

PROPOSAL IN RESPONSE TO THE

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

eRFP Number 41900-DCH-0000136

Attachment W Pharmacy Fraud, Waste, and Abuse Audit Services

Redacted Copy-Available for Public Review



Attachment W Pharmacy FWA Audit Services Mandatory Scored Response Worksheet

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

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

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

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

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

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

Provide an Executive Summary that illustrates the Supplier's understanding of and capability to provide the requested services as described in Attachment H - Pharmacy Fraud, Waste, and Abuse (FWA) Audit 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 Fraud, Waste, and Abuse (FWA) Services to Fee-for-Service (FFS) Medicaid pharmacy program members (including pediatric members) and full-benefit dual eligible members. We support increasing the convenience and cost-effectiveness 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 and NASPO is unmatched.

MMA has been a recognized industry leader in delivering clinically excellent, cost-effective Medicaid Pharmacy Benefit Services (PBS) for over 40 years. As the largest standalone Medicaid PBA in the nation, we currently provide PBS solutions to government customers, including 26 Medicaid programs, eight AIDS Drug Assistance Programs (ADAPs) and four State Pharmaceutical Assistance Programs (SPAPs). Collectively these programs serve over 56 million members. With 25 years of experience providing Fraud, Waste, and Abuse (FWA) services, ***MMA is optimally positioned to serve as the FWA Contractor.*** As a subsidiary of Prime Therapeutics (Prime), we have been able to join our FWA capabilities. Our corporate FWA Team works in conjunction with each of our business units, departments, and regional offices to deliver compliant, effective FWA services to our Medicaid customers.

Our experience is unmatched and provides advantages to the State that cannot be achieved with any other FWA Contractor. We have a proven history of developing innovations that respond to market and regulatory shifts to improve Medicaid FWA programs, including:

- An Advanced FWA product driven by state-of-the-art technology and algorithms that analyze integrated medical and pharmacy claims data to detect and mitigate FWA across the continuum of care. Upon identification of potential FWA, our Advanced FWA product includes cost-avoidance features that help to mitigate potential dollars lost to FWA. This product includes member lock-in edits, which are incorporated in the pharmacy claims processing system and enable a streamlined approach to preventing member FWA in real-time at the point of sale.
- Our FWA program has been an industry leader in the identification of well-known FWA schemes, such as: telemedicine, foot baths, GLPs, and substance use. We have been invited by multiple agencies such as: National Health Care Anti-Fraud Association (NHCAA), Centers for Medicare & Medicaid Services (CMS), and Healthcare Fraud Prevention Partnerships (HFPP) to provide trainings to educate and inform the industry on upcoming trends and schemes.
- In 2023, our FWA program recovered over [REDACTED] and saved our customers over [REDACTED] associated with FWA.
- Our FWA Program is supported by ***over 60 employees who have a combined 1,000 years of experience in detecting, preventing, and responding to FWA.*** This team consists of people with a diverse cross-section of experience in law enforcement and clinical pharmacy management. Our team includes pharmacists, certified pharmacy technicians, registered nurses with specialized case management experience, financial investigators, and data scientists.
- Beginning in 2016, we were one of the first PBAs to start integrating medical and pharmacy claims to identify FWA in a comprehensive way across the continuum of care.

We are the vendor with experience successfully providing the entire PBS scope of work, supporting Medicaid programs, ADAPs, and SPAPs. ***This extensive experience provides advantages to the State that cannot be matched with any other FWA Services Contractor.*** We are a leader in the development and operation of innovative solutions that respond

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.

MMA Offers Extensive Experience Across All PBS Scopes of Work

40 years of PBA Services experience

40 years of Pharmacy Clinical Management Service experience

25 years of Pharmacy Fraud, Waste, and Abuse Audit Services experience

33 years of Pharmacy Drug Rebate Service experience.

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to the unique, complex, and evolving needs of state Medicaid enterprises. MMA offers an enterprise-wide, comprehensive, and innovative pharmacy Fraud, Waste, and Abuse (FWA) program. This program has several components designed to ensure the compliance of systems and services with Federal and State law and the State's pharmacy program policies, procedures, and processes. Below we summarize our proposed solution that we will implement for each of the FWA scope of work components.

FWA Component	MMA's Proven Solution
Audits	We currently support pharmacy audits for five state Medicaid and other government customers. MMA offers an enterprise-wide, comprehensive, and innovative pharmacy FWA program. This program has several components designed to ensure the compliance of systems and services with Federal and State law and the State's pharmacy program policies, procedures, and processes. Our FWA program includes several general audit services, such as a dedicated toll-free Fraud Tip Hotline, a pharmacy watch list, and ongoing monitoring of industry trends. We also conduct desk and field audits to identify and remediate pharmacy billing errors, identify potential FWA; and to educate pharmacists on billing practices that comply with Federal and State requirements. Pharmacies are primarily selected for desk or field audit based on the level of risk identified by our advanced analytics. The State can also request audits of specific pharmacies, and we can incorporate random selection in the review process to prevent overlapping reviews. We have established, proven procedures for addressing pharmacy grievances related to audits and processing State-approved settlements.
Concurrent Reviews	MMA offers a Concurrent Review solution for cost avoidance through our established daily claims review process. The daily claims review process assesses FWA risks using rules-based algorithms and statistical/predictive models to identify claims and/or entities with the highest probability of having billing discrepancies or potential fraudulent or abusive billing practices. Approximately 3 in 10 claims audited through our daily claims review are found to have an error. The daily claims review process provides several benefits, including timely and effective review of claims, the ability to correct claim errors prior to payment which reduces risk of overpayment, and additional patient safety oversight as a result of early identification of patterns in high-risk prescribing.
Reporting and Data-Related Requirements	MMA currently provides FWA reporting to five Medicaid customers. Our Prime Analytics Discover™ reporting package, a suite of standard monthly and quarterly FWA reports detailing audit and SIU activity and related performance metrics, is available to the State on demand through a Tableau server. This reporting suite includes performance metrics on the following activities: claim audits, field audits, recoveries identified, recoveries collected, corrective action plan audits, pharmacy, member, and prescriber investigations, pharmacy terminations, and Fraud Tip Hotline reports. When fraud is identified, we will provide a fraud referral report to the State that summarizes the case, outcomes and is used to support law enforcement reporting. We will work with the State during implementation to define a frequency that meets the needs of the State. MMA has a variety of quarterly utilization reports available. These include a drug trend report that shows prescribing trends by provider, a prescription risk report that shows trends in prescribing for high-risk drugs, and a prescriber outlier report that shows providers with high-risk prescribing trends.
Pharmacy Lock-in (PLI) Program	MMA has 20 years of experience providing member lock-in services to Medicaid programs. Our member lock-in edits, one of the FWA cost-avoidance features of our Advanced FWA product, are claims system edits that restrict how and where members taking one or more prescribed high-risk drugs fill their medications. In 2023, our member lock-in edits saved our customers [REDACTED] and identified [REDACTED] worth of potentially fraudulent paid claims that were referred for investigation. We also have the capability, if requested, to provide provider lock-out edits and prescriber reject edits for incorporation in the pharmacy claims processing system. Provider lock-out edits block claims at a member level for specific pharmacies, prescribers, or medicines, while prescriber reject edits block all claims from certain prescribers from being paid at the point of sale. This process helps prevent fraudulent prescriber billing while using prior authorization (PA) overrides to ensure no disruptions for members. In 2023, provider lock-out edits saved our customers [REDACTED] and prescriber reject edits saved our customers [REDACTED] and prevented 3,366 potentially fraudulent claims from being paid at the POS.
FWA Services Common Requirements	MMA currently serves over half the states in the nation through our established information technology, project management, staffing, training, communication, and security infrastructure. We are recognized as national experts in the implementation and operation of secure, FWA-compliant Medicaid pharmacy programs. We will adhere to the FWA Services Common Requirements, including preparing all communication documents, including provider

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information letters for notification of data submission requirements for audit, notification of field audits, and outcomes and resolution of audits performed. As a provider of Medicaid FWA services for over 25 years, we have established FWA communication expertise, processes, and infrastructure that we will leverage to meet State requirements and ensure that communication documents are approved in writing by the State prior to distribution. Our secure Solution is compliant with all CMS and other Federal security regulations outlined in the eRFP requirements, including FedRAMP, HITRUST, NIST 800-53 Revision 5 (Rev. 5), and HIPAA/HITECH. According to a recent Enterprise Benchmark Report by Risk Recon, a security risk service offered by Mastercard® that proactively monitors and rates the cyber environment of online entities, MMA/Prime Therapeutics ranks higher than all of our competitors for security, with an overall rating of 9.3 (an “A” rating).

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

History of On-Time Implementations: MMA has an outstanding track record of on-time, successful



implementations for FWA functionalities and system solutions similar to those required

for this Contract. Our proven approach has been used to successfully implement services for over 40 government pharmacy programs. This approach is based on the Project Management Institute’s Project Management Body of Knowledge (PMBOK®) Guide and driven by an experienced, veteran DDI Team with broad cross-functional expertise. We have extensive experience facilitating an industry recognized PMBOK-driven project management approach, as well as industry-standard Agile SDLC and requirements management approaches to project implementation.

Virginia Medicaid Program Implementation Effort Earns Department of Medical Assistance Services Award

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

Corporate Background: Magellan Medicaid Administration is a Limited Liability Corporation (LLC). Magellan Medicaid Administration, LLC is wholly owned by Prime Therapeutics LLC (Prime). MMA was first incorporated as The Computer Company on December 4, 1968, in the Commonwealth of Virginia. The Computer Company was renamed First Health Services Corporation in 1989. First Health Services Corporation was changed to Magellan Medicaid Administration, Inc. on May 6, 2010. Magellan Medicaid Administration, Inc. changed organization to Magellan Medicaid Administration, LLC, in December 2022. MMA has been part of Prime since December 2, 2022. **Prime is a dynamic healthcare organization headquartered in Eagan, Minnesota, and owned by leading non-profit Blue Cross Blue Shield plans, representing 23 major state-wide markets nationally and 35 million customers.** Prime provides total drug management solutions for health plans, employers, and government programs including Medicare and Medicaid. MMA, unlike our competitors, is a conflict-free and non-vertically integrated 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 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: <u>MSQ2 – Compliance</u> Narrative description is limited to two (2) pages. Describe in detail how you will ensure compliance of systems and services with federal and state law and the State’s pharmacy program policies, procedures, and processes as required for this scope of work.
Supplier Response Through our parent organization, Prime Therapeutics LLC (Prime), MMA offers an enterprise-wide, comprehensive, and innovative pharmacy Fraud, Waste, and Abuse (FWA) program. This program has several components designed to ensure the compliance of systems and services with Federal and State law and the State’s pharmacy program policies, procedures, and processes as required for the FWA scope of work. These components are aligned with the requirements outlined in eRFP Attachment H – FWA Services Scope of Work and include: Detecting FWA Through Concurrent Review, Desk and Field Audits: One hundred percent of all claims submitted by network pharmacies are evaluated by our in-house FWA analytical and business intelligence tools. Our auditors select a subset of claims to review as part of concurrent review for cost avoidance via our Daily Claims Review process. Our advanced analytics proactively monitor, detect, and prevent erroneous and fraudulent claims payments. We also conduct desk and field audits to identify and remediate pharmacy billing errors, identify potential FWA; and to educate pharmacists on billing practices that comply with Federal and State requirements. Detecting FWA Through our Advanced Fraud, Waste, and Abuse Product: Our <i>Advanced FWA product is an innovative tool that provides market-leading benefits, including early onset FWA identification, swift remediation and review, and cost-avoidance features.</i> Unlike traditional FWA models in which health plans use medical claims data to identify FWA and PBAs use pharmacy claims data to investigate FWA, the integrated approach of our Advanced FWA product enables identification of FWA that may bridge a member’s medical and pharmacy claims across the continuum of care. Our Advanced FWA product also includes remediation features such as member lock-in edits. More details about our Advanced FWA product are included in our response to MSQ6 – Review Process. General Audit Support Dedicated Toll-Free Fraud Tip Hotline: FWA concerns can be reported directly to our dedicated toll-free Fraud Tip Hotline which is available to internal and external audiences. The Fraud Tip Hotline will be available via telephone at 1-800-731-3269 or via email at FraudTipHotline@primetherapeutics.com. We will also have a dedicated call line for the State Medicaid Pharmacy Program to assist participating providers and special requestors with inquiries regarding a variety of issues, and we will staff this line according to Contract requirements. All customer representatives are English proficient and provide multilingual access. We currently provide multilingual access through a reputable, industry-recognized telephone translation service, as required by the State. Fraud tips reported to us are monitored and logged in a case management system. Established Processes for Researching and Reporting FWA: Reported or detected FWA is reviewed by our FWA analysts, who research and evaluate the report. The review may include preliminary review of claims history, background research, and other steps to vet the allegation of fraud. Throughout the review process, our investigators seek to define the fraud scheme, identify those involved, and quantify the total impact of the potential fraud. If appropriate, the team may triage to our corporate Special Investigations Unit (SIU) for further review and potentially make a referral to the State for further investigation. Tips may also be triaged to other internal teams for resolution. In the event of reported or detected FWA, our SIU works closely with the State throughout the course of investigations, providing real-time information as cases progress. Close collaboration occurs through one-to-one discussions, as well as meetings, including monthly SIU meetings and quarterly Pharmacy Audit and	



FWA discussions. We also may attend conference calls with law enforcement to provide assistance during the investigation process, as needed.

Preventing Fraud and Abuse at the Point of Sale: For contracts where we are also the PBA Contractor and processing claims, our highly configurable claims processing system enables the deployment of edits using a rules-based structure to identify and flag potential fraud at the point of sale and deny the claim. These edits include algorithms that help identify possible fraud, waste, and abuse for commonly abused pharmaceuticals. We will work with the PBA vendor to recommend edits for implementation in the POS system.

Preventing FWA Through Monitoring Industry Trends: We participate in many industry anti-fraud organizations including, but not limited to, the National Health Care Anti-Fraud Association (NHCAA), the National Association of Drug Diversion Investigators (NADDI), and the National Benefit Integrity MEDIC (NBI MEDIC) Workgroups. These organizations provide an opportunity for participants to share information on potential fraudulent situations and emerging fraud schemes and trends.

FWA Clinical Pharmacists: Our internal team of FWA Clinical Pharmacists provide support to Medicaid customers for FWA activities including audits, analytics, oversight of case management, and investigations. They play a key role in our overall efforts to address FWA, educate pharmacies, and ensure continuity of member care by providing clinical judgment to auditors and investigators during the concurrent review, audit, and FWA referral vetting processes, as needed. FWA Clinical Pharmacists also ensure that audits and lock-in decisions are made in alignment with relevant Federal and State specific statutes. They hold pharmacist licensure in multiple states with experience in numerous settings including, retail, specialty, mail order, inpatient, 340B, and home infusion. FWA Clinical Pharmacists collaborate with State staff and stakeholders to address concerns surrounding additional FWA trends and ensure patient safety. They do this by proactively monitoring trends and assessing audit and investigative findings to provide prevention recommendations to Clinical Management programs such as, but not limited to, Utilization Management, front-end edits, and formulary updates.

Internal Compliance Program: Our FWA Program has been built around the elements of an effective compliance program that has been defined by the government in various contexts, including, but not limited to, Chapter 8 of the United States Sentencing Guidelines and Chapters 9/21 of the CMS Prescription Drug Benefit Manual/Medicare Managed Care Manual (the Chapters 9/21 Guidelines). The elements of our FWA Program include:

- Written Policies, Procedures, and Standards of Conduct (known as the “Code of Conduct”)
- Compliance Officer, Compliance Committee, and High-Level Oversight
- Effective Training and Education
- Effective Lines of Communication
- Well-Publicized Disciplinary Standards
- Effective System for Routine Monitoring, Auditing, and Identification of Compliance Risks
- Procedures and System for Prompt Response to Compliance Issues.

Our FWA Program Description, maintained by the Compliance Department and available upon request, as appropriate, provides an overview of our approach to each of these seven elements with respect to FWA. The FWA Program Description is approved by the Chief Compliance Officer/Government Programs Compliance Officer (CCO/GPCO). The FWA Program is also integrated in the overarching Compliance Program.

3. Bookmark Title: MSQ3 – Desk Audits
Bookmark Title for Supporting Material: MSQ3.1 - Desk Audit Flowchart
Narrative description is limited to two (2) pages, not including the required supporting material.
- Describe in detail your process for selecting claims and conducting desk audits. Include in your response the procedure you will follow when a desk audit has been completed including, but not limited to, the requirements stated Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 2.2 Desk Audits.

Supplier Response

A desk audit is a pharmacy-level review that is conducted via email, fax, or mail and generally includes multiple claims. The purpose of desk audits is to remediate pharmacy billing errors; to identify potential FWA; and to educate pharmacists on billing practices that comply with Federal and State requirements, as well as State Medicaid Pharmacy Program policies, procedures, and processes. Desk audits are reviews conducted at the pharmacy-level and designed to look at a pharmacy's overall claim activity.

Pharmacy Selection Process: At a minimum, MMA will audit at least 25% of the State's Pharmacy Network Providers during each year, of which at least 5% of the 25% will be desk audits. Pharmacies are primarily selected for desk audit based on the level of risk identified by our advanced analytics. MMA will include a selection of pharmacies included in the top 10% of Participating Pharmacies by claim volume. The State can also request audits of specific pharmacies. *We also have the ability to incorporate random selection in the review process to prevent overlapping reviews.* Pharmacies may also be selected based on Fraud Tip Hotline reports, industry alerts, or internal referrals from other departments. Several situations could trigger an audit. These situations include, but are not limited to:

- Pharmacies with greater concentration of high-risk claims identified by advanced analytics
- Outliers in pharmacy billing patterns identified through FWA analytics
- Pharmacy billing history
- Un-responsiveness by a pharmacy or a pharmacy that has significant issues identified through daily claims review
- Request or inquiry by a customer, member, or government agency
- Referral from our Fraud Tip Hotline
- Routine audit of pharmacies selected randomly.

Audit Analytics and Claim Selection: Once a pharmacy has been identified for audit, our auditors use in-house audit analytic and business intelligence tools to identify claims with the highest probability of being incorrectly billed.

Claims may be flagged for review based on one or more reason. Audit analytics may include but are not limited to: CII Prescription with Multiple Fills, Insulin Pens Over-Dispensed Boxes, Compound Claims Above Dollar Threshold, Over-Dispensed Topical Products, Dispense as Written (DAW), Drug Distribution - High Quantity/Days' Supply Ratio, Single Ingredient Compound - Split Billing, Claims/Drug Phishing.

Using our inhouse Audit Tracking Database tool, our auditors access the flagged claims for potential audit. If needed, auditors also have the option to select claims for audit that were not identified through the audit analytics process.

Desk Audit Program Deliverable: During DDI we will develop detailed documentation outlining the processes, personnel, tools, and protocols related to Desk Audit Procedures. This documentation will include MMA-generated Pharmacy Notification Letter and Results Letter templates. Per the DDI deliverable requirements in eRFP Attachment C, the Pharmacy Notification Letter will notify Pharmacies of forthcoming Desk Audits and contain specific instructions, a list of selected claims, a reasonable response time (determined by MMA and the State), and conditions under which an



extension may be granted, if necessary. The Results Letter will be used to formally communicate the audit findings to the pharmacy.

In the following narrative we respond to the requirements in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 2.2 Desk Audits.

2.2 DESK AUDITS

2.2.1 Desk Audits Selection

a. The Contractor shall utilize a random selection process to prevent overlapping reviews within a given timeframe for desk audits based on Claims and not specific to Pharmacies. Random selection criteria must be approved by the State in writing. This does not preclude the Contractor from performing further research on a particular pharmacy once standard Claims reviews indicate a repetitive concern relative to a single Provider.

We primarily select pharmacies for desk audit based on pharmacy-level risk or claim trends. **When selecting desk audits based on claims, we also can incorporate random selection in the review process to prevent overlapping reviews.** MMA will work with the State during the DDI phase to agree upon the random selection criteria and submit the criteria to the State in writing for approval before using it. During DDI, we will develop a Random Selection Process for Desk Audits, that includes documented process, and methodology that we will utilize for field audits based on claims, not specific to pharmacies.

b. Once selected for audit, the Contractor will notify all Providers via media agreed upon by the State (e.g., letter, email, fax, phone) including specific directions, a list of selected Claims, a reasonable time to respond (as determined by the Contractor and the State), and conditions for which an extension may be granted if needed.

Once providers have been selected for audit, we will notify them via media agreed upon by the State (e.g., letter, email, fax, telephone). This notification will include specific directions, a list of selected claims, a reasonable time to respond (as determined jointly by MMA and the State), and conditions for which an extension may be granted if needed. We monitor all dates and notifications in the Audit Tracking Database and may conduct additional outreach to pharmacies to ensure that notifications have been received.

c. The Contractor shall ensure the maximum number of Claims allowed for a desk audit comply with all State laws.

MMA will work with the State to ensure the maximum number of claims allowed for a desk audit is compliant with all State laws.

2.2.2 Desk Audit Procedures

a. After completing an audit, the Contractor shall review findings with the State for approval. Upon approval, the Contractor shall send an initial results letter, via electronic, regular, or certified mail, to the Provider as agreed upon by the State and allow the Provider thirty (30) Calendar Days from the date of the letter to respond or correct any deficiency.

After completing an audit, we will review findings with the State for approval through a process mutually agreed upon with the State. Upon approval, the MMA Audit Team will send an initial results letter, via electronic, regular, or certified mail, to the provider as agreed upon by the State and allow the provider 30 Calendar Days from the date of the letter to respond or correct any deficiency. The initial results letter will include information related to audit discrepancies and how to correct a deficiency if applicable. Pharmacies are also able to contact MMA via telephone or email with any questions related to the audit or initial findings.

b. The Contractor shall issue a final results letter to the Provider allowing an additional thirty (30) Calendar Days for the Provider to respond or submit a grievance if no response or correction was provided.

