PROPOSAL IN RESPONSE TO THE

Arkansas Department of Human Services – Division of Medical Services

RFP 710-24-0013 for
Arkansas Medicaid Enterprise Pharmacy System and Services
Technical Proposal Packet - **REDACTED VOLUME I**

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

October 2, 2023

PRIME THERAPEUTICS® | MagellanRx MANAGEMENT℠

Proprietary Information (RFP 1.17)

In accordance with RFP Section 1.17, MMA provides one complete copy of our response from which all proprietary information has been removed. The redacted copy reflects the same pagination as the original, showing the empty space from which information was redacted, and is submitted on flash drive.

In the table below, we have provided the specific basis for requesting that the information be treated as exempt from public disclosure as Trade Secret, as defined by Arkansas Code 4-75-601(4).

Data/Material to be Protected	Proposal Section	Explanation
Equal Opportunity Policy	5.0 EQUAL OPPORTUNITY POLICY	This information is Trade Secret as MMA derives economic value, actual or potential, from the information not being generally known to and not being readily ascertainable by proper means by competitors and other persons who can obtain economic value from its disclosure or use, and it is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. The Equal Opportunity Policy contains confidential, proprietary or trade secret information about MMA's policies and procedures. The disclosure of such information would cause competitive harm and provide a competitive advantage to a competitor. Therefore, it is exempt from public disclosure as Trade Secret as defined by the Arkansas Code 4-75-601(4).
Voluntary Product Accessibility Template (VPAT)	7.0 OTHER EXPRESSLY REQUIRED DOCUMENTS/INFORMATION	MMA holds its information technology to be Trade Secret as defined by the Arkansas Code 4-75-601(4). MMA asserts that the disclosure of the described portion of its response relating to MMA's information technology could reasonably be expected to be the subject of efforts that are reasonable under the circumstances to maintain its secrecy. This material derives independent economic value, actual or potential, from not being generally known to, being readily ascertainable, by proper means, by other persons who can obtain economic value from its disclosure or use. Should a competitor or any third party gain access to this material it would result in unfair competitive injury to MMA or would impair the ability of the governmental entity to obtain the necessary information in the future and the interest of MMA in prohibiting access to the information is greater than the interest of the public in obtaining access, and/or would cause commercial injury to, or confer a competitive advantage upon a potential or actual competitor of MMA.
Dollar amounts collected for drug rebates	8.1 Business Proposal 8.1.4 Company Information and Experience 8.2 System Proposal (Other Functional Requirements) 8.2 System Proposal, 6. Drug Rebates 8.2 System Proposal, 8. Preferred Drug List and Supplemental Drug Rebates	MMA derives economic value, actual or potential, from the information not being generally known to and not being readily ascertainable by proper means by competitors and other persons who can obtain economic value from its disclosure or use, and it is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. MMA's collected rebate dollar amounts are exempt from public disclosure as Trade Secret as defined by the Arkansas Code 4-75-601(4).
Organization Chart Key Personnel - Roles and Responsibilities	8.1.2 Attachment A Key Personnel, Figure 8.1-1 8.1.2 Attachment A Key Personnel (Table)	The organizational structure and staffing plan reflects MMA's formulas for staffing patterns and its unique approach to managing an integrated system of care and would be considered a trade secret under Arkansas law because (1) this information is not disclosed or known by competitors, (2) access to this

Data/Material to be Protected	Proposal Section	Explanation
Key Personnel Summaries	8.1.2 Attachment A Key Personnel (Table)	information was limited to members of the MMA team working on the project, (3) MMA's unique method and approach to developing this part of the proposed solution, and its playbook in general, are highly valuable because this is a competitive field with only a small pool of players competing for the same projects, (4) MMA has spent considerable time preparing its proposed solution, and years developing its playbook, and (5) a competitor would have to expend the same amount of time and significant expense to replicate MMA's solution and playbook. This information is exempt from public disclosure as Trade Secret as defined by the Arkansas Code 4-75-601(4).
MMA's claims processing volumes – Claims $	8.1.3 RFP Section 2.3 Minimum Qualifications (Table)	MMA derives economic value, actual or potential, from the information not being generally known to and not being readily ascertainable by proper means by competitors and other persons who can obtain economic value from its disclosure or use, and it is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. MMA's claims processing dollar amounts are exempt from public disclosure as Trade Secret as defined by the Arkansas Code 4-75-601(4).
MMA's State Government Contracts	8.1.4 Company Information and Experience (Table)	MMA holds its clients' and other customers' information to be trade secret under Arkansas Code 4-75-601(4). MMA asserts that this information is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. If a competitor or third party obtains this information, it may be put to use immediately, and over time, to develop a sales plan. Once this becomes public, MMA would lose its competitive edge and potentially lose the ability to attract future customers and retain present customers, to its competitors. The disclosure of this information could reasonably be expected to result in unfair competitive injury to MMA and therefore can be seen to derive independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use. The interest of MMA in prohibiting access to the information is greater than the interest of the public in obtaining access, and/or would cause commercial injury to, or confer a competitive advantage upon a potential or actual competitor of MMA.
Key Personnel Resumes	8.1 Business Proposal, Exhibit 1	MMA treats this information as Trade Secret. This portion of the proposal reveals the details of MMA's key personnel resumes. Staffing is an integral component of the structure and price in any service contract. This information is Trade Secret as MMA derives economic value, actual or potential, from the information not being generally known to and not being readily ascertainable by proper means by competitors and other persons who can obtain economic value from its disclosure or use, and it is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. This information is exempt from public disclosure as Trade Secret as defined by the Arkansas Code 4-75-601(4).
Draft Integrated Project Management Plan	8.1 Business Proposal, Exhibit 2	MMA treats this information as Trade Secret because it provides details on MMA's program and technique to implementing the integrated project management plan. This information is Trade Secret as MMA derives economic value, actual or potential, from

Data/Material to be Protected	Proposal Section	Explanation
		the information not being generally known to, and not being readily ascertainable by proper means by competitors and other persons who can obtain economic value from its disclosure or use, and it is subject to the efforts that are reasonable under the circumstances to maintain its secrecy. This information is exempt from public disclosure as Trade Secret as defined by the Arkansas Code 4-75-601(4).
Draft Project Schedule	8.1 Business Proposal, Exhibit 3	MMA holds its solutions, formulas, methods, and techniques to be trade secret as defined by the Arkansas Code 4-75-601(4). This section provides granular details about MMA's unique solutions for successfully handling workflow management. MMA's distinctive method and approach for developing the draft project schedule derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use and is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. MMA asserts that the disclosure of the described portion of information could reasonably be expected to result in unfair competitive injury to MMA or would impair the ability of the governmental entity to obtain the necessary information in the future and the interest of MMA in prohibiting access to the information is greater than the interest of the public in obtaining access, and/or would cause commercial injury to, or confer a competitive advantage upon a potential or actual competitor of MMA.
Project Status Report Template	8.1 Business Proposal, Exhibit 4	MMA holds its solutions, formulas, methods, and techniques to be trade secret as defined by the Arkansas Code 4-75-601(4). This section provides granular details about MMA's unique solutions for successfully handling workflow management. MMA's distinctive method and approach for developing the project status report template derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use and is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. MMA asserts that the disclosure of the described portion of information could reasonably be expected to result in unfair competitive injury to MMA or would impair the ability of the governmental entity to obtain the necessary information in the future and the interest of MMA in prohibiting access to the information is greater than the interest of the public in obtaining access, and/or would cause commercial injury to, or confer a competitive advantage upon a potential or actual competitor of MMA.
Edit Implementation Average Length of Time	8.2 System Proposal, 1. Point-of-Sale, Figure 8.2-1	MMA's proprietary program components such as workflows and flowcharts are customized to the unique needs of the project goals. The disclosure of the described portion of information could reasonably be expected to result in unfair competitive injury to MMA causing commercial injury to, or confer a competitive advantage upon a potential or actual competitor of, MMA. MMA has spent considerable time preparing its proposed
Configuration Changes – Emergency Testing Criteria	8.2 System Proposal, 1. Point-of-Sale, Figure 8.2-2	

Data/Material to be Protected	Proposal Section	Explanation
ePA Process Flow	8.2 System Proposal, 4. Prior Authorization, Figure 8.2-5	solution, and years developing its playbook. This information is exempt from public disclosure as Trade Secret as defined by the Arkansas Code 4-75-601(4).
MRx Explore Architecture	8.2 System Proposal, 10. Reporting, Figure 8.2-6	
Overview Dashboard Sample	8.2 System Proposal, 10. Reporting, Figure 8.2-7	This section of the proposal includes actual internal screen shots of our systems. MMA derives economic value, actual or potential, from the information not being generally known to and not being readily ascertainable by proper means by competitors and other persons who can obtain economic value from its disclosure or use, and it is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. This information is exempt from public disclosure as Trade Secret as defined by the Arkansas Code 4-75-601(4).
Plan Dashboard Visualization Sample	8.2 System Proposal, 10. Reporting, Figure 8.2-8	This section of the proposal includes actual internal screen shots of our systems. MMA derives economic value, actual or potential, from the information not being generally known to and not being readily ascertainable by proper means by competitors and other persons who can obtain economic value from its disclosure or use, and it is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. This information is exempt from public disclosure as Trade Secret as defined by the Arkansas Code 4-75-601(4).
Interactive Report Tab Listing Sample	8.2 System Proposal, 10. Reporting, Figure 8.2-9	MMA's reporting information, including customer savings based on MMA's proprietary formulas, policies and procedures and are considered a trade secret and confidential commercial or financial information. MMA's unique method and approach to developing this part of the proposed solution, and its playbook in general, are highly valuable because this is a competitive field with only a small pool of players competing for the same projects. This information is exempt from public disclosure as Trade Secret as defined by the Arkansas Code 4-75-601(4).
AMPP Solution Architecture Model (SAM)	8.2.1 RFP Section 2.8.11 Solution Design, Development, and Implementation – Configuration Management - System Proposal, Figure 8.2-10	This exhibit provides details on MMA's approach to developing the AMPP solution architecture model based on MMA's proprietary formulas, policies and procedures and are considered trade secret information. MMA's unique method and approach to developing this part of the proposed solution, and its playbook in general, are highly valuable because this is a competitive field with only a small pool of players competing for the same projects. This information is exempt from public disclosure as Trade Secret as defined by the Arkansas Code 4-75-601(4).
Draft Data Conversion Plan	8.2 System Proposal, Exhibit 1	This exhibit provides details on MMA's approach to developing the Draft Data Conversion Plan based on MMA's proprietary formulas, policies and procedures and are considered trade secret information. MMA's unique method and approach to developing this part of the proposed solution, and its playbook in general, are highly valuable because this is a competitive field with only a small pool of players competing for the same projects. This information is exempt from public disclosure as Trade Secret as defined by the Arkansas Code 4-75-601(4).

Data/Material to be Protected	Proposal Section	Explanation
Proposed System Security Plan	8.2 System Proposal, Exhibit 2	This exhibit provides details on MMA's approach to developing the proposed system security based on MMA's proprietary formulas, policies and procedures and are considered trade secret information. MMA's unique method and approach to developing this part of the proposed solution, and its playbook in general, are highly valuable because this is a competitive field with only a small pool of players competing for the same projects. This information is exempt from public disclosure as Trade Secret as defined by the Arkansas Code 4-75-601(4).

1.0 PROPOSAL SIGNATURE PAGE (RFP 1.8.A.2.a, 1.9.B, 1.11)

On the following page, Magellan Medicaid Administration, LLC (MMA) has provided the completed signed Proposal Signature Page. It has been signed by the person who is legally authorized to bind MMA to this proposal.

Technical Proposal Packet ***Bid No. 710-24-0013***

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Magellan Medicaid Administration, LLC				
Address:	2900 Ames Crossing Rd				
City:	Eagan	State:	MN	Zip Code:	55121
Business Designation:	☐ Individual ☐ Partnership	☐ Sole Proprietorship ☑ Corporation		☐ Public Service Corp ☐ Nonprofit	
Minority and Women-Owned Designation*:	☑ Not Applicable ☐ African American	☐ American Indian ☐ Hispanic American	☐ Asian American ☐ Pacific Islander American	☐ Service Disabled Veteran ☐ Women-Owned	
	AR Certification #: _____		* See *Minority and Women-Owned Business Policy*		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION *Provide contact information to be used for bid solicitation related matters.*			
Contact Person:	Tina Hawkins	Title:	Vice President, Account Management
Phone:	502-216-6882	Alternate Phone:	612-329-3696
Email:	Tina.hawkins@primetherapeutics.com		

CONFIRMATION OF REDACTED COPY

☑ YES, a redacted copy of submission documents is enclosed.
☐ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this *Bid Solicitation*, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION

By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.

☑ Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's proposal to be rejected.**

Authorized Signature: _____ **Title:** SVP & GM, State Government Solutions
Use Ink Only.

Printed/Typed Name: Meredith Delk **Date:** 9/20/23

2.0 AGREEMENT AND COMPLIANCE PAGES (RFP 1.8.A.2.b, 1.9.B, 1.12)

On the following page, MMA has provided the completed and signed Sections 1-4: Vendor Agreement and Compliance form. MMA agrees to and will comply with the requirements set forth in this RFP. We do not take exception to any requirements.

Technical Proposal Packet ***Bid No. 710-24-0013***

SECTIONS 1 – 4: VENDOR AGREEMENT AND COMPLIANCE

- *Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.*
- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*

MMA agrees to and will comply with the requirements set forth in this RFP. We do not take exception to any requirements.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: Meredith Delk **Date:** 9/20/23

3.0 SIGNED ADDENDA TO THE RFP (RFP 1.8.A.2.c, 1.9.B, 1.13)

MMA acknowledges receipt of Addendum 1 and the answers to bidders' questions issued on September 6, 2023. We also acknowledge receipt of Addendum 2 issued on September 26, 2023. On the following pages, we provide our signed acknowledgment of Addenda 1 and 2.

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: September 6, 2023
SUBJECT: 710-24-0013 Medicaid Enterprise Pharmacy System and Services

The following change(s) to the above referenced RFP have been made as designated below:

__X__ Change of specification(s)
__X__ Additional specification(s)
_____ Change of bid opening date and time
_____ Cancellation of bid
__X__ Other

Additional specification(s)

- Section 2.7.3 Project Staffing add the following language: (after second paragraph beginning with Vendor will provide a team to complete all tasks and deliverables.)
  The State may require additional specialized personal, such as a pharmacoeconomist, be added to the Contract Staffing to provide expertise in drug coverage and cost effectiveness of pharmacy programs.

Other

- Section 1.8.d remove and replace with the following:
  EO 98-04 Disclosure Form, Attachment I. (See Standard Terms and Conditions, Disclosure).
- Section 1.13.A remove and replace with the following:
  Contractor **must** complete and submit the Proposed Subcontractors Form included in the Technical Proposal Packet to indicate contractor's intent to utilize, or to not utilize, subcontractors.
- Section 2.8.45 MAINTENANCE AND OPERATIONS SYSTEM ENHANCEMENTS Remove the first (1st) paragraph and replace with the following:
  The Vendor will include 3000 per year (blended rate) for a Modification Pool for major system enhancements required by the State. These modification pool hours would be used only if necessary and approved by the State. Any unused hours will be carried forward at the new contract year's blended rate. These funds must be included in the annual M&O budget for planning purposes. For enhancements that require use of Modification Pool funds, the State will make payment based upon the following Vendor deliverable milestones and percentages:
- Attachment D - remove and replace with 710-24-0013 Attachment D Technical Proposal Packet Revision 1.
- Attachment E - remove and replace with 710-24-0013 Attachment E Cost Proposal Template Revision 1
- Attachment G - remove and replace with 710-24-0013 Attachment G Requirements Traceability Matrix Revision 1
- Attachment K – remove and replace with 710-24-0013 Attachment K Pro Forma Service Contract Revision 1
- New Document added to Bidder's Library: AR Pharmacy Vendor Report Listing

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.

Vendor Signature

Date 9/28/23

Magellan Medicaid Administration, LLC
Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 2

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: September 26, 2023
SUBJECT: 710-24-0013 Medicaid Enterprise Pharmacy System and Services

The following change(s) to the above referenced RFP have been made as designated below:

_____Change of specification(s)
_____ Additional specification(s)
_____ Change of bid opening date and time
_____ Cancellation of bid
___X___ Other

OTHER

- Attachment E - remove and replace with Updated 710-24-0013 Attachment E Cost Proposal Revision 2

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.

_____ 9/26/23
Vendor Signature Date

Magellan Medicaid Administration, LLC
Company

4.0 EEO 98-04 DISCLOSURE FORM (RFP 1.8.A.2.d, 1.9.B, Attachment P)

On the following page, Magellan Medicaid Administration, LLC (MMA) has provided the completed and signed Disclosure Form (Attachment I).

Contract Number _____
Attachment Number _____
Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: ☐ Yes ☑ No SUBCONTRACTOR NAME: Magellan Medicaid Administration, LLC (Bidding as Prime Contractor) for AME Pharmacy System and Services RFP, #710-24-0013)

TAXPAYER ID NAME: 54-0849793 IS THIS FOR: Goods? ☐ Services? ☑ Both? ☐

YOUR LAST NAME: Not applicable FIRST NAME Not applicable M.I.: N/A

ADDRESS: 2900 Ames Crossing Rd

CITY: Eagan STATE: MN ZIP CODE: 55121 COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☑ **None of the above applies**

FOR AN ENTITY (BUSINESS)*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☑ **None of the above applies**

DHS Revision 11/05/2014

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a *state agency* I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

   Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title SVP & GM, State Government Solutions Date 9/20/23

Vendor Contact Person Meredith Delk Title SVP & GM, State Government Solutions Phone No. (512) 659-1376

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

DHS Revision 11/05/2014

5.0 EQUAL OPPORTUNITY POLICY (RFP 1.8.A.3.a, 1.9.B, 1.22)

MMA has provided below our Equal Opportunity Policy.

6.0 PROPOSED SUBCONTRACTORS PAGE (RFP 1.8.A.2.c)

On the following page, MMA has provided the completed Proposed Subcontractors Form. MMA does not propose to use subcontractors to perform services.

Technical Proposal Packet ***Bid No. 710-24-0013***

PROPOSED SUBCONTRACTORS FORM

- ***Do not*** *include additional information relating to subcontractors on this form or as an attachment to this form.*

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.
Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☑ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

7.0 OTHER EXPRESSLY REQUIRED DOCUMENTS/INFORMATION

(RFP 1.8.A.2.f, 1.9.B)

Attached on the following pages are our completed VPAT templates.

8.0 TECHNICAL PROPOSAL RESPONSE TO INFORMATION FOR EVALUATION

(RFP 1.8.A.2.e, 1.9.B, Attachment D, Attachment G)

MMA has successfully provided a Medicaid Enterprise Pharmacy System and Services for the Arkansas Medicaid Pharmacy Program for nine years. We propose to continue to operate this system and follow our established processes and procedures to support DHS in the administration of the AMPP. In this section, MMA has provided our technical response to the Information for Evaluation provided in RFP Appendix D, Technical Proposal Packet. Our proposal has two sections, as described below:

- **Business Proposal:** Our ***39 years of experience providing pharmacy benefits administration (PBA) services to state government programs (including Medicaid),*** as well as our nine years of Arkansas-specific experience providing our Pharmacy Solution for AMPP, well qualifies MMA to continue to provide our Pharmacy System and services for Arkansas. Our experience and qualifications are described in our response. We have also described our approach to staffing for the new contract. Our Arkansas-based Account Team is trained and in place today. They have ***extensive hands-on experience with the AMPP*** and are well known to DHS staff. Their collaborative working relationship with AMPP stakeholders and knowledge of the program are difficult to duplicate. We describe our approach to project management and our experience cooperating with the Project Governance Body and the State's PMO. Through the regular enhancements we have made to our solution over the current contract term, we have an established working relationship with the PMO and with NTT Data, the State's IV&V.
- **System Proposal:** We detail our proven Project Management Methodology (PMM) that we will follow during the DDI period. As the incumbent AME Pharmacy Contractor, we will not need to implement our entire solution or convert a large amount of data. Our implementation effort will be limited to validation of our current solution's effectiveness in meeting the State's requirements and the addition of enhancements to meet new Scope of Work responsibilities, such as the addition of Physician Administered Drugs (PADs) and electronic prior authorization***. We offer DHS the lowest risk implementation, with no disruption to service delivery.*** We have also described the configuration of our current technology, as well as our proven approach to Maintenance and Operations and System Security and Privacy. As the incumbent AME Pharmacy Contractor, we currently comply with the State's policies and regulations. We have also provided our completed Attachment G, Functional Requirements Matrix, which demonstrates that ***our in-place solution meets the State's requirements and has the flexibility and configurability to continue to meet the State's needs into the future.***

8.1 Business Proposal (RFP Attachment D)

The Arkansas Department of Human Services (DHS) has issued this RFP to obtain a contract for the Arkansas Medicaid Enterprise Pharmacy System and Services. DHS seeks a contractor whose solutions include modern and user-friendly technology coupled with world-class professional services to support the State in its ongoing mission to transform the way the State procures healthcare services for its citizens. The successful bidder must provide a Pharmacy Solution that meets the RFP requirements as well as comply with the Federal and State laws, regulations, and guidance that apply to this contract. ***Having served as DHS' AME Pharmacy Contractor for nine years, Magellan Medicaid Administration, LLC (MMA) has worked in partnership with DHS staff to support AMPP goals and to respond to changes in the Medicaid Program and in the healthcare industry in general.*** Our systems have been continuously updated to support changes in the AMPP policies. Our rules-based systems have the flexibility to allow quick changes to meet new challenges, without the need for costly programmer resources. We have demonstrated our ability to effectively interface with other vendor systems in the AME to exchange critical program information. We currently fulfill the requirements of this RFP, and we stand ready to continue to collaborate with DHS to meet the future needs of the AMPP.

Why MMA Remains the Best Choice for Arkansas DHS

- MMA and DHS have worked together since 2014, experiencing many successes over the years, such as increased drug class reviews and ***almost collected in Federal drug rebates and collected in supplemental drug rebates.***
- Unparalleled knowledge and experience in the Medicaid and government healthcare sector.
- Achieved full CMS certification for Arkansas, with no findings.
- Nine years of experience in managing and administering pharmacy programs for DHS.
- Established Account Team relationships with DHS staff.
- Lowest potential risk during implementation and operations.

We value our partnership with DHS and look forward to building upon a program that is flexible, as well as clinically and technically sound.

With 51 years of Medicaid-specific experience and currently providing a range of pharmacy benefit administration (PBA) services to 27 of the nation's Medicaid programs, including Arkansas, MMA is well-prepared to continue to provide AME Pharmacy services. We are one of the largest stand-alone Medicaid pharmacy benefit administrators in the nation, offering a full line of pharmacy services, including pharmacy Point-of-Sale claims processing, Preferred Drug List (PDL) management, and drug and medical (diabetic) supply rebate administration services. We have experience implementing and operating our Pharmacy Solution that meets both the system and the functional scope of work as defined in this RFP. We have achieved CMS certification of our Pharmacy Solution for 15 Medicaid customers, ***including Arkansas.*** We are committed to reducing overall healthcare costs while enhancing quality of care and client satisfaction. We have over 39 years of PBA experience focused on state government healthcare programs including Medicaid programs, AIDS Drug Assistance Programs (ADAPs), and State Pharmaceutical Assistance Programs (SPAPs). ***We have contracted with DHS since 2014 to provide a Pharmacy System and Services for the Arkansas Medicaid Enterprise.***

MMA has direct experience leading the design, development, and implementation of a Pharmacy POS System Solution for state Medicaid agencies. We currently provide full pharmacy POS claims processing services to 14 Medicaid programs (including rebate administration services to 12 of those programs), CMS rebate administration services to 14 Medicaid programs, and PDL and supplemental rebate services to 26 Medicaid programs. In addition, we provide our Pharmacy Solution to eight ADAPs and four SPAPs, including the nation's two largest senior drug programs. Collectively, these programs touch ***over 54 million people*** living in poverty across our country. MMA offers an unparalleled subject matter expertise and qualifications to continue to provide a quality AME pharmacy system and services to support Arkansas Medicaid clients. Our solution is in place for Arkansas today. With only limited functionality to be implemented for the new contract, the demand on DHS staff resources is greatly reduced.

MMA specializes in providing comprehensive pharmacy solutions for the complex challenges facing government healthcare programs. Our focus on serving Medicaid and other government healthcare program

customers has led to a deep understanding of the populations these programs serve and the State and Federal rules under which they operate, as well as state-specific benefit designs, clinical policies, and programs. Our goals, in coordination with DHS', are to help AMPP clients live healthier lives and enable them to take better control of their health, thereby improving health outcomes. We do this by ***putting the client at the center of everything we do.*** Our experience as one of the largest independent government-sector PBAs in the nation, coupled with our comprehensive industry-leading customer service, unique clinical and engagement strategies, and innovative technology, helps us achieve these goals. We will continue to work closely with DHS to ensure business outcomes are delivered and that the efficiency of AMPP's benefits is enhanced, reducing the administrative burden on DHS and program stakeholders.

As the incumbent contractor currently providing the AME Pharmacy System and Services, with an extensive history of working in Arkansas, MMA brings in-depth knowledge of the operations and objectives of the AMPP. We have collaborated with DHS to build and sustain a successful pharmacy program operation, including a State Supplemental Rebate/PDL Program, and we look forward to continuing this successful partnership. Having worked with DHS and other state Medicaid and government programs, we have leveraged lessons learned to build best practices for implementing and supporting Medicaid PBA services. DHS can be confident that these best practices will result in Arkansas continuing to receive cost-effective Medicaid pharmacy services for its most vulnerable residents, without compromising the quality of care. We also have experience and practical knowledge of Arkansas-specific nuances, including legislative environments, stakeholder viewpoints, and the strategic direction of the current state plan. MMA has had responsibility for meeting the contractual requirements of DHS' supplemental rebate/PDL services for seven years. ***As a result, MMA and DHS have achieved many successes over the years, such as the State's move to the National Medicaid Pooling Initiative (NMPI) multi-state supplemental rebate pool and increase in reviewed drug classes, the implementation of RDUR services, the upgrade to the Genesys telephone system, the system changes required to accept data from the ARIES system, the implementation of Patient Merge functionality, and the addition of the complex ARHOME benefit group.***

We have a track record of successfully implementing on-schedule client-centric, flexible Medicaid pharmacy systems and services, including claims administration services. We understand the volume and complexity of the AMPP and as the incumbent are not required to transfer our solution. Our CMS-certified, MITA- and HIPAA-compliant POS system, FirstRx, simultaneously supports individual Medicaid FFS programs. Our Project Management Methodology combined with high-touch account management ensures smooth implementations with minimal risk to clients, providers, and other stakeholders.

Focus on Rural Care: MMA has current and relevant experience managing rural populations in Alaska, Arkansas, Idaho, Montana, and Nebraska where we provide similar services. Our focus on reducing Medicaid drug costs while improving member outcomes is bolstered by an understanding of the unique challenges faced by rural states. Rural populations may trend toward a more aged population reflecting more complex disease states and treatments, and therefore, more complex drug regimens. ***People living in rural, geographically distributed areas require innovative and flexible approaches to ensure access to medications.*** They also grapple with supply chain issues and limited access to pharmacy services in rural areas, as well as the disproportionate impact of the opioid crisis. One example of how we have responded to the unique needs of rural populations is our Opioid Geo-Mapping Program. This program enables our pharmacists to view

MMA Understands the Unique Pharmacy Challenges Facing Rural America

We work with several states to ensure access to drugs for rural members. This includes monitoring Federal laws and treaties that impact the administration of pharmacy care for Tribes and ensuring claims are paid accurately according to current reimbursement rates and with no copay, coinsurance, or deductible to Indian Health Service members. We also work to maintain access for all rural members by monitoring and responding to drug shortages. Our PDL Teams monitor FDA announcements and reach out to manufacturers to validate shortages and confirm when supplies are expected to be available. In cases of prolonged shortages, our PDL Teams will recommend substitutes on the PDL to help alleviate drug shortages. In response to the Albuterol shortage earlier this year, after ProAIR HFA became discontinued, MMA recommended that states move Proventil HFA and Ventolin HFA as preferred products onto their PDLs. This helped to combat the shortage in rural areas and preserve access to these vital medications for Medicaid members.

clients with opioid prescriptions by healthcare region, county, and/or ZIP code, along with naloxone utilization and potentiator medications (e.g., benzodiazepines), and client details. The Opioid Geo-Mapping Program has helped one of our rural Medicaid customers identify areas of concern as well as target efforts around education and intervention.

We understand the importance of ensuring a seamless transition and providing consistent and continual claims processing without a break in service. The health and well-being of Arkansas Medicaid clients, and ultimately the success of our relationship with DHS, is dependent upon our ***ensuring continuity of care*** during the implementation, including timely receipt of medically necessary prescription drugs for clients. As the incumbent, our systems currently house AMPP client demographic data, claims history and prior authorization-related files, eliminating the need for lengthy data conversion activities, a significant source of implementation risk. We will work closely with DHS, the other AME contractors, and all Medicaid program stakeholders during implementation to implement the new components to the Scope of Work. This process ensures that all tasks are completed on schedule, provides a smooth transition for both DHS and providers. Our experience has shown us that clear and frequent communication among all parties in the process is critical to project success.

MMA has the proven depth of Medicaid, technical, and clinical experience, as well as the demonstrated ability to serve as an effective and collaborative partner to DHS. This enables us to effectively achieve project success. DHS will not only continue to have access to a suite of solutions that exceed all project and procurement goals, but also a team of seasoned pharmacy experts, including pharmacists, with extensive Medicaid backgrounds and hands-on AMPP experience, whose mission will continue to be to meet the needs of the AMPP. Members of our proposed Account Team have hands-on experience supporting the AMPP, as well as established working relationships with DHS staff.

MMA has successfully provided our proven comprehensive PBA services to public programs, including over half the Medicaid FFS programs in the country, for over three decades. We simultaneously manage multiple high-volume and complex Medicaid FFS pharmacy services contracts, while providing each customer with the same high level of support. All our customers are important to us, no matter their size. We are proud to have helped these states maximize limited healthcare dollars while maintaining clinically appropriate care for their most vulnerable citizens. ***MMA has the requisite experience, capacity, and Arkansas Medicaid-specific systems and expertise to provide the RFP-required services to support the AMPP on day one.*** There is simply no other company in this space that can match our experience and breadth supporting Medicaid pharmacy programs of all sizes.

Our deep Medicaid experience has attuned us to the unique, complex, and evolving needs of State Medicaid enterprises and well-positioned us to serve as the Contractor to help DHS meet its stated goals: In the following sections we address how we meet the requirements defined for:

- RFP adherence to Federal requirements
- Attachment A Key Personnel
- RFP Section 2.3 Minimum Qualifications
- Company Information and Experience
- RFP Section 2.7 Project Governance and Management
- RFP Section 2.8.3 Project Management Plan Approach.

At the end of this section, we have provided the required exhibits.

8.1.1 RFP Adherence to Federal Requirements

Please confirm your ability to adhere to all applicable federal requirements listed in the RFP.

With 51 years of experience serving state Medicaid programs, MMA has consistently adhered to State and Federal requirements. MMA confirms that we are able to and do adhere to all applicable Federal requirements listed in this RFP, including HIPAA, NCPDP, MARS-E 2.2, HITECH, and OBRA ’90 requirements. MMA’s NCPDP/HIPAA-compliant, online pharmacy claims processing solution meets and will continue to meet all Federal requirements as prescribed by CMS, the requirements outlined by the National Archives and

Records Administration Code of Federal Regulations (CFR) parts 42 and 45, and standards for DUR, including those identified in OBRA 1990 and OBRA 1993, as well as the Social Security Act Section 1927 (g).

MMA adheres to the predetermined standards including, but not limited to, those listed in 42 CFR section 456.709 and those under the SUPPORT Act of 2018, Pub.L. 115-271. Our FirstIQ RDUR tool already incorporates many activities that address the SUPPORT Act of 2018 that have been successfully utilized by our current Medicaid customers.

8.1.2 Attachment A Key Personnel

1. Provide a Staffing Plan and associated organization chart detailing the number of personnel, level, roles and responsibilities, and team reporting relationships, and identify the approach to providing "shoulder-to-shoulder" links for key staff roles between Contractor staff, PMO staff, and DHS staff.

We will continue to designate and maintain sufficient staff to satisfactorily complete tasks within AME Pharmacy Contract scope of work. As demonstrated during our current contract term, MMA is committed to maintaining strict requirements and a comprehensive strategy for ensuring appropriate operational staffing of the Contract. We continuously monitor all Arkansas-specific performance metrics and forecast staffing needs for the Contract using a combination of historical patterns, business guidance, and emerging trends. Our Organization Chart, *Figure 8.1-1*, depicts the number of personnel, level, and team reporting relationships for the AME Pharmacy Contract.

The following table includes a comprehensive summary of roles and responsibilities and commitment of personnel to the AME Pharmacy Contract.

"Shoulder-to-shoulder" Links

Clear and open lines of communication are already in place between MMA and DHS staff for the ongoing AME Pharmacy Contract, and they are critical for success during both DDI and operations. To help facilitate shoulder-to-shoulder links between MMA, PMO, and DHS staff, we will provide a detailed communication plan that is customized to DHS' needs. The plan will identify key stakeholders and participants in the project including their roles and responsibilities including shoulder-to-shoulder links for collaboration. We believe effective collaboration is imperative to successful project delivery by helping leverage best practices, coordinate resources, and drive seamless implementation.

Unlike a new contractor, our relationships are in place today with your staff. Preliminary shoulder-to-shoulder links reflecting links that are currently in-place for the ongoing AME Pharmacy Contract are outlined in the table below:

State Staff	MMA Counterpart
AME DHS – DDI/Operations Team	**MMA Operations Team**
Implementation Manager	Summer Gatica
Contract Administrator	June Eskridge

State Staff	MMA Counterpart
Pharmacy Program Administrator	Linsey Gillam, PharmD, Lesley Irons, PharmD, Karen Evans, PD
DUR/DRC Coordinator	Karen Evans, PD
Program Administrator	Linsey Gillam, PharmD, Lesley Irons, PharmD, Karen Evans, PD
Registered Pharmacist	Jeniffer Martin, PharmD
AME PMO – AME DDI Team	**MMA DDI Team**
DDI Project Manager	Steve Roehr, MBA, PMP
Implementation/Technical Manager	Russell Thompson, MBA
Business/Certification Manager	Anita Martin
Business Analyst	Julian Reed
Organizational Change Manager	June Eskridge
Technical Manager	Russell Thompson, MBA
User Acceptance Testing (UAT) Lead	Shiva Bangalore Veerappa, PMP

2. Provide a list and description of subcontractors and their key personnel that will be performing the services rendered by this Contract.

MMA is not proposing any subcontractors for the AME Pharmacy Contract.

3. For each Key Person proposed in Attachment A, please furnish the following:

A. Resume: The resume will include the candidate's education, training, experience, and qualifications outlined below:

1. Education and Training: Respondent will list the relevant education and training of the proposed candidate and demonstrate in detail, how a candidate's education and training relate to their ability to perform the intended duties and obligations properly and successfully in this RFP.

2. Required Experience and Qualifications: The Respondent will show how the proposed candidate meets the experience requirements for the position. For each proposed candidate, the Respondent must provide the following profile information:

- **Full Name of project or engagement**
- **Contact Information**
- **Date(s) of Experience**
- **Description of Duties**

Resumes for each proposed Key Person are included as *Exhibit 1* at the end of the Business Proposal. Resumes include education and training and required experience and qualifications.

Attachment A describes requirements for Key Personnel Summaries including candidate professional references, education, and training, and required experience and qualifications. Key Personnel Summaries for all Key Personnel identified in Attachment A are included below:

4. Describe your staff's experience in the health and human services and Pharmacy systems and operations.

MMA has administered DHS' Medicaid POS since 2014 and Medicaid PDL services since 2016, and we have staff in place that ensures commitment and continuity, and a solution that is currently operational. Our key personnel have hands-on Arkansas experience and understands the unique nuances of the Arkansas Medicaid environment. Our Key Personnel have been selected to provide maximum service and value to DHS. ***Our Key Personnel have 391 years of combined industry experience and 114 years of combined experience supporting Arkansas Medicaid.***

Name and Position	Experience with Arkansas Medicaid	Experience with MMA	Total Relevant Experience
Jenni Pandak, RPh Project/Account Manager	**7 years**	33 years	33 years
Steve Roehr, MBA, PMP DDI Manager	-	15 years	30 years
Russell Thompson, MBA Technical Solution Manager	**2 years**	20 years	27 years

Name and Position	Experience with Arkansas Medicaid	Experience with MMA	Total Relevant Experience
Anita Martin Business Solution Manager	**4 years**	31 years	31 years
Shiva Bangalore Veerappa Testing Manager	-	1.5 years	20 years
Kimberly Brown, BBA MEd Training Manager	-	7 years	25 years
Anthony Aiello Documentation Manager	**7 years**	11 years	21 years
Helen Ma, MBA Interface/Data Manager	**2 years**	10 years	25 years
Summer Gatica Operations Manager	**23 years**	8 years	23 years
June Eskridge Deputy Account Manager	**2 years**	2 years	20 years
Melissa Tucker Systems IT Manager	**4 months**	4 months	6 years
Julian Reed Certification Manager	**13 years**	9 years	22 years
Linsey Gillam, PharmD RDUR Director	**2 years**	5 years	18 years
Lesley Irons, PharmD PDL Manager	**7 years**	7 years	24 years
Karen Evans, PD ProDUR Manager	**23 years**	8 years	31 years
Brooke Bennett Quality Assurance Manager	**9 years**	9 years	12 years
Jeniffer Martin, PharmD Pharmacist Lead/Clinical Manager	**13 years**	7 years	23 years

5. Describe the locations where you propose to perform work associated with this RFP. Indicate the site(s) from which you will perform the relevant tasks identified in this Proposal. If the site(s) for a specific task change during the Contract term, provide a timeline reflecting where the task will be performed during each time period. Please identify a proposed location for the Local Office contemplated by RFP.

MMA has an office at 1 Allied Drive, Suite 1120, Little Rock, Arkansas. We will use this office to manage the contract from DDI through operations. MMA understands the State's emphasis to hire Arkansas residents for staff positions. Our staff for the ongoing AME Pharmacy Contract is based in the Little Rock area, reflecting DHS' desire to hire locally, and MMA will continue to staff the contract with professionals based in Arkansas.

Business Continuity Success

We have proven processes in place to ensure continuity of client care during emergencies. In addition to our ability to seamlessly roll over calls to a back-up location, we also have the capability to transition Call Center representatives to work from home status through secure VPN access. ***During the COVID-19 pandemic, we enabled 100% of Call Center staff, including the Arkansas Call Center Staff, to work from home while maintaining and/or exceeding all current Service Level Agreements.***

MMA employees will also support the AME contract remotely. MMA has successfully transferred operations for government contracts to almost fully remote in response to public health emergencies including the Arkansas River Flood and COVID-19. These transitions have been implemented for the safety of MMA employees and our customers. As an organization with a workforce that is now 92% remote, ***MMA has honed our ability to manage remote staff to ensure work gets done in a high-quality and timely manner.*** We reacted quickly at the onset of the pandemic to ensure continuation of all state meetings by transitioning to virtual platforms. Our management team is adept at facilitating meetings, conducting performance reviews, and troubleshooting client account issues remotely using proven management techniques.

7. Specifically identify where the Key Personnel identified in Attachment A will be physically located for the duration of the Contract and your plan for on-site presence of staff.

Key personnel engaged during DDI including the Project/Account Manager, DDI Manager, Technical Solution Manager, and Business Solution Manager will be based in our Little Rock office through implementation. Other DDI key personnel will primarily work from home offices, but they will on-site as needed. This includes the Testing Manager, Documentation Manager, Training Manager, and Interface/Data Manager.

Operations key personnel will be based out of MMA's Little Rock office throughout the duration of the contract. ***Our operations team is already in-place in Little Rock, and they all live in the Little Rock area.*** This includes the Operations Manager, Deputy Account Manager, Systems IT Manager, Certification Manager, Quality Assurance Manager, RDUR Director, ProDUR Manager, PDL Manager, and Pharmacist Lead/Clinical Manager.

8. Describe your plan to replace staff throughout the duration of the Contract within the timeframes specified in RFP.

MMA recognizes that a major risk in any delivery project is the absence of skilled staff and resources. We have proposed talented and seasoned professionals with deep Medicaid PBA implementation and operational experience for the AMPP. Our approach to developing a project staffing plan is to carefully analyze the RFP 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. We will replace key personnel with a temporary replacement within 30 days of vacancy and with a permanent replacement within 90 calendar days, as specified in the RFP.

Our recruiting and hiring procedures include strategies to identify candidates with the skill sets needed to provide service excellence, as well as to reflect the cultural, ethnic, and racial composition of AMPP membership. ***We understand DHS' commitment to hiring Arkansas residents, and our Little Rock-based operations staff reflects that commitment. We will continue to staff the Contract will Arkansas residents***. Our success as a company depends on

the strength of our team. To be able to deliver quality services to DHS and all our customers, we recruit, hire, and retain the highest quality talent available. Utilizing the extensive experience of our professional talent acquisition team, which places more than 900 new employees per year, a customized recruiting plan would typically include the following elements:

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

All strategies emphasize our commitment to diversity and inclusion.

9. Describe your overall staff management approach, including internal standards, policies and procedures regarding hiring, professional development, and human resource management.

Internal Standards

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

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

Hiring

Candidates are first screed by our Talent Acquisition Team. Once a candidate has this screening phase, they are presented to the hiring manager. Our interviewing process includes two-to-three meetings with subject

matter experts, the direct hiring manager, a Human Resource Business Consultant, and the next level of leadership. Executive-level candidates meet with senior leaders up to and including our CEO. We use behavioral interviewing techniques to validate if the candidate's past professional experience is relevant. We conduct a detailed background check, drug testing, and licensure verification (if applicable). In addition, we will conduct background checks for personnel providing services associated with the Scope of Work with this RFP.

MMA uses Workday as its Applicant Tracking System for Recruitment. Workday Recruiting is an end-to-end talent acquisition application built to find, engage, and select the best internal and external candidates for open positions within MMA. Workday allows MMA to manage the entire recruiting lifecycle in one system, including workforce planning, sourcing, and advanced talent analytics. Workday also allows MMA to consistently attract top talent with a consistent and engaging candidate experience from outreach to onboarding. The system also streamlines the recruitment process by enabling transparency and collaboration across the entire hiring team for the interview and offer process. Workday Recruiting is designed and optimized for mobile devices and has a very high candidate user adoption.

At MMA, as part of our recruitment advertising and employment branding, we highlight our Employee Value Proposition (EVP) to give candidates insights into what they can expect when working here. When employees join us, they can expect to work in a company that is compassionately curious, works better together, brings an a-game only and seeks to achieve a healthy work-life flow.

Our strategy gives us an innovative marketing approach to creating and distributing valuable, relevant, and consistent content to attract, engage, educate, and acquire a clearly defined audience – with the objective of driving a desired action. We also have an established engagement strategy that outlines how we interact with candidates. Our content and engagement strategies outline how we will target each persona by channel depending on where they are in their career path.

We have identified and created personas that we target using our content and engagement strategy. Each persona has a set list of characteristics that help us to identify why type and tone of content should be written using our EVP to speak directly to them. We tailor the content to speak to each persona and how we engage new talent. For example, we currently have a persona built for the Pharmacist role with MMA, and we will build a persona for a Customer Service Center Representative/Pharmacy Technician to attract and showcase the position and the benefits of working for us. We know that call center employees want to hear more about how this job is different from other call centers and how MMA's mission can provide them a job that has purpose; as a result, we tailor our content and engagement tactics specific to those unique personas. We use various channels to target candidates including job boards, social media, e-mails, and digital advertising. We use best practices from consumer marketing to help us craft a candidate marketing strategy that will inform candidates about MMA.

Our recruitment marketing tactics, both paid and organic, drive candidates to our career website and open positions to help candidates find positions quickly. Our career website includes information on employee blogs, employee videos, and testimonials about what it is like to work at MMA. Candidates may also view and search all open positions, by business segment, function, and location.

Our current average time to fill open positions is 45-60 days, which is the target goal for best-in-class talent acquisition and recruitment teams. This will remain our goal. Our consistent recruitment marketing and candidate pipeline allows MMA to regularly hit this goal as well as to replace any turnover quickly.

Professional Development

Our Talent Development team provides enterprise-wide learning solutions to employees, leadership development and learning solutions, career development and learning solutions and administrators our Learning Management System BETTER U Learning. Our offerings include courses, programs, and other resources in support of career, learning and leadership development. Talent Development also provides talent consulting services on the individual, team, or organizational level.

We have developed our Employee Expectations to be both current state as well as aspirational. ***We want to strive for more and to do better every day, individually and as a team, for ourselves and our clients.*** We believe that when we Act with Courage, Be Transformative, Elevate Knowledge and Advance our Purpose, we can achieve anything.

Our people leaders also have additional Leadership Expectations to ensure we are leading, developing, and growing our teams in a consistent way and that all employees know what to expect from our leaders. We look to our leaders to build trust, set direction, develop others, and drive results.

BETTER U Learning is our learning management system (LMS) that offers a huge library of courses to meet a myriad of development and learning needs. BETTER U Learning includes content to support the following professional development needs:

- **Career resources** support our commitment to help our people grow their careers. There are a wide variety of offering including "where to start" to "how to build your internal resume," as well as career events and networking opportunities.
- **Aspiring Leader Learning** helps people who do not yet lead a team and would like to develop leadership skills for their career and life goals.
- **Leadership Development** supports the journey of continuous learning for people leader. The Leadership Development Program (LDP) builds skills that align with our Leadership Expectations: Build Trust, Set Direction, Develop People, and Drive Results.
- **Change Readiness Learning** supports the reality that change is no longer incremental, but continuous and requires personal and team agility. We offer resources that support employee needs whether they are leading themselves, a team, or an initiative through change.

Human Resources Management

Our high-functioning human resource team has the following guiding principles:

Purpose: Help leaders and employees focus on business growth and exceptional results for our clients and members by driving a purpose-driven, performance-based, principle-led culture.

Vision: Succeed in accomplishing consistent recognition as a “Best Place to Work” with high employee engagement and an interest by internal employees, and the external talent market, in building a meaningful career with Prime. Prime Therapeutics is MMA’s parent company, and we have a unified approach to human resources throughout the enterprise.

Mission: 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 our purpose, our human resources department has four teams:

Business Partners: HR Business Partners align to specific functions across the company and support employees and leaders in the achievement of business outcomes. In addition to driving HR programs, policies and practice across the organization, this team provides consultation, recommendations, and solutions that support the attraction, development, engagement and retention of top talent.

Talent Acquisition: Talent Acquisition delivers consistent value as strategic partners to the business and leverage data-driven resources. They operate as an inclusive community that is built on a foundation of trust, and they cultivate and develop brand awareness to ensure we are an employer of choice for Top Talent. We strive to attract and recruit the necessary skills and behaviors to support and drive our mission.

Talent Development: The Talent Development and Learning team provides enterprise-wide and operations-focused learning solutions, career enrichment and exploration resources, as well as a robust learning management system, Better U Learning for all development needs. Comprised of human resources professionals, instructional design, training delivery, and Learning Management System (LMS) administration.

Total Rewards: Our Total Rewards team is committed to creating and delivering a positive and personalized Total Rewards experience through valuable solutions while balancing budgetary requirements and ensuring compliance. The team is responsible for benefits, payroll, leave and disability, compensation, contractor support, human resources technology support, human resources analytics, wellness program, employee discount programs, human resources compliance, community involvement, corporate giving, and our employee recognition program.

10. Describe your process and methodology for retaining personnel and ensuring that Key Personnel are consistently engaged on this Engagement. Please also discuss steps you have/will take to minimize staff turnover.

Corporate-wide, our daily mission is to support the health and well-being of our own employees because we know that by doing so, our employees are empowered to take care of AMPP clients and Stakeholders. ***Our proposed operations key personnel have an average of almost six years working on the ongoing AME Pharmacy Contract; we understand the importance of continuing this by keeping our top talent for the life of the AMPP Contract.*** Our retention strategies include open communication, virtual connections, succession planning for promotional opportunities, and a rich training program that includes leadership development programs. We take the following steps and offer the following initiatives to minimize staff turnover:

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

11. Describe how your proposed team (including subcontractor(s), if proposed) has a proven track record of successfully collaborating in a similar environment outlined in the RFP. This should include experiences working with a team to improve DDI and M&O efficiency and effectiveness. Describe how you and any subcontractor(s) will ensure that the proposed team will achieve the required team dynamics.

MMA's Arkansas Account Team including our proposed key personnel have a proven track record of collaborating with DHS to improve DDI and M&O efficiency and effectiveness. Our Arkansas Account Team is currently partnering with DHS to implement medical/diabetic supply rebate administration services for the AMPP. Our Account Team has partnered with DHS throughout the life of the ongoing AME Pharmacy Contract to improve efficiency and effectiveness. Recent implementations include:

RDUR Implementation: In July 2020, we successfully implemented the RDUR Contract ahead of the agreed upon go-live date and utilizing existing local staff with no additional staff additions required.

Lock-In Program: Simultaneously to implementing the RDUR Contract in July 2020, MMA implemented the Lock-in Program for the State, which was also successfully implemented ahead of the agreed upon Go-Live date.

ARIES Project: In October 2020, we upgraded from 2-byte Group ID to a 4-byte Group ID format to enable interfaces with Gainwell and the new ARIES Eligibility system.

Patient Merge: In November 2020, we implemented a complex Merged Claims extract to increase synchronicity of downstream data sent to Optum and Gainwell as part of the State's DQII effort.

NMPI Pool: In January 2023, MMA successfully migrated AMPP to its NMPI Pool on-time and with no disruptions to rebate invoicing and collections.

ARHOME: In January 2023, in response to the State's implementation of new copayment rules for Medicaid ARHOME clients, MMA worked with DHS and Gainwell to document requirements and develop, test, and implement the new business rules to ensures that this new rule was effectively applied to all applicable pharmacy claims.

MMA is not proposing any subcontractors for this contract.

12. Describe how you will be responsive to the day-to-day customer service needs of the State (e.g., how phone calls about training logistics will be fielded, how State access to the Contractor Local Office will be handled, etc.).

Jenni Pandak, RPh, will be MMA's designated Project/Account Manager, and she will act as principal interface for MMA with the State. We employ a high-touch account management model that provides direct access to key MMA employees and executives, including designated Arkansas Account Team and staff resources to support the AME Pharmacy Contract. Our DDI Team works collaboratively with our Account Team to facilitate a smooth and effective transition and hand-off from implementation to the operations phase.

Throughout DDI, DDI Manager, Steve Roehr, MBA, PMP, will be the main contact to address customer service needs of the State. He will coordinate all activities required to ready our systems and services for operational use. He will coordinate with internal MMA resources as needed, and he will be in close communication with Ms. Pandak, and he will also be responsive to day-to-day needs of the State throughout DDI.

Summer Gatica will be MMA's designated Operations Manager and will be responsible to Ms. Pandak to meet service level agreements. She will be the primary liaison between MMA and the State throughout operations. She will coordinate will internal MMA resources to ensure day-to-day customer service needs of the State are met. Ms. Gatica will coordinate internal resources to address all needs including training logistics, and access to MMA's local office.

8.1.3 RFP Section 2.3 Minimum Qualifications

Please describe how Prospective Contractor meets all Minimum Qualifications set forth in RFP Section 2.3. Specifically address each, by letter and number.

With 39 years of experience providing pharmacy benefit administration services to state government healthcare programs, including Medicaid, and nine years of experience as the AME Pharmacy Contractor, MMA exceeds the minimum qualifications identified in the RFP. We stand ready to build on our experience providing a Medicaid pharmacy system and services for the AMPP. We have described our compliance in the following sections. MMA, as the incumbent AME Pharmacy Contractor is currently registered to do business in the State of Arkansas and is in good standing. We are prepared to provide the documentation substantiating this, as required by DHS.

A. Letter of Bondability

MMA is bondable and has provided a Letter of Bondability from an admitted Surety Insurer on the following pages.

Leah L. Juenger
Surety Fulfillment Specialist

Marsh USA LLC
800 Market Street
Suite 1800
St. Louis, MO 63101
314 342 2439
Leah.Juenger@marsh.com
www.marsh.com

September 18, 2023

State of Arkansas, Department of Human Services
Attn: Office of Procurement
700 Main Street
Little Rock, AR 72201

Subject: Magellan Medicaid Administration, LLC
Medicaid Enterprise Pharmacy System and Services
Solicitation Number 710-24-0013

To Whom It May Concern:

Liberty Mutual Insurance Company, a corporation under the laws of the Commonwealth of Massachusetts, with an office and place of business at 175 Berkeley Street, Boston, MA 02116, represents Magellan Medicaid Administration, LLC for surety bonding needs.

At the present time, Magellan Medicaid Administration, LLC is in a position to consider single projects up to $20,000,000 within an aggregate limit of $60,000,000. The statement of these values is neither a commitment nor a limitation of the bonding capacity of Magellan Medicaid Administration, LLC. At the request of Magellan Medicaid Administration, LLC, Liberty Mutual Insurance Company will give favorable consideration to providing the required performance and payment bonds.

Please note that the decision to issue performance and payment bonds is a matter between Magellan Medicaid Administration, LLC and Liberty Mutual Insurance Company and will be subject to our standard underwriting at the time of the final bond request, which will include but not limited to the acceptability of the contract documents, bond forms, and financing. We assume no liability to Magellan Medicaid Administration, LLC, third parties or to you if for any reason we do not execute said bonds.

If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

Leah L. Juenger, Attorney-In-Fact
Liberty Mutual Insurance Company
A Rating by A.M. Best, Financial Size Category XV

SOLUTIONS...DEFINED, DESIGNED, AND DELIVERED.

MARSH & McLENNAN COMPANIES

State of Missouri
County of St. Louis City } ss:

On this 18th day of September, 2023, before me, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared

Leah L. Juenger

known to me to be Attorney-in-Fact of Liberty Mutual Insurance Company the corporation described in and that executed the within and foregoing instrument, and known to me to be the person who executed the said instrument in behalf of the said corporation, and he duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year stated in this certificate above.

My Commission Expires June 20, 2026

JoAnn R. Frank Notary Public

Commission #14395672

JOANN R. FRANK
Notary Public, Notary Seal
State of Missouri
St. Louis City
Commission # 14395672
My Commission Expires 06-20-2026

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Leah L. Juenger

all of the city of St. Louis, state of Missouri each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies *in their* own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 18th day of September 2023.

By: _____
Renee C. Llewellyn, Assistant Secretary

Marsh MSurety POA LMIC OCIC WAIC Multi Co_022021

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

B. The Prospective Contractor must meet the following:

1. A minimum of three (3) years' consecutive experience with MITA concepts, such as MITA process maturity model. The Vendor shall submit two (2) examples which support at least three (3) years' experience of previous implementations using MITA concepts within the past ten (10) years.

MMA has been incorporating the MITA concepts and standards for more than 10 years, and all MMA data interfaces meet MITA 3.0 standards. MMA's PBA solution aligns with CMS modernization principles and adheres to CMS MITA framework version 3.0 today. MMA's solution is MITA-compliant and has been CMS certified for 14 of our Medicaid program customers. MMA is fully aligned with the CMS Seven Standards and Conditions. Our most recent Vendor Self-Assessment MITA maturity level was determined to be a 4.

Since 2020, MMA implemented our POS adjudication engine – FirstRx – to support both the Medi-Cal Rx and Nevada FFS populations. Total combined implementation time across these two contracts was more than three years. This business rules engine relies on a database that adheres to the MITA conceptual data model requiring significant business objects to be labeled and portrayed in their native business terminology. Interactions with the FirstRx system including benefit configuration and granular data analysis can be readily managed by operations teams using commonly understood, everyday terms and labels. Users can access the data using readily understandable table names and parent-child relationships. This architecture includes well-defined classes, using commonly understood terminology and a superclass/class/sub-class data structure.

The FirstRx logical data model has been fully developed and validated in previous implementations. This model includes defined classes with clear properties and definitions, and relationships between classes are defined and documented in entity-relationship diagrams. ***This model is the foundation used to implement and support our POS claims adjudication operations in the FirstRx system for all our state government business including the Medi-Cal and Nevada communities.***

2. Experience processing Pharmacy claims for a solution similar to that required by the State of Arkansas within the last three (3) years.

MMA has 51 years of pharmacy claims processing experience. MMA's Pharmacy Solution currently supports an average of ***140 million transactions per month, with more than one billion eligibility transactions per year.*** Our proven, SOA-based PBA Solution was developed in compliance with industry best practice Application Architecture Standards, and it fully meets all Federal and State architectural, technical, security, and privacy requirements as well as the business and functional requirements.

a. Number of Clients more than one (1) million potentially.

MMA currently provides services to government programs that touch over ***54 million lives.*** The following table depicts the Medicaid programs that we support with more than one million potential clients.

Program	Time Frame	Total Lives Served
Arkansas Medicaid POS/PDL	3/31/14 - Present	1,224,273
California Medicaid POS	12/20/19 - Present	16,218,509
Colorado Medicaid POS/PDL	10/2015 - Present	1,809,343
Florida Medicaid POS	05/2006 - Present	6,046,939
Kentucky Medicaid POS/PDL	09/2004 - Present	1,633,684
Michigan Medicaid POS/PDL	05/2000 - Present	3,194,574
South Carolina Medicaid POS/PDL	06/2000 - Present	1,563,384

Program	Time Frame	Total Lives Served
Virginia Medicaid POS/PDL	03/2017 - Present	2,093,384

b. Similar/exceeds number of claims processing volumes – Encounter processing and claims – 4.5 million paid prescriptions, more than $400,000,000.00.

MMA processes pharmacy claims through FirstRx, our CMS-certified, NCPDP-compliant, MITA-mature, scalable claims adjudication platform. Our versatile, high-performance solution integrates with an MMIS or large claim processing system and has been customized to meet DHS' needs.

Through FirstRx, MMA paid *more than 201 million claims* in 2022, totaling *more than* in paid claims. A summary of MMA's claims processing volumes for programs similar to the AMPP is included in the table below.

Program	Rx Claims Processed					
	2020		2021		2022	
	Claims	Claims $	Claims	Claims $	Claims	Claims $
Arkansas Medicaid POS/PDL	4,070,939		4,101,816		5,000,485	
California Medicaid POS	-		15,720,575		141,014,903	
Colorado Medicaid POS/PDL	9,429,645		10,339,521		11,141,993	
Idaho Medicaid	3,310,032		4,001,008		4,389,033	
Michigan Medicaid POS/PDL	10,089,880		10,797,915		11,470,845	
New York EPIC Program	9,721,892		9,090,598		7,569,607	
Pennsylvania PACE Program	7,296,639		6,752,933		6,423,007	
Virginia Medicaid POS/PDL	1,108,785		1,114,112		1,363,209	

3. Minimum of three (3) years' experience interfacing with providers with prescriptive authority, provider enrollment systems, Managed Care Organizations, DSS/EDW systems, and MMIS. This should also include providing a secure portal.

MMA interfaces with prescriptive authority, provider enrollment systems, Managed Care Organizations, DSS/EDW systems, and MMIS for all of our PBA contracts, and *MMA's AMPP-specific interfacing experience cannot be met by any other vendor.* MMA's Arkansas Account Team has interfaced effectively with key vendors and stakeholders since the start of the operations phase of the ongoing AME Pharmacy Contract in 2015. MMA has worked proactively with other vendors to develop systems and processes to interface

effectively. A key component to our effective interfacing is MMA's participation in the weekly multi-vendor meeting where we meet with vendors including DSS/EDW systems and the Core/MMIS. Our experience and approach to interfacing with key partners for the ongoing AME Pharmacy Contract includes:

Prescriptive Authorities: Since the start of the operations phase of the contract in 2015, we have interfaced with prescriptive authorities through FirstRx. Prescriptive authorities use FirstRx to submit claims in the NCPDP format, and MMA also provide responses through FirstRx. ***Prescriptive authorities have access to a secure web portal***, where they can securely log on to check member eligibility and search member claims.

Provider Enrollment Systems: Since the start of the operations phase of the contract in 2015, Gainwell has provided MMA with provider information daily.

MCOs: MMA has 19 years of experience interfacing with MCOs, and we have interfaced with MCOs for the ongoing AME Pharmacy Contract since 2019. We currently work with four PASSEs in Arkansas. They send us encounter claims and we load the encounter claims into FirstRx to support claims adjudication. We use this data to support our rebate programs., and we also send the MCOs the Arkansas-specific custom drug file to support their claims processing and editing.

