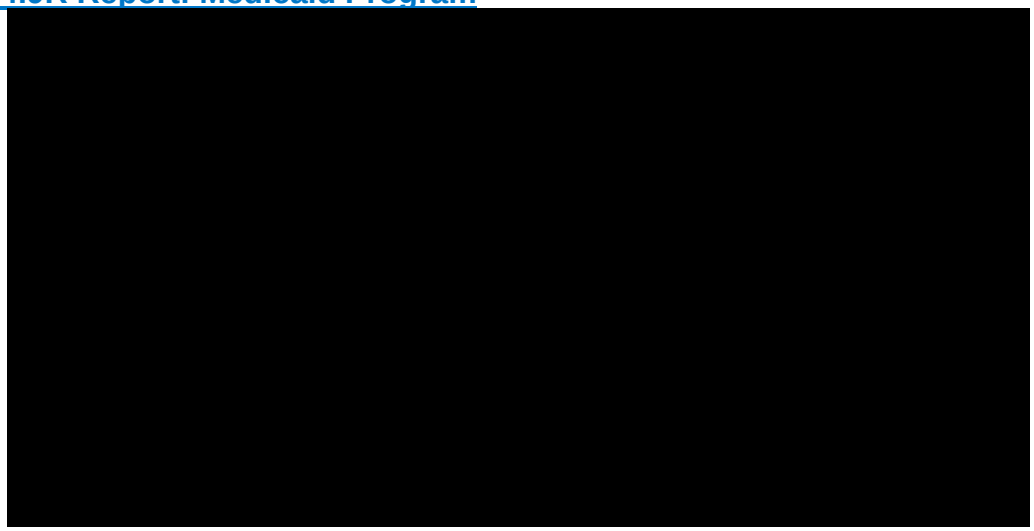


Figure MSQ39-4: CMS 64.9R Report: Medicaid Program (TRADE SECRET)

Supplemental 64.9R Report



Figure MSQ39-5: Supplemental 64.9R Report (TRADE SECRET)

Finance Reports



Figure MSQ39-6: Aged Disputes Remaining (TRADE SECRET)



Figure MSQ39-7: Aged Receivables (TRADE SECRET)



Figure MSQ39-8: Cash Receipt Detail (TRADE SECRET)

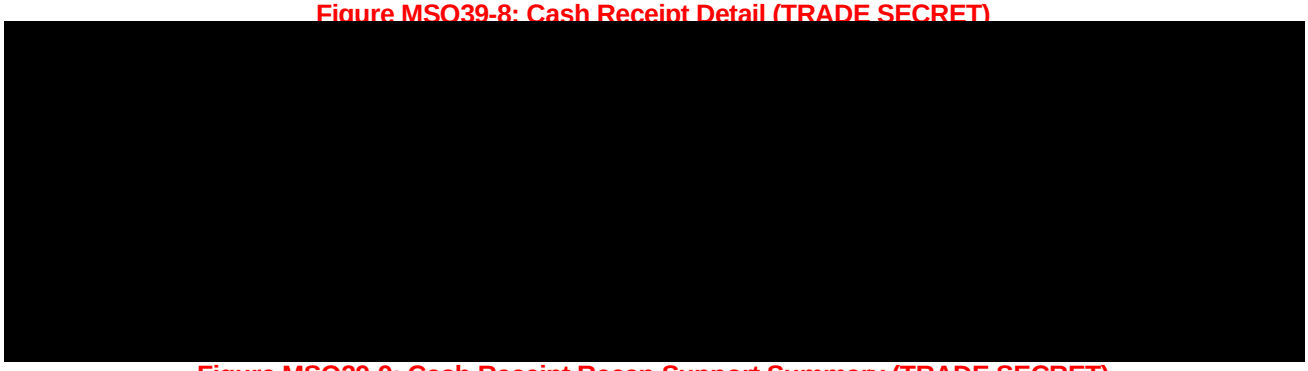


Figure MSQ39-9: Cash Receipt Recap Support Summary (TRADE SECRET)



Figure MSQ39-10: Dispute Activity (TRADE SECRET)



Figure MSQ39-11: Disputed NDCs By Labeler By Quarter (TRADE SECRET)



Figure MSQ39-12: Dunning Notice Report (TRADE SECRET)



Figure MSQ39-13: Executive Summary (TRADE SECRET)



Figure MSQ39-14: Labeler Paid Amount vs. Billed Amount (TRADE SECRET)



Figure MSQ39-15: Outstanding Manufacturer Rebate Invoice Balance Report (TRADE SECRET)



Figure MSQ39-16: Payment Receipt Detail (TRADE SECRET)



Figure MSQ39-17: Quarterly Labeler Account Balance Report Tab (TRADE SECRET)



Figure MSQ39-18: Receipt Listing (TRADE SECRET)



Figure MSQ39-19: Total Dollars By Check Number (TRADE SECRET)



Figure MSQ39-20: Bank Lock Box Transaction Detail (TRADE SECRET)

Invoice Reporting



Figure MSQ39-21: Claim Detail Report With Prompts (TRADE SECRET)

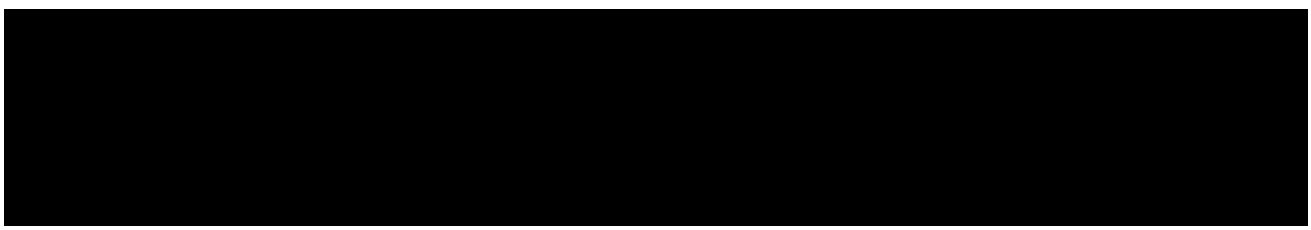


Figure MSQ39-22: Excluded Claims Report By Reason Code (TRADE SECRET)



Figure MSQ39-23: Invoice Totals For Quarter (TRADE SECRET)

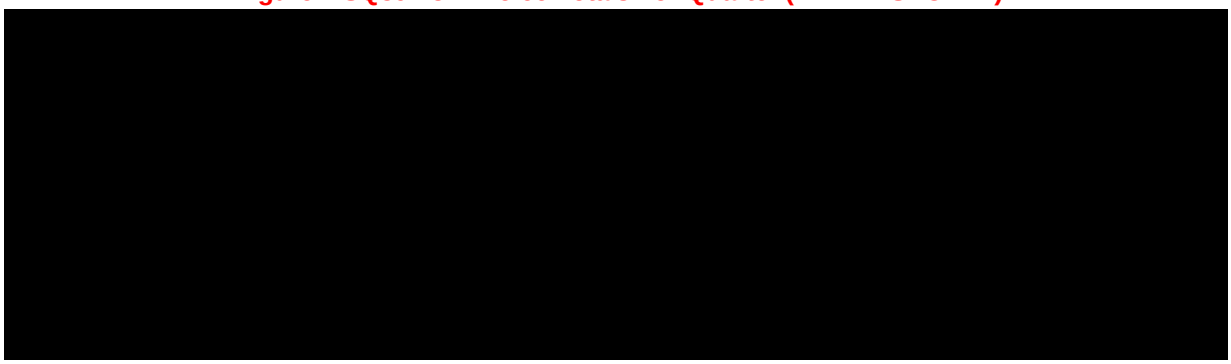


Figure MSQ39-24: Quarterly Invoice Comparison (TRADE SECRET)

PDL Report Samples



Figure MSQ39-25: TOP 25 Report by Net Net Expenditures (TRADE SECRET)



Figure MSQ39-26: Month-to-Month Change in Market Share Summary Report (TRADE SECRET)



Figure MSQ39-27: Month-to-Month Change in Market Share Detail Report (TRADE SECRET)



Figure MSQ39-28: Year-to-Year Change in Market Share Report (TRADE SECRET)



Figure MSQ39-29: Year-to-Year Change in Market Share by Class Report (TRADE SECRET)

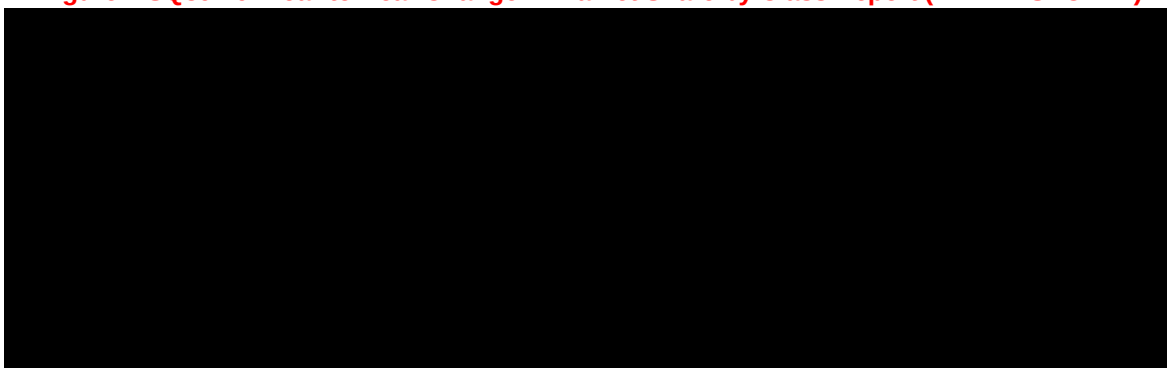


Figure MSQ39-30: PDL Supplemental Rebate and Market Shift Report (TRADE SECRET)



Figure MSQ39-31: Quarterly Rebate Activity Summary Report (TRADE SECRET)



Figure MSQ39-32: Quarterly PDL Compliance Report Executive Summary (TRADE SECRET)



Figure MSQ39-33: Quarterly PDL Compliance Report - Brand Name Detail (TRADE SECRET)

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

Supplier Response

MMA's PDRS solution will perform all required IT System functions to support the CMS Rebate and Supplemental Rebate Programs, as required by Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 6.2 Data Management.

Key benefits of the CMS-certified RxLink platform are streamlined, integrated processes and enhanced automation, more efficient workflow management, flexible, customer-specific reporting, and timely configuration updates. Per SOW 6.2.1.b, our PDRS solution will receive data from and/or send data to any given data source identified by the State, and we will store all PDRS data for the life of the Contract. A rebate extract will be sent from the PBA vendor's source POS system to RxLink in order to support the drug manufacturer rebate process. This extract will be loaded to the rebate platform to support the drug manufacturer rebate process. Fee for service claims extracts are sent in conjunction with the provider reimbursement cycle, accommodating weekly or bi-weekly extracts. Claims data are also sent from the MMIS vendor to support rebate invoicing for MCO/CMO claims. MMA's process for drug rebates is illustrated in the following figures.

Figure MSQ40-1 shows MMA's typical CMS Federal Rebates Process, which can be modified as required for each State customer.



Figure MSQ40-1: CMS Federal Rebates Process (TRADE SECRET)

Figure MSQ40-2 illustrates MMA's typical Supplemental Rebates Process, which can be modified as required for each State customer.



Figure MSQ40-2: Supplemental Rebates Process (TRADE SECRET)

MMA will ensure that all drug rebate data can be loaded onto the State's data warehouse, per SOW 6.2.4. MMA agrees that current State vendors will not be responsible for adjusting data to meet the needs of MMA's IT System unless determined by the State and agreed to by the data source vendor. MMA will make any necessary changes to data via the ETL process, as required by SOW 6.2.6.

a. How data in the system is continually updated as payments are received, disputes are resolved, or adjustments to Claims are made (either manual or through the Claims processing system).

MMA's PDRS IT System incorporates functionality to continually update data in the system and adjust accounts receivable balances, interest, rebates and units at the NDC level. It also updates labeler/quarter balances, adjustments, and any State-approved write-offs. The rebate application keeps the outstanding summary balance updated as payments are received, disputes are resolved, or manual or electronic adjustments are made to claims.

The up-to-date data in the system will be transparently shown on the current quarter invoice or the PQAS, which reflects prior period adjustments (PPAs) in line with the claims level detail that supports it. MMA generates and reconciles both current quarter invoices and PQAS, which include PPAs, for our rebate programs. We retain all prior period history details pertinent to invoicing.

The rebate system constantly maintains a connection between claim level detail and summary NDC on the invoice for all data processed. If a labeler has a rate change, our system adjusts the rate accordingly and brings the invoice up or down, as necessary.

b. How the Supplier plans to accept and track bids from Manufacturers.

While MMA's solution is not contained within one system, our established process allows manufacturers to submit bids through an SFTP site and we engage in a process to ensure we are obtaining the best discounts for our customers. Our expertise in contracting has allowed us to create a dynamic solution that is a combination of various processes and automations to enhance efficiency. The contracting process is complex, and the data are highly dynamic. Therefore, we have designed our solution to allow us to quickly adapt to these changes, as well as respond to changes in regulations.

Given that the solution is not contained and constrained by a single application, we are limited in our ability to allow state customers to access the entirety of our solution. However, MMA will provide State Authorized Solution Users with access to see their State's finalized bids from manufacturers using our MRx Explore data analytics tool. MMA's PDRS Solution allows online bid submissions from authorized manufacturer representatives (PDRS SOW 3.2.5.a). The State Submitted Supplemental Contract Offers report will contain details on all State offers over a defined time period allowing the provisioned user to view bid submissions with varying offer levels (tiers) and select configurable query parameters, such as contract year, therapeutic class, and drug name (PDRS SOW 3.2.5.b and 3.2.5.c). Whether a multi-state or state-only solicitation, manufacturers are instructed to submit their offers in a specified format to a pre-determined SFTP site.

Associated encryption ensures the maximum security of each manufacturer's sensitive data. To access the site, each manufacturer must complete and submit a Manufacturer Contact Form that requires identification of a primary and secondary contact which is uploaded into our proprietary Manufacturer Contact Application. We use this information to contact and discuss offer information with the manufacturer's primary and secondary contact listed in the database. Manufacturers' folders on the SFTP site are swept hourly throughout the day by an automated process which extracts Offer Form files from those folders and downloads them to our internal network server. Once loaded onto our server, an email confirmation of receipt of the Offer Form is generated and sent to the email address designated by the manufacturer on their Offer Form. Each offer is subjected to an automated, thorough validation process to ensure that the offer is accurate and reasonable. If the offer does not pass validation, it is returned to the manufacturer with comments and guidance. Our validation process enables MMA to verify that the manufacturer has submitted an accurate submission, ensuring that the State receives the full benefit of each supplemental rebate offer intended for submission. [redacted]

c. System capability for accommodating the maintenance of separate rebate files for Pharmacy and Medical Policy (J-Codes) and the Supplemental Rebates and processes, including separate accounting for specific invoicing and reconciliation processes.

Rebates can be invoiced to labelers separately by each rebate program. Our IT System accommodates the maintenance of separate Medicaid FFS Pharmacy/J-Code Rebates, CMO Pharmacy/J-Code Rebates, and Supplemental Rebate files and processes, including separate invoicing and reconciliation processes.

MMA sets the customer configuration in the system to coincide with the different rebate program types. This is done so that all cash collected, adjustments made, disputes, and invoices will pertain to a

specific program. The maintenance of separate rebate files also allows ease of reporting on each program separately according to the specific transaction types and detail and summary outstanding amounts owed.

d. The capability of the system to allow Supplier's employees to access, review and provide information and data specific to one National Drug Code (NDC) for an identified quarter or range of time.