The MMA Audit Team will issue a final results letter to the pharmacy allowing an additional 30 Calendar Days for the pharmacy to respond or submit a grievance if no response or correction was provided. The final results letter will include information related to audit discrepancies and how to submit a grievance if



applicable. Pharmacies are also able to contact MMA via telephone or email with any questions related to the audit or findings.

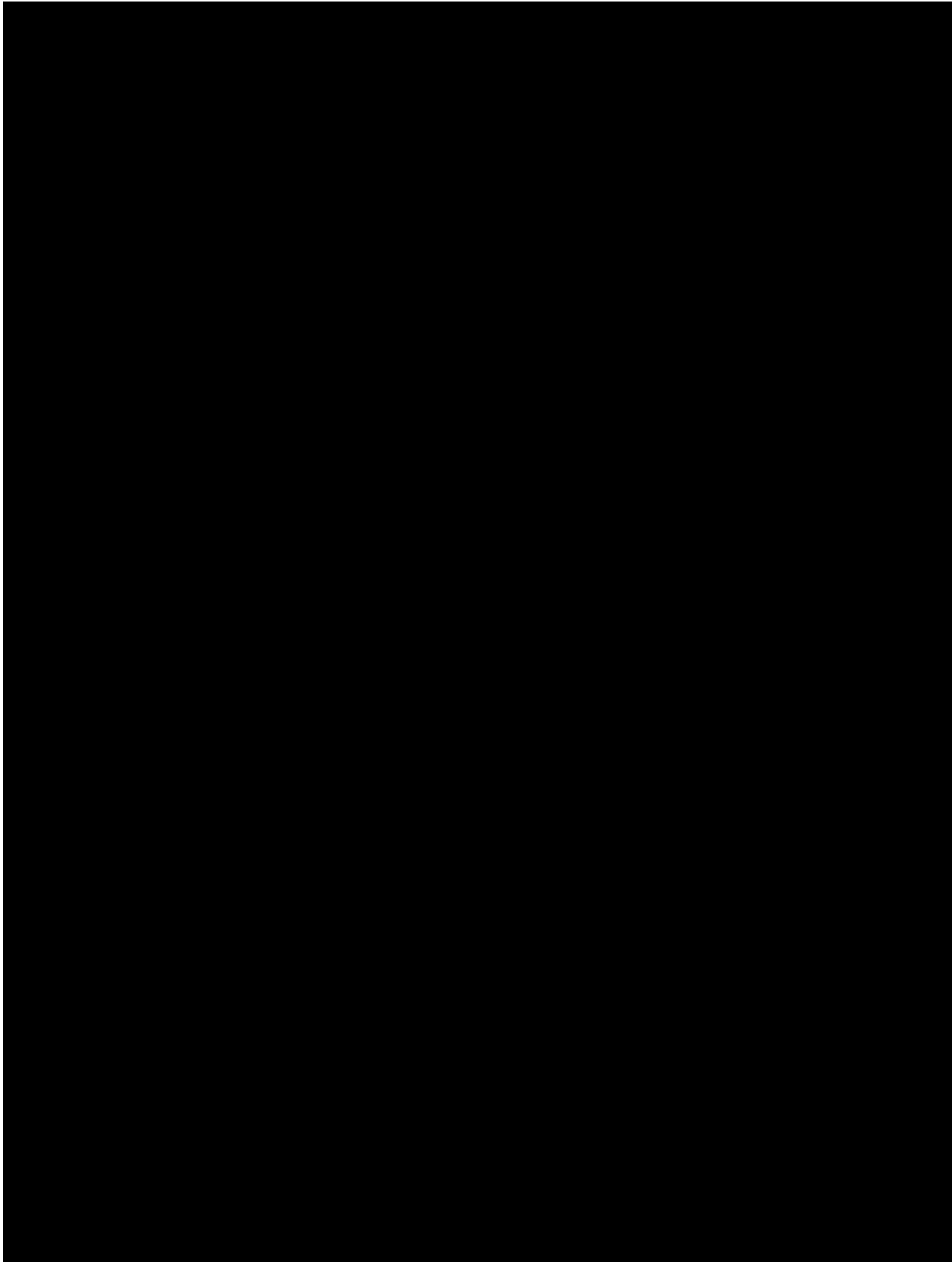
c. All audits must be conducted within the timeframes and requirements that follow federal and state timelines. At the conclusion of each desk audit, the Contractor shall send any discrepant Claims to the State for review and approval. Once approved, the Contractor shall forward the discrepant Claims to the State's PBA vendor for reversal.

All desk audits will be conducted within the time frames and requirements that follow Federal and state timelines. At the conclusion of each desk audit, MMA will send any discrepant claims to the State for review and approval. Once approved, MMA will forward the discrepant claims to the State's PBA vendor for reversal in the claims processing system.

In the following section, we provide a sample of a Desk Audit flowchart. This is a sample that has been tailored to another customer's specific requirements. As a result, the nomenclature, forms, timelines, 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 this flowchart to reflect the FWA Contract requirements.



MSQ3.1 - Desk Audit Flowchart (TRADE SECRET)



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4.	Bookmark Title: <u>MSQ4 – Field Audits</u> Bookmark Title for Supporting Material: <u>MSQ4.1 – Field Audit Flowchart</u> Narrative description is limited to two (2) pages, not including the required supporting material. Describe in detail your process for selecting claims and conducting field audits. Include in your response the procedure you will follow when a field audit has been completed, including, but not limited to, requirements identified in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 2.3 Field Audits.
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Supplier Response

A field audit is a pharmacy-level review that is conducted in person at the pharmacy location and generally includes multiple claims. The volume of claims is generally higher than a desk audit. The purpose of field audits is to inspect the physical location of the pharmacy; remediate pharmacy billing errors; identify potential FWA; and educate pharmacists in person on billing practices that comply with federal and state requirements, the pharmacy contract and State Medicaid Pharmacy Program policies, procedures, and processes. MMA will notify providers in writing at least two weeks in advance of any field audit, and we reserve the right to conduct unannounced site visits as permitted by state and federal rules. During DDI, MMA will provide field audit procedures to the State for review and approval.

While onsite, the auditor will observe pharmacy practices and review all related documentation. The auditor may ask to observe the pharmacy's dispensing practices, including a review of prescriptions pending member pickup. An interview may be completed with pharmacy personnel, preferably with the Pharmacist-in-Charge (PIC). Requested documentation may include, but is not limited to:

- Photocopies of the original prescription order, front and back
- Prescription label
- Signature or delivery logs
- Tracking number from delivery log, which must link to the prescription number, date of service, and delivery date
- License information
- Proof of annual FWA training
- Pharmacy Bill of Sale, if applicable
- Documentation to support appropriate dispensing based on standard industry practice
- Attestation of compliance with specific state/federal statutes and regulations.

If a pharmacy processes Long Term Care (LTC) facility claims, the following additional information may also be requested:

- Demographic information of any LTC facilities serviced by the pharmacy during the period under audit or investigation
- Medication administration records of the Pharmacy or the LTC facility
- LTC facility census information for the Covered Person during the audit.

Our auditor will review the claims for accuracy and compliance with the State program policies, procedures, and processes. Audit documentation, including prescriptions and supporting documentation, may be photographed or copies, will be requested by the auditor as necessary. When the audit is complete, the auditor will provide general feedback and education verbally while onsite at the pharmacy.

Pharmacy Selection Process: At a minimum, MMA will audit at least 25% of the State's Pharmacy Network Providers during each year, of which at least 5% of the 25% will be field audits. Pharmacies are primarily selected for field audit based on the level of risk identified by our advanced analytics. MMA will include a selection of pharmacies included in the top 10% of Participating Pharmacies by claim



volume. We will also work with the State during the DDI phase to develop mutually agreeable random selection criteria and submit the criteria to the State in writing for approval.

Audit Analytics and Claim Selection: Similar to desk audits, once a pharmacy has been identified for audit, our auditors use in-house audit analytic and business intelligence tools to identify claims with the highest probability of being incorrectly billed.

In the following narrative, we respond to the requirements in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 2.3 Field Audits.

2.3 FIELD AUDITS

2.3.1 Field Audit Selection

a. The Contractor shall establish a method, subject to State review and written approval, to randomly select Providers for field audit which ensures a representative sampling of regions and Providers based on Claim types.

MMA primarily selects pharmacies for field audit based on pharmacy-level risk or claim trends. When selecting field audits based on claims, we have the ability to use in-house analytics and business intelligence tools to randomly select pharmacies for field audit to ensure representative sampling of regions and providers based on claim types, including outpatient pharmacy claims, hospital and provider-administered and prescription claims, and durable medical equipment. During DDI, we will develop a Random Selection Process for Field Audits, that includes documented process and methodology that we will utilize for field audits based on claims, not specific to pharmacies. We will work with the State to agree on the random selection criteria to the State in writing for approval.

2.3.2 Field Audit Procedures

a. The Contractor shall provide field audit procedures to the State for review and approval.

MMA follows standard field audit procedures in accordance with best practices as well as state law. MMA will provide field audit procedures to the State for review and approval during the DDI Project Stage.

b. The Contractor shall notify Providers in writing at least two (2) weeks in advance of any field audit. The Contractor reserves the right to conduct unannounced site visits as permitted by state and federal rules.

MMA will notify pharmacies via email, fax, or mail in writing at least two weeks in advance of any field audit. MMA may also conduct phone outreach to the pharmacy to confirm receipt of the notification. We reserve the right to conduct unannounced site visits as permitted by state and federal rules.

d. Within two (2) weeks after the visit, the Contractor shall review findings with the State for approval. Upon approval, the Contractor shall send the Provider a results letter notifying the Provider that it has thirty (30) Calendar Days to respond to and correct any discrepancies, if applicable.

Within two weeks after the visit, MMA will review findings with the State for approval. MMA will work with the State during the DDI Project Stage to establish a mutually agreed process for review and approval. Upon approval, MMA will send the pharmacy via email, fax, or mail a results letter notifying the pharmacy that it has 30 Calendar Days to respond to and correct any discrepancies, if applicable. The results letter will include information related to audit discrepancies and how to correct a deficiency if applicable. Pharmacies are also able to contact MMA via telephone or email with any questions related to the findings.

e. After the above thirty (30) Calendar Days, the Contractor shall send a final results letter to the Provider giving the Provider an additional thirty (30) Calendar Days to respond by filing a grievance.

After the above 30 Calendar Days, MMA will send a final results letter to the pharmacy via email, fax, or mail giving the pharmacy an additional 30 Calendar Days to respond by filing a grievance. The final results letter will include information related to audit discrepancies and how to submit a grievance if applicable. Pharmacies are also able to contact us via telephone or email with any questions related to the audit or initial findings.



f. The Contractor must conduct all audits within the timeframes and requirements as outlined in applicable state and federal Laws.

MMA understands that we must conduct all audits within the time frames and requirements as outlined in applicable state and federal Laws. Our Audit Team works with its Regulatory Team to ensure that audit operations are in compliance with State and Federal laws.

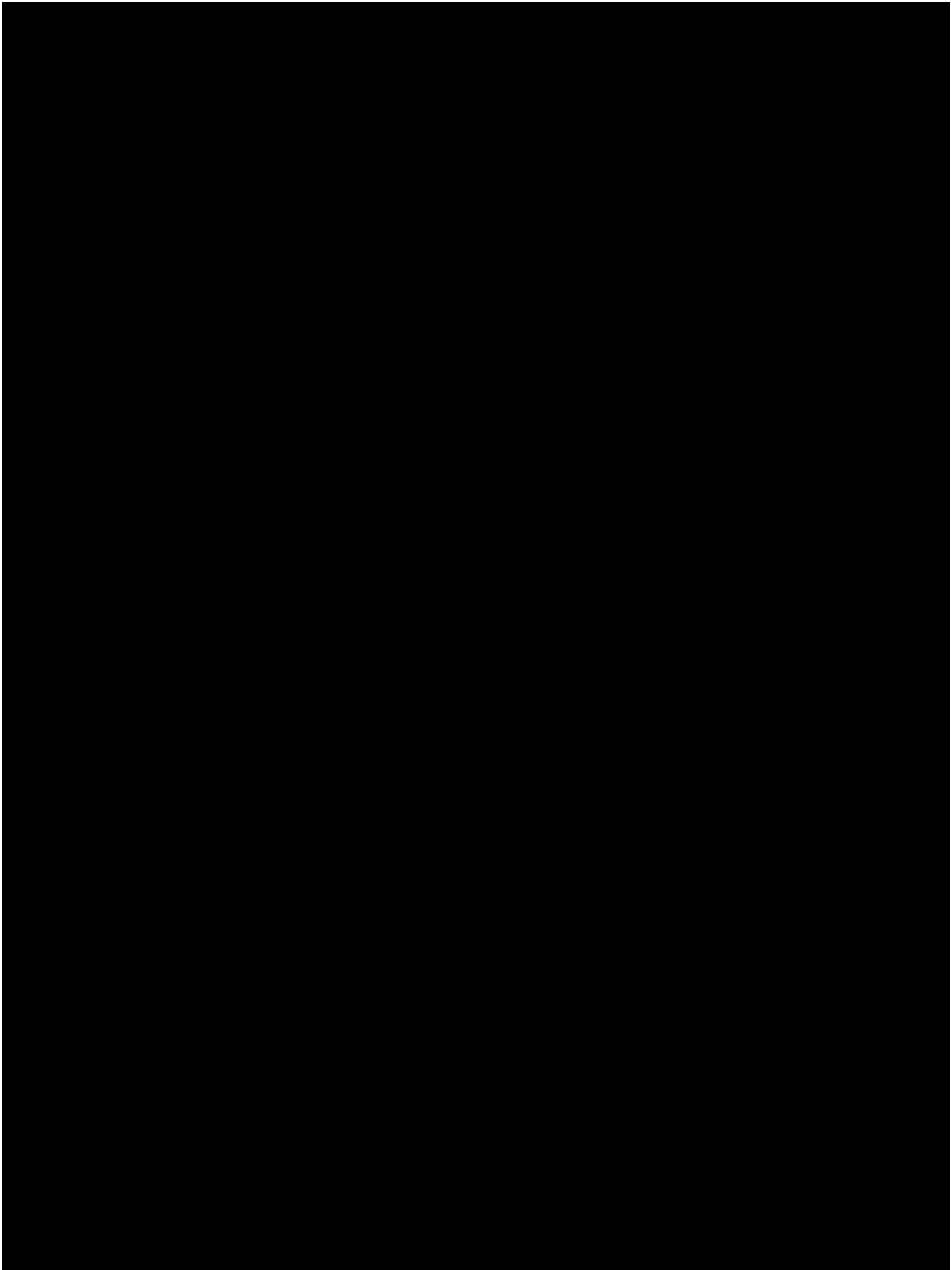
g. At the conclusion of each field audit, the Contractor shall send any discrepant Claims to the State's Program Integrity (PI) unit for review and approval. Once approved, the Contractor shall forward the discrepant Claims to the State's PBA vendor for reversal.

At the conclusion of each field audit, the MMA Audit Team will send any discrepant claims to the State's Program Integrity (PI) unit for review and approval. Once approved, we will forward the discrepant claims to the State's PBA vendor for reversal in the POS system. If MMA were the State's PBA vendor, we would have an established, streamlined process that funnels discrepant claims to MMA's Operations Team for reversal.

In the following section, we provide a sample of a Field Audit flowchart. This is a sample that has been tailored to another customer's specific requirements. As a result, the nomenclature, forms, timelines, 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 this flowchart to reflect the FWA Contract requirements.



MSQ4.1 – Field Audit Flowchart (TRADE SECRET)



TRADE SECRET

- 5.** Bookmark Title: MSQ5 – Grievances
Bookmark Title for Supporting Material: MSQ5.1 – Grievances Flowchart
Narrative description is limited to two (2) pages, not including the required supporting material.

Describe in detail your procedure for addressing grievances and processing State approved settlements utilizing, but not limited to, the requirements as stated in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 2.4a Grievances.

Supplier Response

We have established procedures for addressing grievances and processing State approved settlements. MMA will work with the State during the DDI Phase to align these procedures with the requirements outlined in the FWA scope of work. Below is a summary of our existing procedure, which can be tailored to meet State needs.

Pharmacies have 30 days from the date we issue the final audit report to submit a grievance or another time frame as agreed with the State, required by law, regulation, and/or contractual requirement. Grievances must be submitted in writing and include the pharmacy's name, the claims/prescriptions appealed, any additional documentation not provided at the time of audit and an explanation of the grievance. Pharmacies can reference Pharmacy Audit Guidelines on our website for post-audit documentation. Audit findings, including associated recoveries, will be deemed finalized if a grievance is not received from the pharmacy within the 30 days from the date of notification of the audit findings or an extended time frame as agreed with the State or required by law or regulation.

Documentation provided by the pharmacy as part of its audit grievance may result in additional findings.

- Documentation that conflicts with the initial documentation submitted will not be accepted during the grievance process.
- Prescribing Provider or Covered Person attestations received to support the manner in which a claim is submitted must be received directly from the Prescribing Provider or member.
- Grievances received after the due date will not be considered.

When the pharmacy submits a grievance, the MMA Audit Team tracks the submission in the Audit Tracking Database (ATD), schedules a Grievance Review, and sends the grievance documentation to the inhouse MMA Audit Grievance Committee. The Committee will not include members of the MMA Audit Team. The Audit Grievance Committee will review, vote on the grievance, and send the pharmacy the appeal results. If the Committee overturns all of the audit discrepancies, the MMA Audit Team will update the findings in ATD and send the pharmacy an updated results letter.

If the Committee upholds any portion of the original audit findings, the Committee will provide its findings and instructions on how the pharmacy can request an administrative review with an Administrative Law Judge. MMA will work with the State to approve language related to an administrative review. The MMA Audit Team will also provide relevant audit documentation, summaries, and subject-matter experts needed for support and testimony during the administrative hearing. Depending on the testimony needed for each individual case, the SME provided may be a clinical pharmacist reviewer, auditor, investigator, or nurse.

In the following narrative, we have responded to the requirements in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 2.4a Grievances.

2.4 GRIEVANCES

2.4.1 The Contractor shall have a grievance process in place for all audits performed under the Contract. Additionally, the Contractor shall comply with all state policies and procedures regarding settlements and write-offs.



MMA will have an established grievance processes in place for all audits performed under the contract. We will work with the State so that the grievance process complies with all State policies and procedures regarding settlements and write-offs.

2.4.2 The Contractor shall submit to the State, for approval, and maintain all written policies regarding how grievances and settlements are addressed, including timelines for response and resolution and all documentation regarding processing state-approved settlements.

We will submit to the State, for approval, and maintain all written policies regarding how grievances and settlements are addressed, including timelines for response and resolution and all documentation regarding processing state-approved settlements.

2.4.3 The Contractor shall submit templates for letters and any other documentation used for grievances and state-approved settlements to the State for approval.

We affirm that MMA will submit templates for letters and any other documentation used for grievances and State-approved settlements to the State for approval.

2.4.4 The Contractor shall submit all grievances it receives to a separate committee, agreed upon by State, not affiliated with the State audit to review Claims under the grievance.

MMA will establish a process to submit all grievances and related claims it receives to be reviewed to an internal, state-approved MMA committee that will be established independently of the MMA Audit Department, and which is not affiliated with the State audit.

2.4.5 The Contractor shall establish an administrative review process for all discrepancies upheld. Pharmacies shall have the right to request an administrative review followed by an Administrative Law Judge (ALJ) review.

We affirm that MMA will establish an administrative review process for all discrepancies upheld where pharmacies shall have the right to request an administrative review as conducted by the State followed by an Administrative Law Judge (ALJ) review. MMA will provide information on this process to pharmacies in a format approved by the State.

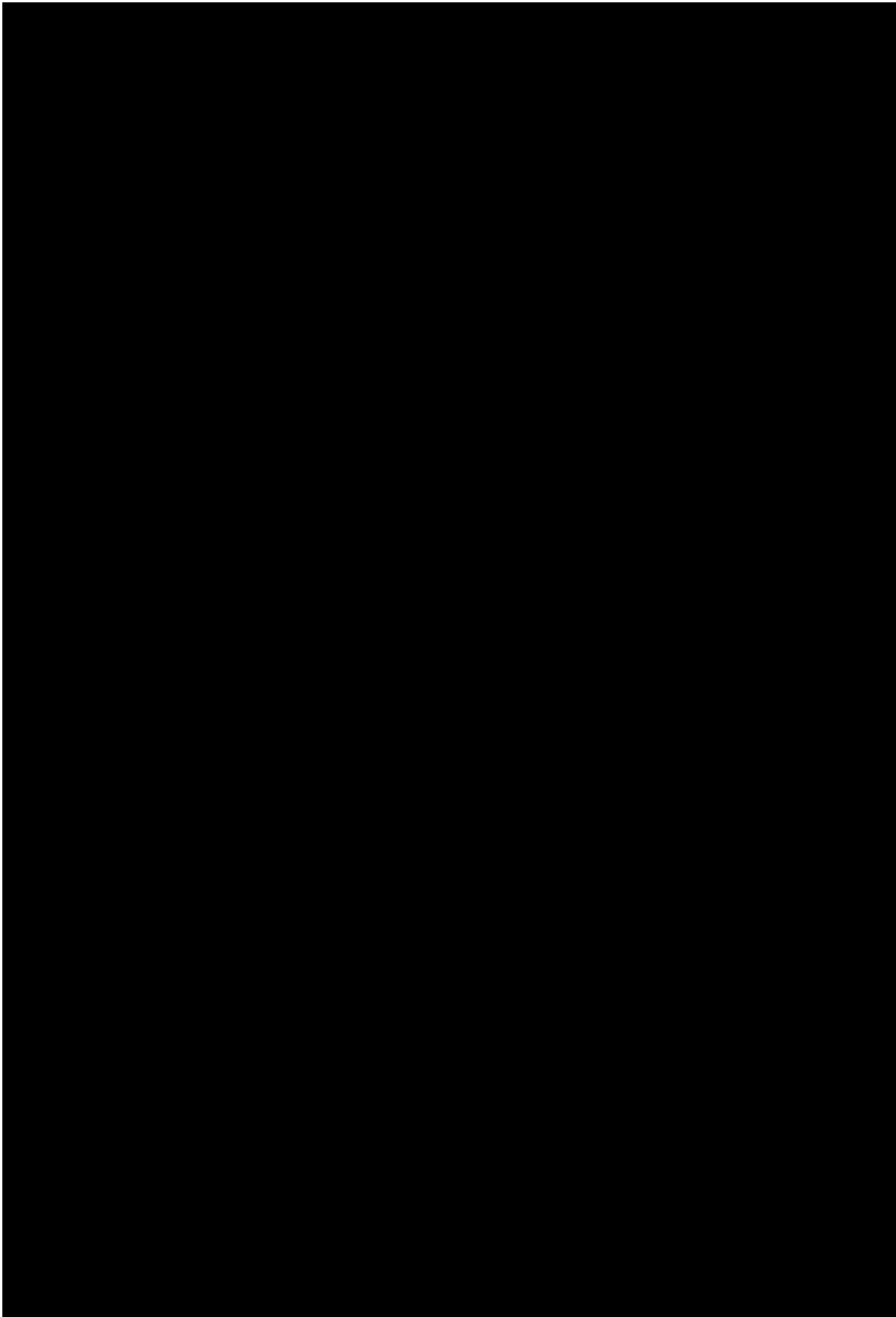
2.4.6 The Contractor shall provide supportive professional and administrative services for Appeals, prepare case summaries, and provide testimony regarding the review process during the administrative hearing.