In addition to our experience in Arkansas, MMA's experience interacting with MCOs is demonstrated by our Medi-Cal Rx implementation where we helped the state transition over 14 million managed Medicaid clients from the MCOs to a single FFS program. This complex implementation effort included coordinating with 26 MCOs, 10 PBMs, and 20 Data Supply Entities to transfer the Medicaid pharmacy benefit from the MCOs to FFS. We continue to interface with the MCOs as part of ongoing operations.

DSS/EDW systems: Since the start of the operations phase of the contract in 2015, MMA has sent Optum claims extract, and we now also send them PA information and drug file information weekly.

MMIS: Since the start of the operations phase of the contract in 2015, MMA has interfaced with Gainwell. Gainwell sends us provider eligibility, client eligibility, co-pay, and patient merge information daily. MMA sends claims information and co-pay information to Gainwell daily.

MMA has built successful working relationships with these third parties, and our efficient processes are in-place, which will allow us to continue to deliver effective, seamless service to DHS and AMPP clients.

C. Attachment N – Client History Form completed and signed.

MMA has provided our completed Attachment N – Client History Form on the following pages. We have provided information about our history as a prime contractor and as a subcontractor implementing, modifying, and maintaining a Pharmacy solution for customers with populations of over one million during the past eight years. We have also listed every customer with a population of over one million for whom we have designed, developed, and implemented software for a Pharmacy solution during the last eight years. We have included our long-term customers in this list because we have implemented system enhancements during the eight-year time frame.

Attachment N
Client History Form
Arkansas Medicaid Pharmacy Program
RFP # 710-24-0013

Attachment N

Arkansas Medicaid Pharmacy Program (AMPP) Client History Form

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's Pharmacy solution experience. This form **must** be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this RFP, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Proposal Signature Page.

1. Please list every client (federal, district, state, county, American territory, tribe, or Canadian province) with an estimated population over 1 million as of 2020, where you (the prime contractor only) **served as the prime contractor** to implement, modify, or maintain a Pharmacy solution in the past eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition please state "none."

In order to preserve the legibility of our response, we have provided our list following page 4 of this form.

2. Please list every client (federal, district, state, county, American territory, tribe, or Canadian province) with an estimated population over 1 million as of 2020, where you (the prime contractor only) **served as a subcontractor** for a contract to implement, modify or maintain a Pharmacy solution in the past eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract and the role you specifically served in relation to the broader contract. If there are no contracts which meet this definition please state "none."

Florida Agency for Healthcare Administration (PBA services through subcontract with Gainwell), Medicaid PBA. POS system design, development, implementation, and operations; ProDUR; formulary management; PA; RetroDUR; analysis and reporting; clinical support services; member/provider services; TPL; Call Center; lock-in programs; MAC List; management of specialty drugs; 340B ceiling price file; ePA; e-Prescribing.

North Carolina Department of Health and Human Services, Division of Health Benefits, North Carolina Medicaid (RetroDUR, PDL, and rebate administration services through subcontract with GDIT), Medicaid RetroDUR/PDL. Member of NMPI pool, as well as Medical Supply Program (MSP) Pool. PDL development/implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support, rebate administration for Federal, supplemental, and Medical Supply rebates MMA also provides a single PDL for FFS and MCO populations.

Washington State Health Care Authority (PDL services through subcontract with MODA), Medicaid PDL. Member of TOP$ pool. PDL development/implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support. MMA also provides a single PDL for FFS and MCO populations.

Wisconsin Department of Health Service (PDL and rebate administration services through subcontract to Gainwell), Medicaid PDL/Rebate. Member of TOP$ and Medical Supply Program pools. PDL development/implementation and maintenance; contract negotiations and solicitations with manufacturers; P&T Committee support; rebate administration for Medical Supply rebates.

3. Please list every client (federal, district, state, county, American territory, tribe, or Canadian province) with an estimated population over 1 million as of 2020, where a **proposed subcontractor served as the prime contractor** to implement, modify, or maintain a Pharmacy solution in the past eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition please state "none."

None. MMA does not propose to use subcontractors for this contract.

4. Please list every client (federal, district, state, county, American territory, tribe, or Canadian province) with an estimated population over 1 million as of 2020, where you (the prime contractor) **served as the prime contractor** for a contract to design, develop or implement software for a Pharmacy solution in the past eight (8) years. For each client, please specify the

organization/agency/division, not just the state, province, or political subdivision. Please briefly describe the system.

In order to preserve the legibility of our response, we have provided our list following page 6 of this form.

5. Please list every client (federal, district, state, county, American territory, tribe, or Canadian province) with an estimated population over 1 million as of 2020, where a **proposed subcontractor served as the prime contractor** for a contract to design, develop or implement software for a Pharmacy solution in the past eight (8) years. For each client, please specify the organization/agency/division, not just the state, province, or political subdivision. Please briefly describe the system.

None. MMA does not propose to use subcontractors for this contract.

Authorized Signature: _____ *Use Ink Only* **Title:** SVP & GM, State Government Solutions

Printed/Typed Name: Meredith Delk **Date:** 9/20/23

Attachment N, Requirement 1

1. Arizona Health Care Cost Containment System Medicaid MCO Drug Rebate/PDL. Individual state PDL. PDL development/implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support, rebate administration for Federal and supplemental rebates.

Arkansas Division of Medical Services Medicaid PBA/PDL. POS system design, development, implementation, and operations; ProDUR; TPL; e-Prescribing; Call Center; RetroDUR; MAC List; 340B ceiling price file; management of specialty drugs, clinical support services; analysis and reporting; PA request adjudication; web portal. Member of NMPI pool. PDL development/implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support, rebate administration for Federal and supplemental rebates. Provide a single PDL for FFS and MCO populations.

California Department of Health Care Services Medicaid (Medi-Cal Rx) PBA. POS system design, development, implementation, and operations; formulary management, ProDUR; PA including ePA; RetroDUR; claims payment; Federal drug, supplemental drug, and medical supply rebate administration; analysis and reporting; clinical consulting; disease management; provider services; TPL; Call Center; Web Portal; pharmacy audits; MAC List; Provider and Pharmacy Education and Outreach; MCO coordination and data aggregation.

Colorado Department of Healthcare Policy, Medicaid PBA. POS system design, development, implementation, and operation; enrollment/eligibility verification; ProDUR; formulary management; PA; claims payment; analysis and reporting; clinical support services; member/provider services, TPL; lock-in program; Call Center; web portal; management of specialty drugs; 340B ceiling price file; ePA; e-Prescribing. Individual state PDL. PDL development/implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support, rebate administration for Federal and supplemental rebates.

Florida Agency for Health Care Administration, Medicaid PDL. Individual state PDL. PDL development/implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support. MMA also provides a single PDL for FFS and MCO populations.

Georgia Department of Community Health, Medicaid PDL/Drug Rebatee. Full drug rebate services for both Federal and Supplemental Rebates, along with PDL services. Individual PDL, as well as Medical Supply Program (MSP). PDL development/ implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support, rebate administration for Federal, supplemental, and Medical Supply rebates.

Kentucky Cabinet for Health and Family Services, Medicaid PBA/PDL. POS system design, development, implementation, and operations; ProDUR; formulary management; claims payment; RetroDUR; PA; ePA; clinical support services; reporting and analysis; disease management; management of specialty drugs; Call Center; pharmacy audits; MAC List; lock-in programs. Member of NMPI pool, as well as MSP Pool. PDL development/implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support, rebate administration for Federal, supplemental, and Medical Supply rebates. MMA also provides a single PDL for FFS and MCO populations.

Louisiana Department of Health - Pharmacy Benefits Management, Medicaid PDL/Rebate Processing. Member of TOP$ pool. PDL development/implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support, rebate administration for Federal and supplemental rebates. MMA also provides a single PDL for FFS and MCO populations.

Michigan Department of Health and Human Services, Medicaid PBA/PDL. POS system design, development, implementation, and operations; enrollment and/or eligibility verification; ProDUR; formulary management; PA; RetroDUR; claims payment; analysis and reporting; clinical support services; member/provider service; TPL; Call Center; MAC List, lock-in programs; management of specialty drugs; ePA; e-Prescribing. Member of NMPI pool. PDL development/implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support, rebate administration for Federal and supplemental rebates. MMA also provides a single PDL for FFS and MCO populations.

New York State Department of Health, Medicaid Drug and Diabetic Supply Rebate Administration Program (includes PDL). Member of NMPI pool, as well as MSP Pool. PDL development/implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support, rebate administration for Federal, supplemental, and Medical Supply rebates.

South Carolina Department of Health and Human Services, Medicaid POS/PDL. POS system design, development, implementation, and operations; enrollment and/or eligibility verification; ProDUR; formulary management; PA; RetroDUR; analysis and reporting; clinical support services; member/provider services; TPL; Call Center; MAC List; lock-in programs; management of specialty drugs. Member of NMPI pool, as well as MSP Pool. PDL development/implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support, rebate administration for Federal, supplemental, and Medical Supply rebates.

Texas Vendor Drug Program, Medicaid PDL. Individual state PDL. PDL development/implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support. MMA also provides a single PDL for FFS and MCO populations.

(Former customer) Tennessee Division of TennCare, Medicaid PBS/PDL. POS system design, development, implementation, and operations; ProDUR, formulary management, member/provider services, call center, claims payment, clinical consulting, disease management, federal drug, supplemental drug, and medical supply rebate administration; analysis and reporting; RetroDUR; and network management. Individual state PDL. PDL development/implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support.

Virginia Department of Medical Assistance Services, Medicaid PBA/PDL. POS system design, development, implementation, and operations; enrollment and/or eligibility verification; ProDUR; formulary management; PA; RetroDUR; analysis and reporting; clinical support services; Call Center; Lab Values, e-Prescribing; ePA; eTPL; management of specialty drugs; and 340B ceiling price file. Member of NMPI. PDL development/implementation and maintenance, contract negotiations and solicitations with manufacturers, P&T Committee support, rebate administration for Federal and supplemental rebates.

Attachment N, Requirement 4

4. Arizona Health Care Cost Containment System Medicaid MCO Drug Rebate/PDL. Current contract. Implemented drug rebate administration system.

Arkansas Division of Medical Services Medicaid PBA/PDL. Current contract. Implemented POS system, PA and contact tracking system, rebate administration system, data analysis and reporting system, RetroDUR system.

California Department of Health Care Services Medicaid (Medi-Cal Rx) PBA. Current contract. Implemented POS system, claims payment system. PA and contact tracking system, drug rebate administration system, data analysis and reporting system, RetroDUR system.

Colorado Department of Healthcare Policy, Medicaid PBA. Current contract. Implemented POS system, claims payment system, PA and contact tracking system, drug rebate administration system, data analysis and reporting system.

Georgia Department of Community Health, Medicaid PDL/Drug Rebate. Current contract. Implemented drug rebate administration system, data analysis and reporting system.

Kentucky Cabinet for Health and Family Services, Medicaid PBA/PDL. Implemented POS system, claims payment system. PA and contact tracking system, drug rebate administration system, data analysis and reporting system, RetroDUR system.

Louisiana Department of Health - Pharmacy Benefits Management, Medicaid PDL/Rebate Processing. Current contract. Implemented drug rebate administration system, data analysis and reporting system.

Michigan Department of Health and Human Services, Medicaid PBA/PDL. Current contract. Implemented POS system, claims payment system. PA and contact tracking system, drug rebate administration system, data analysis and reporting system, RetroDUR system.

New York State Department of Health, Medicaid Drug and Diabetic Supply Rebate Administration Program (includes PDL). Current contract. Implemented drug rebate administration system, data analysis and reporting system.

South Carolina Department of Health and Human Services, Medicaid POS/PDL. Current contract. Implemented POS system, PA and contact tracking system, drug rebate administration system, data analysis and reporting system, RetroDUR system.

Texas Vendor Drug Program, Medicaid PDL. Current contract. Implemented data analysis and reporting system.

(Former customer) Tennessee Division of TennCare, Medicaid PBS/PDL. Implemented POS system, claims payment system. PA and contact tracking system, drug rebate administration system, data analysis and reporting system, RetroDUR system.

Virginia Department of Medical Assistance Services, Medicaid PBA/PDL. Current contract. Implemented POS system, PA and contact tracking system, drug rebate administration system, data analysis and reporting system, RetroDUR system.

8.1.4 Company Information and Experience

A. Provide a Company Profile, to include the following:

1. Company Name

Magellan Medicaid Administration, LLC (MMA).

2. Ownership (sole proprietor, partnership, etc.)

Magellan Medicaid Administration is a Limited Liability Corporation (LLC). Magellan Medicaid Administration, LLC is wholly owned by Morocco Acquisition LLC, who is wholly owned by Prime Therapeutics LLC.

MMA has been owned by Prime Therapeutics LLC (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 clients. Prime provides total drug management solutions for health plans, employers, and government programs including Medicare and Medicaid. Prime and MMA are deeply committed to serving MMA's existing segments, including its Medicaid administration, ADAP, and PBM businesses.

3. State and date of incorporation

The company was 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.

4. Number of years in business

This year, MMA will have been in business for 55 years.

5. List of Officers

The Officers for Magellan Medicaid Administration, LLC are:

- Mostafa Kamal, Chief Executive Officer
- Mark Renze, Treasurer
- Michael Kolar, Secretary.

6. Location of Company headquarters and other company offices

Our headquarters is located at 2900 Ames Crossing Road, Eagan, Minnesota 55121.

In addition to the company headquarters in Eagan, Minnesota, MMA maintains a network of offices throughout the United States:

- **One Allied Drive, Suite 1120, Little Rock, AR**
- 11013 West Broad Street, Suite 500 Glen Allen, VA
- 2256 South 3600 West, Suite A, West Valley City, UT
- 6870 Shadowridge Drive, Suite 111, Orlando, FL
- 15 Cornell Road, 2nd Floor, Latham, NY
- 88 Silva Lane, STE 110, Middletown, RI
- 50 E. S Temple Street, STE 145, Salt Lake City, UT
- 11000 White Rock Road, Rancho Cordova, CA
- 3131 Camino Del Rio N, STE 400, San Diego, CA
- 4000 Crums ML Road, 3rd floor, Harrisburg, PA 17112.

7. Number of employees, both locally and nationally

MMA has approximately 1,020 employees nationally, and our parent company, Prime Therapeutics, has approximately 6,700 employees (including MMA employees). MMA has 30 employees in Little Rock supporting the ongoing AME Pharmacy Contract.

B. Attachment N – Client History Form

We have provided our completed Client History Form in proposal *Section 8.1.3.*C.

C. Describe your company and all subcontractors and their roles on this Project. Please explain why you would be a stable and dependable Contractor for the State. Please confirm whether your subcontractors have, or do not have, signed agreements or letters of intent. Please explain the role of each subcontractor and the anticipated extent of their involvement.

MMA has 51 years of Medicaid experience. We began processing Medicaid pharmacy claims in 1972 as part of our first Medicaid fiscal agent contract. As a nationally recognized expert developing and delivering a full line of industry-leading pharmacy services to state Medicaid programs, MMA has the extensive experience, clinical expertise, operational capability, flexible technology, and capacity to support the AMPP. ***Our focus on serving Medicaid customers clearly distinguishes us from our competitors and has led to a deep understanding of the populations these programs serve.*** MMA currently provides services to government programs that touch over ***54 million lives.*** In 2022 we processed ***331.4 million pharmacy claims*** for our Medicaid and other government customers. We have experience providing all the services required in the RFP. *Figure 8.1-2* depicts MMA's national footprint.

Figure 8.1-2: MMA's Current Medicaid and Other State Government Customers

For 51 years, MMA has been a trusted partner to state governments, supporting Medicaid programs, AIDS Drug Assistance Programs (ADAPs), and State Pharmaceutical Assistance Programs (SPAPs). Today, MMA is one of the largest standalone Medicaid PBAs in the nation. MMA is a leader in the development and operation of systems that provide pharmacy management and oversight and pharmacy benefits administration to help control pharmacy costs and improve clinical outcomes for government healthcare program members.

As a leader in the public sector market for healthcare management and information services, MMA uses integrated clinical management, superior operational administration, and leading information technology solutions to provide comprehensive pharmacy services. MMA's systems and services have been designed from the ground up to provide the best possible support for Medicaid programs and populations.

MMA focuses on the strategic needs of our customers' programs to determine the technology and business solutions needed to support their long-term goals. MMA has the resources and the nationally recognized expertise to support the needs of the AMPP. We focus on the State's goal of decreasing drug expenditures while maintaining quality patient care and easing the administrative burdens on providers.

MMA's technological solutions are best-in-class and compliant with State and Federal regulations, but what truly makes us different is our ***ability to maintain long-term, productive, collaborative relationships with our customers;*** for example, we have worked with Alaska since 1987, South Carolina since 2000, Michigan since 2000, and New Hampshire since 2001. ***We have also served as Arkansas' Medicaid POS contractor since 2014***

and Arkansas' Medicaid PDL contractor since 2016. Our staff is knowledgeable and broadly experienced in Medicaid pharmacy programs, healthcare policy development, healthcare program management, Information Technology, pharmacy and other healthcare claims processing, clinical and policy data analysis, and the unique challenges presented by the pharmaceutical industry.

MMA has experience in providing all the RFP-required services including 51 years of experience providing fiscal agent services starting with paying pharmacy claims as part of our first Medicaid fiscal agent contract, 39 years of PBA experience, 39 years of experience providing POS services, and 32 years of rebate experience. We can fulfill all experience requirements without the use of subcontractors, and we are fully capable of performing each required systematic component, task, and deliverable. Our solutions are scalable and configurable to grow and expand with the dynamic nature of healthcare delivery. We have demonstrated our good faith, integrity, and reliability throughout our history of supporting multiple state Medicaid programs. In the following table, we show the depth of our pharmacy services experience.

MMA Pharmacy Services	Years of Experience
Call Center Services	35
Clinical Support Services	39
CMS Certification	16
CMS Drug Rebate Administration	32
COB/Payer of Last Resort	24
Developing Medicaid Pharmacy Benefit Cost Containment Strategies	30
Diabetic/Medical Supply Rebate Programs	15
Drug Pricing Negotiation and Reporting	38
Drug-Related Medical Supply Rebate Management	14
E-Prescribing	14
Fiscal Agent Services	40
Formulary Management and Support	38
Health Care Management Services	34
Lock-In Services	19
MCO Coordination	19
Medical Pharmacy Management Program	18
Medication Therapy Management (MTM) (Medicare)	11
P&T Committee/Drug Utilization Review (DUR) Board Support	36
PDL Design, Development, Implementation, and Operations/Maintenance	22
Pharmacy Auditing	33
Pharmacy Benefit Management	39
Pharmacy Claims Processing	51
Pharmacy Financials	51
Pharmacy POS	39
Pharmacy Prior Authorization Program Management	31
ProDUR	33

MMA Pharmacy Services	Years of Experience
Proprietary Pharmacy Network Management and Administration	39
Quality Assurance	51
Reporting Services	51
RDUR	36
Senior Pharmacy Program (SPAP) Administration Services	39
Specialty Pharmacy Distribution	22
Specialty Pharmacy Management	23
State MAC List Development and Maintenance (Rate Setting)	21
Supplemental Drug Rebate Administration	22
Supplemental Rebate Negotiation and Management for PDL	22
Third Party Liability (TPL)	51
Website/Portal Services	21
AIDS Drug Assistance Program (ADAP) Services	27

MMA has almost four decades of experience implementing successful Medicaid, ADAP, and SPAP pharmacy systems and services, 39 years of PBA /PBM experience, and 19 years of experience with our proven proprietary Project Management Methodology (PMM). MMA has an outstanding track record of on-time, successful PBA implementations that include state Medicaid programs with functionalities and system solutions similar to those required for the AME Pharmacy Contract —including our 14 current Medicaid POS customers. Our system solution has been tailored to meet the needs of Medicaid pharmacy programs. This extensive experience and long track record of delivering on-time pharmacy implementations to state Medicaid programs across the nation makes us the optimal vendor to meet the requirements for the implementation and operations phases of the AME Pharmacy Contract.

Broad, Unmatched Experience

- **51 years** of Medicaid pharmacy claims processing experience, beginning with our first Medicaid contract with Virginia in 1972.
- **39 years** of full-service PBA experience with state healthcare programs, including 14 current Medicaid pharmacy POS customers.
- **9 years** of experience providing POS services to the AMPP.
- **7 years** of experience providing PDL services to the AMPP.

We have implemented pharmacy software and services for some of the larger volume Medicaid FFS programs in the country, such as California Medi-Cal Rx, Colorado, Florida, Michigan, Tennessee, and Texas, as well as some of the smallest. Our scalable solutions can be customized to serve any size Medicaid pharmacy program, from over 15 million clients to less than 2,500 clients. 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.

MMA's proposed ***proprietary Medicaid pharmacy solution meets all the requirements of DHS.*** MMA's integrated pharmacy solution is certified by CMS, adheres to CMS MITA framework version 3.0 ***today***, and aligns with CMS modernization principles, providing Arkansas with a modular system based on Service Oriented Architecture (SOA) design principles. Our systems are built on an architecture that offers a flexible approach through the use of open industry-standard interfaces and exposed Application Programming Interfaces (APIs).

MMA has a long history of providing PBA solutions to government agencies which well qualifies us to serve as the contractor for the AMPP. ***This year marks our 51st year providing pharmacy claims processing services to***

Medicaid programs, and our 39th year providing state government-specific pharmacy POS system solutions and pharmacy benefit administration services, (including Medicaid programs, ADAPs, and SPAPs). This experience, combined with our expertise serving vulnerable populations and our agile solution tailored to CMS certification requirements (we have helped 15 Medicaid customers receive CMS certification of our pharmacy module), positions us to be the best choice to support DHS.

POS Pharmacy Solution: MMA processed ***331.4 million pharmacy claims*** for state government programs in 2022. We began processing Medicaid pharmacy claims in 1972. This experience includes over 39 years of providing claims processing as part of our full-service Pharmacy POS solution. ***We can scale our solutions to serve any size pharmacy program.*** Our proven proprietary claims processing system, FirstRx, handles real-time pharmacy claims adjudication and responses. FirstRx is a highly configurable and flexible business rules-based pharmacy claims processing application that serves the complex, ever-changing Medicaid market. This CMS-certified and MITA-mature system is HIPAA-, HITECH-, NCPDP-, and ASA-compliant for claim transactions, code sets, and data exchanges. MMA's FirstRx POS solution will provide DHS with an agile, highly configurable system. The flexibility of FirstRx is demonstrated by the fact that ***98% of change requests are met through configuration and deployed by a business analyst (and not a software developer)***. Our system supports online benefit configuration and claims adjudication in real time, 24/7/365, as well as encounter claim loads/pricing. FirstRx accepts pharmacy claims via real-time and batch submission, web claims submission, and manually entered paper claims. We currently use our FirstRx claims processing system to process claims for 14 Medicaid FFS, 8 ADAP, and 4 SPAP PBA contracts.

Medicaid Drug Rebates: ***Our drug rebate processing history dates to 1991***, when we launched our first rebate program for New Mexico as part of our Fiscal Agent contract. MMA has 32 years of proven experience in managing Medicaid drug rebates, with drug rebate management and operational support services implemented and operational for Medicaid programs in 24 states and the District of Columbia. *Figure 8.1-3* illustrates our extensive service offering and national footprint of rebate experience. We provide a proven CMS and supplemental rebate services solution that brings substantial experience in successfully delivering rebate administration and management services. For almost three decades, we have assisted our customers in navigating Federal regulations and oversight, as well as providing support during CMS/OIG audits and during state audits. ***Our 32 years of experience in managing CMS and supplemental rebates is unmatched.***

The Unmatched MMA Medicaid Rebate Operations Solution

- MMA currently supports 204 rebate programs for 25 states and the District of Columbia. MMA supports more than a third of the country's Medicaid rebates.
- Since we began providing rebate services, MMA has collected **more than** in CMS rebates and **more than** in supplemental rebates on behalf of our customers.

MMA will provide DHS with supplemental rebate services through our established Drug Rebate Management System and Drug Rebate Operational Support infrastructure. MMA's in-depth experience provides us with great insight into the similarities and differences of each state customer, including the opportunities and challenges presented both individually and collectively. ***Our methodology and strategy have proven effective, as MMA delivers increases in supplemental and CMS drug rebate yields year after year.***

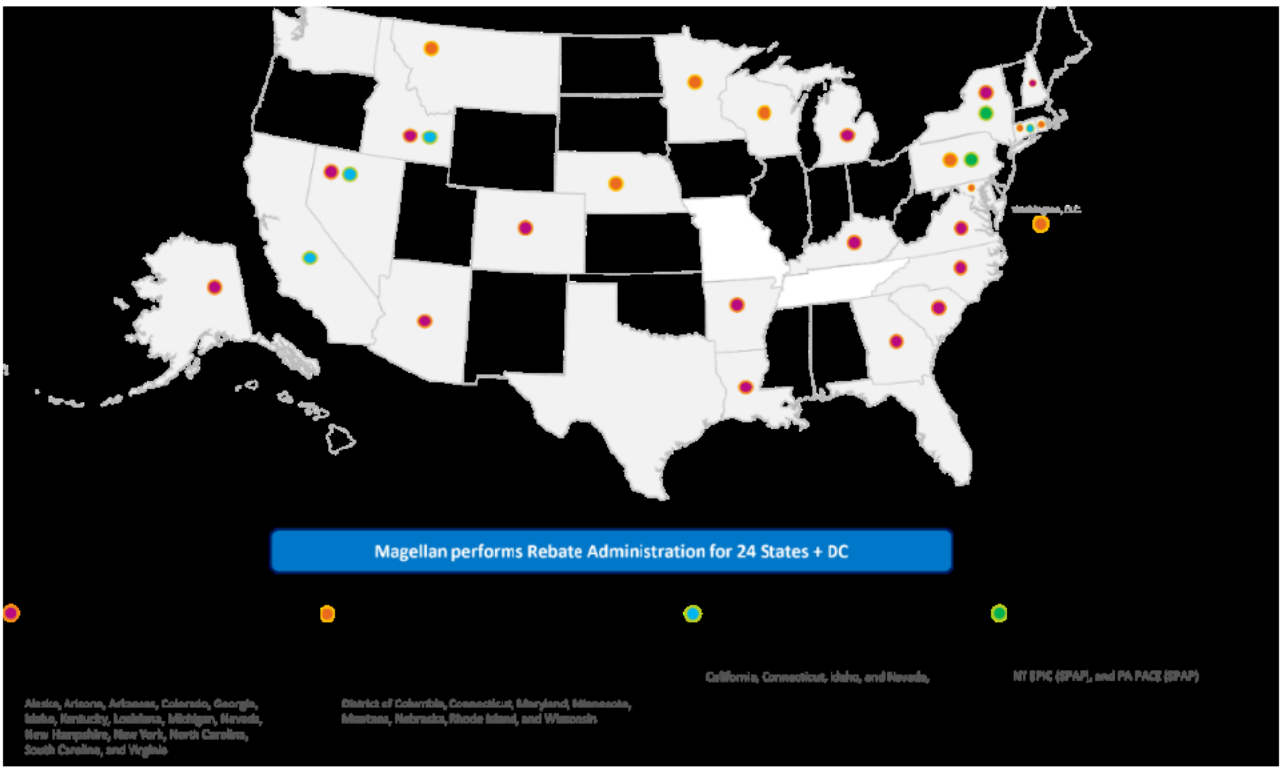


Figure 8.1-3: MMA National Footprint for Rebate Management Services

Preferred Drug List (PDL) and Supplemental Rebate Services: MMA developed the nation's first Medicaid Supplemental Rebate and PDL program in 2001 for Florida. This program became the model for all subsequent programs in the country. ***We have 22 years of experience providing PDL design, development, implementation, and operations*** and maintenance services similar in size and scope to this program. MMA is a national leader in supplemental rebate and PDL program development and maintenance, with the ability to understand that there is a fine balance between the cost-effectiveness of listing a generic as preferred versus the need to keep a brand as preferred given the size of the market. We manage two CMS-approved Medicaid Supplemental Rebate Pools – the ***NMPI, the longest running multi-state Medicaid rebate pool in the country – which we founded in 2004, and TOP$, which we founded in 2005.*** Together, these two pools have 21 participants (20 states plus DC), including Arkansas. NMPI member states represent 13.7 million lives, and TOP$ member states represent 7.8 million lives. We also provide five individual-state PDLs. ***In 2022, MMA collected more than in supplemental rebates including both MCO and FFS program for DHS.*** Our national Supplemental Rebate and PDL footprint is shown in *Figure 8.1-4.*

MMA Record of Innovative PDL Program Firsts

- **First** PDL program in **2001**
- **First** two multi-state pools – NMPI in **2004** and TOP$ in **2005**
- **First** single PDL for Medicaid FFS and MCO populations in **2013**.

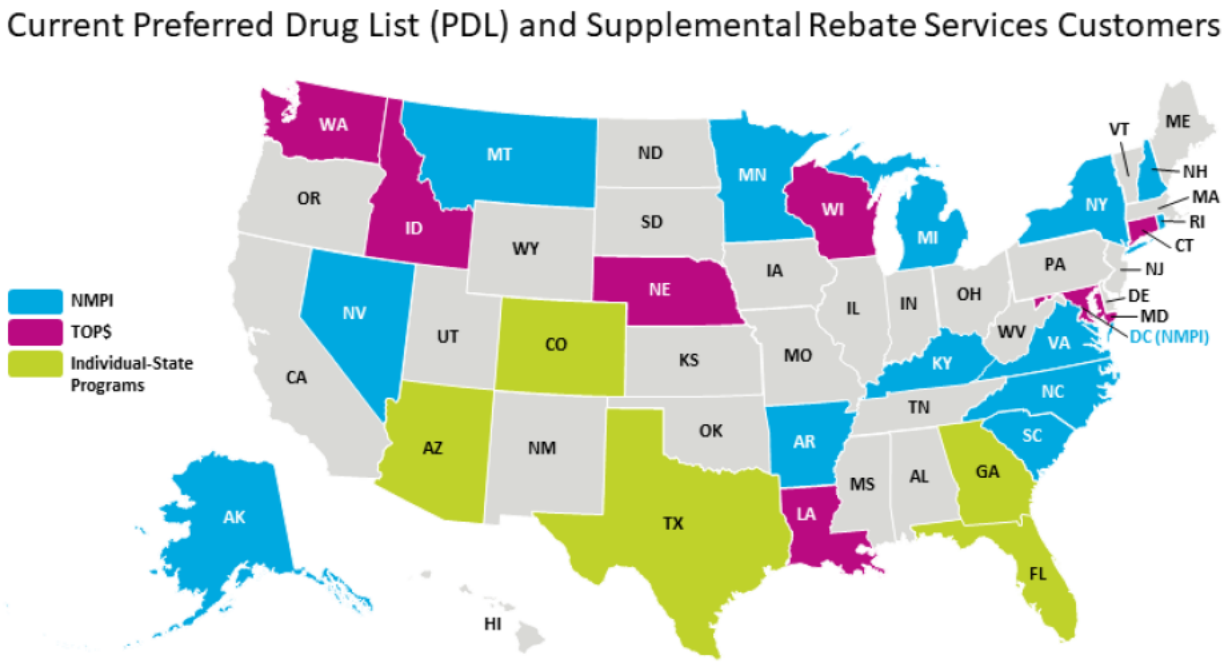


Figure 8.1-4: MMA's Current PDL and Supplemental Rebate Services Customers

As a participant in MMA's NMPI pool, Arkansas's benefits by increased savings over state-specific (non-pool) or other pooled approaches. Through the NMPI, DHS has been able to take advantage of the pooled purchasing power of 14 participants, while maintaining an autonomous Drug Utilization Review Board and PDL that is tailored to the unique needs of its members.

Our contracting team understands the intricate details of negotiating multi-state contracts that bring both exceptional value and flexibility to allow each state to retain individual decision-making authority. As the leader in this space, MMA offers our customers the opportunity to participate in either of our two CMS-approved Medicaid pools—NMPI or TOP$—or, in the case of blended managed care and FFS models, we work with our customers to develop a uniform PDL model that is customized to the unique goals and needs of the state. Our expertise in this area well prepares us to support the State's continued participation in the NMPI. MMA's in-depth experience provides us with great insight into the similarities and differences of each state customer, including the opportunities and challenges presented both individually and collectively. Our methodology and strategy have proven effective, as ***MMA delivers increases in supplemental rebate yields year after year. No other company can match these savings.*** All pool participants receive the benefits of pricing scenarios based on greater pooled membership. Negotiating the deepest Medicaid pool discounts is all about leverage. PBMs exert leverage in the form of formulary restrictions or by using large populations to drive volume discounts. MMA excels at both. We contract on behalf of nearly 37 million Medicaid lives—no other PDL contractor has more FFS Medicaid lives under contract.

Long-Term Successful Partnership

MMA has collaborated with Arkansas DHS to achieve many successes over the years, such as increased drug class reviews and significant cost savings for the AMPP. Since MMA began providing PDL services in 2016, we have helped DHS collect almost [redacted] in supplemental drug rebates. For 2022, we have assisted DHS in collecting [redacted] in supplemental drug rebates including both MCO and FFS programs.

Value-Based Contracting: One way to achieve better outcomes and lower costs for Medicaid programs is through value-based contracts (VBCs). VBCs are performance-based reimbursement agreements between health care payers and pharmaceutical manufacturers in which the price, amount, or nature of reimbursement is tied to value-based outcomes. Value-based contracting for commercial payers is not a new concept, but it is newer in the Medicaid space where all prescription drugs must be available to patients in exchange for offering the best

price on the drug and providing a mandatory rebate set in statute. The intent of VBC arrangements is to tie outcomes to high-cost drug therapies funded by state Medicaid program payers. For decades, CMS has promoted value-based reimbursement for quality outcomes within the delivery system. Now, new CMS guidance advocates for states and drug manufacturers to contract on a metric other than price, by linking the cost of a drug to the value it provides. The pipeline of high-cost, potentially curative therapies is robust, and Medicaid departments are looking for ways to manage the cost of medications while providing the right therapies to the right patient at the right time.

There is a swell of new blockbuster drugs coming to market that are positioned clinically to be curative, but also often come with a multi-million-dollar cost per dose. Fortunately, in the Medicaid FFS market, VBC is now driven by CMS' rule changes enacted last year. States now can consider the value or outcome of a drug relative to its price and the overall impact to a Medicaid program's total cost of care. To determine program savings and, ultimately, the durability of novel cell and gene therapies, states will need to look at both pharmacy and medical claims data and measure any reduction in hospitalization rates, doctors' office visits, relapses, and other metrics. Historically, states have encountered a range of barriers to adopting VBCs. The most frequently cited challenge has been the administrative resources needed to develop and negotiate VBCs, followed by the data collection and measurement requirements needed, the time required for implementation and the time required to measure value. These challenges have previously limited the feasibility of VBCs, especially for smaller states with less volume and utilization.

To address these challenges, we have launched ***MRx Value Plus (Value Plus),*** the first multi-state VBC solution, designed to assist state Medicaid programs in securing access to cell and gene therapies for patients while helping to ensure the cost of these therapies is linked to the value they provide. The Value Plus solution is focused on health outcomes for patients treated with a manufacturer's product. If health outcomes are not realized, the manufacturer will refund a portion of the cost of the drug back to the state, which helps minimize their financial exposure. This new multi-state approach not only allows us to assist these states with negotiating and executing VBCs, but it also creates scalability and efficiency in addressing the durability of high-cost drugs. Being the first to market in this space, the Value Plus VBC program delivers:

- Assistance to state Medicaid programs in securing access to cell and gene therapies for patients while helping to ensure cost is linked to value
- Harmonization between the state's allotted pharmacy budget to promote universal access to medications that improve patient quality of life
- Ability for biopharmaceutical manufacturers to recoup their investment in therapies that promote better holistic outcomes for all.

We are currently partnering with several states and drug manufacturers who are leveraging the Value Plus solution. MMA offers a comprehensive approach that includes contract negotiation, implementation of criteria, data aggregation, and reporting of rates to allow for manufacturer invoicing through our rebate solution. We would be happy to discuss this service with DHS after contract award.

National Leader with Proven Expertise: MMA's understanding of the economic cost drivers in Medicaid pharmacy management is extensive. Our experience in managing pharmacy programs dates back 39 years, and Medicaid has evolved substantially since the introduction of OBRA '90. ***Our far-reaching Medicaid pharmacy management expertise has allowed us to keep abreast with the ever-changing and evolving Medicaid environment. MMA has been instrumental since 2010 in helping states navigate through the impact of the Affordable Care Act (ACA) on PDLs.***

Since 2009, MMA has provided a Medical (Diabetic) Supplies Program rebate pool that currently consists of 10 Medicaid customers; and we also provide an individual Medical Supplies Program for one state, and ***we are currently implementing our diabetic supply rebate administration services for the AMPP.*** MMA manages medical supplies therapeutic classes including diabetic meters, strips, continuous glucose monitors, disposable insulin pumps, syringes, needles, and ancillary equipment, as well as spacers and other devices as part of our Medical Supply Program pool. We successfully manage more than 10.9 million lives.

In addition to our deep multi-state pool experience, MMA is a national leader in developing value-based contracting solutions for the Medicaid market as described previously in this section. We collaborated with the Center for Evidence-Based Policy at the Oregon Health and Sciences University on the State Medicaid Alternative Reimbursement and Purchasing Test for High-Cost Drugs, known as the SMART-D project. With MMA's experience in supplemental rebate contract template development, we were integral in the development of an opensource Outcomes-Based Contract (OBC) which gained approval from CMS. This contract template has been approved by CMS for nine states since its launch by SMART-D. With our depth of knowledge of contracting, as well as industry-leading manufacturer negotiations experience, MMA is ideally situated to assist states in navigating this new contracting opportunity.

With the number of expensive gene and cell therapies entering the marketplace it is important for States to seek out new and measurable ways to counterbalance the increasing cost of specialty drugs and improve patient care. MMA has developed ***MRx Value Plus, the first multi-state value-based contract designed for state Medicaid programs.*** MRx Value Plus will provide states with another tool to manage overall healthcare costs and quality by paying for drugs and therapies that are efficacious. MRx Value Plus centers around improving patient care by linking outcomes with cost-effectiveness. If health outcomes are not realized, the manufacturer will refund a portion of the cost of the drug back to the state which shifts the focus from volume to value.

Our 39 years of experience providing Pharmacy POS services to Medicaid and government healthcare programs across the nation, coupled with the scope and flexibility of our pharmacy solution—makes ***MMA one of the few vendors able to perform all of services across the scope of work outlined in the RFP without the expense of using subcontractors.*** MMA's solutions and processes enable our customers to develop innovative cost-containment strategies and provide analysis for complex issues such as policy and reimbursement changes. Our CMS-certified, NCPDP-compliant, MITA-mature, scalable claims adjudication platform, FirstRx, provides configurable benefit management and pharmacy claims processing including system edits, ProDUR, third-party liability/coordination of benefits, and AutoPA functionality integrated within the POS system. We also provide real-time PA services through our Call Center using our PA and call tracking system, as well as electronic PAs.

CMS Certification: ***MMA has over 16 years of CMS Certification experience, having achieved CMS certification for 15 Medicaid customers–including Arkansas DHS in 2014.*** In each CMS certification, there were no findings, corrective actions, or follow-up action items required of us. MMA helps states get the most value out of limited healthcare dollars while supporting clinically appropriate care for their most vulnerable citizens. ***MMA recently achieved certification for two states–Nevada and California–using the new CMS Streamlined Modular Certification (SMC) process,*** which streamlines the certification process and focuses on measuring the effectiveness of the pharmacy solution to support desired business outcomes. Our in-place Pharmacy solution that is supporting DHS today is certified and we will continue to ensure that our claims processing system complies with all CMS and State Certification requirements and provide evidence of compliance as requested by DHS. The following table summarizes MMA's CMS certification experience.

Medicaid Customer	Date Certification Notification was Received from CMS	Effective (Retroactive to) Certification Date	Certification Type	Medicaid Information Technology Certification Approach*	Corrective Actions/ Findings
Arkansas	June 2018	March 2015	Pharmacy Module	MECT 2.2	None
Alaska	September 2018	September 2018	MMIS	Medicaid Enterprise Certification Toolkit (MECT) 2007 Release	None

Medicaid Customer	Date Certification Notification was Received from CMS	Effective (Retroactive to) Certification Date	Certification Type	Medicaid Information Technology Certification Approach*	Corrective Actions/ Findings
California	August 2023	January 2023	Pharmacy Module	Streamlined Modular Certification (SMC)	None
Colorado	September 2019	March 2017	MMIS	MECT 2.2	None
District of Columbia	December 2017	December 2015	Pharmacy Module	MECT 2.1	None
Florida	June 2010	June 2008	MMIS	MECT 2007 Release	None
Idaho	July 2012	February 2010	MMIS	MECT 2007 Release	None
Kentucky	August 2016	July 2014	Pharmacy Module	MECT 2007 Release	None
Michigan	April 2011	April 2011 January 2012	MMIS	MECT 2007 Release	None
Nebraska	January 2012	January 2012	MMIS	MECT 2007 Release	None
Nevada	July 2023	July 2022	Pharmacy Module	SMC	None
New Hampshire	June 2015	March 2013	MMIS	MECT 2.1	None
South Carolina	April 2019	November 2017	Pharmacy Module	MECT 2.2	None
Tennessee	February 2018	June 2013	Pharmacy Module	MECT 2.2	None
Virginia	December 2018	September 2017 (Encounter Processing System) October 2017 (PBMS)	Pharmacy Module	MECT 2.2	None

Nationally Recognized Expertise and Accreditations: ***We are recognized as national experts in the design, development, and deployment of robust, HIPAA-compliant, flexible, and configurable systems to support PBA operations.*** Our systems and processes enable our customers to implement innovative cost containment strategies and provide analysis for complex issues such as policy and reimbursement changes. Our Medicaid Pharmacy solution is compliant with National Council for Prescription Drug Programs (NCPDP) standards. We bring the varied experience of our entire company, which includes staff who are PBA thought leaders, national innovators in delivering specialty pharmaceutical solutions, clinical leaders with NCPDP certification, and managed care experts who are well-versed in the nuances of federal and state regulations that govern Medicaid FFS and Managed Care programs. Our MMA staff brings unparalleled experience to support state

Medicaid programs. Members of our Account Team have served as task group leaders, contributed to white papers, and presented in national webinars with NCPDP and have good working relationships with the National Alliance of State and Territorial AIDS Directors (NASTAD).

MMA holds full International Organization for Standardization (ISO), ISO Version 9001:2015 certification for the design and delivery of pharmacy benefit administration for government contracts. Through the ISO process, our organization's operations were examined in each area listed to ensure that we are delivering healthcare in a manner consistent with nationally high standards. This certification is effective from March 1, 2021, to March 1, 2024. The ISO 9001 certification is a quality management system standard that was developed by ISO, which is an international association of governmental and nongovernmental organizations. This standard is utilized to certify quality management systems that focus on continuous improvement, customer satisfaction and the active involvement of both management and employees in a process-based approach.

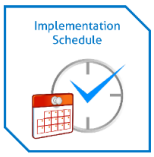
MMA's expertise extends far beyond claims processing to include solutions that are responsive to evolving healthcare industry needs. MMA uses our focused expertise in government programs to create solutions that help states manage their government-funded pharmacy programs. With this specialized market in mind, we analyze the landscape and follow emerging trends and regulations that will impact the way programs are administered. We have been responsive to evolving regulations and industry trends and changes and have created solutions to assist states in taking advantage of new management tools and opportunities, such as web-based applications. We provide government pharmacy program development and cost containment strategies by conducting analysis (policy, reimbursement, clinical, informatics, and information exchange), guidance, and services. We also administer pharmacy clinical programs directed at over-use and misuse of opioids as well as behavioral health therapies. MMA's exclusive focus on government pharmacy programs, combined with our clinical expertise and technical ability in pharmacy administration, clearly distinguishes us from our competitors.

Subcontractors

MMA is not proposing any subcontractors for the AME Pharmacy Contract.

D. Describe your experience on similar projects for similar clients. Describe your Pharmacy systems experience. Demonstrate your experience in leading the design, implementation, and support of large Pharmacy systems in a timely and cost-efficient manner.

MMA currently has active contracts with 26 state Medicaid programs and the District of Columbia, including Arkansas. Our services range from POS design, development, implementation, and operations to a full suite of clinical and financial services such as prior authorization, preferred drug management, rebate operations, MAC List development, and Health Informatics. With 39 years of state government PBA experience, MMA is a nationally recognized expert in developing and delivering a full line of industry-leading pharmacy services to state Medicaid programs, MMA has the extensive experience, clinical expertise, operational capability, and capacity to support the AMPP.



Design and Implementation Experience: MMA has been implementing POS systems for 39 years. Currently, we have 14 Pharmacy POS customers, and all these implementations were completed successfully. This history provides us with a blueprint for setting up and executing a successful implementation phase that ensures continuity of service to patients and pharmacies while proactively anticipating and resolving any implementation-related issues. A summary of our recent implementation experience is included in the table below. During the implementation phase, MMA prioritizes keeping the member experience at the forefront of our planning. Our credible solution is built on decades of successfully implementing and operating complex programs and managing complex populations. Our current Pharmacy POS solution contracts were implemented on time and according to the schedule determined with each customer. DHS can be assured that the implementation phase for this project will be well-planned, closely managed, and seamless to stakeholders and will ensure continuity of care and expanded access across the State. ***By joining account management and clinical support staff, MMA provides the resources and system infrastructure to deliver a successful Pharmacy POS System Solution based on decades of experience in personalized customer support.***

MMA Implementation Experience			
Agency Name	**Scope Summary**	**Planned Implementation Date**	**Actual Implementation Date**
State of Nevada Medicaid PBM	Full POS, Federal Drug, Supplemental Drug, and Diabetic Supply Rebates; Analysis and Reporting, PDL Development, Implementation; Enrollment/Eligibility Verification, ProDUR Edits and Drug Monitoring, Formulary Management, Billing and Reimbursement; Client/Provider Services; Prior Authorization, Clinical Consulting, TPL, MAC List, Lock-in Program Pharmacy Network, Call Center, and Web Portal	2022	2022
State of Nevada ADAP (NMAP) (included in Medicaid PBM Contract)	POS Design, Development, Implementation, and Operations; Enrollment and/or Eligibility Verification; POS ProDUR Edits & Drug Monitoring; Formulary Management; Clinical Consulting; Disease Management; Client/Provider Services; TPL: Help Desk	2022	2022
Commonwealth of Massachusetts ADAP (IDDAP)	POS Design, Development, Implementation, and Operations; POS ProDUR Edits & Drug Monitoring; Formulary Management; Disease Management; Client/Provider Services; TPL: Help Desk	2022	2022
State of California Medicaid Pharmacy Program (Medi-Cal Rx) *Transitional services (including Call Center, education and outreach, and web portal) were implemented on 01/01/2021.	POS Design, Development, Implementation, and Operations; Enrolment and/or Eligibility Verification; Formulary Management, POS ProDUR Edits & Drug Monitoring; Prior Authorization; RDUR; Billing and Reimbursement; Federal Drug, Supplemental Drug, and Diabetic Supply rebates; Analysis and Reporting; Clinical Consulting, Disease Management, Provider Services; TPL; Call Center; Web Portal with real-time access to pharmacy data for the State, clients, and providers; Pharmacy Audits, MAC List, Provider and Pharmacy Education and Outreach, MCO coordination and data aggregation.	2022	2022

MMA Implementation Experience			
New York State Office of Mental Health Medication Grant Program	POS Design, Development, Implementation, and Operations; Enrollment and/or Eligibility Verification; POS ProDUR Edits & Drug Monitoring; Billing and Reimbursement; Analysis and Reporting; Client/Provider Services; Call Center; MAC List	2021	2021
State of Connecticut ADAP PBM	Full POS, ProDUR, Formulary, Prior Authorization, Client/Provider Services, Call Center, Web Portal, Provider Reimbursement, TPL Reporting/Analytics, Rebate, Client Enrollment Services.	2018	2018
State of Georgia Medicaid PDL/Drug Rebate	Full drug rebate services for both CMS and Supplemental Rebates, including 14 invoicing streams/programs along with full PDL services.	2018	2018
State of Michigan Medicaid Pharmacy Program	Additional Scope implemented – Formulary Management Tool.	2018	2018
State of North Carolina Medicaid RDUR, PDL, and Supplement Rebate Program	Diabetic Supply Rebates implemented.	2018	2018
State of New York Medicaid Drug and Diabetic Supply Rebate Administration Program	Federal Drug, EPIC Drug, Supplemental Drug, and Diabetic Supply Rebates; Analysis and Reporting, PDL Development, Implementation. DUR Board Support, New York Website.	2017	2017
State of Alaska Medicaid PBM	POS, Recipient Eligibility Verification, Prior Authorization Requests, Exchange data with MMIS vendor, Call Center Operations, Reporting, RDUR, PDL Management, P&T Support, Drug Rebate	2017	2017
Commonwealth of Virginia Medicaid PBM	Full POS, Federal Drug, Supplemental Drug, and Diabetic Supply Rebates; Analysis and Reporting, PDL Development, Implementation; Enrollment/Eligibility Verification, ProDUR Edits and Drug Monitoring, Formulary Management, Prior Authorization, Clinical Consulting, TPL, MAC List, Lock-in Program Pharmacy Network, Call Center, and Web Portal	2017	2017

MMA Implementation Experience			
State of Colorado Medicaid PBM	Full POS, Enrollment/Eligibility Verification, ProDUR Edits and Drug Monitoring, Formulary Management, Prior Authorization, Billing and Reimbursement, CMS Drug Rebates, Analysis and Reporting, Clinical Consulting, Client/Provider Services, TPL, PDL and Supplemental Rebates, Lock-in Program, Pharmacy Network, Call Center, Web Portal	2017	2017
State of South Carolina Medicaid PBM	Full POS, ProDUR, PDL, Rebates, Pharmacy Network, Prior Authorization, Formulary Management, Client/Provider Services, Call Center, Web Portal, Provider Reimbursement, TPL Reporting/Analytics, Specialty Pharmacy, PAD	2017 (Additional Scope implemented for existing contract)	2017
State of California ADAP PBM	Full POS, ProDUR, Formulary, Prior Authorization, Client/Provider Services, Call Center, Web Portal, Provider Reimbursement, TPL Reporting/Analytics, Clinical Consulting, MAC	2016	2016
State of Idaho ADAP PBM	POS, ProDUR, Formulary Management, Provider Reimbursement, Clinical Consulting, Reporting and Analysis, Disease Management, and PDL	2015	2015
District of Columbia Medicaid Pharmacy Program	Full POS; ProDUR; Supplemental Drug, and Diabetic Supply Rebates; Analysis and Reporting; PDL Development, Implementation; Analysis and Reporting, Pharmacy Network, Prior Authorization, Formulary Management, Client/Provider Services, Call Center, Web Portal, Provider Reimbursement, and TPL	2015	2015

MMA Implementation Experience			
State of Arkansas Medicaid Pharmacy Program	Full POS, ProDUR, Federal Drug, Supplemental Drug, and Diabetic Supply Rebates; Analysis and Reporting; PDL Development, Implementation; Pharmacy Network, Prior Authorization, Client/Provider Services, Call Center, Web Portal, Provider Reimbursement, TPL Reporting/Analytics, and MAC	2016	2016: Rebates – 11/1/2016, POS and PDL – 2/25/2017 (MMA was ready to implement POS, PDL and Rebates in November 2016 as scheduled. Other vendors were not ready, and the state requested we delay implementation of the POS and PDL modules until 2/25/2017 to allow other vendors more time)
State of New Hampshire ADAP	POS Design, Development, Implementation, and Operations, POS ProDUR Edits & Drug Monitoring, Formulary Management, Prior Authorization, Claims Payment, Analysis & Reporting, Clinical Consulting, Cardholder/Provider Services, TPL, Help Desk, MAC list	2013	2013
State of North Carolina Medicaid RDUR, PDL, and Supplement Rebate Program	Federal and Health Choice Rebates	2013	2013
State of Tennessee Medicaid Pharmacy Program	Full POS, ProDUR, Formulary Management, Client/Provider Services, Call Center, Provider Reimbursement, Clinical Consulting, Disease Management, Federal Drug, Supplemental Drug, and Diabetic Supply Rebates; Analysis and Reporting, PDL Development, Implementation; and RDUR	2013	2013
Commonwealth of Pennsylvania Pharmaceutical Assistance Contract for the Elderly (PACE) SPAP	Web Portal (provider enrollment)	2012	2012

Support of Ongoing State Government Programs

MMA currently provides services to government programs that touch over 54 million lives, and we have the experience, qualifications, ability to perform the services described in this RFP. MMA currently supports 14 Medicaid POS contracts and 26 Medicaid PDL contracts. Our active state government contracts are summarized in the following table:

We take pride in our ability to create long-term, productive collaborative business and technical relationships with our customers, and ***we are dedicated to building a collaborative working relationship with DHS and AMPP's clients, providers and pharmacies, and other state-identified stakeholders, entities, and vendors.***

8.1.5 RFP Section 2.7 Project Governance and Management

1. Discuss your experience with collaborating with the Project Governance Body and the State's PMO, including how you will incorporate feedback and direction. Describe how you will work cooperatively and effectively with the PMO and the IV&V oversight vendor.

Incumbent Contractor with Substantial Experience Collaborating with State Stakeholders: As the incumbent AME Pharmacy Contractor since 2014, MMA has several years of successful hands-on experience collaborating with NTT Data, the Project Governance Body, and the State's PMO. ***This experience began with the successful, on-time implementation and certification of our in-place Pharmacy Solution and has continued throughout the current contract with the successful implementation of new functionalities and enhancements that have further refined our solution to meet the State's unique needs***. Examples of how MMA has successfully collaborated with these entities include:

- Working with the State's IV&V at the time (NTT Data), our current solution was implemented and certified by CMS, which was successfully completed on time and on the first attempt.
- Working with NTT Data, the Project Governance Body, and the State PMO as part of a multi-vendor project to implement new co-pay methodology for the recently launched Arkansas Health and Opportunity for Me (ARHOME) Program. We worked closely with Gainwell to develop a co-pay file to track client co-pay totals to ensure that all stakeholders have access to the client's most recently available co-pay totals.
- Working closely on an ongoing basis with MCOs who participate in the Provider-Led Arkansas Shared Savings Entity (PASSE) as well as with the State PMO, Pharmacy PMO, and State Pharmacy Director to troubleshoot and resolve encounter submission rejections.
- Collaborating with the State PMO, NTT Data, the Project Governance Body, Gainwell, and Optum on the Data Quality Improvement Initiative (DQII) to ensure all data was going to the state data warehouse while also merging client profiles to eliminate duplicate claims and creating extracts for all merged claims.

Through collaboration with these entities, we have developed a keen understanding of what is required from DHS Vendors to effectively support the AMPP, as well as the importance of these forums for engaging stakeholders during project implementation. Under the new contract, we will continue to collaborate with these entities, working with them to update in-place processes, roles, relationships, and meeting schedules to ensure that our continued collaboration activities align with the requirements of the new contract.

Established Project Governance and Management Processes: Our established Project Management Methodology (PMM), described in more detail below, provides structure to our project governance and management processes for all aspects of the AME Pharmacy Contract scope of work and supports our ongoing collaboration with the Project Governance Body, the State's PMO, and the State's IV&V oversight vendor. This PMM consists of established, proven tools, processes, and procedures that are designed to ensure that implementation is closely coordinated with and aligned to the project management approach of our customers, as well as their governance bodies, vendors, and other stakeholders. ***Specifically, this includes reviewing, validating, and documenting our PMM Processes in a Project Management Plan to ensure that they meet the needs of the AME PMO***. Our PMM also includes a kick-off meeting, implementation planning meetings, Weekly and Monthly Status Meetings throughout the DDI Phase, and a bi-weekly status meeting throughout the M&O Phase. These meetings provide regular forums in which MMA staff, State staff, and IV&V staff can connect, communicate, and collaborate. During Start-up, our Implementation and Account Teams will work closely with the State PMO staff to ensure that our PMM Processes are aligned with DHS' project management approach and provide structured opportunities for DHS staff to provide feedback and direction to MMA staff:

- **Staffing Management Processes:** We will staff the project in accordance with the RFP requirements outlined in the Staffing Management RTM requirements, including identifying points-of-contact from our Implementation and Account Teams to liaise with the State PMO
- **Communications Processes:** In our Communications Plan, MMA documents our processes for managing communication with the State's PMO staff and stakeholders, keeping all parties aware of the project status, and ensuring opportunities to discuss and plan for deeper alignment between the project management processes of the two organizations. Our Communications Plan, which will be updated and submitted to DHS for review, comment, and approval during Start-up, describes how our staff will communicate and collaborate with internal and external stakeholders about all aspects of the scope of work, with an emphasis on maintaining transparent communication throughout all phases of the implementation.
- **Change Management Processes:** MMA will provide a Change Management Plan that addresses how changes to project baselines are managed, including any changes to scope, schedule, cost, documentation, and/or contract requirements. Our PMM change management processes will be documented in the Change Management Plan, which will also describe how modifications to DHS' processes, tools, documentation, deliverables, and baselines associated with the project are identified, documented, approved, or rejected. MMA will work closely with DHS to compare our standard change management processes with the State's Change Control Process and determine a mutually agreeable approach to meeting this requirement.
- **Quality Management Processes:** Our Quality Management Plan (QMP) promotes a quality-focused project environment. Our QMP describes quality assessment and monitoring activities for all Contract requirements. The plan identifies DHS, State PMO, IV&V, and MMA stakeholders and key participants in the quality process and their respective roles and responsibilities. During Start-up we will work with the State's PMO staff to review, validate, and align our Quality Management Processes with those in place at the State.
- **Risk Management Processes:** Our risk management processes include the identification and review/approval workflows; tracking, monitoring, and reporting on active risks; and development of risk management strategies. During Start-up we will work with the State's PMO staff to review, validate, and align our Risk Management Processes with those in place at the State.

How MMA will Work Cooperatively and Effectively with the PMO and the IV&V Oversight Vendor: As discussed above, MMA has ample experience working cooperatively and effectively with the State's PMO and IV&V Oversight Vendor. We worked directly with DHS' IV&V vendor at the time, NTT Data, to achieve certification for our in-place AMPP solution, as well as for ongoing enhancements. We will work with DHS' current IV&V vendor, Maximus, to provide all documentation, artifacts, and demonstrations necessary to demonstrate CMS compliance under CMS' new streamlined modular certification process for the AMPP as needed. ***We have experience working effectively with Maximus on other state Medicaid contracts, including during our 2017 POS/PDL implementation in Virginia.*** In addition, MMA's 39-year history of providing state government pharmacy services includes working collaboratively with every major IV&V vendor in the country for each of our customers that have engaged one.

MMA will leverage our in-place PMM and established relationships with staff at the State PMO to hold meetings to facilitate proactive collaboration throughout the Project Planning, DDI, and M&O project phases. This includes preparation of authorizing and packaging meeting agendas, materials, weekly status reports, and ad hoc materials based on the interest of the State and project stakeholders.

2. Describe your project management methodology, tools and techniques that will be used to support the project from initiation through M&O which addresses the State's business needs including deployment of the solution, and support

of the solution throughout its lifecycle. Describe policies and procedures employed to ensure the timely completion of tasks to a level of quality expected a professional firm.

We are recognized as national experts in the implementation of Medicaid pharmacy programs. Strong project management is one of the key success factors for implementing government pharmacy programs on time and according to customer schedule requirements. 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 proprietary 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®) seventh edition. We have been using and continuously refining our PMM based on implementation lessons learned over the past 19 years. MMA's project management staff regularly applies PMI changes to our PMM, incorporating the most up-to-date practices across the project management discipline.

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

The Commonwealth of Virginia DMAS received a Project Excellence Award from the 7th Annual VITA IT Project Management Summit for the MMA-managed Medicaid FFS PBM implementation.

Our implementation management approach will focus on the implementation of the new RFP-required functionalities for the new AME Pharmacy Contract, as well as reviewing and validating the existing functionality and documentation that we currently provide to DHS to identify gaps and required enhancements. Our nine years of experience supporting the AMPP, coupled with our long-standing partnership with DHS, will allow us to continue providing our high-quality Medicaid Pharmacy services to the State, while efficiently and effectively implementing the additional RFP-required functionality for the new Contract.

MMA proposes to use our proven PMM to ensure the success of AMPP implementation during all phases of the Contract. Our PMM consists of:

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

Name of Tool	Description
	Microsoft Project is used for project schedule development and management.
servicenow	ServiceNow is our cloud-based implementation tool that provides web-based access for logging, maintaining, and applying automated workflows to project risks, issues, decisions, action items and change requests during DDI, 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 Project Planning Phase, MMA will work with DHS to determine if ServiceNow or another State-approved tool will be used to support the DDI process.