Authorized users, including authorized MMA employees, have the ability to access, review and provide information and data specific to one National Drug Code (NDC) for an identified quarter or range of time.

RxLink iQ will allow users to access and provide information and data specific to one National Drug Code (NDC) for an identified quarter or range of time.

MMA's solution will meet all IT System requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 6.2 Data Management.

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

Supplier Response

MMA's PDRS Solution aligns with CMS modernization principles, providing our State Customers with a modular system based on Service Oriented Architecture (SOA) design principles. Our systems are built on an architecture that offers a flexible approach through the use of open industry-standard interfaces and exposed Application Programming Interfaces (APIs). Comprised of loosely coupled modules with open, documented system interfaces, MMA's PDRS Solution has proven our ability to successfully interface with manufacturers who have varying technological requirements. ***The web-based, electronic invoice application used by MMA is electronically connected to more than 93% of manufacturers who are actively participating in the CMS Medicaid drug rebate program.***

As part of the response, indicate if the Supplier plans to use a variety of formats with web-enabled systems and identify the interface protocols the system supports (e.g., XML, HTML, SFTP, and Secure Web Services).

Across our corporate book of business, ***we currently support well over 5,000 interfaces*** that enable the integration of files and transmission of data for our customers. MMA 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 XML, HTML, SFTP, Secure Web Services, NCPDP, HIPAA x12, HL7, and CSV for interoperability and data integration needs. Per SOW 6.2.7, data transmission between the MMA's PDRS Solution and other systems will have the ability to use standard protocols such as SFTP and secure web services.

As required by SOW 6.2.1.a, MMA's PDRS solution has the proven ability to interface with every State system necessary to administer rebates for the State Medicaid Pharmacy Program, as well as the State's Pharmacy Benefit Administrator's (PBA) systems. In accordance with SOW 6.2.1.c, MMA thoroughly understands the data structure of the pertinent sources and knows how to handle sources with different natures such as flat files with and without headers/trailers, re-defined areas, relational, hierarchical, XML, HTML, and other file structures.

MMA will work with the State and State-identified third-party vendors to accept its existing file formats either currently or with modifications, before the go live date for the new Contract period. If any file formats are required to change, MMA will conduct trouble-shooting or problem-solving exercises and make any necessary modifications to our existing file formats to effectuate information exchange at an agreed-upon cost, per SOW 6.2.2.

As required by SOW 6.2.3, for all established Pharmacy Drug Rebate Data Exchanges, MMA will assist with defining the data elements that will be received and will create the Extract, Transform, Load (ETL)

process for the identified data elements. MMA will ensure data synchronization between each State-identified third-party vendor to the greatest extent possible.

Per SOW 6.2.5, MMA will document all data elements, processes, methodologies, mechanisms, protocols, and other related information for each data source in an Interface Control Document. MMA agrees to create and maintain a separate Interface Control Document for each data source.

MMA acknowledges that the State will not consider changes to third party vendors as new interfaces or data exchanges. MMA include possible changes to standard, high priority data exchanges as ongoing maintenance, per SOW 6.2.8. MMA agrees, per SOW 6.2.9, all Data Exchange changes and modifications will be reviewed and approved by the State Change Control Board before implementation.

In accordance with SOW 6.2.10, MMA acknowledges that MMA will be responsible for the costs of establishing and maintaining secure encrypted connections with State-identified third-party vendors, as well as being responsible for any fees charged for establishing and maintaining the connections. If the State identifies new third-party vendors, necessitating new connections, MMA affirms that we will be responsible for executing the required Trading Partner Agreements with State-identified third-party vendors, per SOW 6.2.11.

Provide attestation that the Supplier will be able to accept and send the specified file formats.

As shown by the attestation provided on the following page, MMA attests that we will be able to accept and send the specified file formats. This attestation is best supported by the fact that, ***as the incumbent providing Drug Rebate/PDL Services*** since 2017 and 1998 to 2004 on previous rebate contract, ***MMA has proven conclusively that we will successfully accept and send the specified file formats.***

MMA's solution will meet all System Interfaces requirements described in Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 6.2 Data Management.

MAGELLAN MEDICAID ADMINISTRATION, LLC
RFP #: 41900-DCH0000136

TECHNICAL ATTESTATION

I, Billy Thomas, Senior Vice President of Account Management, by signing below, do hereby attest to the following:

Magellan Medicaid Administration, LLC's ("MMA") PDRS Solution has proven our ability to successfully interface with manufacturers who have varying technological requirements. The web-based, electronic invoice application used by MMA is electronically connected to more than 96% of manufacturers who are actively participating in the CMS Medicaid drug rebate program. MMA's PDRS solution has the proven ability to interface with every State system necessary to administer rebates for the DCH Medicaid Pharmacy Program, as well as the State's Pharmacy Benefit Administrator's (PBA) systems. MMA thoroughly understands the data structure of the pertinent sources and knows how to handle sources with different natures such as flat files with and without headers/trailers, re-defined areas, relational, hierarchical, XML, HTML, and other file structures.

Furthermore, MMA will work with DCH and State-identified third-party vendors to accept its existing file formats either currently or with modifications, before the go live date for the new Contract period. If any file formats are required to change, MMA will conduct trouble-shooting or problem-solving exercises and make any necessary modifications to our existing file formats to effectuate information exchange at an agreed-upon cost.

Lastly, MMA will be able to accept and send the specified file formats. This attestation is best supported by the fact that, as the incumbent providing Drug Rebate/PDL Services since 2017 and 1998 to 2004 on previous rebate contract, MMA has proven conclusively that we will successfully accept and send the specified file formats.

[redacted]

Printed Name: Billy Thomas
Title: SVP, Account Management
Date Signed: 4/12/2024

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42.	Bookmark Title: MSQ42 – Supplier Staffing Plan 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. ▪ Roles and responsibilities of staff. ▪ 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 I - Pharmacy Drug Rebate Services Scope of Work and Attachment C - Common Scope Requirements and Security Standards, Sections 2.15 Staff Management and 3 Staffing.

Supplier Response



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. As the incumbent in Georgia, we have knowledgeable, experienced staff in place supporting Georgia's Medicaid Drug Rebate Program. This team has developed relationships with DCH and understands DCH's systems and priorities. We would establish a similarly knowledgeable and dedicated Account Team to support the PDRS scope for other states as well.

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 PDRS 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 PDRS 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 PDRS Services Contract include:

Stephanie Christofferson, PharmD, MBA, AVP, Southeast Region, will serve as senior account leadership working with the PDRS 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 PRDS 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.
Jennifer McCray Rebate Operations Lead	Ms. McCray will coordinate across multiple departments within MMA, including Legal and Compliance, Human Resources, Rebate Operations, Clinical Information, PDL Management and Manufacturer Relations, Government Affairs, and Operations to ensure that all aspects of drug rebates are being managed and performed in accordance with State contract requirements and that we meet the defined performance standards. Throughout the Operations Phase, Ms. McCray will be responsible for ensuring that our PDRS Account Team supports the contract with a high level of quality and efficiency. Ms. McCray has more than 17 years of experience in health care and 15 years of experience working with MMA Medicaid customers. She holds a Bachelor of Science degree in Health Care Administration from Western Governors University.
Matt Rocconi Rebate Account Management Lead	Mr. Rocconi is responsible for all client rebate account management and will coordinate across multiple departments within MMA, including IT, Legal and Compliance, Human Resources, Reporting, Data and Analytics, Reporting, Clinical Information and Operations to ensure that all aspects of drug rebates are being managed and performed in accordance with State contract requirements and that we meet the defined performance standards. He is an experienced Director of Information Technology and is skilled in requirements analysis, business process improvement, management, information technology, CMS system certification and project management. Mr. Rocconi has a Bachelor of Business Administration in Finance from University of Arkansas at Little Rock.
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.
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	Kim Brown, BBA, MEd, oversees all training development activities during implementation. She develops course curriculum, user manuals, training seminar, and facilitates training sessions and training materials. Ms. Brown has 25 years of experience in the training field and has been with

Training Lead	MMA for seven years in our Training and Development Department. Ms. Brown holds a Bachelor of Arts Degree in Business Administration and a Master of Education degree with concentrations in Instructional Design, Curriculum, and Instruction.
Maria Hogan, CPhT CMS Certification Lead	Maria Hogan, CMS Certification Lead, will ensure system functionality and business operations meet the Medicaid Certification Checklist criteria to achieve CMS certification. She will plan and prepare for State participation in periodic certification reviews throughout the project and will serve as the primary contact for the State during certification efforts. Ms. Hogan uses outstanding organization skills to plan an approach for capturing providing all artifacts and documentation to support successful certification efforts. Ms. Hogan has a bachelor's degree in business administration from J. Sargeant Reynolds Community College and studied Project Management Principals and Fundamentals at Community College Workforce Alliance.
Hetal Patel Rebate IT Lead/Data Exchange Lead	Hetal Patel oversees integration and interface activities during implementation to ensure all required interfaces are successful. He ensures that data exchange components have been captured and provides appropriate content. Mr. Patel provides system mapping configuration of data to new target systems. He will review all data integration requirements with the State and provide recommendations for an efficient data integration strategy. He also develops test cases for data conversion testing to validate data exchanges. Mr. Patel joined the company in 2020 and has 23 years of experience in full software development lifecycle (SDLC) from requirements, analysis, design, coding/implementation, systems test integration and deployment phases. Mr. Patel earned his Master of Business Administration from Lake Forest Graduate School of Management, and a Bachelor of Science in Electronics from Sarder Patel University.
Robyn Corrieri Business Intelligence Reporting Lead	Ms. Corrieri will work in partnership 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 PDRS scope. As our Director of Business Intelligence, Ms. Corrieri is responsible for the delivery of timely, accurate, and value-added information for MMA's pharmacy support teams and customers. During her 10 years with MMA, Ms. Corrieri 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. Ms. Corrieri brings a breadth of knowledge that bridges the gaps between technical capabilities and clinical and operational necessity. Ms. Corrieri has a Bachelor of Science in Math and Computer Science from Longwood University.

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 MSQ42-1,* that depicts MMA's proposed organizational structure for the PDRS scope of work at the end of our response to MSQ42 – Supplier Staffing Plan 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 MSQ42 – Supplier Staffing Plan 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 MSQ42 – Supplier Staffing Plan as Supplemental Material.

If Subcontractors will be used, provide the following:

MMA is not using any subcontractors for the Pharmacy Drug Rebate Services scope of work.

a. Subcontractor's name and address.

Not applicable. MMA is not using any subcontractors for the Pharmacy Drug Rebate 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 Drug Rebate scope of work.

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

Not applicable. MMA is not using any subcontractors for the Pharmacy Drug Rebate 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 Drug Rebate scope of work.

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

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

Supplemental Material - PDRS Services Organizational Chart (TRADE SECRET)

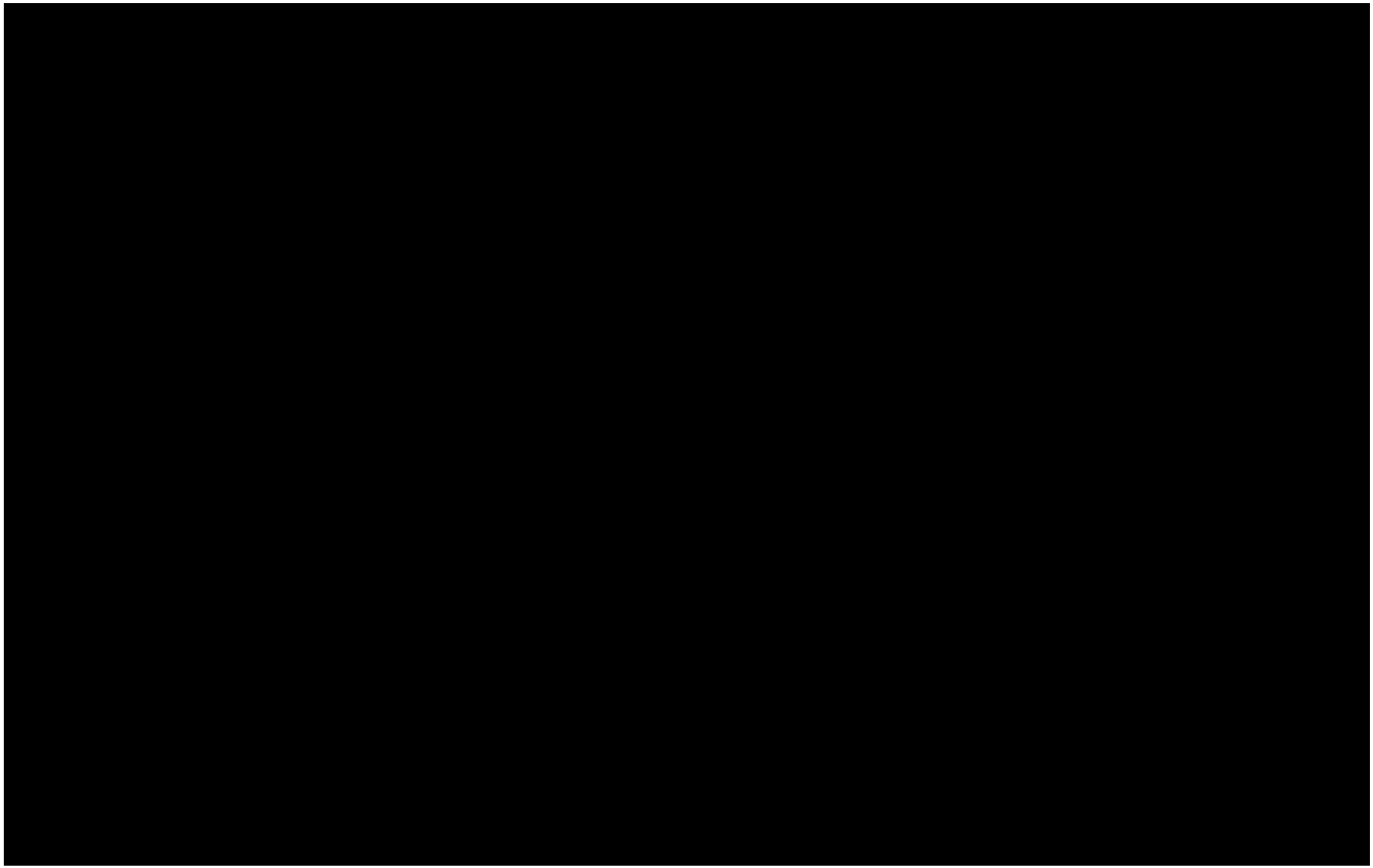


Figure MSQ42-1: Pharmacy Drug Rebate Services Organizational Chart (TRADE SECRET)

Supplemental Material – Roles, Responsibilities, and Qualifications of Staff

Title	Roles and Responsibilities	Qualifications
Key Staff		
Pharmacist Account Executive - PDL	▪ Responsible for PDL management. ▪ Assists with development, enhancement, and maintenance of operational functions, policy and clinical support and provider education. ▪ Provides overall project coordination for the contract's clinical and operational functions.	▪ Registered Pharmacist (RPh) or Doctor of Pharmacy, PharmD. ▪ 3-5 years' experience in clinical operations, quality, network, pharmacy or project management or a managed care pharmacy residency. ▪ Project management experience and knowledge of health plans required.
Rebate Account Manager	▪ Accountable for building day-to-day operational relationships with the State. ▪ Ensures performance complies with contractually required service levels and performance standards, internal policies, and state and federal regulations. ▪ Coordinates internal resources to maintain account satisfaction.	▪ Bachelor's degree required. A combination of education and work experience may be considered. ▪ 2+ years of sales and/or account management experience preferred. ▪ Experience in health benefits or health insurance preferred.
Other Staff		
Contract Analyst	▪ Responsible for research, analysis, negotiation, audit support and completion of supplemental rebate contract agreements. ▪ Enters and updates reports and databases containing the tracking information of rebate status, contract terms, conditions, rates, etc. ▪ Resolves dispute issues related to quarterly supplemental rebate amounts. ▪ Communicate with external and internal contacts to establish and maintain contracts.	▪ Associate degree required, may consider 2+ years of additional experience in lieu of Associate's degree. ▪ Strong expertise in MS Excel and database management and reporting tools. ▪ Managed care and database management experience preferred.
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.	▪ 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.