We will provide supportive professional and administrative services for audit and investigation appeals. Our experienced auditors, investigators, analysts, and pharmacists are subject-matter experts in the field of Audit and FWA. MMA will provide detailed case summaries and testimony regarding the review process during administrative hearings.

In the following section, we provide a sample of a Grievances Flowchart. This is a sample that has been tailored to another customer's specific requirements. As a result, the nomenclature, forms, timelines, 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 this flowchart to reflect the FWA Contract requirements.



MSQ5.1 – Grievances Flowchart (TRADE SECRET)



TRADE SECRET



6. Bookmark Title: MSQ6 - Review Process
Narrative description is limited to four (4) pages.
- Describe in detail your process to review pharmacy and medical utilization of Members to identify areas of concern for both Members and Providers utilizing, but not limited to, the requirements stated in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 5 Pharmacy Lock-In (PLI) Program.

Supplier Response

Through our parent, Prime, which has 25 years of providing Member Fraud and Abuse detection services, we offer an Advanced FWA product. Our Advanced FWA product uses integrated medical and pharmacy claims data to detect and mitigate FWA. Upon identification of potential FWA, our Advanced FWA product includes the following cost-avoidance features that help to mitigate potential dollars lost to FWA:

Member lock-in: Our member lock-in solution, one of the FWA cost-avoidance features of our Advanced FWA product, combines analytics, FWA, and clinical expertise to restrict how and where members taking one or more prescribed high-risk drugs fill their medications. Between January 2023 and December 2023, internal data shows that, for contracts where we serve as both the PBA and FWA Contractors, our member lock-in solution generated the following outcomes:

- **100% of the members** reviewed for lock-in edits have received remediation actions,¹
- **158 potentially fraudulent claims** were not paid at the point of sale.
- Cost savings during this 12-month period **totaled** [REDACTED].²

The Advanced FWA product is driven by state-of-the-art technology and algorithms. A designated, centralized Special Investigations Unit supports the scope of lock-in services, including utilization reviews, member and provider mailings, case management and monitoring, and member appeals. Once a member has been approved for lock-in, we will send lock-in edits to the PBA vendor and work with them to implement the edits in their claims processing system.

In the following narrative, we respond to the requirements in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 5 Pharmacy Lock-In (PLI) Program.

5 PHARMACY LOCK-IN (PLI) PROGRAM

5.1 OVERVIEW

5.1.1 In the event the State chooses to implement Member Fraud and Abuse detection services, the Contractor shall review pharmacy and medical utilization of Members to identify areas of concern for both Members and Providers, as identified by the State, and provide recommendations for prohibiting misuse.

¹Based on 57 members reviewed in that timeframe. Remediation actions include being locked in, added for monthly monitoring and/or referred to clients for case management.

² Projected savings based on the member utilization six months prior to edit placement.

TRADE SECRET



Using our Advanced FWA product, we will support the review of pharmacy and medical utilization of members to identify areas of concern for both members and providers, as identified by the State, and use the results of these reviews to provide recommendations to the State for prohibiting misuse. Our member lock-in solution is one of the FWA cost-avoidance features of our Advanced FWA product, which restricts how and where members taking one or more prescribed high-risk drugs fill their medications. Below is an example of how the member lock-in feature works:

- **Identify:** Advanced FWA identifies members using a high volume of controlled substances, benzodiazepines, muscle relaxants or other potentially high-risk drugs
- **Evaluate:** Our FWA Clinical Program Analyst conducts a clinical assessment, looking at: 1) Integrated medical and pharmacy claims data; 2) Investigative files and notes; 3) Follow-up calls conducted with prescribers; and 4) Prescription and prior authorization (PA) documentation.
- **Review:** The Clinical Program Analyst collaborates with the State and the PBA vendor to decide on the next best step, which could include: 1) Member lock-in edits (by drug, pharmacy and prescriber); 2) PA overrides to mitigate member disruption; 3) Ongoing monitoring; and 4) Clinical case management. We work with the PBA vendor to recommend and implement lock-in edits and, if necessary, PA overrides in the claims processing system.
- **Monitor:** We provide claims monitoring to determine if recommendations are working and share new recommendations.
- **Annual Review:** We conduct an annual review, as described in our response to the requirement in Section 5.2.8.

Advanced FWA Case Study

Our Advanced FWA Product analyzes pharmacy and medical claims, and combines analytical, investigative, and clinical expertise to identify FWA across the continuum of care.

Member Investigation for Drug Seeking and Patient Safety:

Our Advanced FWA Team identified a member who received 116 high risk prescriptions FROM 26 unique providers and filled these at 7 unique pharmacies within a one-year period. The member's medical claim profile showed 96 emergency department visits at 11 hospitals. The member had also made a large volume of requests for early refills.

Our SIU team observed multiple instances of duplicate therapy and high-risk drug interactions. The member was locked-in and placed on case management to mitigate patient safety concerns. We assisted the member in locating a primary care provider and we continue to review claims to monitor and evaluate the member's risk.

We will work with the State during DDI and O&M, to develop and obtain approval for templates required for the Pharmacy Lock-in Program, as outlined in Attachment C – Common Scope Requirements and Security Standards. Deliverables will include:

- Member Lock-in Letter requiring members to select a lock-in provider
- Provider Lock-In Letter to select providers requesting the provider to become the Primary Care Provider (PCP) for the member
- Pharmacy Lock-In Program Activity Log to be used by the Contractor to log all PLI program activity, including the type of activity, and the date the activity occurred
- Monthly Member List Under Review Template identifying members under review on a monthly basis
- Monthly Report Template that identifies the number of members reviewed, placed in the PLI program, released from the PLI program, and prescribers and pharmacies with inappropriate utilization of controlled substances.

We will work with the State and the PBA vendor to develop mutually agreed upon file extracts that can be fed into their POS System. We use this data to 1) Identify members of concern; 2) Refer any potential FWA cases to the State's Office of Program Integrity, or equivalent division; 3) Make recommendations to the PBA vendor regarding lock-in edits, monitoring, and case management. If a lock-in is ultimately approved by the State, MMA will send a request to the PBA vendor to implement the lock-in edits in their PBA system and monitor effectiveness of the lock-in. If we are serving as the



PBA vendor, we will implement the member lock-in edits in our claims processing system and set up monitoring and case management.

In the following narrative, we respond to the requirements in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 5 Pharmacy Lock-In (PLI) Program.

5.2 PLI PROGRAM REQUIREMENTS

5.2.1 The Contractor shall review Member utilization of pharmacy and medical services in areas of concern as identified by the State. Items to review include, but are not limited to:

- a. Multiple prescribers of controlled drugs.**
- b. Early refills of controlled drugs.**
- c. High dose of controlled drugs.**
- d. Excessive use of controlled drugs.**
- e. Chronic use of controlled drugs with no diagnosis.**
- f. Duplication of therapy.**

Our FWA Account Management and Special Investigations Unit will partner with the State and its relevant Contractors and third-party vendors during implementation to configure and test our Advanced FWA product to meet State requirements. Items that will be subject to review include but are not limited to: 1) Multiple prescribers of controlled drugs; 2) Early refills of controlled drugs; 3) High dose of controlled drugs; 4) Excessive use of controlled drugs; 5) Chronic use of controlled drugs with no diagnosis; and 6) Duplication of therapy.

5.2.2 The Contractor shall use all available Claims, enrollment, and eligibility data in the Medicaid Management Information System (MMIS) (and/or any other system identified by the State), to identify Members for the Pharmacy Lock-In (PLI) program. The criteria for identifying candidates for the PLI program must, at a minimum, include:

- a. Number of physicians.**
- b. Number of pharmacies.**
- c. Number of prescriptions.**
- d. Controlled drugs.**
- e. Diagnoses.**
- f. Total cost.**

Our Advanced FWA product is designed to support the configuration of edits and rules based on member claims, enrollment, and eligibility data, including lock-in, or other designations. Member Lock-in identification criteria will include the number of physicians, the number of pharmacies, the number of prescriptions, prescriptions for controlled drugs, diagnoses, and total cost. We will work with the State during the DDI Project Stage to identify other potential criteria. During the O&M Project Phase, we will make recommendations to the State for additional criteria based on the patterns and trends that emerge from the utilization reviews.

5.2.3 The Contractor shall review member lock-in criteria, at minimum, on a quarterly basis for any necessary updates. The minimum number of Member reviews conducted, including those of lock-in members, per month will be determined and agreed upon by the State in accordance with state and federal laws.

Our Clinical Program Analyst will be responsible for lock-in oversight and will serve as a liaison with the State and, if we are not also serving as the PBA vendor, the State's contracted PBA vendor. They will review member lock-in criteria minimally on a quarterly basis for any necessary updates. We understand that the minimum number of monthly member reviews conducted, including those of lock-in members, will be determined and agreed upon by the State in accordance with state and federal laws.

5.2.4 If the Member chooses a lock-in Provider, the Contractor shall prepare and send a letter to the chosen Provider, electronically, or as agreed upon by the State, requesting the Provider to become the Primary Care



Provider (PCP) for the Member. The Contractor shall contact the Provider by telephone as a follow-up to the letter.

The Clinical Program Analyst will be responsible for reaching out to the chosen provider and requesting that they become the PCP for the member. During DDI the Clinical Program Analyst will develop a Provider Lock-in Letter Template for approval by the State and will be responsible during O&M for preparing and sending the letter to providers to request they become PCP for a member. Each letter sent out will be customized to contain information unique to the specific member's case. They will also follow-up with the provider via telephone.

5.2.5 For Members identified for the PLI program, the Contractor shall set up a case and send a lock-in letter to the Member asking them to select a lock-in Provider. The Member shall choose a lock-in Provider (PCP as well as Pharmacy). If the Member does not choose a lock-in Provider, the Contractor shall identify a Provider who is willing to serve as the PCP.

The Clinical Program Analyst will be responsible for setting up a case and sending a lock-in letter to the member asking them to select a lock-in provider. They will ensure the member chooses a lock-in provider (PCP as well as pharmacy). If the member does not choose a lock-in provider, the Clinical Program Analyst will be responsible for identifying a provider who is willing to serve as the PCP. During DDI the Clinical Program Analyst will develop a Member Lock-in Letter Template for approval by the State. Each letter sent out will be customized to contain information unique to the specific member's case.

5.2.6 The Contractor shall recruit Providers (PCPs and Pharmacies) who are willing to serve as lock-in Providers in all geographical areas of the state. If no Providers in a specific area are willing to serve, the Contractor shall notify the State in writing of the problem area.

With Medicaid pharmacy contracts in over half the states in the nation, MMA has extensive experience collaborating with and recruiting providers (PCPs and pharmacies) to participate in programs such as the State's PLI Program. We will leverage this experience to recruit providers who are willing to serve as lock-in providers in all geographical areas of the state. In the event we are unable to find providers willing to serve in a specific area, we will notify the State in writing of the problem area.

5.2.7 On approval of the Provider, the Contractor shall prepare and send a letter to the Member notifying the Member of the lock-in Provider and report to the State. The Member shall have thirty (30) days' notice prior to the Effective Date of the lock-in. The lock-in shall take place on the first of the month.

Upon receiving notice from the provider that they approve of becoming the member's lock-in provider, the Clinical Program Analyst will prepare and send a letter to the member notifying the member of the lock-in provider and report this to the State. The letter will inform the member that they have 30 days' notice prior to the Effective Date of the lock-in, which will take place on the first of the month. The letter will also inform the member that they have the right to appeal and will provide instructions on how to submit an appeal.

5.2.8 At least once annually, or at an agreed upon timeframe, the Contractor shall review each lock-in Member's utilization to determine if the problems have been corrected. If inappropriate utilization still exists during the fourth (4th) consecutive quarter, the Contractor shall recommend a course of action and the restriction will be extended for one (1) additional year. If the problems have been corrected during the fourth (4th) consecutive quarter, the Member's lock-in restrictions will be terminated. The Contractor shall prepare and send State-approved notification letters to the Member(s), prescriber(s), and pharmacy(ies) as approved by the State and report to the State.

The Clinical Program Analyst will review each lock-in member's utilization annually to determine if the problems have been corrected. If by the fourth consecutive quarter the member's utilization issues have been corrected, we will terminate the lock-in restrictions. If by the fourth quarter the member's utilization shows inappropriate patterns or trends, MMA will recommend additional actions and extend the lock-in for another year. The Clinical Program Analyst will prepare and send State-approved notification letter to the member, prescriber, and pharmacy.



5.2.9 After a Member has been released from the PLI program restriction, the Contractor shall review the Member's utilization after two (2) quarters to determine whether the PLI restriction should be reapplied and notify the State, in writing, of the results of the review. If the Member is to rejoin the PLI program, the Contractor shall prepare and send lock-in letters to the Member, prescriber(s), and pharmacy(ies), as approved by the State, and report to the State.

After a member has been released from the PLI program restriction, the Clinical Program Analyst will review the member's utilization after two quarters to determine whether the PLI restriction should be reapplied. We will notify the State in writing of the results of the review. If we recommend that the member rejoin the program, the Clinical Program Analyst will prepare and send lock-in letters to the member, prescriber(s), and pharmacy(ies), as approved by the State, and report to the State.

5.2.10 The Contractor shall reassign a Member to a lock-in Provider if a selected lock-in Provider requests the reassignment or can no longer serve as the lock-in Provider.

Upon receiving notification from a lock-in provider that they are requesting reassignment or can no longer serve as the lock-in provider for a member, we will identify a new lock-in provider in the member's geographic region and reassign the member to them. The Clinical Program Analyst will send the member a letter informing them of their new lock-in provider, send the new lock-in provider a letter, and contact the new lock-in provider by telephone as a follow-up to the letter.

5.2.11 The Contractor shall log all PLI program activity, including the type of activity, and the date the activity occurred.

The Special Investigations Unit will log all PLI program activity, including the type of activity, and the date the activity occurred. We use our case management system to support PLI program logging; this system has the ability to track all activity, including date and time stamps and supports the generation of reports.

5.2.12 The Contractor shall provide State staff with a monthly list of Members under review.

During DDI, we will work with the State to develop a Monthly Member List Under Review Template. The Clinical Program Analyst will be responsible for generating a list of members under review on a monthly basis from the case management system.

5.2.13 The Contractor shall inform the State of all activities requested for use in Appeals and fair hearings, including preparation of case summaries and providing testimony regarding the review process during the administrative hearing.

MMA will inform the State of all activities requested of us in support of Appeals and fair hearings.

5.2.14 The Contractor shall meet with the State as needed, or otherwise agreed upon schedule, to review restricted Members, problems, and changes in the review process.

We will meet with the State according to an agreed upon schedule, as well as when needed, to review the restricted members, any problems that have arisen, and any changes in the review process. Our team will be available to answer questions between the scheduled review times as well.

5.2.15 The Contractor shall assist the State with communication development for healthcare quality concerns to Providers and Members.

Using our knowledge and experience providing these services for other customers, MMA will assist in developing provider and member communications regarding healthcare quality concerns.

5.2.16 The Contractor shall provide monthly reports within five (5) Business Days of the end of each month to, at a minimum, include the number of Members reviewed, placed, and released in the PLI program, and prescribers and pharmacies with inappropriate utilization of controlled substances.

MMA will provide the State with monthly reports within five business days of the end of the month. The report will summarize the PLI program activity for the month and will include the number of members reviewed, placed, and released in the PLI program, as well as prescribers and pharmacies found to have inappropriate utilization of controlled substances.



7. Bookmark Title: MSQ7 – Cost Avoidance Strategy
Narrative description is limited to four (4) pages.

Describe in detail the effectiveness of your cost avoidance strategy for selecting claims in your concurrent review program.

Refer to Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 3 Concurrent Reviews.

Supplier Response

MMA's daily claims review process is our primary cost avoidance strategy for selecting claims for concurrent review. The daily claims review process assesses FWA risks using rules-based algorithms and statistical/predictive models to identify claims and/or entities with the highest probability of having billing discrepancies or potential fraudulent or abusive billing practices. We will use the daily claims review process to monitor and audit State network pharmacies to prevent fraud, waste, and abuse and ensure quality by reviewing claims on a daily basis, including claim submission patterns by pharmacy. The goals of the audit process are to randomly or systematically identify and correct instances of FWA, prevent fraudulent, wasteful, or abusive payments, and identify possible areas for education and outreach to pharmacy providers.

The daily claims review process identifies invalid claims and corrects claim submission errors on a pre-payment basis through the Pharmacy Audit department. A team of in-house auditors monitor daily claims submitted by the State's PBA vendor within the 48 hours after a POS claim adjudication submission has been received. This process contributes to patient safety by ensuring appropriateness of patient care and identifying opportunities for interventions, educates pharmacies, corrects future refills, and helps avoid retroactive audit recoveries that may occur through a pharmacy desk or field audit. Potential errors are identified through custom algorithms for prompt intervention with the dispensing pharmacy to resolve issues, ideally, before the claims are paid. The output of our models is prioritized and presented to our auditors for review and then stored in a database, enabling results monitoring and review tracking. Utilizing audit results data, error, and drug trending along with clinical and industry expert input, our analytics are regularly updated, and new analytics are continuously built to address growing trends and changes in the FWA landscape.

The daily claims review process provides several benefits to the State, including:

- Timely and effective review of State claims
- Reduction in risk of not collecting overpayments because our team can interact with the pharmacy, ideally prior to payment, which generally results in pharmacy resolution through reversing/processing claims
- Providing additional patient safety oversight
- Error identification since approximately 3 in 10 claims reviewed are found to have an error.

We will work with the State during DDI to develop and obtain approval for templates required for the Pharmacy Lock-in Program, as outlined in Attachment C – Common Scope Requirements and Security Standards. These deliverables will include:

Daily Review Process Success

One of our daily claims review auditors identified opportunities for pharmacy education, pre-payment savings, and patient safety. Our audit analytics flagged a claim for Cosentyx pen for having a high quantity to days' supply ratio. Upon closer inspection of the member's fill history, the auditor noted a recent loading dose filled at another facility. The flagged claim was also for a loading dose.

The auditor contacted the pharmacist to provide education on the Drug Utilization Review (DUR) message alert that had been sent to the pharmacy ("Therapeutic Duplication"). The pharmacy reversed, resubmitted the claim appropriately, and reached out to the member to discuss loading versus maintenance dosing. **The claim on resulted in a savings of over prior to payment and provided both cy and member education.**

TRADE SECRET



- A Monthly Report Template that identifies the number of members reviewed, placed in the PLI program, released from the PLI program, and prescribers and pharmacies with inappropriate utilization of controlled substances.
- A Provider List Template for the list that identifies prescribers and pharmacies with inappropriate prescribing and dispensing patterns of controlled substances.

In the following narrative, we respond to the requirements in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 3 Concurrent Reviews.

3 CONCURRENT REVIEWS

3.1 CONCURRENT REVIEW SELECTION

3.1.1 The Contractor shall provide and maintain a concurrent review program that will allow the State to examine potential errors on pharmacy Claims submitted to the State's PBA vendor within twenty-four (24) to forty-eight (48) hours after a Point of Sale (POS) Claim adjudication submission.

MMA will work with the State's PBA vendor to establish a claim feed process to promptly receive the PBA's claims. Claims will be loaded to MMA's pharmacy data warehouse to be accessed by the MMA Audit Team and State via MMA's in-house analytics and business intelligence tools. In either scenario, we will allow the State to examine potential errors on pharmacy claims submitted by the State's PBA vendor within 24 to 48 hours after a POS claim adjudication submission is received. If MMA were serving as the PBA Contractor as well as the FWA Contractor, our concurrent review program would identify errors in near-real time, as a result of the closely integrated nature of our PFWA and PBA solutions.

3.1.2 The Contractor shall document and submit to the State, for review and written approval, its procedures for conducting concurrent reviews.

MMA will document and submit to the State, for review and written approval, its procedures for conducting concurrent reviews. During DDI we will develop a Program Deliverable that documents MMA procedures in conducting concurrent reviews as required by Contract, as well as a Template Report that includes, but is not limited to the following: a) The number of pharmacies contacted; b) The number of claims flagged for review; c) Any unresolved discrepant claims that were not remedied; and d) Estimated savings to the State.

In the following narrative, we respond to the requirements in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 3 Concurrent Reviews.

3.2 CONCURRENT REVIEW PROCEDURES

3.2.1 The Contractor shall analyze all paid Claims that would be subject to and identified for a concurrent review. This timeframe must not exceed forty eight (48) hours after a paid Claim submission.