Name of Tool	Description
JIRA	JIRA facilitates problem description and identification of root causes and accommodates information about areas impacted by a given defect.
Microsoft Office	Microsoft Word, Excel, PowerPoint, and Visio applications used for word processing, spreadsheet editing, presentation programs, and diagram and flowcharting.
	Our shared electronic Document Repository is a cloud-based content management and collaboration system that gives the ability to upload, download, and collaborate on files.
LMS	Our Learning Management System tool is used for training and education and provides status reporting for DHS and DHS staff training, as well as other stakeholders.

PM Procedures: MMA's PMM includes a set of Project Management Procedures that together comprise our Project Management Lifecycle (PM Lifecycle) and will serve to align activities and resources during the Project Planning, DDI, and M&O phases of the Contract. MMA's PM Lifecycle is an important element in our success with pharmacy implementation projects and continues to evolve with each successful transition effort. Each component in MMA's PM Lifecycle represents a level of maturity as the AMPP implementation is conceptualized and eventually delivered.

Our PM Lifecycle is depicted in *Figure 8.1-5*, and the components that comprise our PM Lifecycle are outlined below.

Figure 8.1-5: MMA Project Management Lifecycle

Initiating: MMA will initiate the AMPP implementation with a Project Kickoff meeting and ensure project management protocols are in place before engaging DHS and other stakeholders.

Planning: When MMA enters the planning lifecycle phase, we begin working with DHS on detailed requirements and specific plans, facilitate Requirements Review and Validation meetings with DHS and its stakeholders, and develop a project work plan and requirements specification documents based on the validated requirements. These documents define the project baseline, define the project scope, and provide a project blueprint to guide all stakeholders.

Executing: Once project requirements have been validated and a project work plan has been developed and approved, our DDI Team works with key MMA DHS process owners to begin executing the work. This step involves engaging and coordinating people and resources to produce AMPP deliverables according to project deadlines, executing each of the tasks defined in the project workplan.

Monitoring and Controlling: Our monitoring and controlling efforts are representative of the quality planning from the onset of the project and throughout all of phases of the project. Our PMO utilizes processes based on industry best practices and tools to manage to project baselines and keep DHS staff and leadership apprised of progress through consistent, structured communication, which enables full transparency to DHS and ensures project success.

Closing: The closing stage is the decisive step of the implementation before converting to full operations. After closing, the AMPP Project is considered operational.

3. Describe your risk and issues management approach, including interactions between you and the State in this process. Describe any expected risk areas and initial mitigation plans. Include references to the use of any specific methodologies, as well as any specific tools being used.

As the incumbent AME Pharmacy Contractor, MMA's solution is currently in-place and supporting AMPP today, and our project management approach will focus on implementing additional system functionalities required under the new Contract. The DDI Phase will be limited to implementing ePA, MRx Decide, and Physician Administered Drug (PAD) claims functionalities, as well as an MMA JIRA to DHS JIRA Connection to facilitate more seamless coordination and communication around defect management. This abbreviated DDI Phase will build on and leverage our existing DHS relationships, staff, systems, processes, and procedures that are currently in-place and supporting AMPP today, ***offering the State the lowest risk option that will minimize disruption to the State, its stakeholders, and clients as well as lower overall DDI costs and time frames.***

As a result of our solution being in-place and proven, our established relationships with State staff and stakeholders, and the anticipated limited DDI Phase, we expect few risks that could jeopardize the on-time, successful implementation or the maintenance and operations of the new Contract. These risks, and our plans to mitigate them, include:

- **The risk that MMA does not fully capture new DHS future state requirements:** MMA understands from reviewing the RFP that DHS is striving towards an ideal future state of the AMPP. Even though MMA is the incumbent AME Pharmacy Contractor with nine years of experience working with DHS and a deep understanding of the volume and complexity of AMPP, it can be difficult to fully capture complex, detailed requirements from an RFP. With any project, there is a risk of evolving or misunderstood requirements and missed scope impacting budget and schedule. To mitigate this risk, we will work with the State to conduct thorough Requirements Review and Validation sessions of our existing in-place solution and the new Contract requirements. These sessions will focus on ensuring that we fully understand, document, and validate the requirements of any new functionalities, as well as validate how they will operate within the

solution that is currently in place. We will focus on ensuring that any gaps or enhancements required to comply with the new Contract requirements are identified, resourced, and reflected in the project schedule. We will also leverage our experience working with DHS, which includes working with the State to implement complex efforts such as the ARHOME benefit group and the complex Merged Claims extract as part of the State's DQII effort, as well as our positive, productive working relationship with the State to ensure that all new requirements are fully captured, understood, and planned for.

- **The risk that the complicated nature of the AMPP and multiple stakeholders' involvement could result in unanticipated schedule management challenges:** Delivering projects on time is essential for controlling costs, maintaining customer service, and complying with policy and regulations at the State and Federal level. We have a track record of successful, on-time Medicaid pharmacy systems and services implementations, including when we worked with the State to implement the current AME Pharmacy Contract in 2014, to add PDL services in 2016, and to implement multiple program enhancements since then. MMA has industry-standard, PMBOK-aligned project management processes in place to mitigate the risk of implementation delays, including developing a project schedule, project management plan, and status reports that will be updated and disseminated regularly to proactively monitor and communicate that the new AME Pharmacy Contract implementation remains on track. These tools enable MMA and DHS to set and track timelines and milestones that mitigate the risk of missed deadlines and the project going off schedule. To fully manage this risk, we also have a process to thoroughly review our project schedule with DHS and its stakeholders to ensure that dependencies and constraints are incorporated into the schedule to aid in the management of the overall timeline.

- **The risk of evolving Medicaid policy and regulations resulting in unpredictable changes or expanded scope:** The complex Medicaid program regulatory environment evolves quickly and requires compliant pharmacy solutions that are responsive. To effectively respond to complex issues such as policy and reimbursement changes, states must be able to leverage developments and enhancements in the marketplace. Our deep Medicaid experience serving over half the Medicaid programs in the nation has attuned us to the unique, complex, and evolving needs of state Medicaid enterprises, including the unique needs of rural states. We mitigate the risk of evolving Medicaid policy and regulations by making quarterly enhancements to our solution in response to changing business, regulatory, and technological developments in the marketplace. ***Because FirstRx is built on a single code base development platform, we can easily deploy and manage these system enhancements across our entire customer base simultaneously.*** Our Pharmacy Solution is a COTS, single version of software that provides stability and a risk-mitigated Software Development Lifecycle (SDLC). As changes to the software are deployed, our customers can leverage these new capabilities at their option (with the exception of industry-mandated changes, e.g., NCPDP). This aspect of our solution is aligned with the MITA 3.0 Leverage Condition because it promotes sharing, leverage, and reuse of healthcare technologies and systems within and among our state Medicaid customers, furthering the MITA maturity of the states we serve. Each quarter we issue our *Quarterly Business Review (QBR)* to all our Medicaid customers, which identifies the recent enhancements we have made and lets our customers know how these enhancements can improve their existing solution. Under the new Contract, our Account Team will continue to collaborate with MMA SMEs, as well as our Government Affairs staff and other Medicaid accounts, as needed, to continue helping DHS maximize its response to government policy changes in the Medicaid pharmacy program.

Established Risk Management Approach: MMA has an established approach to identifying, assessing, analyzing, responding to, and monitoring and controlling implementation risks. Our approach to managing risks and issues during DDI 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). Our established DDI risk management approach has resulted in smooth implementations and the successful operation of Medicaid pharmacy programs in over half the states in the nation, including Arkansas. This approach includes:

- **Identification:** MMA relies on our Subject Matter Experts (SMEs) to identify areas of concern and articulate the potential impacts to the implementation. Implementation risks may be identified or reported to a member of the MMA DDI Team by any member of the AMPP DDI Team, including other contractors and stakeholders involved with the implementation. Implementation-related risks may be

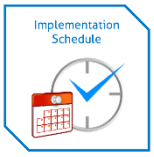
reported as part of a formal meeting, as part of an email discussion, or may be directly logged and tracked by the State into MMA's web-based ServiceNow application. The MMA DDI Team bears the primary responsibility to document and log all project risks identified by Project Team members during project conversations, meetings, and activities so that they may proactively be communicated and addressed effectively. All identified DDI risks will be recorded in the Risk Register. MMA keeps the Risk Register in ServiceNow, which also enables self-service capabilities for logging, viewing, and updating risks. DDI risks can also be communicated by email or ad hoc meetings, as appropriate.

- **Assessment:** Each new item is evaluated by the team to ensure it has been correctly classified as a risk or an issue and the item description and potential impacts are complete and easily understood. After understanding the source of the risk or issue and the cause for concern, the MMA DDI Team determines the initial impact classification (i.e., high, low, medium) and the probability for occurrence (i.e., high, low, medium.) All items are also assigned an owner.
- **Analysis:** The MMA DDI Team works with DHS staff and stakeholders to analyze DDI risk and issues. This analysis focuses on identifying and prioritizing risks, reducing uncertainty, and highlighting risks most likely to cause cost, schedule, or performance problems for the project. Based on our analysis, we assign probability and impact ratings that can be used for reporting and prioritizations throughout DDI.
- **Response Planning:** Risks response planning consists of developing options and determination actions to enhance opportunities and reduce threats to the project objectives. Risk response planning must be appropriate to the severity of the risk, cost-effective in meeting the challenge, timely to be successful, realistic within the project context and agreed upon by all parties. This process ensures that identified DDI risks are properly addressed. The effectiveness of the planning will directly determine whether risk increases or decreases through the course of DDI. After the risk has been identified and assessed, the primary owner is responsible for researching the risk, and ensuring the risk is appropriately managed. A primary owner can be any member of the project team assigned to serve as the individual responsible for overseeing an assigned risk.
- **Monitoring and Controlling:** Risk Monitoring and Controlling is a critical component of the overall DDI and ensures all potential risks are identified and documented on the risk log. Progress is reported to provide key stakeholders across all participating organizations an opportunity to assess potential or ongoing impact and conduct risk management efforts internally as well as with the project teams across stakeholder organizations. We use a Risk Register in ServiceNow to monitor identified risks through to resolution, including details such as planned responses, action items, and due dates. The Risk Register is used to ensure key project risks are included in status reporting.

4. Provide a draft Integrated Project Management Plan, Project Schedule, and Project Status Report template.

MMA provides a draft Integrated Project Management Plan, Project Schedule, and Project Status Report template as *Exhibits 2, 3*, and *4* at the end of the Business Proposal.

5. Describe how you will develop and manage an integrated master project schedule.



As the incumbent AME Pharmacy Contractor, MMA's solution is currently in-place and supporting the AMPP today, and project management approach will focus on implementing additional system functionalities required under the new Contract. ***We are proposing a six-month DDI beginning with the new Contract start date of June 1, 2024,*** to implement the new ePA, MRx Decide, and Physician Administered Drug (PAD) claims and MMA JIRA to DHS JIRA connection functionalities. This limited DDI Phase will build on and leverage our existing staff, systems, processes, and procedures that are currently in-place and supporting the AMPP today. ***As a longstanding, trusted partner of DHS, MMA is the lowest risk option that will minimizes disruption to the State, its stakeholders, and clients as well as lower overall DDI costs and time frames.*** MMA develops and maintains an integrated master project schedule (project schedule) in Microsoft Project, which includes agreed-upon milestones, deliverables, tasks, dependencies, planned start and finish dates, actual start and finish dates, work hours, and assigned resources/responsible parties. The project schedule is also represented visually in a Gantt chart. Our project schedule is our primary tool for managing the schedule timeline to ensure completion of analysis, configuration, development, testing, implementation, and monitoring of updates in advance of go-live to ensure Production dates are met. Our project schedule remains a living document, updated as necessary, and serves as the planning and controlling document for all activities and phases of the

AMPP. It serves as the roadmap for all activities and phases of implementation and is key to ensuring a successful Go-Live.

The AMPP project schedule is the primary tool used to ensure that all interrelationships and functional dependencies are documented and factored into implementation activities. Operational leadership is fully integrated during implementation to ensure that all interrelationships and functional dependencies are integrated into the project schedule. Specifically, our project schedule incorporates the following essential implementation tasks:

- Identifying the appropriate experts within DHS, the State PMO, and State Vendor organizations
- Gathering and confirming requirements to really understand the true intent of each requirement and ensure our people, processes, and technologies clearly meet the intent
- Establishing effective communication with all stakeholders
- Configuring our solutions based upon the requirements
- Developing data interfaces with all vendors
- Performing training for DHS, State PMO, and assigned MMA staff
- Comprehensive testing and review of testing results to ensure DHS teams are in sync on Operations Go-Live expectations.

Our project schedule is organized by functional area. ***This is one of MMA's best practices for implementation, allowing our DDI Team to manage the implementation by work streams focused on each specialized area.*** This approach maximizes efficiency and facilitates quick decision making, enabling MMA's DDI Team to stay up to date on status, key decisions, and risks across all implementation work streams.

During initiation of the implementation phase, our DDI Team will work closely with DHS and the State PMO to align our methodologies and documentation with the desired approach and framework. This includes working with DHS and the State PMO to review the requirements in this RFP and to validate that our proposed solution meets those requirements. We will submit our project schedule for DHS review, comment, and approval. Once it is approved, the project schedule will provide structure to our project governance and management processes for all aspects of implementation for the new Contract. A draft of an integrated master project schedule is included as *Exhibit 2* at the end of the Business Proposal.

6. Discuss your deliverable development, submission, quality assurance, and review process, including your standard timelines for deliverable reviews.

MMA's deliverable development and maintenance process includes creation of standardized deliverable templates for consistency in formatting and structure. This template will be shared with DHS and State PMO staff for feedback and approval prior to the first deliverable submission to ensure consistency throughout the process. Our standard operating procedure for deliverable development also includes built-in quality assurance steps throughout the creation process that ensures processes and templates are being adhered to. MMA works collaboratively with each customer to develop mutually agreeable timelines for deliverable reviews. This process starts with a standard 10-5-5 review cycle that allows the State two weeks for an initial review and then five days for all subsequent revisions and re-review periods. Before the deliverable schedule is finalized, we walk through it with DHS and the AME PMO to identify any particularly complex or critical deliverables that may require extended review periods and make adjustments as needed. ***The DDI Team creates a deliverable tracking log that is used to assign owners and reviewers to each artifact and map out the detailed schedule of review cycles based on the size and complexity of the deliverable, as well as the number of reviewers, and anticipated DHS staff capacity.*** All deliverables will be submitted in a consistent format that includes change history, version control, and approval page. MMA will submit all deliverable document update requests for DHS approval prior to distribution or publication and maintain version control. Our established and proven content management strategy, currently utilized for 26 Medicaid customers, has strict procedures in place to maintain all types of deliverables, including program documentation, system documentation, provider manuals, operating procedures, or other documentation to ensure they remain current as program requirements and systems or processes change to meet evolving State needs. An internal documentation

review process occurs that validates all revisions have been correctly made to the documentation in accordance with customer-specific approved criteria and standards, as well as industry professional standards. This ensures that all AMPP information is accurate and up to date. MMA will coordinate and provide consultative information and feedback regarding needed changes. Processes include the development of proof materials, quality assurance, and submittal to DHS for review. We will make all needed modifications, keep revision/history logs, and obtain final DHS approval before moving to production.

MMA will work collaboratively with DHS to ensure all deliverables are produced, reviewed, and approved in accordance with the timelines and requirements listed in RFP Section 2.7.7 Deliverables Summary and Due Dates. Deliverables will be submitted in accordance with established guidelines and will comply with all laws, policies, procedures, and standards indicated by DHS. MMA-facilitated walkthroughs of draft deliverables will be scheduled when requested, either at the time of the first submission or as part of the review cycle, depending on the needs of DHS and the complexity of the deliverable. All deliverables be stored in the Project Information Library (PIL) that MMA will collaborate with the AME PMO to establish on the State's document repository. All deliverables and documents will be provided in a format accessible by the State's standard suite of software and designated versions.

7. Describe your Project Change Management approach and explain how you follow the Project Change Management process, providing examples from previous experience where applicable.

MMA has an established Project Change Management approach in place that enables controlled changes in response to Federal- and State-level changes in program, policy, law, regulation, or other areas that would affect pharmacy systems, operations, and procedures. Beginning in the DDI phase, MMA's DDI Team, Account Team, and other relevant SMEs will work with DHS staff to assess impacts to scope, schedule, or cost resulting from any necessary changes, and develop a plan to incorporate them into our solution.

As described in our draft project schedule, MMA Project Change Management approach includes a change request form that is used to document and authorize change requests, both DHS-requested and routine. All changes to MMA systems will be coordinated and communicated with all stakeholders in a timely manner prior to implementation. MMA will work closely with DHS to ensure time frames are agreed upon and adhered to. Once a change request is approved, we coordinate all implementation tasks and activities with DHS, including prioritizing issues and activities to maintain current operational functions. The DDI Manager is responsible for change management during the Implementation Phase and hands off responsibility to our Arkansas Operations Manager during the ongoing M&O Phase. MMA's proven change management process has evolved over the years, implementing enhancements as lessons have been learned and our project management best practices have emerged. All changes to products, systems, business processes, operations, interfaces, reports, documents, and hardware capacity will be considered and processed through our change management process. The change management process not only approves the implementation of changes, but it also prioritizes the change, manages the change within our release management framework, ensures compliance with new or changed regulations as well as existing regulations, and supports the most efficient and effective implementation strategy in terms of time, cost of resources, and impacts such as downtime or interruptions for clients, prescribers, or pharmacy providers. Our change management process is a systematic and structured way to formally document, receive approval for, and track a request for change to a project's schedule, scope, and application or system change after the implementation period has started. This process will be used during the AMPP DDI Phase, as well as during M&O. When configuration and/or programming changes are required to our systems, internal controls are in place to ensure these system enhancements are highly coordinated to avoid interruptions to business continuity.

In addition to accepting policy changes from DHS, we also proactively track and monitor emerging national industry trends and regulations. As appropriate, we will alert DHS of new developments and make recommendations for solutions that are responsive to new industry developments.

Previous Experience with Change Management: As the incumbent AME Pharmacy Contractor for AMPP, MMA has ample experience working with DHS, the State PMO, and State vendors in using our Project Change Management approach to implement changes to our solution. We have used this approach to successfully implement the following enhancements to our solution during the M&O Phase of the current Contract. We applied our Change Management approach in collaboration with DHS, the State PMO, and State Vendors to implement these enhancements on-time and in accordance with State requirements:

- In **October 2020**, we upgraded from 2-byte Group ID to a 4-byte Group ID format to enable interfaces with Gainwell and the new ARIES eligibility system.
- In **November 2020**, we implemented a complex Merged Claims extract to increase synchronicity of downstream data sent to Optum and Gainwell as part of the State's DQII effort.
- In **July 2020**, we successfully implemented the RDUR Contract ahead of the agreed upon Go-Live date, utilizing existing local staff.
- Simultaneously to implementing the RDUR Contract in **July 2020**, MMA implemented the Lock-in Program for the State, which was also successfully implemented ahead of the agreed upon Go-Live date.
- Also in **July 2020**, MMA adjusted to accommodate the change in the Call Center Average Speed of answer (ASA), which went from 60 seconds to 30 seconds, and we have successfully maintained the 30 second ASA since the change.
- In response to the onset of the COVID pandemic in **March 2020**, MMA's Account Team was able to transition from onsite to remote work without any service issues or disruptions.
- In **July 2022**, MMA's Call Center successfully transitioned to a new telephone application (Genesys) without any interruption in services to DHS staff or Arkansas clients.
- In **January 2023**, MMA successfully migrated Arkansas to our NMPI Pool on-time and with no disruptions to rebate invoicing and collections.
- In **January 2023**, in response to the State's implementation of new copayment rules for Medicaid ARHOME clients, MMA worked with DHS and Gainwell to document requirements and develop, test, and implement the new business rules to ensures that this new rule was effectively applied to all applicable pharmacy claims.

8.1.6 RFP Section 2.8.3 Project Management Plan Approach

1. Describe your proposed SDLC methodology for the solution. Include in the response a description of what you believe will be an effective SDLC methodology for both your proposed Solution and for the State during the implementation of the proposed Solution. This should focus on how the different phases interrelate to ensure the requirements are further defined and result in a tested solution which addresses the State's business objectives.

As the incumbent AME Pharmacy Contractor, MMA's solution is currently in-place and supporting AMPP today, and project management approach will focus on implementing additional system functionalities required under the new Contract, which will minimize disruption to the State, its stakeholders, and clients as well as lower overall DDI costs, time frames, and risk. We anticipate minimal development will be required to implement additional functionalities that are not already in-place, and the development of a connection between MMA's JIRA application and the State's JIRA application to facilitate more seamless coordination and communication around defect management. The following sections outline our proposed SDLC methodology to be used for any aspects of implementation that require development.

Proposed SDLC Methodology: 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. Our SDLC steps, tools, processes, and documentation are aligned with our PM lifecycle. MMA's SDLC approach is integrated into an overarching implementation approach and applied alongside of our PMM approach throughout the implementation and operations and maintenance project phases. As these approaches are applied parallel to one another, they are collectively supported by a closely integrated structure of processes, tools, and documentation.

MMA's system development lifecycle process is based on Agile best practice and is flexible to align with our customers' preferred approach. The SDLC provides the guiding principles we use to elaborate, create, validate, and implement systems on time and on target.

Our SDLC is based on Agile development concepts. Agile development is based on the idea of incremental and iterative development, in which the phases within a development life cycle are revisited as needed. This agile method iteratively improves software by using customer feedback to converge on solutions. Rather than using a single large process model in conventional SDLC, the Agile development life cycle is divided into smaller parts, called increments or iterations, in which each of these increments touches on each of the phases of development. The major strengths of Agile SDLC include self-organizing teams, suitability for teamwork and cross training, iterative development, and adaptation to change.

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

SDLC Documentation: MMA utilizes a hybrid implementation methodology that combines the best practices of traditional, Waterfall and Agile principles, allowing us to successfully manage and implement the kinds of large, complex scopes of work typical of a state government pharmacy program within short time frames, while still meeting the expectations for formal, staged deliverables and milestones that comprise the structure of most government contracting vehicles. The customer-facing project support structure follows a waterfall-based SDLC oversight process. Our team works closely with DHS to understand the documentation needs and specific expectations for deliverable documents and creating traceability matrices that map business and technical requirements to functional specifications and through to delivery mechanisms. Deliverable documents will include pertinent technical details including, at minimum, the environment configuration, code migration and deployment processes and, wherever possible, will make use of our standardized templates that map to industry-recognized methodologies and best practices. Our flexible hybrid approach to the SDLC involves steps to analyze, design, construct, test and validate, and implement our applications where the technical teams working to complete each phase incorporate agile principles into the organization, scheduling, and execution of each step. This hybrid approach is based on proven, repeatable processes and a focus on continued improvement.

SDLC Testing Phases: MMA's application architecture provides a ***modular, flexible approach through the use of open industry-standard interfaces and exposed APIs.*** 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 DHS. More information about our testing environments and processes can be found in proposal *Section 8.2.1 RFP Section 2.8.11 Solution Design, Development, and Implementation – Configuration Management - System Proposal*.

2. Describe your approach to ensure the quality of the project and solution and include details on management of Federal, State, and project requirements through the traceability matrices, change management, operational readiness, and metrics to analyze quality goals, compliance, and management of defect and issue tracking.

MMA is committed to the highest level of quality management practices and maintains this standard throughout the company. As part of our PMP, MMA will create a Quality Management Plan (QMP) that promotes a quality-focused project environment. Our QMP describes quality assessment and monitoring activities for all requirements for the new Contract. The plan identifies the stakeholders and key participants in the quality process and their respective roles and responsibilities. In the plan, we will identify the functions, requirements, and standards for quality planning, quality assurance (verification and validation), quality control, milestone reviews, and lessons learned and quality reviews to ensure compliance to our established standards and processes. The plan will also include identification and definition of the quality management tasks embedded in our SDLC, which is discussed in detail above.

To ensure quality outcomes, we engage in rigorous improvement practices that require that processes must be clearly documented, repeatable, strictly adhered to, constantly measured, and continuously improved

through our defined ongoing quality process. This focus is built into our Medicaid pharmacy operations through organizational structures, planning methods, workflow analysis, training, auditing, and metrics definition related directly to clinical outcomes, performance requirements, and project and contract management methodologies.

Our Quality Management Plan outlines metrics and the quality standards and processes that will be employed during implementation of new functionalities for the AMPP under the new Contract. The plan is communicated to all necessary stakeholders and serves as the foundation for continued quality improvement. Specifically, our Quality Management Plan will include the following:

- Approach for monitoring quality control of AMPP implementation deliverables, including the implementation of new functionalities to support electronic prior authorizations, MRx Decide, and Physician Administered Drug (PAD) claims and an MMA JIRA to DHS JIRA Connection
- Methodology for the development of AMPP quality metrics and standards
- Description of policies and procedures for ensuring compliance to AMPP standards during implementation
- Contractual performance metrics and program indicators for assessing quality of the AMPP implementation
- Approach for evaluating AMPP contract measures and/or program indicators
- Establishing goals and measurement criteria for QA program monitoring
- Description of AMPP documentation control processes.

In addition to our QMP, MMA uses several tools and process to effectively and efficiently manage Federal, State, and project requirements:

Requirements Traceability Matrices: As the current AME Pharmacy Contractor for AMPP, MMA currently documents project requirements using the State-established Requirements Analysis Documents (RADs) process. We will continue to maintain these RADs according to State requirements, while working with DHS to ensure that we comply with new Contract requirements regarding the Requirements Traceability Matrix (RTM). During the Project Planning Phase, our DDI and Account Teams will work with the State develop a process for finalizing, validating, and updating the Requirements Traceability Matrix to capture any agreed upon changes as well as the RADs, based on any agreed upon changes, to clarify the scope and map these updates to technical components, test cases, or equivalent using the State's enterprise requirements tool. We will also ensure that the Requirements Management Plan documents how the MMA will manage changes to the RTM throughout the lifecycle of the project to ensure all requirements have been developed and met.

Change Management: MMA has an established Project Change Management approach in place that enables controlled changes in response to Federal- and State-level changes in program, policy, law, regulation, or other areas that would affect pharmacy systems, operations, and procedures. As part of this approach, MMA will provide a Change Management Plan that addresses how changes to project baselines are managed, including any changes to scope, schedule, cost, documentation, and/or contract requirements. Our change management processes described above will be documented in the Change Management Plan, which will also describe how modifications to AMPP's processes, tools, documentation, deliverables, and baselines associated with the project are identified, documented, approved, or rejected. MMA will work closely with DHS to compare our standard change management processes with the State's Project Change Control Process and determine a mutually agreeable approach to meeting this requirement in accordance with State PMO policies.

Operational Readiness: MMA develops metrics to assess implementation progress and an Operational Readiness Review strategy and checklist for implementation and roll-out. Specifically, our efforts to manage the scope and timeline include:

- Identifying the appropriate experts within DHS and its Contractors and stakeholders
- Gathering and confirming requirements to really understand the true intent of each requirement and ensure our people, processes, and technologies clearly meet the intent

- Partnering with DHS to establish ongoing processes for the monitoring of performance and to coordinate performance monitoring, including operational readiness metrics, throughout the Pre-Go-Live, Implementation, and Operations and Maintenance Phases of the Project
- Configuring and developing our solutions based upon the requirements
- Developing data interfaces with all vendors
- Comprehensive testing and review of testing results to ensure DHS staff are in sync on Operations Go-Live expectations
- Conducting a formal operational readiness walkthrough, review, and approval prior to Go-Live
- Ongoing monitoring of quality assurance processes to ensure performance and compliance during the DDI and M&O phases.

Metrics to Analyze Quality Goals, Compliance, and Management of Defect and Issue Tracking: As the incumbent AME Pharmacy Contractor for AMPP, MMA already has a Performance Management Plan in place to track and measure our compliance with State-required metrics. As part of the Project Planning Phase, MMA's Implementation and Account Teams will work with DHS and the State PMO to review and update this Performance Management Plan to align with the requirements of the new Contract. Our Performance Management Plan will provide a comprehensive, methodical approach and detailed steps on how MMA will identify, capture, measure, monitor, and report on Key Performance Indicator (KPI) measures against the Service Level Agreement (SLA) criteria outlined in Attachment C: Pharmacy Performance-Based Contracting. The Performance Management Plan will include metrics developed to analyze quality goals, compliance, and management of defect and issue tracking. Throughout all phases of the new Contract, MMA will conduct regularly scheduled reviews with the State to assess performance and modify the KPIs and SLAs as advancements are made. MMA will adhere to AMPP's established change order process for any modifications to the KPIs or SLAs, and that all KPIs and SLAs will be monitored in a Real-time Operations dashboard accessible to the State.

3. Describe how you will work with the State during the project kickoff period to ensure roles, responsibilities, and expectations are identified and documented, and training or other preparedness activities have occurred to adequately prepare the State for requirements validation sessions.

We will facilitate a project initiation kickoff meeting with key stakeholders and create a kickoff meeting presentation targeted to specific scope and audiences. MMA affirms that the presentation will be submitted to and approved by DHS prior to the kickoff meeting. MMA's typical approach to the initial project Kick-Off Meeting is to structure a meeting where information is freely exchanged, and stakeholders are engaged in key processes and procedures from the start. We will work with DHS to tailor the presentation to its intended scope and audiences and can provide templates and draft presentations based on our standard kickoff slide deck that include overviews 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 any MMA staff that DHS staff do not already know.

During the kickoff period, MMA's Training and Development Department will work with MMA's DDI and Account Teams Team and DHS staff to conduct training needs analysis to identify any training that may be needed to prepare DHS SMEs for requirements validation sessions. Any training that is determined to be needed will be designed using our proven training development methodology and delivered to end-users in a mode determined to be best suit for the needs of State staff that need to complete the training ahead of requirements validation sessions. More information on our training development and delivery approach can be found in proposal *Section 8.2.5 RFP Section 2.8.39 Solution Design, Development, and Implementation: Implementation and Go-Live*.

4. Describe your process for managing your project team composition, as well as the coordination approach with the other project entities including State staff and others.

MMA has administered DHS' AME Pharmacy Contract since 2014, and we have a project team in-place supporting our solution that is currently operational. In addition to implementing the initial Contract scopes of work on time and according to DHS requirements, we have worked closely with DHS and other project entities to implement enhancements and additional scope over the past three years, including RDUR Contract, a Lock-in Program, and a new telephone application (Genesys) with no interruption in services to DHS staff or Arkansas Medicaid clients.

This history of working closely with the State has provided us with hands-on experience working with staff in DHS, the State PMO, the State's Project Governance Body, and the State's other Vendors. Working closely with key stakeholders such as NTT Data, Gainwell, and Optum, as well as with numerous staff from DHS, the AME PMO, the Pharmacy PMO, and the State Pharmacy Director has equipped MMA with a nuanced understanding of the Arkansas Medicaid environment. This experience ensures an optimal approach for management our project team composition and the coordination with key stakeholders during implementation of the new Contract.

MMA's proven implementation approach is supported by our ***high-touch project management team.*** This project team, accountable for planning, executing, monitoring, and controlling the implementation are expert collaborators understanding that the role of professional project management includes developing relationships with internal and external team members to overcome barriers, anticipate and manage risks, and achieve project success with on-time, high-quality deliverables.

During the implementation of any new functionalities required for the new Contract, our DDI Team will be supported by ***Daniel Comeaux, MS, Implementation Lead***, who will have overall responsibility for the leadership of the AMPP project implementation and is the corporate officer on point for any major issues that arise during implementation. Mr. Comeaux has 30 years of experience at MMA, and he has had corporate responsibility for Government Implementations for eight years.

Karyn Wheeler, MBA, PMP, Project Management Lead, will lead our DDI Team. Ms. Wheeler has 15 years of experience coordinating and managing Medicaid pharmacy projects. Ms. Wheeler served as Transition Manager for the California Medi-Cal Rx Program, as well as for multiple prior Medicaid implementations. She will oversee the AMPP DDI Team and provide direct oversight of project team deliverables.

Steven Roehr, MBA, PMP, DDI Manager, will develop detailed project schedules, project estimates, resource plans, and status reports. He will conduct project implementation and status meetings and will be responsible for project tracking and analysis. Mr. Roehr will ensure adherence to quality standards and reviews project deliverables. He will provide technical and analytical guidance to the project team, and he will recommend and take action to direct the analysis and solutions of problems.

The AME Pharmacy Contract will be administered through collaboration among cross-functional teams at MMA, consisting of Key Staff who serve as subject matter expert leaders for each relevant MMA department. These Key Staff are already in place supporting the existing AME Pharmacy Contract, with established shoulder-to-shoulder links with DHS staff and AME PMO Staff that facilitate effective collaboration to leverage best practices, coordinate resources, and drive seamless implementation. These Key Staff will leverage these existing DHS links to work closely with Mr. Roehr to ensure a successful implementation of new functionalities under the new Contract that effectively build on the existing AMPP solution while ensuring that our systems and processes evolve to support the new Contract scope of work. ***Jenni Pandak, RPh, Project/Account Manager*** for AMPP will work closely with Mr. Roehr to oversee implementation activities and ensure they are aligned with AMPP Requirements. In cases where implementation matters arise that require executive level involvement, Ms. Pandak and Mr. Roehr will work with their immediate managers, ***Tina Hawkins, PharmD*** and ***Karyn Wheeler, MBA, PMP***, to escalate and resolve issues with input and support from MMA's senior leadership. This organizational structure provides the optimal allocation, division of labor, and resources to support the implementation of the new AME Pharmacy Contract. Our deep project management and executive bench strength will provide our Arkansas Account Team with access to resources that will assist them in implementing new program functionalities.

Coordination Approach: MMA's DDI and Key Staff will work closely with the Account Team to coordinate with all project stakeholders, including DHS staff, the AME PMO, and other State Vendors. Meetings and status reports are two key tools that we use facilitate close coordination and collaboration:

- **Meetings:** MMA will attend meetings, provide documentation, participate in collaborative discussions, and provide inputs to the integrated schedule as requested by DHS. This includes any meetings planned and scheduled by the AME PMO or the State Project Governance Body that are required to coordinate with other DHS stakeholders and Vendors. MMA has 51 years of experience supporting consistent communication with our customers through effective, regular meetings in person, by telephone, and by video conference. Our DDI and Account Teams have experience establishing productive working relationships with our State Medicaid customers and their stakeholders and will use this experience to establish an effective meeting cadence with DHS. We will comply with DHS' meeting requirements, including capture and dissemination of the DHS agenda, meeting notes and documentation when required. During the DDI Phase, the DDI Team will be responsible for creating and disseminating all project meeting agendas, minutes, and necessary documentation. Following DDI, during the M&O Phase of the contract, this responsibility will shift to our Account Team.
- **Status Reports:** MMA understands that status reports are essential for keeping all stakeholders updated and maximizing productivity, quality, and cost-effectiveness of the AMPP. Status reports are a key communication tool that will be used to continuously advise both MMA and DHS leadership and to proactively monitor and communicate that AMPP remains on track. MMA will submit and update any status reports that are necessary throughout all project phases. We will provide status reports according to a mutually agreed-upon frequency. Our status reports are flexible and allow for customization to meet the DHS' unique status reporting needs. We have provided a Project Status Report template as *Exhibit 4* at the end of the Business Proposal.

Business Proposal Exhibits

On the following pages, MMA provides the exhibits referenced in our Business Proposal.

Exhibit 1 – Key Personnel Resumes

Exhibit 2 – Draft Integrated Project Management Plan

Exhibit 3 – Draft Project Schedule

Exhibit 4 – Project Status Report Template

Exhibit 1 – Key Personnel Resumes

On the following pages, MMA provides our Key Personnel resumes.

THIS DOCUMENT HAS BEEN REDACTED IN ITS ENTIRETY

Exhibit 2 – Draft Integrated Project Management Plan

On the following pages, MMA provides our Draft Integrated Project Management Plan.

Magellan Medicaid Administration

THIS DOCUMENT HAS BEEN REDACTED IN ITS ENTIRETY

Integrated Project Management Plan

MEDICAID ENTERPRISE PHARMACY SYSTEM AND SERVICES REQUEST FOR PROPOSALS

DCN: XX-23-002
Version 0.0 (Template)
September 21, 2023

Prepared for Arkansas Department of Human Services
Division of Medical Services

Prepared by Magellan Medicaid Administration, LLC

Exhibit 3 – Draft Project Schedule

On the following pages, MMA provides our Exhibit 3 – Draft Project Schedule.

THIS DOCUMENT HAS BEEN REDACTED IN ITS ENTIRETY

Exhibit 4 – Project Status Report Template

On the following pages, MMA provides our Exhibit 4 – Project Status Report Template.

THIS DOCUMENT HAS BEEN REDACTED IN ITS ENTIRETY

8.2 System Proposal (RFP Attachment D)

Summary Narrative

In total for the sections below, the Respondent shall provide a summary narrative no longer than two hundred (200) pages in length including graphics and tables using an 11 point font that describes the functionality of their solution.

In preparing the narrative, Respondents are encouraged to review the related sections in Attachment A – Key Personnel and Attachment G – Functional and Technical Requirements Matrix and take the DHS business processes and corresponding functions into consideration. Summary narratives should include at a minimum an overview of the solution's functionality, an explanation of how the Proposed Solution for the functional area meets the requirements, DHS business needs, how the Proposed Solution might support efficiencies for DHS, and in cases where modifications are required, a description of the changes, modifications, expansion and/or 3rd party software that will be necessary in order to meet the business needs.

In this section MMA has described the functionality of our Pharmacy Solution for Arkansas. Our in-place solution currently meets almost all of the scope of work requirements set forth in this RDP. ***Our solution has been configured to reflect AMPP policy, and we have tailored our approach to coordinate with DHS' desired approach to program operations.*** In the following narrative, we describe how our proposed solutions will continue to meet the requirements, as well as DHS' business needs. We point out areas where we have supported and will continue to support efficiencies for DHS. As the incumbent contractor, we will only need to make minor modifications to our Pharmacy Solution, and we have identified those modifications. Following this description, we provide an overview of the proven systems and services that comprise our Arkansas Pharmacy Solution.

Overview of MMA's Arkansas Pharmacy Solution's Functionality

MMA has provided pharmacy benefit administration services to Arkansas' Medicaid pharmacy program for nine years. We have 39 years of experience providing PBA services to state government healthcare programs. As the incumbent PBA Contractor, our experienced staff and Pharmacy Solution are in place supporting the AMPP today. In this section we describe how our solution meets Arkansas' needs today and how we will implement enhancements to our systems to ensure that they continue to provide the flexibility necessary to meet DHS' evolving future program needs. Our POS system, the heart of our Pharmacy Solution, was designed to remain effective. Through configuration, not coding, our system has efficiently kept pace with changes to the Medicaid Program, as well as our customers' program policy. We have demonstrated this agility as we have continued to modify the system during our current Arkansas contract term. ***Our Pharmacy Solution is currently in place supporting 14 Medicaid Programs (including Arkansas), 8 AIDS Drug Assistance Programs (ADAPs), and 4 State Pharmaceutical Assistance Programs (SPAPs).*** We propose to continue to provide DHS with a scalable Pharmacy Solution that provides the functionality required to meet the State's goals as defined in the RFP and as they evolve in the future.

MMA's Pharmacy Solution meets Arkansas' needs today.

√ CONFIGURABALE – business rules-based application where 98% of changes are made by business analysts

√ COMPLIANT – complies with latest HIPAA and NCPDP standards

√ CMS-CERTIFIABLE – certified for 15 Medicaid customers with no findings, undergoing most current certification process with two additional states now

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

MMA has provided pharmacy support to DHS since 2014. We have worked with DHS to tailor our solution to meet the AMPP's changing needs. We worked with DHS in 2016 to implement a Preferred Drug List (PDL) Program, including a single state PDL for both FFS and PASSE clients, in 2023 to add Arkansas to the membership of the NMPI multi-state pool, and in 2023 to add Arkansas to the membership of our Medical/Diabetic Supply Program rebate pool. Our Pharmacy Solution, in place for Arkansas today, has the flexibility to continue to support any direction the State may take with their pharmacy program. We successfully support all our customers' approaches to delivering care through the FFS and

managed care programs—from the creation of a single PDL to carving managed care lives into the FFS program as the Medi-Cal Rx Program has done.

MMA has extensive experience managing encounter claims that are adjudicated by MCOs. Our FirstRx claims processing system supports the full range of functionality required to manage encounter claims to meet DHHS' requirements. We load and process encounter claims for Arkansas, Florida, New Hampshire, and Virginia. We also perform shadow pricing for Florida and Virginia.

As a leader in the public sector market for PBA services, MMA helps state government agencies meet the challenges of a demanding healthcare environment and consistently provide optimal services to their clients. We offer a comprehensive, Medicaid-specific Pharmacy Solution that encompasses formulary management utilization management custom clinical programs, and a POS pharmacy claims processing system, along with a menu of services that include Prospective DUR (ProDUR), Retrospective DUR (RDUR), reporting, adjudication, drug rebate administration, Help Desk support, full pharmacy benefit client services, and specialty pharmacy benefits.

MMA offers DHS a comprehensive PBA solution that is in place today, is configured to reflect DHS policy, and has the flexibility to continue to support DHS' efforts to modernize its core IT Systems and to increase its MITA Maturity Level. We propose to continue to provide our industry-leading pharmacy solution in support of the AMPP, that meets today's challenges while simultaneously preparing DHS for tomorrow's opportunities. We will implement enhancements to our solution that include adding electronic prior authorization capabilities that encompasses implementing a clinical decision module and an upgraded version of the Formulary Management Tool (FMT) in the FirstRx POS system; adding Physician Administered Drug (PAD) processing; and developing additional reports. Our systems and processes have been designed to reduce the administrative burden on DHS staff, the provider community, and drug manufacturers. We currently have established interfaces in place with other AME vendors. MMA is prepared to continue to work closely with DHS to elevate the efficiency, maturity and interoperability of the AME, and our Pharmacy Solution's flexibility and configurability support this goal. ***There is simply no other company that can offer the breadth and depth of the Medicaid PBA qualifications, and the commitment to the health and well-being of Medicaid clients, that MMA will bring to this contract.***

MMA is a stand-alone pharmacy benefit administrator, offering a full line of pharmacy services with a singular focus on serving government customers and is currently contracted with 26 of the nation's Medicaid programs. MMA has the depth of experience and knowledge required to continue to provide the State of Arkansas with a strong and scalable, comprehensive AME Pharmacy System and Services solution. We offer a customer-oriented approach to meeting the Scope of Work requirements that is collaborative, innovative, cooperative, and flexible. MMA's mission is to deliver unsurpassed service to our customers by driving results that optimize cost avoidance and conserve expenditures. We possess the clinical, technical, quality assurance, financial, and data processing resources, coupled with the vast Medicaid PBA expertise necessary to continue to meet and exceed DHS' expectations and requirements. In addition, we have first-hand knowledge of the State's Medicaid Program, ***having provided services to Arkansas since our first AME Pharmacy Contract began in 2014.***

MMA's technological solutions are best-in-class, but what truly makes us different is our ability to create long-term, productive collaborative relationships with our customers, which we have demonstrated during our long history serving the AMPP. We have a long track record of successful on-schedule implementations. Our team of seasoned Medicaid pharmacy experts and our proven and scalable industry-leading pharmacy solution can effectively meet the needs of DHS. MMA currently has 14 complex Medicaid FFS point-of-sale pharmacy administrative services contract (including our current contract with Arkansas) that have a scope of work similar to this RFP. This portfolio of PBA Medicaid customers includes some of the largest volume Medicaid FFS programs in the country such as ***Arkansas,*** Colorado, Florida, Michigan, and California.

We propose to continue to provide pharmacy services in support of the AMPP, along with innovative approaches that will meet today's challenges while simultaneously preparing DHS for tomorrow's opportunities. Our configurable systems support this effort of ongoing modernization. ***We will continue to work together with DHS to create Medicaid pharmacy solutions for the future***. We offer a customer-oriented approach to meeting the functional and

technical requirements that is collaborative, innovative, cooperative, and flexible. We will continue to collaborate with DHS to maximize limited healthcare dollars while maintaining quality and clinically appropriate care for Arkansas' most vulnerable citizens.

History of Partnership with Arkansas

Since our first PBA contract with Arkansas Medicaid in 2014, MMA has supported the State in its transformation of the Arkansas Medicaid Program. For example, we collaborated with DHS in 2016 to develop and implement a single PDL for both the FFS and PASSE populations. Our processes and systems remain flexible as we have refined our scope of services to meet DHS' needs.

Successful History of Implementations for AMPP

MMA has worked collaboratively with DHS and the AME vendors to implement the following functionality during the current Contract term:

- RDUR Program in July 2020
- Lock-In Program in July 2020
- ARIES Project in October 2020
- Patient Merge in November 2020
- NMPI PDL Pool in January 2023
- ARHOME in January 2023.

Our goal continues to be to provide a connected healthcare experience that leads to healthy lives. As experts in pharmacy administration, with a history of successfully supporting low-income, uninsured, and underinsured beneficiaries, we are energized by discovering new and better ways to deliver solutions in today's rapidly evolving healthcare environment. ***We are dedicated to improving outcomes for complex populations by providing needed support and information to help clients make better healthcare decisions.*** Our solution focuses on educating providers and giving them the tools necessary to make informed decisions so they can improve the quality of care provided to their patients. We have direct experience supporting continuity of care through collaboration with managed care stakeholders. We look forward to continuing to work with DHS to improve access to pharmacy services and modernize support systems. MMA's deep Medicaid knowledge and lengthy experience with the AMPP, combined with the flexibility of our platform, enables us to deliver pharmacy services that will not just meet but exceed the unique needs of DHS, now and in the future.

MMA has direct insight into the current operations, policies, and procedures of the AMPP. We have established and will continue to build upon our positive working relationships with DHS staff to facilitate our ability to meet program goals for the AME Pharmacy System and Services Contract and to provide input into how Arkansas can successfully meet the challenges of an ever-changing Medicaid environment.

Functionality of Our Solution

MMA stands ready to continue to support DHS in with Medicaid-specific services refined by over three decades of experience serving government pharmacy programs, including Arkansas'. For more than 51 years, MMA has been a trusted partner to State, Federal, and county governments, as well as health plans who serve Medicaid, Medicare, and commercial clients. Today, MMA is a leader in pharmacy benefits administration and the development of systems that provide pharmacy management and oversight, control pharmacy costs, and improve clinical outcomes. As a leader in the public sector market for healthcare management and information services, MMA uses integrated clinical management, superior operational administration, and leading information technology solutions to provide comprehensive pharmacy services. MMA's systems and services have been designed from the ground up to provide the best possible support for Medicaid programs and populations. ***Our integrated solution is also modular, allowing us to provide all or some of the scope of work*** defined in this RFP. Our solution interfaces with other vendors' systems for the exchange of data.

MMA specializes in providing comprehensive pharmacy solutions for the complex challenges facing government healthcare programs. Our focus on serving Medicaid and other government healthcare program customers has led to a deep understanding of the populations these programs serve and the State and Federal rules under which they operate, as well as state-specific benefit designs, clinical policies, and programs.

We are well-positioned to continue to assist DHS in achieving its mission of helping people lead better lives. ***Our corporate mission to drive affordability and integrate whole-person care to enhance the patient, provider, and client experience is aligned with DHS' goals***. MMA's employees are dedicated to improving health outcomes, creating a better client experience, and lowering the total cost of care through effective pharmacy benefit administration. We do this by putting the client at the center of everything we do. Our experience as one of the largest independent government-sector PBAs in the nation, coupled with our comprehensive industry-leading customer service, unique clinical and engagement strategies, and innovative technology, helps us achieve these goals. We will continue to work closely with DHS to ensure business outcomes are delivered and that the efficiency of Arkansas Medicaid's pharmacy benefits is enhanced.

Improve Customer Service

Our goals, in coordination with our state customers, include helping their clients live healthier lives and enable them to take better control of their health, thereby improving health outcomes. Our solution focuses on educating pharmacy providers and prescribers and giving them the tools necessary to make informed decisions so they can improve the quality of care provided to their patients.

We will actively participate in ensuring clear and precise communication is exchanged with providers and clients, as well as with DHS and other program stakeholders.

Identify Efficiencies for IT Systems and Resources

Our proven POS claims processing system, FirstRx, is tailored and proven in multiple state Medicaid programs and fully integrated for optimal efficiency. ***FirstRx is designed to support government programs.*** It handles real-time pharmacy POS claims adjudication. We currently use FirstRx to process claims for 14 Medicaid programs, including Arkansas, and for our ADAP and SPAP contracts. FirstRx is a highly configurable and flexible business rules-based POS pharmacy claims processing system that supports online benefit configuration and claims adjudication in real time, 24/7/365, as well as encounter claim loads and pricing. HIPAA- and NCPDP-compliant for claim transactions, code sets, and data exchanges. FirstRx receives pharmacy claims via real-time and batch submission, web claims submission, and manually entered paper claims. ***FirstRx is designed for Medicaid, with 6,245 Medicaid-tailored claim checks and edits that manage care within the guidelines of Medicaid rules.*** FirstRx also provides system edits, ProDUR edits, integrated AutoPA functionality, and TPL services. Its user-friendly system design allows the user to modify the pharmacy benefit expeditiously to manage emergencies, new mandates, and Federal and State policy changes. ***CMS has recognized MMA's FirstRx claims processing system as "outstanding."*** We can leverage the same platform among multiple divisions and programs, thereby increasing cost efficiencies. Our solutions align with DHS' enterprise technology vision.

We have successfully configured our systems to accommodate each customer's complex and specific requirements. We have configured FirstRx to reflect Arkansas' Medicaid policy. Our proven, scalable, modular, MITA-focused, CMS-certified Pharmacy Solution is in full compliance with all Federal and State laws, rules, and regulations. We use a proven Project Management Methodology combined with high-touch account management and the ability to deploy rapid changes to ensure smooth implementations with minimal risk to clients, pharmacy providers, and other stakeholders.

MMA maintains compliance with the Federal rules and regulations relevant to the Medicaid pharmacy space, including the Deficit Reduction Act (DRA) of 2015, the Affordable Care Act (ACA) of 2010, and all other applicable State and Federal/CMS legislation, regulations, rules, and guidelines. In support of responses to public health emergencies, MMA participates in the NCPDP Emergency Preparedness Task Group meetings and shares the learned information with our customers, thus ensuring our customers are knowledgeable of NCPDP guidance and the related discussions occurring within the pharmacy community.

MMA will continue to support DHS through our focus on the Seven Conditions and Standards. MMA's application architecture provides a modular, flexible approach through the use of open industry-standard interfaces and exposed Application Programming Interfaces (APIs). All development, both coding and new configuration follows our System Development Life Cycle (SDLC).

Meet Security and Privacy Requirements

Our systems will continue to comply with DHS' security and confidentiality standards, with HIPAA standards, and other State and Federal privacy and confidentiality standards and regulations. MMA has been ensuring client confidentiality and data security since we began processing Medicaid claims in 1972. 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. Prime has 25 years of experience ensuring client confidentiality for the clients we serve, dating back to its inception as a Pharmacy Benefit Manager in 1998. MMA's solution currently complies and will continue to comply with all applicable laws and regulations regarding privacy, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA), and the provisions contained in the Business Associate Agreement.

The MMA solution uses the HITRUST Common Security Framework (CSF) as the basis for our policies and security controls. 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 State of Arkansas has also aligned their state security requirements with these generally accepted security frameworks and controls, our solution will continue to satisfy their policies and demonstrate our adherence through the HITRUST certification. Both MMA and our parent company, Prime Therapeutics, are HITRUST certified. We renew our HITRUST Certification on a biennial basis and perform an annual interim HITRUST review between certification years.

Pharmacy Solution Technology that Permits Future Expansion and Functionality

Our platform is designed to address the dynamic, high-volume demands of the Medicaid Program. Our Pharmacy Solution technology will continue to permit future expansion and functionality. ***Our flexible and customized pharmacy POS system will promptly accommodate modifications by business analysts (Benefit Configuration Specialists).*** Our systems are highly configurable, enabling us to make rapid adjustments in response to changing demands of program strategy and tactics, including formulary design, therapy limits, lock-in services, opioid utilization management, orphan drug costs, behavioral health programs, public health emergency-related changes, and other policy changes.

MMA continuously refines and enhances our Solution to meet our customers' evolving needs. Some recent enhancements include:

- Bi-directional APIs to perform real time eligibility checks in the Eligibility Source System as part of claim adjudication editing. FirstRx sends the enrollment data points and receives the response from the Eligibility Source System in real time and determines whether to continue processing or denies the claim for the appropriate eligibility reason. This reduces provider abrasion in the event there are eligibility discrepancies (for example lags in enrollment updates) by ensuring the Eligibility Source System serves as the ultimate authority, and any conflicts are resolved in real time as the claim is adjudicated.
- Enhancements to achieve modular MES infrastructure:
  - Upgraded the existing POS user interface with Integrated Support Services (ISS) solution to better support data exchange, including near real-time provider transaction data exchange/reconciliation and user access management/single sign-on.
  - MMA additionally implemented integration with the Enterprise Data Warehouse System (EDMS), care management system, and joint MES change advisory board participation.
- Upgraded Project Management portal functionality that allows additional transparency for project management tasks, status, and customer self-service, enabling state staff and other stakeholders to access critical project management status updates.

MMA's Pharmacy Solution is compatible and interoperable with all applicable State and Federal requirements, utilizing next generation technological tools and connectivity standards as a framework to facilitate adaptable, interoperable, and scalable architecture that is leveraged across the Medicaid enterprise.

The scalability of our solution is supported by our pharmacy applications solution, which takes advantage of features provided by services such as Amazon Elastic Compute Cloud (EC2) autoscaling groups, Amazon Elastic Block Store (EBS) snapshots, and Amazon Elastic Load Balancing (ELB) to create a highly reliable and scalable solution. Our pre-existing, proprietary systems are highly configurable, enabling rapid adjustments to be made in response to the changing demands of program volume and strategy, including formulary design, therapy limits, lock-ins, and other policy changes. Our CMS-certified, NCPDP-compliant, MITA-mature solution, coupled with our hands-on experience with DHHS administering proven systems and services, position us to be ***the best and lowest risk choice to support the evolution of the AMPP.***

Integration with Existing and Future Interfaces, Systems, and External Partners

Our systems will continue to support the secure and timely exchange of all required reference data with the Core/MMIS and DHHS-approved vendors and trading partners, including claims, client, pharmacy provider, prescriber, and drug-related data. For encounter claims, MMA has extensive experience adjudicating and handling all the associated processes (e.g., reports, extracts) and will continue to meet all DHHS' requirements efficiently and with accuracy, while adhering to State and Federal regulations and guidelines.

Our systems currently allow for secure electronic transfer of data to and from DHS', the PASSEs', and other trading partners' systems. We will work with DHHS, the PASSEs, and other entities during implementation to define and develop the interfaces required for the new contract. MMA's Pharmacy Solution currently interfaces with every major MMIS/fiscal agent and data warehouse vendor operating today and many large PBMs. Every Medicaid program is unique, and we support all service provider types. ***Overall, we support more than 4,600 data interfaces across the spectrum of services.***

Our data exchanges, including inbound and outbound interfaces, align with the MITA framework and comply with industry standards where applicable, e.g., National Information Exchange Model (NIEM), NIST, HIPAA-compliance standards (including HIPAA X12 and NCPDP EDI transactions), Health Level 7 (HL7). We currently have and will continue to have the capability to receive, process and store all Medicaid and related data, and integration transactions in a HIPAA-compliant format from pharmacy platforms in as close to real-time as possible. Our interfaces use industry standards such as NCPDP, HIPAA x12, HL7, XML, and CSV for interoperability and data integration needs.

MMA's solution supports the use of XML/JSON 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 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 client records or transaction-level data, if stakeholders choose to use this instead of the more commonly leveraged batch data interface architecture.

Our solution complies with the State's existing data interface standard(s) for automated electronic intrastate interchanges and interoperability. Each interface is configured to meet HIPAA privacy and security rules and guidelines and uses industry standards, such as X.12, NCPDP, and HIPAA for interoperability and data integration needs.

MMA's solution supports multiple web services standards, including web services, specifications, and adapters (WSDL, WS-*, SOAP, REST, UDDI, ODATA), support standard databases such as MS SQL, SQL Server, Oracle, and support integration transfer protocols such as FTPS, SFTP, HTTPS, MSMQ). We support all commonly used data transport protocols, including SFTP, FTPS, NDM, EDI, and both REST and SOAP/XML services.

MMA has decades of experience providing integration capabilities and brings that knowledge and experience to bear for DHS. ***As the pharmacy benefit administrator for the Virginia Department of Medical Assistance Services, we integrated and cooperated with the MES System Integrator which did not go live until after our PBA Solution was fully implemented.*** Virginia was the first state to have implemented the System Integrator model for their Medicaid Enterprise, and our

pharmacy module integrations with the System Integrator and are successfully exchanging data with the MMIS and other MES modules for Virginia.

Our agile solution, our hands-on experience with Arkansas, our already implemented systems and services, and our experience providing Medicaid FFS pharmacy services across the country position us to be ***the best and lowest risk choice to support the evolution of the AMPP.*** We offer DHS the benefit of a partner with Arkansas-specific experience, as well as decades of experience with multiple state Medicaid agencies. We are committed to providing the appropriate teams and resources to manage the complexities of the pharmacy program for DHS.

Meeting Functional Requirements

MMA proposes our proprietary and scalable solution and a customer-oriented approach to meeting the functional requirements that is collaborative, innovative, cooperative, and flexible. In the following table we describe how our solution currently meets the requirements for each of the primary functional areas defined in the RFP.

Core Solution Component	MMA Solution
POS Pharmacy Solution	**In Place for Arkansas:** MMA will continue to provide all the claims processing operation and administration services required to support the AMPP. We propose to continue to operate our proprietary MITA-mature, CMS certified claims adjudication platform, FirstRx. FirstRx provides Arkansas with agile, highly configurable benefit management and pharmacy claims processing, including system edits, ProDUR, COB, adjustments, and AutoPA functionality integrated within the POS system. AutoPA is our fully integrated feature in FirstRx that streamlines the PA process using automated decision-making based on approved clinical rules and edits within the processing engine. FirstRx supports on-line benefit configuration and claims adjudication in real time, 24/7/365, as well as encounter claims loads/pricing. FirstRx accepts pharmacy claims via POS batch submission, and manually entered paper claims. FirstRx is a fully integrated relational database system designed for Medicaid and currently supports 14 Medicaid pharmacy programs. The configurability of FirstRx allows the responsive and quick support of Medicaid programs with customized edits, including those required for public health emergencies such as COVID-19. **For the new contract term,** we will implement enhanced Formulary Management Tool functionality to support the implementation of electronic prior authorization (ePA). We will enhance our existing solution under the new contract by configuring FirstRx to process Physician Administered Drug (PAD) claims, which will entail developing a HCPCPs crosswalk.
Prospective Drug Utilization Review (ProDUR)	**In Place for Arkansas:** Our proprietary ProDUR solution is an integrated component of our FirstRx POS system and supports all clinical management and pharmacy claims adjudication functions. Our fully automated ProDUR solution meets and exceeds all State and Federal requirements, including OBRA '90, and is operated in accordance with the latest accreditation standards of telecommunications defined by NCPDP. FirstRx meets DUR regulations and CMS guidelines, including Arkansas-specific requirements. FirstRx supports extensive ProDUR criteria within the claims adjudication process to ensure clinically appropriate alerts and/or denials are transmitted to the pharmacy provider to support their OBRA counseling and improve beneficiary outcomes. Through our FirstRx edits, the system alerts pharmacy providers when several defined conditions,

Core Solution Component	MMA Solution
	such as early refills, therapeutic duplications, drug-drug interactions, drug-disease interactions, are present that could be detrimental to the client. MMA's ProDUR solution ensures that only approved edits are applied to all claims. The edits determine problems with a prescription and validate medical appropriateness of the prescribed drug by comparing the circumstances surrounding the request with established pharmacy-related therapeutic criteria. Our rules-based POS solution provides both unparalleled flexibility and configurability in establishing and modifying edits and rules through on-line functions by an authorized business user.
Retrospective Drug Utilization Review (RDUR)	**In Place for Arkansas:** MMA has provided RDUR services to AMPP since 2020. We will continue to deliver a clinically robust, cost-effective, Medicaid-focused RDUR solution that is customized for Arkansas. MMA monitors the use of prescription medications and products to ensure client safety, therapeutic efficacy, and cost effectiveness. We provide several innovative strategies for promoting the appropriate prescribing and utilization of prescription medications that include clinical monitoring as well as system capabilities through our FirstIQ RDUR decision support tool.
Prior Authorization (PA)	**In Place for Arkansas:** We currently provide Arkansas state-of-the art methods for PA submission processes and ensure these entry points are integrated to support PA requests both at the POS and through the Help Desk. These methods include AutoPA within the FirstRx POS system, fax, IVR, mail, telephone, and Help Desk representative assisted PA entry. Each approach utilizes the same criteria to drive consistent decisions for PAs. We use FirstTrax as the repository for all automated and Help Desk-assisted PA requests, dispositions, and clinical notes. MMA's Help Desk clinical pharmacists, in consultation with DHS, allow authorizations based on specific guidelines established by DHS. Our clinical personnel respond to all clinical questions, as well as approve or deny PA requests. Information regarding the content and resolution of inquiries and requests is housed and tracked in FirstTrax. Only authorized users can retrieve and update PA requests and view pharmacy claims through FirstTrax. FirstTrax assigns the final time and date stamp to the contact detail record when a staff member resolves the contact detail record and completes the call. **For the new contract term,** we will implement web-based electronic prior authorization (ePA). To support ePA, we will also implement our clinical decision module, MRx Decide, which is integrated into FirstTrax, to build clinical PAs and drive consistent decision-making. We will also implement prior authorization services for PAD.
Rate Setting according to current pricing methodologies	**In Place for Arkansas:** MMA has configured rate setting methodology as defined by the DHS. FirstRx is configured to apply reimbursement logic or benefit coverage based on program, category code or other program specifications, client age, drug or drug class, Medicare-Medicaid dual eligibility, clients residing in a nursing facility, and other criteria as determined by DHS. MMA's solution provides the ability to adjust, process and price Medicaid and Medicare dual eligible claims or encounters in accordance with Medicare guidelines. This includes claims or encounters for clients who are in Medicare Managed Care, including Part C.