	▪ Manages day-to-day operational aspects of a project and scope, including meeting facilitation and documentation.	▪ Knowledge of process improvement methodologies. ▪ Ability to develop and maintain multiple project plans.
DDI Coordinator	▪ Works under the direction of the DDI Project Manager to support and facilitate implementation activities. ▪ Tracks the progress and status of work being performed. ▪ Responsible for coordination and facilitation of the deliverable management process and ensure timely, efficient exchange of files and information. ▪ Effectively and accurately communicates relevant project information to the client and project team. ▪ Involved throughout DDI.	▪ Bachelor's degree. An equivalent combination of experience and education will be considered. ▪ Effective verbal and written communication skills, as well as presentation skills. ▪ Proven ability to work effectively both independently and in a team-based environment. ▪ Demonstrated willingness to be flexible and adaptable to changing priorities. ▪ Strong multi-tasking and organizational skills
Dispute Analyst	▪ Responsible for managing day-to-day operations for manufacturer invoicing and working directly with manufacturers to resolve any issues. ▪ Maintains a clear understanding of rebate client contractual requirements, ensuring compliance with service level agreements.	▪ Certified Pharmacy Technician (CPhT) ▪ 2+ years of experience in customer support, analysis or business preferred. ▪ Associate's degree required or an additional 2 years of relevant experience in lieu of degree. ▪ Strong communication skills and working knowledge of Microsoft Word and Excel.
PDL Analyst	▪ Design, document, develop and roll out financial, clinical and utilization analyses using a variety of computing tools (e.g. SQL, Excel). ▪ Perform adhoc analyses that will vary in duration and complexity, while balancing multiple priorities and maintaining a high level of quality. ▪ Interprets results and preparation of data findings in easily understandable format for varying levels of the organization.	▪ Bachelor's degree required. May consider candidates with an additional 4 years of directly relatable experience. ▪ 1-3 years of transact-SQL (MS SQL or Oracle) experience and experience with SAS, SPSS and/or other data mining tools preferred. ▪ Demonstrated competency in developing efficient and effective solutions to complex business problems. ▪ Strong analytic and problem-solving skills and ability to interpret results of query analyses and able to develop and communicate analytic results to support business questions.
Pharmacist Account Executive – – Value Based Contracting (VBC)/Physician Administered Drugs (PAD)	▪ Responsible for negotiations with pharmaceutical manufacturers for rebate contracts and other innovative contracting opportunities. ▪ Responsible for managing the HCPC crosswalk. ▪ Assists with development, enhancement, and maintenance of operational functions, policy and clinical support and provider education. ▪ Provides overall project coordination for the contract's clinical and operational functions.	▪ Registered Pharmacist (RPh) or Doctor of Pharmacy, PharmD. ▪ 3-5 years' experience in clinical operations, quality, network, pharmacy or project management or a managed care pharmacy residency. ▪ Project management experience and knowledge of health plans required. ▪ Experience with drug rebate negotiation with pharmaceutical manufacturers.

Rebate Analysts	▪ Support drug rebate invoicing ▪ Perform pre-invoice quality reviews on the current quarter's claims after CMS rate files are received and loaded into the rebate system ▪ Create PPAs by manual adjustments after original invoices are created	▪ 1+ years' experience in an accounting, accounts receivable and/or invoicing preferred. ▪ Associate's degree in accounting or finance, will accept equivalent combination of education and experience. ▪ Strong communication skills and working knowledge of Microsoft Word and Excel.
Rebate Analyst – Value Based Contracting (VBC)/Physician Administered Drugs (PAD)	▪ VBC/PAD invoicing. ▪ Perform pre-invoice quality reviews on the current quarter's claims after CMS rate files are received and loaded into the rebate system. ▪ Create PPAs by manual adjustments after original invoices are created.	▪ 1+ years' experience in an accounting, accounts receivable and/or invoicing preferred. ▪ Associate's degree in Accounting or Finance, will accept equivalent combination of education and experience. ▪ Strong communication skills and working knowledge of Microsoft Word and Excel.
Rebate Billing Specialists	▪ Responsible for timely and accurate customer record maintenance of incoming manufacturer payments. ▪ Perform all aspects of cash posting including handling checks, Electronic Funds Transfers (EFT), and lockbox activity to obtain payment information.	▪ 1+ Years Accounts Receivable experience including Billing, Reconciliations, and Collections Preferred. ▪ Intermediate level MS Excel, Ten-Key by touch, must be detail oriented. ▪ High School diploma or GED is required, Associated degree is preferred
Rebate IT Support	▪ 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; High School Diploma or GED required. ▪ 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.
Rebate Operations Manager	▪ Oversees all aspects of the rebate operations process including VBC/PAD operations and acts as a representative of the department in meetings when the manager cannot be present. ▪ Responsible for SDUD error review and corrections.	▪ Certified Pharmacy Technician (CPhT) ▪ 5+ years of experience in a role with demonstrated leadership responsibilities preferably in a business operations function preferred. ▪ Bachelor's degree required or an additional 4 years of relevant experience in lieu of degree. ▪ Experience with VBC/PAD
Rebate 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.	▪ 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.

	▪ Summarizes findings and prepare reports.	▪ Expertise in data management, data analysis, reporting word processing, and project management skills.
Senior Director of Value Based Pricing (Rebate Negotiator)	▪ Manage relationships with drug manufacturers, through contract negotiations, collaboration on drug pricing, contract exclusions, and rebate rates. ▪ Develop innovative unit cost and formulary utilization programs. ▪ Create effective rebate specific financial forecasts by monitoring pharmaceutical market and developing management strategy. ▪ Oversee account management staff supporting Preferred Drug List customers.	▪ Doctor of Pharmacy (PharmD) required. ▪ 5+ years' professional experience in managed care and/or Medicaid. ▪ 3+ years' experience in account management and/or developing and negotiating pharmaceutical rebate contracts. ▪ Knowledge of and experience with Medicaid pharmacy practice, managed care pharmacy practice, and/or pharmaceutical rebate contracting.
Training Specialist	▪ Designs and develops appropriate and effective instructional materials and content. ▪ Delivers training through appropriate channels (e.g., classroom, teleconference, asynchronous and synchronous online) while incorporating instructional design principles and methodologies.	▪ Bachelor's degree ▪ 1+ year of formal training (classroom delivery, content design and development) experience. ▪ Demonstrated understanding of instructional design, adult learning concepts, performance improvement, change management, and learning best practices.

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

Supplier Response

Our approach to assuring the State that sufficiently experienced, licensed, and trained personnel are available to support implementation and ongoing administration is a highly accountable and responsive organization structure, development of a staffing plan that reflects the specific needs of the eRFP, and leveraging our proven recruiting and hiring processes to recruit and retain skilled staff.

a. Assuring the State that sufficiently experienced, licensed, and trained personnel are available to support implementation and ongoing administration of the Medicaid Rebate and Supplemental Pharmacy Rebate Programs.

MMA offers an organizational structure that facilitates fast decision-making and accountability. We are organized by business line. ***Our Senior Vice President and General Manager, State Government Solutions, Meredith Delk, PhD, MSW, reports directly to the President and CEO of Prime Therapeutics.*** This high visibility within our organization helps us to promote internal efficiencies and in turn deliver superior service for Medicaid pharmacy customers. Recognizing that Medicaid pharmacy benefit administration requires close cooperation among IT, analytics, operations (claims processing, pharmacy Call Center, mailroom, etc.), clinical, quality assurance, and financial resources, MMA has constructed our organization in a way that will provide optimal communication and oversight that aligns our services with the objectives of the Agency. With this organizational structure, MMA provides the optimal allocation, division of labor, and resources to support the project. Our deep bench strength will provide our Account Team with access to resources that will assist them in managing the program and the flexibility for backup resources.



MMA will secure and maintain staff who possess sufficient experience and expertise required to provide services in this Contract. We have approximately 1,020 employees serving our government customers nationwide. Our team of PDRS experts has hands-on experience implementing and operating pharmacy systems and providing related services. MMA account management will monitor performance against service levels to ensure we have the right people allocated to the contract and that we are continuing to perform at a high level. Our proposed PDRS Account Team is supported by the varied experience of our entire company, which includes staff who are pharmacy thought leaders, national innovators in delivering specialty pharmaceutical solutions, clinical leaders with AAHIVM certification, and experts in health plan leadership, as well as an understanding of the nuances of Federal and State regulations. ***Our staff members are experts in government healthcare programs, processes, and protocols. We have a wealth of clinical expertise, derived from a team of more than 300 pharmacists, nurses, biostatisticians, and physicians. These diverse experts use their comprehensive array of analytical capabilities to identify potential cost-savings opportunities and to quickly implement clinically-sound, cost-effective programs for our customers. Our health management and analytics capabilities are supported by technology focused on meeting the needs of government healthcare programs.*** We are committed to continuing to provide exceptional, highly qualified, and experienced staff to ensure services to members continue without interruption.

We recognize that a major risk in any delivery project is the absence of skilled staff and resources. We have proposed talented and seasoned professionals with deep implementation and operational experience for the State. 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.



Our recruiting and hiring procedures include strategies to identify candidates with the skill sets needed to provide excellent service. Our success as a company depends on the strength of our team. To be able to deliver quality services to the State and all our customers, we recruit, hire, and retain the highest quality talent available. Utilizing the extensive experience of our professional talent acquisition team, a customized recruiting plan would typically include the following elements:

- Use social media such as LinkedIn and Glass Door, to network with and source professionals belonging to more than 50 related groups that share our openings with qualified candidates
- Post electronic solicitations for key personnel and required positions on major job boards such as Indeed in addition to hundreds of diversity inclusion sites
- Network extensively with our own employees to generate connections and leads through the employee referral bonus reward program
- Where appropriate, use direct mail campaigns specifically targeting licensed professionals in a designated market (such as CPhTs and RPhs)
- Where necessary, run localized print campaigns or onsite job fairs designed to attract and screen large volumes of candidates.
- Where necessary and applicable, seek the services of an outside talent recruitment firm. This is often used for executive research and sometimes for physician recruitment when key specialties are required.

All strategies emphasize our commitment to diversity and inclusion. We are committed to driving progress to ensure we make positive strides on our Diversity, Equity, and Inclusion journey. ***From 2021 to 2023, Prime saw the following increase in diverse staffing: 1% increase in total representation and 7% increase in leadership representation for Black or African American employees; 6% increase in Asian leadership representation; 9% increase in female leadership; and 2% increase in representation for employees of two or more races.***

b. Reducing employee turn-over rates and standard attrition in customer-facing relationships, such as account manager or rebate manager positions.



Reducing employee turn-over for all employees, including those in customer-facing relationships such as account manager or rebate manager positions, is critical to serving our clients. ***Corporate-wide, our daily mission is to support the health and well-being of our own employees because we know that by doing so, our employees are empowered to take care of members and stakeholders.*** Our retention strategies include open communication, virtual connections, succession planning for promotional opportunities, and a rich training program that includes leadership development programs. We take the following steps and offer the following initiatives to minimize staff turnover:

- **Leader-employee communication**: We believe in a culture of open, candid communication between leaders and employees. We also encourage employees to understand and share in the company's mission, vision, and values and how these relate to their work.
- **Training and tuition reimbursement:** Using a combination of face-to-face and virtual techniques, our dedicated team of learning and development professionals provides customized training for employees at all levels of the organization. We also offer a tuition reimbursement program to assist with the costs of courses leading to an undergraduate or graduate degree.
- **Comprehensive benefits package:** We offer an excellent menu of benefits that includes medical, dental, vision, life, AD&D, 401(k), paid maternity and paternity leave, and more. Our pay for performance culture ensures we reward and retain top talent.
- **Culture of caring:** As an active corporate citizen, we are dedicated to improving the lives of individuals and families in need through corporate resources and employee-driven volunteerism.

c. Seamlessly transitioning staff, if necessary, from implementation to ongoing operations.

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

This contract will be administered through collaboration among cross-functional teams at MMA, consisting of a combination of the PDRS Account Team and DDI Leads and their teams. DDI Leads are SME leaders for areas of the company that will provide ongoing 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 throughout O&M. DDI leads and their teams will support the Account Management Team for successful contract delivery from DDI through O&M. 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.

d. Staffing to handle negotiation of Supplemental Rebates including required qualifications, experience, and amount of ongoing involvement in the Project. If staff persons are already identified, include resumes.

We provide a Pharmacist Account Executive to serve as the State's primary point of contact for all of our PDRS accounts. Pharmacist Account Executives are licensed pharmacists with experience and training to build and maintain customer relationships and lead account teams. Our Pharmacist Account Executives are supported by our corporate teams.

Dr. Bandali is Senior Director of Value Based Pricing, and she and her team are responsible for negotiating supplemental rebates. Dr. Bandali has 20 years of pharmacy experience including 11 years supporting State Medicaid contracts at MMA. She is extremely proficient in all aspects of pharmacy benefit and PDL management and strives to constantly exceed all established expectations. She served as the Pharmacist Account Manager for MMA's Georgia Medicaid PDL/Drug Rebate contract for six years, and she has experience with utilization management, process improvement, disease management, and data analysis, and expertise in supplemental rebate negotiations. She has a Doctor of Pharmacy from Mercer University.

For Georgia, Afzal Mistry, PharmD, Pharmacist Account Executive, will serve as the State's primary point of contact for the Drug Rebate contract and Nina Bandali, PharmD will have primary responsibility for negotiation of supplemental rebates. Dr. Mistry will be dedicated to the Project full-time. Dr. Bandali will be designated to the project and will allocate the required time to successfully manage rebate negotiations for the Contract. Dr. Mistry will coordinate with Dr. Bandali to ensure that overall project goals are being met.

Dr. Mistry has 11 years of pharmacy experience including almost 10 years of experience supporting Georgia Medicaid in various roles. Dr. Mistry has also been responsible for organizing and conducting the quarterly Drug Utilization Review Board (DURB) meetings for the State. As such, Dr. Mistry is familiar with the State's operations and goals as well as key State personnel, which will aid him in collaborating with the State to help achieve the State's objectives for drug rebate services. He has a Bachelor of Science in Neuroscience and Behavioral Biology from Emory University and a Doctor of Pharmacy from University of Georgia.

Dr. Mistry and Dr. Bandali's resumes are included at the end of our response to MSQ43 – Supplier Staffing Approach. Resumes are TRADE SECRET.