MMA will use its in-house analytics and business intelligence tools to analyze all paid claims that would be subject to and identified for a concurrent review, within 48 hours after receipt of a paid claim submission. Results of the analysis will be presented to the MMA Audit Team to conduct outreach to the pharmacy as applicable and per the State-approved concurrent review process.

3.2.2 Once chosen, the Contractor shall notify the identified pharmacy(ies) billing the Claim(s) as quickly as possible, e.g., by facsimile, within twenty-four (24) hours when a discrepant Claim is submitted to ensure the billing discrepancy or potential overpayment may be expeditiously adjusted.

Once the MMA Audit Team identifies potential errors, an auditor will notify via fax, email, or telephone the identified pharmacy billing the claim within 24 hours of identification.

3.2.3 The Contractor must ensure that all of the Claims that are selected for review will have the opportunity to be revised and examined by the Providers for potential error corrections.

MMA will ensure that all of the claims that are selected for review will have the opportunity to be revised and examined by the pharmacies for potential error corrections. The MMA Audit Team will notify the pharmacy of the claim information and reason for the potential error via fax, email, or telephone. The



pharmacy will review the notification and have the opportunity to correct or reverse the claim as needed. The pharmacy may also contact the MMA Audit Team for more information about the potential error.

3.2.4 The Contractor shall provide notification to Providers describing the error, the reason the Claim was determined to be in error, and suggestions to prevent the error in the future.

MMA will provide notification to pharmacies via email, fax, or telephone describing the error, the reason the claim was determined to be in error, and suggestions to prevent the error in the future. This process educates pharmacies, corrects future refills, and helps avoid retroactive audit recoveries that may occur through a pharmacy claim review or field audit.

3.2.5 The Contractor shall provide recommendations to the State on how to prevent reoccurring Provider payment discrepancies observed in the Contractor's concurrent review.

MMA regularly reviews results of its Concurrent Review and audit processes to identify potential trends and areas of education. MMA will communicate these findings through ongoing meetings and communication. We will also make recommendations to the State on how to prevent reoccurring pharmacy payment discrepancies observed in MMA's concurrent review. Our daily claims review process also helps to identify possible areas for education and outreach to pharmacy providers to decrease pharmacy submission of claims with errors.

3.2.6 On a monthly basis, the Contractor shall deliver a summary of concurrent review Claims that shall include, but not be limited to, the following information:

- a. The number of Providers contacted.**
- b. The number of Claims flagged for review.**
- c. Any unresolved discrepant Claims that were not remedied.**
- d. Estimated cost avoidance to the State.**

On a monthly basis, MMA will deliver a summary of concurrent review claims that will include, but not be limited to, a) the number of providers contacted; b) the number of claims flagged for review; c) any unresolved discrepant claims that were not remedied; and d) estimated cost avoidance to the State. This information will also be accessible to the State on-demand via our self-serve dashboard. We will also work with the State during DDI to identify other information to include in the monthly summary of concurrent review claims.

8. Bookmark Title: MSQ8 – Proposed Reports
Bookmark Title for Supporting Material: MSQ8.1 – FWA Reporting Samples
Narrative description is limited to five (5) pages including the outline(s) of the sample reports, not including the required supporting material.
- Provide a listing of all proposed reports including the frequency of each report, purpose and synopsis that will be provided to the State. Include with your response an outline of a quarterly utilization and performance report that will be developed and customized to meet the needs of the State and are readily accessible to authorized users along with any limitations with accessing each report.
- Refer to Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 4.1 Reporting.

Supplier Response

MMA offers the State a range of performance and utilization reports. Performance reports will be provided on a monthly basis and will be accessible to the State on-demand via our self-serve dashboard.

Performance Reports

We will provide the State with our Prime Analytics Discover™ reporting package, a suite of standard monthly and quarterly FWA reports detailing audit and SIU activity and related performance metrics. Reports will be made available to the State on demand and include performance metrics on the following activities: claim audits, field audits, recoveries identified, recoveries collected, corrective action plan audits, pharmacy, member, and provider investigations (or referrals), pharmacy terminations, and Fraud Tip Hotline reports.

When fraud is identified, we will provide a fraud referral report to the State. The fraud referral summarizes the allegation, initial findings, and is used to support law enforcement reporting. We will work with the State during implementation to define a frequency that meets the needs of the State. We provide the following standard reports to our customers.

Report	Frequency	Purpose	Synopsis to be provided to the State	Where report is referenced in MSQ8.1 – FWA Reporting Sample
Year-To-Date Summary	Monthly	Client Report	Summary of desk, claim, and field audits completed year-to-date and reflects financial impact	Prime Analytics Discover, page 2
Field Audits	Monthly	Client Report	Details field audits opened and closed, and reflects financial impact	Prime Analytics Discover, pages 2-3
Pharmacy Investigations	Monthly	Client Report	Details pharmacy investigations or referrals opened and closed, and reflects financial impact	Prime Analytics Discover, page 4
Member and Prescriber Investigations	Monthly	Client Report	Details member/prescriber investigations or referrals opened and	Prime Analytics Discover, page 5-8



			closed, and reflects financial impact	
Claim Audits	Monthly	Client Report	Details desk and claim audits opened and closed, and reflects financial impact	Prime Analytics Discover, pages 9-11
Corrective Action Plan (CAP)	Monthly	Client Report	Details Pharmacy Corrective Action Plans (CAPs) initiated and follow-up results.	Prime Analytics Discover, page 12
Pharmacy Terminations	Monthly	Client Report	Details pharmacies terminated and/or pending termination from the network due to FWA	Prime Analytics Discover, page 13
High Risk FWA County Analysis	Monthly	Analytical Assessment	Details pharmacy trending overall and within high-risk counties. Data also includes audit and finding history	High Risk County Example, page 14
Watch List	Monthly	Network Safeguard	Details pharmacies no longer in network due to FWA	Watch List Example, page 15
Fraud Tip Hotline Activity	Monthly	Client Report	Details complaints received through the hotline and their triage disposition	FWA Hotline Example, page 16
Industry Notifications	Ad Hoc	Client Notice	Details complaint, audit/investigation history and exposure regarding entities received through industry monitoring	Industry Alert Example, page 17
Fraud Referral	Ad Hoc	Client Notice	Details case or review findings and impact regarding vetted or substantiated member, prescriber, pharmacy investigations or referrals	SIU Prescriber John Doe, page 19 SIU Member Jane Doe, pages 20-21 SIU Pharmacy SIU Referral Example, page 22 -
FWA Member Lock-In Clinical Assessment	Ad Hoc	Client Recommendation	Details a clinical assessment regarding patient safety with corresponding recommendations	FWA Member Lock In Referral, page 23
Prescriber Reject Clinical Assessment	Ad Hoc	Client Recommendation	Details a clinical assessment regarding prescriber level FWA with corresponding recommendations	Pharmacy Audit FWA Clinical Evaluation, page 24



Utilization Reports

MMA has a variety of FWA-specific utilization reports available through MRx Explore, our Business Intelligence (BI) analytics tool. For example, these include a drug trend report that shows prescribing trends by provider, a prescription risk report that shows trends in prescribing for high-risk drugs, and a prescriber outlier report that shows providers with high-risk prescribing trends. We are also able to produce top ten prescriber or high-risk drug reports.

The FWA Team will work with the State during DDI to gather the State's requirements for utilization reporting and determine the utilization reports that will be provided.

In addition to FWA-specific utilization reports, a series of additional utilization reports are available to our PBA customers through MRx Explore, our Business Intelligence (BI) analytics tool. These reports will be available to the State if MMA is serving as the PBA Contractor as well as the FWA Contractor for the scope of work provided. MRx Explore provides the functionality and BI tools that enable report creation and provide the ability to merge medical and prescription data to generate client and provider utilization reports based on diagnosis, procedure codes, and medications. Authorized State users will have access to reports depicting claims information and data, including DAW codes used, member, prescriber, and pharmacy information, prior authorization information, override information, claim pricing including copayment, drug file information, and edit information.

For example, MRx Explore's standard reporting package includes a Utilization by Diagnosis Report that shows the drug prescription claims by diagnosis code. The user can further restrict their search on drugs by GSN, HIC3, HICL, HSN, NDC, Brand Name, Generic Name, or Therapeutic Class. The report does not contain personal data except the Member ID. It is primarily used for displaying drugs that are being prescribed by the physician for the selected diagnosis codes. Our Drug Use by Claimant Report identifies details on drug use over a time period on a claimant level. This report displays claim level information including client and drug details. Other utilization reports included in our standard reporting package are the Claims and Utilization Report, Claims and Utilization Report by Dispenser Type, Utilization Impact by Prescriber, Utilization by Diagnosis, Utilization Impact by Client, Clients Utilization of Scheduled Drugs, as well as others. Claims Processing Reports are also available through MRx Explore Standard Reporting Package. Examples of claims processing metrics include:

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

MRx Explore also provides a suite of more than 16 reports to support the growing need for opioid usage monitoring.

Other Reports

If the State elects our Advanced FWA product, which offers several remediation features including a Member Lock-in feature, we will also provide clinical assessments to support customer remediation decision making. The clinical assessments will be provided under one of two scenarios:

- 1) We recommend a Medicaid member be placed under ongoing monitoring, case management or placed on a FWA lock-in to restrict future access to a defined list of drugs; or



2) We recommend that claims associated to a prescriber substantiated fraud be rejected.

In the following narrative, we respond to the requirements in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 5 Pharmacy Lock-In (PLI) Program. We will work with the State during DDI to determine reports that meet the State's requirements, as described below.

4.1 REPORTING

4.1.1 The Contractor shall provide detailed audit reports in a customized format as determined by the State.

MMA will provide a package of standard audit performance and utilization reports, described above, to meet the State's needs. We will work with the State during DDI to identify any necessary customizations to be made to these standard reports and determine a mutually agreed plan and time frames for implementing these customizations.

4.1.2 The Contractor shall have the ability to provide detailed reports at the Provider level.

MMA's standard FWA reports include detailed reports at the provider level.

4.1.3 The Contractor shall provide reporting to demonstrate compliance with all performance requirements at the specified frequency outlined in the Contract or as indicated by the State.

MMA will use our established reporting solution to provide reporting to demonstrate compliance with all performance requirements at the specified frequency outlined in the Contract or as indicated by the State.

4.1.4 The Contractor shall produce Ad hoc and other reports not previously identified or requested by the State for review and approval within the timeframes set at the time of request.

MMA will produce mutually agreed upon ad hoc and other reports not previously identified or requested by the State for review and approval within the time frames set at the time of request.



MSQ8.1 – FWA Reporting Samples (TRADE SECRET)

On the following pages, MMA submits the following FWA Reporting Samples:

Prime Analytics Discover Report, page 1 **(TRADE SECRET)**

- Year-To-Date Summary Report, page 2 **(TRADE SECRET)**
- Field Audits Report, pages 2-3 **(TRADE SECRET)**
- Pharmacy Investigations Report, page 4 **(TRADE SECRET)**
- Member and Prescriber Investigations Report, page 5 - 8 **(TRADE SECRET)**
- Claim Audits Report, pages 9 - 11 **(TRADE SECRET)**
- Corrective Action Plan (CAP) Report, page 12 **(TRADE SECRET)**
- Pharmacy Terminations Report, page 13 **(TRADE SECRET)**

High Risk FWA County Analysis Report, page 14 **(TRADE SECRET)**

Watch List Report, page 15 **(TRADE SECRET)**

Fraud Tip Hotline Activity Report, page 16 **(TRADE SECRET)**

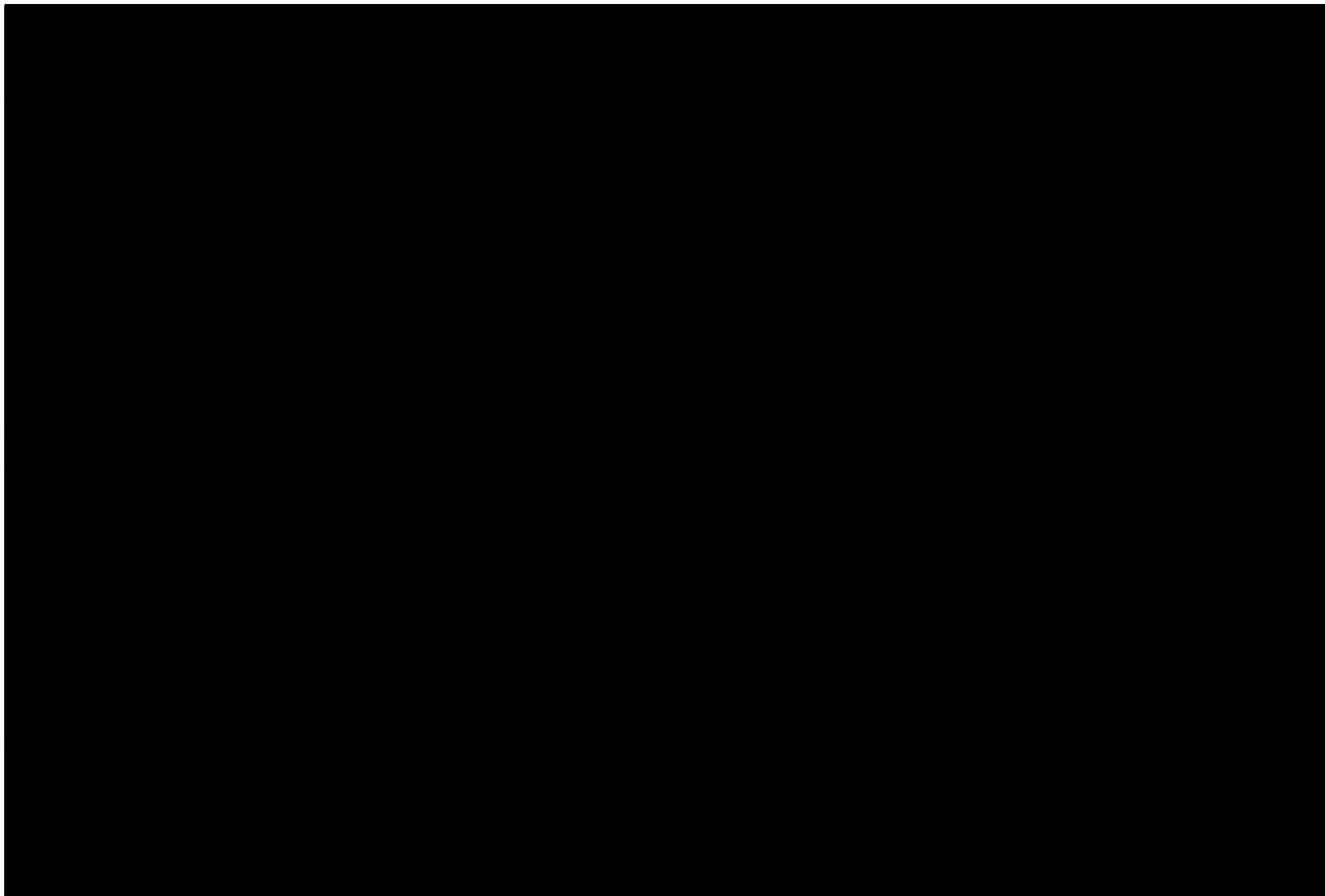
Industry Notifications Report, page 17 **(TRADE SECRET)**

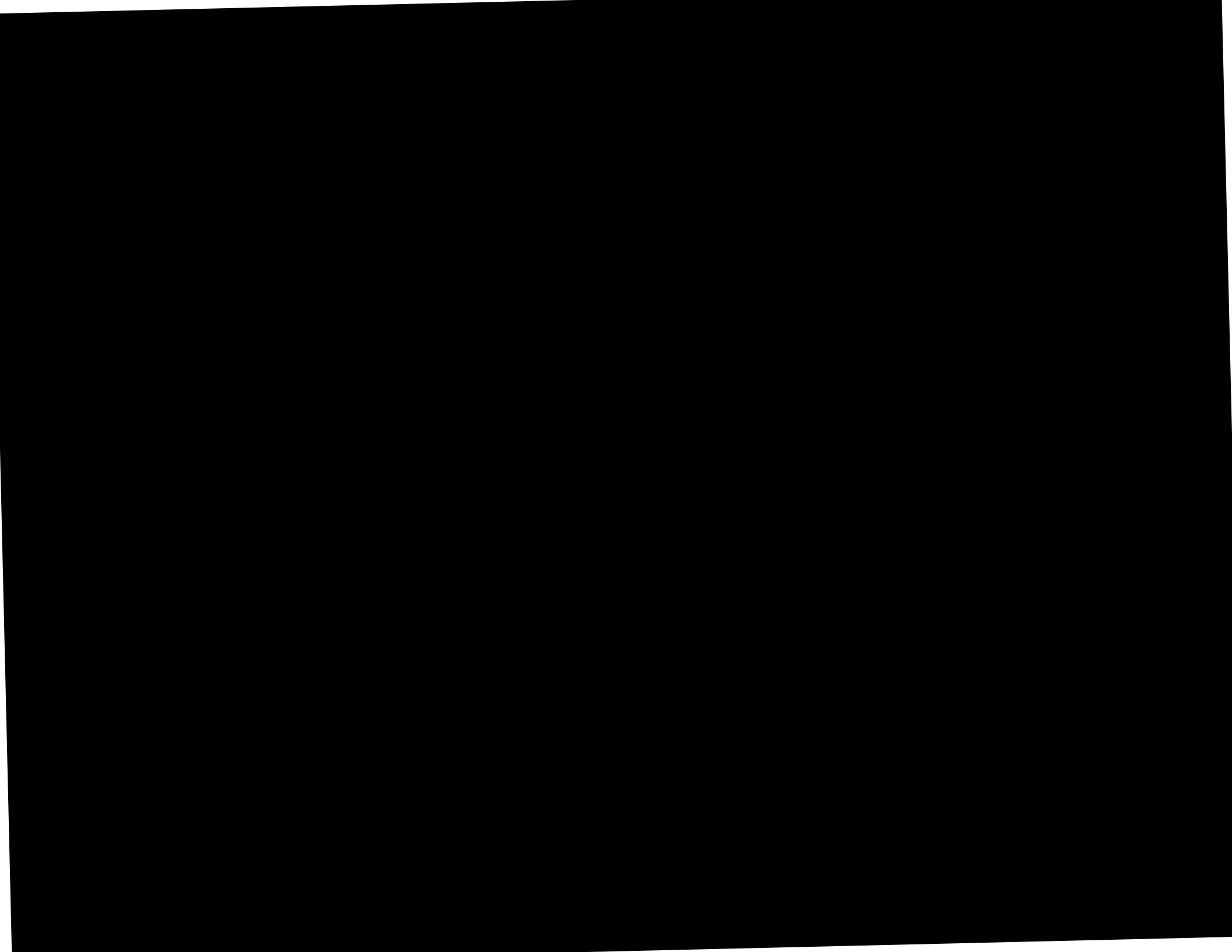
Fraud Referral, pages 19 -22 **(TRADE SECRET)**

- SIU Prescriber John Doe, page 19 **(TRADE SECRET)**
- SIU Member Jane Doe, pages 20-21 **(TRADE SECRET)**
- SIU Pharmacy SIU Referral Example, page 22 **(TRADE SECRET)**

FWA Member Lock-In Clinical Assessment Report, page 23 **(TRADE SECRET)**

Prescriber Reject Clinical Assessment Report, page 24 **(TRADE SECRET)**





9.	Bookmark Title: <u>MSQ9 – Security Controls</u> Narrative description is limited to five (5) pages. Describe in detail how your administrative, technical, and physical security controls demonstrate compliance with HIPAA Security Laws and Regulations to meet the requirements stated in Attachment C - Common Scope Requirements and Security Standards Section 6: Medicaid Enterprise System Security Standards.
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Supplier Response

MMA has robust administrative, technical, and physical security controls in-place supporting our Medicaid customers. As a subsidiary of Prime Therapeutics (Prime), our corporate compliance staff works in conjunction with each of our business units, departments, and regional offices to monitor continuous compliance efforts and maintain various reporting mechanisms that are required by law to ensure HIPAA compliance prior to sharing data. **We have 26 years of experience ensuring customers security and confidentiality** for the customers we serve, dating back to our parent organization Prime's inception as a Pharmacy Benefit Manager in 1998. Prior to being acquired by Prime, MMA has been working to ensure security and confidentiality for our state Medicaid PBS customers for over 40 years. MMA will meet all eRFP Security and Privacy requirements for safeguarding data and production of client identity, including those detailed in Attachment C – Common Scope Requirements and Security Standards, Section 6.2 Security Requirements.

Our Solution is compliant with all CMS and other Federal security regulations outlined in the eRFP requirements, including FedRAMP, HITRUST, NIST 800-53 Rev. 5, and HIPAA/HITECH. According to a recent Enterprise Benchmark Report by Risk Recon, a security risk service offered by Mastercard® that proactively monitors and rates the cyber environment of online entities, MMA/Prime Therapeutics ranks higher than all of our competitors for security, with an overall rating of 9.3 (an "A" rating). Our security controls are comprehensive, robust, and include the following features:

- Customer User Access Integration Simplified & Secured
 - ❖ Authentication services are centralized and managed using modern authentication and multi-factor controls
 - ❖ Single Sign-On and client federation services
 - ❖ Role Based Access Control integrations with 700+ applications
 - ❖ Automated access reviews for all access and access-types.
- Security Built into the Application Development Lifecycle
 - ❖ Implemented GitHub Advanced Security and are now scanning code repositories for security vulnerabilities and vulnerable libraries.
 - ❖ Security testing (SAST, SCA) into build pipelines
 - ❖ Dynamic web app security scanning and container image scan, container RAST/RASP
 - ❖ Security Samurai Program helps shift left security into the product teams and improve the security of internally developed applications.
- Threat Management & Incident Response – A Priority
 - ❖ Internal and external controls implemented to prevent Data Leakage
 - ❖ Cloud and network threat detection through Microsoft Defender and Cloud Access Security Broker
 - ❖ Threat intelligence through Recorded Future
 - ❖ 24/7 Security Incident monitoring and response.
- Security Program and Controls Validated
 - ❖ Annual SOC 1 and SOC 2 Type II audits
 - ❖ Annual Internal/External Penetration Test
 - ❖ HITRUST R2 certified

- ❖ NIST 800-53 Rev. 5 and MARS-E 2.2 control frameworks
- ❖ HIPAA, URAC, and NCQA compliant.