Core Solution Component	MMA Solution
	We will continue to manage a comprehensive State Maximum Allowable Cost (MAC) list to enhance accuracy in determining State MAC rates. FirstRx is capable of reimbursing for multi-source drugs as established by Arkansas' State MAC Program. Our FirstRx system can be configured to align with the threshold maximums for retail pharmacy reimbursement on a product-by-product basis. MMA has over 20 years of experience providing State MAC List Development and Maintenance services to our state Medicaid agency customers, enhancing accuracy in determining State MAC rates. We currently manage SMAC programs for 12 State Medicaid programs, including Arkansas.
Drug Rebates	**In Place for Arkansas:** MMA will continue to provide a drug rebate solution that manages the administrative, invoicing, and reporting functions required to support the processing of all supplemental rebates which include rebates for all drugs, medical/diabetic supplies, and MCO claims reimbursed by the AMPP and entered into the Core/MMIS. We have set up the rebate streams for the CMS rebate program and supplemental rebates using the same systems and processes that we currently in place. We will continue to support DHS with proven, in-place drug rebate services including administration, invoicing, collection, reporting, and dispute resolution services. Our drug rebate administration support solution is already fully operational and ready to support all AMPP rebates and will avoid disruption to the State's rebate collection processes. We will continue to support the rebate program using this system by implementing rebate streams to support CMS rebates. Our experienced Rebate Operations Team uses our rebate solution and follows our proven processes and procedures to efficiently invoice, collect, and post rebate payments and to handle dispute resolution. Our rebate programs operate in full compliance with all Federal and State laws, regulations, and notices. MMA adheres to all CMS policy and guidance regarding pursuit of rebate amounts from manufacturers. We offer web-based electronic invoicing options for manufacturers, which improves response time to invoices ***to help DHHS recover rebates more quickly and with fewer disputes***. MMA is on track to implement a Medical/Diabetic Supply Rebate Program for the State by the end of this year.
340B Processing	**In Place for Arkansas:** MMA's FirstRx solution provides the ability to identify 340B claim and encounter lines, conforming to the NCPDP standard transactions format. The incoming Submission Clarification Code (Field 420-DK) of 20 can be used to identify a claim as a 340B claim. Additionally, submitting the Basis of Cost Determination value of 08 – Disproportionate Share Pricing/Public Health Service, can be used to identify 340B net price submitted in the Ingredient Cost field. FirstRx interfaces with our drug rebate management system to ensure that 340B claims are excluded from being invoiced for the Federal or supplemental drug rebates using the HRSA exclusion list, Submission Clarification Code, Submission Type Code, the most current NCPDP standard, or a combination of those factors. MMA's configurable drug rebate platform allows for inclusion, or exclusion, of claims in the drug rebate process based on the business rules developed by DHS, including reason codes for issues like zero paid FFS claims and 340B claims based on claim or line-level indicators. Through our rebate solution, MMA applies global exclusion rules that can be customized at the customer level, ensuring that

Core Solution Component	MMA Solution
	exclusion–or inclusion–criteria can be updated based on the State's requirements and needs. These exclusions can be applied at either the NDC or claim level. Our rebate system further provides the ability to configure exclusion rules based on Arkansas-specific needs by providing an administrative tool that allows the user to configure claim exclusions from invoice billing. MMA's solutions support creation of 340B ceiling price files, calculation of the 340B ceiling price using Average Manufacturer Price (AMP) and the quarterly unit rebate amount (URA) file from CMS, as well as use of NCPDP claim indicators to identify 340B claims and non-340B claims. The ceiling price is calculated, and the file is loaded in FirstRx. We use the 340B ceiling price file for claim management purposes in FirstRx for several of our current Medicaid customers, including Arkansas, Colorado, District of Columbia, Florida, Nebraska, Nevada, and Virginia. Our rebate reporting solution enables a suite of parameter-driven reports, including the Quarterly 340B Unit Price Report and the 340B Annual Report. Claims edits are configured in FirstRx to validate against the ceiling price for reasonableness.

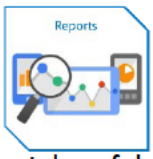
Other Functional Requirements

Additional functional areas are described in the following narrative.

PDL Requirements: MMA proposes that Arkansas remain a member of our NMPI multi-state pool. Since we began providing PDL services to the State in 2016, we have helped Arkansas collect ***in supplemental rebates.*** Our rebate system and operations are in place supporting Arkansas' supplemental rebate program. We currently provide Help Desk support for prior authorizations, as well as PDL analysis and reporting. We will have implemented our proven Medical/Diabetic Supply rebate program for the State by the end of this year. In today's dynamic healthcare environment, MMA is poised to continue supporting DHS in its mission to improve health outcomes by providing access to comprehensive, cost-effective, and quality healthcare services for eligible Arkansans enrolled in Medicaid. We are well positioned to continue to assist DHS in using the PDL as an effective and flexible tool to contain and control the growth in pharmacy spending. To ensure that Arkansas' clients continue to have ready access to a clinically sound selection of therapeutically equivalent medications, MMA puts clinical evidence at the forefront of PDL design and management.

E-Prescribing Requirements: MMA will continue to support ePrescribing services provided through SureScripts. The SureScripts national health information network is used to prescribe medications without the use of paper, pens, or fax. SureScripts connects pharmacies, healthcare providers, and software companies serving all care settings–ambulatory, acute, post-acute, long term, and specialty. Using ePrescribing, providers can look up client eligibility, claims history, and search the formulary using their practice management software.

Reporting Requirements: MRx Explore, our Business Intelligence (BI) analytics tool, is implemented for Arkansas. It contains a full portfolio of pharmacy program management dashboards and interactive reports built to interface with a highly flexible dimensional data warehouse model. MRx Explore provides a suite of more than 100 standard reports and dashboards, which are available to DHS, as well as access to our proprietary ad hoc self-service query reporting tool, Report Studio, which allows authorized users to create customized ad hoc reports using a catalog of data elements and parameters available through MRx Explore. MRx Explore will continue to provide DHS with a complete operational view of the AMPP.



In addition to powerful self-service ad hoc reporting features, MRx Explore is also comprised of a comprehensive suite of standard management and utilization reports. With a current inventory of close to 100 available interactive reports, users can quickly gather information on various aspects of the AMPP by entering a few basic parameters such as date ranges when selecting any one of the many available report templates. The reports are pre-built and include actionable information and insights that enable more effective program management.

MMA will continue to provide access to MRx Explore for designated DHS users. MRx Explore provides a user-friendly interface that enables authorized users to create queries and reports to support numerous informational needs and is flexible, easy to use, and offers users a variety of features for building custom reports. Authorized users access MRx Explore Report Studio through standard web browsers from any workstation that can connect to the internet.

In addition, MMA draws upon the reporting expertise of our two well-established reporting teams including, our Clinical Outcomes Analytics and Research (COAR) staff and our Business Intelligence (BI) Team. The State will continue to have access to both COAR and BI resources for outcome analyses, drug trend forecasting and analysis, strategic planning, and ad hoc reporting requests. which can then be loaded into systems like the State's DSS. We also provide the services of a Data Analyst and dedicated Senior Data and Reporting Analyst to support the AME Pharmacy Contract.

For the new contract we will develop additional reports.

Help Desk Requirements: MMA has provided pharmacy provider, prescriber, and client support through Call Center excellence to our customers for 35 years and has successfully performed Pharmacy Help Desk services for the AMPP since 2015. We are committed to continuing to provide excellent Help Desk support and functionality for the ***State, its participating pharmacies, prescribers, and clients. We currently provide technical and clinical Help Desk services to 14 Medicaid FFS programs, including Arkansas, as well as eight ADAPs and four SPAPs. On January 1, 2021, we implemented Call Center services for the State of California Medi-Cal Rx contract, where more than 15 million clients were transitioned to the FFS pharmacy program.***

All of MMA's continuous, toll-free Help Desks are located within the continental U.S. We provide a fully-trained Help Desk staff of skilled clinicians—including registered pharmacists (RPh and PharmD) and Certified Pharmacy Technicians (CPhTs)—who respond to service requests submitted via phone, voicemail, fax, and/or mail, including prior authorization requests. We provide full-time staff for Arkansas during the scheduled Help Desk hours of 8:00 a.m. through 5:00 p.m. CST. ***MMA uses the most advanced call management system technology currently available to ensure a high-level of customer service and caller satisfaction.*** MMA records, tracks from receipt to response, and indexes all incoming or outgoing contacts (e.g., telephone, email, facsimile, or mail) in our proprietary PA and contact management tracking system, FirstTrax. We use FirstTrax as the repository for all automated and manual PA requests, dispositions, and clinical notes. Designated DHS staff are able to access FirstTrax.

Web Portal Requirements: MMA will continue to provide and maintain a hosted public-facing website for the AME Pharmacy Contract. Our AMPP Web Portal will continue to be utilized for posting of communications, billing information, policies, and other information as directed by DHS. MMA will continue to ensure the AMPP Web Portal is accessible and functional throughout the Contract period. MMA's AMPP Web Portal provides an interactive, user-friendly environment resulting in a positive user experience. The Web Portal offers a combination of services and static content. Static and dynamic content, as well as downloadable documents maintained on the site, will also be accessible through the hypertext links, drop-down lists, and menus. MMA understands the importance of having an Internet solution that is accessible to people with disabilities. Our Arkansas Solution provides accessibility to persons with disabilities and is in compliance with Section 508 of the Rehabilitation Act.

Change Management Requirements: Our 39 years of experience implementing and managing Medicaid PBA systems has well equipped us to listen intently to and analyze the unique needs of our customers through the lens of shifting and evolving public policy, law, regulation, system change, as well as developments to national best practices. We work closely with our customers to capture their needs for system change and translate those ideas in actionable impact analyses that reflect current industry trends. As a customer of MMA, DHS has the option to leverage enhancements to our Solution base product, as well as those created as a result of our other Medicaid customers' enhancements. Because FirstRx is built on a single code base development platform, we are able to easily deploy and manage these system enhancements across our entire customer base simultaneously. Our pharmacy solution is a COTS, single version of software that provides stability and a risk-mitigated SDLC. ***As changes to the software are deployed, our customers can leverage these new capabilities at their option (with the exception of industry-mandated changes, e.g., NCPDP).*** This aspect of our solution is aligned with the MITA 3.0 Leverage Condition because it promotes sharing, leverage, and reuse of healthcare technologies and systems within and among our state Medicaid customers, furthering the MITA

maturity of the states we serve. MMA will receive, record and track system change requests in our Change Request Tracking System. MMA has an established process for logging, tracking, evaluating, and reporting on Change Requests.

Privacy and Security Requirements: MMA will continue to meet all RFP Security and Privacy requirements for safeguarding data and production of client identity. MMA's Security Department has the task of ensuring that clients' 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.

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.

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.

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 State of Arkansas 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.

We maintain our website in a 508-compliant format that conforms to Web Content Accessibility Guidelines (WCAG). MMA currently satisfies Level AA Success Criteria. We support the goal of making web content accessible for people with disabilities and will assist DHS with posting all web site documents in a 508-compliant format. Our website content provides text alternatives for non-text content, is accessible from a keyboard, contains readable/understandable text, and maximizes compatibility with user tools. MMA has experience meeting these compliance measures.

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. Our next HITRUST re-certification is in 2023, and a copy of the assessment can be provided.

MMA's Amazon Web Services (AWS) cloud-hosted applications are in a FedRAMP certified environment. MMA's security standards are based upon the NIST 800-53 security and privacy control sets. MMA performs internal control assessments and internal audits to assess our systems and processes according to our policies for safeguarding information systems and data which also align with State, Federal, and customer requirements to validate MMA's effectiveness of controls and safeguards in place.

System Requirements: MMA maintains and upgrades our pharmacy environment as needed to remain in compliance with all State and Federal mandates. We will be responsible for completing any HIPAA adopted updates to transaction sets to ensure continued compliance with Federal and State HIPAA transaction and

code set regulations. As the incumbent AME Pharmacy Contractor, MMA maintains a pharmacy solution that is compatible and interoperable with all applicable Arkansas systems, utilizing next generation technological tools and connectivity standards as a framework to facilitate adaptable, interoperable, and scalable architecture that is leveraged across its Medicaid enterprise. MMA also shares the core tenet of interoperability, as guided by the standards set forth in the CMS Medicaid Information Technology Architecture (MITA) release 3.0.

Our pre-existing, proprietary systems are highly configurable, enabling rapid adjustments to be made in response to the changing demands of program volume and strategy, including formulary design, therapy limits, lock-ins, and other policy changes. Our CMS-certified, NCPDP-compliant, MITA-mature solution, coupled with our hands-on experience with DHHS administering proven systems and services, position us to be the best and lowest risk choice to support the future evolution of the AMPP.

FirstRx has been configured to adjudicate Arkansas Medicaid pharmacy claims against a robust option of claims processing edits configured to meet DHS' needs. MMA will continue to provide system design and modification as needed throughout the life of the upcoming contract period, so that we interface properly with future information systems as directed by DHS.

Our claims adjudication system, FirstRx, is designed with ***6,372 Medicaid-tailored claim checks and edits*** that manage care within the guidelines of Medicaid and ADAP rules according to the guidelines of Arkansas Medicaid. ***Edit capability is virtually unlimited, enabling rapid adjustments in response to the changing demands of program strategy, including benefit plan design, therapy limits, lock-ins (client restrictions), and other policies.*** Our system remains current with industry standards. These configuration changes are made in accordance with MMA's established Change Management process, which ensures that all changes are fully tested and receive DHHS signoff before being deployed into production.

FirstRx stores and identifies claims and encounters as discrete data sets. FirstRx contains audit trail functionality that allows an authorized user to easily track the life cycle of claims and encounter data, including the original submission and all adjustments. Changes are clearly visible in the user interface for user review. Files are loaded to FirstRx, and a load report is available for review and analysis to ensure records have been added or updated promptly. All records are dated as either effective, terminated, or logically deleted.

MMA's technology solution ensures all file information is kept in the database for easy access. All batch file extracts utilize our utility which logs all file movements and includes the file name and size in the database for easy access. Audit data, for example, are stored in the database in an architecture that indicates the changes to data that were submitted to the application through either the graphical user interface or through a load file. This submitted file information, kept in the database, is easily accessible through the user interface of the application or through an extract.

Our Pharmacy Systems contain robust, user-friendly audit trail and audit log functionality that allows an authorized user to view the complete history of activity for an item and prohibits any users from editing or deleting log data. 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.

The database audit function collects and maintains information concerning security-related events for later review and analysis. At a minimum, MMA tracks and records the database activities that include, information concerning database level access, database Data Manipulation Language (DML) activity, database restore activities, and invalid access attempts. These audit records are generated by the Oracle Audit Vault and Guardium activity logging which can track this database activity up to the constituent level of the identity management framework. The sensitivity of the resource or the nature of the transaction may require the recording of additional information or additional types of events (for example, transaction logging).

We are aligned with CMS' strategy for modularity, and we have the proven ability to supply required documentation and to actively participate in whatever certification activities are necessary to support our State Medicaid Agency customers. MMA's software development and testing have maintained and will continue to maintain compliance with industry standards, MITA 3.0 guidance, and the CMS Seven Conditions and Standards. MMA uses leading technologies as the foundation of our solution, enabling us to continuously evolve our maturity and alignment to MITA principles, including a commitment to deliver SOA components wherever possible and practical.

MITA-Aligned Solution

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

- Modular system
- Based on Service Oriented Architecture (SOA) design principles
- Utilizes web-based COTS products with single sign-on
- Meets the goals of the MITA Seven Conditions and Standards
- CMS-certified for 15 Medicaid programs.

COTS-Based Solution: MMA's proprietary Pharmacy Solution, which includes POS functionality, incorporates all facets of Medicaid modernization, leveraging commercial off-the-shelf (COTS) and Cloud solutions to deliver a best-in-class scalable, modular solution. Comprised of loosely coupled modules with open, documented interfaces that rely on configuration, rather than customization, our solution offers state Medicaid customers the flexibility to adopt new features as they become available and quickly adapt to the ever-changing healthcare landscape. Each module within our solution addresses a specific business function and meets CMS' defined criteria of a module as a packaged, functional business process or set of processes implemented through software, data, and interoperable interfaces. Our Pharmacy Solution is currently in place supporting 14 Medicaid pharmacy programs today. ***Driven by a pre-existing single code base, our solution does not need to be designed or developed***. We will configure, test, implement, and deploy a Wyoming-specific instance of our solution that is customized to the requirements specified in the RFP. Once deployed, our systems are highly configurable, enabling rapid adjustments to be made in response to the changing demands of Federal and State policy and program volume and strategy, including formulary design, therapy limits, lock-ins, and other policy changes.

Scalability: Our PBA Solution is built on a ***web-based, flexible, scalable, service-oriented architecture (SOA)-based platform and includes all major pharmacy components required to deliver the scope of work outlined in the RFP.*** Our Pharmacy Systems will continue to be hosted by MMA and made accessible to authorized DHS staff via secure single sign-on with multifactor authentication (MFA). The scalability of our solution is supported by our pharmacy applications solution, which takes advantage of features provided by services such as Amazon Elastic Compute Cloud (EC2) autoscaling groups, Amazon Elastic Block Store (EBS) snapshots, and Amazon Elastic Load Balancing (ELB) to create a highly reliable and scalable solution. MMA leverages both native AWS monitoring tools (e.g., CloudWatch) and external products (e.g., New Relic) to actively track POS activity and response times, ensuring our services meet the appropriate Service Levels Agreements (SLAs). Trend analysis features supplied by these monitoring products allow MMA to quickly engage additional cloud-based resources (EC2, ELB, etc.) to meet variations in demand. ***Using this technology, our Pharmacy Solution can be scaled to serve any size pharmacy program, from very large (over 15 million clients), to very small (less than 2,500 clients).***

Hosting and Environment Requirements: MMA utilizes several cloud-based solutions that enable data exchange within and between modules. The cloud service providers MMA uses are Amazon Web Services (AWS), Microsoft Azure, and Oracle Cloud. The environments are dynamic and based on the resources needed at any given time to ensure we achieve our processing Service Level Agreements (SLAs). AWS and Oracle support 'dynamic scaling' to automatically bring up additional computational and storage resources as needed in a given time period. Using Cloud Auto Scaling, we maintain optimal application performance and availability, even when workloads are periodic, unpredictable, or continuously changing. Cloud Auto Scaling continually monitors applications to ensure they

are operating at desired performance levels. When demand spikes, Cloud Auto Scaling automatically increases the capacity of constrained resources to maintain a high quality of service.

Additionally, MMA employs a cloud-focused data exchange ecosystem to improve implementation timelines and transparency. Secure AWS environments and services (EC2, EBS, CloudWatch) are combined with cloud-enabled products (SnapLogic, Informatica) to establish secure, reliable, auditable data exchanges.

MMA is compliant with the NIST SP 800-53 Rev. 4 Moderate Control Baseline. This standard requires MFA, including unique user login/password credentials and a second form of authentication (e.g., text, telephone call, email). MMA uses Okta, our identity management tool, to provide both single sign-on and MFA for all user sign-on activity.

MMA's pharmacy system meets or exceeds all applicable Federal regulations and is in full compliance with all privacy and security aspects protecting data confidentiality, including those defined by the HIPAA Security Rule, the HITECH Act, HITRUST, and NIST 800-53 mod4.

Data Management Requirements: MMA provides a SOA that makes it possible to implement common interoperability and access across the enterprise, including other applications, other agencies, Federal and State systems, or by other new systems as needed. Our solution is currently in full compliance with all Federal Medicaid requirements for the coverage, service delivery, payment, rebates, and reporting with regards to outpatient prescription drugs. MMA continually maintains and enhances FirstRx to incorporate any new Federal requirements by the mandated Federal effective dates.

Our architecture also includes an electronic data interchange (EDI) gateway and enterprise business services capabilities, which are also key components of our strategy. These provide a means for more customizable, near real-time exchanges of client records or transaction level data, if stakeholders choose to use this instead of the more commonly leveraged batch data interface architecture. MMA supports all commonly utilized data transport protocols, including SFTP, FTPS, NDM, EDI, and both REST and SOAP/XML services.

MMA will continue to ensure the security, accuracy, and timeliness of data interfaces. As the incumbent vendor, MMA has already established these data interfaces. We will partner closely with DHS to establish new interfaces as required.

Our Pharmacy Solution ensures all data exchanges (real-time, near real-time, and batch) are executed in a secure, timely, and accurate manner and in full compliance with AMPP policy, as well as State and Federal laws and all CMS MITA and industry-wide standards. We provide real-time capabilities, as well as batch interfaces processed at intervals as short as every 15 minutes offering near real-time processing for batch transmissions.

MMA supports several methods of data exchange, including SFTP (secure file transfer protocols), FTPS (file transfer protocol secure), NDM (network data mover), EDI, and real-time RESTful or SOAP/XML exchanges. MMA ***maintains over 4,600 interfaces***, all containing information that must meet HIPAA privacy and security rules and guidelines and use industry standards, such as X.12, NCPDP, and HIPAA for interoperability and data integration needs.

We also support the use of industry-standard data exchange using industry-leading tools, including SnapLogic, Edifecs, and Informatica. In addition, our architecture includes an EDI gateway and enterprise business services capabilities which are also key components of our strategy. These provide a means for more customizable, real- or near real-time exchanges of client records or transaction level data, if trading partners choose to use this instead of the more commonly leveraged batch data interface architecture. MMA is committed to architectures that provide the right availability of data and produce the most value for our partners and their clients.

MMA will continue to maintain data confidentiality to prevent disclosure to unauthorized persons or system(s). MMA' s Pharmacy System meets or exceeds all applicable Federal Regulations and is in full compliance with all privacy and security aspects protecting data confidentiality, including those defined by the HIPAA Security Rule and the HITECH Act.

MMA will continue to maintain data availability so that access is not inappropriately blocked or denied. To ensure data availability for our application components hosted in our data center, MMA follows industry best practices to safeguard against a single point of failure for any critical operational component. System server

settings and continuous monitoring and alerting will detect a loss of service and notify the technical teams if action is necessary. The hardware has redundant components (e.g., network cards, CPUs, HBAs, Power Supplies). Server redundancy is managed by IBM's PowerHA technologies. Each of the Power 770 servers has a passive target server available for automated failover if the primary applications or database hosts incur a loss of service.

MMA will continue to maintain data security by employing encryption and other DHS-approved security protocols and processes. MMA follows all applicable privacy and security standards promulgated by CMS, enumerated under MARS-E, Version 2.0, including successor versions as required under 45 CFR §155.260. MMA is certified under the HITRUST CSF Assurance Program, which incorporates the NIST Cybersecurity Framework and establishes a certification mechanism as an effective and efficient approach for reporting cybersecurity posture, leveraging the NIST Cybersecurity categorization.

Integration and Interoperability Requirements: MMA maintains compliance with the Federal rules and regulations relevant to the Medicaid pharmacy space, including the Deficit Reduction Act (DRA) of 2015, the Affordable Care Act (ACA) of 2010, and all other applicable State and Federal/CMS legislation, regulations, rules, and guidelines. For public health emergencies MMA participates in the NCPDP Emergency Preparedness Task Group meetings and shares the learned information with our customers, thus ensuring our customers are knowledgeable of NCPDP guidance and the related discussions occurring within the pharmacy community.

MMA will support the State through our focus on the Seven Conditions and Standards. MMA's application architecture provides a modular, flexible approach through the use of open industry-standard interfaces and exposed Application Programming Interfaces (APIs). All development, both coding and new configuration follows our System Development Life Cycle (SDLC). The SDLC includes multiple testing phases to ensure efficiency of process, communication with the enterprise, and mitigation of risks.

MMA uses leading technologies as the foundation of our solution, enabling us to continuously evolve our maturity and alignment to MITA principles, including a commitment to deliver SOA components wherever possible and practical. We leverage a strong and industry-leading infrastructure, with widespread use of enterprise class technology such as Linux, Aurora, and RedShift in Amazon Web Services (AWS), coupled with Java technologies, all of which provide state-of-the art, user-friendly solutions with continued emphasis on ease of deployment and interoperability.

Our guiding technical principles promote availability, efficiency through reusability, reduced development time, and improved cost-effectiveness, enabling us to extend these cost savings benefits to our entire portfolio of customers. On top of our connectivity and infrastructure layer, we have built a robust application environment designed to take advantage of the speed, availability, and redundancy that our connectivity architecture enables.

MMA closely monitors the developments, changes, and evolution of external architecture requirements by State and Federal regulations, rules, and guidelines, and we proactively plan our systems architecture changes to meet changing requirements. Through participation in industry groups such as the Private Sector Technology Group, NCPDP, and our engagement with national conferences such as the Medicaid Enterprise Systems Conference (MESC) and State Healthcare Information Technology Connect, we work to be a part of the positive enhancements being made to both MITA and to the CMS Certification Program.

Having provided services to Medicaid programs for more than four decades, MMA has continuously demonstrated our extensive capabilities and our commitment to not only comply with, but often exceed, guidelines or current standards. In addition, we have also demonstrated our flexibility in adjusting to a rapidly changing and evolving set of regulations.

Often MMA has been the first in the Medicaid space to comply with new State and Federal mandates and standards, as well as to create road maps that align with MITA requirements to support our state government customers' goals for increased MITA maturity. The MMA system architecture supports functionality for the broadest user base and ensures each of our customers has access to this re-usable architecture as a building block for meeting current and future business needs.

MMA builds artifacts and documentation during implementation and throughout the life of the contract following CMS and MITA standards and requirements. MMA uses leading technologies as the

foundation of our pharmacy solution, enabling us to continuously evolve our maturity and alignment to MITA principles, including a commitment to deliver SOA components wherever possible and practical.

MMA utilizes our MITA Roadmap, a five-year plan including key drivers and milestones to guide the evolution of our products, services, and processes and ensure that we are continually striving to increase our ability to support our state partners' MITA maturity level and achieve the goals of MITA framework.

Business Continuity and Disaster Recovery Requirements: MMA will continue to meet all RFP Disaster Recovery and Business Continuity requirements for business continuity and disaster recovery planning, testing, and test reporting. MMA has over 51 years of experience in successfully providing business continuity and disaster recovery services for our customers, including providing a comprehensive plan designed to prevent interruptions to business, protecting critical business processes from natural or man-made disasters and pandemics, and providing a strategy to allow for the prompt resumption of normal business activity.

MMA has the people, processes, and systems in place to address emergencies and disasters. We also have proven and robust contingency plans for adequate backup and recovery. MMA's disaster recovery provisions include redundant network connectivity to the local facility, primary production, and disaster recovery environments. We have both primary and secondary circuits to our production data center and our disaster recovery data center. Our business continuity and disaster recovery strategy includes off-site replication of data and infrastructure necessary to maintain critical business services if our primary data center should become unusable. We have a strong and successful track record of ensuring continuity for our POS services in the face of unforeseen pandemics, natural disasters, or man-made emergencies.

MMA routinely uses best practices to prevent and/or ensure prompt detection of emergencies and disasters, reports incidents to all appropriate authorities and stakeholders, responds to and addresses all types of emergencies and disasters, and has contingency plans for adequate back-up and recovery for all operations. We will utilize all our resources to ensure that both DHS and MMA staff are safe, and secure from emergencies and disasters. If such a situation does occur, MMA will initiate our business continuity and disaster recovery processes to ensure that AMPP operations continue with no disruption to stakeholders.

All of MMA's pre-existing proprietary systems, whether hosted in a data center or in the cloud, are part of our comprehensive Disaster Recovery Plan. When new components are provisioned into a company data center, corresponding recovery components are provisioned within an appropriate recovery site. Recovery sites include other company data centers or Sungard Availability Services depending on the criticality of the supported application as documented by the Disaster Recovery Plans.

SUNGARD® AVAILABILITY SERVICES™

In the cloud, all systems are synced into multiple geographic regions. Through these processes, MMA is well positioned to continue to deliver an available, redundant solution to support the services we will deliver to DHS.

Our disaster recovery plan includes all elements necessary to support Business Continuity requirements. Our disaster recovery results will include reporting on any new functionality implemented during the State fiscal year. To do this, MMA maintains a Business Continuity and Disaster Recovery Plan for responding to a system emergency. This plan includes performing backups, configuring recovery sites, communications, and outreach during the disaster, and returning to regular operations following the disaster.

MMA has both warm-site hardware and shared backup hardware at this remote site. In the event of a disaster, recovery teams have the capability to restore data center operations to business-critical functions by remotely initiating the warm site start up using the most recent virtual library backups needed. In the unlikely event that remote recovery is not a viable option, teams can be dispatched to the warm site to carry out recovery efforts.

In the event of a disaster, MMA has an established process that incorporates the use of replicated data to a secure remote facility and the cloud to recover data. MMA's replication-based and cloud recovery provides an industry standard solution for computer operations recovery without major service disruptions. This replication takes place daily, and the replicated data are backed up to a virtual library at SunGard's secure remote site.

Our full data center recovery plan details specific recovery steps for each system. The plan includes defined recovery roles and responsibilities, systems backup and recovery procedures, off-site media storage details, detailed hardware and software configurations/specifications, and emergency and critical business contact information.

Project Management and Implementation Requirements: MMA will continue to use our proven PMM to ensure the success of the AME Pharmacy Project. ***We have used our approach to successfully implement services for over 40 government pharmacy programs.*** Our PMM utilizes a best practices methodology based on the Project Management Institute (PMI) guidelines that are fully documented in the Project Management Body of Knowledge (PMBOK®), seventh edition to ensure excellence in our project execution. Furthermore, MMA's project management staff constantly applies PMI changes to MMA's own PMM, and DHS can be assured we have reviewed and adopted the most up-to-date practices across the project management discipline. ***We have used our approach to successfully implement services for all 26 of our Medicaid pharmacy customers.***

MMA will continue to utilize DHS-approved Project Management and System Development Life Cycle (SDLC) procedures that follow industry best practices. We leverage our proven PMM for the implementation effort to ensure that all schedules, requirements, and quality standards are met. Our proven organizational approach to government pharmacy program implementations has been fine-tuned over the years and further strengthened by our team of experienced government pharmacy professionals. A strong project lifecycle is critical to the success of a project.

Using our PMM, MMA creates and executes project work plans and project management plans that enable us to anticipate and respond to project challenges rapidly and follow a logical sequence towards project completion. MMA's project management staff regularly applies PMI changes to our PMM, incorporating the most up-to-date practices across the project management discipline. We use Microsoft Project to create and maintain our work plans.

We follow an established Change Management process to govern the changes to our solution; this process will provide structure to the incorporation of changes that support DHS' approach to modernization and improving the delivery of Medicaid services. Our Change Management process ensures that all changes are fully tested and receive DHHS signoff before being deployed into production.

Communication and Training Requirements: MMA conducts ongoing educational programs to benefit the provider community. Our solution includes comprehensive education and training efforts that will be in effect throughout the life of the contract. Our training resources include our corporate training staff, as well as our Pharmacy Help Desk staff and Account Team members who interact with providers daily. We implement multiple methods and technologies for prescriber and provider education and outreach, including a robust Web Portal. In addition, we deliver updated information to providers through email, fax, mail, telephone calls, and on-demand training.

Operations Requirements: We will continue to provide DHS with operation and maintenance support for the components of the AME Pharmacy Project, which includes documentation maintenance and updates, environment maintenance and updates, defect resolution, and performance maintenance and updates. MMA welcomes the continuation of our partnership with DHS. We have thoroughly reviewed the RFP to ensure that we have an up-to-date understanding of DHS' requirements and needs.

FirstRx has been configured to adjudicate Arkansas Medicaid pharmacy claims against a robust option of claims processing edits configured to meet DHS' needs. The system will continue to meet AMPP needs for the life of the contract. MMA will provide system design and modification as needed throughout the life of the upcoming contract period, so that we interface properly with future information systems as directed by DHS.

We will document our approach to system operations and maintenance, including specific information about performance metrics, hardware and software maintenance including the management and tracking of defects, the maintenance of security, the availability of Help Desk support, our change management processes, and the software release schedule. Our maintenance schedule is documented in a clear, concise manner, managed to prevent system/performance conflicts, scheduled to minimize impact on the project

schedules, approved and communicated effectively to all IT departments and the user community, and implemented to support efficient and stable changes and updates in the future.

Throughout operations, MMA provides support and maintenance for our AME Pharmacy Solution to ensure that it continues to operate according to agreed-upon functionality. By combining best practices and lessons learned from our previous Medicaid experience and, most importantly, our Arkansas-specific experience, MMA provides operational and maintenance excellence that supports the successful continued operation of our Pharmacy Solution. We use our proven approach to quality to ensure continued stable operations and to assure DHS of a Pharmacy Solution that includes all DHS-approved functionality and accommodates evolving DHS standards and requirements.

MMA will continue to monitor the daily performance of our Pharmacy Solution. We use established process to monitor and report on system performance. Our systems are designed with the capability to consistently collect and report metrics from application-level processes in a consistent manner across the application and architecture. We have tools in place to monitor, collect, and report metrics from our facilities and environmental conditions, the WAN, LAN, Intel server infrastructure components, and mid-range systems. MMA utilizes state-of-the art system performance monitoring tools that we use to consistently collect and monitor applications. Some of the tools and resources used in the monitoring of our processing environment include Microsoft Systems Center Operations Manager (SCOM), Oracle Enterprise Manager, FirstRx Monitor, Fluke Netflow, Xymon, and SiteScan (web centralized monitoring and control tool). MMA will work closely with DHS staff to review our recommended system performance summary report and establish the appropriate delivery cadence.

MMA will continue to provide system maintenance activities for service changes, system upgrades, correction of deficiencies, performance enhancements, script changes, system parameters, configuration changes, patching, and other activities required to meet Arkansas' Pharmacy Solution requirements. The knowledge of our staff, combined with the flexibility of our platform, enables us to continue to deliver a program that is tailored to meet AME Pharmacy Project needs and is easily adaptable to DHS' future initiatives. DHHS will benefit from the regular enhancements to our core software solution, including upgrades made at the request of other Medicaid customers, if DHS chooses to implement the functionality associated with that particular upgrade.

Our Arkansas Account Team will lead regular meetings with DHS to discuss the systems and MMA's performance, including projects, work orders, prioritization of work, testing, patches, and upgrades. Throughout the Operations and Maintenance phase, MMA monitors system upgrades and releases to assess if they are working as expected. In addition, MMA ensures that our systems and applications are patched in a timely manner to ensure critical security and operational fixes are in place. Our utmost priority is ensuring the confidentiality, integrity, and high availability of all components that comprise our solution.

MMA's established procedures require that all updates to applications, systems, and hardware adhere to the following requirements:

- Documented in a clearly defined manner
- Managed to prevent system/performance conflicts
- Scheduled to minimize impact on normal business operations
- Approved and communicated effectively to all Information Technology (IT) departments and the user community
- Implemented to support efficient and stable updates in the future
- Completed with processes to ensure compliance to HIPAA and other regulations
- Managed and completed with appropriate quality assurance processes in place.

MMA has a systematic release management process in place for production systems and technologies. The purpose is to maximize systems and operations availability and to ensure that changes are managed to minimize disruption to business operations. Each system release could contain one or more modifications. Each individual modification is well documented, and the documentation is included as part of the release package. Each MMA product, including FirstRx and the Pharmacy Data Warehouse, is an off-the-shelf product that has its own release cycle based on business need and prioritization. For example, FirstRx releases to the Quality Assurance (QA) environment every eight weeks. Typically, the customer's production is upgraded one

to two months after our release. Our release schedule can be supplemented to support the need for more frequent changes, including monthly releases, as necessary to support the business requirements for the AME Pharmacy Contract. Minor releases are provided as needed.

In addition, MMA supports a fully functioning online test environment, which includes batch and online programs, files, and supporting systems to fully assess all changes before they are put into production. The software and data that are loaded from production into test environments is closely coordinated so that all environments are in sync, for the most meaningful and efficient system and integration testing. We also synchronize the environments following any software deployment including installation, upgrades or patches then perform testing of system configuration changes, corrections, or enhancements before implementation.

Certification Support Requirements: MMA's in-place AME Pharmacy Solution has been CMS-certified. We understand that we will need to assist DHS in obtaining certification for the Pharmacy Solution during the new contract period. CMS has recognized our FirstRx claims processing system as "outstanding."

Our pharmacy solution has been certified by CMS for 15 of our customers. ***We recently received certification for our California and Nevada customers using the Outcomes Based Certification process.*** We are a recognized leader in successfully achieving CMS certification of our systems and have developed productive relationships with CMS and MITRE. We will provide a high level of leadership and assistance during the certification process.

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

MMA will support the development of outcomes and metrics for pharmacy modules. Our team will provide pharmacy-related evidence, including certification artifacts and presentation materials as applicable and necessary, to satisfy and sustain CMS certification of new modules. Examples of artifacts provided to fulfill functional and non-functional requirements may include data related to business, capacity and performance, security and privacy, and HIPAA compliance, usability, maintainability, interface, 508-compliance, disaster recovery, and traceability, as well as test plans or test cases. Julian Reed will serve as the Certification Lead and primary point of contact to regularly communicate progress and status of remediation activities to DHS and will collaborate for a successful resolution. He will work closely with Maria Hogan, CPhT. Ms. Hogan has over 14 years of direct experience participating in certifying systems against current industry standards, including monitoring CMS certification milestones. MMA has earned successful CMS certification in each of our Medicaid pharmacy contracts requiring certification, with ***no findings, corrective actions, or follow-up action items required of MMA.***

Service Level Agreement Requirements: MMA affirms that we will continue to meet and/or exceed all operations quality standards as described in the final SLAs throughout the life of the AME Pharmacy Contract. We recognize the importance of maintaining quality standards and measurements for our processes and deliverables, manage and control procedures to monitor, and validate project process, and manage and control procedures for resolving issues and managing change.

To ensure quality outcomes, we engage in rigorous improvement practices which require that processes must be clearly documented, repeatable, strictly adhered to, constantly measured, and continuously improved through our defined ongoing QA process. This focus is built into our pharmacy services operations through organizational structures, planning methods, workflow analysis, training, auditing, and metrics definition related directly to clinical outcomes, performance requirements, and project and contract management methodologies.

Proposed Modifications/Enhancements

As DHS' incumbent AME Pharmacy Contractor, MMA's implementation effort will be limited in scope. Our solution provides DHS with ***the lowest-risk implementation, as well as causing the least impact on State resources.*** We propose to implement the following functionality:

MMA's Low-Risk Arkansas Implementation
▪ **MRx Decide and ePA Functionality:** MMA will implement MRx Decide, our configurable, business rules-driven clinical decision module. MRx Decide supports the ability to provide electronic PA capabilities with our ePA application. ePA-requested PAs are directly integrated into MRx Decide which allows the prescriber direct access to answer the clinical criteria questions, reducing client wait time and improving both quality and efficiency. To maximize the capabilities of MRx Decide, we will also implement our enhanced Formulary Management Tool (FMT), which enables the configuration of MRx Decide based on more robust formulary indicator data that allows the creation of rules that are easier to maintain and will auto update when changes are made to the formulary. ▪ **Development of an MMA JIRA to DHS JIRA Connection:** MMA will work with the State to development a secure connection between our JIRA application and the State's JIRA application, to facilitate more seamless coordination and communication around defect management. ▪ **Physician Administered Drugs (PADs):** MMA will implement a process for providing PAD monographs for medical claims, as well as for reviewing the PAs associated with PADs and assist in any appeals. We will provide support for managing PADs on the PDL and provide support during the DUR Board meetings with therapeutic class reviews, at a minimum. We have created a J-Code-NDC crosswalk, which includes appropriate Conversion Factors, as part of the PAD PA process. Our proven, robust PA functionality for PADs considers the complicated PAs that are required for these drug/claim types, including intricate dosing, interval, and duration criteria. Also, on an ongoing basis MMA will perform comprehensive reviews of the PAs for PADs and will collaborate with the State on the continual improvement of the efficiency and effectiveness of this claim/data type.

Components of Our Solution

MMA's integrated pharmacy solution ***is certified by CMS, adheres to CMS MITA framework version 3.0, and aligns with CMS modernization principles.*** Our solution will continue to provide Arkansas with a modular system based on SOA design principles and the MITA framework, built on an architecture that offers a flexible approach through the use of open industry-standard interfaces and exposed APIs. We will actively work to refine and improve our solution in response to evolving business, regulatory, and technological developments in the marketplace. The following table provides a high-level summary of the integrated systems that comprise MMA's proposed proprietary AME Pharmacy Solution, which meets all the requirements of the RFP.

Component	Purpose
FirstRx℠  **in Place for Arkansas**	We will continue to support the State using FirstRx, our proprietary pharmacy POS claims processing system to provide pharmacy claims adjudication, encounter processing, formulary and reference data management, automated prior authorization, and ProDUR services to DHS. This table-driven rules-based application has a robust, fully integrated relational database combined with a flexible, role-based interface for access by users. FirstRx handles real-time pharmacy POS claims adjudication and responses. Using FirstRx, we will continue to ensure that drugs are added, modified, or deleted according to DHS requirements.
FirstTrax℠	We will continue providing our proprietary FirstTrax system for online automated PA and contact management. Call Center staff records and tracks all inquiries and

Component	Purpose
 **in Place for Arkansas**	service requests from prescribers, pharmacy providers, and beneficiaries in FirstTrax. Additionally, the system interacts with the FirstRx pharmacy POS system to manage the PA business flow. MMA also uses FirstTrax to handle and document the appeals process. ***Under the new Contract, we will enhance our existing solution by implementing electronic Prior Authorization (ePA) functionality as well as advanced clinical PA criteria through MRx Decide.*** ePA functionality allows providers to easily submit PA requests to MMA through their practice management software. MRx Decide, a proprietary clinical decision module that integrates with FirstRx and FirstTrax, supports complex PA clinical criteria through the development and execution of custom, Arkansas specific PA rules and clinical criteria that are presented in a user-friendly, question format to the Call Center Representative during the PA process. ***We will also upgrade FirstTrax to accommodate increased PA volumes due to the addition of PAD claims.*** During the current contract we have continuously improved the customer experience by transforming our customer engagement platform and enhancing our capabilities. We implemented our proprietary Genesys℠ system. Genesys is an omni-channel and cloud-based platform that provides greater flexibility, new tools, and enhanced self-service capabilities. Through Genesys we provide enhanced Text and Chat Functionality and Hold Time and Place in Queue Functionality Together, these systems integrate in real time with eligibility, providers, and our FirstRx claims system, providing our Help Desk representatives with easy access to data and a view across claims and PAs.
Rebate Platform  **in Place for Arkansas**	We will continue to provide our proprietary rebate system to support CMS and supplemental rebate administration services for both FFS and MCO, as well as rebate administration for Medical/Diabetic supplies. Our rebate platform is a modular, rules-based system that allows for flexibility in establishing independent drug rebate programs that comply with OBRA '90 and any subsequent amendments. The system supports invoicing, accounts receivable, and dispute resolution activities. We offer electronic invoicing options for manufacturers, which improves response time to invoices to help DHS recover rebates more quickly and with fewer disputes. MMA averages an annual collection rate of over 99% for our Federal drug rebate customers and 93% of drug manufacturers currently offering supplemental rebates to the State use our electronic invoicing platform for Arkansas rebate invoicing and collections.
PDL Management Tool  **In Place for Arkansas**	We will continue to provide PDL design and support services to assist in the management of the AMPP PDL using our proprietary PDL Management Tool. We identify which products are included in our Therapeutic Class Reviews (TCRs) through our PDL Management Tool. MMA excels at applying unbiased, thoroughly reviewed clinical data vital to the efficient and effective enforcement and administration of the PDL.

Component	Purpose
FirstIQ SM  **in Place for Arkansas**	MMA will continue to offer our proprietary clinical management decision support tool, FirstIQ, to provide comprehensive RDUR services that include supporting DUR Board Oversight for the State. FirstIQ is a fully integrated data warehouse of pharmacy and medical data, including diagnosis, procedure, hospital, and lab claims data, when available. It is designed for efficient information retrieval to support RDUR functionality. FirstIQ promotes therapeutic appropriateness of medications by checking data such as early refills, drug-to-drug interactions, gaps in therapy, and therapeutic duplication. We have over 2,500 active global criteria available. We will also configure FirstIQ to accept PASSE encounter claims.
MRx Explore SM  **in Place for Arkansas**	We will continue to provide our proprietary Business Intelligence (BI) and on-line query reporting tool, MRx Explore, to enable users to interact with a broad set of data and metrics to perform analysis, conduct detail reviews, and monitor ongoing activities. MRx Explore provides the State with a real-time, Web-based connection to reports, dashboards, and analytical tools. It includes a data warehouse where data from a variety of sources can be stored and retrieved for analysis. In addition to housing claim and utilization information, MRx Explore draws data from various sources covering topics such as prescribing patterns, PA, membership, prescribers, and Help Desk data. With a suite of more than 100 standard dashboards and reports, we will continue to offer a sophisticated reporting solution that provides information on different facets of drug claims data. MRx Explore also provides a suite of more than 16 reports to support the growing need for opioid usage monitoring. These reports support multiple program types (e.g., FFS, MCO), will support the reporting of PASSE encounter claims, and are provided monthly. MRx Explore can provide DHS and its stakeholders with access to POS system information on a daily basis, updated by 10:00 a.m. every day. We recognize that DHS will require ad hoc reports to meet specific technical and administrative program needs. Through our online self-service query tools, designated Arkansas Medicaid staff, if they desire, will have the ability to create their own ad hoc reports when needed using the data elements and parameters available through the system. We will continue to provide reporting support through a Data Analyst and a dedicated Senior Data and Reporting Analyst. MRx Explore provides a complete operational view of the pharmacy program using interactive reporting capabilities, interactive dashboard access, enhanced graphics, and demographic information on topics such as membership. DHS will be able to see the impacts from various programs.

Component	Purpose
Rebate Reporting Tool  in Place for Arkansas	We will continue to provide our proprietary BI and on-line query reporting tool, MRx Explore, to enable users to interact with a broad set of data and metrics to perform analysis, conduct detail reviews, and monitor ongoing activities for the drug rebate program. We provide a drug rebate reporting module that includes over 40 standard financial, utilization, management, and invoice reports pertaining to Federal and supplemental drug rebate administration. These reports support multiple program types (e.g., FFS, MCO) and are provided monthly and made accessible to authorized DHS users. MMA provides the opportunity and capability for authorized DHS staff to access the reporting functions via our web portal. We recognize that DHS will require ad hoc reports to meet specific technical and administrative program needs. Through our online self-service query tools, designated DHS staff, if they desire, will have the ability to create their own ad hoc reports when needed using the data elements and parameters available through the system. We will continue to provide reporting support through our Data Analyst and dedicated Senior Data and Reporting Analyst.
Web Portal  in Place for Arkansas	MMA currently maintains an Arkansas Medicaid Pharmacy public-facing web portal to provide information to the general public, regardless of Medicaid status. Our web-based services support communication and tools for DHS. Through the use of our intuitive and user-friendly websites, targeted features are made available to clients, pharmacy providers, prescribers, DHS staff, and other key stakeholders to support effective communication. Examples of enhanced functionality and features that will benefit DHS and its stakeholders include: **Updated Look and Feel:** our improved user interface, developed using the React framework, provides intuitive navigation and optimized page loads. **Responsive Design:** allows Web Portal pages to render on a variety of screen sizes and platforms, including desktop monitors, laptops, and mobile devices. **Auto-Search Features:** searching is made faster by populating criteria as the user types, including drug names and address information. **Improved Pharmacy Locator:** integration with Google Maps provide users with the ability to search using their current location or a specific a location and review mapped results. In addition, MMA will provide enhanced drug lookup functionality. Our Drug Lookup tool enables users to locate drug-specific data (e.g., coverage, clinical PAs required, preferred drugs, quantity limitations, etc.) on the Arkansas Medicaid Pharmacy Web Portal by providing the drug name or partial drug name. The information contained in our Drug Lookup tool is based on DHS-specific formulary rules. MMA's drug lookup feature provides search capability at the NDC level, displays the PDL status, if drug requires a prior authorization, if the drug has quantity limits or any other restrictions. Accessible through our Arkansas Medicaid Pharmacy Web Portal, this tool allows real-time direct queries of the drug file that return Arkansas-specified details related to coverage, limitations, prior authorization status, etc. MMA adheres to W3C markup standards and 508/W3C Web Accessibility Initiative (WAI) guidelines. We utilize the Siteimprove Website Accessibility Checker to ensure compliance with applicable guidelines and scan our websites for on-page and technical accessibility issues and errors.

Component	Purpose
E-Prescribing  **in Place for Arkansas**	We will continue to provide our E-Prescribing solution which gives prescribers the ability to electronically send an accurate, error-free, and understandable prescription directly to a pharmacy from their EHR system. We have been providing E-Prescribing capabilities in partnership with Surescripts for over 13 years. Surescripts is the leader in providing HIPAA-compliant ANSI ASC X12 270/271 and NCPDP SCRIPT standard electronic prescription transactions. MMA provides the client-specific data necessary to complete this electronic transaction via the Surescripts router including client Medicaid eligibility, pharmacy claim history, and drug formulary and pharmacy benefit information.

In the following sections MMA includes an additional narrative description that provides details of the benefits our primary solution components bring to DHS and how it complies with the detailed scope of work specifications. We propose to implement our Pharmacy Solution for DHS which includes our CMS-certified, MITA-compliant POS system and other systems and services.

1. Point-of-Sale

MMA proposes to continue to provide our already-implemented proven Pharmacy POS System Solution, leveraging our knowledge gained from more than three decades of direct experience as a Medicaid FFS PBA, as well as our nine years serving DHS. Our proprietary ***FirstRx POS pharmacy claims processing system is a flexible, business rules-based application that serves the evolving needs of Medicaid programs.*** This CMS-certified and MITA-mature system supports on-line benefit configuration and claims adjudication in real time, 24/7/365, as well as encounter claims loads/pricing.

Demonstrated Flexibility

The configurability of FirstRx has allowed MMA to quickly make the benefit plan changes that our state customers need to respond to the global COVID-19 pandemic without having to modify our core software.

FirstRx is HIPAA- and NCPDP-compliant for claim transactions, code sets, and data exchanges. It accepts pharmacy claims via POS, batch submission, web claims submission, and manually entered paper claims. Our POS System Solution is tailored and proven in multiple state Medicaid programs and fully integrated for optimal efficiency. ***FirstRx is designed to support government programs and is currently supporting 14 Medicaid pharmacy programs, 8 ADAPs, and 4 SPAPs.*** MMA has configured FirstRx to maintain compliance with Arkansas state laws, regulations, rules, and policies throughout the life of our current contract. MMA maintains compliance with the Federal rules and regulations relevant to the Medicaid pharmacy space, including the Deficit Reduction Act (DRA) of 2015, the Affordable Care Act (ACA) of 2010, and all other applicable State and Federal/CMS legislation, regulations, rules, and guidelines. MMA employees participate in the NCPDP Emergency Preparedness Task Group meetings and share the learned information with our customers, thus ensuring our customers are knowledgeable of NCPDP guidance and the related discussions occurring within the pharmacy claim community for public health emergencies.

MMA's POS System Solution will continue to provide DHS with an agile, highly configurable system. ***The configurability of FirstRx allows the responsive and quick support of Medicaid programs with customized edits***, including the ability to require the Quantity Prescribed field on NCPDP D.0 billing transactions for controlled substance claims and for public health emergencies such as COVID-19.

MMA can quickly configure edits in FirstRx using existing system capability to meet the evolving State, Federal, program, and NCPDP requirements related to public health emergencies. For example, MMA has assisted our Medicaid customers with receiving pandemic-related Federal reimbursements. ***We have implemented COVID-19 related edits for many of our Medicaid customers and have provided the necessary supporting testing, reporting, and pharmacy communications.*** MMA has expeditiously implemented COVID-19-related edits as shown in the following table for different state Medicaid POS customers within three to seven business days, based on CMS and NCPDP guidance.

POS Edits	Purpose
Using FirstRx configuration to quickly support new COVID-19 edits	▪ Updated FirstRx edits so that pharmacies can receive reimbursement for the administration of COVID-19 vaccines. FirstRx configuration easily supports both single-dose vaccines and two-dose vaccines for which a customer can define a different administration fee for the first and second dose. ▪ Worked with our state customers to develop POS processing and payment edits for COVID-19 testing kits based on state-specific requirements. ▪ Removed client copays for some state customers during the COVID-19 state of emergency. ▪ Implemented the COVID-19 vaccine, test kit, and any emergency benefit-related COVID-19 edits within customer-required timelines.
Varying Early Refill procedures based on customer needs during COVID-19	▪ Updated FirstRx Early Refill edits as required by state customers, including: ❖ Bypassed early refill edits on all claims. ❖ Bypassed early refill edits on all claims except opioids and/or controlled substances. ❖ Configured the system to allow pharmacies to enter Reason for Service code "ER" for any claim where, based on days' supply, <= 50% of the previous fill remained. For these instances, we were able to apply a message at POS which stated, "For COVID19 early refill required, if 50% utilized, enter DUR Response Codes with Reason for Service Code ER." ▪ To ensure customers can appropriately receive federal funding, MMA is providing customers with reporting that shows which claims were affected by these changes.
ICD-10 Overrides for beneficiaries with COVID-19	▪ On March 18, 2020, the Centers for Disease Control (CDC) announced a new ICD-10-CM code for COVID-19 that became effective April 1, 2020. ▪ The new ICD-10-CM code promptly was incorporated into our POS system for all customers and can be utilized to configure customized adjudication edits.

System Features

FirstRx receives and adjudicated claims in accordance with the benefit and payment methodologies required by DHS program regulations and correctly prices all pharmacy transactions including multi-ingredient compounds. The AMPP benefit rules and payment methodologies were defined during the original implementation and have been supported ongoing using our defined Change Control Process. FirstRx is an on-line, real time POS NCPDP/HIPAA-compliant adjudication system. All claim transactions, regardless of the mode of submission (POS, batch, paper, etc.), are adjudicated immediately upon receipt, and FirstRx generates an NCPDP-compliant claim response that indicates the claim disposition (paid, rejected, duplicate). The claim response also includes other pertinent information related to the claim outcome such as NCPDP and supplemental messaging (e.g., messages for ProDUR, benefits-related information, and COB), an NCPDP reject code(s), and payment amounts.

MMA is well versed in incorporating various price types, such as AAC, NADAC, WAC, AWP, MAC, and FUL, into various pricing algorithms to ensure that claims are paid according to applicable state and Federal/CMS regulations. We worked hand-in-hand with many states and their AAC vendors to establish new pricing algorithms based on state-specific AAC pricing. We have accounted for the unique requirements of the AMPP such as OBRA rebate requirements and will continue to comply with Federal and State reimbursement regulations and the CMS-approved State Plan for Arkansas.

The flexible FirstRx system will continue to support the online configuration of the AMPP reimbursement logic, including the State's pricing rules for ingredient cost and flexible dispensing fees. For ingredient cost rules MMA has loaded the required NDC price types into FirstRx, such as AAC, NADAC, and WAC. MMA has created the necessary reimbursement pricing algorithms for ingredient cost and dispensing fees without the involvement of application development teams. An effective date has been defined for each pricing rule, and we can easily configure the criteria for when the rule is applicable, including program type, drug class, retail providers, 340B providers, compounded drugs, client location, and diabetic supplies.

FirstRx fully supports all applicable State and Federal policies regarding verification of client eligibility and editing for pharmacy claims. The FirstRx system stamps each claim with the client eligibility group/benefit plan under which the claim was processed. These data are maintained as required by contractual agreements. FirstRx identifies and stores the client eligibility group/benefit plan under which the claim was processed. ***FirstRx is not limited in any way to the number of benefits plans that DHS can configure for its client populations.*** All claims entering FirstRx are parsed to individual data fields and stored in data tables based on NCPDP claim standards. After FirstRx has validated and verified the submitted data, FirstRx performs edits for the pharmacy provider, client, prescriber, and product(s).

The claim will deny when the client fails to meet the eligibility requirements of the program or is ineligible to receive a service. When a claim is denied due to the lack of coverage or not eligible to receive the services billed, the denial response provides the NCPDP-compliant error code indicating ineligible, preventing payment. FirstRx uses the most effective, active eligibility record at the time of adjudication to determine proper processing for coverage, out-of-pocket, prior authorizations, COB, and all other edits.

FirstRx also validates that the batch file (header, trailer, transactions included within) meets all NCPDP Batch edits/rules. Duplicate checks and other State Plan edits are applied once FirstRx determines client coverage/eligibility. Adjudication proceeds through the applicable rules defined for the client's benefit (e.g., pricing, quantity, and days' supply limits/limitations, ProDUR, client responsibility, claim messaging) using a configurable hierarchy that accounts for the business area and State or Federal policy. Provisioned users have online access to view claims.

FirstRx supports claim response messaging fields that provide not only the claims status, including denial and rejection error codes, but also allows for customized supplemental messaging as defined and approved by DHS, up to the maximum length of the record. All edits are recorded on the claim record and made available for reporting purposes. In cases where multiple claims are sent on a single transaction, FirstRx is configured to ensure that only those claims that hit denial edits are returned to the provider in a non-payable state. The other claims within the transaction that do not hit any denial edits are processed.

Edit capability in FirstRx is virtually unlimited, enabling rapid adjustments in response to the changing demands of program strategy, including benefit plan design, therapy limits, lock-ins (client restrictions), and other policy changes. These configuration changes are made in accordance with MMA's established Change Control Management process, which ensures that all changes are fully tested and receive DHS signoff before being put into production. MMA's Arkansas Account Team will continue to draft the change requests and work with DHS to confirm our approach and obtain approval.

Direct Involvement with NCPDP

Our staff was directly involved with the shaping and development of the D.0 standard and the next HIPAA-named Telecommunication standard (version F6). MMA maximizes participation at NCPDP with technical, operational, and clinical employees, who represent all aspects of our business.

This all-encompassing approach means that MMA provides input on and votes on every proposed update to transactions and NCPDP code sets (i.e., the External Code List) and is aware of the changes and new guidance as they are approved, enabling us to continually update our systems, solutions, and processes accordingly.

FirstRx maintains a full audit trail for every data type and for every action taken on a data record (add, update, logically delete). For claims, FirstRx tracks the date and time when the claim was adjudicated and also retains and displays all the benefit/adjudication rules and data records that were utilized to process the claim. For all other data types (e.g., provider, product, client, benefit/adjudication rules) FirstRx retains and displays the date and time when the record was created, updated, or logically deleted as well as the associated user ID and/or load job identifier. ***Records are never physically deleted from the FirstRx database, preserving a perpetual record of all iterative changes made to the data throughout the term of the contract.***

FirstRx adjudication rules easily can be configured and prioritized to implement DHS policy and to support additional benefit plans or groups as AMPP policy evolves over time, always ensuring compliance with regulations. Adjudication rules are created based on DHS' programs within the AMPP and are implemented in FirstRx using rule-based criteria. The system's flexibility is made possible by a table-driven platform and list-based ***edits that accommodate over 6,372 Medicaid-tailored claim checks and edits*** (embedded in the rules engine). Using FirstRx, authorized users are able to add and modify health plan benefits easily and accurately in response to DHS' program changes and services for product coverage, brand/generic status, product limits and limitations, prior authorizations, step therapy, client attributes (e.g., sex, age, diagnosis, LTC [Long Term Care], restrictions, hospice, etc.), dual eligible, cost sharing, provider rates, and other criteria as specified by DHS.

FirstRx supports the following POS functions: DUR, utilization management (UM), prior authorization, messaging, processing, and reimbursement for clinical services (Immunization administration, and other), as well as correct processing of 340B eligible drugs.