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

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

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TRADE SECRET

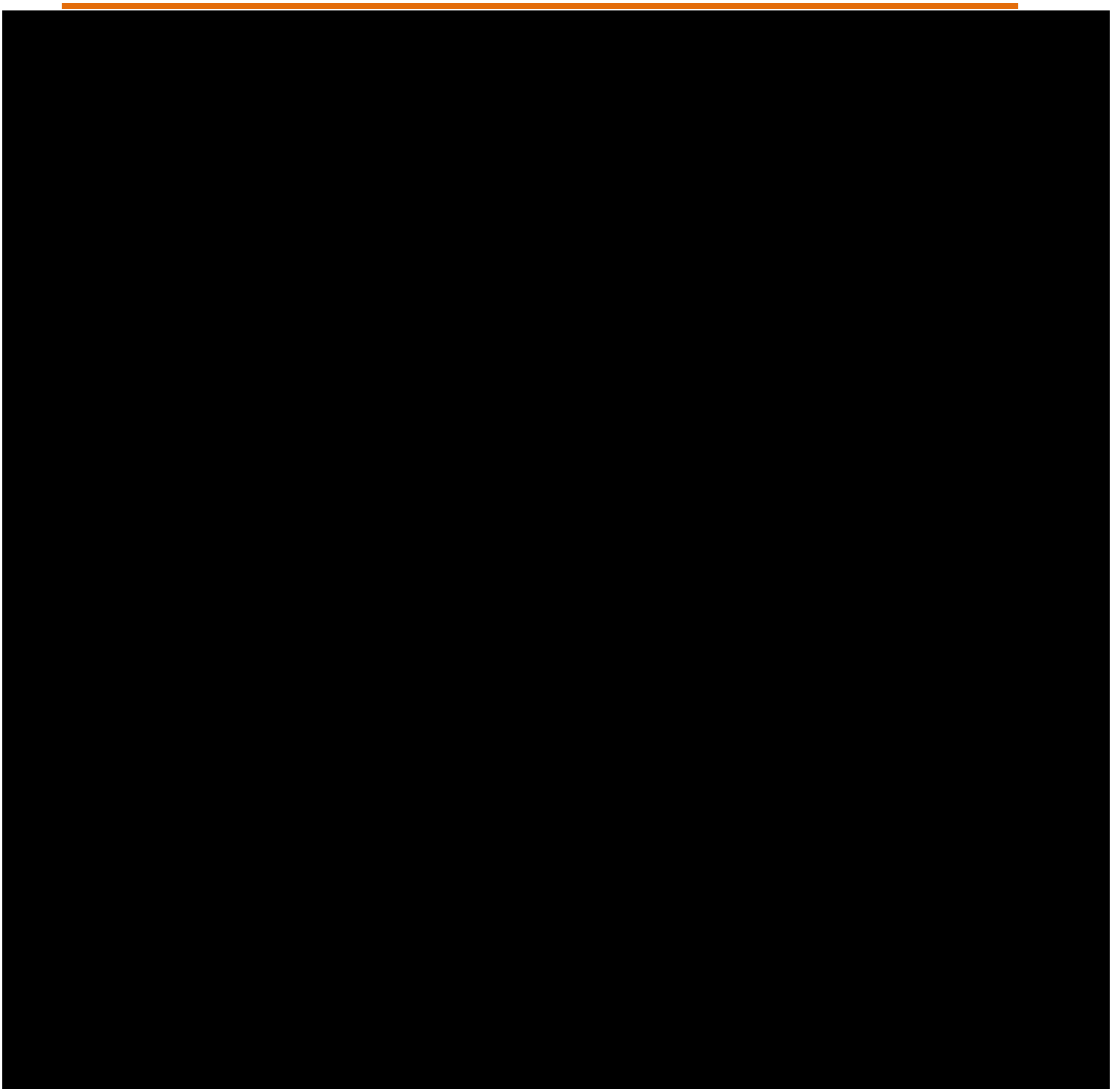
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44.	Bookmark Title: MSQ44 – State Training Narrative description is limited to two (2) pages. Describe the Supplier's proposed training for the State on the systems to support the State CMS Rebate and Supplemental Rebate programs. As part of your response,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

Supplier Response

MMA's Training and Development Department will provide designated State staff with training on the systems, including applications and operational processes, used to support the State CMS Rebate and Supplemental Rebate programs in accordance with Attachment I - Pharmacy Drug Rebate Services Scope of Work, Section 7.3: Training. ***We have over 40 years of experience in providing training and education for State staff, as well as members, providers, external stakeholders, and our own employees.*** MMA will use our existing vision, strategy, and enhanced approach for conducting all training-related operations for the State, including training needs assessment and delivery through numerous resources and tools.

Our Training and Development Department will provide training on all Pharmacy Drug Rebate Services (PDRS) applications for designated State staff, including training that provides a detailed overview of MMA's PDRS Solution. MMA proposes to implement our Learning Management System (LMS) tool, which is used for training and education and provides status reporting, for State staff training. Our LMS provides Training and Development Department staff with the ability to strategically plan, deliver, and manage all training initiatives. Value-added characteristics of the LMS include learning messaging and notification, online course enrollment and tracking, computer-based training (CBT), and assessment/testing capabilities. With our LMS, MMA can easily create, catalog, manage, and track all types of learning activities, including web-based, virtual instructor-led, video-based, or file-based courses and classes. ***Our LMS provides authorized State staff with 24/7/365 access to CBTs and other resource materials.***

The Training and Development Department works closely with the DDI and Account teams to generate training documents and plan the project's training initiatives. To ensure the success of the training, the Training and Development Department conducts a training needs analysis, establishes the tools and setting where the training will take place, pinpoints the target audience, and evaluates the needs of the audience, training priorities, and training objectives.

MMA will use the appropriate Instructional Design Model to provide a systematic approach to the design, implementation, and evaluation of all training components. We use a blended learning approach that combines self-paced and virtual instructor-led components and identifies potential prerequisites to any training session. We have established processes in place to measure the skills sets of future solution users. Our comprehensive, learner-centric, and closely monitored approach is deeply rooted in adult learning principles. Learning leverages project management best practices, and provides a customizable, methodical training approach specific to the needs of each learner and learner group. In addition, we will conduct training workshops for State staff and State stakeholders (e.g., labelers, third-party vendors, members) related to our PDRS Solution (PDRS SOW 7.3.2.c). MMA will

work with the State to ensure that all groups have access to systems and ensure that all subsequent training considerations are followed. We will conduct the in-depth training necessary for authorized State staff to successfully access and use our systems. MMA will provide training on the following systems in support of the PDRS Project:

Rebate Reporting Tool Training: Rebate reporting tool training will be provided using a blended approach to learning. The training will include self-directed learning, consisting of CBTs and reference documentation, followed by an interactive, virtual instructor-led workshop for users creating custom reports. Through our rebate reporting tool, authorized State staff has access to detailed monthly operational, clinical, and financial reporting on rebate activities. Our rebate reporting tool is accessible through standard web browsers from any workstation that can connect to the Internet. The self-service tools enable the user to build reports using a robust catalog of data attributes including a variety of pre-calculated measures to simplify the report building process. Our rebate reporting tool also provides State staff with the ability to create ad hoc reports. Additionally. MMA will provide training on our rebate reporting tool to allow users to view applicable drug rebate information.

User Interface (UI) Training: MMA will train authorized State users on our UI (e.g., Okta, Microsoft Identity, etc.). Through the UI landing page, authorized users can access designated components of MMA's pre-existing pharmacy platform. Our UI provides both single sign-on and MFA for all user sign-on. MFA provides another layer of security in addition to login credentials. With MFA in place, a user's identity is verified in multiple steps using different methods, such as identification through a registered device. MMA provides each State-authorized user with a secure username and password.

Shared Electronic Document Repository: MMA will train authorized State users, and other identified stakeholders as needed, on our electronic document repository. Our document repository is a cloud-based content management and collaboration system that gives the ability to upload, download, and collaborate on files. MMA's document repository has controlled access and approved users are able to download and modify content when needed. Subject Matter Experts write content, and appropriate personnel review and approve the content prior to publication. We track new versions of documents and save them within the electronic repository as we make changes and then publish to a public site (internal and/or external) after completing final review and approval.

As part of your response, confirm your ability to perform training as necessary for all systems used by the State personnel or as requested by the State when a new staff member is hired or as system updates and changes are made.

MMA will perform training, as necessary, for all systems used by authorized State staff or as requested by the State when a new staff member is hired or as system updates and changes are made. State staff training is initially provided as a part of the implementation process. The initial training provided typically includes a demonstration of the application. Hands on training is scheduled just prior to Go-Live to maximize learning retention. The Training and Development Department can also provide follow-up or refresher training for designated State staff, if requested. Our Training and Development Department offers courses during the operational period of the Contract for newly hired State staff. We will also provide refresher training, or ad hoc training, on applications and processes as requested by the State throughout the life of the PDRS Contract. We validate that both system and operational changes are effectively managed and appropriately communicated to affected groups, identifying resources, modifying schedules, and adjusting priorities and contingencies as needed. We will develop, update, and submit our Training Plan, training completion reports, training manuals, system and user documentation, and subsequent training schedule to validate that both system and operational changes are effectively managed and appropriately communicated to affected groups, identifying resources, modifying schedules, and adjusting priorities and contingencies, as needed. MMA has demonstrated

the ability to work collaboratively with all our state customers, and we commit to a strong and successful partnership with the State for the PDRS Project. MMA will work closely with the State to determine and provide additional training as mutually agreed upon.

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

Supplier Response

We will provide a training program and curriculum for all MMA pharmacy drug rebate staff assigned to support the Contract in accordance with eRFP Attachment I - Pharmacy Drug Rebate Services (PDRS) Scope of Work, Section 7.3 Training. The Training and Development Department provides learning experiences to help employees prepare for the implementation and throughout the life of the Contract. Employee training includes interactive, hands-on activities that help employees acquire new, or improve existing, knowledge or skills to support Program needs. MMA uses a blended learning approach that combines self-paced and virtual instructor-led components and identifies potential prerequisites to any training session. We have established processes in place to measure the skills sets of future solution users. Our comprehensive, learner-centric, and closely monitored approach is deeply rooted in adult learning principles. Learning leverages project management best practices, and provides a customizable, methodical training approach specific to the needs of each learner and learner group. MMA will add training functions at the State's request and have not found any limitations associated with meeting this request related to the PDRS scope of work.

Our Training and Development Department will provide training to MMA staff on rebate and supplemental rebate processes and timelines, as approved by the State, and electronic bid submission processes required by manufacturers and the State (PDRS SOW 7.3.2.a and 7.3.2.b). We will train staff regarding the proposed solution by using a hands-on, scenario-based approach to learning to ensure a strong understanding of the technical components and tools for the PDRS Project and a level of comfort using the solution. The use of our scenario-based approach to training will help learners make connections to their job responsibilities and facilitate the transfer of knowledge to their operational functions. To accomplish this, MMA pinpoints the target audience when developing training objectives for each training initiative. This allows for a better assessment of the potential audience needs and expectations and informs the training priorities and the training objectives that will be central to learning. Once the training audience is identified, the Training and Development Department then focuses on evaluating the needs of the target audience.

Areas of Responsibility: In collaboration with Department Managers, a needs analysis is performed to provide insight into who will utilize MMA applications during the Operational phases of the contract. The analysis identifies the functions of the applications that users need to perform job tasks. Training sessions will offer a hands-on learning experience that fosters the transfer of learning to job functions. The MMA Training Lead will work with the Department Managers to gain the knowledge necessary to create and execute a successful training plan.

Initial Training: Through a structured combination of presentation, hands-on, observation, testing, role-playing, and practice, the new hire employee is taught the skills to effectively work within our rebate

business. New hire training occurs within the first week of hire. During this extensive training, trainees thoroughly review the Program's plan, and spend the later part of the training sitting with a variety of experienced rebate team members, both observing and being observed. They are not allowed to work independently until the MMA supervisor is thoroughly confident that each new hire is fully prepared.

Check-Up Training: The Training and Development Department is responsible for ensuring that associates, as appropriate, are made aware of plan changes and are knowledgeable of what is being implemented. As plans change, it is important to continue the education of staff to ensure they have the most up-to-date and accurate information. Check-up training classes will be scheduled and facilitated prior to the changes being implemented to the system, plan, or process. This includes periodic reviews of the plan. When a need for further education is identified during employee/supervisor one-on-one meetings or based on quality monitoring results, the Training and Development department may provide additional training. The Training and Development and Quality Assurance departments maintain a close relationship with management staff to assure compliance with the customer's requirements, quality customer service, and accuracy. If any deficiencies are brought to MMA's attention by the customer, training classes can be scheduled and facilitated within a week of the notification.

Ongoing Training: We recognize the importance of ensuring that all MMA staff resources are fully trained and knowledgeable of PDRS Project requirements. We perform ongoing training and development efforts that focus on areas for improvement identified through our quality program. Our management and supervisory staff are trained in performing reviews with all staff to ensure we meet performance objectives for the PDRS Project. We will develop, update, and submit our Training Plan, training completion reports, training manuals, system and user documentation, and subsequent training schedule to validate that both system and operational changes are effectively managed and appropriately communicated to affected groups, identifying resources, modifying schedules, and adjusting priorities and contingencies, as needed.

HIPAA Training: MMA provides HIPAA and PHI, and PII training for all employees. We require all workforce members to take HIPAA Privacy and Security training when they are hired. Subsequently, all workforce members are required to take annual refresher training, which includes any updates or changes to the privacy policies since the previous annual refresher training. Additionally, each department incorporates appropriate privacy procedures into new hire orientation training and annual refresher training. Each manager is individually responsible for ensuring his or her staff is informed and educated on policy and procedure changes and adherence to all privacy standards as required by laws and regulations. We also maintain a Privacy Office as part of the Compliance Department. The Privacy Office is responsible for the content of privacy training and also delivers targeted training to specific departments who either request additional training or who are directly affected by changes to our privacy policies outside the normal training cycle. Any employee who requests additional training, or whose performance is judged to be out of compliance with PHI Privacy practices, is provided coaching or additional training, as needed. MMA utilizes our Learning Management System (LMS) to track the completion of required annual training to ensure all employees are compliant. We will provide proof of completed training to the State upon request. (PDRS SOW 7.3.1)

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

Supplier Response

MMA uses the NCPDP-compliant, CMS-certified, modularized RxLink rebate platform to support the administration (reporting, invoicing, dispute resolution, and collection) of Medicaid FFS Pharmacy PADL/J-Code Rebates, Supplemental Rebates, CMO Pharmacy & PADL/J-Code Rebates, State Pharmaceutical Assistance Programs (SPAPs), and State Special Rebates (for example, diabetic supply rebates). During DDI, our DDI and Account Teams will work with the State and its relevant third-party vendors to configure and test the RxLink platform to ensure that it is functionally sound and operating to desired specifications. With over 33 years of supporting drug rebate services, Medicaid and government programs, MMA has ample experience testing our solutions for compliance with State Medicaid experience. We also have over 17 years' experience achieving CMS-certification for our state Medicaid customers, MMA's standard testing approach aligns with CMS' Medicaid Enterprise Testing Guidance Framework. Our CMS certification team, processes, and systems are set up to conform to these guidelines from the Test Planning and Test Execution Phases and throughout the Operational Monitoring Phase.

MMA understands that comprehensive and thorough testing of enterprise software throughout the system development lifecycle leads to higher quality system functionalities and increased levels of user satisfaction. Throughout the CMS certification process, we will collaborate with the State to effectively test applications and services that comprise our rebate platform so that issues are identified and remediated early in the system development lifecycle. By conducting early detection of systems issues, MMA is able to reduce the number of errors embedded in the system and avoid project schedule delays, resulting in increased overall quality of the delivered system and user satisfaction. The following section highlights how our testing approach and activities are aligned with the three phases of the CMS Medicaid Enterprise Testing Guidance Framework.