As required by Attachment C SOW 6.1.1, our solutions and services meet applicable Federal and State security and privacy laws, regulations, and standards for the protection of sensitive and confidential data. We have maintained compliance with HIPAA Privacy and Security Laws, Regulations and Standards, as well as revisions to applicable laws and regulations since HIPAA was passed in 1996.



MMA's pharmacy system meets or exceeds all applicable Federal regulations and is designed to comply with all privacy and security aspects protecting data confidentiality, including those defined by the HIPAA Security Rule, the HITECH Act, and HITRUST. We also comply with the NIST SP 800-53 Rev.5 Moderate Control Baseline, as required by SOW 6.2.4. MMA's system will apply security across the Internet (e.g., user profiles and passwords, level of encryption, certificates, firewalls, etc.) that meets or exceeds the current HIPAA/MARS-E (2.0 or current version) privacy and security regulations, FIPS 140-2 (FIPS 140-3 starting January 2026), NIST 800-52 v2 (or current version), as well as HITECH rules.

As required by SOW 6.2.8, State Enterprise Information Security Policies and Standards, MMA's solution and services will comply with State Enterprise Information Security Policies and Standards where applicable, unless an exception is approved in writing by the State.

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

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

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

In accordance with SOW 6.2.2, MMA agrees to provide the State with a signed HIPAA Business Associate Agreement following contract award. MMA will ensure that its Subcontractors and third-party service organizations comply with applicable HIPAA Privacy, Security and Breach Notification Laws, Regulations and Standards prior to being allowed access to State data.



MMA's Security Department has the task of ensuring that customers' health information is protected as it rests in our systems and when it is exchanged via electronic means. To address this, we have implemented technical, physical, and administrative safeguards. The Security Department has integrated HIPAA requirements for the inadvertent disclosure of electronic PHI as part of our compliance effort. All systems activity, including user activity, is monitored in accordance with policy. All deviations from accepted practices outlined in policy are investigated and risks associated with these events are mitigated accordingly.

Our Identity & Access Management Team

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

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

Role-Based Access



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

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

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

User Business Roles and Accountability

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

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

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

Regular Internal and Independent Third-Party Assessments

MMA **routinely conducts internal security assessments and vulnerability testing** and mitigates any issues or risks found in a timely manner. MMA uses industry-standard testing tool sets and engages third-party, independent agencies to verify security infrastructure. Our Security Department conducts network vulnerability assessments with industry-standard tools. Our Security Department contracts with external entities to **conduct an impartial third-party review on an annual basis**. As

required by SOW 6.2.25, MMA provides the State with an Annual Security Assessment Report (SAR) containing a detailed summary of the control tests performed and artifacts that were verified.

HITRUST The MMA solution uses the HITRUST Common Security Framework (CSF) as the basis for our policies and security controls. The reason for this is that the HITRUST CSF is an overarching security framework that incorporates and leverages the existing security requirements placed upon organizations including global (GDPR, ISO), federal (e.g., FFIEC, HIPAA and HITECH), state, third party (e.g., PCI and COBIT), and other government agencies (e.g., NIST, FTC and CMS). This allows us to assess and report against multiple sets of requirements. Because the HITRUST CSF fully integrates the requirements of the HIPAA Security Rule, each HIPAA Security Rule standard and implementation specification is addressed as a part of the HITRUST CSF Assurance Program. **We renew our HITRUST Certification on a biennial basis and perform an annual interim HITRUST review between certification years.** Because the State of Georgia has also aligned their state security requirements with these generally accepted security frameworks and controls, our solution will satisfy their policies and demonstrate our adherence through the HITRUST certification.



As required by SOW 6.2.14, MMA will ensure that the environments using virtualized cloud computing platforms to deliver services to the State and store sensitive and confidential data comply with appropriate NIST security controls and infrastructure protection measures to prevent the loss or unauthorized access, destruction, use, modification, or disclosure of State data. These safeguards include FedRAMP Moderate Certified Government or Commercial Cloud Infrastructure Platform, Data Segregation, Logical Service/Host Separation, Network Intrusion Detection and Prevention, Firewalls, Virus/Malware Protections, appropriate Security Updates and Patching of Virtual Machine Images, etc. CSP services utilized will employ security controls that meet NIST 800-53 Moderate Impact Baseline Security Control Standards.

In accordance with SOW 6.2.15, MMA will ensure that the systems, applications, and data used to provide State services are physically and/or logically segregated from third-party systems and data. MMA's Amazon Web Services (AWS) cloud-hosted applications are in a FedRAMP certified environment. MMA's standards are based upon the NIST 800-53 security and privacy control sets. MMA performs internal control assessments and internal audits to assess our systems and processes according to our policies for safeguarding information systems and data that align with State, Federal, and customer requirements to validate MMA's effectiveness of controls and safeguards in place.

Information Security Team

Under the direction of our Chief Information Security Officer, our Information Security Team provides the management and technical expertise to ensure that all information is properly protected. This includes consideration of the confidentiality, integrity, and availability of both information and the systems that handle it. The Information Security Team performs risk assessments, prepares action plans, evaluates vendor products, participates on in-house system development projects, and assists with control implementations; reviews security audit logs to minimize and eliminate vulnerabilities, investigates security incidents, and performs other activities, which are necessary to ensure a secure environment.

In accordance with SOW 6.2.11, System Security Plans (SSP), MMA will submit a detailed System Security Plan (SSP) to the State's Project Team Lead for review and approval. We acknowledge that the SSP must be submitted and approved before MMA is allowed access to State data. Our SSP will detail how our system/application solutions and services meet the most current version of applicable NIST Special Publication 800-53 Moderate-Impact-Baseline Federal Computer Security Controls/Sub-controls and Requirements. MMA will review the SSP and update it as needed at least once annually or at such time as major system or architecture changes occur to our Solution.

Security Monitoring

MMA's solution supports security event, transaction, and activity log monitoring mechanisms to prevent the loss or unauthorized access, destruction, use, modification, or disclosure of State Medicaid Pharmacy Program data. Log data will be reviewed and analyzed by the appropriate trained personnel daily or as required by the State, as required by Attachment C – Common Scope Requirements and Security Standards, Section 6.2 Security Requirements, Requirement 6.2.29. MMA's logging systems, configurations and files will be protected from breaches of confidentiality and integrity. Access to log files and log configurations/generators is continuously audited, monitored, and restricted to need-to-know personnel.

MMA employs physical, logical, and administrative security controls to reduce exposure and risk of cyber events/incidents to all our systems and services, including our databases. These controls include technical controls and security architecture, corporate policies, and employee training. We routinely conduct security assessments and vulnerability testing, prepare necessary incident responses, and help teams to resolve any issues or risks found in a timely manner.

MMA's systems and software application solutions will alert the appropriate authorities and staff of potential violations of security policies, controls, and safeguards such as the inappropriate access to sensitive and confidential information. Our solution will contain mechanisms to monitor transaction-based events and support the appropriate activity logging, as required by SOW 6.2.17.

To monitor internal systems activity, MMA employs a systems activity audit/monitor, which is monitored in accordance with policy. We investigate deviations from policy and mitigate associated risks. We maintain audit trails on all systems that process sensitive information. All production application systems that handle sensitive information generate logs that show every addition, modification, and deletion to such sensitive information. We regularly back up all audits and management trails and store them in a secure location.

Our IS Team provides the direction and technical expertise to ensure that information is properly protected. This includes consideration of the confidentiality, integrity, and availability of both the information and the systems that house it. The IS Team serves as a liaison on information security matters between all departments and divisions and is the focal point for all information security activities throughout our organization. Within IS, the Incident Response team performs detection activities which include the following:

- Continuously monitor security detection technologies
- Detect Events and determine if an incident has occurred and/or is ongoing
- Determine the Attack Vector of the Events/alert.

Events that may be reasonably considered to be adverse are reported, initiating the incident response process. Such events may be detected through several mechanisms, including by ongoing monitoring operations, by IT, by end users, or by hunting activities. Primary technologies for detection are:

- SIEM
- IDS/IPS
- Antivirus
- Endpoint Detection and Response Agent
- Firewalls
- Network and Endpoint Sandboxes
- Network Devices
- Operating System Logs and Events
- Database and Application Events
- Email and Antispam
- Active Directory and IBM Security Identity Manager (IDM).



Regular Review of Audit Logs

MMA routinely reviews audit logs of system activity, including user activity history, at least quarterly, for suspicious activity. Our solution collects and stores the following:

- All successful/unsuccessful access attempts to our systems that process confidential information
- System alerts or failures
- Administrative functions performed by end users who have root or administrative access
- Access to the central audit log
- Security changes such as activation and deactivation of identification and authentication mechanisms
- Initialization and/or modification of the audit log
- Creation and deletion of accounts
- Activation and de-activation of protection systems, including anti-virus systems and intrusion detection systems, and identification and authentication mechanisms
- Modification of privileges and access
- Application process startup, shutdown, or restart
- File access, creation, or deletion on file servers
- Read or modification access to databases containing sensitive information.

The following data elements are captured for each event logged:

- User Identification
- Type of event
- Date and time of the event
- Success or failure indication
- Origination of the event
- Identity (name) of the affected information, system component or resource.

Per SOW 6.2.13, MMA will ensure that State data is not used, maintained, transmitted, stored, accessed, or processed in geographic or virtual areas that are not subject to U.S. Law.

As required by SOW 6.2.18, MMA employs formal, structured, and documented organizational policies and procedures to detect and respond to Cybersecurity Incidents. Our Incident Response Plan (IRP) procedures will employ methodologies and guidelines detailed in the most current version of NIST Special Publication 800-61, Computer Security Incident Handling Guide. For security and privacy incidents which may involve PII, SSA-derived Data or PHI, MMA will follow State-provided HIPAA Incident Response Policies and Procedures. Our IRP will be updated and tested at least once annually, as required by the State.



10. Bookmark Title: MSQ10 – Encryption
Narrative description is limited to five (5) pages.

Describe in detail your method(s) for ensuring encryption of all stored and transmitted State data containing Protected Health Information (PHI) including email and data that is stored in databases, file systems, desktop and mobile devices, removable media, disaster recovery platforms or other structured storage methods using NIST approved encryption protocols to meet the requirements stated in Attachment C - Common Scope Requirements and Security Standards Section 6: Medicaid Enterprise System Security Standards.

Supplier Response

MMA's existing data encryption approach ensures encryption of all stored and transmitted State data containing Protected Health Information (PHI) including email and data that is stored in databases, file systems, desktop and mobile devices, removable media, disaster recovery platforms or other structured storage methods using NIST/FIPS 199 Standard approved encryption protocols. Our encryption approach meets the requirements stated in Attachment C - Common Scope Requirements and Security Standards Section 6: Medicaid Enterprise System Security Standards, as described in the following sections.

Privacy & Security Awareness Training: MMA provides HIPAA, PHI, and PII training for all employees. We require all workforce members to take HIPAA Privacy and Security training when they are hired. Subsequently, all workforce members are required to take annual refresher training, which includes any updates or changes to the privacy policies since the previous annual refresher training. These trainings align with the subject areas listed in Requirement 6.2.3 in Attachment C and include Encryption of Stored and Transmitted PHI.

NIST/FIPS 197, Advanced Encryption Standard: Our encryption solutions will comply to the most current version of NIST SP 800-111 Guide to Storage Encryption Technologies for End User Devices where required by CMS and to the most current versions of NIST/FIPS Encryption protocols and cryptographic algorithms where applicable. Full-Disk Encryption Solutions will be used where applicable.

Email, Mobile Device and Data Storage Encryption Security Standards: MMA's existing data encryption functionality meets HIPAA privacy requirements. This functionality incorporates processes to ensure the safe exchange of Protected Health Information (PHI) or Personally Identifiable Information (PII). We use FIPS-validated cryptographic mechanisms during transmissions to prevent unauthorized disclosure of information and detect changes to information. MMA uses TLS Version 1.2 to provide 256-bit AES encryption as standard practice; certificates are typically at least 2048-bit and rely on the SHA-256 hashing algorithm.

Data-at-rest encryption for personally identifiable information (PII) and protected health information (PHI) data are managed through FIPS 140-2 compliant encryption modules. These cryptographic algorithms encrypt and decrypt data as it is written to or read from the storage repositories. MMA ensures all solution components that are accessible from the public Internet (e.g., websites) meet the site's privacy policy and terms of service available prior to authentication. MMA ensures all solution components that are accessible from the public Internet (e.g., websites) meet the site's privacy policy and terms of service available prior to authentication. We incorporate the Transport Layer Security (TLS) protocol for all Internet-facing websites. Any protected data or information in transit to sources external to our systems is encrypted. Data owners and classifications have been established to better ensure accountability and security is based on the sensitivity of that data as denoted within MMA's Information Classification Policy. Additionally, MMA applies the principle of Minimum Necessary to ensure that only the minimum amount of data is collected to carry out the functions of the Pharmacy

FWA system. The principle of Least Privilege is also in place to ensure that access to the data is restricted to personnel with a justified business need.

Data-at-rest encryption is enforced in the following environments:

- Storage Area Network – SAN data written is AES-256 encrypted when written to the Hitachi VSP storage arrays.
- Laptops and Desktop – McAfee Full Disk Encryption is installed on all company laptops and desktops utilizing AES-256 encryption.
- Removable media (laptops and desktops) – On machines where write access to removable media is enabled, McAfee EndPoint Encryption is enforced.
- Centralized CD-ROM production – MMA provides a centralized facility to burn CD-ROMs for bulk data transfer. Bitlocker encryption is used to encrypt all CD-ROMs to be transferred outside our facility.
- Backup Tapes – All tape backups are managed by IBM and written using IBM TS1120 tape drives with their onboard encryption enabled. Key management is handled using IBM Security Lifecycle Manager.

Annual Independent Third-Party Security Assessments: The encryption controls are subject to an external independent assessor as part of the HITRUST CSF certification. MMA will conduct an Annual Independent Third-Party NIST SP 800-53 Controls/Sub-controls-based security assessment of the service delivery platform.

Disaster Recovery (DR)/ Contingency Planning/ Annual DR Exercise Reports: Encryption of data residing in both our production and disaster recovery platforms complies to the most current version of NIST SP 800-111 Guide to Storage Encryption Technologies for End User Devices where required by CMS and to the most current versions of NIST/FIPS Encryption and Cryptographic Standards where applicable. We maintain current and fully operational Disaster Recovery (DR) and Business Continuity Plans to provide immediate response and subsequent recovery of State data from any unplanned service interruptions. These Plans will be updated and exercised at least once annually. We will ensure that the appropriate security and privacy controls are in place for the protection of sensitive and confidential State data on the DR platform. This includes the encryption of transmitted and stored State data. We will provide the State with a documented copy of their Disaster Recovery Plans and Annual DR Exercise Reports for review and approval at an agreed upon timeframe.

Infrastructure Protection Measures: In addition to the infrastructure protection measures mentioned in our response to proposal Section MSQ9 – Security Controls, MMA uses Axway Mailgate SC, FireEye EX and Microsoft Defender for Office 365 for inbound and outbound email transmission protection.

Secure Interfaces: MMA's systems conform to and support secure interfaces for data interchange and messaging formats. The flexibility and efficiency of our interface architecture and development approach ensures that we can send and receive data securely regardless of the format. MMA currently supports over 4,600 interfaces across our enterprise for all our current customers that enable the integration of files and transmission of data with all Medicaid Enterprise contractors and authorized third-party contractors. MMA establishes secure data transfers with all vendors. We can support several methods of secure data exchange, including SFTP, FTPS, EDI, and real-time RESTful or exchange files using open standards such as SOAP/XML, as well as batch. Our RESTful Services are secured using Amazon WAF/Shield (Web Access Firewall). All web transmission is secured using Secure Sockets Layer (SSL) Certificates from Origin to RESTful. File transfer jobs are secured and run over SFTP.

This functionality incorporates processes to ensure the safe exchange of Protected Health Information (PHI) or Personally Identifiable Information (PII). In accordance with SOW 6.2.5, we use NIST/FIPS-approved encryption protocols and cryptographic algorithms where appropriate. MMA uses FIPS-



validated cryptographic mechanisms during transmissions to prevent unauthorized disclosure of information and detect changes to information. MMA uses TLS Version 1.2 to provide 256-bit AES encryption as standard practice; certificates are typically at least 2048-bit and rely on the SHA-256 hashing algorithm.

11.	Bookmark Title: <u>MSQ11 – Data Mining</u> Narrative description is limited to five (5) pages. Describe in detail the Data Mining tool(s) and strategy that will be used to identify patterns of fraud, waste and abuse for field and desk audits as stated in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 4.6 Data Mining.
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Supplier Response

Our Data Mining strategy is supported by our robust proprietary analytics suite of tools to assess FWA risks and patterns across pharmacies, members, and prescribers. We use these tools to identify fraud, waste, and abuse for field and desk audits for outpatient pharmacy claims, hospital and provider-administered and prescription claims, and durable medical equipment. These tools include:

In House Analytical and Business Intelligence Tool(s): Traditional data analysis techniques are no longer sufficient, and our multifaceted approach uses an array of detection techniques to combat the evolving FWA landscape. Since fraud schemes are becoming increasingly more sophisticated in their ability to detect and circumvent control measures, we utilize both pharmacy and medical claims data in a hybrid approach to combatting today's fraudster. Utilizing our integrated data, our tool(s) use a set of sophisticated algorithms to analyze and assess risk across members, prescribers, and pharmacies. Rather than relying on a single detection technique, this tool combines:

- Heuristic rules to find known FWA patterns
- Anomaly detection to surface unknown yet unusual behavior when compared to similar entities
- Predictive models that allow the solution to leverage past outcomes to identify current anomalies
- Clinically based analytics that are supported by in-house pharmacists.

This hybrid approach allows the analytics solution to randomize and cast a wide net to identify a variety of both known and unknown schemes. The results are then scored, ranked, and suspect entities are prioritized to enable us to focus on the most important and highest risk cases for our customers.

Our tool(s) incorporate medical and pharmacy data to perform rules-based algorithms and statistical/predictive models. Using these models, we are able to identify claims with the highest probability of being incorrectly billed, as well as flag potential FWA at the pharmacy level and initiate desk and field audits. Every paid claim is processed through these models, leveraging previous claim audit data and dynamic billing standards across our integrated pharmacy and medical data to eliminate false positives and ensure our auditors are reviewing the highest-risk claims.

Processed claims submitted by network pharmacies (home delivery, retail, specialty, ePrescribe) are analyzed through our advanced analytics which proactively leverages pharmacy and medical claims to monitor, detect, and assist with the recovery of erroneous and fraudulent payments. Our analytics proactively detect issues for claims review, desk/field audit, or investigation, including but not limited to billing errors, inappropriate dispensing, claims manipulation, and invalid claims.

Claims may be flagged for review based on one or more audit model. Audit models may include, but not limited to:

- CII Prescription with Multiple Fills
- Compound Claims Above Dollar Threshold
- DAW
- Drug Distribution - High Quantity/Days' Supply Ratio
- Claims/Drug Phishing
- Duplicate Claims
- Early Fills
- High Dollar Claims - Outside Standard Billing Practices
- Insulin - Above Daily Unit Threshold

- Insulin Pens - Over-Dispensed Boxes
- Over-Dispensed Topical Products
- Pharmacy Monitoring List Claims
- Single Ingredient Compound - Split Billing
- Specialty Analytics - Early Fill
- Specialty Analytics - Multiple Loading Doses
- Under Utilization
- Unit of Measure
- Vaccines/Toxoids Billed Incorrectly.

Using our in-house Audit Tracking Database tool, our auditors access the flagged claims for potential review and/or audit. When needed or requested, auditors also have the option to select claims for review and/or audit that were not identified through the audit analytics process.

The output of our analytics is prioritized and presented to our auditors for review and then stored in a database, enabling results monitoring and descriptive analytics. Using audit results data, error, and drug trending along with clinical and industry expert input, our models are regularly updated, and new models continuously built to address growing trends and changes in the FWA landscape.

In the following narrative, we respond to the requirements in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work, Section 4.6 Data Mining.

4.6 DATA MINING

4.6.1 The Contractor shall provide a Data Mining strategy/plan to meet the requirements of the Contract.

We will work with the State during the DDI Project Stage to develop a Data Mining strategy/plan that meets the requirements of the Contract.

4.6.2 The Contractor shall have a Data Mining tool to identify fraud, waste, and abuse for field and desk audits for the following:

Our data mining solution has the ability to scan various types of medical and pharmacy claims data for fraud, waste, and abuse. It works synergistically with the claims processing system to receive pharmacy claim data feeds in near real-time. We will work with the State during DDI develop the necessary secure interfaces to allow us to receive medical claims data.

Upon receipt of pharmacy and medical claims, we use our unique analytics methodology to analyze claims data in a hybrid approach to detecting FWA. Utilizing this integrated data, our proprietary analytical suite assesses risk across the pharmacy population holistically. We will work with the State and the PBA vendor and the MMIS vendor during DDI to establish secure inbound interfaces to enable State pharmacy and medical claims data to be transmitted to MMA to receive and store in our enterprise level databases for FWA data mining purposes. We will also develop interfaces required to provide the State's Authorized Solution Users with access to the analytical and business intelligence tools via our MRx Explore system.