We have successfully configured FirstRx to accommodate each of our state customers' complex and specific requirements and will continue to do so for DHS. FirstRx provides fully integrated capabilities for claims processing including rules and limit application, ProDUR, pharmacy prior authorization (PA), and Third-Party Liability (TPL) coordination of benefits (COB) and cost avoidance. We meet all State and Federal privacy and security regulatory requirements for protecting data confidentiality, including those defined by the HIPAA Security Rule and HITECH Act, and all requirements for data and information processing as mandated by 42 CFR 447 for individual and batch claims. FirstRx validates that each incoming claim is submitted in an NCPDP-compliant format and that it meets all applicable NCPDP Telecommunication edits/rules for fields, segments, and code sets. If the claim fails any edit(s) FirstRx returns the appropriate NCPDP reject codes and messaging on the claim response. FirstRx additionally includes functionality to create Arkansas-specific supplemental messaging as needed to further advise the claim submitter in the event of a denied claim.

FirstRx supports ***online benefit configuration and claims adjudication in real time, 24/7/365.*** FirstRx provides fully integrated capabilities for claims processing including rules and limit application, ProDUR, PA, and TPL COB and cost avoidance. FirstRx is configured to apply all of DHS' claims adjudication business logic, including COB, client benefit evaluation and accumulations, client copays and deductibles, clinical and business edits, pricing methodologies, provider fees, PA, automated PA (AutoPA) processing, ProDUR, multi-ingredient compound processing, and client restriction alert messaging to providers.

FirstRx will edit claims in accordance with all applicable 340B policies and requirements. Claims that do not meet or adhere to the 340B policies and requirements will be denied. FirstRx supports using NCPDP claim fields/values, when possible, to identify 340B claims and non-340B claims. FirstRx evaluates the claim to determine the appropriate edits, including reimbursement to apply to each transaction.

FirstRx adheres to the HIPAA-named NCPDP Telecommunication Standard and the associated versions of the External Code List and Data Dictionary. Currently ***FirstRx fully supports NCPDP Telecommunication Standard version D.0*** (including the mandatory update in 2020 to require the submission of the Quantity Prescribed field on every CII claim), and MMA is preparing to support version F6. For every submitted transaction (billing – B1, reversal – B2, rebill – B3, eligibility – E1), FirstRx validates that it is compliant with the current version of the Telecommunication Standard—including claim format, required segments and fields, field type, field definition, and valid External Code List values—and returns NCPDP-compliant claim responses. To meet DHS' claim submission requirements, FirstRx also supports the ability to define specific NCPDP fields and field/value combinations that must be submitted on the claim and the situations when those fields and

field/value combinations are required. FirstRx also supports several other NCPDP standards, including Batch Standard version 1.2 and multiple versions of the Post Adjudication Standard, and we will collaborate with DHS to identify whether any of the NCPDP standards meet its data exchange needs (e.g., batch claims, encounter claims).

A highly visible, NCPDP-related topic in the pharmacy industry presently has been how to utilize NCPDP D.0 claims when the pharmacy is seeking reimbursement for the administration of an immunization/vaccine. FirstRx can be configured to meet State and Federal requirements in an NCPDP-compliant manner. FirstRx can support the three possible scenarios for these immunization/vaccine claims: when the claim is only for the cost of the product; when the claim is for the cost of the product and the administration fee; and when the claim is for the administration fee and the product is free. As an example, FirstRx accurately and compliantly adjudicates claims for the administration of the free, Emergency Use Authorization (EUA) COVID-19 vaccines for several of MMA's Medicaid customers.

Through the use of NCPDP reject codes and supplemental messaging on the claim response, we supply significant detail and assistance to submitting providers. FirstRx is a highly configurable rules-based application that allows our Benefit Configuration Specialist to control the system parameters related to messaging (alerts). FirstRx can communicate supplemental response messaging specified by DHS, including but not limited to the following:

- Bill [Primary Health Plan] and [telephone number] and BIN/PCN, Client ID number and group number for Primary
- Bill Medicare Part B
- Bill Medicare Part D [plan name] and [telephone number] and BIN/PCN, Client ID number and group number for Medicare D
- Program has no pharmacy benefit
- Bill as Medical Supply
- If claim paid using PA, PA expires or expired on [date]; if the date of service plus days-supply is greater than the existing PA end date, then the end date will be sent back to the pharmacy provider noting that we will need a new PA for next time
- Drug not covered – included in long-term care/hospice per diem rate
- Doctor not authorized, provider not authorized, doctor/NDC not authorized, or pharmacy/NDC not authorized related to lock-in program (message shall return authorized provider name, NPI, and telephone number).

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

POS Edits	Purpose
National Impact	▪ MME – Implemented Morphine-Milligram Equivalent (MME) Accumulator ▪ Standard CDC and customer-configured Equivalency tables available ▪ Unique call center calculator to help providers (pharmacies and prescribers) anticipate unadjudicated claims impact on MME limit ▪ Customer-specific MME limit tapering, e.g., movement from 300 to 250 MME or 300 to 90 MME with relatively short front-end notice ▪ SUPPORT Act – Duplicate Therapy Configuration ▪ Opioids with Benzodiazepine and Opioid and Antipsychotic Edits – Customization available by Therapeutic classes or specific NDCs

POS Edits	Purpose
	▪ Edit types – DUR edit with custom severity levels, soft (messaging) edits, hard edits
MMA Content	▪ AutoPAs – Automated therapy or clinical edits and approvals based on medication use, therapy duration, ICD-10 diagnosis history, automated grandfathering of non-preferred agents ▪ Examples – Stimulant therapy AutoPAs for ICD-10 diagnosis in history, 365-day Contraceptive allowance with 90-day stabilization, non-preferred approval with preferred(s) utilization in history (reduces call center impact with PDL changes) ▪ POS Edits ▪ Maximum quantity per day, Quantity per Fill, Quantity per rolling days, accumulation quantity maximums in drug groups, etc. (cost containment) ▪ Days per fill, Days' supply, Number of fills, etc. ▪ Customizable tolerance around FDB or client-provided maximum doses ▪ Examples – Maximum of 3,000 mg of Acetaminophen (APAP) accumulated across all APAP-containing products, Maximum of 675 mg of Ajovy® (fremanezumab) across all dosage forms, Maximum of 2 per day of Oxycontin® (oxycodone ER).

Reference Data: FirstRx serves as the repository for all reference data required to support the accurate and timely disposition of AMPP pharmacy claims. MMA has successfully coordinated and interfaced with contractors and external data and solution providers, TPL solutions, program integrity offerings, and DUR services. With the ability to leverage industry-standard data exchange layouts and formats and our nine years of hands-on experience with AMPP, as well as rich technical expertise to work with trading partners to extend or enhance industry standards to accommodate any unique needs for DHS, MMA stands apart from our competitors. ***We leverage this vast experience in serving as a part of the larger Medicaid program offering, rather than being a rigid trading partner with a limited ability to be compatible with other service, solution, and data integration providers.***

MMA receives the First Databank drug reference files electronically each week and loads the data that are required for adjudication into FirstRx on receipt. These critical drug and price data are available for claims processing immediately upon loading. When the weekly FDB files are loaded into FirstRx, MMA has automated and manual processes in place that assess the new and changed drug data to update the Formulary Management Tool (FMT) for Arkansas-specific drug parameters including Coverage, PA, and State Drug Class. Based on the analysis performed by MMA's Clinical Team and/or feedback from the State, if corrections are required to FDB data, we will work with FDB to determine if they can update their data. FirstRx stores all drug reference data and claims data, providing real-time access to all historical claims and drug data, which are used during real-time claim adjudication. ***Records are never physically deleted from FirstRx, preserving a perpetual record of all iterative changes to a product record.***

FirstRx performs checks based on submitted data for pharmacy or prescriber lock-in, specific to that location, specialty, prescriber type, or for the specific client. If any edits are found for lock-in or other limitations, the transaction is processed, compiling relevant amounts towards quantity limitations, financial limitations, script limitations, or other similar limitation types. FirstRx controls ensure that claims comply with AMPP rules. The system maintains data integrity through the strict enforcement of NCPDP field standards and ensures that transaction data are consistent with the NCPDP field and valid code values.

MMA conducts routine automated QA checks to ensure the reference subsystem contains accurate drug file information. ***MMA has expert knowledge of the industry-level movement of drugs, FDB data, and that we will use to support AMPP needs:*** MMA uses a variety of external sources to obtain and track information related to the drug pipeline, FDA approval, and marketing timelines. We actively track the status of drug patents (including ongoing litigation) to better project timing for the release of first-time generics, as well as the likelihood of generic exclusivity. In addition to following FDA approvals, we also monitor FDA actions

related to labeling changes (i.e., additional indications, warnings, etc.), which enables us to proactively develop clinical strategies to address significant changes.

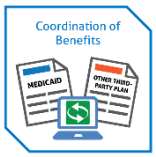
FirstRx supports the flexibility to override FDB drug indicators, including gender specificity, therapeutic rating, and unit dose indicator. FirstRx can also customize the DUR edit criteria. Files loaded as reference information are reviewed and validated for accuracy and timeliness. If a concern or issue is identified that questions the timing or accuracy of the file, we immediately escalate for appropriate review and prompt resolution. MMA ensures that all required data elements are transferred in compliance with MMA's licenses.

Formulary Management: The highly configurable FirstRx Formulary Management Tool (FMT) functionality

allows for parameters to be configured to reflect DHS' pharmacy benefit plans within FirstRx, thereby ***eliminating the need for multiple benefit plan files.*** Configurable parameters within the system include minimum and/or maximum age values, OTC coverage by benefit plan, nursing home status, gender restrictions, number of refill restrictions, package size, quantity per billing unit, maximum quantity allowed, monthly script limits, auto-exemption list, and other parameters. The ability to quickly change FMT indicators is beneficial for DHS because it eliminates the task of creating numerous lists and then manually adding drug codes to those lists. ***As a result, these changes occur almost instantly in FirstRx.*** FMT offers a multitude of options to DHS to define business rules and apply claims edits. Customization of drug product coverage and pricing can be established at all hierarchy levels. If specific products are identified for alternate or manual pricing intervention or review (e.g., compound processing), claims for those products can be processed in an automated manner or denied pending further review. FMT offers easy-to-use fields for managing the DHS drug benefit coverage parameters. ***As part of the implementation of electronic prior authorization capabilities for the new contract, we will enhance the FMT currently in place for DHS to increase its automation.***

MMA will continue to send a custom drug file to the Core/MMIS, the DSS, and the PASSEs.

Third Party Liability (TPL)/Coordination of Benefits COB): FirstRx provides third party liability processing



to support COB where Medicaid is not the primary payer. The system accepts the NCPDP External Code List valid values of 0, 1, 2, 3, 4, and 8, which may be supplied in the Other Coverage Code (NCPDP field 308-C8) on the incoming claim in order to support COB editing, thereby reducing pay and chase. The TPL/COB functionality in FirstRx is highly configurable and allows DHS to eliminate unnecessary payments to submitters when other insurance has been identified, ensuring that the State is the payer of last resort. FirstRx edits all pharmacy claims for the presence of TPL, using the data on the enrollment file and applies all Other Payer edits as allowed under the NCPDP Standard, as well as editing for any voluntary information submitted that is not yet available on the enrollment files. FirstRx also performs COB when the provider submits TPL information, even in those cases where we do not have TPL records on file for that client.

The flexibility of our solution allows DHS to customize its cost avoidance solution to meet the needs of each individual program. The system edits incoming claims based on the available, validated TPL information on file and the configuration requirements by enabling the varied cost avoidance options available in FirstRx and following an approved hierarchy ensuring each claim has assessed for other insurance coverage, and AMPP TPL rules and requirements are met during the claims adjudication process.

Our system is configured to sum all values present for primary, secondary, or tertiary payers and deducts this value from the final claim payment.

MMA evaluates the presence of any liable third party as claims are adjudicated and ensures that Medicaid is the appropriate payer of last resort. MMA receives TPL information on the DHS-provided or MMIS-provided 834 eligibility files, as well as information on the submitted claim itself. MMA provides and maintains in FirstRx NCPDP-compliant cost avoidance and TPL edits to ensure that we coordinate benefits so that AMPP is always the payer of last resort. FirstRx fully supports all applicable State and Federal policies with regard to verification of client eligibility and editing for pharmacy claims.

FirstRx edits TPL claims to adhere to the cost avoidance adjudication rules specified in Federal and State regulations. Denials are issued in real time when the incoming claim does not contain the COB segment or if the incoming claims data does not match or include all the information on the enrollment record. If a third party exists, the claim will be rejected with an appropriate message instructing the provider to bill the primary

carrier, including such information as carrier code, carrier name, BIN, and policy number. This process minimizes pay and chase and maximizes real-time cost avoidance of pharmacy claims.

Prior Authorization: Integrated in FirstRx is the ability to analyze complex algorithms to automate PA transactions, reducing the need for provider or prescriber intervention, ensuring consistent PA dispositions. ***The AutoPA feature of FirstRx streamlines the PA process with automated decision-making based on established and approved clinical rules and edits within the processing engine.*** AutoPA functions use stored data, as well as incoming data, to make intelligent decisions, guided by criteria approved by DHS. AutoPA uses information submitted on the claim and/or stored in the patient profile to determine the appropriate disposition of the claim, reducing unnecessary administrative burden on providers, and ensuring timely delivery of appropriate medications to clients.

Quantity Limit (QL): MMA offers comprehensive QL logic that is based on drug compendia from trusted partners, regulatory and DHS requirements (e.g., opioid edits), guidance of our Clinical Team, and industry guidelines. FirstRx's QL logic includes 'true' quantity limits (i.e., number of tablets or days' supply on a per claim basis or for a defined period for the client) and dose limits (e.g., total MME per mg/mcg per day). All edits can be configured to apply to all claims for a plan or a subset of claims based on client information (e.g., a diagnosis code, claim history, age) or other data based on the drug, prescriber, pharmacy, or claim. MMA supports all the necessary, associated reporting and enhanced client and provider support interventions. This approach provides the clients with optimal care, the prescriber with ongoing support, the DHS with a compliant, robust solution, and the pharmacies with support and informative messaging on claim responses.

Step Therapy: The goal of step therapy programs is to drive utilization to more cost-effective and clinically appropriate medication. We maintain a comprehensive catalogue of step therapy protocols, including the use of preferred agents prior to approval of non-preferred agents, as well as a trial of a first line therapy before utilization of a second line agent is approved. By initiating step therapy protocols, MMA assists DHS in controlling utilization/drug benefit expenditures without compromising quality of care. Step therapy drives PDL and appropriate utilization by implementing edits to require first line therapy before second line therapy is approved, and lab results and diagnoses to drive appropriate therapy. We offer the following prerequisite and exclusive step therapy edits:

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

Compound Claims: FirstRx processes multi-ingredient compound claims per the NCPDP D.0 standard for compound processing, and our processing fully complies with current AMPP policy and procedures. Using this method, the provider enters all compound components and associated quantities and costs. The system evaluates each ingredient separately, performing appropriate edit checks and pricing. In some cases, ingredients that are not covered by the program may be included in the claim. FirstRx will recognize a Submission Clarification Code value = 8 that alerts the system to process the non-covered ingredient but not reimburse the provider for that ingredient, which ensures a full accounting of all ingredients in the client's health profile, while guaranteeing that the system will not pay for non-covered products.

Incoming Transaction Processing: FirstRx ensures that each incoming transaction is subject to syntax editing (e.g., number-only fields are numeric), and that the transaction is subject to relational editing (e.g., the submitted client number is on file and eligible) and ensures that the transaction data are consistent with the NCPDP field and valid code values. FirstRx processes the transaction to the fullest extent possible and returns

up to the maximum allowed number of edit responses as set by NCPDP. FirstRx assigns a unique identification number (i.e., Internal Control Number [ICN]) to every claim that enters the system, regardless of the mode of submission (e.g., POS, batch, paper, or web interface); the ICN cannot be reassigned. The ICN is the master index for all claim-related activity, including adjudication, reversal transaction, quantity and financial accumulations, and all extracts. If the integrity of the data is compromised and the system encounters a fatal error such as a Missing/Invalid Client ID, transaction processing stops, and the appropriate reject message is returned to the submitter for correction. Messages are connected to the maximum primary message length; overflow is populated in the additional message field. In addition to returning an NCPDP edit number and error description, FirstRx uses more descriptive language via supplemental messaging to the provider to facilitate claim resolution. ***We have worked with our customers to modify the character length for these messages to 3,000 characters, enabling us to give the providers more detailed information.*** All edits are posted to the claim record and made available for reporting purposes. When multiple claims are sent on a single transaction, FirstRx is configured to ensure that only those claims that invoke denial edits are returned to the provider in a non-payable state. The claims within the transaction that do not prompt denial edits are processed.

Validation: FirstRx conducts claim format validation to ensure compliance with all Federally named standards, performs quick and accurate claim adjudication, PA dispositions, DUR evaluation and response, client benefit evaluation and accumulations, all pricing functions, and real-time fraud and abuse capabilities. Pharmacy claims are evaluated according to State-approved criteria and result in an immediate return message to the pharmacy with all appropriate NCPDP responses, including both ProDUR messaging and information regarding the claim's disposition. Consistency controls will be in place to ensure claims adjudication will comply with Medicaid rules. The system maintains data integrity through the strict enforcement of NCPDP field standards and ensures that the transaction data are consistent with the NCPDP field and valid code values. FirstRx allows the flexibility of adjudicating all claims using the same subset of edits/audits/rules, regardless of the mode of submission of the incoming transaction or applying different edits/audits/rules based on the mode of submission. Unless exceptions are configured, all claims submitted via POS, paper, and batch are subject to the same validation and State policy edits within the system. Additionally, FirstRx allows the flexibility to apply edits differently based on the media type, e.g., applying timely filing edits, quantity limitations, copayments, reimbursement logic, PA, or PDL edits based on a specific media type.

FirstRx supports the validation of date fields through format mask validation, but also contains edits related to date submitted versus system date. A claim submitted for a future date, or for a non-existent date, such as June 31, is denied with the appropriate NCPDP-defined error code. FirstRx calculates and validates against defined edits or industry standards various data elements using submitted claim data including, but not limited to, quantity per day, dosage per day, rolling quantity limits, client and plan financial obligations or maximums. FirstRx also enforces unit of measure and package size edits (allow billing only for multiples of defined package size), to further mitigate risks associated with improper billing units or quantities.

FirstRx validates pharmacy provider and prescribing provider information received from the MMIS early in the adjudication process. If the submitted information does not pass the verification and validation checks, NCPDP reject messages are returned to the submitter with additional messaging identifying the issue to expedite resolution. FirstRx performs validation of the prescriber last name. If last name submitted on the incoming transaction, does not match the prescriber last name on file, the claim rejects, NCPDP 56 – Non-Matched Prescriber ID. FirstRx performs checks based on submitted data for pharmacy lock-in or prescriber lock-in, specific to that location, specialty, prescriber type, or for the specific client. If any edits are found for lock-in or other limitations, the transaction is processed, compiling relevant amounts towards quantity limitations, financial limitations, script limitations, or other similar limitation types.

FirstRx verifies that the client is eligible and not otherwise restricted on the date of service. The system loads eligibility data from the Core/MMIS, and claims are adjudicated accordingly. FirstRx uses current and historical eligibility data stored in the client enrollment file to support eligibility verification and claims processing for all AMPP pharmacy programs. FirstRx validates effective and termination coverage dates stored in the database to determine if the client is on file and eligible on the date of service to receive pharmacy benefits. The claim

will deny when the client fails to meet the eligibility requirements of the program or when the client is ineligible to receive a service. When a claim is denied due to the lack of coverage or not eligible to receive the services billed, the denial response provides the NCPDP-compliant error code indicating ineligible, preventing payment.

Payment Methodologies: All historical and current pricing methodologies, including dispensing fees, are maintained in FirstRx. As pricing evolves and as changes to reimbursement methodologies become available through the addition of new price types in the FirstRx GUI, ***MMA is able to not only create the price type efficiently and immediately, but also to support the loading of the various price points and to deploy algorithms based on these new price types at the direction of DHS.*** Each price record contains an effective date and termination date to ensure that the correct record is used in claim processing. Price records are assigned a sequence number to support the unlikely possibility of overlapping price segments; in this way, FirstRx ensures the selection of the most effective record based upon the claim date of service, as well as the price record sequence number. If the claim is deemed to fall outside the allowable processing time frame, the appropriate NCPDP error code(s) are returned to the submitter for review and correction, as appropriate. In addition to the large number of price points available in the FDB file, FirstRx supports the creation and insertion of additional price types without development effort or enhancements. Using our ***Code Table Maintenance functionality,*** authorized users can add new price types for use in claim pricing and disposition. Once created and populated with price points, any of the newly supplied price types are immediately available for incorporation in the pricing algorithms and are available for use in the determination of ingredient cost during claims processing.

Quality Assurance: We will perform our fully developed claims processing QA activities to monitor claims processing performance and compliance through the system to ensure claims entry, claims resolution, and claims adjudication activities are performed in accordance with approved guidelines as defined or approved by the State. FirstRx's automated QA activities include edits and checks to validate 100% of claims at the POS. If an error is identified, the pharmacist receives an NCPDP-compliant message with instructions. FirstRx includes several edits and checks to validate that the claims adjudication activities are performed in accordance with the approved guidelines for all media (POS, paper, and batch).

Reversed Claims: FirstRx contains an integrated claim submission service where paid, denied, or rejected claims are available for review and analysis and if deemed appropriate, reversal or resubmission for the purpose of applying corrections or adjustments to the original claim. FirstRx also provides flexibility to configure specific rules for reversal transactions, e.g., if a specific group, such as spend down, should not allow reversals on transactions which have been previously processed.

FirstRx supports NCPDP B2 (reversal) and B3 (rebill) transactions. Rebill transactions are processed, according to NCPDP guidelines, by creating a B2 reversal transaction and subsequent B1 billing transaction and processing those in sequence. In the event a claim is reversed, the reversal applies debits to any accumulations prior to the B1 billing transaction to maintain data integrity in the FirstRx database. It is preferable for providers to reverse and resubmit a claim when a different status or payment amount is required. However, our solution provides authorized State users with the ability to perform functions on-line, including but not limited to, void and rebill, PA override, inquiry, and review of reference data. Therefore, DHS staff and pharmacy providers are able to perform online claims adjustments and corrections if necessary.

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

Performing Adjustments: Adjustments to an individual claim or a group of claims are generally initiated by a pharmacy provider or at the direction of DHS. Adjustments can include voids (reversals), recoupments, liens, and transactions as a result of audits, as well as other non-claim-related transactions. A single claim is voided by processing a reversal transaction, which results in a take-back of the amount previously paid to the

pharmacy. FirstRx links the reversal to the original claim, so that all transactions are documented and balanced. The reversal is included on the RA, along with the reason for the reversal. FirstRx can also process a single claim adjustment where the original claim payment is modified, either up or down. In this scenario, the original claim is voided as described in the foregoing paragraph. Next, a new claim for the new amount is initiated and adjudicated. The reversal and resubmission each receive a unique ICN, and all three transactions are linked. The adjustment is reflected on the provider's RA with the appropriate reason code(s).

FirstRx includes a mass adjustment function that allows multiple claims to be adjusted at one time. Using the ***FirstRx Mass Claims Adjustment functionality,*** FirstRx can process mass adjustments automatically, so that the user is not required to intervene on a claim-by-claims basis. Permitted users can search for a subset of claims based on parameters including drug product, client, adjudicated group, and/or specific rule ID effected during adjudication. Claims returned in the FirstRx Mass Claims Adjustment search are available for review and selection or de-selection prior to executing the resubmission or adjustment in production. Authorized users may submit the mass claim adjustment job as a trial job in the FirstRx restore environment, and review results before executing in the production environment. Claim transactions processed using this feature are stored in the FirstRx database and are available for review and reporting.

Lab Link: MMA was ***the first pharmacy benefits administrator to integrate lab results into the claims adjudication process.*** Our Lab Link solution was Initially implemented for the Commonwealth of Virginia in 2017, the Lab Link program adds lab results data into FirstRx to enable complete, comprehensive clinical decision-making capabilities in important pharmacy benefit management processes, such as prescription drug claim processing, PA, ProDUR, and RDUR. We currently provide Lab Link to three state Medicaid programs, including Arkansas.

Lab Link is currently in place and operational for DHS, providing a critical link between DHS and key national clinical laboratory providers to securely obtain and integrate the lab results data of AMPP clients into MMA's FirstRx system. This comprehensive, in-place solution supports the integration of available lab results data into existing pharmacy processes and systems for PAs, prescription drug claims processing, DUR, reporting, coordination of patient care, and the overall clinical management of client health. ***The use of these data in our pharmacy systems enables complete, comprehensive clinical decision-making capabilities, and helps prescribers and payers closely collaborate to ensure that patients receive optimal, evidence-based care.*** MMA will continue to maintain and support Lab Link Program functionality under the new contract.

Lab Link maximizes automated PAs, advance decision-making, and improves outcomes. With Lab Link, MMA currently assists, and will continue to assist, DHS in identifying opportunities to improve medication use by merging pharmacy data with healthcare claims that contain information on diagnosis from outpatient, emergency department, and inpatient health services utilization, as well as from lab value. The bulleted list below outlines the steps in our lab data process.

- Step 1: MMA and DHS develop laboratory value rules and edits
- Step 2: DHS authorizes MMA to send client file to identified major laboratories
- Step 3: MMA interfaces client file to laboratories
- Step 4: Clinical laboratory providers return lab results data to MMA
- Step 5: MMA applies laboratory data to applicable client records
- Step 6: FirstRx invokes rules and edits in:
  - Claim adjudication
  - AutoPA processing
  - Prospective DUR editing.

Lab Link was developed in alignment with the Seven Standards and Conditions of MITA and within MMA's application architecture, which provides a modular, flexible approach through the use of open, industry-standard interfaces and exposed Application Programming Interfaces (APIs). This alignment strengthens our compliance with CMS MITA requirements and adheres to CMS guidelines to minimize duplication of code.

CMS-Certified: ***Our Pharmacy Solution has been CMS-certified for 15 of our customers.*** MMA has earned successful CMS certification in each of our Pharmacy Benefit Administration implementations that required certification, including seven MECT 2.x certifications, allowing these states to maximize Federal funds. Additionally, in support of our recent Medi-Cal Rx Program and Nevada Medicaid implementations, ***MMA was actively engaged in the new CMS Streamlined Modular Certification (SMC) process.*** The SMC approach streamlines the certification process and focuses on measuring the effectiveness of the pharmacy solution to support desired business processes through development of outcome statements and evaluation criteria specific to the Pharmacy Module.

A Single Code Base: We provide DHS with FirstRx, a COTS, single version of software that provides stability and a risk-mitigated System Development Life Cycle (SDLC.) As changes to the software are deployed, our customers can leverage these new capabilities at their option (with the exception of industry-mandated changes, e.g., NCPDP). This MITA-aligned aspect of our solution improves the State's MITA Maturity Level and has long been a best practice of MMA.

Change Management Process: MMA uses our established Change Management process to authorize changes to software or edits to our systems. Our process includes a strategy for identification, requirements analysis, definition, and justification. Our requirements confirmation approach includes the following actions:

- Initial requirements definition
- Research
- Requirements gathering confirmation
- Walk-throughs
- Follow-up meetings
- Formal submission for approval
- Corrections.

MMA follows a hybrid waterfall/agile SDLC to manage and implement a rule from creation to deployment, including ongoing rule maintenance. When DHS requests a change in covered benefits, Karen Evans, PD, our dedicated POS Pharmacist will draft a Benefit Change Control Memo (BCCM) outlining the rule creation or change that the Benefit Configuration Specialist will use. Once DHS approves that BCCM, the Benefit Configuration Specialist will complete the rule configuration in the UAT/QA environment of FirstRx. The Testing Lead will then create and execute specific claim test cases to ensure the rule is working as expected. We will work with DHS to review those test results and obtain approval for deployment into the production environment. The rule will then be configured in the production environment and verified by additional Benefit Configuration Staff for accuracy at deployment.

Our structured approach has been successful for adding customer-requested edits and making accurate system changes in a timely manner, and we will continue to follow this process for Arkansas. Changes will be logged, tracked, and managed using our effective BCCM process. MMA will use the BCCM to enter information, including benefit changes, into our Customer Relationship Management (CRM) tool. ***Our team will use the CRM tool to effectively gather and prioritize change requests.***

MMA will use the JIRA tool to track and report all defects that occur throughout the development and testing process. ***JIRA effectively tracks defects, completed work, issue mitigation, and the testing performed to verify a defect has been addressed and corrected.*** JIRA facilitates problem description and identification of root causes and accommodates information about areas impacted by a given defect. JIRA provides enhanced traceability and an audit trail for all changes.

MMA follows structured procedures and processes for creating test plans and conducting tests. We validate our understanding of all requirements by putting together test scenarios, creating test cases, performing validation, recording defects, and performing audits. DHS can be confident that this process, together with our comprehensive Test Plan, supports full and rigorous testing of new and existing functions. MMA can implement small edit changes in three days or less. For more complex program changes, MMA will collaborate closely with DHS to establish the implementation timeline. Our average length of time from request for a new edit to implementation is provided in *Figure 8.2-1:*

For emergency changes, the scope of testing may be reduced and may be performed by the Benefit Configuration Team. Final DHS approvals may be waived to meet a 72-hour turnaround requirement. *Figure 8.2-2* depicts the MMA emergency testing criteria for configuration changes.

We are fully committed to delivering all the services sought under this RFP. Our Arkansas Account Team consists of experienced Medicaid pharmacy professionals and experts who will continue to work alongside DHS to deliver a POS System Solution that will efficiently operate and evolve with the State's program changes. The knowledge of our staff, combined with the flexibility of our systems, enables us to continue to deliver a program tailored to meet AMPP needs that readily adapts to DHS' future initiatives. ***Medicaid-focused technology, driven by the needs of our customers, is at the core of our Medicaid and customer-centric management strategy.*** Our platform has been tested and is customized to address the dynamic demands of the Medicaid population, with ***Medicaid-tailored claim checks and edits*** already embedded to manage care within the confines of Medicaid rules. ***Our editing capability is comprehensive.*** Our systems are also highly configurable, enabling us to make rapid adjustments in response to changing demands of AMPP strategy and policy changes, including formulary design, therapy limits, lock-in, and other changes.

2. Prospective Drug Utilization Review (ProDUR)

MMA offers a robust DUR program and administers our DUR programs to adhere to the SUPPORT Act. Our ProDUR and RDUR solutions are in place for the AMPP today. Using expertise gleaned from ***more than 39 years of pharmacy experience, which includes 33 years of prospective/concurrent DUR experience,*** MMA continuously enhances our ProDUR solution and editing capability. Based on each state's specifications, these edits are set to message or deny, which results in meaningful interventions that do not over-burden dispensing pharmacists with clinically insignificant data. We design our ProDUR messaging to be clear and concise and to address only the most clinically significant circumstances so as not to create message-fatigue. We believe that the most effective

ProDUR program functions as an adjunct to a pharmacist's education and professional judgment. It does not replace the human cognitive review process. We propose to continue providing our ProDUR solution to Arkansas.

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

MMA will continue to provide DHS with our fully automated ProDUR solution that meets and exceeds all State and Federal requirements, including OBRA '90, and is operated in accordance with the latest accreditation standards of telecommunications defined by NCPDP. FirstRx meets DUR regulations and CMS guidelines, including DHS-specific requirements. ***Our ProDUR solution is an integrated component of our FirstRx POS system and supports all clinical management and pharmacy claims adjudication functions.*** We provide the data necessary for program reporting and use this data to prepare all the CMS-required DUR reports. The MMA ProDUR solution meets all RFP requirements. FirstRx provides a process to apply DUR criteria and standards adopted by DHS.

FirstRx supports extensive ProDUR criteria within the claims adjudication process to ensure clinically appropriate alerts and/or denials are transmitted to the pharmacy provider to support their OBRA counseling and improve client outcomes. Through our FirstRx edits, the system alerts pharmacy providers when several defined conditions, such as early refills, therapeutic duplications, drug-drug interactions, drug-disease interactions, are present that could be detrimental to the client. In *Figure 8.2-3*, we illustrate our ProDUR capabilities.

Figure 8.2-3: ProDUR Capabilities within FirstRx

ProDUR Processing

In *Figure 8.2-4,* we illustrate the components of our ProDUR solution.

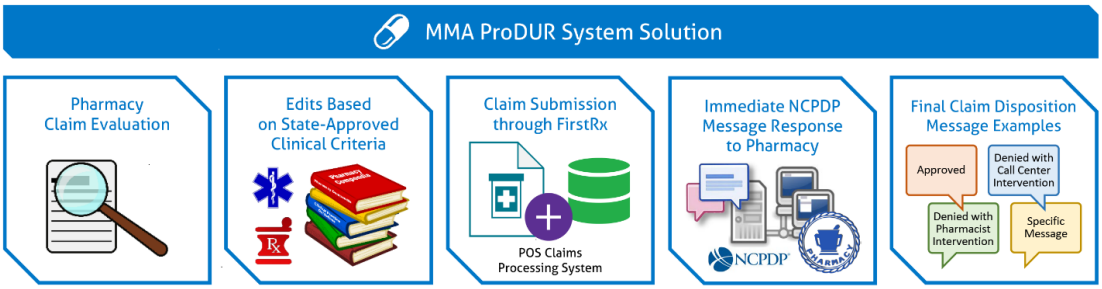
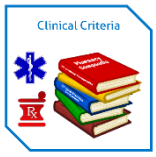


Figure 8.2-4: ProDUR Solution

FirstRx applies ProDUR processing results in the claims adjudication process. Our ProDUR system is an integrated component of FirstRx. Edits can be constructed by the mode of submission (POS vs. batch/paper), pharmacy provider, prescriber, or client, providing flexibility in defining the outcome of edits as they apply to various claims. The DUR database and algorithms can be updated as requested. This on-line, real-time, table-driven system has the flexibility to allow modifications to be made when needed.

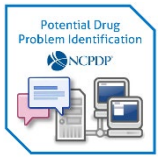
MMA uses comprehensive development processes to ensure the creation of quality system edits. FirstRx is an agile and flexible system, founded on a table-driven and rules-based engine, and is supported by a relational database that results in a highly configurable benefit design to accommodate program changes quickly without programming. ***More than 98% of all program changes are configurable in FirstRx and do not require any programming or coding effort.*** We work closely with the DUR Board to provide prospective and retrospective clinical criteria recommendations for existing and new clinical criteria (e.g., PAs).



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

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

Clinical Expertise



Our system brings added value to the automated ProDUR process by leveraging our in-depth clinical expertise. Pharmacy claims will be evaluated according to DHS-approved criteria and result in an immediate response to the pharmacy with all appropriate NCPDP responses, including ProDUR messaging, alerts, and denials aimed at ensuring safe, appropriate, cost-effective drug utilization for AMPP clients. FirstRx will be configured to use DHS-approved criteria to identify and report the issue.

Configured to support DHS ProDUR processing in the claims adjudication process, FirstRx will evaluate claim transactions against client medication and medical history during the adjudication process. If a clinical

problem is identified, FirstRx will return alert messaging, including appropriate severity levels, to the pharmacy dispensing the drug. We will transmit messages as informational; use the alert indicator to cause the claim to deny; and through FirstRx, allow an electronic override process by the dispensing pharmacy in accordance with NCPDP standards and DHS policies for Duplicate Ingredient (ID), Drug to Drug (DD) and Therapeutic Duplication (TD) interactions.

Based on requirements approved by DHS, FirstRx rules will allow the provider to take the appropriate action and submit specific value(s) in the NCPDP DUR/PPS Segment of the claim (e.g., NCPDP field 439-E4 – DUR Reason of Result [Conflict Code] for Service Code) in claim fields to override a ProDUR edit that otherwise would cause a claim denial. We offer different levels of potential ProDUR therapeutic interventions to complement the range of clinical severity associated with drug therapy situations. FirstRx affords the flexibility to configure valid NCPDP intervention and outcome codes associated with the conflict code that is returned to the submitter. ***This ensures only valid, DHS-approved code combination submitted on the incoming claim will override the ProDUR conflict denial.*** Additionally, all ProDUR criteria may be selectively configured according to the severity code by conflict type and set to deny, warn, or optionally not invoked in claims adjudication. FirstRx stores all the data related to the denial and override, and all data are available for reporting and auditing. Our ProDUR system meets all Federal requirements, including OBRA '90.

The MMA ProDUR system brings added value to the ProDUR process by leveraging our depth of clinical expertise to ***quickly configure the system as new clinical information is published, and in making modifications required and approved by the State.***

Our ProDUR messages are designed to be clear, concise, and to address only the most clinically significant circumstances. Designed to minimize false positives, FirstRx returns only the most appropriate alerts. In our experience, maximum pharmacy provider intervention is achieved when pharmacy providers receive clinically relevant and critical ProDUR messaging, alerts, and denials aimed at ensuring safe, appropriate, cost-effective drug utilization for clients. We will configure custom messaging to supplement NCPDP standard messaging for pharmacy providers during the adjudication process as directed by DHS.

For Arkansas, we currently send alert message when the prescription being dispensed contains either an early refill, high dose, therapeutic duplication, incorrect duration, or a drug-drug interaction.

FirstRx provides an option to allow for a bypass on early refill using submitted claim data to identify an increase in dosage for the current claim compared to the historical claim based on configurable criteria. We do not utilize this capability in Arkansas currently. All Early Refill ProDUR alerts for both Controlled and No-Controlled drugs are reviewed manually by the State and MMA clinical staff. If DHS choses to use this capability, the functionality would provide great value to DHS by systemically evaluating the early refill criteria and easing the burden on the pharmacy staff.

We will continue to work with DHS to develop and use ProDUR alerts for pharmacy claims to improve the efficacy, quality, and cost of client care at the point of sale. The edits include duplicate therapy, drug-to-drug interaction, drug-to-disease contraindication, high/low drug dosage alert, and clinical abuse precaution. As directed by the State, MMA can configure varying levels of the ProDUR alerts, and the outcomes can be an informational message on a paid claim response or a claim denial/reject with supplemental messaging. FirstRx supports the 'Response DUR/PPS' segment on the claim response for the ProDUR edits that have an associated NCPDP Reason for Service Code.

The FirstRx ProDUR solution will continue to support the State's clinical management and claims adjudication requirements. Our ProDUR system compiles both pharmacy and medical claims data into a comprehensive, on-line client health profile that includes current and historical claims data (from all claim sources and encounters), PA history, and visited providers (pharmacies and prescribers).

ProDUR Example: FirstRx processes early refill checks based on optimal therapeutic intervals and the days' supply of the most recent historical prescription for a drug with the same GCN sequence number as the current claim. FirstRx recognizes and denies the incoming claim (NCPDP reject code 88 – DUR ER) when a configurable percent of the original days' supply has not been used. FirstRx also provides the flexibility for this percent to be configured differently based on the State's needs, including controlled vs. non-controlled drugs or Long-Term Care (LTC) vs non-LTC clients. In addition, FirstRx provides an option to allow for a bypass on early refill using submitted claim data to identify an increase in dosage for the current claim compared to the historical claim based on configurable criteria.

Reporting Capabilities

Using our proprietary MRx Explore system, MMA can create reports that meet DHS' needs. MRx Explore, our BI Analytics tool, contains a full portfolio of pharmacy program management dashboards and interactive reports built to interface with a highly flexible dimensional data warehouse model. To support the need for users with various skillsets and backgrounds to interact with the BI tools, the dashboards and reports have been built so that users can change parameters themselves to view program information based on the user's specific area of interest.

We produce standard reports to help show customers the savings derived from our ProDUR program. MMA provides ProDUR edit reporting and also identifies usage and cost patterns by providing drug use profiles by client and/or provider via online access. We support the State by providing appropriate details for other reports.

MMA will continue to provide DHS with all required Federal and State reports within required time frames as directed by the State. We have the ability and the experience to support delivering reporting and providing decision support to all Medicaid business processes. Our reporting functionality is supported by two reporting departments. MMA's Clinical Outcomes, Analytics and Research (COAR) Department uses robust methodologies to evaluate all clinical and operational programs. Our Business Intelligence (BI) Team is responsible for performing both routine operational and program management reporting functions, providing our suite of standard reports. We also have a dedicated Senior Report Analyst, Mark Allen, who provides custom reporting as requested by DHS.

Individual functional areas are responsible for producing reports related to their area of expertise (e.g., the Rebate Team produces the CMS 64.9R). Once reports are completed, they progress through MMA's QC process.

3. Retrospective Drug Utilization Review (RDUR)

MMA proposes to continue to provide AMPP-specific RDUR services and our FirstIQ RDUR tool. ***MMA has provided RDUR services for 36 years*** and created one of the first OBRA '90-based RDUR programs in the country. We currently support RDUR activities for ***14 Medicaid customers and meet all CMS reporting requirements.*** All our RDUR programs provide quality clinical care, assist in improving the client care experience, promote safety, and assist the State's Medicaid community by providing actionable clinical recommendations.

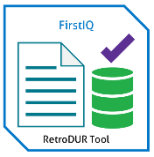
MMA's approach to RDUR services and support includes clinical expertise/support and recommendations to the DUR Board before, during, and after all DUR Board meetings. We will continue to review Arkansas-specific trends, utilization, and areas of concern before the DUR Board meeting. MMA then creates materials to illustrate these data to the DUR Board and present findings and materials with actionable recommendations and impacts for the DUR Board to consider, allowing them to make informed decisions regarding lettering activities. For example, we can drill down into the data to identify specific issues which are presented to the DUR Board.

The basic components of RDUR are incorporated to examine prescribing and utilization patterns. The data may indicate that no action is required or that an intervention is needed. Data are presented to the DUR Board which can make final determinations on what action may be required. Actionable items may include POS edits, both soft and hard edits; prescriber/pharmacy

education; prescriber/pharmacy lettering via patient medical profiles or prescriber/pharmacy profiles; or other programs.

This approach allows the intervention to be uniquely designed for each point of interest. For example, we can review the trends and prescribing patterns of opioids. For one of our customers, we led an opioid review that resulted in a narrower initiative and subsequent POS edit. MMA led our state customer in the narrowing of their program to opioid-naïve clients with initial doses greater than 50 morphine milligram equivalents (MME) per day and quantities greater than seven days as well as duplicate therapy of two or more short-acting narcotics. MMA ultimately created state-approved new POS edits which were successfully implemented to address overutilization of opioids in opioid-naïve clients and duplicate therapies of short-acting narcotics. MMA has identified and developed reporting for a wide variety of clinical topics that have been impactful.

RDUR Example: We worked with a Medicaid customer's DUR Board to complete a Board-approved lettering campaign to prescribers using codeine products in their pediatric population (≤ 18 years old). This letter was mailed to prescribers in November 2017. At that time, the Board requested updated utilization statistics be provided to the Board after at least six months of utilization data were available after the conclusion of the mailing. In November 2017 we sent letters to 409 prescribers identified as prescribing codeine products in patients' ≤ 18 years old. When examining claims from November 2018 through January 2019, only two of the 409 prescribers lettered still showed prescribing in this population and in only a total of three patients.



MMA will continue to use FirstIQ, our proprietary clinical management decision support tool which is formulated to identify, and ultimately correct, potentially dangerous prescribing, dispensing, and drug utilization patterns. FirstIQ provides query results that can be used in conjunction with other software packages, allowing the user to interact seamlessly with other spreadsheets, reporting, and graphing tools.

The overarching goal of our RDUR services is an increased level of awareness without disruption. We send letters to prescribers and/or pharmacy providers regarding FFS clients.

We have a long history of delivering innovative clinical, technological, and programmatic solutions to our customers. MMA has been responsive to evolving regulations, industry trends, and changes. We have created solutions to assist states in taking advantage of new management tools and opportunities such as web-based applications.

Our RDUR solution is designed to identify, and ultimately correct, potentially dangerous prescribing, dispensing, and drug utilization patterns and detect clinical gaps in care. In *Figure 8.2-5*, we illustrate the components of our RDUR solution which we provide to DHS.

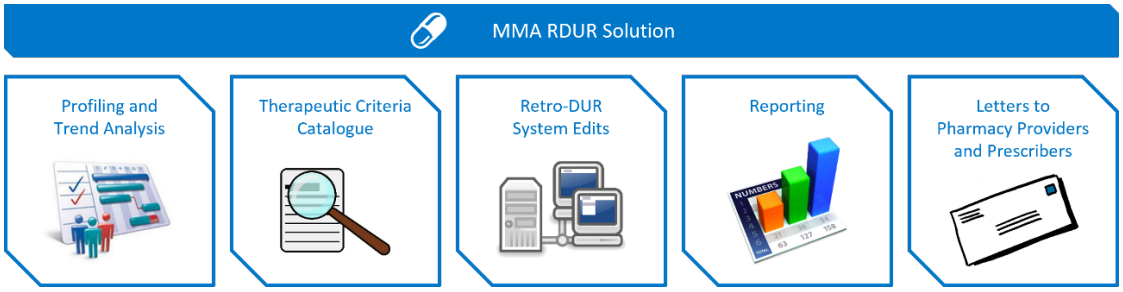


Figure 8.2-5 RDUR Solution Components

Our FirstIQ retrospective decision support tool supports RDUR services such as:

- Analysis of utilization patterns among prescribers, pharmacy providers, and clients, as well those associated with specific drugs or groups of drugs
- Patterns and trends identified through FirstIQ are used to generate reports in our MRx Explore reporting tool
- Recommendations on the development of new and modifications of existing RDUR criteria and standards

- Identification of opportunities for innovation through collaboration with DHS to explore the adoption of realistic approaches to encourage quality-driven health care via the RDUR program.

In addition, through RDUR interventions based on side effect profiles, as well as monitoring the medical literature for black box warnings, MMA identifies clients taking specific medications or combinations of medications that put them at risk for adverse effects and contraindications. Rapid communication to pharmacy providers to alert significant safety-related issues, such as black box warnings, improves safety for clients.

MMA combines a wealth of clinical expertise with a comprehensive array of analytical capabilities to identify potential opportunities and act quickly to implement clinically sound, cost-effective programs to capitalize on these opportunities. Our RDUR services are supported by FirstIQ, a proprietary clinical management decision support tool designed to turn menu-driven inquiries into program data. ***We have over 2,500 active global criteria and numerous individual customer-specific algorithms in FirstIQ for RDUR***.

DHS has the option to ask that certain criteria and algorithms be built for Arkansas, and FirstIQ has the flexibility to support AMPP-specific criteria and algorithms. The results of these queries can be used to produce reports, files for further analysis, and graphs for use in monitoring clinical and economic trends in the pharmacy program. Examples of state-specific algorithms include:

- Use of aripiprazole as monotherapy for depression in ages 0-5
- History of tobacco use disorder with claims for smoking cessation medications in ages 18 and over
- History of sickle cell disease without claims for hydroxyurea
- Use of an atypical antipsychotic without a diagnosis in history from a specific list provided by the DUR Board
- Naloxone claims with an emergency room claim in the last six months
- Methadone claims from two or more different prescribers
- Fentanyl TIRF claims without a cancer diagnosis in history.

An example of an algorithm we have built for Arkansas includes a unique algorithm that was used to identify clients in need of review for the RDUR Lock-in Program. We also have exclusion criteria that will exclude clients with identified needs that justify the use of the medications that would normally cause a recommendation for that client to be Locked-In to a specific pharmacy. The following is the algorithm used today: Any client displaying any of the following scenarios will be locked in:

- >=3 prescribers, AND
- >=3 pharmacies in last 90 days, AND
- Drug Group at DMS Pharmacy Program including: Three (3 or more) GCNs out of the listed drug group (GCNs):
  - Opioids
  - Controlled ADHD
  - Benzodiazepines
  - Gabapentin
  - Muscle relaxants
  - Suboxone
  - Sedative Hypnotics
  - Narcolepsy Agents
  - Xyrem.

Excluded Patients include:

- Clients who are under the age of 18 years
- Cancer patients
- Long-term care patients
- Clients who have had surgery.

The criteria for RDUR review can be changed to accommodate any issues found in the initial review.

Our exceptional tools and methods make us a leader in pharmacy benefit administration. MMA's RDUR programs include the standard client exception-based program, as well as pharmacy and prescriber profiling. The FirstIQ RDUR application is supported by a fully integrated data warehouse of both pharmacy and medical data, including diagnosis, procedure, hospital, and laboratory claims data when provided. MMA can compile both medical and pharmacy claims and encounters into a comprehensive client record. The system will load these data into or extract these data from FirstIQ, as needed.

FirstIQ provides user-friendly point-and-click processing with no programming needed to perform in-depth data analyses. Query results can be used in conjunction with other software packages, allowing the user to interact seamlessly with other spreadsheets, reporting, and graphing tools. FirstIQ is specifically designed for efficient information retrieval in support of the RDUR process through our MRx Explore reporting tool. FirstIQ has powerful processing capabilities that provide easy and efficient access to complex healthcare management and analysis information through menu-driven queries. In the following table, we describe FirstIQ's capabilities.

Capability	Description
Powerful Processing Capabilities	FirstIQ is a relational database that provides the ultimate flexibility as to the volume of data to be accessed—its robust processing capabilities can provide rapid results to queries.
Demographic Analysis	One of FirstIQ's most useful features is its ability to perform demographic comparative analysis. Using menu-driven, point-and-click commands, the user can instantly subset cases (claims, clients, pharmacies, or prescribers) falling outside either norms or criteria residing within the database. For example, FirstIQ can instantly rank and print subsets of highest-ranking prescribers in terms of cost, number of prescriptions, or number of clients receiving medications in specific drug classes.

As our RDUR program's administration engine, FirstIQ is a robust reporting application that uses data from the First Databank (FDB) MedKnowledge database containing the clinical framework and data repository used to support RDUR evaluations and other clinical decision support products. The FDB product supports data integration with the POS software solution for National Drug Codes (NDCs), including further aggregation into multiple hierarchical groupings. These include FDB's proprietary GCN, HICL Sequence Number (HSN), Therapeutic Class (TC), Drug Category Code (DCC), and pricing information at the NDC-11 level. Our RDUR program also supports customized interventions that are developed in collaboration with DHS staff and the DUR Board to support specific business requirements.

RDUR Support Activities

Our DUR activities include, but are not limited to, provider profiling, prescriber and pharmacy education, peer-to-peer education, and promoting best practice compliance for FFS clients. MMA supports our RDUR program with FirstIQ, our clinical management decision support tool that performs menu-driven RDUR functions and uses a proprietary polypharmacy algorithm. One can select the number of different drugs, unique prescribers, and pharmacy providers to be identified in a given audit, such as 10 different drugs, three prescribers, and two pharmacies. Client medical profiles are produced that contain all paid pharmacy and medical claims and are then reviewed by MMA clinical staff to determine the significance of the polypharmacy. For the current AME Pharmacy Contract, we utilize six months of patient history, as approved by the State. We have the ability to provide 12 months of data and will do so for the new Contract term, if requested. Both prescribers and pharmacy providers can be notified by letter of findings.

FirstIQ uses algorithms that help identify possible fraud, waste, and abuse for commonly abused pharmaceuticals. FirstIQ identifies potential and existing clients at risk whose medication profiles are reviewed by our clinical pharmacists. Potential opportunities to improve client care are sent to the client's physician for incorporation into care and case management.

Over the years, MMA has developed sophisticated RDUR systems logic to identify and profile clients, pharmacies, prescribers, and disease states. Program-specific historical data are used to identify trends of interest and variables that can be used as reliable predictors of subsequent outcomes. Our clinical staff detects therapeutically inappropriate treatment trends to target for intervention.

MMA will continue to perform retrospective clinical data analyses for the FFS population to develop MMA recommendations for specific RDUR interventions. Our RDUR Director, Linsey Gillam, PharmD, will provide reports to ensure that DHS' clinical data analysis needs are met in a timely manner. This will include all necessary clinical data analyses based on our evaluation of AMPP pharmacy and medical Medicaid claims data. These data will be used to develop recommendations for specific RDUR interventions and its associated objectives, protocols, guidelines, and operational procedures. We will coordinate with the DUR Board and the DM/AME Clinical Pharmacist and the DUR/DRC Coordinator to provide letters/education for FFS clients. Both pharmacy and medical claims for FFS clients will be integrated in FirstIQ, our proprietary clinical management decision support tool designed to turn menu-driven inquiries into program data. The results of these queries can be used to produce reports, files for further analysis, and graphs for use in monitoring clinical and economic trends in the AMPP.

Integration of medical information in FirstRx uses medical claims data and ICD-10 diagnosis codes present in the client's profile or submitted on the claim by the pharmacy to assist with our Fraud, Waste, and Abuse (FWA) activities. We integrate pharmacy claims data, medical claims data, and prescriber taxonomy into FirstIQ. Any of these components may be combined for our clinical algorithms and both the pharmacy and medical claims data are included in our patient medical profiles which are utilized in our clinical reviews and may be included in prescriber mailings. For example, our system can identify clients with a diagnosis of fibromyalgia who have multiple claims for opioids but no claim for non-narcotic therapies that target fibromyalgia.

Through our ProDUR and RDUR functionality, MMA provides the ability to manage narcotics, drugs used for substance abuse treatment, psychotherapeutic drugs for both adults and children, drugs for treatment of chronic pain such as opioids, ADHD, diabetes, asthma, and other costly and complex chronic conditions. Our programs are designed to provide educational outreach around the most costly or complex disease conditions, giving DHS the ability to better manage disease states such as chronic pain, mental health disorders, diabetes, asthma, and other costly and complex chronic conditions.

Arkansas-specific Support: During the COVID-19 pandemic, Arkansas Medicaid made a change to the early refill pharmacy provider level override for Non-Controlled drugs. The ProDUR Early Refill alert was set as a hard halt (which cannot be overridden without an approved prior authorization). This change made the Early Refill ProDUR alert a soft alert. This allowed clients who were isolating because of the COVID-19 shutdown to receive an early refill for their medications (if they met PA criteria) without requiring an additional PA.

Through the ProDUR system MMA created a Soft Halt for Polypharmacy Pharmacy Provider level overrides for the following drugs:

- Opioids which overlap with Benzodiazepines
- Opioids which overlap antipsychotics
- Opioids which overlap Gabapentin
- Opioids which overlap Muscle relaxers
- Opioids which overlap Sedative Hypnotics.

This allowed POS pharmacies to be able to override the DUE rejection with approved DUE codes. All other PA restrictions for each of the listed drug classes remain in place. MMA was able to monitor specific cases for some of these soft alerts. The MMA RDUR Team sent 971 letters regarding Opioids and Gabapentin concurrent utilization monitoring. MMA sent 2,975 letters due to the RDUR review of concomitant use of opioids and benzodiazepines.

In the future, Diabetic Supplies (Continuous Glucose Monitors, Blood Glucose Monitors, and Insulin Pumps) will be payable through the AMPP. MMA can perform an RDUR review of Insulin claims in the last 120 days without any claims for blood glucose monitoring supplies (pharmacy claims only).

Our clinical support staff constantly monitors the medical literature for new drugs and medical trends and prospectively creates new criteria, which are available for all our programs. We can create very complex RDUR criteria.

DUR Board Support

MMA will continue to support the DUR Board's mission to improve medication utilization in patients enrolled in Medicaid and enhance and improve the quality of pharmaceutical care and patient outcomes by encouraging optimal drug use through DUR. ***With more than 39 years of pharmacy benefit administration experience, MMA will continue to provide DHS clinically effective DUR Board support.*** MMA will continue to partner with DHS to ensure that the DUR program is operational and meets and/or exceeds the RFP requirements.

MMA will provide drug utilization review support, reporting, and lead DUR Board meetings on therapeutic areas of interest, as requested. Dr. Gillam will review utilization data and trends on an ongoing basis and develops Board materials that provide clinical relevance, statistics on the population impacted, utilization trends, and recommendations for the FFS population. MMA will continue to support a successful partnership with the Arkansas DUR Board by embracing a thorough understanding of the policies, procedures, and legislation governing the Board.

MMA's corporate DUR Operations staff is headed by Annette Paul, RPh. She leads the business and clinical teams that develop, maintain, and operate our RDUR program and is responsible for criteria maintenance and development, system functionality and development, and will serve as a resource for the AMPP. Dr. Gillam coordinates closely with Ms. Paul to support Arkansas' RDUR Program. In addition, our established RDUR Team staffed by Karen Evans, PD, Lesley Irons, PharmD, and Jeniffer Martin, PharmD, will continue to provide support for the AMPP.

MMA has the expertise gained from over 36 years of RDUR experience providing clinical services support and demonstrating value for Medicaid agencies, prescribers, pharmacy providers, and clients. MMA includes the impact of intervention from a claims utilization standpoint as we measure the impact of applying evidence-based interventions. Our RDUR interventions are designed to support policy goals and established standards of care and consist of objective, focused interventions to support individual state goals. We will continue to focus on delivering clinically excellent RDUR interventions that are objective, Arkansas-focused, and cost-effective, clinical solutions, supported by advanced technology, which allows DHS to ensure the highest levels of quality health care and support specific DHS policy goals.

4. Prior Authorization

MMA's in-place AME Pharmacy Solution supports prior authorization through a variety of methods. ***MMA has 31 years of experience managing and performing pharmacy prior authorization activities, including developing and implementing clinical prior authorization requirements.*** We provide state-of-the art integrated methods for prior authorization submission. These include AutoPA within the FirstRx POS system, fax, IVR, ePA (electronic prior authorization), mail, and telephone prior authorization entry through the Help Desk. Entry points are integrated to efficiently support all forms of submission. Each approach utilizes the same criteria to drive consistent decisions for AMPP prior authorization requests using MRx Decide, our clinical decision module. We propose to implement ePA and MRx Decide for Arkansas.

Our highly trained staff, along with our innovative, automated, and integrated Help Desk solution, accurately processes, determines the appropriate disposition, and preserves all relevant history of each inquiry using our FirstTrax system. These features significantly reduce unnecessary burden to clients and providers. FirstTrax is a full contact management system used for calls, emails, faxes, prior authorizations, and mail correspondence to fully support the contact tracking and prior authorization process. We provide trained Help Desk staff who respond to requests submitted via telephone, voicemail, fax, and/or mail. Contacts are promptly documented, time-stamped, processed, and prior authorization requests are responded to by registered Arkansas pharmacists within required time frames.

In addition, integrated in the FirstRx claims processing system is the ability to analyze complex algorithms to automate prior authorization transactions, reducing the need for provider or prescriber intervention, ensuring consistent prior authorization dispositions. The AutoPA feature of FirstRx streamlines the PA process through the use of automated decision-making based on established and approved clinical rules and edits within the processing engine. AutoPA functions use stored data, as well as incoming data, to make intelligent decisions, guided by criteria approved by DHS. AutoPA uses information submitted on the claim and/or stored in the patient profile to determine the appropriate disposition of the claim, reducing unnecessary administrative burden on providers, and ensuring timely delivery of appropriate medications to clients.

Our PDL Manager, Lesley Irons, PharmD, monitors new drugs to market that have clinical and/or financial impact. Based on this information, ProDUR Manager, Karen Evans, PD, develops PA criteria recommendations for DHS' consideration. Using MMA's reporting and analytics, the Clinical Team will analyze utilization data to determine if existing criteria are effective or if new criteria are necessary. MMA will continue to present this information to DHS and the DUR Board and will work with our Benefit Configuration Specialist to ensure that the criteria are configured in FirstRx.

MMA uses our FirstTrax PA and call tracking system as the repository for all automated and manual PA requests, dispositions, and clinical notes processed through the pharmacy benefit for Arkansas. The integration of the FirstTrax and FirstRx systems provides streamlined entry and updates of PA requests. We use a custom-built application programming interface (API) between FirstRx and FirstTrax to allow authorized users creating a PA to generate rules in real time within FirstRx. These rules ensure that the PA is correctly interpreted by the adjudication engine when the claims are submitted by the pharmacy.

MMA will continue to operate our AME Pharmacy Help Desk, which is available from 8:00 am to 5:00 pm Central Time, Monday through Friday, through a dedicated toll-free line and staffed with appropriate clinical personnel. MMA will continue to provide DHS with clinical personnel to respond to all clinical questions, as well as approval or denial of prior authorization requests (by registered Arkansas pharmacists). We offer a depth of clinical expertise that sets us apart from our competitors. We will continue to provide DHS with a fully trained Help Desk staff of skilled pharmacists and CPhTs to serve the AME Pharmacy Contract. Our Help Desk staff understands the urgency in assisting pharmacy providers with submitting claims. ***MMA commits to maintaining strict requirements and a comprehensive strategy for ensuring appropriate operational staffing of the Help Desk.*** We will continue to continuously monitor all AMPP-specific performance metrics and forecast staffing needs for Arkansas using a combination of historical patterns, business guidance, and emerging trends.

MMA proposes to support the provision of electronic PA capabilities with our ePA solution. ePA allows prescribers to complete a prior authorization request directly from their practice management software. The ability for doctors to request a prior authorization without having to leave their standard workflow results in greater efficiency and seamless client care.