Test Planning Phase: MMA's testing approach is designed to meet the requirements for CMS certification outlined in state Medicaid contracts. These testing-related requirements include:

- MMA's Test Team has the appropriate skills to effectively test our solution. This team is operated separately from the development to ensure independence. We maintain separate test environments to test copies of the program and code is promoted to production in phases using clearly defined entrance and exit criteria. We do not test changes directly in production. More details about our test environments are included in proposal Section Bookmark Title: MSQ 48 – SDLC & Transition Activities. Testing environments, defect severity levels, and expectations about load and performance testing are defined. Test environment configuration is automated to increase efficiency and protect against test environment configuration. Processes for resolving defects, loading new software builds, and continuously monitoring performance in the production environment are

established. Our solution is capable of generating SLA metrics such as system availability, system recovery objectives in case of system crashes or natural disasters, and system response time.

- MMA develops and shares a Master Test Plan aligned with State requirements that includes elements such as a list of stakeholders to review and approve the test plans, definition of types and levels of testing, test entry and exit criteria, test data requirements, testing tools, test roles and responsibilities, tracking defects, defect management process, acceptance criteria, and test reporting metrics. Test metrics are developed to report on the progress of testing will include topics such as number of test cases executed, defects logged, features with the most bugs, requirements compliance, and how long it takes to resolve defects before they are closed. Our processes for incident response handling include conducting quality audits during system development and operation to examine qualitative and quantitative metrics to assist system health and quality and assess risks of missing important milestones and continued quality issues.

Test Execution Phase: MMA has testing execution procedures in place to ensure that robust testing is conducted and that our drug rebate solution is of high quality. 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 timeframe or if system quality issues persist throughout system development.

Our QA Test Team has a combined total of over 20 years of experience with proven knowledge of industry best practices. Our testing team has worked with and tested Medicaid rebate software and understands the nature and purpose of this software. Our people, systems, and processes are able to provide evidence and test results to CMS 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.

MMA's Drug Rebate solution is equipped to share testing and quality metrics with CMS, including percentage of requirements covered by and traced to test cases, percentage of software code covered by test cases, current list of defects, distribution of defects by severity level, rate of opening and closing defects, and statistics showing defect age.

As a standard procedure, MMA's deployment plan includes the following components: a release plan describing the activities for a phased implementation or roll-out, production readiness checklist, deployment communication plan, and a business continuity and disaster recovery plan.

Operational Monitoring Phase: MMA conducts operational monitoring to track system "health" on an ongoing basis, ensuring that the system responds well to peak loads, users are satisfied with the system response, the system is intuitive and satisfies users, and the system handles component failure in a graceful manner. This includes performing ongoing testing after production to validate changes to the system and to share the testing results with CMS, developing and sharing a set of metrics to monitor the health of the system and escalation procedures to notify the appropriate stakeholders for certain detected conditions, and using and sharing collected data in an actionable manner and

assigning appropriate accountability for unacceptable system quality that jeopardizes important milestones.

Drug Rebate System Testing Steps



MMA understands that the successful testing of rebate data is critical to the effective administration of the State's Drug Rebate Program. With decades of experience in transitioning programs, MMA's Rebate Team has supported the set up and testing of 25 state Medicaid rebate programs. Effective testing to ensure a functionally sound and operational drug rebate system begins with successful data conversion and interface development. Below we detail the rebate testing steps that will be carried out using our CMS' Medicaid Enterprise Testing Guidance Framework-aligned testing approach outlined above.

Rebate Data Conversion: The following data conversion components are representative of those that have to be completed to successfully implement the rebate system for the State: Historical Claims Conversion, Provider Data, Member Data, and Rebate History Conversion. During the requirements review and validation period, we will work with State staff to identify other conversion and interface needs and will implement those tasks during the DDI Project Stage of the project. Our DDI Team will work with the State and our Drug Rebate Operations and IT Teams to plan and conduct data conversion activities, data migration, interfaces, and business rules from the current rebate system to the RxLink Rebate system.

Rebate Data Interface Development: Our DDI Team will work with the State and its Contractors, as applicable to develop secure interfaces to enable the receipt of rebateable FFS claims and CMO encounter data into the RxLink rebate platform. Once new inbound and outbound interfaces are established, they will be documented in the Data Integration Plan, with details that include source of data, format source, layout name, file format, record length, target system, test, and production file name formats, and production schedule for transactions.

Our approach to developing and maintaining rebate interfaces will include detailing the milestones, tasks, schedule, and dependencies for establishing, testing, and maintaining new industry standard interfaces to support federal, supplemental, market share, and outcomes-based rebates. Our interface development efforts are closely coupled with our data migration approach.

Once interface development is complete, we will complete testing of the RxLink rebate platform using the following steps:

Step 1: The MMA Rebate and DDI Teams will work with the State to identify all rules and to map, load, and test historic rebate data, including open invoices, unpaid rebates, and open disputes. Variances in data counts/totals as well as integrity of data are identified, researched, and resolved with State approval if required. Missing data will be identified and resolved as well. This is an iterative process until conversion is complete.

Step 2: Thorough testing of Drug Rebate Program data will occur to ensure appropriate results and those are shared with the State for approval, using our testing approach described above.

Step 3: Full conversion documentation is prepared. The State reviews and approves all documentation in order to ensure a successful conversion, including the starting balance for historical rebate data. The starting balance will match the ending balance from the incumbent system or causes of variance will be researched and either satisfactorily resolved with approval from the State or approval will be provided to include existing variances.

Step 4: At go live, MMA will be able to post payments, adjustments, collect unpaid payments, work open disputes, and invoice historical open balances on behalf of the State. RxLink will store data

related to the State's rebate administration, accounts receivable management, and dispute resolution, including historical data. Any historical data supplied to MMA in an acceptable format that can be loaded into the system will be loaded into RxLink with the capability for authorized users to query and access the data.

MMA strives to balance to the penny with each rebate transition. A test conversion is required so that any existing data issues are resolved to minimize interruptions to the production rebate payment process. We then take responsibility of all agreed upon historic balances that are converted into RxLink, as well begin the task of processing future data.

47.	Bookmark Title: MSQ47 – Project Stages and Phases Narrative description is limited to five (5) pages. Demonstrate your understanding of the Project Stages, Project Phases, timeline, expectations, and responsibilities as outlined in the Attachment C: Common Scope Requirements and Security Standards, Section 2.2 Project Stages and Project Phases. If your plans for the proposed services differ from the suggested outline, please explain the differences and how the proposed plan is a better fit for the State's needs. Include any best practices and lessons learned that may be applied in the execution of these services and identify any additional proposed Milestones for the project.

Supplier Response

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

- Implementing the RxLink rebate platform to support the administration (reporting, invoicing, dispute resolution, and collection) of Medicaid FFS Pharmacy PADL/J-Code Rebates, Supplemental Rebates, CMO Pharmacy & PADL/J-Code Rebates, and State Special Rebates
- Implementing RxLink's reporting tool, iQ, to meet rebate reporting requirements for the State
- 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 State's Drug Rebate 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 PDRS-specific deliverables as outlined in eRFP Attachment C, including, but not limited to, an Annual Independent Security Assessment, Inventory Report, Data Management, Conversion, and Migration Plan, Information Architecture Design Documents, and a Solution Design Document.

We are recognized as national experts in the implementation of Medicaid pharmacy programs 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 best practices 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 Drug Rebate implementations for our Medicaid customers. MMA's project management staff regularly applies PMI changes to our PMM, incorporating the most up-to-date best practices across the project management discipline, while maintaining the flexibility and adaptability to tailor our approach to integrate fully with existing customer PMOs, procedures and processes. MMA proposes to use our proven PMM to ensure the success of the State Pharmacy Program to implement and maintain our PDRS Solution during all phases of the Contract.

MMA has an outstanding track record of on-time, successful drug rebate implementations that include state Medicaid programs with functionalities and system solutions similar to those required for the 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 approach is based on the Project Management Institute's (PMI's) Project Management Body of Knowledge (PMBOK®) Guide and includes:

- Development and successful management of productive working relationships with the State and its third-party vendors
- Established, proven industry-standard PMBOK tools, processes, and best practices
- An experienced, veteran DDI Team with broad cross-functional expertise
- Experienced Medicaid PDRS operations and clinical professionals
- Regular meetings, status reports, and customer touchpoints
- A corporate culture of excellence that promotes partnership with our customers to produce collaborative and successful relationships.

DDI Project Stage

During the DDI Project Stage, MMA will focus on completing design and development activities in accordance with State requirements. These will include activities to implement our Solution and Services, as well as working with the incumbent Contractor to retire Legacy Systems. We will maintain a focus on helping the State obtain the full 90/10 Enhanced Federal Funding for Medicaid and Medicaid-related areas. We will work with the State to develop a mutually agreeable implementation schedule to achieve completion of implementation within nine (9) months of Contract Award or other timeline agreed by the State. Below we describe our approach to completing each DDI Project Phase.

Project Phase I - Project Planning and Startup: This phase will consist of comprehensive planning activities between MMA and the State. MMA proposes a slightly different approach to kick-off and requirements review and validation than what is outlined in Section 2.2.2 of Attachment C. We will facilitate a joint kickoff meeting with key State stakeholders to initiate the Project Planning and Startup Phase. The kickoff meeting typically includes a comprehensive overview of our proposed solution and architecture, staffing approach, the overall project timeline, as well as project management, project governance, and requirements validation strategies and procedures. The kickoff meeting will also focus on establishing and documenting clearly defined roles, responsibilities, and expectations and introducing MMA staff. Following the kickoff meeting, MMA will begin in-depth requirement gathering meetings. This best practice 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 PDRS Services Contract requirement. During this phase, we will work with the State to complete all PDRS-related deliverables listed in Section 7.4 Pharmacy Benefit Services Deliverables of Attachment C. All deliverables will be reviewed, tracked, recorded, and documented in the project library, according to the processes documented in the Deliverable Management Plan. Key milestones for this phase will include State approval of Project Management Plans and Project Schedule, and approval and validation of requirements. The DDI Manager will be responsible for developing detailed work plans, schedules, project estimates, resource plans, and status reports. They will conduct project meetings and will be responsible for project tracking and analysis. The DDI Project Manager will ensure adherence to quality standards and review project deliverables. They provide technical and analytical guidance to the project team. They will recommend and take action to direct the analysis of and solutions for problems.

Project Phase II - Design, Development, and Testing: Once we have captured, validated, and documented all business requirements for the new Contract, we will configure and test the RxLink rebate platform and RxLink's IQ reporting tool. RxLink provides a technical solution that incorporates all facets of Medicaid modernization, leveraging commercial off-the-shelf (COTS) and Cloud solutions to

deliver a best-in-class, scalable, modular solution for the State Medicaid Pharmacy Program. During Phase II, activities will be focused on configuring RxLink to meet State-specific contract requirements. These activities will include:

- Developing and executing a Master Test Plan and that aligns with the CMS Testing Guidance Framework and State requirements outlined in eRFP Attachment C. Our testing team has worked with and tested Medicaid Drug Rebate 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.
- Developing a Defect Management Plan that meets the State's requirements. MMA utilizes JIRA, a section of the Atlassian suite of products, to identify, trace, verify and report all defects. Defects are defined as the existence of a gap in the performance or functionality that currently exists compared to the project/system requirements and the approved design. Documentation in JIRA provides a uniform approach to the identification and classification of software defects, and explicitly requires values for the following attributes: ID, Description, Severity, Status, Affected version, Business, Priority, "Found in" environment, Root cause, and Resolution.
- Working with the State using our established Data Exchange/Migration process to develop interfaces to support the migration, conversion, and transfer of data required to support the PDRS 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 industry best practices and meet HIPAA privacy and security rules and guidelines. Our interfaces use industry standard protocols such as NCPDP, HIPAA x12, HL7, XML, and CSV for interoperability and data integration needs. MMA's application architecture provides a modular, flexible approach through the use of open, industry-standard interfaces and exposed APIs. Our solution supports several methods of data exchange, including SFTP (secure file transfer protocols), FTPS (file transfer protocol secure), Hyper Text Transfer Protocol (HTTP), secure web services, EDI (electronic data interchange), and real-time RESTful or SOAP/XML exchange, electronic data interchange (EDI), as well as batch.
- Utilizing a blend of best practice agile methods and waterfall processes to work iteratively with State experts in order to transform the approved requirements into the benefit configuration plans, claims adjudication rules, and related criteria necessary to administer this program. MMA utilizes a hybrid implementation model that incorporates Agile SDLC and a flexible PMM that allows us to successfully manage large, complex implementations within the framework of a fixed scope contract. All development, both coding and new configuration, follows our SDLC. The SDLC includes multiple testing phases to ensure efficiency of process, communication with the enterprise, and mitigation of risks. This includes defining a User Acceptance Training (UAT) process that includes training State staff who participate in UAT. Key milestones for this phase include design approval in the DDI process prior to entrance to testing, and completion and approval of UAT.
- Working with the State and its IV&V vendor to support the State in the development of specific CMS-required outcomes and metrics. This includes developing documentation, certification forms, checklists, evidence, and assistance preparing the required artifacts necessary to demonstrate

CMS compliance. This will also include developing a certification crosswalk and CMS Certification Plan, and other required CMS deliverables for State approval.

Project Phase III - Operational Readiness and Production Cutover: This project phase will focus on initialization of the Operational Solution and services, migrating final production data into the production environment. Prior to go-live, we will confirm readiness of the technical infrastructure and validate the readiness of all operations, MMA and State staff, and current documentation. During DDI, we will work with the State to determine the specific 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 PDRS Solution are ready for go-live.

MMA's DDI Team will conduct operational readiness walkthroughs, as appropriate, to demonstrate that all PDRS systems and functionalities have been completely and accurately developed and tested. Any issues will be documented and following the walkthrough, we will submit a summary readiness report that includes the results of the readiness checklist and walkthrough. Any compliance issues or identified gaps will be clearly documented in this report, along with the associated tasks/timelines to close the gaps and obtain State sign-off. Following the resolution of any gaps identified, MMA's DDI Team will obtain formal State approval for go-live and close out of the implementation phase. The DDI will work with the PDRS 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 operations and maintenance on an ongoing basis for the term of the Contract. This phase will focus on achieving CMS certification for our PDRS Solution, with the aim of helping the State obtain 75/25 enhanced funding for Medicaid and Medicaid-related area beginning on the first day of the quarter after go-live. The O&M Project Stage will begin upon successful completion of the DDI Project Stage and continue through the life of the Contract.

Project Phase IV - Initial Operations and CMS Certification: During this initial period of production operations and performance, we will continue working with State and its IV&V vendor to support the State in the completion of specific CMS required outcomes, and will present the metrics certification forms, checklists, evidence, and required artifacts developed during DDI to the State for review. We will ensure that our Solution meets CMS Certification approval for the maximum allowable FFP and work with the State to meet the requirements in section 8.2 of Attachment F. With over 17 years of CMS Certification experience, we have achieved CMS certification 100% of the time where it was required. We have successfully helped 15 Medicaid customers achieve certification on the first attempt–with no findings, corrective actions, or follow-up action items required. We will work with the State to complete all Certification Requirements listed in Section 6.2 of Attachment C. We will provide a high level of leadership and assistance during the certification process, including providing the system and business operations staff necessary to complete the certification and support the State through our focus on the Conditions of Enhanced Funding. MMA helps states get the most value out of limited healthcare dollars while supporting clinically appropriate care for their most

vulnerable citizens. ***MMA recently achieved certification for two states–Nevada and California–using the new CMS Streamlined Modular Certification (SMC) process***, which condenses the certification process and focuses on measuring the effectiveness of the pharmacy solution to support desired business outcomes. MMA has worked collaboratively with every major IV&V vendor in the country and have collaborated productively with the IV&V for every customer that has engaged one.