We have the proven capability to receive, process, and store Medicaid and related data, and integration transactions in a HIPAA-compliant format from State Medicaid Enterprise platforms. MMA currently supports over 5,000 interfaces across our enterprise for all our current customers that enable the integration of files and transmission of data with all Medicaid Enterprise contractors and authorized third-party contractors. Each interface is configured to meet HIPAA privacy and security rules and guidelines and supports industry standards, such as X12, NCPDP, and HIPAA for interoperability and data integration needs. Our existing architecture also includes an electronic data interchange (EDI) gateway and enterprise business services capabilities which are also key components of our data exchange strategy. These provide a means for customizable, near real-time exchanges of client records or transaction-level data. This rapid data exchange approach allows us to quickly detect, respond to, and stay ahead of new and emerging FWA schemes. Our data exchanges, including



inbound and outbound interfaces, align with the MITA framework and comply with industry standards for interoperability and data integration needs where applicable, e.g., National Information Exchange Model (NIEM), National Institute of Standards and Technology (NIST), HIPAA-compliance standards including but not limited to HIPAA X12 and NCPDP EDI transactions, Health level 7 (HL7), and Fast Healthcare Interoperability Resources (FHIR).

a. Outpatient pharmacy Claims

If MMA is selected as both the FWA and the PBA Contractor, Outpatient pharmacy claims from the claims processing system will be imported into our Data Mining tool and scanned to identify FWA. These two solutions are closely integrated, enabling us to scan and identify FWA in near-real time prior to or immediately following claims payment. In a scenario where we are the FWA Contractor and another vendor is providing PBA services, we will work with the State and relevant third parties during DDI to establish secure inbound interfaces to enable Outpatient pharmacy claims data to be transmitted to MMA to receive and store in our enterprise level databases and accessed by our Data Mining tools for scanning.

b. Hospital, provider-administered and prescription Claims

We will work with the State and relevant third party during DDI to establish secure inbound interfaces to enable hospital, provider-administered and prescription pharmacy claims data to be transmitted to MMA to receive and store in our enterprise level databases.

c. Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

We will work with the State and relevant third party during DDI to establish secure inbound interfaces to enable DMEPOS claims data to be transmitted to MMA to receive and store in our enterprise level databases.

4.6.3 The Contractor shall allow for desk audit functions to be specific to the State's Claims and not performed as a batch review across national Claim levels.

Our solution allows for the capability to conduct desk audit functions that are specific to the State's claims, and not performed as a batch review across national claim levels.

4.6.4 The Contractor shall develop and maintain various Data Mining algorithms as a tool to identify fraud, waste, and abuse.

As discussed earlier in this response in MSQ11 – Data Mining, we have established and proven effective Data Mining algorithms that we will implement and maintain as a tool to identify fraud, waste, and abuse. These algorithms are continuously reviewed, revised, and refined as new risks arise or as we identify new trends.

4.6.5 The Contractor shall implement and report on Data Mining algorithm strategies at intervals defined by the State

Because FWA schemes are always changing in an attempt to avoid detection, our Data Mining algorithms strategies are constantly growing and evolving. As we detect new FWA patterns, we adapt our Data Mining algorithms and methodologies to ensure we are able to detect new and emerging FWA schemes. We will report to the State on the changing FWA patterns and responsive Data Mining strategies we implement, at intervals defined by the State.

12. Bookmark Title: MSQ12 – Staffing

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

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

- a. Organizational charts that provide a complete and detailed description of the proposed organizational structure the Supplier will use, including Subcontractors and how they fit into the Supplier's overall organizational structure.
- b. Roles and responsibilities of staff.
- c. Job titles and the requisite qualifications, skills, and credentials, including clinical licensures relevant to this Contract.

If Subcontractors will be used, provide the following:

- a. Subcontractor's name and address.
- b. Roles and responsibilities to be delegated to the Subcontractor for purposes of this Contract.
- c. Subcontractor's qualifications to perform these roles and responsibilities.
- d. Copy of the Subcontractor contract; the State will accept a letter of agreement with a prospective Subcontractor pending formalization of a final contract with details relevant to "c" in this section.

Refer to Attachment H - Fraud, Waste, and Abuse (FWA) Audit 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 FWA Account Team as well as our Senior Leadership who will support the Contract all share a common goal: to provide excellent, responsive program support for the State and the member population it serves.

Our Key Staff and Other Staff, as defined in eRFP Attachment C – Common Scope and Security Standards sections 3.2 and 3.3, have Medicaid experience, and they are trained and licensed as applicable. They are supported by additional corporate resources who have experience supporting various Medicaid contracts across the country. This knowledge base assures the State that our staffing model provides the necessary support and has the Medicaid experience required to bring value to the State through mitigation of risk. Through our staff, we offer a well-rounded solution, and we bring experience in all areas critical to the continued successful operation of the contract. **Our approach includes strict process discipline and active executive leadership involvement.**

Our approach to developing a project staffing plan is to carefully analyze the eRFP requirements, the Project Work Plan, and the requisite skill sets necessary to successfully implement and maintain the project. We then match the necessary skills with our seasoned team and SMEs and weigh them against their projected availability. We understand the importance of providing a talented and experienced team that has successfully worked together on similar projects and ensuring their continued availability during the project. In the unlikely event a team member vacates a role, we employ proven recruiting and hiring strategies to build internal and external talent pools.



The mission of our Human Resources group is to provide high quality HR programs, tools, policies, systems, and services, along with strong HR partnership to attract, develop, motivate, and retain a diverse, engaged, and productive workforce, supporting our business today and into the future. To support that mission, we have company policies and a Code of Conduct that serve as guidelines to help all employees work safely, ethically, and respectfully. We have nearly 50 policies related to staffing and human resources, including a pre-employment background screening policy, equal employment opportunity policy, harassment and offensive behavior policy, and alcohol and drug-free workplace policy.

The Contract will be administered through collaboration among cross-functional teams at MMA, consisting of a combination of the FWA 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 FWA 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 FWA Services Contract include:

Stephanie Christofferson, PharmD, MBA, AVP, Southeast Region, will serve as senior account leadership working with the FWA 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 FWA 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.
Mitchell Scott Senior Director Special Investigations Unit & Audit	Mitchell Scott is Senior Director of Prime's Special Investigations Unit and Pharmacy Audit team. He has more than three decades of experience in law enforcement and more than five years of SIU experience at Prime. He is responsible for reducing organizational risk with federal or state regulations and client contractual obligations while striving to reduce clients' total cost of care through the prevention, detection, and correction of FWA occurring at the pharmacy, prescriber, and member levels. Mr. Scott has a Bachelor of Science in Management and Justice Administration from Kaplan University and a master's degree in organizational management from Concordia University.
Vanessa Emlich, MBA, CFE, AHFI, CPhT Director of Pharmacy Audit Operations	Vanessa Emlich, MBA, CFE, AHFI, CPhT, is the Director of Pharmacy Audit Operations. She has 17 years of experience in the healthcare sector and 9 years in FWA as a leader, investigator, and data analyst. She is responsible for developing pharmacy audit strategy to ensure pharmacy compliance with regulatory standards, provide pharmacy education, and prevent waste. Ms. Emlich is a Certified Pharmacy Technician, Accredited Health Care Fraud Investigator (AHFI), and a Certified Fraud Examiner (CFE). She has a Bachelor of Arts in German from Humboldt State University, a Master of Arts from University of Surrey, and a Master of Business Administration specializing in Business Analytics from the University of South Dakota.
Jared Mendoza Duenas, RN, PHN, AHFI, CPhT Director Special Investigations Unit	Jared Mendoza Duenas is Director of the Special Investigations Unit ("SIU"). He is a Registered Nurse, Public Health Nurse, Certified Pharmacy Technician and Accredited Healthcare Fraud Investigator. He has 17 years of healthcare experience including more than 11 years of experience in Pharmacy Benefit Administration. Mr. Mendoza Duenas leads Prime's SIU to ensure allegations of pharmacy, member, and prescriber fraud, waste, and abuse are thoroughly investigated and that appropriate preventive and remediation measures are taken to mitigate further instances of FWA. He establishes key performance indicators for the SIU department and ensures the appropriate structure and cadence for reporting and analytics is in place. He has a Bachelor of Science in nursing from St. Catherine University and currently works bedside nursing in his spare time.
Stacy Ward, CHC, CHPC Privacy Lead	Stacy Ward will serve as the Privacy Lead. Ms. Ward will be responsible for ensuring compliance with privacy protocols. Ms. Ward is Certified in Healthcare Compliance (CHC) and Certified in Healthcare Privacy Compliance (CHPC), has more than 18 years of legal, regulatory, compliance, and privacy experience, and she has more than 16 years of experience in the healthcare industry. She has extensive experience building and improving compliance and privacy programs. Ms. Ward and her team of experienced privacy professionals will report breaches of security and HIPAA violations. Ms. Ward and her team will collaborate with the State in developing incident response plans. She will be responsible for implementing any necessary corrective action plans



	regarding privacy issues. Ms. Ward has a Bachelor of Science in Business Administration from Metro State University.
Cam Kracke, CISSP, CRISC, CCE Security Lead	Cam Kracke will be responsible for ensuring compliance with security protocols. Mr. Kracke has more than 25 years of IT and information security experience, specializing in the design and implementation of complex security ecosystems for global organizations. Mr. Kracke will provide results of independent security audit verifying the solution meets privacy and security requirements and will be responsible for communicating the progress of the action plan when any security weaknesses are identified. He will report possible and actual breaches of security and HIPAA violations to the State, and he will collaborate with the State in developing incident response plans. He will be responsible for implementing responsive corrective action plan regarding security issues. Mr. Kracke attended Champlain College focusing on studies in computer forensics, digital investigations, and criminal law. He served in the United States Navy as an Aviation Electronics Technician. His certifications include Certified Information Systems Security Professional (CISSP), Certified in Risk and Information Systems Control (CRISC) and Certified Computer Examiner (CCE).
Juanita Chapman Quality Lead	Juanita Chapman will work with the State to ensure QI activities align with the State's quality strategy. Ms. Chapman will develop and manage the MMA quality assessment and performance improvement (QAPI) program to ensure the accuracy and quality of the Contract. With more than 20 years of industry experience, Ms. Chapman ensures the integration of quality throughout the MMA organization and culture by working with staff from different program areas to identify quality improvement opportunities, test improvement strategies, and assess results using frequent measurements. Ms. Chapman has a Bachelor of Science in Computer Programming from Bloomfield College, an Associate degree in Finance from the University of Cincinnati, and a Certificate in Diversity and Inclusion from Cornell University.
Shiva Bangalore Veerappa Testing Lead	Shiva Bangalore Veerappa will lead all testing activities to ensure successful implementation. He will coordinate all testing activities with the DDI Manager and will develop the testing strategy, test plan, and test cases. He works in partnership with key personnel, and switch software vendors, coordinating testing documentation and processes with the State and its stakeholders. Mr. Bangalore Veerappa has over 20 years of testing experience working with Fortune 500 companies, including eight years of progressive responsibility overseeing development and testing for various corporate customers of Accenture LLP. He holds a bachelor's degree in engineering from Bangalore University and a Master of Science in Software Systems from Birla Institute of Technology and Science, Pilani
Helen Ma Data Integration Lead	Ms. Ma has 28 years of experience in full software development lifecycle (SDLC) from requirements, analysis, design, coding/implementation, systems test integration and deployment phases. Helen Ma oversees integration and interface activities during implementation to ensure all required interfaces are successful. She ensures that data exchange components have been captured and provides appropriate content. Ms. Ma provides system mapping configuration of data to new target systems. She will review all data integration requirements with the State and provide recommendations for an efficient data integration strategy. She also develops test cases for data conversion testing to validate data exchanges. She has a Bachelor of Science in Computer Engineering from McGill University and a Master of Business Administration from the University of Ottawa.
Catal Breen Business Intelligence Reporting Lead	Catal Breen will work in collaboration with the State to ensure that our business intelligence tools, technologies, and processes are optimized and tailored to serve the needs of the State and the communities served by the State Medicaid Pharmacy Program. Mr. Breen is responsible for the delivery of timely, accurate, and value-added information for MMA's pharmacy support teams and customers, including the government, commercial, and specialty pharmacy divisions. During his 25 years with MMA, Mr. Breen has led initiatives that have provided increasingly valuable technical innovations in the areas of Business Intelligence and Reporting, Data Management, and Web and Application Development. Mr. Breen has a Bachelor of Science degree in Information Systems from the State University of New York.
Russell Thompson, MBA, CSM System Architect Lead	Russell Thompson, MBA, CSM, ensures that all system architecture components have been captured and developed for the Contract. He defines essential core design features and elements to provide the framework for configuration and implementation. Mr. Thompson provides oversight to ensure compliance with MITA and SOA standards. He collaborates with the DDI Team to oversee all system architecture activities. He will



	also coordinate all testing activities with Karyn Wheeler's team and will develop the testing strategy, test plan, and test cases for implementation. Mr. Thompson has more than 25 years of broad-based IT experience and 20 years of experience working for MMA. Mr. Thompson holds a Master of Business Administration (MBA) and is a Certified Scrum Master (CSM). His certification as an AWS Associate Cloud Engineer is pending.
Kimberly Brown, BBA, MEd Training Lead	Kim Brown, 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 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.

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 MSQ12-1*, that depicts MMA's proposed organizational structure for the FWA scope of work at the end of our response to MSQ12 – Staffing as Supplemental Material. MMA is not using any subcontractors for this scope of work.

b. Roles and responsibilities of staff.

As directed by Addendum 6, Q&A Round 2, Question 42, released on April 1, 2024, we have included roles and responsibilities of staff at the end of our response to MSQ12 – Staffing as Supplemental Material.

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

As directed by Addendum 6, Q&A Round 2, Question 42, released on April 1, 2024, we have staff job titles and the requisite qualifications, skills, and credentials, including clinical licensures relevant to this Contract at the end of our response to MSQ12 – Staffing as Supplemental Material.

If Subcontractors will be used, provide the following:

MMA is not using any subcontractors for the FWA scope of work.

a. Subcontractor's name and address.

Not applicable. MMA is not using any subcontractors for the FWA 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 FWA scope of work.

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

Not applicable. MMA is not using any subcontractors for the FWA 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 FWA scope of work.

Refer to Attachment H - Fraud, Waste, and Abuse (FWA) Audit 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 H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work and eRFP Attachment C - Common Scope Requirements and Security Standards, Sections 2.15 Staff Management and 3 Staffing.

Supplemental Material - FWA Organizational Chart (TRADE SECRET)

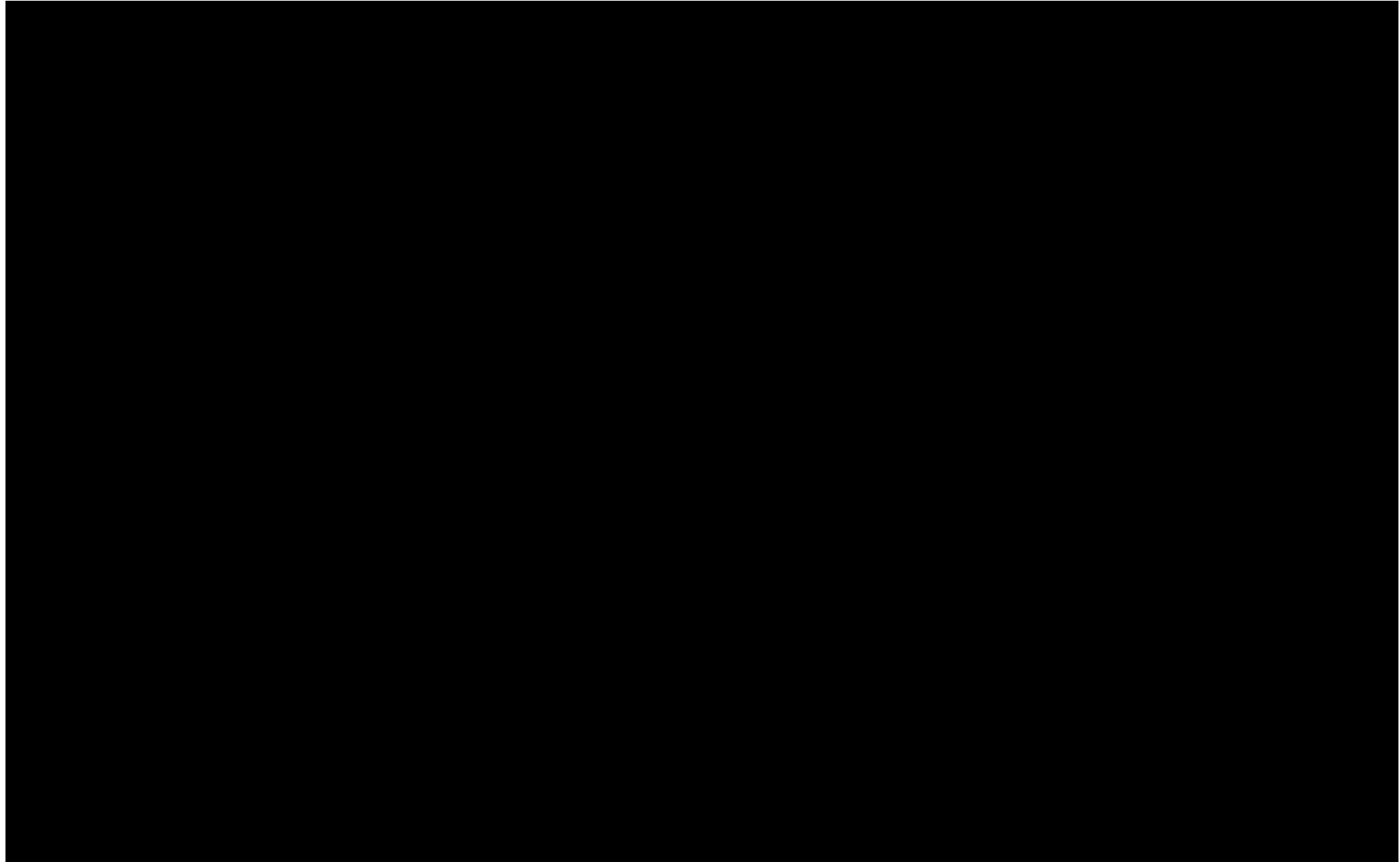


Figure MSQ12-1: Pharmacy Fraud, Waste, and Abuse Services Organizational Chart (TRADE SECRET)



Supplemental Material – Roles, Responsibilities, and Qualifications of Staff

Title	Roles and Responsibilities	Qualifications
Key Staff		
SIU Audit Manager <i>(role not applicable to all contracts)</i>	- Client-facing point of contact to oversee the FWA scope, conduct client reporting, attend client meetings. - Ensures compliance with State and Federal regulatory compliance and FWA reporting requirements. - Interacts with internal and external stakeholders as it relates to FWA. - Develops and implements processes and procedures to detect, validate and report FWA leads.	- Bachelors degree in Criminal Justice, Healthcare, or related area of study, or equivalent combination of education and/or relevant work experience; HS diploma or GED is required 5 years of work experience in healthcare, investigation, audit, or other highly regulated industry preferred. 3 years of leadership/people management experience
Other Staff		
DDI Project Manager	- Serve as the primary lead for DDI. - Responsible for directing, organizing and controlling project activities, under the direction of leadership. - Develop detailed work plans, schedules, project estimates, resource plans, and status reports. - Creates and executes project work plans and revises as appropriate to meet changing needs and requirements. - Identifies resources needed and assigns individual responsibilities. - Manages day-to-day operational aspects of a project and scope, including meeting facilitation and documentation.	- Bachelor's degree required, Master's degree preferred. - PMP and/or Lean Six Sigma Green Belt certification preferred. 5+ years of project management or job related experience in a medium to large-scale corporation. - Strong working knowledge of Microsoft Product Suite, specifically Excel, Access and Visio. - Knowledge of project management practices and methodologies. - Knowledge of process improvement methodologies. - Ability to develop and maintain multiple project plans.
Auditors	- Analyze pharmacy claims to identify those at the highest risk for error; utilize analytics and professional knowledge to select claims or pharmacies for review in alignment with department procedures and objectives - Validate claim documentation and systems data to ensure claim was accurately processed in accordance with contractual and regulatory obligations - Educate participating pharmacies on billing requirements and appropriate billing practices in alignment with Pharmacy Provider Manual and applicable regulations - Based on review outcome, work directly with pharmacy or internal partners to support accurate data and financial reimbursement to ensure appropriate reversal or correction of claim is performed	- Bachelor's degree in Health Science or related area of study, or equivalent combination of education and related work experience; HS diploma or GED required - Certified Pharmacy Technician (CPhT) 2 years of work experience in retail, long term care, specialty, home infusion, or mail order pharmacy or combined pharmacy and Pharmacy Benefit Management experience to include 1 year of work experience in an operations, audit or quality assurance environment preferred.
Clinical Program Analyst	- Responsible for lock-in oversight - Reviews reports for targets	Bachelor's degree in business, finance, biology or other related field, or the equivalent combination of education and/or related work experience; HS diploma or GED is required.