MRx Decide supports the ePA process which provides a consistent application of AMPP criteria between the Pharmacy Help Desk and the ePA tool. We currently provide ePA functionality for our Alaska, California, Colorado, District of Columbia, Florida, Kentucky, Michigan, Nevada, New Hampshire, and Virginia Medicaid customers. Providers use this web portal entry tool to:

- Request a prior authorization
- Answer structured clinical criteria questions
- Receive an approval or denial (after pharmacist review) based on responses to the criteria.

ePA-requested prior authorizations are directly integrated into MRx Decide which allows the prescriber direct access to answer the clinical criteria questions, reducing client wait time and improving both quality and efficiency.

Our ePA service is designed to decrease the administrative burden for prescribers and providers while saving time and expediting the approved medications into the hands of clients who need them.

The MMA ePA solution supports the secure communication of customized questions based on the patient and medication being requested, such as medical necessity, prior treatment, clinical indications, and total cost of therapy.

PA processing is integrated into FirstTrax, which provides full visibility into the in-process prior authorizations, drug history, and approvals/denials. *Figure 8.2-5* shows the ePA workflow.

5. Rate Setting According to Current Pricing Methodologies

MMA has ***21 years of experience*** performing State Maximum Allowable Cost (SMAC) list development and maintenance (rate setting) services for state pharmacy customers, including Arkansas. We propose to continue to provide our SMAC solution for DHS. We are well versed in incorporating various price types, such as AAC, NADAC, WAC, MAC, and FUL, into various pricing algorithms to ensure that POS claims are paid according to applicable State and Federal/CMS regulations. FirstRx stores and uses not only the industry-standard price types, but our flexible solution also allows DHS to define or integrate other price types as appropriate. We currently provide SMAC services to 12 Medicaid customers, including Arkansas.

All historical and current pricing methodologies, including dispensing fees, are maintained in FirstRx. As pricing evolves and as changes to reimbursement methodologies become available through the addition of new price types in the FirstRx GUI, MMA is able to not only create the price type efficiently and immediately, but also to support the loading of the various price points and to deploy algorithms based on these new price types at the direction of DHS. Each price record contains an effective date and termination date to ensure that the correct record is used in claim processing. Price records are assigned a sequence number to support the unlikely possibility of overlapping price segments; in this way, FirstRx ensures the selection of the most effective record based upon the claim date of service, as well as the price record sequence number. If the claim is deemed to fall outside the allowable processing time frame, the appropriate NCPDP error code(s) are returned to the submitter for review and correction, as appropriate. In addition to the large number of price points available in the FDB file, FirstRx supports the creation and insertion of additional price types without development effort or enhancements.

Using our Code Table Maintenance functionality, authorized users are able to add new price types for use in claim pricing and disposition. Once created and populated with price points, any of the newly supplied price types are immediately available for incorporation in the pricing algorithms and are available for use in the determination of ingredient cost during claims processing. FirstRx supports using NCPDP claim indicators to identify 340B claims and non-340B claims. MMA can calculate and load the 340B ceiling price into FirstRx and use that in the 340B claim adjudication process. We can configure FirstRx to deny claims above the 340B ceiling price, or to return a soft message, or to add a percentage above the ceiling price before denying the claim based on DHS specifications. We do this for several of our current customers.

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

6. Drug Rebates

MMA has a history of providing successful and reliable drug rebate administration and processing experience, ***including nine years of Arkansas-specific experience***. We successfully administer rebate services for pharmacy drugs and office-administered drugs for Federal (FFS and MCO), Supplemental, AIDS Drug Assistance Program (ADAP), State Pharmaceutical Assistance Program (SPAP), and Medical/Diabetic Supply

rebate programs on behalf of 24 states and the District of Columbia. MMA's experience in managing Federal drug rebates is unmatched. ***With 32 years of rebate processing experience, MMA has the proven ability to continue to effectively process drug rebates for DHS.***

Our rebate system and Rebate Operations Team are in place, invoicing and collecting CMS and Supplemental rebates for both FFS and Managed Care rebates for Arkansas, as well as handling dispute resolution activities. We are currently planning on going live with Medical/Diabetic Supply rebate administration by the end of 2023. As Program requirements have changed during the contract term, we have adapted our approach and our systems to meet DHS' needs. These changes were implemented on time and in accordance with DHS requirements. MMA also has an established rebate reporting solution in place to provide reporting for each program. Reports are available to DHS through self-service functionality.

ARKANSAS BENEFIT ✓

Our familiarity with program components, interfaces, and technical and operational specifications will be beneficial to DHS, avoiding disruption to program operations.

Our experienced Rebate Operations Team uses our rebate solution and follows our proven processes and procedures to efficiently invoice, collect, and post rebate payments and to handle dispute resolution.

Rebate Program Success for AMPP

In 2022, MMA helped DHS collect:

is Federal Rebates for both FFS and MCO programs

in Supplemental Rebates for both FFS and MCO programs.

ARKANSAS RELEVANT EXPERIENCE +

For almost three decades, we have assisted our customers in navigating Federal regulations and oversight, as well as providing support during CMS/OIG audits and during state audits. Our Rebate Operations Team will continue to provide rebate administration services for DHS in support of the AME Pharmacy Project.

MMA's proven rebate methodology yields savings: MMA provides DHS with a rebate methodology that supports the elements of the State Medicaid Drug Rebate Program. The focus of any rebate methodology is to maximize rebates collected for the customer. Our rebate platforms and processes deliver substantial savings to DHS. We actively monitor Federal rebate invoicing and collections across our customer base to enable our customers to take full advantage of the savings opportunities that these often-large rebates present. MMA's in-depth experience provides us with great insight into the similarities and differences of each state customer, including the opportunities and challenges presented both individually and collectively.

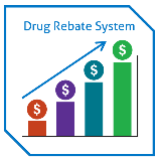
MMA provides a set of proven best practices in rebate administration: Our drug rebate processing history dates to 1991, when we launched our first rebate program for the State of New Mexico as part of our Fiscal Agent contract. We will continue to provide a specialized system and set of techniques, skills, and capabilities that have evolved over time. Examples of our best practices include the following:

- **Invoice generation (electronic and paper)** in the CMS-R-144 layout and within the CMS-required time frame using our powerful, modularized rebate operational application. Our rebate platform allows the Rebate Operations staff to generate invoices without costly developer assistance. ***Currently, 93% of manufacturers utilize our electronic invoicing module for the Arkansas' FFS rebate programs and 92% for MCO rebate programs,*** eliminating most of the email requests for claim detail.
- **Dispute Resolution** follows CMS best practices guidelines and automated processes. ***Across FFS programs, MMA has realized a recovery rate of more than 99.3% of the adjusted invoice balance and 108% for MCO programs.***
- **A two-step cash posting process** that ensures validation in the reconciliation of payment posting against rebate and invoices.
- MMA uses our **robust rebate reporting tool**, which offers powerful and feature-rich functionality, for creating and producing reports using the self-service tools or by selecting from a list of ***standard interactive, parameter-driven rebate reports.***

Our rebate programs operate in full compliance with all Federal and State laws, regulations, and notices. MMA adheres to all CMS policy and guidance regarding pursuit of rebate amounts from manufacturers. We support drug rebate programs for Federal FFS, Federal Managed Care, Supplemental (for Federal and MCO utilization), Medical/ and Diabetic Supply.

Proven Rebate Solution

Our proprietary drug rebate management system supports the rebate services provided by MMA. Our rebate platform supports the administration (invoicing, cash posting and allocation, dispute resolution, and reporting) for the rebate programs. This modular, rule- and association-based system allows for flexibility in establishing independent program needs to accommodate differences in the Federal (FFS, MCO) and supplemental contracts, as well as support of Diabetic Supplies, Managed Care, or state-funded programs when applicable. In addition to generating both current quarter invoices and prior quarter adjustment statements for these programs, our rebate system also supports the reconciliation of historic and current payments from the manufacturers and supports the recording and tracking of manufacturer disputes, from payment to resolution, regardless of current or historic status.



MMA's rebate administration services leverage our industry-leading expertise to move beyond the traditional volume-focused market and deliver true value-driven solutions. We manage the fastest-growing, complex, and high-cost areas of health care and lead the way in tackling the population health challenges of today and tomorrow. Drug rebate management is challenging in this dynamic and competitive environment. Legislative mandates, evolving pharmaceutical trends, expanding indications for costly medications and biologicals, and a highly regulated industry all combine to challenge Medicaid drug budgets and complicate service delivery. DHS requires an experienced and committed contractor that is up to date on today's best practices, coupled with a supporting technical solution that is flexible enough to respond and adapt to required changes. Given that MMA's rebate administration solution currently provides DHS with both, ***we are the contractor best positioned to continue to meet DHS' needs and meet and/or exceed all requirements.***

Drug Rebate Operations Support

Leveraging our 31 years of drug rebate processing experience, including nine years of Arkansas-specific experience, MMA will continue to provide accurate and timely supplemental drug rebate and diabetic supply rebate processing for DHS and will implement CMS rebate processing. In the following narrative, we provide details about the accuracy and timeliness of our drug rebate operations support processes.

CMS Rate File

To support CMS rebate administration and to ensure timeliness and accuracy of drug rebate processing, MMA will collect Unit Rebate Amount data from CMS each quarter on behalf of the Arkansas rebate programs. Our Rebate Operations Team downloads the CMS file on a quarterly basis for the Federal Rebate programs. CMS provides updated labeler and rate files, accessible in the Medicaid Drug Rebate Program (MDRP) application, that we load into the rebate system. The drug manufacturer contact information file contains pertinent information such as optional effective date, termination date (if applicable), and legal contact, invoice contact, and technical contact information for each drug company participating in the Medicaid Drug Rebate Program. ***The CMS file is loaded into the rebate database within one day of receipt. The CMS data that are loaded quarterly are cumulative and historical information is maintained within the rebate system.***

For the supplemental and the diabetic supply rebate programs, our Rebate Contracting Team will continue to load the rates into our rebate platform. When this process is complete, the rebate platform generates the invoice rates for each manufacturer. If rates are changed for a quarter, the system automatically goes back to that quarter and makes the rate adjustment. Invoices and balances are then automatically adjusted.

Audit Trail of All Activities and Updates to Drug Rebate Data

MMA's rebate platform provides the capability for our staff to view an online audit trail of all activities and updates to drug rebate data. We have assisted our state partners in navigating the federal regulations and oversight and provided support during federal or state audits. MMA understands that, as the agent of the State of Arkansas, we are responsible for continuing to provide timely support that includes complete and

accurate reports and responsive answers for the audit. We will continue to take an active role in answering audit questions and providing supporting details.

Our rebate platform never physically deletes a record from the database. All records are stored within the database for future reference and inquiry. This allows for an ongoing audit trail for all transactions within the system. These activities are auditable, as our rebate system timestamps all activities and stores all completed historic activities. ***Whether entered through the application or through data loads, the rebate system updates information immediately as it is entered or loaded.*** Through the rebate platform's database, data are tracked and stored with each record including key information such as user, record creation and update time stamp. The rebate platform stores the historical information of all transactional activities by following a methodology of creating a new record for every transaction as the current record while flagging the previous record as not current.

Invoicing

MMA's Rebate Operations Team will continue to invoice based upon agreed-upon service levels within established time frames. We have set up FFS and MCO rebate streams for CMS and supplemental rebate processing. We also have rebate streams for Medical/Diabetic Supply rebates. We notify manufacturers when invoices are postmarked and made available (or mailed). This notice includes the invoice registers for each rebate program.

Electronic Invoicing

Our web-based, electronic invoice application provides self-service capabilities for labelers. The invoice workflow completion initiates electronic notifications to more than ***600 manufacturers of the 729 different manufacturers participating in CMS drug rebate program that we manage on behalf of our customers.*** MMA encourages manufacturers to use this functionality to provide added benefit to DHS. Manufacturers' immediate access to invoices through electronic invoicing may facilitate faster payments.

Our electronic invoice application allows manufacturers to log into a secure website and retrieve their own claim level detail along with their quarterly invoices. This provides efficiencies and benefits DHS rebate operations by eliminating most email requests for claim detail and requiring less analyst time to deliver requested files. ***This feature improves response time to invoices and provides the potential to help DHS recover rebates more quickly, thereby improving cash flow.***

Reconciliation

MMA's rebate platform incorporates functionality to adjust accounts receivable balances for rebates only at labeler/quarter level, interest only at labeler/quarter level, rebates and units at the NDC level, which also updates labeler/quarter balances, adjustments and any DHS-approved write-offs, and interest only at the drug detail level. Our drug rebate invoices reflect information, per CMS regulations, at the summary NDC level. ***This ensures that the rebate application keeps the outstanding summary balance reflected on the current quarter invoice or the prior quarter adjustment statement (PQAS), which reflects prior period adjustments (PPAs) in line with the claims level detail that supports it.***

MMA generates and reconciles both current quarter invoices and PQAS, which include PPAs, for our rebate programs. We retain all prior period history details pertinent to invoicing. The rebate system constantly maintains a connection between claim level detail and summary NDC on the invoice for all data processed. All invoice unit adjustments are made at the claim level to keep the correlation between the invoice and the claim detail in balance. If a labeler has a rate change, our system adjusts the rate accordingly and brings the invoice up or down, as necessary. MMA performs both rate adjustments and unit adjustments, and both are matched to the quarter that we originally invoiced for that rate for that NDC.

PPAs resulting from voided claims or adjusted rebate rates from CMS are systematically applied in the rebate system as part of the invoice summary process. PPAs can be created in two separate ways. The first way occurs during subsequent invoicing periods and is system-generated during the invoice process. The second

way is a result of manual adjustments that are made by our Rebate Analysts after the original invoice was created.

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

Pre-invoice Quality Control Process

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

- Claims will be reviewed by the MMA team to validate that appropriate rebate billing occurs. Our internal audit processes use industry best practices.
- Once CMS rate files are received and loaded into the rebate system, pre-invoice quality reviews are performed by the Rebate Analyst on the current quarter's claims. These quality reviews include the following:
  - **Invoice Totals Pre-Summarization:** Invoices totals before any adjustments are made
  - **NDC With Unit Discrepancy:** Checked to make sure the units are correctly converted; if not, adjustments are made
  - **Negative Units:** Check to make sure we do not invoice negative units; adjustments made if necessary
  - **Rebate Exceeds Reimbursement:** Looking for high dollar difference and making necessary adjustment
  - **Pre-Invoice Adjustments:** After all adjustments are made, this report is generated, and a second quality check is performed by another Rebate Analyst. The peer review is 5% of the manual adjustment to ensure accuracy.
  - **Quarterly Invoice Comparison:** Looking at variance between the most recent quarter and the previous quarter, comparing amount invoiced to reimbursement received; and reviewing excessively high variance by manufacturer for the most recent quarter.

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

Balancing and Reconciliation

MMA performs end-of-month balancing as a part of our standard rebate processes. Our rebate platform's cash posting workflow consists of uploading the payment to the correct programs and allocating cash to each NDC. Each payment is matched to one or more invoices. The systematic data validation process is designed to prevent input errors. The cash posting process allows for NDC level recording of drug rebate payments.

Interest amounts paid to the system are recorded at the invoice level. In addition, we have incorporated a non-converted feature in our system that allows us to post the check in the system keeping the deposit information intact without reducing the receivable balance. As an example, this may occur when we receive a deposited check that does not belong to the rebate program.

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

In the rare instance that an error is made during data entry of the manufacturer paperwork, each cash posting workflow level supports a systematic reverse post function. This process allows for reconciliation with the State financial institution receiving the check payments, simplifying monthly balancing between the MMA Rebate Operations Team and DHS. MMA will provide DHS a receipt listing report, containing all checks entered into the rebate system at the end of each month. To confirm all payments are processed, this report can be compared to any monthly bank statement provided to DHS. Payment receipts of all checks posted are provided on a monthly basis for DHS to reconcile them against the State's accounting system recording the deposits.

Rebate Reporting

MMA's rebate reporting tool provides functionality to create a report showing a list of all invoices for a specified rebate program and quarter. Our extensive rebate report package is available online in real-time to authorized DHS users to support all programs. This reporting package provides DHS visibility into program data and our comprehensive drug rebate management activities. Through our reporting package, DHS has access to reports and data necessary to determine current accounts receivable status.

These reports are parameter-driven so the user can choose what program (e.g., supplemental) and export information in a PDF, Excel, Excel Data (useful for creating pivot tables), or text format. Users can run reports and may format them into PDF, HTML, CSV, or Excel formats. The Excel format is particularly useful in that it allows the user to further revise, define and sort the information to meet their needs. MMA sets the customer configuration in the system to coincide with the different program types. This is done so that all cash collected, adjustments made, disputes and invoices will pertain to a specific program. ***This allows an easy way to report on each program separately according to the specific transaction types and detail and summary outstanding amounts owed.***

7. 340B Processing

FirstRx processes claims for 340B-purchased drugs, consistent with DHS policies. MMA has an established claims processing capability to appropriately identify, process, and pay any claim for a drug discounted under the 340B drug pricing program. We have been providing 340B program support to eligible entities for the past 15 years, and we will continue to enforce 340B policies.

MMA's solution supports the Department in avoiding the possibility of duplicate discounts caused by the overlap of the 340B Drug Pricing Program and the Medicaid Drug Rebate program. MMA will continue to ensure that claims paid after applying 340B pricing rules are identified as such, for purposes of withholding the claim from inclusion in rebate programs, in accordance with the procedures for handling carve-in claims, professional services claims, and carve-out claims.

When a claim is received with the Submission Clarification Code of 20 from a provider who is on the HRSA list, alternate pricing algorithms can be used to determine the final claim cost. This can occur with or without the submission of the Basis of Cost Determination Code of 05 or 08. In the event a claim includes their 340B Net Cost using the Basis of Cost field, that cost can be used to determine the final price. If the 340B net cost is not submitted, alternate price calculation algorithms could be used to more accurately estimate the 340B price. Alternate price calculations can be used at the direction of DHS.

MMA's rebate management system provides functionality for system identification and exclusion of 340B drug claims and encounters from dispensing pharmacies that are not eligible for drug rebate program, as directed by DHS. The rebate management system further provides the ability to configure exclusion rules, including 340B drug claims and encounters, based on DHS-specific needs by providing an administrative tool that allows the user to configure claim exclusions from invoice billing.

MMA uses two mechanisms to exclude 340B claims from rebate invoicing. One methodology uses the HRSA PHS Provider Listing to identify 340B Providers. With this method, any claims that are submitted by 340B providers on the HRSA list are excluded from invoicing. This alone is not the ideal solution, as it could exclude claims submitted by the Provider that are not 340B eligible, and rebates would be missed. These providers are loaded into our automated rebate processing system. The listing of excluded providers is updated quarterly. The second mechanism, and more effective process, edits the individual claim to determine if:

- The medication is covered and on the formulary.

- The medication is pulled from 340B stock.
- The pharmacy is a 340B pharmacy provider.
- The claim submitted (POS or encounter) meets the 340B requirements.

This approach only excludes claims if they are truly 340B, so it is the optimal and recommended approach. Providers are required to use the Submission Clarification Code (SCC for POS) and Basis of Cost (BOC) of 05 (Acquisition) or 08 (Disproportion Pric/PubHlth), and UD modifier (for medical) which identifies these specific claims. If all these conditions are met, the claim is excluded from rebate. We use NCPDP guidance for submitting 340B claims, with the provider submitting the correct basis of cost and submission clarification code, in order to differentiate the 340B claim from a normal claim.

340B Ceiling Price File

MMA has been providing 340B Ceiling Price File services since 2017. We use the 340B ceiling price file for claim editing purposes for several of our current Medicaid customers, including **Arkansas,** Colorado, District of Columbia, Florida, Nebraska, Nevada, and Virginia. Our rebate reporting solution enables a suite of parameter-driven reports, including the Quarterly 340B Unit Price Report and the 340B Annual Report.

MMA's solutions support creation of 340B ceiling price files, calculation of the 340B ceiling price using Average Manufacturer Price (AMP) and the quarterly unit rebate amount (URA) file from CMS, as well as use of NCPDP claim indicators to identify 340B claims and non-340B claims. The ceiling price is calculated, and the file is loaded in FirstRx. We use the 340B ceiling price file for claim management purposes in FirstRx. Claims edits are configured in FirstRx to validate against the ceiling price for reasonableness.

As directed by DHS, MMA will continue to calculate and load the 340B ceiling price into FirstRx and use that in the 340B claim adjudication process. We can configure FirstRx to deny claims above the 340B ceiling price, or to return a soft message, or to add a percentage above the ceiling price before denying the claim based on DHS specifications. The system evaluates each 340B claim to determine the appropriate edits, including reimbursement to apply to each transaction.

8. Preferred Drug List and Supplemental Drug Rebates:

MMA has 22 years of experience providing PDL management services, including seven years of experience providing these services for Arkansas. We have established and will continue to build upon our positive working relationships with DHS staff to meet AMPP goals for the PDL program and provide insight into how Arkansas can successfully meet the challenges of the ever-changing Medicaid environment. MMA successfully provides our proven PDL services to half of the nation's Medicaid programs. Our nationally recognized solution is geared towards meeting the unique needs of individuals who receive their health benefits through Medicaid. MMA has earned recognition as a leader in negotiating, implementing, and administering PDLs and CMS-approved supplemental rebate contracts for Medicaid programs. ***There is simply no other company that matches the length and breadth of our experience supporting Medicaid customers.***

Our PDL and Supplemental Rebate experience is unmatched in the industry. Our relevant experience in states across the country includes:

- PDL Design, Development, Implementation, and Operations/Maintenance – **Since 2001**
- Supplemental Drug Rebate Administration – **Since 2001**
- Supplemental Rebate Negotiation and Administration for PDL – **Since 2001**
- Two multi-state supplemental rebate pools – National Medicaid Pooling Initiative (NMPI) **since 2004** and The Optimal PDL $olution (TOP$) **since 2005**
- Single PDL for Medicaid FFS and MCO populations – **Since 2013**
- Diabetic Supply Program – **Since 2008**
- Drug Utilization Review (DUR) Board and P&T Committee/Drug Formulary Committee Support – **Since 1987.**

Whether through one of our multi-state purchasing pools or through an individual state program, MMA is nationally recognized for delivering clinical excellence and substantial cost-saving results to Medicaid pharmacy benefit programs. We are an industry leader in delivering cost savings to Medicaid programs and have demonstrated success in the development, implementation, and maintenance of PDL programs in more states than any other contractor. ***Our 26 contracts to provide PDL services touch more than 37.6 million clients for states that have an annual drug spend of more than . Nationwide, we have collected in supplemental rebates for our customers in 2022.***

Government leaders are facing unprecedented challenges to balance the increased cost and demand for public health programs within a perilous and constrained budget environment. MMA recognizes fiscal pressures and service demands and offers targeted solutions for the high-cost, high-need areas of Medicaid and other state health programs. We work with our Medicaid customers, including Arkansas DHS, to design and implement innovative programs around supplemental rebate contracting which are ***focused on overall value, taking into account three points of value—clinical effectiveness, safety, and net cost—to lower total healthcare costs.*** Our approach is designed to improve health outcomes and increase cost savings.

MMA is the only vendor who can provide seamless continuity for PDL services for AMPP. With over 22 years of experience providing PDL and supplemental rebate services to Medicaid programs and seven years of hands-on experience providing these services to Arkansas, MMA provides ***the lowest possible risk solution to the State.*** Transition to a new vendor, no matter how well-planned, involves an element of risk as a result of the required data exchanges that must be established and tested. Our staff is in place, and our processes and procedures have been proven successful.

Our partnership with AMPP is a testament to our ability to understand, respond to, and anticipate DHS' needs year in and year out. Our experience in working closely with the AMPP and DHS staff will facilitate forward momentum in the success of the program, without the learning curve required of a new vendor.

Our successful relationship is founded on our demonstrated collaboration with DHS staff:

- **Thorough understanding of the factors that govern the Drug Utilization Review Board:** MMA's clinical staff has developed a rapport with the DUR Board and delivers the level of detail desired for product and class reviews so that informed formulary decisions can be made. We also provide clinical support, including New Drug Updates, to the DUR Board to assist in decisions regarding prior authorization criteria.
- **Insightful consulting on the impact of healthcare reform and outside program critiques:** Legislative issues affecting PDL programs are proactively addressed using Arkansas-specific details (e.g., Improving Needed Safeguards for Users of Lifesaving Insulin Now [INSULIN] Act).

Brand over Generic Savings

MMA recommends brands over generics when clinically appropriate and substantial cost savings can be realized by states. Since DHS' PDL was implemented in 2016, MMA has been making brand over generic recommendations.

Our FirstRx POS claims processing system supports brand over generic evaluation for preferred, as well as non-preferred agents with supplemental messaging to direct the provider to the brand name product at the point of sale.

In 2015, MMA created reporting to assist states with identifying cost savings from the program.

- **Steady focus on decreasing drug expenditures while still maintaining quality patient care:** MMA reviews ***over 97 drug classes for Arkansas*** and makes recommendations, taking into account clinical considerations, to decrease expenditures in a manner that does not compromise quality patient care. In addition to supplemental rebate opportunities that are considered within the drug classes, MMA also evaluates for brand over generic savings opportunities.
- **Well-grounded understanding of DHS goals:** MMA seeks to continue assisting DHS in addressing specialty pharmacy expenditures and increasing the generic dispensing rate. In partnership with DHS, our decision-making process will continue to focus on selecting specialty therapeutic classes to add to the PDL and review those selected classes through the DUR Board meeting process.
- **High caliber of negotiation expertise in managing multi-state rebate pools:** MMA established the first and the largest CMS-approved multi-state pharmaceutical purchasing pools in the nation, the NMPI

in 2004 and TOP$ in 2005. The NMPI is the longest-running multi-state Medicaid rebate pool in the country. Arkansas is currently a participant in this pool.

- **Clinical expertise of our team of 300 expert pharmacists:** Our pharmacists leverage experience and information we have learned from other Medicaid programs across the country to benefit DHS. Our national footprint brings access to PDL issues such as Hepatitis C management and industry-wide clinical issue solutions, including clinical prior authorization criteria. Our PDL leadership team also includes an AAHIVP-certified pharmacist, providing strategy guidance to our PDL customers who manage HIV treatment as a part of the PDL. Our Clinical Account Managers supporting our 26 Medicaid PDL customers meet regularly to share their knowledge and experience.
- **Utilization review that consistently emphasizes clinical considerations over cost:** Financial considerations are not the primary driver in making PDL recommendations. For example, ***MMA conducted substantial analysis of Hepatitis C treatments and market dynamics to assist states in providing essential services to Medicaid clients.*** We also provide clinical documents to support DHS and DUR Board efforts to manage utilization of products outside of currently reviewed standard PDL classes. Examples of analysis that MMA conducts to emphasize clinical issues over cost include our analysis of oncology classes to ensure that recommendations align with the National Comprehensive Care Network (NCCN) guidelines and analysis of HIV medications to ensure that recommendations align with the Department of Health and Human Services (DHHS) HIV treatment guidelines.
- **Sophisticated, empowering cost sheets that set a gold standard for quality decision-making:** MMA will continue to tailor information within the established data fields in MMA's standard cost sheets to address "what if" scenarios (e.g., PDL status, market shifts), providing DHS with the information needed for intelligent decision-making. Our cost sheets are detailed, accurate, automated, and deliver reliable financial forecasts.

Arkansas has been a participant in our pioneering NMPI pool since 2023; the NMPI covers ***212 drug classes.*** The NMPI was the first and one of only three CMS-approved Medicaid multi-state purchasing pools in the country.

We have a ***history of PDL innovation*** which began in 2001 with the design, implementation, and development of the country's first Medicaid PDL program in Florida. MMA recognized an opportunity in the Omnibus Budget Reconciliation Act of 1990 (OBRA '90) legislation and pioneered a process that has saved states billions of dollars in precious Medicaid resources. MMA then developed the NMPI in 2004 and TOP$ in 2005. We know what it takes to run a successful PDL Program, and we demonstrate that through our two pools and seven individual state programs. We will continue to provide DHS with the option of maintaining their membership in our NMPI multi-state pool.

Together, our two pools have 21 state participants. NMPI member states represent over 15.3 million lives, and TOP$ member states represent more than 7.7 million lives. In addition, we also offer individual state program experience with five states, representing 14.4 million lives. ***With over 37.6 million lives overall, MMA represents more than three times as many Medicaid clients as any other vendor.***

We offer DHS the most comprehensive PDL experience with the most pooled states combined and the largest pool options in terms of covered lives in a multi-state purchasing coalition, as well as an individual state option.

As a participant in the NMPI, Arkansas benefits by increased savings over individual state (non-pool) or other pooled approaches. ***The NMPI enables DHS to take advantage of the pooled purchasing power of the 13 states and the District of Columbia, while maintaining an autonomous, Arkansas-specific formulary and PDL.*** We perform research for our pool members to ensure that the current strategy of managing supplemental rebates/PDL is working optimally and is delivering maximum savings to DHS. ***NMPI membership aggregates Medicaid lives to provide a larger rate of return.***

We offer DHS the lowest risk and highest quality solution. Our PDL solution is already implemented and operational, and we will continue to provide a seasoned team to support the PDL that is thoroughly experienced with the AMPP. MMA's Arkansas Account Team supporting PDL includes Lesley Irons, PharmD, and our corporate PDL resources: Courtney Creech, Supplemental Rebate Contract Manager; and a Data and Reporting Analyst. In addition, Kristen Haloski, PharmD, AAHIVP, Senior Director, Value-based Pricing, will

continue to provide rebate negotiation and strategy and clinical drug literature review and pharmaceutical market monitoring. We propose to continue to provide our solutions and expert staff to meet and exceed the objectives for DHS.

MMA will continue to provide a comprehensive suite of PDL and Supplemental Rebate services to DHS. As evident throughout this response, we leverage the expertise of our skilled clinicians, biostatisticians, contract managers, and reporting analysts to provide DHS carefully orchestrated, fully aligned PDL services that are clinically sound and cost-effective. For clinical initiatives, financial analysis, reporting and analytics, we recommit to our goal of providing DHS best-in-class PDL services and equip DHS with the tools needed to achieve and exceed its objectives.

The MMA Arkansas PDL Team combines its familiarity with the unique needs of DHS and the population it serves with our clinical knowledge, analytical skills, and financial negotiation prowess to support the development of clinically-sound, financially prudent PDL processes.

Our expert Arkansas PDL Team, led by Dr. Irons also vigilantly monitors and responds to market shifts with the goal of optimizing opportunities to stretch AMPP dollars.

As DHS' incumbent PDL vendor, MMA is a proven partner and has demonstrated a wholehearted commitment to assisting DHS in reaching its goal of providing quality health care while applying responsible cost-containment initiatives. Having provided PDL and Supplemental Rebate Services since 2016, our familiarity with DHS' processes and policies will facilitate forward movement without a period of adjustment required when moving to a new vendor, avoiding potential problems such as lost opportunities and lost dollars, as well as stakeholder disruption, allowing DHS to continue to build on the momentum it has achieved.

We have a strong commitment to stay current on industry news, which enables us to develop expert reviews of the latest pharmaceutical industry studies and provide deeper insight into trends and changes to come. As examples of our industry expertise, we provide overviews of the impact of the Affordable Care Act on supplemental rebates, which have included White Papers on topics such as value-based contracting, average acquisition cost (AAC) and carve-out of PDL classes from Medicaid managed care organizations.

In addition, MMA also produces our *Medicaid Pharmacy Trend Report™*. Developed through in-depth data analysis and supported by broad national experience, the *Medicaid Pharmacy Trend Report* examines clinically appropriate drug use and cost-saving opportunities for Medicaid FFS pharmacy programs. The report focuses exclusively on Medicaid FFS drug spend and does not include managed care utilization. It provides a comprehensive year-over-year analysis of Medicaid FFS pharmacy claims data on a cost-per-claim basis. The data include 26 Medicaid FFS customers across the country, from which two years of complete FFS data are available. MMA leverages our expertise in Medicaid and our wide experience across the country's Medicaid programs to create this valuable report for our customers. We also provide a quarterly *MRx Pipeline Report* which provides a full list of upcoming specialty and traditional drugs, as well as a deep dive into the most talked about drugs in the pipeline.

The continued success of our PDL partnership with DHS is in large part due to our thorough understanding of the policies, procedures, and legislation governing the PDL and Supplemental Rebate programs. Over the course of our contract, ***MMA has continued to implement new PDL services in Arkansas.*** We are planning now for the State joining our medica/diabetic supply purchasing pool by the end of the year. We also assisted DHS with becoming a member of our NMPI in 2023 and with the implementation of a single PDL effective in 2016.

Our exceptional abilities in these areas, coupled with the expertise of our staff, have proven to facilitate informed PDL decision-making that have been well-accepted by the provider and member communities. By renewing our partnership, DHS can build upon existing program momentum, uninterrupted by any adjustment period required in moving to a new vendor which could potentially result in lost opportunities or dollars.

Supplemental Drug Rebate Program

MMA is prepared to continue supporting DHS in its mission to improve health outcomes by providing access to comprehensive, cost-effective, and quality healthcare services for eligible clients enrolled in AMPP. We are well positioned to continue to assist DHS in continuing to use the PDL as an effective and flexible tool to contain and control the growth in pharmacy spending, as well as to assist in the development of prior authorization criteria. We will continue to provide a single PDL for the AMPP FFS and MCO populations. To ensure that DHS' clients continue to have ready access to a clinically sound selection of therapeutically equivalent medications, ***MMA puts clinical evidence at the forefront of PDL design and management. Our pharmacist staff contributes analysis and writing to the myriad of MMA publications, including Therapeutic Class Reviews (TCRs), and regular newsletters to keep DHS informed on the latest in clinical practice.*** Using TCRs as a backdrop and adding information in trend analysis, drug policy development, drug availability, and FDA monitoring, we will continue to provide DHS with clinically driven PDL services that will leave no question as to the primary criterion behind the provision of pharmaceuticals to AMPP clients.

MMA fully comprehends the scope of work DHS has outlined in the RFP for the PDL, and we successfully meet and exceed these requirements for DHS every day. We are strategically prepared to continue to partner with DHS to successfully meet the future needs and overcome any challenges facing the Drug and Medical/Diabetic Supply Rebate Programs. ***As the incumbent PDL vendor, we have the highly trained staff, proven processes, and the necessary operational systems in place supporting this program. Most importantly, we have longstanding, established relationships with DHS and all program stakeholders, as well as the provider community, and the agencies and programs that support clients throughout the State.*** These relationships have been built through seven years of cooperation and communication and cannot easily be duplicated by another vendor. Our PDL solution is already in place, meeting the RFP requirements.

With 35 years of providing clinical subject matter expertise for new drugs and classes to DUR Board)/P&T Committee activity, MMA's seasoned clinical team conducts drug class reviews, utilization reviews and analysis on customers' recent historical pharmacy claims data to: establish value-based preferred drug recommendations based on clinical safety and efficacy data and available evidence-based medicine.

A key aspect of this review process is performed by our expert clinical pharmacists who thoroughly review the available published, peer-reviewed clinical literature. They use this information to create TCRs that will continue to be provided to the Arkansas DUR Board. These reviews present an accurate, balanced picture of the relative clinical strengths and weaknesses of each agent within a therapeutic class. This analysis allows DUR Board members to evaluate each medication's place in therapy as they vote on DHS' recommendations. Supported by a thorough analysis of DHS' pharmaceutical utilization, our recommendations are clinically founded, but pragmatic. Therapeutic classes are chosen for PDL inclusion by taking into account factors such as high utilization, high drug expenditures, and therapeutic equivalency among drugs in the class, as well as competition and ability to move market share among drugs in the class. Therapeutic classes included in the PDL represent those that MMA has demonstrated to have the greatest impact in maintaining cost-effective therapy without significantly inconveniencing the pharmacy provider or prescriber or hindering access for the client.

Rebate Contracting

MMA currently provides a competitive supplemental rebate contract program that is designed to meet Arkansas' specific needs. ***Arkansas has been a participant in our NMPI pool since 2023.*** By remaining in the NMPI as the source of their contracting, the State is able to maintain and improve upon current performance. As a participant in the NMPI, Arkansas benefits by increased savings over individual state (non-pool) or other pooled approaches, while still retaining control over their PDL. ***All NMPI participating states, including Arkansas, retain the autonomy to make individual PDL decisions.***

DHS Benefits from NMPI Participant All-State Calls

MMA facilitates calls amongst NMPI participant states on a biannual basis. This forum provides a platform for collaboration and the exchange of ideas between all NMPI states. A typical agenda may include NMPI Program Updates, Competitive Focus Areas, and Participant Suggestions for new drug classes.

Supplemental Rebate Negotiations

MMA will continue to negotiate with drug manufacturers for supplemental drug rebates as part of a multi-state pool. We have earned recognition as a leader in negotiating, implementing, and administering PDLs and CMS-approved supplemental rebate pooling contracts for Medicaid programs. In addition to providing individual PDL programs for our customers, ***we offer the negotiating power of the nation's two leading, CMS-approved, multi-state Medicaid pooling products***—the NMPI, in which DHS is a participant, and The Optimal PDL $olution (TOP$).

Current MMA PDL and Supplemental Drug Rebate customers, including both pool and individual state customers, are presented in the following table.

MMA Supplemental Rebate Experience		
PDL Program	**Number of Lives**	**Medicaid Programs Supported**
NMPI	15.3 million	Alaska, **Arkansas,** District of Columbia, Kentucky, Michigan, Minnesota, Montana, Nevada, New Hampshire, New York, North Carolina, Rhode Island, South Carolina, Virginia
TOP$	7.5 million	Connecticut, Idaho, Louisiana, Maryland, Nebraska, Washington, Wisconsin
Individual State	14.4 million	Arizona, Colorado, Florida, Georgia, Texas

We now have a combined total of 21 current participants in our multi-state pools, NMPI and TOP$. We have demonstrated success in the development, negotiation, implementation, and maintenance of multi-state Medicaid PDL programs. Our in-depth experience has provided us with great insight into the similarities and differences of each state customer, including the opportunities and challenges presented both individually and collectively. This understanding of the market and the environment in which it operates forms the basis of both of our multi-state pools.

All NMPI participating states, including Arkansas, retain the autonomy to make individual PDL decisions. However, due to the clinically and financially-sound rationales behind our PDL recommendations, there is generally a high degree of similarity in the PDLs of our member customers. The NMPI is designed so that each participant maintains maximum decision-making capability. No one participating state or member determines the decision-making process.

The NMPI model incorporates ***three-year base manufacturer contracts*** negotiated annually for only enhanced bids. This allows manufacturers the ability to offer better pricing beyond the period of initial implementation.

Manufacturers are able to include various positioning requirements on their offers, including clinical step-edits, and limited numbers of preferred products. This arrangement incentivizes manufacturers to be more

creative and flexible in their supplemental rebate offers. It also gives participating members the same opportunity to configure their PDL program in a manner consistent with their goals.

MMA has maintained transparency in our rebate processing since we began our rebate program, and we will continue to do so. We do not enhance our own revenue by negotiating better rebates for our customers; all rebate dollars go to the customer. Therefore, our recommendations are based upon the net cost to DHS and are not attempts to maximize rebates at the expense of overall pharmaceutical spend. Our incentive is to provide best-in-class services to all MMA customers. MMA has worked closely with DHS to develop and implement a PDL program with continued success. Since the implementation of the PDL and Supplemental Rebate Program in 2016, we have continued to work with DHS to identify opportunities to enhance the program.

Through the NMPI, MMA will continue to renegotiate supplemental rebate agreements with pharmaceutical manufacturers that are three years in term and provide an annual bid enhancement period when new contracts are negotiated. We continually monitor the marketplace for new drugs and manufacturers that are potential candidates for supplemental rebate agreements.

Benefits of MMA's PDL Solution

- With **15.3 million lives**, the NMPI represents more Medicaid lives than the other vendor's pool.
- Together, MMA's two pools have 21 state participants and represent **more than 23 million lives**.
- With two Medicaid pools and five individual state programs, MMA represents **37.6 million Medicaid lives overall** and has **more buying power and manufacturer touchpoints** than any other vendor.
- Pools not operated by MMA undergo a nine-month process from offer solicitation to contract effective date. MMA discount discussions are held continuously throughout the year with manufacturers to support our many PDL customers, so that MMA is **constantly attuned to the best drug values on the market**.

In addition to generating invoices for the State's Supplemental Rebate Program, we also reconcile payments from drug manufacturers and resolve any manufacturer supplemental rate disputes. ***The success behind our NMPI multi-state initiative for PDL and Supplemental Rebate services is our comprehensive understanding of the Medicaid pharmaceutical market and a proven ability to deliver savings to state Medicaid programs.***

Seek Supplemental Rebates through a Competitive Market-Driven Process

MMA will continue to seek supplemental rebates through a competitive market-driven process for the AMPP PDL. Our process for rebate negotiation and solicitation encourages active and aggressive participation by pharmaceutical manufacturers. Our solicitation and negotiation process is open to all, consistent, and credible.

In order to provide cost-effective pharmaceuticals to our customers, MMA has developed strong relationships with well over 100 manufacturers throughout the past 22 years of supplemental rebate contracting.

In partnership with DHS, we solicit clinical information and supplemental rebate offers from pharmaceutical manufacturers with rebate-eligible products in the identified classes. MMA manages all contract discussions and inquiries from manufacturers and shares with DHS any information that assists Medicaid departments in being thoroughly informed purchasers of medications.

We negotiate supplemental rebates through a competitive bidding process. Because each therapeutic class is scheduled to be negotiated only once a year, manufacturers must bid aggressively or risk their product(s) being assigned non-preferred status. Manufacturers understand, and MMA enforces, that all pricing is submitted as best and final. Our negotiation methods ensure that manufacturers present their best price at the beginning, versus a cumbersome back-and-forth exchange, costing both time and money.

Solicit Supplemental Rebate Bids from Pharmaceutical Manufacturers

MMA will continue to solicit supplemental rebate bids from pharmaceutical manufacturers on a GNUP or per unit rebate basis. We solicit best and final supplemental rebate offers from manufacturers with products contained in one of the NMPI's therapeutic classes.

Our current NMPI supplemental rebate agreement template includes a Wholesale Acquisition Cost (WAC)-based GNUP methodology for calculating DHS supplemental rebates to be paid by pharmaceutical manufacturers. The supplemental rebate calculation for the NMPI rebate agreements is:

WAC-CMS Rebate-Net Price=Supplemental Rebate

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

Rebate Bids

MMA ensures that rebate bids remain fixed for a three-year period with an opportunity for bid enhancement annually, or more frequently if market conditions warrant. The NMPI contracts are three-year agreements and guarantee prices through the term of each manufacturer's contract. Each manufacturer does have an annual opportunity to reduce their brand's net cost to improve competitiveness and all classes are reviewed for their rebate potential to deliver the lowest net cost for the medications that patients need.

We allow manufacturers to improve on their bid, but they cannot increase the GNUP within the three-year cycle. To ensure program integrity, MMA performs annual reviews of all contract offers to verify that, at a minimum, discounts are maintained year-to-year. Total discounts are usually increased for most contracted products. We confirm that preferred options are appropriate based on supply availability, new product entries, and other pertinent data. MMA continuously evaluates manufacturer pipelines and, if the market dictates that immediate action is necessary, we will proactively break from our model and determine the best method to bring additional value to our customers.

Our philosophy is to negotiate contracts which deliver a clinically sound, lowest cost PDL with minimal disruption. Although we broadly define value as having clinical and financial considerations as the main components, we recognize that other market factors play a role in value determination. Our team of pharmacists with PDL expertise and our seasoned account managers understand the landscape where we serve customers. They monitor and address important factors such as provider abrasion, client disruption, and escalating call center volumes. We make recommendations having considered all factors. Brand drug disruption is minimized due to MMA's broad footprint in Medicaid and our expert negotiating team as we have supplemental rebate agreements with all major manufacturers.

We will continue our successful efforts of managing all aspects of the supplemental rebate negotiation process. Our solicitation for supplemental rebates is via a best-and-final-offer methodology. Following manufacturer submission of offers, we retain the right to clarify received discounts in areas if there is potential for increased savings to the State. In the event that a significant clinical or financial change occurs in the market, MMA reserves the right to open negotiations outside of the regular time frame. Our team of experienced clinicians, account managers, and Government Affairs staff continually monitor the pharmaceutical arena for these opportunities.

Opportunity to Accept or Reject Any Supplemental Rebate Bid

MMA will communicate all manufacturer bids to the State for consideration. We fully recognize that DHS has the authority to accept or reject any supplemental rebate bids for its program. As we have done since 2016, we will advise the State regarding the supplemental rebate program. Dr. Irons will provide account support to DHS to ensure the bid review and selection process and will present background information, financial and clinical PDL recommendation processes, savings strategies, relevant and updated clinical information, and clinical and financial rationale for PDL recommendations to DHS.

Supplemental Medical/Diabetic Supply Rebate Programs

MMA will provide Arkansas with a Medical/Diabetic Supply Rebate Program, which is on target for Go-Live at the end of 2023. ***Members of our Medical/Diabetic Supply Rebate Pool (DSP) have collected over in rebates in 2022.*** In the following narrative, we describe our successful approach to providing this service.

MMA has extensive experience and possesses the Arkansas-specific knowledge required to successfully continue to provide a Medical Supply Rebate Program for DHS. We were the first to develop a

rebate program for medical and diabetic supplies, our multi-state Medical Supply Program (MSP). Our MSP started in 2008 and focused on meters and testing strips.

Our Medical/Diabetic Supply Pool currently consists of nine Medicaid customers. An individual-state program is provided to one customer. MMA manages diabetic supplies therapeutic classes including diabetic blood glucose meters, strips, continuous glucose monitors, disposable insulin pumps, syringes, needles, and ancillary equipment, as well as spacers and other devices as part of our DSP. Our DSP contracts with medical supplies manufacturers including Roche, Abbott, and Lifescan. ***Today, we successfully manage more than 10.9 million lives in drug spend through our Diabetic Supply Programs and are uniquely positioned to leverage the deepest medical supplies discounts in the marketplace. We have collected over in diabetic supply rebates since the inception of our first diabetic supply program in 2008.***

Because of the breadth of our program, MMA is uniquely positioned to leverage the deepest diabetic supply discounts in the marketplace. The following table illustrates our Medical/Diabetic Supply Experience.

MMA Medical/Diabetic Supply Rebate Experience		
Medical/Diabetic Supply Program	**Number of Lives**	**Medicaid Programs Supported**
MSP Pool	9.4 million	District of Columbia, Connecticut, Kentucky, Minnesota, New Hampshire, New York, North Carolina, South Carolina, Wisconsin
Individual State	351,000	Georgia

We are currently implementing this program for Arkansas.

MMA solicits best and final supplemental rebate offers from medical/diabetic supply manufacturers based on the GNUP. As part of our multi-state medical/diabetic supply pool, and on behalf of our customers, our Contracting Team uses a competitive negotiation model to garner supplemental rebates for participants in our multi-state pool. Our strategy forces manufacturers to provide their best pricing or risk having their product not included in the DSP until the next offer solicitation and negotiation period. This process eliminates the need for lengthy renegotiations during the solicitation period; discussions with manufacturers are instead held prior to the solicitation period. By this method, the State avoids continuous financial discussions and achieves the best discounts available.

Preferred Drug List (PDL) Management and Maintenance

MMA will continue to provide timely and effective PDL management and maintenance services for DHS. As the incumbent AME Pharmacy Contractor, ***MMA's proven PDL solution has been in place for DHS since we worked with DHS to develop and implement the PDL in 2016.*** MMA has the most insight of any contractor into the current operations, policies, and procedures of these programs. MMA worked closely with DHS to develop, implement, and maintain a PDL program with consistent success and results.

With a combined total of 14 current participants in MMA's NMPI multi-state pool, including Arkansas, as well as seven ***in the TOP$ pool,*** we have in-depth experience that has provided us with great insight into the similarities and differences of each state customer, including the opportunities and challenges presented both individually and collectively. ***All NMPI participating state, retain the autonomy to make individual PDL decisions.*** However, due to the clinically and financially-sound rationales behind our PDL recommendations, there is generally a high degree of similarity in the PDLs of our customers.

Part of MMA's ongoing PDL maintenance activities is our provision of comprehensive PDL recommendations. MMA considers clinical, market, and financial factors when evaluating a therapeutic drug class for addition to the PDL program, such as:

- Therapeutic equivalency/interchangeability of all medications available in the class, and comparative efficacy within a class
- Dosing, prescribing trends, and indications
- Safety, side effects, and/or appropriate use concerns
- Manufacturer marketing indicating promotion/placement of competing drugs
- Numerous dosage forms (Generic Sequence Number [GSN]) of chemically equivalent or similar compounds.

The presence of these and other similar factors are indications that inclusion of a therapeutic drug class in the PDL program would likely bring value to DHS through generation of supplemental rebates, identification of, and movement of utilization to lower cost and clinically equivalent drugs and, of critical importance, assurance that clinically effective and safe drugs are preferred for Medicaid clients.

Led by Dr. Irons, our PDL Team will continue to follow our established process to provide clinical and financial reviews and analysis.

Support Management of Single State PDL

MMA launched the single or uniform PDL model in the State of Texas in 2013 and have since implemented it for other customers, including **Arkansas,** Florida, Kentucky, Louisiana, Michigan, Minnesota, Nebraska, New Hampshire, North Carolina, and Washington. We have also assisted states with the implementation of partial single PDLs, in which only select drug classes are included, in Arizona, Virginia, and New York. We provide single/uniform PDLs for 14 states.

As Arkansas' long-term PDL partner, MMA understands how important it is for DHS to have the information it needs to support its clients and defined program goals. MMA created and implemented a forum with our Medicaid customers—the Quarterly Business Review (QBR). ***Through the QBR, MMA's PDL Pharmacist will continue to work in conjunction with DHS to examine and report on different components of the AMPP.*** This collaborative approach to pharmacy services management helps to ensure a quality program. Dr. Irons works with MMA internal SMEs to develop a QBR that focuses on three main areas:

- Trend analysis at the net spend per claim level
- Operations
- Clinical Pipeline.

Dr. Irons presents findings in a QBR meeting to DHS and provides insight into each area. These meetings are an opportunity for the teams to interact with our customers in a dedicated session that focuses on identifying key financial, operational, and clinical trends directly related to the customer's line of business and more importantly collaborating on strategies to address the trends.

Our QBR approach has provided tangible and positive results for DHS, as well as our other Medicaid customers by keeping the agencies fully informed and in touch with their drug trend, the drivers of that trend, and the overall health of the programs.

In addition, MMA produces and submits quarterly analytic reports to DHS to assist in monitoring and tracking drug utilization and trends. These reports are used to drive decision making as well as anticipation of potential impact of recommended program changes. We will continue to provide this information and work closely with the State to recommend programmatic utilization control techniques. During requirements review, we will partner with DHS, if requested, to determine the frequency of reports to ensure the State's requirements are met. The detailed reports currently provided in support of the current contract with Arkansas include:

Comprehensive PDL Recommendations

In conjunction with the clinical data presented in the TCRs, PDL recommendations for the Drug Review Committee to consider:

- Financial data
- Disruption analyses
- DHS-specific considerations
- Savings models based upon the expected impact of alternative PDL scenarios for each class.

- **Monthly Change in Market Share Report:** The purpose of the Month to Month Change in Market Share Report is to provide a detailed comparison of market shares during the Current Month (i.e., the month that is being reported) versus the previous month (Prior Month). This report also shows on a class level the overall growth or decline of claims over the prior month.
- **Class Market Share Report:** The purpose of the Class Market Share Report is to provide a summarized comparison of market shares during the Current Quarter (i.e., the quarter that is being reported) versus the same quarter of previous year (Comparison Quarter). This report shows on a class level the overall growth or decline of claims over the same quarter of the previous year.
- **Quarterly PDL Compliance Report Executive Summary:** The purpose of the PDL Compliance Report Executive Summary is to provide an overview of the number of prescriptions being written for Preferred versus Non-Preferred products.
- **PDL Supplemental Rebate & Market Shift Report:** The purpose of the PDL Supplemental Rebate and Market Shift Report is to provide an "at a glance" summary of each state's PDL program.
- **Quarterly Rebate Activity Summary:** The purpose of the Quarterly Rebate Activity Summary is to provide a high-level overview of the state's pharmacy expenditures. Categories are broken out by brand vs generic, preferred vs non-preferred and reviewed within PDL program or not reviewed within PDL program.
- **TOP 25 Report:** The purpose of the TOP 25 Report is to assist the state in identifying trends in claims, pharmacy reimbursement and net-net expenditures.
- **Year to Year Change in Market Share Report:** The purpose of the Year to Year Change in Market Share Report is to provide a detailed comparison of market shares during the Current Quarter (i.e., the quarter that is being reported) versus the same quarter of previous year (Comparison Quarter). This report also shows on a class level the overall growth or decline of claims over the same quarter of the previous year.

These reports provide a collective picture of the AMPP PDL utilization and the respective success in business decisions related to the program. We utilize these reports to monitor program trends and evaluate the need for new initiatives. MMA will continue to work closely with DHS to recommend changes or additions to the program to benefit the State and the clients the program serves.

Our clinical management staff, including Dr. Irons, conducts utilization review to:

- Analyze Arkansas' recent historical pharmacy claims data
- Identify most costly therapeutic drug classes through review of utilization data to determine the PDL review schedule
- Determine the impact of preferred drug candidates within selected therapeutic drug classes
- Establish preferred drug recommendations based on clinical safety and efficacy data and available evidence-based medicine.

Utilization review is a critical component of our service to DHS, and we are extremely mindful that review quality determines the quality of decisions impacting the Arkansas PDL.

Provide Clinical Justification for Medication Use

MMA monitors and evaluates changes in the marketplace to ensure that DHS maximizes rebate opportunities. Pharmaceuticals are reviewed on a continuous basis for changes that affect prescribing patterns. New indications and changes to existing indications, are considered as they occur. Our strategy for maintaining and evaluating Arkansas' PDL requires vigilant monitoring of movement in new drugs to market, drug pipeline, significant clinical evidence, generic launches, patent litigation, brand preference over generic, and State legislative issues.

When conducting our annual PDL review, MMA reviews Arkansas pharmacy claims in each therapeutic class to determine if the market shift required to realize substantial savings is feasible for the State. If potential savings for the class requires significant market shift from a more expensive agent to more cost-effective alternative agent and would cause great disruption to prescribers and clients, MMA will consult with DHS to discuss the advantages and disadvantages of the particular recommendation.

If it is clinically appropriate and fiscally responsible to make PDL changes to a therapeutic class, MMA works with DHS to ensure that viable options are always available on the preferred side of the PDL. As a general rule, continuity of care policies, such as grandfathering, should not occur over all PDL classes; however, MMA understands that in select circumstances it may be necessary for DHS to implement these policies to ensure minimal disruption and patient safety. MMA will continue to work with DHS to identify such classes.

MMA's PDL clinical review process involves applying evidence-based medicine that is grounded in criteria based on scientific literature with consideration to industry standards, regional trends, and Arkansas' priorities. We consider a number of inputs prior to making our recommendations:

- Analysis of utilization patterns
- Evaluation of outcomes data (head-to-head trials, comparative data)
- Client safety concerns
- FDA mandated Risk Evaluation and Mitigation Strategies (REMS)
- Standards of care
- Arkansas concerns.

Our clinical recommendations for the PDL are developed by an internal team of experienced clinicians. This team formulates recommendations after performing an extensive literature search pertaining to established clinical guidelines and accepted prescribing patterns for each individual drug and drug class.

MMA has a corporate Drug Policy Development (DPD) Committee that serves as an internal clinical "think tank" and action committee. The DPD develops New Drug Updates (NDUs) and Drug Bulletins for relevant new drug approvals. ***We have a resident oncology management expert as part of our DPD Committee who will provide expertise on oncology related matters.***

In addition, MMA has a dedicated TCR Development Team whose members work in conjunction with clinical managers to compile TCRs, the comprehensive evaluations of multi-source and single-source medications, including specialty oral oncology drugs, being considered for the Arkansas PDL. TCRs include indications, safety information, drug interactions, dosing, a summary of clinical trials, and practice guidelines. Our TCRs are concise, yet complete clinical documents, in the information they provide to allow informed clinical decisions by the Arkansas DUR Board. ***Our TCR library is unmatched within the industry and consists of a total of 145 TCRs of which 119 are active. These TCRs are maintained and updated regularly to provide the most accurate and timely information available.*** These in-depth clinical reviews are updated at least annually but may be updated more frequently as necessitated by new drug information, market changes, and other clinical detail.

Maryam Tabatabai, PharmD, heads our Drug Information Team and our TCR Development Team. She oversees and leads the maintenance and updating of our current, evidence-based TCRs. Dr. Tabatabai provides exemplary leadership across a spectrum of clinical initiatives and is responsible for providing drug information services and communicating clinical information updates and processes. Publications that the Drug Information Team develops include the following:

- Therapeutic Class Review (TCR)
- New Drug Update (NDU)
- Drug Bulletins
- MRx Pipeline Report
- Weekly Clinical Update
- Clinical Alert
- Trend Alert
- Medicaid Pharmacy Trend Report.

MMA employs SMEs with specific areas of clinical therapeutic focus who contribute to the TCRs and other clinical information and can provide support to the PDL and Supplemental Rebate program. Our oncology SME will provide DHS with consultation services. These experts also have extensive clinical patient management experience in both hospital and ambulatory care settings. They all hold a Doctor of Pharmacy degree, and some are Board-Certified Oncology Pharmacists (BCOP). They are qualified and have overseen the complex

pharmaceutical care of oncology patients in various stages of their illness, from initial diagnosis and treatment to end of life palliative care.

Therapeutic Class Reviews

MMA's TCRs are an integral part of our clinical review process. As part of the clinical materials that we provide to the DUR Board, MMA develops and delivers clinical monographs in the form of TCRs that are updated within the last year for every drug class reviewed for the PDL. Therapeutic classes are defined per our standards and contain products that are therapeutically similar and are designed to create competition amongst manufacturers for preferred PDL status. We recognize that in some cases, DHS may create PDL classes that do not align with our approach. We will continue to support the State by providing additional clinical documents that provide pertinent information for all products needed.

MMA has continued to expand Arkansas' PDL since the inception of the program in 2016—we currently maintain over 97 classes for the Arkansas PDL program, four of which are in the Medial/Diabetic Supply Program. These products are reviewed in TCRs, which contain prescribing information and evaluations of relevant clinical studies.

TCRs are tiered and are updated according to the activity of the class, which may result in a biannual revision. Classes containing products whose place in therapy is well-established may only be updated annually. We retire TCRs that contain products with defined clinical utility and little, if any, brand or pipeline presence; they are maintained as historical documents. However, retired TCRs still undergo annual searches for relevant clinical data to assess its tier assignment and provide any necessary updates to the content. Customer feedback influences the availability of TCRs for PDL classes, and we welcome that input. MMA's format for TCRs is in accordance with the Academy of Managed Care Pharmacy (AMCP) format for formulary submissions (version 4).

MMA will continue to provide our proprietary, evidence-based TCRs and other clinical documents to the DUR Board prior to the Board meeting during which the class is scheduled for review. In addition, Dr.Irons will continue to work with DHS to develop the agenda for each meeting and ensure that the needed TCRs for each meeting are available.

In addition to FDA-approved prescribing information and vetted clinical evidence, our TCRs include pertinent information from the most recent versions of evidence-based practice and treatment guidelines issued by national professional organizations. Some examples include:

- American Heart Association
- American Diabetes Association
- American College of Rheumatology
- American Academy of Dermatology
- Department of Health and Human Services guidelines for the treatment of HIV
- Infectious Diseases Society of America
- Centers for Disease Control and Prevention
- National Comprehensive Cancer Network.

In the absence of U.S. guidelines, we seek international guidance from organizations such as the World Health Organization (WHO) and the National Institute for Health and Care Excellence (NICE), as appropriate. ***Moreover, we plan to include recommendations from the Institute for Clinical and Economic Review (ICER) as a new addition to future TCRs.*** Financial information has historically not been included in TCRs, but the ICER assessment of value has become an increasingly accepted measure for analysis and should be considered. When ICER guidelines are updated, we modify our TCRs to include and highlight any significant changes. The MMA DPD Committee provides additional documentation for best practice guidelines as they review information from major professional organizations.

MMA will continue to assess the evidence using our guidelines and criteria for selecting the studies that will be used in the creation of our TCRs. We describe our search strategies in each TCR document. Any pertinent exclusion criteria specific to the therapeutic class are included in the TCR.

Basic Criteria for Study Inclusion

To meet the basic criteria for inclusion, an original research article must meet all the following criteria:

- Be written in English
- Be conducted on humans
- Be randomized
- Have clear and predefined outcomes.