Maria Hogan, CPhT will take the lead on coordinating activities and acting as the primary point of contact to coordinate with the State and IV&V certification counterparts on all activities related to support all certification activities. Under Ms. Hogan's leadership, we have earned successful CMS certification in each of our Medicaid pharmacy contracts requiring certification with no findings, corrective actions, or follow-up action items needed from MMA. We will work with the State and its IV&V vendor to obtain independent verification and validation that our Medicaid PDRS Solution complies with CMS requirements. Following certification, we will provide ongoing certification support during O&M by reporting on PDRS outcome metrics as required by CMS. Ms. Hogan has over 14 years of direct experience participating in certifying systems against current industry standards, including monitoring CMS certification milestones.

We will work with the State to develop and document a plan that demonstrates how our PDRS Solution will satisfy all applicable CMS requirements. The plan will include a matrix outlining each requirement and response to meet the desired outcome. MMA will support the CMS Certification process by preparing reports and documentation necessary for submission to CMS to support certification gate/milestone reviews. MMA will make available reports, systems-related planning, design, development, and implementation related activities, outputs, documentation, and test results necessary to substantiate the solution meets related CMS certification checklist items as defined at the time of the review. Our team will provide State-related documentation and evidence, including certification artifacts and presentation materials (e.g., requirements, user stories, or use cases), as applicable and necessary, to satisfy and sustain CMS certification of new modules. Examples of artifacts provided to fulfill functional and non-functional requirements may include data related to business, capacity and performance, security and privacy, HIPAA compliance, usability, maintainability, interface, 508-compliance, disaster recovery, and traceability, as well as test plans or test cases. ***In each of the 15 CMS certifications we have achieved, no findings, corrective actions, or follow-up action items were necessary.***

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; 2) Achievement of CMS Certification received; and 3) Completion of the Warranty Period (if applicable), as defined during the implementation.

Project Phase V - Operations: During this phase we will continue our delivery of operations, maintenance, and support services, while ensuring that we meet all requirements and services as outlined in the Contract. We will collaborate with the State and its third-party vendors to identify opportunities to enhance the functionality of our 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 upgrades 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 Pharmacist Account Executive (PAE) and the Rebate Account Manager.

Project Phase VI - Turnover and Contract Closeout: In the event that it becomes necessary to turn over the Contract to another vendor, we will work with the State to turn over the State-contracted relationship to another entity according to Contract requirements. As a best practice, we will develop a Turnover Plan that documents what will be needed for a new PDRS Contractor to assume operations of the program, including technical, data, and business functions outlined in the Contract. The plan will document all information required by the Contract. Key milestones for this phase will be: 1) Services turned over to the incoming Contractor; and 2) End of the Project.

Best Practices and Lessons Learned: MMA captures and applies lessons learned to our project implementations and ongoing operations, to foster continual improvement and quality assurance. Capturing and applying lessons learned throughout the project lifecycle is integral to our customer's success. Project managers share related lesson learned documents with State staff, MMA subject matter experts (SMEs) and key stakeholders throughout the organization so positive outcomes can be repeated, and problems can be proactively prevented. Lessons learned documents are saved in an archive as part of a lessons learned database. In addition to those described throughout this section, below we list a sampling of other best practices and lessons learned that may be used in the execution of this project. This is not an exhaustive list; we will work with the State throughout the project to identify and implement other best practices and lessons learned that will best support the specific scope of work and project deliverables:

- Identifying and engaging key State and stakeholder staff in the appropriate operations, technical, and decision-making levels and including them in the Kick-off Meeting
- Obtaining mutual understanding and agreement of integration requirements through a formal sign-off process on the technical design and project scope documents
- Clearly defining roles and responsibilities as part of project management documentation during Kick-off Meeting discussion
- Developing and maintaining a mutually agreed-upon project schedule, holding all parties accountable to the schedule
- Fully engaging the customer to help ensure all stakeholders adhere to the schedule and meet their deliverables as agreed upon
- Creating and maintaining detailed tracking logs for risks, issues, actions and decisions.

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

Supplier Response



MMA offers ***more than three decades of experience successfully transitioning pharmacy rebate contracts*** from incumbent contractors to our proven solution. MMA's Transition Team will work with our Account Team, State staff, incumbent contractors, and third-party vendors to execute a successful transition. The Transition process will involve engaging and coordinating people and resources in collaboration with the State and its other relevant parties to conduct successful orientation, knowledge transfer, knowledge acquisition, development of operational understanding and operational independence from the incumbent contractor. We do this through collaborative meetings and gathering materials such as program data files, program manuals and existing programs and policies and procedures. We will use our established SDLC, testing, and transition approaches, described below, to implement our solution in accordance with Attachment C - Common Scope Requirements and Security Standards, Section 2.2 Project Stages and Project Phases and Section 6.2 Security Requirements. This includes developing and executing a Transition/Cutover Plan that defines and documents the strategy, scope, timelines, and details for moving from an "as-is" Solution to a "to-be" Solution. This plan will include activities related to the preservation of continuity of service, management transition, any necessary transition of assets (sites, inventory, etc.), data migration, etc.

SDLC Approach to all Project Stages and Phases: MMA's established Software Development Lifecycle (SDLC) utilizes a hybrid implementation model that incorporates Agile best practices and a flexible PMM that allows us to successfully manage large, complex implementations within the framework of a fixed scope contract. Our SDLC steps, tools, processes, and documentation are aligned with our PM lifecycle and integrated into an overarching implementation approach and applied alongside of our PMM approach throughout the DDI and O&M project phases. As these approaches are applied parallel to one another, they are collectively supported by a closely integrated structure of processes, tools, and documentation.

Our SDLC provides the guiding principles we use to elaborate, create, validate, and implement systems on time and on target, and in alignment with our customers' preferred approach. Agile development is based on the idea of incremental and iterative development, in which the phases within a development life cycle are revisited as needed. This agile method iteratively improves software by using customer

feedback to converge on solutions. Rather than using a single large process model in conventional SDLC, the Agile development life cycle is divided into smaller parts, called increments or iterations, in which each of these increments touches on each of the phases of development. The major strengths of Agile SDLC include self-organizing teams, suitability for teamwork and cross training, iterative development, and adaptation to change.

SDLC Processes: MMA utilizes sprint planning that is aligned with the milestones and tasks in the project work plan, as well as regular standup meetings to ensure that everyone on the team is up to date on the latest project developments and that tasks stay on track. Multiple iterations of the sprint process take place to ensure that the product meets customer needs and specifications, and we use iterative testing to demonstrate and collect customer feedback. This process of collecting constant feedback ensures that we meet the State's expectations.

SDLC Documentation: All changes to in-place MMA systems will be documented, coordinated, and communicated with all relevant parties, in a timely manner using our documented change standardized release management process. MMA's requirements gathering approach includes the following actions: initial requirements definition, research, formal submission for approval, walkthroughs, requirements gathering confirmation, follow-up meetings, and corrections.

As a primary deliverable of the SDLC Requirements Phase, the Requirements Traceability Matrix (RTM) provides the ability to follow and audit the life of each system requirement, in both a forward and backward direction from its origins through its realization. We will work with the State during the Project Planning Phase to modify the RTM with business system requirements for any new functionalities or enhancements needed under the new Contract, and then modify functional specifications, test cases, and expected and actual results completed during the subsequent DDI phase. This method ensures accountability for both MMA and the State prior to release to production and subsequent operational phase of the project.

ITIL-Aligned Approach: We follow IT Infrastructure Library (ITIL®) best practices as the preferred method for ensuring effective communication between the technical and operational groups involved in software program changes and code promotion. Many individuals throughout our organization are certified ITILv4 professionals, and they apply these concepts in facilitating effective communication. In combination, the SDLC and ITIL sets of practices aid MMA in ensuring that changes are:

- Documented in a clear, concise manner
- Managed to prevent system/performance conflicts
- Scheduled to minimize impact on normal business operations
- Approved and communicated effectively to all IT departments and the user community
- Implemented to support efficient and stable updates in the future.

Testing Approach: With over 17 years of experience achieving CMS-certification for our state Medicaid customers, our CMS certification team, processes, and systems are set up to conform to these guidelines from the Test Planning and Test Execution Phases and throughout the Operational Monitoring Phase.

Comprehensive and thorough testing of enterprise software throughout the system development lifecycle leads to higher quality software products and increased levels of user satisfaction. Throughout the CMS certification processes, we collaborate with the State to effectively test applications and services that comprise our drug rebate solution so that issues are identified and remediated early in the system development lifecycle. By conducting early tests of systems, MMA is able to reduce the number of errors embedded in the system and reduces project schedule delays, resulting in increased overall quality of the delivered system and user satisfaction.

MMA will develop and maintain a Master Test Plan that aligns with the CMS Testing Framework and the requirements in eRFP Attachment C.

This plan will encompass the needs of the various testing stages of the project and ensure all quality assurance objectives of the project are met. We operate and maintain QA testing environments that reflect parallel production environments for each of our systems. Testing phases that will be addressed in the Master Test Plan and include various types of testing such as:

- **System Testing:** Our PDRS testing cycle includes System Testing to assess the functionality and interoperability of the system. This test includes a test installation and configuration of our drug rebate system with a subsequent Functional Regression Test to confirm the installation's success. MMA conducts system testing to verify that specified system and contractual requirements are met. In doing so, testing strategies are created for each workstream; which will be documented in the Test Plan. Our QA team studies each testable system requirement to determine how to test and various tests cases/scenarios such as Positive, Negative, Boundary, and Regression are developed.
- **Integration Testing:** MMA's team conducts Integration Testing for external system impacts including pharmacy systems, downstream applications and all interfaces. Integration Testing makes certain that the application is working correctly within itself and will test external system impacts including pharmacy systems and downstream applications. This testing also confirms that the system meets the business requirements and is working as designed and configured. Interfaces are also tested during this category of testing to validate layouts are correct and files load correctly to the joining system.
- **User Acceptance Testing:** This phase of testing confirms that the developed system meets all expectations of the State and its eventual users. MMA ensures that the UAT environment is accessible to the State and all State partners. MMA will provide the State with a user acceptance test (UAT) environment where the State's partners can execute test cases to ensure the system meets all expectations.
- **Performance Testing:** Our Performance Load Testing will leverage automation tools whenever possible and, at a minimum, consider the following factors: a) Application server(s) or software; b) Database server(s); c) Network – latency, congestion, etc.; d) Client-side processing; and e) Load balancing between multiple servers. MMA will include in the Master Test Plan all activities around Performance testing, which is conducted to verify performance and reliability. Our drug rebate solution uses a variety of test automation tools, depending on the use case and context, in our current test processes. These include:
  - Apache JMeter is an open-source Java application designed to load-test functional behavior and measure performance. It can be used to test performance on Static and Dynamic resources and web applications. JMeter can be used to stimulate a heavy load on a server, group of servers, network, or object to test or to analyze overall response time under different load types.
  - Cucumber is a testing framework that helps to bridge the gap between software developers and business managers. We use Cucumber to interpret the tests into the specified programming language and use Selenium to drive the test cases in a browser. Our tests are translated into Java code.
  - Zephyr automated test management and tracking tool, designed to document, track, and manage test scenarios, cases, and results. Zephyr provides the ability for standardization of tests, data, metrics, processes, and reports, as well as repurposing and reusing test information to save time and effort. Testing requirements are easily maintained through traceability by having everything stored in one central location. Zephyr also serves as a test repository for

MMA's internal staff where test information can be categorized, stored, and organized for easy retrieval of on demand status reporting and metrics.

- **End to End Testing:** MMA has in place a detailed strategy for end-to-end testing of business rules, including planned usage of any tools leverage to automatically identify and fix conflicting rules. As described in our testing plans, the goal of end-to-end testing is to make certain that business continuity is not disrupted, and to verify that all systems and interfaces operate together as an integrated system that supports the business process.

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

As a result of our 40 years of experience providing Drug Rebate Services for states across the nation, we have existing relationships with MMIS vendors, switch vendors, PBA vendors, and related third-party vendors. Based on this experience working with multiple vendors in complex State Medicaid ecosystems, we have a proven, streamlined approach to communication and collaboration that contributes to effective transition. This approach ensures that data interfaces, process, and systems are operational and work together effectively when cutover happens. During each implementation, we leverage these relationships to ensure a seamless transition and uninterrupted service. We have extensive experience across the nation with industry-standard Medicaid rebate 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 Drug Rebate Solution implementation instead of starting from scratch, which will benefit the State through cost and time efficiencies.

During each Drug Rebate Services 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 for a seamless implementation. The effectiveness and efficiency with which we are able to take over operations from incumbent rebate contractors results from our best-practices-driven, proven approach that is grounded in MMA's Project Management and SDLC approaches. These approaches govern implementation of all projects, as well as transitions and turnovers, by utilizing a structured life cycle and specific processes, tools, and documentation that guide projects and turnovers from initiation and planning and through to the completion of all agreed-upon deliverables. This experience, combined with our established, successful, and proven transition approaches will translate to a cost-effective, timely, and efficient project schedule for the State. We will be fully prepared for go-live, which will mitigate risk as a result of any unexpected time delays, rework,

provider abrasion, or disruption of service to members. We have well tested and refined project management templates that allow us to plan and execute transition activities in a streamlined approach, without having to expend valuable time creating documents and tools from scratch. Our RxLink system is configurable, helping to expedite the implementation through minimal time spent developing code and programming. Our proven track record of smooth CMS certification successes with no findings further minimizes the risk of delay, which results in minimized risk of FFP loss due to delays.

Security Requirements: MMA's solution will be hosted in an environment that has a Federal Risk and Authorization Management Program (FedRAMP) Certification. MMA's AWS cloud-hosted applications are in a FedRAMP certified environment. MMA's security standards are based upon the NIST 800-53 security and privacy control sets. MMA performs internal control assessments and internal audits to assess our systems and processes according to our policies for safeguarding information systems and data which also align with State, Federal, and customer requirements to validate MMA's effectiveness of controls and safeguards in place. MMA uses hosting security best practices, including:

- Use FedRAMP certified Cloud Services
- Utilize SSAE-18-TYPE I/SOC2 TYPE II certified Cloud Services
- HITRUST
- NIST 800-53 Rev. 5
- HIPAA/HITECH.

MMA's hosting approach utilizes the AWS cloud to facilitate massive scalability. We are no longer constrained by the hardware available to us in our data center. Our cloud architecture allows us to scale compute, bandwidth, and storage in minutes rather than months. In addition to rapid scalability, our cloud architecture also allows us to deliver high availability and dependable disaster recovery to all of our state partners. As an example, we are the pharmacy vendor for the largest Medicaid FFS program in the United States and we routinely process an average of 84,000 POS transactions per hour. We have been able to scale that system to process 150,000 transactions per hour while maintaining sub second response times. MMA's mature and MITA-enabled architecture complies with the applicable infrastructure architecture standards for performance, security, and data retention described in the eRFP. ***MMA is certified under the HITRUST CSF Assurance Program, which incorporates the NIST Cybersecurity Framework and establishes a certification mechanism as an effective and efficient approach for reporting cybersecurity posture, leveraging the NIST Cybersecurity categorization***.

CMS Operational Readiness Review (ORR) Independent Security & Privacy Certification Engagement Activity and Artifacts: Six (6) months prior to the ORR Project Milestone, MMA will provide to the State a completed NIST 800-53 Revision 5 or Higher Compliant, System Security Plan (SSP) for review and approval. MMA will engage an Independent Third-Party Security & Privacy Assessment Vendor to conduct and successfully complete a Security and Privacy Assessment Engagement of the Contractor's Solution based on applicable NIST 800-53 Revision 5 (Moderate-Impact-Baseline) Security and Privacy Controls and applicable HIPAA Security Rule Code of Federal Regulations. The Assessment Engagement Deliverables will include a Security Assessment Report (SAR) demonstrating the compliance status of applicable NIST 800-53 Controls, a Plan of Action and Milestones (POA&M) Report which details any identified Non-compliance Control Gaps. We understand that we must meet all CMS Certification requirements and artifact Deliverables in accordance with State requirements. MMA will provide the completed SAR and POA&M Report Artifact Evidence to CMS at least forty-five (45) Calendar Days prior to the Project ORR Milestone.