Title	Roles and Responsibilities	Qualifications
	- Responsible for outreach to providers and members - Communicates with state and PBA	2 years of work experience in healthcare, Pharmacy Benefit Management, business process administration, project management or other related experience developing and improving internal processes preferred.
FWA Data Mining Analyst	- Reviews and updates MRx Explore (Cognos) reports for desk/onsite and fraud, waste, and abuse targets. - Assumes responsibility for moderately complex analytic and consultative work such as analyzing and interpreting client pharmacy benefit data, trends and reports and partnering with analytics, audit, and SIU teams to deliver findings and recommendations on fraud, waste, and abuse referrals.	- Bachelor's degree in Mathematics, Finance, or related field, or the equivalent combination of education and/or relevant work experience; HS diploma or GED is required 2 years of experience in pharmacy benefits management, reporting & analytics, benefits consulting, healthcare, financial services or related field preferred. - Advanced Microsoft Excel skills – ability to create complete formulas and efficient data manipulation.
IT Analysts	- Execute day-to-day IT security related tasks. - Work on infrastructure, operational or engineering/implementation issue. - Perform daily application support, which includes contributing to 24/7/365 staff coverage, and database and application server administration. - Assist with duties related to ongoing security of operation infrastructure.	- A bachelor's degree in computer science or related area of study, or equivalent combination of education and/or relevant work experience; - Experience with system requirements and/or supporting key business applications and strong analytical and technical problem-solving skills. - Experience working in environment with regulatory compliance requirements preferred.
Quality Specialist	- Coordinates assigned quality and process improvement activities including accreditation support, process improvement, and monitoring of performance guarantees. - Conducts quality control reviews and internal audits and assists in the preparation of external audits. - Summarizes findings and prepares reports on findings.	- Bachelor's degree and up to 2 years of quality improvement and auditing or related in healthcare field. - Knowledge of healthcare quality improvement processes and performance measurement preferred. - Expertise in data management, data analysis, reporting, word processing, and project management skills.
SIU Investigator	Vets and develops viable FWA data mining leads to state.	- Bachelor of Science/Arts in Criminal Justice, Healthcare or related area of study or the equivalent combination of education and relevant work experience; HS diploma or GED is required. 5 years of work experience in investigation, audit or legal to include 3 years of work experience in data or crime analysis preferred.
SIU Specialist	- Assists in vetting and preparing referrals. - Responsible for preliminary and backend reports, licensing, background checks. - Responsible for packaging and sending out referrals.	- Bachelor of Science/Arts in Criminal Justice, Healthcare or related area of study or the equivalent combination of education and relevant work experience; HS diploma or GED is required. 3 years of work experience in investigation, audit or legal to include 1 years of work experience in data or crime analysis preferred.

13. Bookmark Title: MSQ13 – 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 FWA scope of work in compliance with State requirements, including:

- Implementing our MRx Explore Business Intelligence (BI) reporting tool, to support FWA data mining and reporting
- Setting up the Document Repository and configuring it to support the State's document management requirements
- Working with the State, the 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 FWA Services project
- 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 FWA-specific deliverables as outlined in eRFP Attachment C, including Random Selection Process for Desk Audits and Field Audits, Pharmacy Lock-in Templates, Provider List Template, Monthly Report Template, and Concurrent Review Procedures.

MMA is recognized as a national expert in the implementation of Medicaid pharmacy program solutions with a proven track record for successful implementations. This track record is driven by our ability to develop and maintain productive relationships with our customers that foster efficiency and success during the implementation and operations phases. The foundation for this success is our Project Management Methodology (PMM), which is based on the 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 FWA implementations for our Medicaid customers. MMA's project management staff regularly applies PMI changes to our PMM, incorporating the most up-to-date practices across the project management discipline, while maintaining the flexibility and adaptability to tailor our approach to integrate fully with existing customer PMOs, procedures, and processes. MMA proposes to use our proven PMM to ensure the success of the implementation and operation of our FWA Solution during all phases of the Contract.

MMA has an outstanding track record of on-time, successful FWA 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 PMI's 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 FWA 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 work with the State to develop a mutually agreeable implementation schedule to achieve completion of implementation within nine months of Contract Award or other timeline agreed by the State. Below we describe our approach to completing each DDI Project Phase.

Project Phase I - Project Planning and Startup: This phase will consist of comprehensive planning activities between MMA and the State. MMA proposes a slightly different approach to kick-off and confirm the scope of services and validate the requirements from what is outlined in 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 requirements 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 requirement gathering meetings with State staff to elicit, refine, and document expectations for each FWA Contract requirement. During this phase, we will work with the State to complete all FWA-related deliverables listed in Section 7.4 Pharmacy Benefit Services Deliverables of Attachment C. All deliverables will be reviewed, tracked, recorded, and documented in the project library, according to the processes documented in the Deliverable Management Plan. Key milestones for this phase will include State-approval of Project Management Plans and Project Schedule, and approval and validation of requirements. The DDI Project Manager will be responsible for developing detailed work plans, schedules, project estimates, resource plans, and status reports. They will conduct project meetings and will be responsible for project tracking and analysis. The DDI Project Manager will ensure adherence to quality standards and review project deliverables. They provide technical and analytical guidance to the project team. They will recommend and take action to direct the analysis and solutions of problems.

Project Phase II - Design, Development, and Testing: Once we have captured, validated, and documented all business requirements for the Contract, we will configure, test, implement, and deploy our MRx Explore system to support FWA data mining services. MMA has testing execution procedures in place to ensure that robust testing is conducted and that MRx Explore is implemented correctly. These best practice procedures include:

- 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.

During this phase we will develop and execute a Master Test Plan and that aligns with the CMS Testing Guidance Framework and State requirements outlined in eRFP Attachment C. Our testing team has worked with and tested Medicaid FWA data mining and reporting software and understands the nature and purpose of this software. Our people, systems, and processes are able to provide evidence and test results the State for various types of testing including unit testing, system integration testing, regression testing, user acceptance testing, performance/stress testing, load testing, parallel testing, data migration testing, internal security testing, and usability testing.

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

System Development Lifecycle (SDLC): MMA will utilize 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 reporting and analytical criteria necessary to administer this scope of work. MMA utilizes a hybrid implementation model that incorporates Agile SDLC and a flexible PMM that allows us to successfully manage large, complex implementations within the framework of a fixed scope contract. All development, both coding and new configuration, follows our SDLC. The SDLC includes multiple testing phases to ensure efficiency of process, communication with the enterprise, and mitigation of risks. MMA will provide a testing approach that is based on industry best practices, integrated into our established SDLC, and customized to the needs of the State. This includes defining a User Acceptance Training (UAT) process that includes training State staff who participate in UAT, as applicable. Key milestones for this phase include design approval in the DDI process prior to entrance to testing, and completion and approval of UAT.

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

MMA's DDI Team will conduct operational readiness walkthroughs to demonstrate that all systems and functionalities have been completely and accurately developed and tested. 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. Compliance issues or identified gaps will be clearly documented in this report, along with the associated tasks/timelines to close the gaps and obtain State sign-off. Following the resolution of any gaps identified, MMA's DDI Team will obtain formal State approval for Go-Live and close out of the implementation phase. The DDI Team will work with the SIU 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.

Operations & Maintenance Project Stage

During the Operations & Maintenance (O&M) Phase, MMA will focus on maintaining operations on an ongoing basis. The O&M Project Stage will begin upon successful completion of the DDI Project Stage and continue through the life of the Contract.

Project Phase IV - Initial Operations: During this initial period of production operations and performance, the MMA Pharmacy Audit and SIU Account Team will be responsible for holding status meetings to present and discuss project status updates for the following items such as:

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

MMA understands that this phase includes a Warranty Period during which we will, at our expense and utilizing the agreed upon Change Management Process, correct all Defects, including all subsequent Defects resulting from a warranty-covered Defect fix, which prevent the Solution from operating according to agreed upon State specifications, and maintain routine Solution performance and operations while correcting the Defects. Key milestones for this phase will be the 1) Go-Live of the Solution and/or Services; and 2) Completion of the Warranty Period, (if applicable), as defined during the implementation.

Project Phase V - Operations: During this phase we will continue our delivery and support of operations, maintenance, and support services, while ensuring that we meet all requirements and services as outlined in the Contract. We will collaborate with the State and its third-party vendors to identify opportunities to enhance the functionality of our Solution, processes for Data Exchanges, and technical infrastructure in a systematic way. We will work with the State to implement 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 corrective 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 O&M 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 Pharmacy Audit and SIU Audit leadership and the FWA Analyst. The Pharmacy Audit and SIU Audit leadership will serve as the customer-facing point of contact to oversee the FWA scope, conduct customer reporting, and attend customer meetings. They will work with State and MMA staff to ensure compliance with State and Federal regulatory compliance and FWA reporting requirements and interact with internal and external stakeholders as it relates to FWA. They will also lead the process of developing and implementing processes and procedures to detect, validate and report FWA leads. The FWA Analyst will assume responsibility for analytic and consultative work such as analyzing and interpreting member pharmacy benefit data, trends and reports, and partnering with analytics, audit, and SIU teams to deliver findings and recommendations on fraud, waste, and abuse referrals.

Project Phase VI - Turnover and Contract Closeout: In the event that it becomes necessary to turn over the Contract to another Contractor, we will work with the State to demonstrate readiness to turn over the State-contracted relationship to another entity. We will collaborate with the State and the incoming Contractor to close out all Contract-related obligations and ensure that all activities required to satisfy closure objectives are met. As a best practice, we develop a Turnover Plan that documents what will be needed for a new FWA Contractor to assume operations of the program, including technical, data, and business functions outlined in the Contract. The plan will include the proposed approach, tasks and schedule, coordination activities, level of support provided, training, and resources for the State or other Stakeholders. The turnover plan will outline all requirements for a successful turnover. The Turnover Plan will include a time frame by which MMA will submit all records, documentation, reports, data, etc., which are required to be produced under the terms of the Contract to the State or its designee. Key milestones for this phase will be: 1) Services turned over to the incoming Contractor; and 2) End of the Project.

Best Practices and Lessons Learned: 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:

- Creating and maintaining detailed tracking logs for risks, issues, actions and decisions
- Early identification of the systems that external users will need, which helps to streamline the process of getting specific applications set up and users trained on them
- Identifying owners for workstreams and engaging them early in the project goes a long way to minimize project challenges during later phases of the project
- Customer support and training includes a review of customer-facing MMA processes, so that State staff understand how to navigate and make requests where applicable
- Early engagement of supporting MMA departments, such as the Reporting Team, is essential to delivering on customer requirements on time and according to requirements.

14. Bookmark Title: MSQ14 – Transition & Integration
Narrative description is limited to three (3) pages.

Describe how you will handle the transition activities from the incumbent Fraud, Waste, and Abuse vendor. Include the value-add of your approach and techniques in terms of cost savings, quality improvement, and/or savings to the project schedule for the State.

Describe your integration approach with the Pharmacy Benefit Administrator vendor and its system.

Supplier Response



MMA is the largest stand-alone Medicaid PBA contractor in the nation, offering a full line of services, including innovative Fraud, Waste, and Abuse (FWA) services.

MMA's approach to implementation will be well planned and managed and will provide clinical effectiveness and improved outcomes for State Medicaid Pharmacy Program members, while optimizing cost efficiency and cost savings.

MMA offers more than four decades of experience successfully transitioning FWA programs from incumbent contractors to our proven FWA solution. MMA's Transition Team will work with our Account Team, State staff, State stakeholders, and the incumbent contractor to execute a successful transition. The Transition process will involve engaging and coordinating people and resources in collaboration with the State and its relevant other parties to:

- Conduct successful orientation, knowledge transfer, knowledge acquisition, development of operational understanding and operational independence from the incumbent contractors through collaborative meetings and gathering materials such as program data files, program manuals, and existing programs and policies and procedures.
- Transition responsibilities from incumbent contractors to MMA through close coordination using meetings and ad hoc communications to plan and execute the transition to MMA using our established operational readiness and data cutover processes.
- Establish assessments of the program and program requirements using our established Requirements Review and Validation Process, which will be facilitated with State staff, as well as relevant third-parties, as needed.
- Develop accountability controls using our established monitoring processes, including Weekly Project Status Reports, Monthly Performance Guarantee reports, and State-required reports.

Our DDI Team will use PMI best practices to work with key MMA, State, and relevant third-party vendor staff to transition responsibility for the FWA scope of work to MMA. Transition activities will focus on holding kick-off meetings, finalizing the work plan, requirements review and validation, and developing required reports. We will also configure and set up systems required to support the FWA SOW, including any necessary testing, training, and development of operational readiness criteria needed to transition FWA operations from the incumbent to MMA.

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

Our DDI Team, working with our FWA Account Team as well as State staff, will transition the FWA scope of work activities and responsibilities from the incumbent to MMA according to the FWA Work Plan.



Transition Approach and Experience Brings Added Value to the State: As a Contractor currently providing FWA Services to government agencies today, we provide states with a proven, low risk, high return FWA Solution. In each of our successful implementations involving FWA services, 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 FWA Solution on-time and according to State-specific requirements, **ensuring that FWA systems are operational, accurate, and secure on Day 1 of Go-Live.**

As a result of our 40 years of experience providing Medicaid pharmacy 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, processes, 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 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 FWA Solution implementation instead of starting from scratch, which will benefit the State through cost and time efficiencies.

During each FWA 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 to ensure a seamless implementation. The effectiveness and efficiency with which we are able to take over operations from incumbent FWA contractors results from our best-practices-driven, proven approach that is grounded in MMA's Project Management and SDLC approaches. These approaches govern implementation of all projects, as well as transitions and turnovers, by utilizing a structured life cycle and specific processes, tools, and documentation that guide projects and turnovers from initiation and planning and through to the completion of all agreed-upon deliverables. This experience, combined with our established, successful, and proven transition approaches will translate to a cost-effective, timely, and efficient project schedule for the State. We will be fully prepared for Go-Live, which will mitigate risk and/or associated expenses as a result of any unexpected project schedule delays, unanticipated rework, provider abrasion, or disruption of service to members. We have well tested and refined project management templates that allow us to plan and executed transition activities in a streamlined approach, without having to expend valuable time creating documents and tools.

PBA Vendor Integration Approach: We will collaborate with the PBA Vendor to ensure that the implementation and operations of our FWA solution is well-coordinated with their PBA system and scope of work. If we were also serving as the PBA vendor, the integration of our PBA and FWA solutions would be coordinated by the internal teams supporting each scope of work. In this scenario, we would be able to leverage existing staff relationships and established system interfaces and policies and procedures to set up FWA and PBA systems that holistically support both contracted SOWs for the State. With over 40 years of supporting government pharmacy programs, MMA understands the



importance of close coordination with states and vendors within state Medicaid programs. We have a successful track record of working productively with all of the major PBA vendors and all of the major MMIS vendors. We have extensive experience coordinating directly with the State's current PBA vendor, as well as its MMIS vendor. We have a track record of working with all the major MMIS vendors effectively. We will leverage this experience to work with the State and its contracted PBA vendor to establish common file structures and interfaces required for integrating medical and pharmacy claims data into the state Medicaid Enterprise. This includes developing interfaces to enable receipt of medical claims provided by the State (or its designee), and pharmacy claims from the State's PBA vendor to support the monitoring of drug usage misuse, fraud, waste, and abuse. As demonstrated throughout this proposal, MMA has a strong, innovative FWA solution, which works synergistically with PBA vendor solutions to feed adjudicated claims data from the claims processing system into our Daily Claim Review and Advanced FWA solutions for near real-time FWA detection and alerts. This process is seamless and offers our customers added value through several benefits:

- Early FWA detection enables our SIU to stay ahead of and remain proactive in responding to new and emerging FWA schemes as they develop.
- The ability to partner with external PBA vendors to address FWA schemes holistically. For example, our SIU team often works with PBA Formulary teams to discuss strategy management for high-risk, low value medications identified during investigations in order to mitigate future instances of FWA. Through our standard Data Mining process conducted for an existing customer, the Audit Team identified a sudden increase in a high-cost, low clinical value product being billed by a handful of pharmacies. Our FWA Clinical Pharmacist collaborated with the PBA vendor and our State Medicaid customer to implement a prior authorization requirement for this product, which helped the customer achieve cost avoidance.
- The ability to work with the State-contracted PBA vendor to recommend edits that can be implemented in their POS system in response to new FWA schemes that reduce FWA at the point of sale.

Once these risks are identified and forwarded to the State Office of Program Integrity for investigation, our Special Investigations Unit (SIU) Team has several effective remediation tools at its disposal that it can employ to reduce risk of future FWA. ***These include the member lock-in edits that are included with our Advanced Fraud, Waste, and Abuse solution described in our response to proposal Section 5 Pharmacy Lock-in (PLI) Program.***

Existing Infrastructure to Support PBA and FWA Integration: MMA currently supports over 5,000 interfaces across our enterprise for all our current customers that enable the integration of files and transmission of data with all Medicaid Enterprise contractors and authorized third-party contractors. Each interface is configured to meet HIPAA privacy and security rules and guidelines and supports industry standards, such as X12, NCPDP, and HIPAA for interoperability and data integration needs. ***MMA's solution supports the use of XML/JSON and PBA-centric Fast Healthcare Interoperability Resources (FHIR) standards to ensure interoperability.*** We support the use of industry-standard data exchange by using industry-leading tools, including SnapLogic, Edifecs, and Informatica.

Our existing architecture also includes an electronic data interchange (EDI) gateway and enterprise business services capabilities which are also key components of our data exchange strategy. These provide a means for more customizable, near real-time exchanges of member records or transaction-level data, if stakeholders choose to use this instead of the more commonly leveraged batch data interface architecture. MMA's solution integration framework is standards-based. We have experience interfacing with a variety of program management application systems.

Our data exchanges, including inbound and outbound interfaces, align with the MITA framework and comply with industry standards for interoperability and data integration needs where applicable, e.g., National Information Exchange Model (NIEM), National Institute of Standards and Technology (NIST),



HIPAA-compliance standards including but not limited to HIPAA X12 and NCPDP EDI transactions, Health level 7 (HL7), and FHIR. We have the proven capability to receive, process, and store all Medicaid and related data, and integration transactions in a HIPAA-compliant format from the State Medicaid Enterprise platforms in as close to real time as possible.

15. Bookmark Title: MSQ15 - Project Management

Bookmark Title for Supporting Material:

- MSQ15.1 - Project Schedule/Project Work Plan (Sample)
- MSQ15.2 - WBS tasks and Project Outputs (Sample)
- MSQ15.3 - Implementation Plan (Sample)
- MSQ15.4 - Quality Management Plan (Sample)
- MSQ15.5 - Requirements Management Plan (Sample)
- MSQ15.6 - Change Management Plan (Sample)
- MSQ15.7 - Risk Management Plan (Sample)
- MSQ15.8 - Communications Management Plan (Sample)
- MSQ15.9 - Integration Plan (Sample)
- MSQ15.10 - Operations & Maintenance Plan (Sample)
- MSQ15.11 - Training Plan (Sample)
- MSQ15.12 - Cost Management Plan (Sample)
- MSQ15.13 - 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®).*

We will use our PMM, described below, to implement and maintain the FWA scope of work according to the Project Organization and Management requirements in eRFP Attachment C. Below we describe the components of our PMM and how it will support our project management approach throughout the life of the Contract.

MMA's proven PMM approach has produced:

- A successful track record of implementing Medicaid FWA 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.

Project Management Procedures



MMA's PMM includes a set of Project Management Procedures that together comprise our Project Management Lifecycle (PM Lifecycle). Each component in MMA's PM Lifecycle represents a level of maturity as the FWA implementation is conceptualized and eventually delivered. Our PM Lifecycle is depicted in Figure MSQ15-1, and the components that comprise our PM Lifecycle are outlined below.

Project Schedule/Project Work Plan



MMA will develop and maintain a detailed Project Schedule/Project Work Plan in Microsoft Project, which will include agreed-upon milestones, tasks, planned start and finish dates, actual start and finish dates, work hours, and assigned resources. Created in Microsoft Project, the Project Schedule/Project Work Plan represents milestones, deliverables, tasks, dependencies, and organizations involved in each task and represents the primary tool used to ensure that all interrelationships and functional dependencies are documented and factored into implementation activities. This Project Schedule/Project Work Plan will serve as the roadmap for all activities and phases of implementation and is key to ensuring a successful Go-Live. **A sample Project Schedule/Project Work Plan is included as MSQ15.1. A sample Work Breakdown Structure (WBS) Tasks and Project Outputs are included as MSQ15.2.**

Established Project Governance and Management Processes



Our established PMM, described in more detail below, provides structure to our project governance and management processes for all aspects of the Contract. This PMM consists of established, proven tools, processes, and procedures that are designed to ensure that implementation and post-implementation project management activities are closely coordinated with and aligned to the project management approach of our customers, as well as their third-party vendors and other stakeholders. **We will use this PMM during DDI phase to develop a Project Management Plan (PMP), which will adhere to requirements in Section 2.3 Project Management of Attachment C.** This PMP will document a methodical approach to the Project via individual "stepwise", or sub-plans, for management and administration of the project, as described below. Where applicable, required samples are referenced.

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

Quality Management: MMA will develop a Quality Management Plan to monitor the quality, impact, and effectiveness of services, and will address Quality Standards, Quality Objectives, Quality Roles and Responsibilities, Quality control, Quality Tools, and Major Procedures, such as dealing with nonconformance, Corrective Action Plan (CAPs), and continuous improvement procedures as referenced in the current edition of PMBOK. If required, will provide the State with a written CAP, including time frames for resolution, no later than five Business Days from receipt of written notification from the State



Figure MSQ15-1: Project Management Lifecycle

of non-compliance with Contractual obligations, unless otherwise agreed upon by the State in writing. **A sample Quality Management Plan is included as MSQ15.4.**

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 hold requirement gathering meetings with the State, 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 MSQ15.5.**



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 as MSQ15.6.**

Risk and Issue Management: MMA's approach to risk and issue management is proactive, integrates risk management into our project management lifecycle throughout all work, and is based on best practices of the Project Management Institute (PMI). We will develop a Risk Management Plan and an Issue Management Plan that meets all requirements listed in Section 2.10 Risk and Issue Management of Attachment C. **A sample Risk Management Plan is included as MSQ15.7.** Our established risk and issue management approach has resulted in smooth implementations and the successful operation of Medicaid pharmacy programs in over half the states in the nation. This approach includes:

- Identification of risks and issues by MMA and State SMEs to identify areas of concern and articulate the potential impacts to the implementation.
- Risk Response Planning, consisting of developing options and determination actions to enhance opportunities and reduce threats to the project objectives.
- Monitoring and Controlling risks through to resolution using the Risk Register, including details such as planned responses, action items, and due dates.