For new drugs entering the market, we include pivotal data in the TCR upon initial update. Pivotal data may be found in published literature or in the prescribing information. Comparative data within the class including the new drug are ideal. In the absence of direct comparative data, comparative data with agents outside the class can be considered in the absence of other data. If no comparative literature is available, placebo comparative data should be cited in the TCR. The data may be summarized by stating that, for example, approval of drug X for indication Y was based on two clinical trials. Additionally, if a study that does not typically meet our inclusion criteria is included in the TCR and there are no other data, a statement indicating this appears in the clinical trial section. In all cases, outcome parameters must be consistent with other agents within the class. We follow established criteria for bias-free studies, criteria for valid studies, and importance criteria.

We provide information on products that are new to the market in PDL classes to our customers within six months via clinical documentation—TCRs or New Drug Updates (NDUs). We update our TCRs at least annually, but earlier when significant changes to the class, such as the release of a new drug to market or the publication of relevant clinical trials.

Our TCR Development Team uses the following standard process for updating TCRs:

- Identify which products are included in the TCR through MMA's proprietary PDL Management Tool.
- Verify dosage form availability using the package insert (PI) or First Databank (FDB). Secondary sources include Micromedex and Clinical Pharmacology.
- Review any drug manufacturer's submissions in response to MMA solicitations for drug information or clinical updates sent from MMA's Drug Information Team.
- Check the most current PI on the manufacturer's website, as well as on the FDA website, for new or revised indications, changes in the pharmacology and pharmacokinetics sections, contraindications and warnings including black box warnings, adverse drug reactions, dosage and administration, dosage forms, and special populations (pediatrics, pregnancy, geriatrics, hepatic/renal impairment).
- Ensure the most current PI date is noted in the reference section of the TCR.
- Check reference links to websites or web pages to ensure they are current and determine if any updates have been posted since their original posting.
- Document the current access date for the website/web page in the reference section of the TCR.
- Identify and include new guidelines and update existing ones. Use the large governing groups (e.g., American Heart Association, American College of Cardiology, American Diabetes Association, and American College of Rheumatology) that review evidence for the specific disease or treatment.
- Identify the most current primary literature and other information since the last review.
- Perform a PubMed search for new clinical trials that meet the criteria, new meta-analyses that are relevant, and other information.
- Review internal drug information files for new data submitted from manufacturers (including full text articles, and data on file); full text articles reviewed during literature evaluations may also be saved to the Drug Information Folder.
- Address/review comments from our DPD Committee, outside sources, or customers.
- Review TCR for compliance with formatting guidelines.
- Spell check and proofread the document.
- Log changes to maintain accurate version control.

- Report factual inaccuracies to our corporate TCR Coordinator/TCR Writer immediately.

Our TCR development includes a rigorous peer review by members of the MMA Drug Information staff, clinical staff, and an extended team with extensive clinical and evidence-based experience and expertise. MMA employs pharmacists in dedicated clinical writing positions as part of the Drug Information staff and TCR Development Team. Moreover, our TCR review process includes review by our National P&T Committee, composed of internal and external physicians and pharmacists for content and conclusions. Please note that our drug class reviews, including TCRs, NDUs, and Drug Bulletins (DBs), are our intellectual property and are considered to be proprietary and confidential. They are provided to customers based on contractual agreement.

PDL Recommendations Based on Clinical and/or Pharmaco-Economic Studies

MMA will continue to prepare and present PDL recommendations based on clinical and/or pharmaco-economic studies (on a quarterly basis) to the State, DUR Board, and other State interest groups. We include the sources of clinical information and evidence that the inclusion of the selected classes of drugs in the PDL and recommendations for preferred/non preferred status would not negatively impact the Medicaid population. MMA's PDL Analytics Team is committed to accuracy and effective analysis that provides actionable information to enable decision-making. This department is staffed by pharmacists, biostatisticians, and data and reporting analysts who serve as a bridge connecting IT to the rest of our business areas, including clinical management. DHS has access to our COAR Department resources and our technology team for outcome analyses, drug trend forecasting and analysis, strategic planning, and ad hoc reporting requests.

MMA will continue to provide DHS with the same high level of clinical support services as we have provided for the past seven years. We are a national leader in providing expert support to formulary committees for PDL development and maintenance. ***MMA supports formulary committees serving Medicaid programs covering over 53 million lives.*** We have an established relationship with Arkansas' DUR Board and will continue to work collaboratively with the DHS to provide essential materials in a timely fashion. Our successful partnership with the DUR Board is built upon a thorough understanding of the policies, procedures, and regulations governing the Committee. It is also attributed to our ability to respect the viewpoints of various stakeholders—including DHS, providers, beneficiaries, and special interest groups—and to confidently communicate analyses based upon both therapeutic and cost-effectiveness models.

Dr. Irons will continue to present the results of our reviews and analyses and offer recommendations to DHS to ensure that the PDL and rebate programs achieve the State's goals.

Utilization Review Emphasizes Clinical Issues Over Cost

Utilization review is a critical component of our service to DHS, and we are extremely mindful that review quality determines the quality of DUR Board decisions. Our Clinical Management staff conducts this utilization review to:

- Analyze AMPP pharmacy claims data
- Identify the most costly therapeutic drug classes through review of utilization data to determine the PDL review schedule
- Determine the impact of various PDL scenarios within selected therapeutic drug classes
- Establish preferred drug recommendations based on clinical safety and efficacy guidelines and available evidence-based medicine, while considering financial impacts.

A key aspect of this review process is performed by our expert clinical pharmacists who thoroughly review the available published, peer-reviewed clinical literature. They use this information to create TCRs that are provided to DUR Board members. These reviews present an accurate, balanced picture of the relative clinical strengths and weaknesses of each agent within a therapeutic class. This analysis allows DUR Board members to evaluate each medication's place in therapy as they make recommendations to DHS.

Therapeutic classes are chosen for PDL inclusion by taking into account factors such as high utilization, high drug expenditures, and therapeutic equivalency among drugs in the class, as well as competition and ability to

move market share among drugs in the class. Therapeutic classes included in the PDL represent those that MMA has demonstrated to have the greatest impact in maintaining cost-effective therapy without significantly inconveniencing the pharmacy provider or prescriber or hindering access for the beneficiary.

Financial Modeling

MMA pharmacists act as an extension of the DHS pharmacy staff and drive recommendations on its behalf. Our advanced-degree pharmacists are subject matter experts in clinical and financial details and lead State pharmacists and the DUR Board in determining the best course of action in PDL recommendations. We aggressively promote and defend our recommendations from a clinical and financial standpoint and ensure that necessary information is brought to light to ensure a clinically sound PDL. MMA has developed an extensive network of relationships with federal policymakers at the legislative and departmental (CMS, Congressional Budget Office [CBO]) levels, employs lobbyists at State and Federal levels, and negotiates with all noteworthy pharmaceutical manufacturers. By leveraging these relationships, we have firsthand knowledge of developments in the pharmacy market that will impact state Medicaid programs and can best prepare DHS to address them. ***MMA will continue to monitor and evaluate changes in the marketplace to ensure that DHS has the opportunity to maximize rebate opportunities.***

Pharmaceuticals are reviewed on a continuous basis for changes that affect prescribing patterns. New indications and changes to existing indications are considered as they occur. MMA advises DHS of such changes on a weekly basis via the *Clinical Update* and will recommend an expedited review of the product if deemed advantageous to DHS.

MMA leads the industry in developing cost models. Our PDL Analytics Team constantly reassesses the template for these models using their own ideas as well as feedback from users, including state customers, as well as other MMA staff. The sophistication of these interactive models allows us to demonstrate changes to cost models. This real-time update not only provides accurate projections but makes efficient use of everyone's time in providing vital information. MMA is prepared to answer questions from DHS pharmacy staff and State legislative bodies without the need for prioritizing or logging customer requests.

Although MMA determines PDL status recommendations within the framework of our defined classes, we do not limit considerations to those definitions. Products in the anti-infective class are separated by mechanism of action, as are diabetes treatments. However, we look across all available treatments for conditions when recommending PDL statuses. Combination products may not have the same value as the separate ingredients from a financial standpoint. The same can be true for a new class of products with a unique mechanism of action, but without consensus on its place in therapy. As we collaborate on methods for determining methodology for calculating cost savings, we will agree to work outside of apparent constraints to bring the greatest value to the PDL program. We will not always recommend a product in each therapeutic class just to have representation, but we will always be prepared to recommend a product should DHS desire the best value.

New formulations and strengths of existing products are reviewed accordingly by MMA. New formulations are typically reviewed as separate products altogether and will receive full clinical and financial evaluation before a recommendation is made to DHS for PDL status. New strengths, barring clinical or financial details for strategic consideration, are usually considered an extension of the existing product and will receive the same PDL status as the existing strengths. MMA makes recommendations to DHS in every case. In addition, MMA reviews clinical information as well as professional organization guidelines, to develop prior authorization criteria for products. These criteria are revisited when new information becomes available. For example, ongoing updates to the AASLD/IDSA Hepatitis C treatment guidelines prompted a review of our clinical criteria for appropriateness.

In terms of the level of discount obtained for our states, we are always moving forward. Total rebate percentages are monitored for maintained or increasing value to states on subsequent supplemental rebate offers. Once a discount plateaus near 100% and/or the brand becomes available as a generic, MMA continues to work with the manufacturer to provide GNUPs that protect the state from fluctuating federal rebate values. Our contracting team understands the intricate details of negotiating multi-state contracts that bring both exceptional value and flexibility to allow each state to retain individual decision-making authority.

Sophisticated, Empowering Cost Sheets and Reporting

One of the reasons the DHS-MMA partnership has been successful is our sophisticated cost-modeling which aids DHS in financial decision-making and projecting the impact of various PDL scenarios on a net-cost basis. ***Our cost models provide the information necessary to make the PDL decisions that are most appropriate and clinically defensible. This practice incentivizes pharmaceutical manufacturers to submit aggressive pricing in their pursuit of gaining market share.*** Our cost models enable DHS to intelligently assess the cost-benefits of a variety of PDL choices. MMA continually develops enhancements to our cost models in order to provide customers with more sophisticated projections.

Our cost sheets generally include an estimated cost savings analysis. Of course, these projections must ultimately be balanced by retrospective savings reports. MMA provides regular and timely reports that detail the performance of the PDL program. These reports provide metrics and figures that give DHS the information necessary to communicate program successes to other departments in a manner that requires a minimum of explanation to those who do not frequently monitor the pharmaceutical arena.

MMA's Cost Sheets Focus on Accuracy

MMA conducts financial modeling on behalf of DHS to support its PDL decision-making process. We will proactively reach out to DHS if changes in rebate market dynamics lead to potential savings opportunities or losses. Our cost models take into account:

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

Reporting Results

MMA is experienced in predicting and reporting fiscal impact due to the exclusion or inclusion of specific products within each of the therapeutic classes in the PDL and conveys such data through the utilization of our proprietary cost sheets. We will continue to leverage our understanding of the State's needs and provide accurate cost modeling analysis. Our informative cost sheets enable the State to make knowledgeable decisions based on our recommendations from both clinical and cost perspectives. ***MMA has a proven history of providing DHS with cost modeling for each class reviewed by the DUR Board both prior to the review and subsequent to the Committee's recommendations.***

MMA is a recognized leader in delivering cost savings to state Medicaid programs. Our proven process focuses on the development of a clinically sound and cost-effective PDL for Arkansas. This is accomplished by considering aspects beyond efficacy and cost, such as market share, potential disruption, patent expiration dates, and pricing for multisource products. We conduct fiscal analyses to monitor and report the cost-effectiveness of the PDL, and, where appropriate, we advise on the effects of State-specific policy. MMA assesses drug cost and utilization changes and trends by drug, drug category, price, PDL compliance, and other factors that may be specified.

The cost sheets incorporate data from the CMS rebate rates, supplemental rebate offer form, rebate offset amounts, State utilization data, State MAC list, and our PDL Management Tool. Cost sheets are populated with the most recently available data for each of these sources. Projected market share and savings estimates based on various PDL scenarios are based on real data. Our cost sheets also include savings resulting from the movement of market share from more costly to less expensive drugs, regardless of supplemental rebates.

MMA has a long history of producing accurate and meaningful cost sheets for both the State and the DUR Board that assists them in making informed PDL decisions. Our cost sheets contain drug class, drug name, brand/generic status, current PDL status, average quantity dispense per prescription, net cost per prescription, current market share, projected market share, federal and supplemental rebates per prescription, ROA per prescription, and projected savings based on PDL recommendations. Projected savings are delineated by projected supplemental rebates and projected market shift savings.

The MMA cost sheets are currently used in 26 Medicaid PDL programs, including Arkansas. We use the models as a tool to assist the State and DUR Board members in making sound financial PDL decisions based on MMA recommendations. MMA staff presents these analyses in detail to State and Board members and adds clinical context when making PDL recommendations. The assimilated knowledge presented in MMA's TCRs

and other supporting clinical documents is combined with financial metrics of cost sheets to produce cost-effective, clinically-sound PDL recommendations.

Clinical Support

During the term of our contract with DHS, we have continuously worked to provide new and improved PDL and Supplemental Rebate reporting functionality to AMPP. As DHS' needs have evolved and changed, MMA has become cognizant that more sophisticated, dynamic, and robust analytics capabilities are necessary.

MMA continually invests in new reporting technology to help us deliver meaningful and accurate reports in an efficient and useful manner. ***We have 51 years of experience meeting the reporting needs of our Medicaid customers. MMA has strong reporting capabilities through advanced analytic software that allows us to develop, run and deliver accurate and efficient analytics.*** Our reporting solution is in place today, supporting Arkansas' PDL and Supplemental Rebate Program needs. We will continue to partner with DHS on developing new innovative analytics to face Arkansas' challenging healthcare and reporting needs.

MMA will continue to provide DHS with our standard PDL quarterly reports which we have been providing throughout our PDL and Supplemental Rebate Services contract. Our PDL and Supplemental Rebate reports include:

- PDL Supplemental Rebate and Market Shift Report
- Quarterly Rebate Activity Summary
- Quarterly PDL Compliance Report Executive Summary and Detail Reports
- Class Market Share Report
- Year-to-Year Change in Market Share
- Top 25 Report.

These reports are available with combined pharmacy utilization from both FFS and MCO or separately, as they are currently provided. In addition, we provide our Quarterly Business Review (QBR). This report has state-specific trends in utilization that are key drivers of net spend for Arkansas and contains valuable metrics for communicating within DHS how the pharmacy program is using its budget on pharmaceuticals.

In addition, we provide a standard reporting suite that consists of 60 rebate reports. MMA provides authorized DHS staff with access to these reports and will review the remaining reports with DHS during implementation to determine if those reports should be provided. We take pride in the accuracy and usefulness of our drug rebate reporting. DHS has first-hand experience with our well-established and refined data warehouse that enables accurate and efficient reporting. MMA's data warehouse contains current and historical information for rebates, such as:

- Quarterly Supplemental Rebates
- CMS Federal rebates
- Monthly utilization.

Our MRx Explore tool provides access to reports through a web-based portal whereby MMA and DHS Supplemental Rebate Services authorized users are able to analyze information through a user-friendly set of reports. MRx Explore offers an easy-to-use one-stop shop for accessing the standard rebate reporting package. Using the rebate reports available through MRx Explore, users have the ability to view invoice information, manufacturer payment activity, adjustments, and balances due.

MMA's intellectual capital is comprised of a well-established Clinical Outcomes Analytics and Research (COAR) Department committed to accuracy and effective analysis that provides actionable information to enable decision-making. This department is staffed by pharmacists, biostatisticians, and healthcare analysts who serve as a bridge connecting it to the rest of our business areas, including PDL management. DHS will have access to the resources of this department and our technology team for outcome analyses, drug trend forecasting and analysis, strategic planning, and ad hoc reporting requests.

New NDCs

MMA will continue to provide the weekly Clinical Update that includes new products available on the market in Microsoft Excel format. In addition to the Clinical Update document, Dr. Irons also provides supplemental Excel files, Suspended GSN and Suspended NDC, which provide listings of the new NDCs and GSNs respectively. The Clinical Update contains FDB information on important new NDCs that are released that week. These NDCs may be new brands or generics, or even additional labelers for existing generics that may enable MMA to implement a MAC value on a generic. Pricing guidance may also accompany information on new generics, including the presence and duration of six-month exclusivity. By highlighting new agents affecting the Arkansas PDL that enter FDB, as well as other clinical updates MMA keeps DHS abreast of recent news items.

9. Help Desk

MMA has supplied provider, prescriber, and client support through Call Center/Help Desk excellence to our customers since 1988. We currently support 14 Medicaid FFS program, 7 AIDS Drug Assistance Program (ADAP), and 4 State Pharmaceutical Assistance Program (SPAP) customers with technical and clinical Call Center services. MMA proposes to continue to provide our Arkansas dedicated Help Desk for the AMPP.

Proven and Robust Help Desk Support Capability and Responsiveness

On January 1, 2021, we implemented a 600-person Call Center to provide services for the California Medi-Cal Rx contract, where we have supported the transition of more than 14 million members from 26 MCOs to the FFS pharmacy program.

MMA was able to provide a COVID Call Center for the Pennsylvania Pharmaceutical Assistance Contract for the Elderly (PACE) Program – setting up 200-person call center in a few days to answer COVID questions for the whole population in the commonwealth. The PACE COVID Call Center operated from February 2021 through May 2021. The PACE Program continues to conduct outreach to members who are homebound and may need a vaccine. The call center agents collaborate with nearby pharmacies to schedule home visits.

We will leverage our extensive experience to continue to operate a state-of-the-art pharmacy Help Desk and integrated voice response (IVR) system for the AMPP providers and clients. Our skilled and highly trained Arkansas Help Desk staff will continue handle calls, providing provider and client support to the AMPP through a dedicated toll-free line and staffed with appropriate clinical personnel. We do not rely solely on automated technology to address client and provider issues and inquiries. Specialized personnel, such as licensed healthcare providers, are available each day from 8:00 am to 5:00 pm, Central Time, Monday through Friday.

Our focus is to provide the best service experience for all stakeholders contacting our Help Desks by providing accurate information, education, and caring service. In the following narrative, we describe our approach to meeting and/or exceeding these requirements.

Pharmacy Help Desk Facilities

All of MMA's pharmacy Help Desks are provided from locations within the United States. MMA staffs pharmacy Help Desks in support of our customers nationwide and across three time zones, from Glen Allen, Virginia, to Rancho Cordova, California.

Our solution incorporates providing a virtual environment where Pharmacy Help Desk staff in the primary and backup locations can access all functions, regardless of the pharmacy Call Center in which they work, so that uninterrupted assistance is provided when there are weather-related emergencies or other unexpected occurrences that may impact access to the primary pharmacy Help Desk or MMA's ability to meet pharmacy Help Desk standards.

Application and telecommunication infrastructures are standardized and redundant to facilitate this virtual environment. We will continue to supply all required information systems, telecommunications, and dedicated personnel to meet and/or exceed DHS' pharmacy Help Desk operational requirements.

Technology

MMA uses the most advanced call management system technology currently available to ensure a high-level of customer service and caller satisfaction, make improvements as necessary, and increase quality assurance for pharmacy Help Desk functionality and management. Our call management system is vital to the integration of pharmacy Help Desk operations and PA processing. Our integrated call management system provides:

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

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

IVR System: Our integrated pharmacy Help Desk technology provides an IVR platform, integrated with FirstTrax, which provides full information to pharmacy Help Desk staff and allows efficient and accurate decision making and problem resolution.

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

Proven and Robust Help Desk Support

In response to the COVID crisis, MMA was able to quickly set up a COVID Vaccine Help Center for our North Carolina Medicaid Program customer. Assistance was available to the entire state population of 10.49 million residents, including vaccine recipients, healthcare providers, and other parties engaged in COVID vaccine administration. We provided a staff of 10 pharmacists who received inbound and performed outbound calls to offer clinical expertise and aid in improving lives during the COVID emergency. The COVID Vaccine Help Center Call Center operated from January 2021 through January 2022.

Direct Caller to Pharmacy Help Desk Representative: Our IVR functionality provides callers with straightforward menu options to reach appropriate prerecorded information or live pharmacy Help Desk agents. The IVR initial menu tree directs callers to the appropriate agent based on the type of inquiry/caller and other criteria that ensure the best call placement. IVR callers are able to provide preliminary demographic information that is visible to the pharmacy Help Desk agent when they receive the call. This feature enhances the caller's experience as representatives can begin assisting the caller faster (after completing HIPAA verification).

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

IVR Metrics: Our call management system provides comprehensive, real-time monitoring and historical reporting, including custom reporting, task scheduling, exception notification, threshold warning,

administration and configuration, and long-term ACD data storage. Reports are distributed via printing the report directly, exporting the reports into a Microsoft Word, Microsoft Excel, HTML, or text file. Real-time reports give supervisors snapshots of the pharmacy Help Desk's performance and status. Standard real-time reports show the current status of ACD activity and data for the current interval for pharmacy Help Desk agent, split/skill, trunk/trunk group, vector, and Vector Directory Number (VDN) activities (e.g., number of ACD calls, abandoned calls, and average talk time). The Help Desk system captures the type of communication, the type of caller, and all information about the caller and Help Desk representative.

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

Pharmacy Help Desk staff records and tracks all inquiries and requests received from prescribers and pharmacy providers, as well as the pertinent aspects of the inquiry or PA request. FirstTrax captures the date and time of the contact, pharmacy Help Desk staff identifier, caller identifier, customer type, reason for contact, disposition of contact, date of disposition, and free-form notation, and can accommodate additional elements identified by DHS.

The system records call types/reasons, helping to ensure that all documentation is consistent. Pertinent aspects of the inquiry or prior authorization request are also captured. FirstTrax allows access to each PA, inquiry, and override case for questions and management reporting. Information regarding the content and resolution of inquiries and requests is housed and tracked in FirstTrax. Only authorized users can retrieve and update prior authorization requests and view pharmacy claims through FirstTrax.

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

In addition, we have implemented a process to attach image files of clients' letters to the contact detail records in FirstTrax. Retaining the letters online allows for easier access when assisting a caller and provides improved auditability and tracking. Prior authorization processing is also fully integrated into FirstTrax to allow the Help Desk agent easy access to data and a view across claims and PAs.

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

MMA's Help Desk solution includes search functionality. FirstTrax allows authorized users to search for information on clients, claims, pharmacies, drugs, prescribers, prior authorizations, and call tracking against the FirstRx and FirstTrax databases. ***The integration of our IVR platform and FirstTrax provides full information to Help Desk agents and allows efficient and accurate decision making and problem resolution.***

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

MMA's web portals also provide integrated, user-friendly online help. The context sensitive help makes it easy to learn how to use the application and to access Medicaid policy information. We will provide web content according to agreed-upon schedules, and the content will be clear, accurate, easy-to-read, and up to date.

In addition, report data can be generated from FirstTrax. FirstTrax records a variety of data to include call category, call type, and response, helping to ensure that all documentation is consistent. Reports that provide information on the number and type of customers, reasons for calls, time frames for resolution, and other elements identified by DHS can be generated. Through FirstTrax, prior authorization statistics are accessible to DHS, allowing for reporting of trends and analysis.

Automated Clinical Decision Module: ***MMA proposes to implement this functionality for the new contract.*** FirstTrax is powered by our configurable, businesses rules-driven Clinical Decision Module, MRx Decide. MRx Decide is a proprietary web-enabled, secure tool that is table- and parameter-driven, allowing flexible and easy configuration to support changes and updates. We use MRx Decide to support the manual and web-based prior authorization process.

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

MRx Decide uses the same criteria as the FirstRx AutoPA rules, while allowing users to enter and consider additional information pertinent to the prior authorization request and a client's unique situation. MRx Decide is incorporated seamlessly into the FirstTrax call tracking and prior authorization management system, providing access to the client's eligibility, claims, and previous prior authorization history necessary for adjudicating any prior authorization request. The architecture makes use of a common set of web services to exchange key prior authorization data.

Additionally, the DHS clinical criteria documents are integrated into MRx Decide so that DHS-defined criteria for each drug are available in the system. This allows pharmacy Help Desk staff to accurately respond to and manage prescriber and pharmacy provider inquiries and requests.

Telephone System

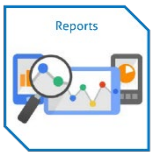
GENESYS™

MMA uses the most advanced call management system technology currently available to ensure a high-level of customer service and caller satisfaction, make improvements as necessary, and increase quality assurance for Pharmacy Help Desk functionality and management. MMA continually identifies opportunities to improve the customer experience. During our current AME Pharmacy Contract, we transformed our customer engagement platform and enhanced our capabilities through the introduction of Genesys™. Genesys is an omni-channel and cloud-based platform that provides greater flexibility, new tools, and enhanced self-service capabilities. Key benefits of the platform include:

- Integrated omni-channel communication enabling customers to interact with Help Desk staff through various ways while maintaining our established high quality service experience
- Enhanced IVR and call routing features enabling more self-service and greater flexibility managing service guarantees

- Integration with our core Help Desk platforms, setting the foundation for enhanced workflow and efficiency initiatives
- Speech and text analytics, including sentiment analysis that allows MMA to target interactions requiring urgent attention
- Advanced workforce management features
- Built-in quality surveys.

10. Reporting



With 51 years of experience providing reporting services for our Medicaid customers, since our first Medicaid contract in 1972, and nine years of Arkansas-specific experience, MMA is prepared to continue to meet DHS' data analytics and reporting requirements.

As the incumbent AME Pharmacy Contractor, we have highly trained staff, proven processes, and an existing, proven reporting solution that we are currently providing for the AMPP. Most importantly, we have longstanding, established relationships with DHS in developing reports that meet program needs. MMA currently provides our proven data analytics and reporting services to 26 Medicaid programs, including Arkansas, 8 ADAPS, and 4 SPAPs. This experience and level of expertise have provided MMA with a thorough understanding of the analytics and reporting needs of DHS and other state Medicaid and government agencies.

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

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

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

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

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

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

The web-based interface enables reports, dashboards, and analytical tools to be accessed easily and through a highly intuitive user interface. ***Many of the available reports in the standard reporting package can be exported to other formats such as HTML, Excel, and PDF*** to support portability of information for a variety of users.

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

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

Comprehensive Reporting Solution

With a **suite of more than 100 standard dashboards** and reports, more than **40 standard Rebate reports**, and **8 custom quarterly PDL reports**, we offer a sophisticated reporting solution that provides information on different facets of drug claims data. MMA also developed a **suite of more than 16 reports** to support the growing need for opioid usage monitoring to meet our customers' needs.

In *Figure 8.2-6*, we illustrate our reporting solution architecture.

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

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

Through our established Training and Development Department, MMA will continue to provide training for authorized new DHS and MMA users on our MRx Explore BI reporting tool throughout all phases of the

contract. Secure access to MRx Explore is granted to all authorized users. Refresher training is available for existing MMA and DHS staff.

Dashboards

Through MRx Explore, our proprietary BI and online query reporting tool, MMA provides the ability to perform regular analysis of the AMPP, which is critical for the effective management of the Arkansas Program. Our dashboards provide rich visualizations of predetermined metrics that make critical information easily accessible via a single screen. The dashboards are designed to deliver actionable information to our users that allow them to get a birds-eye view of their program's performance. The dashboards are set to show 13 months of rolling information. ***All of our dashboards are also available as interactive reports, which provides the user the flexibility to run reports for different date ranges.*** Our dashboards are updated on a monthly basis with aggregated data reflecting program information through the previous month. All dashboards can be viewed in a report, visualization, or geo format. Examples of our dashboards include:

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

MRx Explore's online query tools enable users to interact with a set of data and metrics to perform analysis, conduct detail reviews, and monitor ongoing activities. ***This allows authorized DHS users to effectively manage program operations and achieve positive clinical and financial outcomes***. MRx Explore provides DHS with analytical and reporting capabilities enabling users to easily view drug usage and cost metrics for the AMPP.

In *Figures 8.2-7* and *8.2-8* we provide samples of our dashboards.

Interactive Reports

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

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

In *Figure 8.2-9*, we provide the tab listing all of the available standard reports that can be run within the MRx Explore tool. Reports are broken into sections to mirror the Dashboards.

Self-Service Report Studio

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

PDL Reporting Package

MMA will continue to provide DHS with our standard preferred drug list quarterly reports. ***Our PDL Analytics Team will continue to provide data analysis and reporting to support PDL and supplemental rebate program services for the AMPP.***

Our quarterly PDL and Supplemental Rebate reports include:

- Quarterly PDL Supplemental Rebate and Market Shift Report
- Quarterly Brand over Generic Report
- Quarterly Rebate Activity Summary
- Quarterly PDL Compliance Report Executive Summary and Detail Reports

- Quarterly Class Market Share Report
- Quarterly Year-to-Year Change in Market Share
- Quarterly Top 25 Report
- Monthly MCO Compliance Report.

The quarterly reports depict combined pharmacy utilization from both FFS and MCOs, as they are currently provided through our existing contract. In addition, we provide our Quarterly Business Review (QBR). This report has state-specific trends in utilization that are key drivers of net spend for the AMPP and contains valuable metrics for communicating within DHS how the pharmacy program is using its budget on pharmaceuticals.

Reporting Staff Resources

While the majority of information needs can be satisfied through the use of MRx Explore and our additional reporting system, occasionally an ad hoc reporting need will arise that requires additional effort and support. ***When these needs arise, MMA can draw upon the reporting expertise of our two well-established reporting teams including, our Clinical Outcomes Analytics and Research (COAR) staff and our BI Team.*** DHS will continue to have access to both COAR and BI resources and our technology team for outcome analyses, drug trend forecasting and analysis, strategic planning, and ad hoc reporting requests.

Our highly qualified COAR Department is committed to accurate and effective analysis that provides actionable information to enable decision-making. COAR is staffed by pharmacists, biostatisticians, and data reporting analysts. Our BI Team is staffed with highly qualified experienced BI professionals.

Our Arkansas Account Team will leverage the knowledge, experience, and tools of our reporting resources to assist in creating solutions for any DHS-specific reporting need that cannot be addressed using MRx Explore and our reporting systems.

Our existing Data Analyst and dedicated Senior Data and Reporting Analyst will continue to provide robust reporting services to DHS. They will continue to support the reporting and analytical needs for the AMPP and support regular and ad hoc reporting requests from DHS. The Analyst will be supported by our BI and COAR Departments and will be responsible for authoring new reports and queries to produce and deliver reporting results as requested. They will leverage the expertise and knowledge of both the BI and COAR Departments to satisfy reporting requirements.

MRx Explore's functionality includes ad hoc query tools to support conditional formatting without writing code and the ability to build complex filters graphically. With a current inventory of close to ***100 available interactive reports***, users can quickly gather information on various aspects of the AMPP by entering a few basic parameters such as date ranges when selecting any one of the many available report templates. The reports are pre-built and include actionable information and insights that enable end users from various functions to leverage many of the same reports for a variety of purposes. ***Our reporting solution is comprised of a rich catalog of calculations, attributes, and filter capabilities enabling report creators to dynamically add or modify parameters to reports.***

Data Exchange

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

MMA's data exchange and analytics platform provides public/private cloud deployment models that are secure, flexible, and scalable, powering analytics across data of any type or source to gain deeper insights and drive impactful outcomes.

MMA's dedicated Implementation and Managed Services (IMS) Team can manage and provide broad sets of data that can be utilized for analytical and reporting purposes to meet DHS requirements. In addition, through MRx Explore, we provide a PDW that houses data from the various MMA system components which can also be used for analytics and reporting purposes.

Our MRx Explore BI and on-line query tools enable users to interact with a set of data and metrics to perform analysis, conduct detail reviews, and monitor ongoing activities. This allows DHS users to effectively manage program operations and achieve positive clinical and financial outcomes. MRx Explore provides DHS with analytical and reporting capabilities enabling users to easily view drug usage and cost metrics for the AMPP.

MMA's PDW stores the data we report on. The PDW is the primary source for standard and ad hoc reporting. Through MRx Explore, authorized users can access the PDW. This centralized PDW stores data from all MMA's transactional pharmacy POS systems. MRx Explore interacts with data housed in our PDW, which ingests data from the various MMA transactional systems, including our claims processing system, FirstRx. MRx Explore then interacts with the PDW, which is refreshed each day, to provide a variety of dashboards, standard, and ad hoc reports. MRx Explore can provide DHS and its stakeholders with access to Pharmacy System information on a daily basis, updated by 10:00 a.m. every day.

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

MMA also provides large volume data through secure data interface transfers for automated data exchange, including eligibility files, transaction files, invoice/billing files, and reports, with all our customers. We have extensive experience establishing interfaces and data exchanges with our many customers' diverse systems. We have developed and maintain a secured and continuous EDI connection with and interface with the AME application systems as required.

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

For example, MRx Explore's standard reporting package includes a Utilization by Diagnosis Report that shows the drug prescription claims by diagnosis code. The user can further restrict their search on drugs by GSN (default), HIC3, HICL, HSN, NDC, Brand Name, Generic Name, or Therapeutic Class. The report does not contain personal data except the Client 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.

Summary

MMA will continue to provide DHS with a suite of services that meets the needs of the program today and is flexible enough to meet program needs into the future. If we are awarded this contract, MMA will continue to partner with DHS and its other Medicaid Enterprise contractors to successfully provide pharmacy services. Our platform is designed to continue to address the dynamic demands of your program. Our flexible and customized pharmacy POS system will promptly accommodate modifications by business analysts. Our systems are highly configurable, enabling us to make rapid adjustments in response to changing demands of program strategy and tactics, including formulary design, therapy limits, lock-in services, opioid utilization management, orphan drug costs, behavioral health programs, public health emergency-related changes, and other policy changes***. Our technological solutions are best-in-class, but what truly makes us different is our ability to create long-term, productive collaborative relationships with our customers focused on unique solutions for each state Medicaid program, ADAP, and SPAP.*** MMA leaders focus on understanding the complex challenges each state faces in building and maintaining a delivery system serving the needs of Americans living in poverty state-by-state and program-by-program.

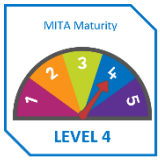
We have thoroughly reviewed the RFP requirements and understand the goals of DHS to improve the management and administration of the pharmacy benefit for clients. MMA offers DHS an approach to meeting the goals and requirements of the RFP that delivers easy-to-use tools, proven and effective Medicaid-focused solutions, and a commitment to clinical excellence, ***all delivered by a known partner who has demonstrated the ability to provide the high level of service DHS expects on a daily basis.*** In our proposal we provide a clear description of the extensive, pre-existing, proven solution MMA will continue to provide to meet the RFP goals and requirements. MMA proposes our in-place proprietary and scalable solution and a customer-oriented approach to meeting the functional and technical requirements that is collaborative, innovative, cooperative, and flexible. We will continue to support DHS' mission of protecting and enhancing the health of the people of Arkansas through better outcomes, better care, and lower costs achieved by facilitating customer access to medication in an effective and efficient manner.

As demonstrated in our proposal, ***MMA is the best partner*** to help DHS meet the vision outlined in its RFP of achieving greater efficiencies and cost-effective utilization, improving client health outcomes, and increasing fraud, waste, and abuse detection capabilities utilizing a secure, compliant, certified system. We can help Arkansas continue to modernize, streamline, and improve its administrative processes and systems to ease the administrative burden on all program stakeholders. The proposed solution we present for your review will result in reliable and cost-effective service delivery for DHS. MMA's approach to pharmacy benefit administration services will continue to deliver a combination of a***dvanced, modern, secure, and MITA-compliant technology and infrastructure, easy-to-use tools, and clinical excellence***. We will provide DHS with access to thought leaders, enhanced management of healthcare costs, and the benefit of our experience serving Medicaid customers, including Arkansas. MMA would be honored to continue our effective partnership with DHS to create innovative pharmacy solutions that benefit Arkansas' Medicaid clients and providers.

8.2.1 RFP Section 2.8.11 Solution Design, Development, and Implementation – Configuration Management - System Proposal

As the incumbent AME Pharmacy Contractor serving the State for the last decade, MMA offers a low-risk, non-disruptive implementation, consisting of new and updated scope, rather than an entirely unproven system from a new vendor that has not been configured to meet the specific needs of the AMPP. ***Our in-place, Arkansas-configured, proven technical solution*** incorporates all facets of Medicaid modernization, leveraging commercial off-the-shelf (COTS) and Cloud solutions to deliver a best-in-class, scalable, modular solution for the Arkansas Medicaid Enterprise Pharmacy Module.

MITA Compliant Today: MMA's PBA solution aligns with CMS modernization principles and adheres to CMS MITA framework version 3.0 today. MMA's solution is MITA-compliant and has been certified for 15 of our Medicaid program customers, including Arkansas Medicaid. MMA is fully aligned with the CMS Seven Conditions and Standards, and we will continue to support the State's MITA Self-Assessment activities by providing knowledgeable staff, reports, and other documentation specific to our solution as needed.



MMA has over 16 years of CMS Certification experience, having achieved ***CMS certification for all of our current Medicaid PBA customers, including the State of Arkansas.*** In support of our two most recent certifications for the Medi-Cal Rx Program and Nevada Medicaid implementations, MMA successfully engaged in the new CMS Streamlined Modular Certification (SMC) process, which streamlines the certification process and focuses on measuring the effectiveness of the pharmacy solution to support desired business processes. We have consistently achieved CMS Certification for our customers on the first attempt. ***MMA has achieved pharmacy CMS certification 100% of the time in every state where certification was requested—no other pharmacy benefit administrator brings this level of CMS certification success.***

1. Describe your plan for designing the Solution Architecture, including the set of technologies that support the solution, detail the software components, design patterns, technology infrastructure and the conceptual, logical, and physical architectures for the solution.

As shown in *Figure 8.2-10, AMPP Solution Architecture Model (SAM)*, MMA's parameter-driven, rules-based programming techniques make our technical solution flexible, and our loosely-coupled service-oriented architecture (SOA) makes it interoperable and reusable. Our FirstRx pharmacy POS system and our other systems have been designed to provide both flexibility and configurability in establishing and modifying edits and rules through on-line functions. Our applications enable business people (Benefit Configuration Specialists) to rapidly make configuration updates and system modifications to support the changing needs of Arkansas' pharmacy programs.

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. 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 client 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 Arkansas Medicaid Enterprise platforms in as close to real time as possible.

MMA's solution supports multiple web services standards, including web services, specifications, and adapters (WSDL, WS-*, SOAP, REST, UDDI, ODATA), support standard databases such as MS SQL, SQL Server, Oracle, and support integration transfer protocols such as SFTP (secure file transfer protocols), FTPS (file transfer protocol secure), HTTPS, MSMQ.

MMA's FirstRx POS system fully supports the ability to process pharmacy claims using the NCPDP standards (currently Telecommunication Standard vD.0 and Batch Standard v1.2) and provides real-time capture and adjudication of pharmacy claims. When future NCPDP standards are released, MMA will make the required modifications to ensure that we stay abreast of industry standards and look for continuous system improvements through our involvement and participation with NCPDP.

2. Describe the environments you require to complete this project and the necessary hardware, software and tools required for each required environment. This should include all environments being proposed. This description should include all hardware and software items that will be required to make each environment functional and how these will leverage/can be leveraged by other State related effort (if applicable).

The environments required for MMA to complete this project and continue serving the AMPP for the upcoming contract period, including all required hardware and software, are ***in place, functional, and fully operational today***. In this response, we describe our approach to providing these key environments.

MMA employs industry best practices for the management of key environments to support our system and to perform support unit, integration, iterative functional, system, user acceptance, performance, and operational readiness testing activities. We establish multiple environments to effectively develop, test, and deploy our solutions during all phases of SDLC development, as well as during operations and turnover phases. Our Implementation and Managed Services (IMS) Team works closely with our customers, developers, business experts, project managers, and testers to ensure the necessary computing environments are available. We support a fully functioning online test environment, which includes batch and online programs, files, and supporting systems to fully assess all changes before they are put into production.

Our industry-experienced staff uses the testing/impact analysis environments to analyze what-if scenarios and regression testing and compare results of the outcomes to anticipate and demonstrate results before exposing changes to the production environment. We will continue to provide to DHS the outcomes of any required impact analysis and regression testing for new scope implementation and will supply read-only access for DHS staff to appropriate environments and tools. We will supply staff to create and edit data to support testing efforts, including pharmacy provider, client, and reference data, among others. Test cases are saved, and refreshes are organized and executed collaboratively and transparently, with a communication plan, testing schedule, etc., to avoid overwriting data and test cases. This is true both during DDI, as well as during the O&M and Turnover phases of the contract.

MMA will synchronize the production environment and testing environments and conduct impact analysis on an appropriate cadence determined mutually with DHS. The software and data that are loaded from production into test environments are ***closely coordinated so that all environments are in sync,*** for the most meaningful and efficient system and integration testing. We also synchronize the environments following any software deployment including installation, upgrades or patches then perform testing of system configuration changes, corrections, or enhancements before implementation. These environments are configured with the same security level as production, and they are able to contain PHI and will be hardened to Production levels. Users will have role-based access, minimum necessary to do their job. All environments will be created using the same tools and concepts, including Delphix Virtual technologies and AWS infrastructure as code. All environments will have the same single code base that we use to configure our Solution for all Medicaid customers. Appropriate non-Production environments will be set up to mirror Production. In the following paragraphs, we describe the **Production, Disaster Recovery, and Testing** environments we will provide to ensure continued access, security, and integrity.

Production

MMA will provide a secure delivery environment prior to Go-Live and for the life of the contract. This is the environment we typically refer to as "Production."

Disaster Recovery

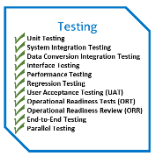
MMA's DR strategy involves the off-site back-up and replication of data and infrastructure necessary to maintain critical business services in the event that we experience a loss of our primary data site. MMA employs a two-pronged replication-based recovery environments for its applications and services:

- **Cloud-based:** Veeam is used to manage our backup and server snapshot files. Veeam's technology enables off-site backup and replication into our cloud-based AWS domain. Access to data backups is managed through a secured domain separate from MMA's main security domain. The one-way trust between the secured domain and the main domain prevents compromised systems or staff from accessing the secured domain to delete or corrupt backed-up data. To restore these systems, MMA staff can log into Veeam remotely and recover cloud-based applications into separate availability zones (or region, if necessary) within AWS and into the recovery data center applications if the replicated copy of data is compromised.
- **Physical:** On-premise network infrastructure residing on servers, computers, and hard drives are replicated to a secure off-site co-location and storage site hosted by our third-party recovery services provider SungardAS. The SungardAS site is in Philadelphia, Pennsylvania, over 800 miles from the primary data center. Depending on the requirements of the business process, replication can occur near real-time. The DR environment's location and the source infrastructure are separated by a significant physical distance to ensure that the DR environment is isolated from conditions that could impact the source site. In the event of a natural disaster or any other type of emergency that resulted in loss of system functionality and/or loss of data at our primary data site, backup tapes stored at Iron Mountain can be used to restore lost systems and data into a production environment at the SungardAS warm site recovery center. MMA has both warm-site hardware and shared backup hardware at this remote site. In the event of a disaster, recovery teams have the capability to restore Data Center operations to business-critical functions by remotely initiating the warm-site start-up using the most recent virtual tape library backups needed. In the unlikely event that remote recovery is not a viable option, teams can be dispatched to the warm site to carry out recovery efforts.

Testing

MMA will continue to provide Testing Environments where any changes are tested before moving to the Production Environments. MMA employs industry best practices for the management of key environments to support our system and to perform comprehensive testing activities. We establish multiple environments to effectively develop, test, and deploy our solutions during all phases of SDLC development, as well as during Maintenance and Operations and Turnover phases. Our Implementation and Managed Services (IMS) Team works closely with our customers, developers, business experts, project managers, and testers to ensure the necessary computing environments are available. We support a fully functioning online test environment, which includes batch and online programs, files, and supporting systems to fully assess all changes before they are put into production.

Our industry-experienced staff uses the testing/impact analysis environments to analyze what-if scenarios and compare test results of the outcomes to anticipate and demonstrate results before exposing changes to the production environment. We will provide DHS with the outcomes of the impact analysis, which will include regression testing as appropriate and supply DHS staff with read-only access to appropriate environments and tools. We will supply staff to create and edit data to support testing efforts, including pharmacy provider, client, and reference data, among others. Test cases are saved. Testing is executed collaboratively and transparently, with a communication plan, testing schedule, etc., to avoid overwriting data and test cases. This is true both during DDI, as well as during the Maintenance and Operations and Turnover phases of the contract.



MMA will synchronize the production and testing environments and conduct impact analyses on an appropriate cadence to determined mutually with DHS. The software and data that are loaded from production into test environments are closely coordinated so that all environments are in sync, for the most meaningful and efficient system and integration testing. We also synchronize the environments following any software deployment including installation, upgrades or patches then perform testing of system configuration changes, corrections, or enhancements before implementation. We operate and maintain QA testing environments that reflect parallel production environments for each of our systems. Testing environments will be documented in the Test Management Plan and aligned with RTM Computing Environments Requirements CE1 and CE5:

Unit Testing: This testing is performed to determine whether individual units of source code from our Solution are fit for use. All activities around Unit testing are performed by MMA's IT Development staff to ensure that code-level unit automation functionality is working to support the functionality outlined in the requirements. In addition, unit testing is also utilized after each software build to ascertain the source code is working as expected.

System Testing: Our testing cycle includes System Testing to assess the functionality and interoperability of the system. This test includes a test installation and configuration of our pharmacy system with a subsequent Functional Regression Test to confirm the installation's success. MMA conducts system testing to verify that specified system and contractual requirements are met. In doing so, testing strategies are created for each workstream; which will be documented in the Test Plan. Our QA teams studies each testable system requirement to determine how to test and various tests cases/scenarios such as Positive, Negative, Boundary, and Regression are developed.

Integration Testing: MMA's team conducts Integration Testing for external system impacts including systems, downstream applications and all interfaces. Integration Testing makes certain that the application is working correctly within itself and will test external system impacts including systems and downstream applications. This testing also confirms that the system meets the business requirements and is working as designed and configured. Interfaces are also tested during this category of testing to validate layouts are correct and files load correctly to the joining system.

Regression Testing: Regression Testing is conducted for each applicable system in the said QA environment to confirm that the recent repairs or changes have not adversely affected its existing features, functions, and components. Regression Testing during each testing stage will confirm that the change implemented as part of a bug fix, requirements change, or other type of change request did not inadvertently impact other functions of the application or the external interfaces that were not intended to be changed. The Regression Test Bed is reviewed to ensure that: Existing test cases are updated to test any modified functionalities and new test cases are included to test any new requirements.

User Acceptance Testing (UAT): This phase of testing confirms that the developed system meets all expectations of DHS and its eventual users. MMA ensures that the UAT environment is accessible to DHS and all DHS partners. MMA will provide DHS with a UAT environment where the State's partners can execute test cases to ensure the system meets all expectations.

Parallel Testing: This is the final step prior to implementation of any phase of the replacement system. End-users perform parallel tests to compare the output of a new application against a similar, often the original, application. This testing cycle is complete when the system is ready for promotion to production and production documentation is finalized.

Prototype Development: The MMA Infrastructure Team, together with the Application Development Teams, routinely stands up prototype development systems in a controlled environment. The prototype systems are animated off MMA's operational networks. This isolation approach prevents accidental deployment of untested methods, hardware, and software and reduces the chances of adverse results entering operational computing environments. The Prototype Testing Environment is a playground for testing new software innovations. The software changes may be needed as a result of a customer request or a new industry trend. Once the new unit is injected into the prototype development system, a full regression test of all touch point systems is conducted. The prototype proof of concept test will validate any infrastructure configuration changes required, measure full system performance, record data accuracy at all system levels, verify no

downstream effect on application logic of the static systems, and validate the operational deployment approach if the system innovation is accepted.

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

Smoke Testing: Using industry best practices to ensure stable environments, MMA utilizes smoke tests to validate environments immediately after deployment of any new code.

Stress Testing: Also referred to as performance testing, MMA conducts stress testing to verify performance and reliability. In this phase, we ensure the system meets the minimum performance service levels required by DHS in terms of query and page response times under simulated load for a number of users for multiple concurrent functions in a given period of time. We conduct the Performance Testing on a production-ready version of the system on production IT infrastructure and Production-Managed Network Services (i.e., a version that has passed all requirements validation, system, and security testing). All components of MMA's AMPP solution will be subject to stress testing. Our performance test environment mirrors the final production system specifications to accurately predict how the system will behave in the production environment. For example, this test includes operability testing that will ensure our solution is able to process the volume of pharmacy claims routinely received in a timely and efficient manner.

Time travel Capabilities: MMA will use time travel capabilities to fully ensure that critical date sensitive business rules are free of date bugs and all software is reliable. This involves conducting tests according to a defined period and comparing results or seeing possible impacts to processing.

Testing Methodology and Strategy

MMA's testing methodology is based on widely accepted best practices and QA throughout the Software Testing Life Cycle (STLC). We follow structured procedures and processes for creating applicable testing strategies, and conducting tests, in doing so, this ensure that each functional testable requirement is identified. Testing output documentation is provided (as part of our test readiness certification process) with content such as but not limited to test number, test date, test case scenario/description, functional area and/or system being tested, actual/expected results, and pass/fail status. MMA performs tests early and frequently using both manual and automated testing tools; both methods are effective to ensure the success of requirements validation during implementation. All testing activities will be led by MMA's Testing Manager. DHS can be confident that our processes, together with our comprehensive testing approach for full and rigorous testing, will result in a successful implementation.

Our testing strategy will also include an overview of the functional area to be tested, the JIRA defect management system and its artifacts, and the communication plan for sharing and receiving DHS' approval of the results. MMA affirms we are responsible for developing all test conditions including, scenarios, and scripts. Our testing strategy will be outlined in the Test Management Plan and submitted to DHS for review, comment, and approval.

Test Deliverables and Artifacts

MMA will provide and maintain the testing environments and methodology that will accommodate comprehensive coverage of the many types of testing defined in Requirement CE1:

Master Test Plan: A Master Test Plan (MTP) is created for each customer implementation. The MTP will encompass the State-developed criteria by which success or failure of each testing phase allows MMA to move onto the next testing or development phase, and the severity levels for testing.

Requirements Traceability Matrix (RTM): This document maps each and every committed business requirement to functional specifications and test cases.

Test Cases: Comprehensive test cases are written and executed for the primary POS system, FirstRx, as well as for each of the ancillary systems including rebate, reporting, web portal, and prior authorization. Test cases

include all required data elements for the system being tested and are executed during each phase of the testing process.

Test Results: The test cases are updated with results, as testing progresses. This becomes one of the final deliverables to allow the State to review all of the testing performed during the implementation.

Testing Status Meeting Minutes: The Testing Manager will communicate the testing status in the weekly testing meetings, and document them in weekly meeting minutes.

Test Reports: These reports will be used to document the overall results of a test and will recommend a course of action based on these results. The report describes the testing being done and enumerates and evaluates the results.

Defect Reports: These reports will be used to document anomalies, deficiencies, or discrepancies between expected and actual behavior, whether testing runs to completion, or ceases due to the issue that has arisen.

Defect Log: This log includes the exact steps taken, data entered, and screenshots.

Project Lessons Learned Documentation: MMA's testing strategy incorporates regular lessons learned meetings to capture and document relevant learnings to reduce organizational risk, facilitate better stakeholder resource forecasts, improve testing schedules, and lower the incidence of reactive break/fix episodes.

Test Reviews and Objectives

At each level of testing, whether the change is configuration or core code, an approval process exists to ensure that testing evidence is reviewed and approved by the State prior to promotion to the next level or environment. Separate and distinct testers are designated for all changes made to MMA's systems, ensuring that quality objectives are met.

Roles and Responsibilities

The following roles and responsibilities are involved in the testing process:

Testing Manager:

- Provides management oversight
- Creates strategy for testing
- Provides direction to testers
- Acquires appropriate resources
- Management reporting
- Evaluates effectiveness of test effort
- Test documentation sign-off authority.

QA Test Lead:

- Assesses Rx testing priorities
- Assigns testing activities
- Reports regularly to DDI Manager, Test Coordinator
- Liaison with the UAT Coordinator.

Tester, QA Team:

- Identifies, creates, prioritizes, and implements test cases
- Creates test cases
- Executes tests
- Logs results
- Recovers from errors
- Documents change requests.

Database Administration/Database Manager:

- Ensures test data (database) environment and assets are managed and maintained
- Administrator for test data (database)
- Monitors DB during performance/load testing

- Provides DB performance reports.

Business Owners/Subject Matter Experts (SMEs):

- Ensures requirements are coded and assists in resolving issues found in the system
- Assists in root cause analysis of issue
- Supports test case strategy
- Defines new test cases as needed.

Testing Preparation, Tools, and Techniques

SQL and SAS queries are used routinely by testers to pull claims samples, using specific criteria for testing specific edits, groups, coverages, etc. This enables testers to identify the types of test cases that must be created that are most highly impacted by the specified edit or functionality.

Test Automation

To test the adjudication server, the automated Regression Tool within the POS system is used. Results are documented and provided to the business owners, and approved by the State, prior to release to production. For ancillary systems and portals, Selenium is used to automate test scripts for regression testing.

Test Data, Scenarios, and Use Cases

Comprehensive test cases are written and executed for the primary POS system, FirstRx, as well as for each of the ancillary systems including rebate, reporting, web portal, and prior authorization. Test cases include all required data elements for the system being tested and are executed during each phase of the testing process. All results are documented in the test case database and mapped back to approved business requirement documentation. A final test case matrix is produced, which contains all testing documentation for the implementation project. This document will be approved by the State prior to promotion to the production environment.

Test Results and Status Reporting

Test results are documented in the test case database and mapped back to approved business requirement documentation. A final test case matrix is produced, which contains all testing documentation for the implementation project. This document will be approved by the State prior to promotion to the production environment. The Testing Manager will communicate defects in the defect tracking tool and weekly testing meetings, and document them in weekly meeting minutes. The disposition of the defects and any comments are entered into the defect management tool. Reports are created and forwarded to management. A quality review is conducted of the testing activities executed by the Test Team by the Project Management Team, and lessons learned are documented.

3. If you are proposing a COTS solution, describe how you define the terms Customization and Configuration. Describe how your COTS product of service will provide a more economical, efficient, and effective approach to service delivery and program administration than the use of a custom built or transferred IT solution.

MMA will continue to provide a technical solution for DHS that incorporates all facets of Medicaid modernization, ***leveraging commercial off-the-shelf (COTS) and Cloud solutions to deliver a best-in-class, scalable, modular solution.*** We support Arkansas with pharmacy technology that meets the unique needs of Medicaid by enabling rapid response to program changes with flexible clinical management tools and on-line claims administration. Our highly configurable and flexible platform will greatly enable the expansion of technological capabilities to other State and Federal agencies. We have built our call center and financial applications using COTS tools from industry leaders such as BMC Remedy and Oracle Financials. MMA also uses COTS tools such as Oracle Fusion, Informatica, Edifecs, PL/SQL, and Cognos to quickly develop data interfaces and to produce reports and complete other components that are instrumental in operating the system. Our solution is designed at the core to allow COTS products to be easily integrated and continually upgraded via scheduled releases.

MMA's parameter-driven, rules-based programming techniques make our technical solution flexible, and our loosely-coupled SOA makes it interoperable and reusable. Our pharmacy POS system, FirstRx, and our other systems have been designed to provide both flexibility and configurability in establishing and modifying edits and rules through on-line functions. Our applications enable businesspeople to rapidly make configuration updates and system modifications to support the changing needs of our customers' pharmacy programs. The components of the COTS Middleware Suite, Oracle Fusion, allow the MMA Pharmacy Enterprise to be interoperable by exposing web services in a secure fashion to both internal and external consumers and which supports higher levels of MITA maturity.

The MMA application platform is built using open architecture and data standards. Our Business Services, Technical Services, Web Services, Portal, Enterprise Service Bus, Data integration, Electronic Data Interchange (EDI), Data Services, Application Databases, Operational Data Stores (ODS), and Pharmacy Data Warehouse (PDW) provide a complete interoperable solution. ***Our solution is both flexible and scalable to seamlessly integrate via web services and batch interfaces with State systems and technical environments of all trading partners, thus promoting a higher MITA Maturity Level for the AME through the use of SOA and industry standards for data formats.*** MMA uses industry-standard LAN and WAN hardware to support robust network connectivity between key platforms and external partners. Cisco and Check Point firewalls are examples of key infrastructure solutions utilized to support a fully redundant, reliable, and highly available network platform for support of our applications. All MMA front-end, database, middleware, and communications software is currently developed and implemented using industry standards and is in place, fully functional, and compatible with the State's computing environment.

Customization

MMA purposefully designs our systems to be flexible, data-driven, and rules-based. The purpose is that doing so lowers cost and risk for our state partners by minimizing, and the need for custom programming in order to support the details of each state's unique program. The MMA solution suite offers the ability to configure the complexity of multiple benefit plans as well as prior authorization rules, including Auto Prior Authorization rules, via a graphical user interface which can be completely operated by non-technical personnel. This allows our state partners to realize a low-cost, rapid response to program changes which ultimately benefits the program membership.

Configuration

MMA makes quarterly enhancements to our solution in response to evolving business, regulatory, and technological developments in the marketplace. Because FirstRx is built on a single code base development platform, we are able to easily deploy and manage these system enhancements across our entire customer base simultaneously. Our Pharmacy Solution is a COTS, single version of software that provides stability and a risk-mitigated Software Development Lifecycle (SDLC). As changes to the software are deployed, our customers can leverage these new capabilities at their option (with the exception of industry-mandated changes, e.g., NCPDP). This aspect of our solution is aligned with the MITA 3.0 Leverage Condition because it promotes sharing, leverage, and reuse of healthcare technologies and systems within and among our state Medicaid customers, furthering the MITA maturity of the states we serve. As enhancements are approved by DHS throughout the new contract period, MMA will continue to use the procedures that are currently in place to plan for, test, and deploy updates and patches to our Original Equipment Manufacturer (OEM) hardware, middleware, and COTS software. Our procedures include a Communication Plan to ensure all affected parties are made aware of any downtime that may be necessitated by the deployment, as well as procedures to back out of any updates should an issue arise that is of sufficient severity to warrant such an action. These activities will be conducted according to the maintenance plan we establish.

4. Describe how you intend to maintain physical and logical security of the solution and its implementation relative to the services it provides.

MMA provides a proven, scalable, proprietary AME pharmacy solution, delivered as SaaS and securely running on shared hardware hosted in the FedRAMP Certified East/West region of AWS. Our FirstRx, FirstCI, and rebate solutions are hosted through AWS. To meet DHS's requirements for the security and privacy implications of shared data, MMA ensures our Data Center meets security and privacy requirements including, but not limited to, MARS-E 2.0, SSAE18 SOC 1, HITECH requirements, and HIPAA requirements.

Secure Hosting

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

- Use FedRAMP certified Cloud Services
- Utilize SSAE-18-TYPE I/SOC2 TYPE II certified Cloud Services
- HITRUST
- NIST 800-53 mod4
- HIPAA/HITECH.

MMA will provide secure hosting of our solution and all components in a way that reflects performance, security and data retention expectations as described in the RFP. Our hosting approach allows for scalability through virtualization to reduce costs and maintenance. MMA's mature and MITA-enabled architecture complies with the applicable infrastructure architecture standards for performance, security, and data retention described in the RFP. Our proven Pharmacy Solution is fully ESB-compatible, which allows a centralized software component to perform integrations between applications. Healthcare service providers around the world are using Cloud (e.g., Software as a Service—SaaS, Platform as a Service—PaaS, Infrastructure as a Service—IaaS) to deliver improved service to their customers.

Arkansas and our other Medicaid agency customers benefit from a faster turnaround time, quicker DR, and enhanced reporting. Cloud services reduce the time and effort required to run existing workloads, provide access to powerful new analytical capabilities; include robust recovery capabilities; and meet security and privacy requirements. The innovative tools and the hardware/software that are proposed to support the MMA Pharmacy System and services solution are all based on scalable technologies that can expand based on the need to accommodate additional volume. Our ***modern, virtualized infrastructure*** provides the same IT capabilities with software that legacy architectures provided with traditional physical resources, and virtualization means that MMA can allocate our virtual resources quickly and across multiple systems, based on the varying needs of the AME. MMA's systems are deployed on application server clusters consisting of two or more servers. As the need arises for additional computing power, additional servers can be added to each cluster to accommodate for growth.

We have sufficient monitoring capabilities and change management process controls to ensure the resources available are sized appropriately to meet the data processing needs. For example, for MMA's FirstRx POS system, the load balancer distributes work across the cluster of FirstRx nodes. As load increases, multiple Distributors and Transaction Engines will be activated so claims can be balanced among them by the node's distributor. The compute layer is supported by the data layer consisting of an Oracle Cluster allowing the concurrent processing of data. This architecture gives FirstRx the ability to achieve massive scale.