CMS ORR Independent Security Certification Penetration Testing Engagement and Artifacts: Six (6) months prior to the ORR Project Milestone, MMA will conduct and complete an Independent Third-

Party Penetration Test Engagement of its Technology Solution Platform based on the criteria specified in the CMS, Framework for the Independent Assessment of Security and Privacy Controls (version 3.1 or most current version). This Guidance Document will be provided by the State prior to CMS Certification. A Penetration Test SAR Report and POA&M which details any identified vulnerabilities found and Planned Remediation Steps and Remediation Dates shall be provided to CMS at least forty-five (45) Calendar Days prior to the Project ORR Milestone.

A sample of our Cutover/Transition Plan is included in on the following pages. This plan has been tailored an existing customer's specific requirements. As a result, the nomenclature, forms, tools, and content used in this sample may vary slightly from the State's requirements. Our DDI and Account Teams will work with the State during DDI to tailor this document to reflect the PBA Contract requirements.

MSQ48.1 - Cutover/Transition Plan (TRADE SECRET)

On the following pages, we provide a sample of a Cutover/Transition Plan.

49.

Bookmark Title: MSQ49 - Project Management
Bookmark Title for Supporting Material:

- MSQ49.1 - Project Schedule/Project Work Plan (Sample)
- MSQ49.2 - WBS tasks and Project Outputs (Sample)
- MSQ49.3 - Implementation Plan(Sample)
- MSQ49.4 - Quality Management Plan (Sample)
- MSQ49.5 - Requirements Management Plan (Sample)
- MSQ49.6 - Change Management Plan (Sample)
- MSQ49.7 - Risk Management Plan (Sample)
- MSQ49.8 - Communications Management Plan (Sample)
- MSQ49.9 - Integration Plan (Sample)
- MSQ49.10 - Operations & Maintenance Plan (Sample)
- MSQ49.11 - Training Plan (Sample)
- MSQ49.12 - Cost Management Plan (Sample)
- MSQ49.13 - 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 Drug Rebate solutions on schedule
- Effective planning and project controls
- Key resources with appropriate experience
- Fully documented program requirements
- Established PM Processes
- Flexible reporting tools to provide rigorous monitoring and adherence to quality standards.

We will use our PMM to implement the PDRS scope of work according to the Project Organization and Management requirements in eRFP Attachment C, and the Drug Rebate requirements in eRFP

Attachment I. Below we describe the components of our PMM and how it will support our project management approach throughout the Contract.

MMA's PMM includes a set of Project Management Procedures that together comprise our Project Management Lifecycle (PM Lifecycle). Each component in MMA's PM Lifecycle represents a level of maturity as the PDRS implementation is conceptualized and eventually delivered. Our PM Lifecycle is depicted in *Figure MSQ49-1*, 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 at Bookmark MSQ49.1. A sample Work Breakdown Structure (WBS) Tasks and Project Outputs are included at Bookmark MSQ49.2***.



Figure MSQ49-1: Project Management Lifecycle

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 via individual "stepwise", or sub-plans, for management and administration of the project, as described below. Where applicable, required samples are referenced.

Schedule Management: We will develop and utilize a Schedule Management Plan that documents the schedule management approach, guidance, analysis processes, metrics, roles and responsibilities, and process governance as they pertain to the execution of the Project Schedule. The Project Schedule will be baselined, with a Project Critical Path calculated and identified, and will display the Schedule Performance Index (SPI). We will update it at least once monthly. Following Contract award we will work with the State to provide an integrated Project Schedule that includes Project Schedules from the State, and any other third-party vendors or stakeholders.

Quality Management: MMA will develop a Quality Management Plan to monitor the quality, impact, and effectiveness of services. It 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. If required, we will provide the State with a written Corrective Action Plan (CAP), including timeframes for resolution, no later than five (5) 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 plan is included in Bookmark MSQ49.4.***

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 in Bookmark MSQ49.5.***



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 CCB and tracking of Change Requests until verified as successful. ***A sample Change Management Plan is included in MSQ49.6.***

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 in Bookmark MSQ49.7.*** 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: 1) Identification of risks and issues by MMA and the State SMEs to identify areas of concern and articulate the potential impacts to the implementation; 2) Risk Response Planning, consisting of developing options and determination actions to enhance opportunities and reduce threats to the project objectives; and 3) 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 Communications Management Plan is included in Bookmark MSQ49.8***.

Cost Management: MMA will develop and adhere to a Cost Management Plan that describes how costs will be planned, structured, and controlled for the Project and Program and aligns with State requirements. ***A sample Cost Management Plan is included as MSQ49.12.***

Stakeholder Management: We will work with the State to develop a Stakeholder Management Plan that details the mechanism for identifying stakeholders, understanding their needs, and managing their involvement and engagement with the Program and Project. The Stakeholder Management Plan will capture the list of identified stakeholders for the Program and Project and the nature of their association. ***A sample Stakeholder Management Plan is included in MSQ49.13.***

Meeting Management: MMA has 40 years of experience coordinating with our customers through effective, regular meetings in person or virtual. We will identify all standard meetings and meetings that contribute towards product and project scope in the Project Schedule for accurate effort and resource estimates. We will provide meeting agendas and minutes on a schedule agreed upon by the State.

Staffing Management: We will staff the project in accordance with the eRFP requirements. At project kickoff we will identify points-of-contact from our DDI and Account Teams to liaise with the State during the DDI Project Stage. We will implement a Staff Management Plan that incorporates all requirements listed in Section 2.15 Staffing Management of Attachment C.

Document Management: We will design, develop and maintain an electronic document repository that supports role-based access control for project documents and Deliverables through the life of the Contract. The document repository will store, organize, track, control and disseminate all information and items produced for and delivered to the project. It will include an interface, such as a web page or portal, where individuals can obtain project information and the latest documentation and submit issues or comments to the Project Team. We will assign an Account Manager to oversee the document repository. Authorized Solution Users will have access to the document repository twenty-four (24) hours a day, seven (7) days per week.

Other Supporting Materials: We have also included a sample Implementation Plan (MSQ49.3), a sample Integration Plan (Bookmark MSQ49.9), a sample Operations and Maintenance Plan (Bookmark MSQ49.10), and a sample Training Plan (MSQ49.11).

Project Management Tools: Our PMM tools, which will be documented in the PMP are in place, tested, and supported by trained staff and established PMBOK-based project management infrastructure. These tools enable our DDI Team to effectively define, monitor, and report status of the various project management components, including the schedule, resources, milestones, deliverables, issues, and changes. We have successfully used the industry-recognized project management tools listed in the following table for recent state Medicaid customers for full pharmacy benefits administration implementation efforts.

Name of Tool	Description
	Microsoft Project is used for project schedule development and management.
servicenow	ServiceNow is our cloud-based implementation tool that provides web-based access for logging, maintaining, and applying automated workflows to project risks, issues, decisions, action items and change requests during the transition, along with status reporting and other project management functionality. ServiceNow enables customer self-service capabilities to log and track implementation-related risks, issues, decision, action items, and change requests. During the Transition Phase, MMA will work with the State to determine if ServiceNow or another State-approved tool will be used.
JIRA	JIRA facilitates problem description and identification of root causes and accommodates information about areas impacted by a given defect.

Microsoft Office	Microsoft Word, Excel, PowerPoint, and Visio applications used for word processing, spreadsheet editing, presentation programs, and diagram and flowcharting.
	Our shared electronic Document Repository is a cloud-based content management and collaboration system that gives the ability to upload, download, and collaborate on files.
LMS	Our Learning Management System tool is used for training and education and provides status reporting for the 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, beneficiary, 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 *Figure MSQ49-2* and *MSQ49-3*.

Our Project Management Supporting Materials are included in on the following pages. With the exception of the Project Schedule/Project Work Plan, which has been developed specifically to address the PDRS 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 PDRS Contract requirements.



Figure MSQ49-2: Project Status Report, Page 1 (TRADE SECRET)



Figure MSQ49-3: Project Status Report, Page 2 (TRADE SECRET)

MSQ49.1 - Project Schedule/Project Work Plan (Sample) (TRADE SECRET)

On the following pages, we provide a sample of a Project Schedule/Project Work Plan.

MSQ49.2 - WBS Tasks and Project Outputs (Sample) (TRADE SECRET)

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

MSQ49.3 - Implementation Plan (Sample) (TRADE SECRET)

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

MSQ49.4 - Quality Management Plan (Sample) (TRADE SECRET)

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

MSQ49.5 - Requirements Management Plan (Sample) (TRADE SECRET)

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

MSQ49.6 - Change Management Plan (Sample) (TRADE SECRET)

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

MSQ49.7 - Risk Management Plan (Sample) (TRADE SECRET)

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

MSQ49.8 - Communications Management Plan (Sample) (TRADE SECRET)

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

MSQ49.9 - Integration Plan (Sample) (TRADE SECRET)

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

MSQ49.10 - Operations & Maintenance Plan (Sample) (TRADE SECRET)

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

MSQ49.11 - Training Plan (Sample) (TRADE SECRET)

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

MSQ49.12 - Cost Management Plan (Sample) (TRADE SECRET)

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

MSQ49.13 - Stakeholder Management Plan (Sample) (TRADE SECRET)

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

50.	Bookmark Title: MSQ50 – Roles and Responsibilities Narrative description is limited to four (4) pages. Describe your understanding of your role and responsibilities in the project, your relationship to the other resources and stakeholders involved, including the State's Project Management Office (PMO), or equivalent unit, Clinical Management vendor, Fraud, Waste, and Abuse Audit Services vendor, Pharmacy Benefit Administrator Services vendor, Independent Verification & Validation (IV&V) vendor, Data Source vendors (e.g., Operational Data Store or Data Warehouse), and legacy Medicaid Management Information System (MMIS) vendor. Describe how you will collaborate and provide leadership among the various resources and stakeholders and provide examples of past successes in a similar environment. Refer to Attachment C: Common Scope Requirements and Security Standards.

Supplier Response

MMA will be responsible for configuring the RxLink rebate platform to support the administration (reporting, invoicing, dispute resolution, and collection) of the State's Federal Medicaid Drug Rebate Program for Medicaid FFS Pharmacy PADL/J-Code Rebates, Supplemental Rebates, CMO Pharmacy & PADL/J-Code Rebates, and State Special Rebates. We will provide a technical solution that incorporates all facets of Medicaid modernization, leveraging commercial off-the-shelf (COTS) and Cloud solutions to deliver a best-in-class, scalable, modular solution for the State Medicaid Pharmacy Program.

MMA is an industry leader with ***33 years of experience in CMS Federal drug rebate administration.*** We currently provide CMS Federal rebate administration services for ***14 state Medicaid customers, with a 15th being added in October of 2024***. We have ***22 years of experience in supplemental drug rebate administration.*** MMA currently provides supplemental drug rebate administration for the Medicaid programs in ***20 states plus the District of Columbia.***

MMA's ***mature and MITA-enabled architecture*** complies with the applicable infrastructure architecture standards for performance, security, and data retention described in the eRFP. To ensure the success of the project implementation and ongoing operations, MMA will collaborate with the State, other agencies, and stakeholders regarding dependencies and schedule coordination, including the State's PMO, the PBA vendor, Clinical Management vendor, FWA Audit Services vendor, IV&V vendor, Data Source vendors, and the legacy MMIS vendor, as well as CMS.

As described in eRFP Attachment C – Common Scope Requirements and Security Standards SOW 4.1.3, during DDI, MMA will collaborate with the State and the other entities to contribute to the formal agreement that specifies the roles and responsibilities of each entity as it relates to the Project. MMA works closely with a wide range of third-party vendors to exchange and integrate data in order to support the specific requirements of each of our Medicaid pharmacy customer. ***MMA has extensive experience collaborating with third-party entities to drive success for our customers*** including, but not limited to, the following:

Operational Data Store and Data Warehouse (ODS/DW) Contractors: MMA has worked proactively with ODS and DW Contractors to develop systems and processes to interface effectively and enable secure exchange of POS, PDL, Drug Rebate, and RetroDUR data.

Systems Integrator Contractors: MMA has experience collaborating effectively with System Integrators in furtherance of unified state IT Enterprise visions and to ensure alignment with our solution

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

State Project Management Offices (PMOs): MMA has worked with various State PMOs to complete data exchanges and integrations to support PBA implementations, as well as system enhancements, system upgrades, and other PBA system-related projects.

Independent Verification & Validation Contractors: We have worked with every major IV&V Contractor throughout the implementation process to build effective communications and align procedures as well as to exchange and integrate data to achieve CMS certification of our solution.

Clinical Management Vendors: In cases where we provide pharmacy benefit scope of work that does not include Clinical Management services, we collaborate with the Clinical Management Vendors to exchange and integrate data to support RetroDUR and utilization management functions. This includes working with them to establish ongoing data pulls of claims data to inform the development of RetroDUR member profiles for all FFS members and recommendations to the DUR Board.

Fraud, Waste, and Abuse (FWA) Audit Services Vendors: Our experience includes working closely with third-party FWA Audit Vendors to exchange and integrate data required to meet Contract audit requirements.

Pharmacy Drug Rebate Services Vendors: In cases where we provide pharmacy benefit scope of work that does not include Pharmacy Drug Rebate Services, we collaborate with state-designated third-party vendors to exchange and integrate data from our PBA solution to support rebate operations.

Describe how you will collaborate and provide leadership among the various resources and stakeholders and provide examples of past successes in a similar environment.

MMA has worked closely with a wide variety of stakeholders and partners across all of our Medicaid implementation projects, including a number of projects with a large number of integration and collaboration points. The Louisiana Single PBM implementation required integration and alignment with not only the state client, 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 2015 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.

Our approach is based on the idea that each stakeholder organization is our partner in success. Regardless of where a stakeholder sits within the overall constellation of vendors and stakeholders, MMA's approach is that we are one team, with a clear goal of delivering a timely, high quality product that meets or exceeds the state's expectations. This approach is maintained and supported by early and transparent lines of communication, alignment of governance and management strategies, clear

definition of roles and responsibilities, and a collaborative, flexible PMM.

MMA also recognizes the importance of providing technical and business subject matter expertise when it comes to PBA services, clearly defining the data needs and dependencies of the PBA module, and communicating that to the wider team early and often.

MMA has a proven track record of collaborating and providing leadership in supporting the pharmacy module portion of a successful CMS certification. MMA will work with the State and its IV&V vendor to support the completion of specific CMS required outcomes and metrics certification forms, checklists, evidence, and required artifacts. We will support the State with everything required for the State to obtain the full 90/10 Enhanced Federal Funding for Medicaid and Medicaid-related areas. ***With over 16 years of CMS Certification experience, we have achieved CMS certification 100% of the time where it was required.*** We have successfully helped 15 Medicaid customers achieve certification on the first attempt–with no findings, corrective actions, or follow-up action items required.

MMA's CMS Certification Lead, Maria Hogan, CPhT, has 29 years of industry experience and over 14 years of direct experience participating in supporting CMS certifications of MMA's pharmacy solutions for our Medicaid state customers.