Communications Management: We will develop a Communications Management Plan that aligns with the requirements outlined in Attachment C to guide communication of the progress, milestones, issues, and risks of the project to the State. This plan will include protocols that define the mechanisms to communicate project and program communication and status information, including response times for responding to telephone calls, emails, and voicemails from the State. **A sample plan is included as MSQ 15.8.**

Cost Management: MMA will develop and adhere to a Cost Management Plan that describes how costs will be planned, structured, and controlled for the Project and Program. We will work with the State to implement processes and procedures for monitoring, tracking, and managing system costs related to operations and maintenance. **A sample Cost Management Plan is included as MSQ15.12.**

Stakeholder Management: MMA understands the importance of close coordination with states and their stakeholders within state Medicaid programs. We will work with the State to develop a Stakeholder

Management Plan that details the mechanism for identifying stakeholders, understanding their needs, and managing their involvement and engagement with the Program and Project. The Stakeholder Management Plan will capture the list of identified stakeholders for the Program and Project and the nature of their association. **A sample Stakeholder Management Plan is included as MSQ15.13.**

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

Staffing Management: We will staff the project in accordance with the 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 eRFP Attachment C.

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

Other Supporting Materials: We have also included a sample Implementation Plan (MSQ15.3), a sample Integration Plan (MSQ11.9), a sample Operations and Maintenance Plan (MSQ15.10), and a sample Training Plan (MSQ15.11).

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



Name of Tool	Description
	Microsoft Project is used for project schedule development and management.
	ServiceNow 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 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, member, and provider satisfaction. MMA provide status reports during the DDI and M&O Project Stages according to a mutually agreed-upon frequency. Our status reports are flexible and allow for customization to meet the State's unique status reporting needs. We have provided screenshots of our Project Status Report template in *Figures MSQ15-2 and MSQ15-3*.

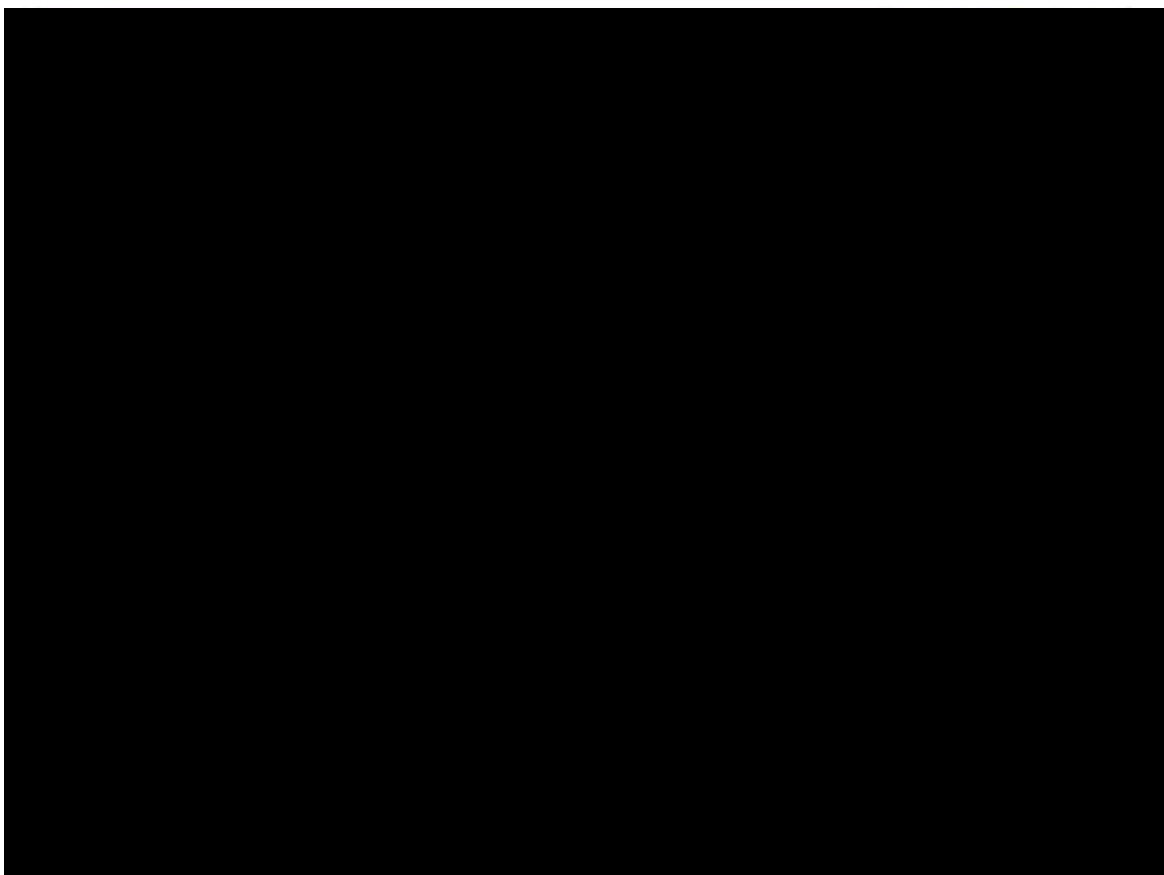


Figure MSQ15-2: Project Status Report, Page 1 (TRADE SECRET)



Figure MSQ15-3: Project Status Report, Page 2 (TRADE SECRET)

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



MSQ15.1 - Project Schedule/Project Work Plan (Sample) (TRADE SECRET)

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



MSQ15.2 - WBS Tasks and Project Outputs (Sample) (TRADE SECRET)

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



MSQ15.3 - Implementation Plan (Sample) (TRADE SECRET)

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



MSQ15.4 - Quality Management Plan (Sample) (TRADE SECRET)

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



MSQ15.5 - Requirements Management Plan (Sample) (TRADE SECRET)

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



MSQ15.6 - Change Management Plan (Sample) (TRADE SECRET)

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



MSQ15.7 - Risk Management Plan (Sample) (TRADE SECRET)

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



MSQ15.8 - Communications Management Plan (Sample) (TRADE SECRET)

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



MSQ15.9 - Integration Plan (Sample) (TRADE SECRET)

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



MSQ15.10 - Operations & Maintenance Plan (Sample) (TRADE SECRET)

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



MSQ15.11 - Training Plan (Sample) (TRADE SECRET)

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



MSQ15.12 - Cost Management Plan (Sample) (TRADE SECRET)

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



MSQ15.13 - Stakeholder Management Plan (Sample) (TRADE SECRET)

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



16. Bookmark Title: MSQ16 – Role Understanding
Narrative description is limited to five (5) pages.

Describe your understanding of your role and responsibilities in the project, your relationship to the other resources and stakeholders involved, including the State's Project Management Office (PMO), or equivalent unit, Pharmacy Benefit Administrator (PBA) vendor, and Pharmacy Drug Rebate 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 understands that as the FWA Contractor, we will be responsible for performing the required activities outlined in the FWA scope of work (SOW) in cooperation and coordination with the PBA and Pharmacy Drug Rebate Vendors selected by the State. With over 40 years of supporting Medicaid pharmacy programs, MMA has a track record of serving as a collaborative leader in complex state Medicaid environments: We are committed to working with the State and its other vendors and stakeholders to implement an effective Pharmacy FWA solution. We have worked with all the major MMIS contractors, including Gainwell, and have also worked with many state PMOs and Decision Support System and Data Warehouse (DSS/DW) Contractors and Independent Verification and Validation (IV&V) Contractors in the Medicaid market. We also have experience working 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.

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

PBA Vendors: In cases where we provide pharmacy benefit scope of work that does not include PBA services, our FWA Team collaborates with state-designated PBA vendors to exchange and integrate data from the POS system to be analyzed by our FWA Data Mining tools. We will use our established Data Management processes, described below, to work with the PBA vendor to develop interfaces to enable receipt of claims data on a routine basis, import it into our enterprise database, and use our data mining algorithms to identify potential or suspected FWA.

Drug Rebate Vendors: In cases where we provide pharmacy benefit scope of work that does not include Drug Rebate services, we collaborate with the State and the State's drug rebate vendors if fraud is identified during the drug rebate vendor's process. We work with them to ensure they know how to report FWA to our hotline, and review cases of reported or detected FWA and send to the State for further investigation.

Operational Data Store and Data Warehouse (ODS/DW) Contractors: MMA has worked proactively with ODS and DW vendors to develop systems and processes to interface effectively and enable secure exchange of PBA data.

Systems Integrator Contractors: MMA has experience collaborating effectively with System Integrators in furtherance of unified state IT Enterprise visions and to ensure alignment with our solution and the broader, evolving IT agenda. During the implementation of our current Virginia PBA Contract—which includes all the scopes of work requested by this eRFP—we successfully integrated our pharmacy module with the System Integrator by implementing diverse interfaces using inter-operability standards to successfully exchange data with multiple contractors. *We worked with the Virginia Department of Medical Assistance Services (DMAS) and its third-party vendors to install and integrate our 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 pharmacy system-related projects.

State Data Governance Initiatives: MMA has experience participating in and collaborating with State and their third-party vendors to assist efforts such as establishing data schemas, management approaches and basic data governance, including data modeling and metadata, hierarchy management, data stewardship, and data quality management.

Independent Verification & Validation (IV&V) Contractors: MMA works with IV&Vs as they provide oversight and validation of data exchanges, test results, coding, and reports during the DDI and M&O Project Phases to ensure contract requirements are being met. We have worked collaboratively with every major IV&V vendor in the country to exchange and integrate data and to achieve CMS certification of the components of our solution that require certification. We have also worked with them to provide project management Deliverables and other project artifacts as requested for review.

Clinical Management Vendors: In cases where we provide a pharmacy benefit scope of work that does not include Clinical Management, our FWA Clinical Pharmacists collaborate with State staff and stakeholders to address concerns surrounding additional FWA trends and ensure patient safety. They do this by proactively monitoring trends and assessing audit and investigative findings to provide prevention recommendations to Clinical Management vendors such as, but not limited to, Utilization Management, front-end edits, and formulary updates.

We will leverage this experience to coordinate with the State and State's third-party vendors to ensure that we meet all of the FWA Scope of Work requirements.

Diverse, National Level Experience Providing Leadership and Collaborating with Stakeholders to Deliver FWA Services: MMA has a proven history of collaborating effectively to implement and deliver our FWA solution in complex state Medicaid pharmacy programs that involve multiple internal and external state stakeholders. Notable past success in this type of environment includes:

- **District of Columbia FWA Program:** As the POS Contractor for the DC Medicaid Pharmacy Program FFS population since 2015, MMA provides the District with a comprehensive, clinically-oriented FWA program that includes a member lock-in feature. Our SIU/Audit Team collaborates closely with the DC Medicaid Program Integrity Unit, our Clinical Account Team, our external audit vendor, several Medicaid MCOs, the DUR Board to lead the monitoring, investigation, and auditing of pharmacies to prevent and address FWA. This collaboration includes participating in monthly meetings held by the Program Integrity Unit, which are attended by all stakeholders as well as and State and Federal law enforcement officials. Two recent successes collaborating with the District and these stakeholders include:
 - ❖ MMA SIU/Audit Team collaborated with the DC Medicaid Program's Clinical Account Team, the customer, the State Program Integrity Unit, and the external audit vendor on monitoring, investigating, and auditing FWA related to COVID-19 test kits. In response to reports of increased FWA during the pandemic, MMA customized and increased our data monitoring around COVID-19-specific risks, including a weekly report on COVID-19 test kits. Our Clinical Pharmacist Reviewer identified a pharmacy as an outlier for total paid amount and claim volume for these test kits and identified that the pharmacy significantly inflated the cost of the test kits. We worked with our external audit vendor to arrange for a field audit of the pharmacy, and the results of the audit were forwarded to the District's Program Integrity Unit for further review. MMA then worked with the customer to implement a limit on MAC pricing related to the tests, resulting in significant cost savings and reduced claim volume.



- ❖ MMA also collaborated with the District on member outreach and education related to potential FWA around HIV medications, which are taken by a high percentage of the member population. Due to the high costs and possibility of diversion associated with HIV drugs, our SIU/Audit team collaborated with the customer, our Clinical Account Team, and our Call Center to conduct member outreach telephone calls to confirm receipt of medications and provide education on how to report potential FWA. As a result of the campaign, referral was made to the District's Program Integrity Unit.

Data Management and Data Governance

MMA has supported the effective exchange and integration of data from multiple data sources for Medicaid pharmacy programs for over 40 years, resulting in well-developed, secure integration capabilities that adhere to Federal (e.g., CMS) and State-level requirements. With **more than 40 data conversions** completed for state Medicaid and other government programs MMA understands the importance of close coordination with states and third-party vendors within Medicaid. We currently support Medicaid FFS and MCO (CMO) programs in over half the states in the country and in the process, interface with every major PBA vendor, MMIS/fiscal agent and data warehouse contractor operating today. This includes Gainwell, Optum, Change Healthcare, Conduent, CNSI, HID/KEPRO, Truven/IBM, and CSRA/GDIT, as well as State-operated MMISs. We have extensive experience working with state MMIS systems and third-party vendors to establish interfaces and support data exchanges between systems to support various FWA functionalities to achieve State Medicaid Pharmacy goals. We will leverage this experience to ensure we work collaboratively with the State and its third-party vendors to meet the Data Management, Data Governance, Data Model and Data Dictionary, and Extract, Transform, and Load (ETL) requirements in Attachment H - Fraud, Waste, and Abuse (FWA) Audit Services Scope of Work. These include, but are not limited to, the requirements listed below.

Working with the State and State-identified vendors to accept existing file formats: Wherever possible, we use industry-standard layouts and file formats to optimize implementation and interoperability. We will work with the State and all the State-identified third-party vendors to accept existing file formats either currently or with modifications prior to the Go-Live date. In the event any file formats are required to change, conduct trouble-shooting or problem-solving exercises, and make any necessary modifications to its existing file formats to effectuate information exchange at a cost agreed upon with the execution of a Deliverable Expectation Document. Data exchanges at both the application and file transfer level are routinely monitored using our Job Execution and Tracking System (JETS) application to ensure data quality is maintained at high levels. The JETS application tracks and maintains all the data file destinations, file layout descriptions, file transfer methods, and their purposes. Our daily JETS Planned vs. Actual Job Status Report includes, but is not limited to, name or type of interface, process type (internal or external), frequency, passed, rejected, and adds and changes, an alert indicator that quickly highlights if there is a problem or issue that needs to be corrected. In *Figure MSQ16-1*, we provide a sample of our daily JETS Planned vs. Actual Job Status Report that we use to monitor file processing. MMA has a dedicated operations team that monitors file processing.

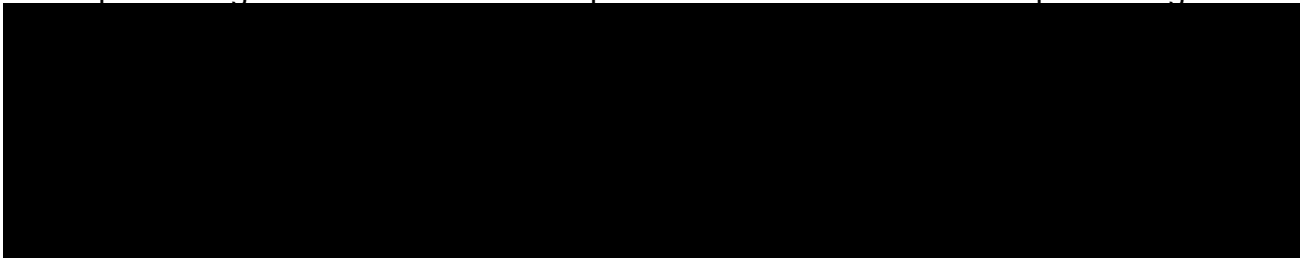


Figure MSQ16-1: Daily JETS Planned vs. Actual Job Status Report Used to Monitor File Processing (TRADE SECRET)

Supporting Data Transmission Standard Protocols: MMA maintains *over 5,000 data interfaces* across our book of business that enable us to send and receive data electronically to any given data source identified by the State. MMA provides methods of communication that are fully compliant with CMS standards and meet HIPAA privacy and security rules and guidelines. Our interfaces use industry standard protocols such as NCPDP, HIPAA x12, HL7, XML, and CSV for interoperability and data integration needs. MMA's application architecture provides a modular, flexible approach through the use of open, industry-standard interfaces and exposed APIs. Our solution supports several methods of data exchange, including SFTP (secure file transfer protocols), FTPS (file transfer protocol secure), Hyper Text Transfer Protocol (HTTP), secure web services, EDI (electronic data interchange), and real-time RESTful or SOAP/XML exchange, electronic data interchange (EDI), as well as batch. We are also able to provide physical reports upon request when appropriate. All MMA data interfaces meet MITA 3.0 standards. *We understand that changes to third-party vendors are not considered new interfaces or data exchanges, but rather constitute ongoing maintenance, and we coordinate on an ongoing basis with third-party vendors to update our Solution interfaces when necessary.* We currently support thousands of unique batch file transfers on a daily basis (both inbound and outbound), occurring as frequently as every 15 minutes to once a day/week/month, as per our customers' needs. Our Data Services Team supports operations through 24/7 on-call support for critical deliveries. We will work with the State and any relevant vendors during DDI to identify and implement the best of the above available methods for receiving paid claims at the frequency outlined in the Contract.

Interface Control Document: MMA will design, develop, and maintain interfaces that support the secure exchange and integration of PBA data with our FWA solution. Interfaces that will support data exchange with the PBA vendor will be documented in an Interface Control Document (ICD). The ICD will document all data elements, processes, methodologies, mechanisms, protocols, and other related information for each data source, such as data layout documentation, data mapping crosswalk, inbound/outbound capability, and frequency of data exchange for all interfaces. As new interfaces are required, ICDs for those will be created and shared with, and reviewed and approved by the State. We will create and maintain a separate ICD for each data source.

Data Retention: We will work with the State to ensure that our Solution complies with the State's data retention requirements, as well as with all federal and state laws and regulations.

Extract, Transform, and Load (ETL): MMA is very experienced at exchanging data and ensuring data synchronization between each State-identified third-party vendor from outgoing contractors to our pharmacy system and conducting testing to ensure quality results. Our established data conversion process ensures data synchronization between vendors by defining the data elements that will be received and creating the ETL process for the identified data elements.



MMA will make the necessary changes to data via the ETL process; we understand that current State vendors will not be responsible for adjusting data to meet our needs, unless determined by the State and agreed to by the data source vendor. In 2020, MMA migrated to Amazon Web Services (AWS), and we now host our data using Amazon Redshift, a fully managed petabyte-scale data warehouse service in the cloud that enables users to query and combine exabytes of structured and semi-structured data across data warehouses, operational databases, and data lakes using standard structured query language (SQL). Using AWS services, MMA was able to shorten Extract, Transform, and Load (ETL) times, and scale operations. Our established data conversion process ensures data synchronization between vendors by defining the data elements that will be received and creating the ETL process for the identified data elements. Our approach to receiving and/or exchanging data files of all required interfaces from the source system and loading the converted data into the target databases utilizes automated tools to optimize the speed and accuracy of data conversions. These technologies include SnapLogic, Informatica, Oracle, and Perl, and use ETL, which creates migration programs that load

data from the source system to the target system while producing report exceptions. Our established, multi-step data transmission approach, described below, ensures that checks and balances are implemented, so that the appropriate infrastructure and software are in place.

Data Transmission/Migration Approach: In the scenario where we need to collaborate with the State and/or its third-party vendors to transmit data between systems, MMA will use our established Data Transmission/Migration process. This includes developing interfaces to support the migration, conversion, and transfer of data from external data sources. Our data conversion process uses industry-standard technologies and methodologies to configure migrations that load data from the source system to the target system including the application of all conversion business rules determined during requirements gathering. Our proven and established conversion process generates reports and metrics that list all files loaded, the number of records loaded, the number of failed records, percentages of failures, running totals, dates, run times, and more. The process automatically builds files of records rejected by reject type to be easily reviewed and once remediated, easily re-run through the process.

MMA's Data Transmission/Migration Approach includes the following steps:

- **Default Data Migration rules** – MMA establishes default conversion rules that apply to data fields with no specific requirements and/or transformation rule identified.
- **Data Migration Schedule by Phase and System** – All conversion activities are phased and run in batches so that balancing activities can take place in an orderly fashion. After meeting with the State and establishing the requirements during requirements gathering meetings, MMA's staff will develop and provide a conversion schedule. After reaching the end of the schedule, the results will be reviewed with the State for necessary feedback, action, and approvals.
- **Data Migration Testing** – MMA performs data conversion testing to ensure that there is an accurate end-to-end balancing between what was sent by the State or its vendors and what was processed by MMA. This testing provides the ability to verify and/or validate that all file transfers related to conversion, such as claims data are tracked and accounted for. Upon the validation of data such as but not limited to file counts, further validation is performed on the structural aspects of the data.
- **Reconciliation Validation of Data** – The reconciliation and validation of data processes will use technologies such as SnapLogic, Informatica, Oracle, Perl, and use ETL programming to create migration programs that will extract data from the source system to the target system while producing report exceptions. Where applicable, the conversion method will provide exception reports to identify those instances of missing field values, failed editing routines, or invalid data formats.
- **Cutover Process Overview** – To ensure that data are successfully cutover, MMA maintains a timeline and summary of associated tasks. The Cutover schedule will display evidence of timeline (including zones), estimated duration, task name, status, owner(s)/associated department.
- **Data Migration Reporting** – As part of the acceptance process, MMA will produce summary reports for each interface to be reviewed with State. These reports will serve as attestation artifacts to reflect evidence that the balance displayed equals the total "record" count of what was received to what was loaded and what was rejected.
- **Post-migration Clean up** – All historical files will be archived on MMA's archival server for a mutually-agreed upon retention period. Load reports will also be archived and available for reference post conversion and Post Go-Live. The data in the intermediate staging tables that were supporting the transformation will also be archived.
- **Rollback procedure** – We include processes for incremental reloading of data, point-in-time nightly database backups and full database rollbacks.



- **Data File Error Handling and Communication Processes** – We establish and communicate a data file error handling process that displays evidence of how MMA will handle errors and communicate resolution.

When data migrations are required, MMA will complete all data conversions and cutover activities from all incumbent service provider systems and the MMIS within the time frames as required by the Contract.

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