Ms. Hogan will be the primary point of contact to coordinate with the State and IV&V certification counterparts on all pharmacy module CMS certification activities. We will work with the State its IV&V vendor to accomplish pharmacy module system validation. Our solutions and services will support the State in achieving its CMS Certification (if applicable) and comply with Medicaid Information Technology Architecture (MITA) standards, in accordance with SOW 6.1.3.

MMA will collaborate and provide leadership among other entities and stakeholders regarding the integration of our PDRS Solution within the MES. As required by SOW 6.2.31, MMA will collaborate with the State and its MES Integration Services vendor, as well as other stakeholders, to integrate the PDRS Solution into the State's system integration (SI) platform, including the implementation of single sign-on (SSO), multi-factor authentication, and federated identity management integration solutions. We will also work as a team with the incumbent contractor to retire legacy systems.

MMA is able to deliver large-scale solutions within reduced time frames. This is due to our extensive Medicaid-specific experience, including with CMS certifications, as well as the high configurability of our systems and lean approach to our implementations. Our solution is built around loosely coupled service-oriented architecture. The public interfaces of our service endpoints are designed around nationally recognized standards, where they exist, to maximize the efficiency with which additional services and/or new trading partners may be integrated.

MMA will work cooperatively with the State and with other stakeholders and State agencies as needed to fulfill any changing data exchange requirements that are necessitated by this procurement. Our Data Integration Lead Helen Ma will ensure our compliance with the data sharing agreements authorized by the State, as specified by SOW 4.1.4. If MMA requires separate additional data sharing agreements with other agencies, we will work with those entities to facilitate the completion of those agreements. We support the use of XML, HTML, and other industry-standard file structures, to ensure interoperability with other State MES modules, and it will provide automated electronic intrastate interchanges and interoperability, where applicable.

MMA's solution employs industry standard web services to promote a seamless, real-time integration with State and external systems such as U.S. HHS applications and intrastate agencies such as HIX and HIE, as well as with the technical environments of all trading partners. We support the use of industry-standard data exchange by using industry-leading tools, including SnapLogic, Edifecs, and

Informatica. In addition to API and web service interfaces, we can communicate through message queuing or by secure file transfer with polling times as short as every 15 minutes to achieve a near real-time throughput.

Our solution architecture also includes an EDI gateway and enterprise business services capabilities which are also key components of our data exchange strategy. These provide a means for more customizable, near real-time exchanges of member records or transaction-level data, if stakeholders choose to use this instead of the more commonly leveraged batch data interface architecture. ***MMA's adherence to MITA standards and similar best practices allows us to provide access to additional services without extensive code or design changes.***

Refer to Attachment C: Common Scope Requirements and Security Standards.

MMA's role in and approach to the project will enable us to meet the requirements listed in eRFP Attachment C – Common Scope Requirements and Security Standards.

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

Supplier Response



MMA has over 17 years of CMS Certification experience, having achieved CMS certification for 15 Medicaid pharmacy program customers. MMA has earned successful CMS certification in each of our Pharmacy Benefit Administration implementations that required certification, including seven MECT 2.x certifications, allowing these states to maximize Federal funds. ***In each CMS certification, there were no findings, corrective actions, or follow-up action items required of us***. MMA helps our state Medicaid customers get the most value out of limited healthcare dollars while supporting clinically appropriate care for their most vulnerable citizens.

MMA's PDRS Solution is compatible and interoperable with all applicable State and Federal requirements, utilizing next generation technological tools and connectivity standards as a framework to facilitate adaptable, interoperable, and scalable architecture that is leveraged across the Medicaid enterprise. Our solution has and will continue to meet CMS certification criteria. After initial certification, we will develop and supply the six prescribed CMS required outcomes reports utilizing approved metric methodology during the operations and maintenance phase of the project. We will adhere to Certification updates released by CMS when they are published or as advised by the State. Our PDRS Solution meets all requirements detailed in eRFP Attachment D – Pharmacy Benefit Services (PBS) CMS-Required Outcomes, as demonstrated by continued certification success.

MMA recently achieved certification of our Solution for two Medicaid programs–Nevada and California–using the new CMS Streamlined Modular Certification (SMC) process, which streamlines the certification process and focuses on measuring the effectiveness of the pharmacy solution to support desired business outcomes.

We are a recognized leader in successfully achieving CMS certification of our systems and have developed productive relationships with CMS and MITRE. We will provide the State a high level of leadership and assistance during the certification process. The following table summarizes MMA's CMS certification experience, which demonstrates our experience and expertise in conducting post-implementation CMS Certifications for projects of similar scale and complexity, as well as both larger and smaller Medicaid pharmacy programs.

Medicaid Pharmacy Customer	Date Certification Notification was Received from CMS	Certification Type	Medicaid Information Technology Certification Approach*	Corrective Actions/ Findings
Arkansas	June 2018	Pharmacy Module **including rebate system**	MECT 2.2	None
Alaska	September 2018	MMIS **including rebate system**	Medicaid Enterprise Certification Toolkit (MECT) 2007 Release	None
California	August 2023	Pharmacy Module	Streamlined Modular Certification (SMC)	None
Colorado	September 2019	MMIS **including rebate system**	MECT 2.2	None
District of Columbia	December 2017	Pharmacy Module	MECT 2.1	None
Florida	June 2010	MMIS	MECT 2007 Release	None
Idaho	July 2012	MMIS **including rebate system**	MECT 2007 Release	None
Kentucky	August 2016	Pharmacy Module **including rebate system**	MECT 2007 Release	None
Michigan	April 2011	MMIS **including rebate system**	MECT 2007 Release	None
Nebraska	January 2012	MMIS	MECT 2007 Release	None
Nevada	July 2023	Pharmacy Module **including rebate system**	SMC	None
New Hampshire	June 2015	MMIS **including rebate system**	MECT 2.1	None
South Carolina	April 2019	Pharmacy Module **including rebate system**	MECT 2.2	None
Tennessee	February 2018	Pharmacy Module **including rebate system**	MECT 2.2	None
Virginia	December 2018	Pharmacy Module **including rebate system**	MECT 2.2	None



MMA's PDRS Solution aligns with CMS modernization principles and adheres to the current CMS MITA framework version 3.0. MMA is fully aligned with the CMS Seven Conditions and Standards, and we will support the State's MITA Self-Assessment activities if necessary.

MMA complies with all HIPAA and CMS requirements today in standard operations. MMA has achieved pharmacy CMS certification ***100% of the time in every state where certification was requested. We have consistently achieved CMS Certification for our customers on the first attempt. No other pharmacy benefit administrator brings this level of CMS certification success.*** MMA will fully support the State in achieving CMS certification under CMS' new SMC process. The SMC approach streamlines the certification process and focuses on measuring the effectiveness of the pharmacy solution to support desired business processes through development of outcome statements and evaluation criteria specific to the Pharmacy Module.

MMA will support the development of outcomes and metrics reporting for pharmacy modules. Our team will provide pharmacy-related evidence, including certification artifacts and presentation materials as applicable and necessary, to satisfy and sustain CMS certification to ensure the State receives its Federal Financial Participation (FFP) rate percentage. Examples of artifacts provided to fulfill functional and non-functional requirements may include data related to business, capacity and performance, security and privacy, HIPAA compliance, usability, maintainability, interface, 508-compliance, disaster recovery, and requirements traceability including test plans or test cases. MMA's established relationship and communications channels with CMS mean that we are an excellent source of information and assistance for the State as they manage their certification process.

MMA commits to providing all assistance necessary in support of the Operational Readiness Review (ORR) and CMS Certification Review (CR) process, including but not limited to assisting with planning activities, providing draft versions of certification criteria, and producing all artifacts necessary to demonstrate criterion within the Business and Technical architecture are met to the satisfaction of the State.

Maria Hogan, CPhT, will serve as the Certification Lead and primary point of contact to regularly communicate progress and status of remediation activities to the State and will collaborate for a successful certification. Ms. Hogan has been with MMA for over 29 years, holding various PBA positions and working with Medicaid customers. She has over 14 years of direct experience participating in certifying systems against the current industry standards, including monitoring CMS certification milestones. Ms. Hogan will leverage her strong planning and communication skills and draw on MMA's experience in other states to ensure that all necessary artifacts and documentation developed for the State are fully CMS-compliant. Under Ms. Hogan's leadership, we have earned successful CMS certification in each of our Medicaid PBA contracts requiring certification. In each of these certifications, there were no findings, corrective actions, or follow-up action items required of MMA. Ms. Hogan is a Certified Pharmacy Technician. She has a bachelor's degree in business administration from J. Sargeant Reynolds Community College and studied Project Management Principals and Fundamentals at Community College Workforce Alliance.

To satisfy the three outcome-based measures for rebate required by CMS for certification, as identified in eRFP Attachment D, MMA will collaborate with our internal functional areas to provide evidence of system functionality, reporting of key performance indicators, and adherence to security standards for each certification review, as required by CMS. In addition, appropriate MMA staff will be available to provide ongoing reporting of key performance indicators and adherence to security standards throughout the system maintenance and operations phase.

We are aligned with CMS' strategy for modularity, and we have the proven ability to supply required documentation and to actively participate in certification activities to support our State Medicaid Agency customers. Our depth of experience with CMS Certification has provided us with significant insight into

the way that CMS and the MITRE reviewers approach the interpretation of the necessarily broad business checklist items.

MMA will ensure that the data, processes, and documentation required for CMS Certification process and for SMC Milestone reviews, are provided to CMS in a timely manner.

Refer to Attachment C – Common Scope Requirements and Security Standards, Section 6.3 Certification Requirements.

MMA will leverage our significant experience and proven best practices to meet all requirements outlined in eRFP Attachment C – Common Scope Requirements and Security Standards Section 6.3 Certification Requirements including:

Certification Requirements (from eRFP Attachment C)	Experience
Certification Crosswalk: The Contractor shall develop a certification crosswalk that details how their Deliverables and other documentation align with federal certification requirements, encompassing applicable reviews and reporting processes.	MMA's proven CMS Certification Process includes developing a certification crosswalk detailing how our deliverables and other documentation align with Federal certification requirements, encompassing applicable reviews and reporting processes. We will develop the certification crosswalk as required.
CMS Updates: The Contractor shall perform required updates on CMS Certification requirements as specified by the State.	As standard practice, MMA adheres to Certification updates released by CMS when they are published or as advised by our state customer.
CMS Validation: The Contractor shall validate the system against CMS Certification requirements, ensuring compliance with the specified standards.	During CMS certification, it is customary for MMA to validate the system against CMS Certification requirements ensuring compliance with the specified standards.
Staff Resources: The Contractor shall provide staff resources to support CMS Certification and Medicaid Information Technology Architecture (MITA) activities. This includes participating in planning activities, meetings, and other activities required by CMS and as requested by the State.	***Maria Hogan, CPhT, will serve as the Certification Lead*** and primary point of contact for CMS Certification matters. Ms. Hogan has been with MMA for over 29 years and has over 14 years of direct experience participating in certifying systems against the current industry standards, including monitoring CMS certification milestones. MMA will provide staff resources to support Ms. Hogan in CMS Certification and Medicaid Information Technology Architecture (MITA) activities, including participating in planning activities, meetings, and other activities required by CMS and as requested by the State.
Artifact Preparation Assistance: The Contractor shall assist the State in preparing certification artifacts, evidence, and presentation materials. This involves requirements/ user stories and/or use cases for functional and non-functional requirements, data, business, capacity/ performance, security/ privacy/ HIPAA compliance, usability, maintainability, interface, Section 508 Compliance, disaster recovery, and traceability to test plans or test cases.	MMA will support the development of outcomes and metrics for pharmacy modules. Our team will provide pharmacy-related evidence, including certification artifacts and presentation materials as applicable and necessary, to satisfy and sustain CMS certification. Examples of artifacts provided to fulfill functional and non-functional requirements may include data related to business, capacity and performance, security and privacy, and HIPAA compliance, usability, maintainability, interface, 508-compliance, disaster recovery, and traceability, as well as test plans or test cases.
Support for Other Module Certifications: The Contractor shall participate in and support CMS Certifications of other modules as may be relevant to the PBS, as defined by the State.	MMA will participate in, and support CMS Certifications of other modules as may be relevant to the PBS, as defined by the State. We are aligned with CMS' strategy for modularity, and we have the proven ability to supply required documentation and

	to actively participate in certification activities to support our State Medicaid Agency customers. Our depth of experience with CMS Certification has provided us with significant insight into the way that CMS and the MITRE reviewers approach the interpretation of the necessarily broad business checklist items.
Remediation Activities: The Contractor shall expeditiously correct all required remediation activities related to certification findings on a schedule to be approved by CMS and the State.	Maria Hogan, CPhT, Certification Lead, has experience with remediation correction activities and collaborating for successful resolutions. Ms. Hogan will work with the State to expeditiously correct all required remediation activities related to certification findings on a schedule to be approved by CMS and the State.
Testing and Change Control Procedures: The Contractor shall use appropriate testing, configuration, and change control procedures for all changes made to the Solution during the certification process.	***With 17 years of CMS Certification experience and achieving CMS certification for 15 Medicaid pharmacy program customers,*** MMA will use appropriate testing, configuration, and change control procedures for all changes made to the Rebate Solution during the certification process.
Documentation Updates: The Contractor shall update system, user, and training documentation as necessary to support the certification process and to reflect changes that have been made to the Solution during the certification process via the approved Change Management Process.	As standard practice, MMA updates system, user, and training documentation as necessary to support the certification process and to reflect changes that have been made to the Rebate Solution during the certification process via the approved Change Management Process.
Ensuring CMS Certification: The Contractor shall ensure system CMS Certification through correct design, implementation, documentation, and support to final CMS Certification approval.	***MMA has achieved pharmacy CMS Certification 100% of the time in every state where certification was requested—no other pharmacy benefit administrator brings this level of CMS certification success.*** We have consistently achieved CMS Certification for our customers on the first attempt, and we will apply our proven processes to support final CMS certification approval for the State. Our solution has and will continue to meet CMS certification criteria.
Coordination with the State: The Contractor shall coordinate with the State to develop CMS Certification documentation for each certification requirement.	MMA and Certification Lead Maria Hogan, CPhT have extensive experience collaborating with state Medicaid clients to develop CMS Certification documentation for each certification requirement.
Certification Document Repository: The Contractor shall populate the certification document repository that the State has identified as each required item/artifact is completed and approved.	As part of our proven process, MMA will populate the certification document repository that the State has identified as each required item/artifact is completed and approved.
Primary Point of Contact: The Contractor shall adhere to the State serving as the primary point of contact, coordination, and communication between the Contractor and CMS. The State will facilitate all meetings, including but not limited to certification meetings and reviews.	MMA will adhere to the State serving as the primary point of contact, coordination, and communication between the Contractor and CMS. We understand that the State will facilitate all meetings, including but not limited to certification meetings and reviews.
Notification of Certification Issues: The Contractor must notify the State if it identifies an area in which certification or recertification requirements may not be met or any reason for which maximum Federal Financial Participation would not be granted. The Contractor must also notify the State of the deficiency, present corrective action plans, and	***MMA proactively communicates throughout the CMS Certification process and about certification-related issues throughout the operations and maintenance of the Contract.*** We will notify the State if we identify an area in which certification or recertification requirements may not be met or any reason for which maximum Federal Financial

upon approval by the State, correct the deficiency at no additional cost to the State.	Participation would not be granted. We will also notify the State of the deficiency, present corrective action plans, and upon approval by the State, correct the deficiency at no additional cost to the State.
Participation in Reviews: The Contractor shall present at reviews and other certification meetings as directed by the State.	Certification Lead, Maria Hogan, CPhT and other required Account Staff will be present at reviews and other certification meetings as directed by the State.