We are experts in capacity planning and our procedures for monitoring our performance center on resource utilization hitting a predetermined threshold, or benchmark, for provisioning additional computing and storage resources. Capacity planning procedures center on resource utilization hitting a predetermined threshold, or benchmark, for activating additional hardware. Additional capacity on-demand resources are purchased with each system, allowing for processor, memory, and disk activation without downtime. Reporting and analysis are completed on a weekly basis, during project implementations, and during times of business growth and acquisitions to ensure MMA's data processing environments meet the current and future DHS needs.

Secure Outer Perimeter

A combination of virtual and physical environments is maintained and utilized throughout MMA's technology landscape. Our data centers employ high-availability (HA) firewalls, both to the Internet and to the secured business partner networks. MMA's network infrastructure

consists of a demilitarized zone (DMZ) network for externally facing applications. A combination of Palo Alto Firewalls, F5 Load Balancers, F5 Web Application Firewalls and AWS Application Firewalls are utilized internally and at the perimeter to ensure external and internal traffic is routed to the appropriate locations and to prevent unauthorized access attempts. External communications are encrypted using Palo Alto Global Protect virtual private networking (VPN) technology. Remote users are required to authenticate to the network via an encrypted VPN requiring multi-factor authentication (MFA).

Data Encryption

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 is delivered through our storage area networks via EMC's unique VMAX 40k engine model with built-in, hardware-based data encryption. These modules encrypt and decrypt data as it is being written to or read from disk, thus protecting information from unauthorized access even when disk drives are removed from the system. MMA ensures all solution components that are accessible from the public Internet (e.g., websites) meet the site's privacy policy and terms of service available prior to authentication. We incorporate the Transport Layer Security (TLS) protocol for all Internet-facing websites.

Any protected **data or information in transit** to sources external to the PBMS is encrypted. Data owners and classifications have been established to better ensure accountability and security is based on the sensitivity of that data as denoted within MMA's Information Classification Policy. Additionally, MMA applies the principle of Minimum Necessary to ensure that only the minimum amount of data is collected to carry out the functions of the Pharmacy Benefit Management System. The principle of Least Privilege is also in place to ensure that access to the data is restricted to personnel with a justified business need.

Background Checks

Access to government information will be limited to only those MMA employees and contractors who have been authorized for access to perform the required services to support the AMPP and DHS. MMA performs background screenings prior to onboarding. We will supply written documentation of favorable background checks, at the expense of MMA for MMA personnel who might reasonably be expected to access sensitive and confidential client data contained in any system accessed during the course of the Contract. MMA has documented policies and procedures in place to ensure the proper handling, use, and disclosure of our customers' PHI and confidential information while administering pharmacy benefits and providing an appropriate level of customer service.

Our written policies and procedures address the use of any PHI and meet all applicable Federal and State requirements, including HIPAA, U.S. Department of Health and Human Services, American Recovery and Reinvestment Act (ARRA), and Health Information Technology for Economic and Clinical Health (HITECH) requirements. Our policies and procedures include restricted role-based access to all MMA systems and applications, and end-to-end procedures required for the privacy, protection, and processing of transactions required by our customer contracts.

Role-based Access

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 DHS 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. The Identity & Access Management (IAM) Team provides the operations, engineering, and delivery of IAM solutions. IAM services include Roles Based Access Controls (RBAC), user access reviews, centralized HR and access integrations, privileged access management, federation, authentication services, Single Sign-On 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 clients 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.

User Roles are defined by the Consuming Application. Each MMA application determines which functions and data elements are available to each authorized User Role and assumes ownership for implementing the functions and permissions of each User Role within the application. MMA will continue to partner with designated DHS staff to determine provisions of access through assignation of User Roles, which are managed by our IAM Team. Each User Role determines which functions and data elements are available to AMPP staff within each application, and MMA assumes responsibility for implementing the functions and permissions of each User Role within the application. Assigned User Role(s) are communicated using Group claim attributes that indicate a user's membership in a group or role per standard protocols for claims-aware authorizations, which control access to our applications. Through SSO functionality, the State has the capability to add designated users to specific user groups based on defined roles for their user community, established collaboratively with MMA subject matter experts. The concept of least privilege and assignment of different credentials based on job role or function has been used while designing the IAM policies for the MMA AWS environments.

MMA's solution supports multi-factor authentication (MFA) for user login. MFA is also a component of MMA's compliance with NIST standards. MMA is compliant with the NIST SP 800-53 Rev. 4 Moderate Control Baseline. This standard requires MFA, including unique user login/password credentials and a second form of authentication (e.g., text, telephone call, email). MMA uses Okta and Microsoft Identity, our identity management tools, to provide both single sign-on and MFA for user sign-on activity. MFA provides another layer of security in addition to login credentials. With MFA in place, a user's identity is verified in multiple steps using different methods, such as identification through a registered device.

Secure Environments and Required Software Patches

MMA will ensure that all environments are secure and ensure software patches are done in a timely manner. MMA will maintain all hardware and software products required to support our solution, including timely and secure patches, fixes, upgrades, and releases for all software, firmware, and operating systems. Security patches will be deployed at the most current level after thorough testing. Software patches affecting DHS and integrated/ interfaced entities will follow client notification procedures.

Vulnerability Assessment and Penetration Testing

MMA has a Vulnerability Management team responsible for assessing security vulnerabilities for risk, ensuring all systems are scanned on a continual basis, assigning all identified vulnerabilities to appropriate support teams for remediation, and ensuring that remediation is completed within the defined SLAs. MMA employs Qualys and Prisma Cloud to perform continuous vulnerability management. We use Qualys and OWASP ZAP to dynamically scan against internally developed web-facing applications to identify potential security threats prior to go-live. MMA routinely conducts security assessments and vulnerability testing and mitigates any issues or risks found in a timely manner. MMA uses industry-standard testing tool sets and engages third-party, independent agencies to verify security infrastructure. Our Security Department conducts network vulnerability assessments with industry-standard tools. Our Security Department contracts with external entities to conduct an impartial third-party review on at least an annual basis.

Third-party Cybersecurity Assessment

HITRUST MMA is certified through the HITRUST CSF Assurance Program, which incorporates the NIST Cybersecurity Framework and establishes a certification mechanism as an effective and efficient approach for reporting cybersecurity posture, leveraging the NIST Cybersecurity categorization.

8.2.2 RFP Section 2.8.22 Solution Design, Development, and Implementation: System Requirements Validation

1. Describe your plan for capturing and validating all System Requirements.

As the incumbent AME Pharmacy Contractor, MMA's solution is currently in-place and supporting DHS today, and therefore ***our Design, Development, and Implementation (DDI) approach to System Requirements Validation will focus on implementing additional system functionalities required under the new Contract, which will minimize disruption to the State, its stakeholders, and clients as well as lower overall DDI costs, time frames, and risk***. We will also work with the State to review and validate system requirements for existing functionalities and documentation to identify any gaps or enhancements that need to be addressed, as well as plan to upgrade the existing systems to reflect the most recent software versions, where applicable. We will leverage our existing in-place solution to support a low-risk seamless implementation period to update systems, functionalities, and documentation to meet the expectations and requirements for the new Contract, while ensuring continuity of services and no disruption to clients, pharmacy providers, and DHS. Our nine years of experience working with the AMPP, coupled with our established relationships with DHS and its stakeholders and other Vendors, will allow us to continue providing our high-quality Medicaid Pharmacy services to the State, while efficiently and effectively implementing the additional RFP-required functionality.

Steve Roehr, MBA, PMP, will be responsible for working with DHS and MMA's Account and DDI Teams to coordinate all DDI activities, including Requirements Review and Validation sessions. Mr. Roehr will be responsible for scheduling and provisioning resources to accomplish the DDI phase, identifying and mitigating project risks associated with DDI activities, ensuring that DDI milestones are achieved in accordance with the approved schedule, reporting DDI status, and participating in configuration control activities.

During the Project Planning Phase of the new Contract, Mr. Roehr will lead DHS and MMA Account and DDI Teams through Requirements Review and Validation meetings to validate our understanding of all DHS requirements and needs. This includes reviewing current in place solutions and is a key component of the project kick-off. We begin requirements capture and validation as soon as possible after the contract effective date to ensure that we can meet the required timeline for final approval of the Project Work Plan and other project documentation by DHS. MMA's processes for eliciting, capturing, and validating all system requirements include the following:

- Identify, engage, and include the relevant stakeholders
- Review and validate initial requirements with DHS to ensure the requirements clearly capture what was intended and that all stakeholders have a common understanding of each of them
- Document stakeholder sign-off on individual requirements as they are validated
- Analyze, capture, and categorize requirements
- Define and document requirements
- Prioritize requirements according to key project deadlines
- Submit final requirements to DHS for discussion and approval
- Develop a Requirements Traceability Matrix (RTM) to trace requirements to work items
- Conduct test management activities to verify and validate system requirements
- Identify system changes needed and assess impact of changes
- Revise requirements to reflect needed system changes
- Document identified system changes in the State RADs and RTM documents and load updates into the State's enterprise Requirements Management tool.

Following the Requirements Review and Validation meetings, Mr. Roehr will lead the process of working with DHS to develop a Requirements Validation Document (RVD) describing how our system meets the RFP requirements and CMS requirements. This document will also describe how the RVD serves as the medium used for transforming the business-oriented Business Design Document into the technical-oriented Detailed System Design (DSD). The RVD will include all elements outlined in the RSV deliverable requirement in the RFP, including crosswalks or maps of each requirement to a module/area, an overview of the system architecture and how components are integrated to meet RFP requirements, a general narrative description of the modular system, and a crosswalk and description of all technical and administrative requirements. As needed on an ongoing basis, MMA will update the RVD with any agreed upon changes and load updates into the State's enterprise Requirements Management tool.

2. Describe how you intend to ensure that all requirements map accurately to technical components of the system, and to appropriate test cases to ensure requirements are implemented accurately.

As the incumbent AME Pharmacy Contractor, our Arkansas Account Team currently works closely with DHS and stakeholder staff to conduct requirements management by updating and maintain the current AMPP requirements analysis documents (RADs) and Internal Control Documents (ICDs) used by the State for the existing Contract. During the Project Planning Phase of the new Contract implementation, we will work with DHS to align our existing requirements management approach to meet to the new Contract requirements.

MMA's requirements management approach is integrated into an overarching implementation approach, and applied alongside of our project management and SDLC approaches throughout the implementation and operations and maintenance project phases. As these approaches are applied parallel to one another, they are collectively supported by a closely integrated structure of processes, tools, and documentation that aligns closely with DHS DDI requirements for the AMPP. The DDI Team will work with our cross-functional team Key Staff and executive leadership to apply these approaches in a coordinated, streamlined effort.

Our requirements management processes include a process for logging and maintaining project records, including requirements, risks, issues, decisions, action items and change requests, that enable the tracing of original deliverables through agreed-upon changes to completion. During the requirements review and validation process, DDI staff documents business and technical requirements and associates them with parent contract requirements. When applicable, contract requirements can be tied to the corresponding functional contract requirement from the scope of work, creating a traceability from the contract to the functional level. MMA Business Analysts work to ensure that solutions and services required to meet each requirement, as well as the artifacts that demonstrate how MMA meets the requirement, are clearly documented.

During the Project Planning and DDI project phases, MMA will develop a Requirements Management Plan (RMP) that describes the process and roles and responsibilities for documenting, baselining, validation, review, management, tracking, testing, and control of the project's technical and functional requirements, from the initial baseline set of requirements through project implementation. The plan will detail how the MMA will use the State's enterprise tools to manage changes to the Requirements Traceability Matrix (RTM) throughout the lifecycle of the project to ensure all requirements have been developed and are met. This plan will also describe how requirements will be mapped to design documentation containing the descriptions of technical components, as well as test case mapping. If requested by the State, we will also continue updating the RADs and ICDs, and will document these processes in the RMP as well.

3. Describe how you intend to communicate conduct requirements validation sessions to ensure that State resources and SMEs are able to prepare for and attend these sessions.

In preparation for the requirements validation sessions, the DDI Manager will work with DHS staff and stakeholders to:

- Schedule meetings based on functional topic and identifying the correct SMEs and decision makers for each topic to ensure that topics are not repeated across workstreams
- Coordinate and communicate with stakeholders to schedule requirements validation sessions according to their availability and within project time frames identified in the project schedule
- Ensure all participants have clear instructions for when, where, and how to attend the sessions
- Follow all State-mandated procedures for booking conference rooms and other necessary state resources to support the meetings

- Develop meeting agendas and materials and ensure that all participants receive agendas and materials to review in preparation for the sessions.

8.2.3 RFP Section 2.8.24 Solution Design, Development, and Implementation: Design and Development

As the incumbent AME Pharmacy Contractor, MMA's solution is currently in-place and supporting AMPP today, and design and development approach will focus on implementing additional system functionalities required under the new Contract, which will minimize disruption to the State, its stakeholders, and clients as well as lower overall DDI costs, timeframes, and risk.

MMA will continue the successful operation of pharmacy services under the new AME Pharmacy Contract with no interruption of services to clients, providers, DHS, or other stakeholders. A majority of services outlined in the RFP are already in place and supporting the State today**.** ***As the currently AME Pharmacy Contractor, MMA is the only Contractor who can provide DHS with the Medicaid pharmacy functionality and services on Day One of the Contract.***

MMA will continue the successful operation of our existing Pharmacy Solution scope under the new AME Pharmacy Contract with no interruption of services to clients, providers, DHS, or other stakeholders, while building on what we have learned through working with the State to implement the following new enhancements to our current scope of work:

MRx Decide and ePA Functionality: MMA will implement MRx Decide, our configurable, business rules-driven clinical decision module. MRx Decide is a custom knowledge base that serves as the dynamic core of our integrated PA process. MRx Decide is incorporated seamlessly into the FirstTrax call tracking and PA management system, providing access to the client's eligibility, claims, and previous PA history necessary for adjudicating any PA request. MRx Decide supports the ability to provide electronic PA capabilities with our ePA application. ePA-requested PAs are directly integrated into MRx Decide which allows the prescriber direct access to answer the clinical criteria questions, reducing client wait time and improving both quality and efficiency. In order to maximize the capabilities of MRx Decide, we will also enhance our FirstRx Formulary Management Tool (FMT), which enables the configuration of MRx Decide based on more robust formulary indicator data that allows the creation of rules that are easier to maintain and will auto update when changes are made to the formulary (for example, when a drug is moved from non-preferred to preferred, updated indicators will auto populate in MRx Decide, eliminating manual work and increasing efficiency).

Development of an MMA JIRA to DHS JIRA Connection: MMA will work with the State to development a secure connection between our JIRA application and the State's JIRA application, to facilitate more seamless coordination and communication around defect management.

Physician Administered Drugs (PADs): MMA will implement a process for providing PAD monographs for medical claims, as well as for reviewing the PAs associated with PADs and assist in any appeals. We will provide support for managing PADs on the PDL and provide support during the DUR Board meetings with therapeutic class reviews, at a minimum. We have created a J-Code-NDC crosswalk, which includes appropriate Conversion Factors, as part of the PAD PA process. Our proprietary J-Code Crosswalk File is enhanced, based on our experience and through interactions with State customers and other stakeholders. This dynamic file is continually updated to reflect changes in the pharmaceutical environment. This file includes HCPCS codes and appropriate NDC combinations, the HCPCS dosage unit, and the conversion factor to NDC units. Our proven, robust PA functionality for PADs considers the complicated PAs that are required for these drug/claim types, including intricate dosing, interval, and duration criteria. Also, on an ongoing basis MMA will perform comprehensive reviews of the PAs for PADs and will collaborate with the State on the continual improvement of the efficiency and effectiveness of this claim/data type. MMA remains abreast of the Medicaid conversations about the ongoing, fast evolution of the management of PADs. In order to implement this functionality, MMA will:

- Work with DHS and the current PAD vendor to obtain PA history data, convert it, and load it into FirstTrax, our proprietary PA and contact management system
- Develop required reporting
- Develop guidelines and Help Desk processes

- Configure PA requests to be received by the Help Desk primarily via fax, Web Portal, email, telephone.

Although we anticipate minimal development will be required to implement these additional functionalities, we have outlined our proposed methodology to be used for any aspects of our solution that do require design or development in the following section.

1. Fully describe your proposed approach to design and develop the solution. Please include, in your description, the project documentation you propose to create with and for the State and its PMO, any expectation or need you have for State support or resources, a description of what you believe will be an effective approach to validating the requirements and developing detailed designs (e.g., JAD sessions, usability studies, managing policy changes), and how business requirements are translated into solution architecture.

MMA is committed to the intelligent application of industry-standard software development methodologies and will employ these methodologies for any new functionalities or enhancements that are required to update our in-place solution to comply with the new Arkansas Pharmacy Contract. MMA's application architecture provides a modular, flexible approach through the use of open industry-standard interfaces and exposed Application Programming Interfaces (APIs). All development affecting the hardware and software components of our services, both coding and new configuration, follows our System Development Life Cycle (SDLC). As the incumbent AME Pharmacy Contractor, we utilized our best practice, industry standard SDLC to design and develop the solution that is currently in-place, first with our POS solution that went live in 2014, and then with our PDL solution that went live in 2016. Since Go-Live, we have used the SDLC to implement upgrades and enhancements to our solution, such as when we converted to our new telephone application, Genesys. We will continue to employ our SDLC under the new Contract to support the implementation of any additional functionalities and enhancements required under the new Contract.

MMA's Established SDLC

All State-approved task orders, change controls, and identified Gap closure recommendations for project component software and services will be executed in accordance with the SDLC process. MMA follows a unidirectional SDLC for all our applications. Each solution is developed in a development environment, then promoted to a staging environment for testing, then promoted to the production environment for use. This ensures each environment is properly updated as changes are made. All development, maintenance, upgrades, repairs, etc., follow procedures outlined in our Software/Hardware/Data Change Management Policy.

We execute projects in distinct phases, each having specific activities and deliverables and following a formal, customized work plan that controls every step. Even minor changes to our systems follow the procedures outlined in our policy. This allows us the ability to track all aspects of the work for systems management and budgeting. Following are the high-level steps of the SDLC for updates and implementation of changes:

- Review all related documentation to the change
- Research and certification of compatibility of change
- Research and verification of microcode compatibility for change
- Verification of adequate system resources (i.e., memory, processor, disk space, etc.)
- Creation of a detailed project plan outlining actions required before the change, steps to complete the change, testing of applications, and a rollback plan
- Schedule the change in coordination with the Business Units and Developers to minimize the impact to the business. Once an adequate date and time has been determined, publish in Change Management
- Code change in Development and promote change to Staging environment
- Test change in Staging environment and approve changes or send back to Development
- Original code saved prior to change
- Promote change to Production environment.

Full backups of the system are done prior to any upgrade process to ensure a successful back out in the event that the upgrade is not successful.

ITIL-Aligned Approach

We follow IT Infrastructure Library (ITIL) best practices as the preferred method for ensuring effective communication between the technical and operational groups involved in software program changes and code promotion. Many individuals throughout our organization are certified ITIL®v4 professionals, and they apply these concepts in facilitating effective communication between the technical and operational groups involved in software program changes and code promotion. Our software change control processes are supported by an internal-facing Change Advisory Board (CAB) comprised of cross-functional MMA staff who evaluate changes or business needs, priorities, cost/benefits, and potential effects to other systems or processes. The CAB was established to mitigate the various risks associated with system change by having a wide range of technical and business representatives review and assess the impacts of changes to their respective systems and operational processes. The CAB makes recommendations for implementation, further analysis, deferment, or cancellation.

In combination, the SDLC and ITIL sets of practices aid MMA in ensuring that all changes are:

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

Project Documentation

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

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

Expectation for State Support/Resources

MMA anticipates that State support and resources needed to support the development and design of any new functionalities or enhancements to include:

- Review and approve design documents, test plans, and test results
- DHS IT and pharmacy SMEs to answer clarifying questions and to review, provide feedback on, and approve design documents
- DHS IT and pharmacy SMEs to attend meetings as needed
- Collaboration of the State Testing Team that performs and manages the DHS UAT process with MMA DDI, IT, and QA Testing Staff.

Effective Approach to Validating the Requirements

As discussed above, MMA is the incumbent AME Pharmacy Contractor with an in-place solution and therefore we do not anticipate needing to develop detailed system designs. We will conduct Requirements Review and Validation meetings to validate our understanding of all DHS requirements and needs and develop Requirements Specifications Documentation to outline any new or enhanced functionalities required under the new Contract. Our Requirements Review and Validation meetings are the proven, industry-standard approach we took to implement the existing Arkansas Pharmacy Contract on-time and the same approach we use to implement Medicaid Pharmacy solutions for all of our government customers.

Translating Business Requirements Into Solution Architecture

Once we have captured, validated, and documented all business requirements for the new Contract, MMA will configure AMPP's existing, dedicated instance of our base solution to develop enhancements that meet the unique needs of DHS. The solution architecture that comprises MMA's base solution has been designed to support State Medicaid programs through our focus on the MITA's Seven Conditions and Standards. MMA's application architecture provides a modular, flexible approach through the use of open industry-standard interfaces and exposed Application Programming Interfaces (APIs).

MMA will utilize a blend of agile methods and waterfall processes to work iteratively with DHS experts in order to transform the approved requirements into the benefit configuration plans, claims adjudication rules, and related criteria necessary to administer this program. This CMS-certified and MITA-mature system is HIPAA-, HITECH-, NCPDP-, and ASA-compliant for claim transactions, code sets, and data exchanges. MMA's FirstRx POS solution will provide DHS with an agile, highly configurable system. The flexibility of FirstRx is demonstrated by the fact that ***98% of change requests are met through configuration and deployed by a business analyst (and not a software developer)***. This combination of skilled Account and DDI teams that are already familiar the unique needs of AMPP and a flexible architecture allow us to accurately set up our solution tuned to the DHS requirements. The components of our solution that will support AMPP are documented in our Solution Architecture Model (SAM), which is included in proposal *Section 8.2.1 RFP Section 2.8.11 Solution Design, Development, and Implementation – Configuration Management – System Proposal*.

A. If your approach is a Waterfall approach, what are the proposed steps?

MMA utilizes a hybrid implementation methodology that combines the best practices of traditional, Waterfall and Agile principles, allowing us to successfully manage and implement the kinds of large, complex scopes of work typical of a state government pharmacy program within short timeframes, while still meeting the expectations for formal, staged deliverables and milestones that comprise the structure of most government contracting vehicles. The client-facing project support structure follows a waterfall-based SDLC oversight process. Our team works closely with DHS to understand the documentation needs and specific expectations for deliverable documents and creating traceability matrices that map business and technical requirements to functional specifications and through to delivery mechanisms. Deliverable documents will include pertinent technical details including, at minimum, the environment configuration, code migration and deployment processes and, wherever possible, will make use of our standardized templates that map to industry-recognized methodologies and best practices. Our flexible hybrid approach to the SDLC involves steps to analyze, design, construct, test and validate, and implement our applications where the technical teams working to complete each phase incorporate agile principles into the organization, scheduling, and execution of each step. This hybrid approach is based on proven, repeatable processes and a focus on continued improvement.

B. If your approach is an Agile approach, what are the proposed steps, how long is each sprint, and how do you propose to deal with the backlog?

Our hybrid implementation methodology includes aspects of Agile development to support key development efforts. This process allows changes to occur in a project to better meet the business driver needs. MMA utilizes various industry standard tools for the management of backlogs and the organization and scheduling of the work, such as JIRA and Greenhopper, which are Atlassian products for defect management and agile management. We use these tools to support our Scrum and Virtual Scrum processes for fluid exchange of information quickly and efficiently between members of the internal teams - the developers and their respective business and QA partners. MMA captures requirements through use Cases and storyboards to ensure we capture the business flow and needs. The system is flexible in that we can allow various ranges of complexity through our process since the requirements can range from a plain business statement of need to user story style of use cases. Use cases are organized into development and testing sprints that typically last for two weeks each. Client-facing documentation and test results are then organized into more structured, waterfall-friendly formats to comply with contractual deliverable requirements. Because the work is performed in incremental sprints, individual test results and other documentation can be delivered incrementally to expedite review, though the approval processes typically follows a more waterfall-based approach once the work is complete.

2. Describe your expectations for state staffing of the project, including both business and technical staff. Include detail for both full-time and part-time expectations and identify the key points where State participation is critical to success. If you are proposing an Agile solution delivery methodology, describe staffing requirements for State Product Owners (s), including where they are Responsible or Accountable for review or approval activities within Sprints or Iterations. Similarly, if you are proposing a Scaled Agile framework, describe the key points where State Product Owners (POs), stakeholders, or key executives are required to provide approvals of the that features have been developed.

MMA is not proposing an Agile solution delivery methodology; we are proposing a hybrid approach that supports a Waterfall-based structure for all client-facing tasks and deliverables, as discussed above. Specific activities for which DHS staff participation will be critical to success include weekly status meetings, requirements validation sessions, reviewing and approving contract deliverables including test results, participation in training sessions conducted by MMA, and participation in operational readiness demonstrations prior to Go-Live.

In addition, we will need the appropriate DHS representatives and SMEs who have the knowledge, as well as the ability, to:

- Define and refine new and existing AMPP requirements in conjunction with MMA experts
- Review and approve documents, test plans, and test results
- Approve and/or accept the output or document.

DHS SMEs noted below will be needed during implementation as requirements are defined and clarified, documentation delivered and reviewed, and the services and solutions are tested and transitioned to operations.

- DHS pharmacy SMEs to answer clarifying questions and to review, provide feedback on, and approve deliverables.
- DHS pharmacy SMEs to attend bi-weekly progress meetings.

Based upon DHS direction and structure, we also anticipate the following type of resources will be needed:

- Project Management – Member(s) of the State PMO office to partner with the MMA DDI Manager to ensure clear project status, resourcing, etc.
- Testing – Team that performs and manages the DHS UAT process.
- State Vendors and data interface experts – Any entity with whom we will exchange data, will need to be available to accomplish data conversions as well as build and test production interfaces for any new interfaces that are needed.

We will work with DHS during the Project Planning phase to mutually agree on and assign tasks in the project work plan, based on implementation needs as well as DHS' team structure, skill sets, and workloads.

3. Describe how you will work with the state to design and develop a solution that reflects the desired future state of the Pharmacy system. Include how you will ensure the solution supports modularity, is based on user experience and user design principles, addresses the needs of users and other stakeholders, and provides the efficient, economical, and effective administration of DHS programs.

MMA's in-place solution that is supporting DHS today has been designed to reflect the desired future state of the Medicaid Pharmacy System, and incorporates all facets of CMS Medicaid modernization, leveraging COTS and Cloud solutions to deliver a best-in-class scalable, modular solution. Comprised of loosely coupled modules with open, documented interfaces that rely on configuration, rather than customization, our solution offers state Medicaid customers the flexibility to adopt new features as they become available and adapt to the ever-changing healthcare landscape economically. Each module within our solution addresses a specific business function and meets CMS' defined criteria of a module as a packaged, functional business process or set of processes implemented through software, data, and interoperable interfaces. MMA's solution is an agile, highly configurable system, as demonstrated by the fact that ***98% of change requests are met through configuration and deployed by a business analyst (and not a software developer)***. Under the existing AME Pharmacy Contract, this has enabled us to effectively manage the complexity of the State's POS edits and audits. These are already configured and operating for AMPP today, demonstrating our ability to work with

DHS to support highly complex configurations. Under the new Contract, we will continue working with the State to continue refining these configurations to meet the State's needs. By building upon our existing in-place solution that is already configured to meet State requirements, we offer DHS the lowest risk option that will maximize staff time and make more effective use of State resources than if a new solution was to be implemented from the ground up by a new Contractor.

MMA will support the State through our focus on the Seven Conditions and Standards. ***MMA's application architecture provides a modular, flexible approach through the use of open industry-standard interfaces and exposed Application Programming Interfaces (APIs).*** All development, both coding and new configuration follows our System Development Life Cycle (SDLC). The SDLC includes multiple testing phases to ensure efficiency of process, communication with the enterprise, and mitigation of risks.

MMA uses leading technologies as the foundation of our solution, enabling us to continuously evolve our maturity and alignment to MITA principles, including a commitment to deliver SOA components wherever possible and practical. We leverage a strong and industry-leading infrastructure, with widespread use of enterprise class technology such as Linux, Aurora, and RedShift in Amazon Web Services (AWS), coupled with Java technologies, all of which provide state-of-the art, user-friendly solutions with continued emphasis on ease of deployment and interoperability.

Our guiding technical principles promote availability, efficiency through reusability, reduced development time, and improved cost-effectiveness, enabling us to extend these cost savings benefits to our entire portfolio of customers. On top of our connectivity and infrastructure layer, we have built a robust application environment designed to take advantage of the speed, availability, and redundancy that our connectivity architecture enables.

To ensure our solution evolves to meet emerging best practices, MMA closely monitors the developments, changes, and evolution of external architecture requirements by State and Federal regulations, rules, and guidelines. We proactively plan our systems architecture changes to meet changing requirements and ensure that our solution remains current as new future states are introduced by CMS and other government agencies. Through participation in industry groups such as the Private Sector Technology Group, NCPDP and our engagement with national conferences such as the Medicaid Enterprise Systems Conference (MESC) and State Healthcare Information Technology Connect, we work to be a part of the positive enhancements being made to both MITA and to the CMS Certification Program.

The knowledge of MMA's staff, combined with the flexibility of our MITA-aligned, SOA-based platform, as well as over 39 years of experience providing pharmacy benefit administration services, enables us to successfully deliver pharmacy services that have been tailored specifically to the requirements of the AMPP. Having provided services to Medicaid programs for more than four decades, MMA has continuously demonstrated our extensive capabilities and our commitment to not only comply with, but often exceed, guidelines or current standards. In addition, we have also demonstrated our flexibility in adjusting to a rapidly changing and evolving set of regulations.

Often MMA has been the first in the Medicaid space to comply with new State and Federal mandates and standards, as well as to create road maps that align with MITA requirements to support our state government customers' goals for increased MITA maturity. The MMA system architecture supports functionality for the broadest user base and ensures each of our customers has access to this re-usable architecture as a building block for meeting current and future business needs.

Finally, we are actively engaged in CMS' certification SMC process, and have recently achieved certification for two of our customers through this process. ***This demonstrates that our existing in-place solution reflects CMS' desired future state today***.

Solution Based on User Experience and Design Principles

MMA's existing in-place solution has been designed, tested, and refined to ensure optimal user experience and design. Users of our systems experience efficient navigation through the ability to move forward and backward as necessary. Our user interface, developed using the React framework, provides intuitive navigation and optimized page loads. Efficient navigation features of our solution's user interface include but are not limited to the following:

- Context-sensitive help is available on-line.
- User help functionality: Field-level tooltips, on-screen instructions, supplementary pop-up windows containing relevant help content, as well as a dedicated help page regarding the user experience.
- Efficient navigation through the use of application toolbars and standard Windows functionality such as copy/cut/paste, application specific toolbars, mouse-over, cascading and tiling.
- Shortcut Keys (Ctrl+P, Ctrl+S, etc.) for native browser functionality are supported.
- Hover functionality: Hovering where appropriate, tool tips are used to provide context-sensitive feedback to the user when they hover, or mouse-over fields or interactive areas of the screen.
- Hypertext links: Hypertext links are clearly distinguished by both color and underline.
- Drop down lists and menus: Drop down lists and menus are navigable by mouse and keyboard.
- Point and click functionality: Buttons, links, menus, and all other interactive areas of the screen are accessible by pointing and clicking with a mouse or other input device.
- "Forward" and "Back" navigation: Native browser functionality for navigating forward and backward.
- Cut and paste: Cutting and pasting both from and to the application.
- Frequently Asked Questions (FAQs), organized by topic, are available on-line.
- Banner Messages will alert users to important messages such as technical issues, emergency downtime, and issue resolution.
- Archived content, such as posted announcements, banner messages and alerts including date and message, will be available on the portal.
- Auto-population of persistent data as appropriate, featuring one-time data entry with necessary information being carried from screen to screen within the applications without the need for re-entry or cut and paste.
- Searching within our user interface is made faster by populating criteria as the user types, including drug names and address information.

On an ongoing basis, we work to collect user feedback and continuously improve the user interface of our solution, so it evolves to deliver improved user experience.

8.2.4 RFP Section 2.8.27 Solution Design, Development, and Implementation: Data Quality, Data Conversion, and Migration

As the incumbent AME Pharmacy Contractor, MMA completed several Data Conversions to support implementation, maintenance, and operations of the existing Contract scope of work. We anticipate minimal data conversion will be needed to implement the new scope of work, but if they are needed MMA has deep experience successfully converting data from multiple sources. MMA has successfully performed over 40 state Medicaid data conversions and is experienced with both converting data from major MMIS vendors and other pharmacy benefit managers in the United States and testing to validate quality results. Our background as an MMIS fiscal agent gives us a greater understanding of the interfaces required to successfully exchange data, the need to effectively coordinate programs, and the essential nature of communicating clearly and timely. MMA has engaged in data conversions and migration efforts with:

- Gainwell Technologies
- Optum/Change Healthcare
- Conduent
- HID/KEPRO
- Molina Healthcare
- CNSI
- Truven/IBM
- CSRA/GDIT
- State-operated MMISs.

Having served as the AME Pharmacy Contractor since 2014, MMA has hands-on experience collaborating with DHS staff to securely exchange all data integral for supporting pharmacy operations for Arkansas. Our established relationship with DHS, and our experience establishing and maintaining secure, MITA-compliant interfaces for the State makes us the best possible Contractor to support a successful AMPP implementation. As a leading provider of Medicaid pharmacy services to over half the states in the nation, we have established REST API, batch, and real-time interfaces, as well as SFTP for data transfer, in place supporting state Medicaid customers across our enterprise today. As the incumbent contractor, we have established data interface layouts, including REST API, batch, and SFTP for data transfer supporting the AMPP today. Under the new contract, we will continue to support these existing interface layouts to minimize disruption to existing systems and operations, while also looking for opportunities to develop new, industry-standard interfaces where existing data exchanges do not exist. Under the new Contract, we will continue to partner with the State and its stakeholders and Vendors to complete successful data conversions in support of the new scope of work.

1. Describe your approach to Data Conversion that will optimize the level of automated conversions including the tools that will be used. Describe your approach in detail around mapping of data elements between the source and target solutions, extraction, transformation, and load.

As the incumbent AME Pharmacy Contractor, MMA completed several Data Conversions to support implementation, maintenance, and operations of the existing Contract scope of work. If any new data conversions are needed to support the new scope of work, MMA's Implementation and Managed Services (IMS) Team will work with the State, the State PMO, and other stakeholders and Vendors, as needed, to complete conversions using our established approach.

MMA has an existing Data Conversion Plan in place supporting the conversion process for the State. This process consists of receiving and/or exchanging data files of all required interfaces from the source system and loading the converted data into the target databases. This approach utilizes automated tools to optimize the speed and accuracy of data conversions. These technologies include Snap Logic, Informatica, Oracle, Perl, and use Extract, Transform, and Load (ETL) which create migration programs that load data from the source system to the target system while producing report exceptions.

MMA's established, multi-step data conversion approach ensures that checks and balances are implemented, so that the appropriate infrastructure and software are in place. This proven, in-place approach includes the following steps:

- **Establish Source of Data**: MMA works with the State of Arkansas to establish source-to-target mapping documentation that provides the mapping of fields and transformation logic that will be applied for scheduled conversion interfaces.
- **Receive or extract data** from source system as agreed upon in the requirements sessions.
- **Perform Gap Analysis:** Gaps may be identified during the Analysis/Mapping phase or during the validation of the data files, or the resulting loads. The gaps will result when either a mapping or the actual data does not sufficiently satisfy the Business or Interface requirement. These gaps will be identified and communicated to the appropriate IMS Team members for resolution.
- **Transform the data** from the source to be loaded to the target database.
- **Load the data** to the target database.
- **Validate** the loaded data by executing test scripts pertaining to each scheduled conversion interfaces. The load reports will be used to validate overall conversion counts, and test scripts are used to validate individual elements in each interface. They will be specific to each mapping and will be created during the development process as a means of validating the mapping of the input file elements to those loaded to the database.
- **Provide Status of Conversion Load**: Provide data conversion results to State of Arkansas for review.
- **Validate of Rejected Records:** Provide detailed reports of rejected records and work with State of Arkansas on data corrections.

- **Fix and reload:** If the records are rejected due to issues with the MMA load and transformation process or needs changes to the plan setup, if applicable, MMA will fix and reload until records are loaded successfully to a point that is accepted by DHS or as agreed upon by the DHS.

Data Conversion Interfaces

MMA will also review and update our Interfaces Control Document Deliverable, which includes milestones, tasks, schedule, and dependencies, and reporting for establishing interfaces with the AME Pharmacy Solution. This document will focus on on-going, production interfaces and will include all relevant details needed for a successful implementation.

MMA has been supporting the effective exchange and interface of data for state Medicaid programs for over 50 years. ***MMA maintains over 4,600 data interfaces that enable us to send and receive data electronically.*** MMA provides methods of communication that are fully compliant with CMS standards and meet HIPAA privacy and security rules and guidelines. Our approach to ensuring that we fully comply with HIPAA is described in our MMA HIPAA Compliance Policy, and every MMA staff member receives annual HIPAA refresher training. Our interfaces use industry standards such as NCPDP, HIPAA x12, HL7, XML, and CSV for interoperability and data integration needs. We have experience interfacing with a variety of POS application systems.

MITA-Aligned Interfaces

All MMA data interfaces meet MITA 3.0 standards. MMA's application architecture provides a modular, flexible approach through the use of open industry-standard interfaces and exposed APIs. 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. The flexibility and efficiency of our interface architecture and development approach ensures that we are able to send and receive data regardless of the format.

Interfaces are currently in place and supporting AMPP today. The Interface Control Document Deliverable will serve as a source of truth and content repository to house data file layout information for the complete inventory listing of interfaces for the Arkansas Medicaid program. We will build upon the knowledge capital we have gained from building this existing inventory of interfaces to establish any new interfaces that are required to support the new Contract. Once new inbound and outbound interfaces are established, they will be documented in the Interfaces Control Document Deliverable, with details that include source of data, format source, layout name, file format, record length, target system, test and production file name formats, and production schedule for transactions.

2. Describe how you will ensure data and information integrity and consistency in the solution, both during conversion and migration and thereafter, per Pharmacy requirements.

As the incumbent AME Pharmacy Contractor, MMA has established processes and systems in place to ensure data and information integrity and consistency for our Pharmacy solution. We anticipate minimal data conversions will be needed as our solution is already in place, and supported by active interfaces that enable the secure transmission of data for AMPP transactions. Conversion or migration may be needed to support the implementation of PAD claims in our system. The following sections outline our processes for ensuring data and information integrity and consistency during and after conversion/migration.

During Conversion/Migration

MMA currently receives and transmits the data necessary to perform Pharmacy operations for the Arkansas Medicaid Pharmacy Program. If we should need to convert or migrate any new data sets during the course of the new Contract, we will use the approach outlined above in the response to RFP Section 2.8.27.1. Following the completion of data conversion/migration, MMA performs all testing required to ensure completeness and accuracy, including smoke testing as a preliminary check and data conversion testing to ensure that there is an accurate end-to-end balancing between what was sent by DHS (or its Vendors) and what was processed by MMA. We will share all migration and testing results.

Following Conversion/Migration

As the incumbent AME Pharmacy Contractor, AMPP data has already been successfully migrated and converted and is currently housed in and exchanged with our systems. We have several protocols and processes in place to maintain the integrity of this data by ensuring data is exchanged securely and then protected in our system, while in transit and while at rest:

Secure Data Exchange: Our pharmacy POS System Solution ensures all data exchanges (real-time, near real-time, and batch) involving Arkansas trading partners are executed in a secure, timely, and accurate manner and in full compliance with Arkansas Medicaid and Federal laws and all CMS MITA and industry-wide standards. We provide real-time capabilities, as well as batch interfaces processed at intervals as short as every 15 minutes offering near real-time processing for batch transmissions. MMA supports several methods of data exchange, including SFTP (secure file transfer protocols), FTPS (file transfer protocol secure), NDM (network data mover), EDI (electronic data interchange), and real-time RESTful or SOAP/XML exchanges. MMA maintains over 4,600 interfaces, all containing information that must meet HIPAA privacy and security rules and guidelines and use industry standards, such as X.12, NCPDP, and HIPAA for interoperability and data integration needs. We also support the use of industry-standard data exchange using industry-leading tools, including SnapLogic, Edifecs, and Informatica. In addition, our architecture includes an EDI gateway and enterprise business services capabilities which are also key components of our strategy. These provide a means for more customizable, real or near real-time exchanges of client records or transaction level data, if trading partners choose to use this instead of the more commonly leveraged batch data interface architecture. MMA is committed to architectures that provide the right availability of data and produce the most value for our partners and their clients.

Data Exchange Monitoring: Data exchanges at both the application and file transfer level are routinely monitored to ensure data quality is maintained at high levels. As part of our internal oversight and quality check activities, our daily Job Execution and Tracking System (JETS) Planned vs. Actual Job Status Report includes the name or type of interface, process type (internal or external), frequency, an alert indicator that quickly highlights if there is a problem or issue that needs to be corrected, passed, rejected, and adds and changes. For inbound files, MMA will notify the sender and other identified interested parties of the successful receipt and processing of the expected data file which includes time stamps of receipt times. Outbound files include the time stamp of the send times. Our IMS Team reviews the JETS Report to ensure that all data exchanges are occurring correctly and on schedule.

Data Encryption: 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.

Data At-rest: Data-at-rest encryption for personally identifiable information (PII) and protected health information (PHI) data is delivered through our storage area networks via EMC's unique VMAX 40k engine model with built-in, hardware-based data encryption. These modules encrypt and decrypt data as it is being written to or read from disk, thus protecting information from unauthorized access even when disk drives are removed from the system. MMA ensures all solution components that are accessible from the public Internet (e.g., websites) meet the site's privacy policy and terms of service available prior to authentication. We incorporate the Transport Layer Security (TLS) protocol for all Internet-facing websites. 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 in Transit: Any protected data or information in transit to sources external to the Pharmacy System is encrypted. Encryption for personally identifiable information (PII) or protected health information (PHI) relies on TLS1.2 and the https (443) protocol for web-based connections. The SHA-2 hashing algorithm is used in both TLS and SSH protocols where supported by external partners. MMA SSL certificates rely on 2048-bit key encryption where appropriate. 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 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.

Regular Data Integrity Meetings: Our data warehouse staff conducts regular data integrity meetings with the source system and business experts to review data quality reports and initiate appropriate actions.

Data Integrity Controls Built into FirstRx: FirstRx controls ensure that claims comply with Arkansas Medicaid rules and the system maintains data integrity through the strict enforcement of NCPDP field standards and ensures that transaction data are consistent with the NCPDP field and valid code values. FirstRx ensures that each incoming transaction is subject to syntax editing (e.g., number-only fields are numeric), and that the transaction is subject to relational editing (e.g., the submitted client number is on file and eligible) and ensures that the transaction data are consistent with the NCPDP field and valid code values. If the integrity of the data is compromised and the system encounters a fatal error such as a Missing/Invalid Member ID, transaction processing stops, and the appropriate reject message is returned to the submitter for correction. Messages are connected to the maximum primary message length; overflow is populated in the additional message field. In addition to returning an NCPDP edit number and error description, FirstRx uses more descriptive language via supplemental messaging to the provider to facilitate claim resolution. We have worked with our customers to modify the character length for these messages to 3,000 characters, enabling us to give the providers more detailed information. All edits are posted to the claim record and made available for reporting purposes.

3. Describe your approach to testing converted data.

MMA conducts Data Conversion Testing to ensure that data migrated from legacy systems is brought across to the new system in a usable, complete, correct, and expected state. MMA tests the seamlessness of the performance of data format conversion points in this phase of testing. Our Data Conversion Testing processes use automated tools where possible to test that all data converted in the conversion test environment complies with the standards set out in the Test Plan. We will work with DHS during the Project Planning and DDI Phases to define a UAT process that allows System users role-based access, based on what is required for their job, to exercise the entire System, including the use of converted data in a separate controlled environment. We will also work with DHS to determine the appropriate size and parameters for this environment to ensure it is configured to support UAT that meets DHS' requirements.

MMA conducts Data Conversion Testing to ensure that data migrated from legacy systems is brought across to the new system in a usable, complete, correct, and expected state. The Data Conversion Testing uses automated tools where possible to test that all data converted in the conversion test environment complies with the standards set out in the Data Conversion Plan. MMA tests the seamlessness of the performance of data format conversion points in this phase of testing. MMA conducts Data Conversion Testing to ensure that data migrated into the system is in a usable, complete, correct, and expected state. The Data Conversion Testing uses automated tools where possible to test that all data converted in the conversion test environment complies with the standards set out in the Data Conversion Plan. As the current AMPP AME Pharmacy Contractor, data conversion will not be required as a part of this implementation as it has already been converted. If any new data migration is needed, MMA would employ our automated testing tools and a Data Conversion process that aligns with data conversion testing requirements under the new Contract.

4. Provide a draft Data Conversion Plan, including a high-level schedule that supports ensuing data is clean, accurate, and complete in advance of the corresponding UAT period.

MMA has included a draft Data Conversion Plan, including a high-level schedule that supports ensuing data is clean, accurate, and complete in advance of the corresponding UAT period, as *Exhibit 1* at the end of the System Proposal.

5. Describe the protections and safeguards that clearly demonstrate that the State maintains complete administrative control and ownership of its data. Describe how the State will retain ownership of its data stored transformations so the State's data may be reliably and easily extracted in industry standard formats.

MMA affirms that DHS maintains complete administrative control and ownership of its data. As the incumbent AME Pharmacy Contractor currently providing the State's POS and PDL solution, MMA has established policies, procedures, and practices to ensure that State maintains complete administrative control and ownership of all data. and that no data is disclosed to or shared with any other entity without the express

written consent of State. This includes any entity with which MMA has an existing or future ownership, subsidiary, financial interest, or other affiliated relationship. MMA does not sell or receive any fees from any outside entities, nor do we share customer data with external entities–we use customer data to exclusively serve our customers and prospects as outlined below. We use customer data in two primary ways:

- To analyze, aggregate, and share your utilization experience with you, pointing out trends in your data and opportunities to enhance the cost and quality of your pharmacy program, with particular emphasis on cost and utilization
- To identify aggregate trends in your data and in industry-specific data. MMA aggregates data within our data mart to identify trends and opportunities to enhance the cost and quality of your pharmacy program at an aggregate level. These data support innovation and program enhancement. We only share PHI in accordance with, and as permitted by, the terms of our business associate agreement with our customers and the HIPAA Privacy Rule, including the HITECH Act and Omnibus Rule.

MMA's solution stores, and will continue to store, DHS data in the original form. Stored data will not lose any data fidelity and integrity and will be available if it is needed for reprocessing or extraction in industry standard formats. MMA archives copies of all inbound files in their original formats using a secure repository with access limited through a role-based access security methodology.

6. Describe your overall plan, roles and responsibilities, and key activities necessary to promote data quality within the Pharmacy system, including how you will continually track, monitor, and report on the status of compliance during the project.

As the incumbent AME Pharmacy Contractor, MMA is committed to promoting data quality within Arkansas' Pharmacy System and actively collaborates with DHS and its stakeholders and other Vendors in the State's Data Quality Improvement Initiative (DQII). We will continue our commitment to data quality under the new Contract. We also have processes and systems in place to ensure data quality, which are documented in our existing Data Conversion Plan. During the Project Planning Phase, we will work with DHS to review and update this plan as necessary to reflect data quality requirements under the new Contract. We will assign staff to be responsible for supporting data quality within the Pharmacy System by participating in activities defined in the Data Conversion Plan and through the incorporation of automated data quality tools and logic rules that help promote data quality and prevent the input of invalid information. These activities include:

Policies and Procedures for Data Quality Management

MMA has policies and procedures for data quality management in place and will work with DHS to update them as needed to align with requirements related to AMPP pharmacy data stewardship and data quality management under the new Contract. Our Pharmacy Solution will interface with the MMIS to receive client and provider data and enable data quality monitoring across the entire enterprise. Our comprehensive Configuration Management Plan will detail our processes and tools for collecting, maintaining, and storing project data allowing ease of access and recovery as needed for DHS staff. MMA's Pharmacy Solution allows for the specification and/or modification of auto-archive rules and criteria. Our system has the ability to refresh, replace, or archive all historical data, on a scheduled basis approved by DHS.

Supporting State Data Retention Policies

We will use configurable business rules to support State data retention policies. Our system has the capability to identify data that have been archived and, in addition, provides a means to restore the archived data. To preserve a full audit trail for every claim, adjudication rules are never physically deleted from FirstRx. They are modified to be marked as terminated or inactivated via a logical deletion. When an existing record is modified, a new record is created from the contents of the original record. This new record is then assigned another sequence number with a full audit history. MMA can purge data, but we do not exercise the purge option. For example, in FirstRx, we logically delete, or end-date, rules/data and those changes are always visible in the database. The information in the system uses the 'modified by' timestamp and serves as the audit trail. The timestamps are visible via the GUI in perpetuity for auditing purposes since claims were adjudicated against this rule when it was active. ***The rules engine is 100% effective date driven.*** For transaction records that are no longer relevant, we inactivate records rather than purge or delete the record in the database as required by audit and data retention rules. For project data no longer needed, we retain data based on retention rules.

MITA-Aligned Data Governance

MMA will collaborate with DHS and its partners to assist the State in establishing the data schemas, management approaches and basic data governance, including data modeling and metadata, hierarchy management, data stewardship, and data quality management. MITA principles, including those pertaining to data governance, are constantly used to guide our architectural and design decisions as we enhance the components of the MMA solution. MMA's Information Management system is designed to address data governance, architecture, models, standards, and handling of information for AMPP. Our proven approach will provide the Arkansas Medicaid pharmacy module with enterprise-grade data governance, architecture, models, and standards.

Role-based Data Security Controls

MMA controls access to data through role-based security permissions that define user access to our systems, allowing them to see only data needed to do their job. As required by NIST SP 800-53 Rev. 4 Moderate Control Baseline, MMA also uses MFA, including unique user login/password credentials and a second form of authentication (e.g., text, telephone call, email) for another layer of security in addition to login credentials. With MFA in place, a user's identity is verified in multiple steps using different methods, such as identification through a registered device.

Data Accuracy Processes

We address data accuracy to ensure the validity and completeness of data as it moves through our systems and Arkansas Medicaid Enterprise MMIS Pharmacy System and Services when exchanged via electronic means. Through the use of data quality controls, reconciliation processes, regular auditing, and other supportive measures, MMA ensures the appropriate mechanisms are in place to maintain data integrity. Additionally, MMA employs the Six Sigma philosophies, methods, and processes as the preferred method to solve problems, decrease errors, improve quality output, and improve communication between IT and the business users. We also apply the core concepts of ITIL® v3 best practices to ensure effective communication between our IT Services and our business users.

Data Quality Checks

MMA builds data quality checks into all processes that touch data. MMA's Data Warehouse transformation programs include data integrity and completeness checks as data are loaded and standardized. Quality checks used to verify data integrity include comparisons against expected values, domain analysis, and comparisons to standard code sets/values. For reviewing data completeness, quality checks assess whether all data that came into the system were processed. The data quality checks record any data quality exceptions in standard tables to facilitate quality monitoring and reporting. The data warehouse staff conducts regular data quality meetings with the source system and business experts to review data quality reports and initiate appropriate actions. MMA uses strict internal processes, procedures, and controls to maintain the quality and integrity of data received for and data conveyed to customers. MMA systems validate transactions at various control points through loads, audits, reconciliation processes, and cross-reference reports. Operations staff monitors process outputs and reports to validate data integrity. These procedural and automated controls operate at appropriate points throughout the cycle. MMA's standard data exchanges include the building of quality and monitoring measures using header, trailer, file counts, record counts, totals, etc. whenever available. Header and trailer records are utilized to track the completeness of any feed. Record level edits track and report all data additions, deletions, and changes.

Safeguards for Processing Inbound Files

MMA uses the following procedures to ensure data quality and maintain the integrity of reference information include the following safeguards for processing inbound files:

- Restricting critical fields to appropriate data types
- Restricting critical fields to pre-defined lists of values
- Linking associated fields to ensure data follows business rules
- Comparing inbound files, prior to loading, against file specifications to confirm:
  - Proper formatting

- Presence of required fields
- Number of records sent matches number received
- Using secure transmissions to ensure against data loss.

Safeguards for Processing Outbound Files

Safeguards for outbound files include the following:

- Define formats according to appropriate data types, pre-defined lists, and business rules
- Compare outbound files, prior to release, against file specifications to confirm:
  - Proper formatting
  - Presence of required fields
  - Number of records selected for sending matches number processed
  - Job transmission completion and statistics.

Completeness Audits

We maintain audit trails on all systems that process sensitive information. All production application systems that handle sensitive MMA information generate logs that show every addition, modification, and deletion to such sensitive information. We regularly back up all audits/management trails and store them in a secure location. Our data warehouse has strict measures in place to ensure the accuracy of the data contained in the warehouse as well as the reliability of the warehouse. The data warehouse collects information from operational systems on a real-time basis. Additional informational data are transformed and loaded to the data warehouse from MMA's web servers, financial systems, telephone switches, and external sources, including pharmacy claims. The acquisition of these data is done on a daily, weekly, or monthly basis. All acquisition and transformation activities are monitored and audited by the data warehouse production operations team on a daily, as well as quarterly basis. The Data Warehouse Team focuses on linking data from all sources (internal and external) to support accurate reporting and analysis.

To supplement the quality checks built into operational applications and data warehouse processes, we perform monthly audits between the data warehouse claims area and the source system. This audit has consistently produced results that meet Lean Six Sigma quality levels. To support internal completeness and customer-initiated audits, we complete the following:

- Log inbound and outbound files
- Retain a copy of received and sent files
- Retain records of items that required editing prior to filing or sending
- Retain audit trails of critical data edited
- Retain records of implementation of system changes, including requirements gathering through deployment of a new interface
- Perform two full cycles of user acceptance testing prior to deployment of any system changes.

MMA complies with all HIPAA Transaction and Code Set standards for the electronic processing of covered transactions. MMA commits to maintaining compliance with HIPAA, industry standards, and customer data quality standards throughout the term of the contract.

8.2.5 RFP Section 2.8.39 Solution Design, Development, and Implementation: Implementation and Go-Live

1. Describe your methodology, tools, and techniques for rolling out the Pharmacy System according to the State's desire for a limited phased approach. Describe how you will work the State to plan, deploy, exercise, and validate full readiness and preparedness across people, processes, data and technology in a pre-production or production environment. Describe the resources, roles and responsibilities and high-level strategy and approach that validates implementation readiness.

As discussed above, MMA's Pharmacy Solution is implemented, in-place, and currently supporting AMPP today, meaning that a limited implementation approach will be required to implement additional system functionalities required under the new Contract. This limited need for implementation will minimize disruption to the State, its stakeholders, and clients as well as lower overall DDI costs, timeframes, and risks.

Additional functionalities and enhancements to be rolled out as part of the new Contract including electronic Prior Authorizations, MRx Decide, and Physician Administered Drug (PAD) claims. MMA will utilize a limited phased approach to rolling out these new functionalities. Our overall roll-out approach will be facilitated by the DDI Manager, in collaboration with MMA's Implementation and State PMO staff. We will develop an Implementation Plan and an Operational Readiness Review (ORR) Checklist to guide the planning, deployment, exercise, and validate full readiness and preparedness across our solution and staffing.

Implementation Plan

MMA will develop an Implementation Plan to guide the smooth implementation of new functionalities from testing to production, including key checkpoints and details of the implementation approach for each new functionality. The Implementation Plan will include all requirements outlined in RFP Section 2.8.17 Implementation Plan Deliverable, including:

- A Roll-Out Plan that includes a schedule for deploying new Pharmacy System functionality, a plan for supporting the State's provision of Tier 1 Technical Support and a plan for establishing objectives, metrics, success criteria and other key planning information.
- A detailed, step-by-step plan to deploy pharmacy system enhancements, including key checkpoints for the MMA's proposed implementation approach
- Site planning requirements, if needed, including roles and responsibilities and MMA staff necessary to provide sufficient on-site support at county offices for a sufficient duration (at least 60 days) to ensure proper support to the State
- Implementation Work Breakdown Structure (WBS) or checklist with roles and responsibilities by activity
- Plan and activities for testing (during migration to the pre-production environment), including regression testing prior to go-live and scripts for migrating the Pharmacy System to production.

Operational Readiness Review Checklist

MMA will provide an Operational Readiness Review Checklist that complies with all requirements outlined in RFP Section 2.8.38 Operational Readiness Review Checklist Deliverable. The Operational Readiness Checklist focuses on ensuring that readiness criteria, established in collaboration with DHS and other stakeholders, have been fully met and that the Implementation Team is ready to deploy production-ready systems, complete final data conversion tasks, and assume responsibility for all operational tasks. The checklist outlines all activities and tasks needed to execute a flawless cutover from incumbent systems. MMA will work in conjunction with DHS using this checklist to demonstrate that any newly implemented functionalities or enhancements comply with State standards and demonstrates Go-Live readiness by using our established processes.

If necessary, MMA will provide a cut-over support team as needed to support any new Pharmacy System functionalities or enhancements immediately after they are deployed into production. Once the new functionality or enhancement is stable, and approved by the State, MMA's DDI Team will hand off support to the Arkansas Account Team.

2. Describe your approach to successful phased deployment strategy, including communications, training (including multiple types of materials – online refresher training, desk-side support tools, and tips and hints, known and approved workarounds), and on-site support to ensure users have a positive experience with adopting to the new platform, processes, and tools.

As MMA is the incumbent AME Pharmacy Contractor, our solution is fully deployed and functional, and supported by existing communications and training processes. As a result, we anticipate deployment activities will be limited to new functionalities and/or enhancements that will be implemented under the new Contract, such as the capability to process electronic Prior Authorizations through MRx Decide and PAD claims processing. In these cases, MMA will execute our established deployment strategy which includes a release plan describing the activities for a phased implementation or roll-out. Our deployment strategy also includes developing and disseminating training materials that are tailored for personnel with varying levels of knowledge about solution tools and AMPP program knowledge. We will leverage our extensive training and Arkansas-specific experience to work with DHS to determine the types of training materials required to support the deployment of any new functionalities or enhancements required under new Contract scope of

work. Our Training and Development Department has the capability to develop a range of training materials, including online refresher training, desk-side support tools, tips, and hints, and known and approved workarounds for designated State staff, if requested.

Our Key Personnel and DDI Manager will be available on-site at MMA's Little Rock office, and available to partner with our Training and Development Department and DHS staff to provide training and support to ensure that users have positive experiences adapting to any new functionalities or enhancements.

As outlined in the RFP, we will provide an Implementation Plan that will outline our plan to smoothly migrate the new functionalities or enhancements from testing to production, as appropriate. The Implementation Plan will align with DHS requirements.

3. Describe how training activities will be completed to ensure that Pharmacy systems have adequate time to prepare, sufficient time to attend training, and have the proper communications to successfully mitigate implementation risks and end-user acceptance of the new solution.

MMA's Training and Development Department conducts and completes training activities, ensuring that Pharmacy systems users have adequate time to prepare and sufficient time to attend training. Training materials and communications are used to support training activities. As the current AME Pharmacy Contractor, we anticipate very minimal implementation risks related to new or enhanced functionality for the new Contract term. ***Our Arkansas Pharmacy Solution is in-place and functional which facilitates end-user acceptance.***

To ensure the success of the training, the Training and Development staff conducts a training needs analysis, establishes the tools and setting where the training will take place, pinpoints the target audience, and evaluates the needs of the audience, training priorities, and training objectives. Our Training and Development Department uses the appropriate instructional design model to provide a systematic approach to the design, implement, and evaluate all training components. This methodology places the needs of the learner at the center of the process and provides a structure that allows the transfer of knowledge from the classroom to the job.

Using a blended approach to learning that combines computer-based training and virtual, hands-on, instructor-led training, forms a powerful approach to learning. CBTs provide foundational knowledge that is built on during the virtual, hands-on, instructor-led sessions. MMA utilizes CBTs to allow users the flexibility to take courses at their own pace, allowing them to prepare and attend training. Realistic scenarios with hands-on practice provide an opportunity for learners to mimic how they will perform their job roles during operations. All of MMA's delivery methodologies incorporate principles of Adult Learning, and have techniques identified to train personnel who have varying knowledge of solution tools and program knowledge. We will utilize our extensive training and Arkansas-specific experience to determine the best training approach for the new AME Pharmacy Contract term.

In addition, our LMS provides Training and Development Department staff with the ability to strategically plan, deliver, and manage all training initiatives. Value-added characteristics of the LMS include learning messaging and notification, online course enrollment and tracking, computer-based training, and assessment/testing capabilities. With our LMS, MMA can easily create, catalog, manage, and track all types of learning activities, including web-based, instructor-led, video-based, or file-based courses and classes. ***Our LMS provides authorized State staff with 24/7/365 access to CBTs and other resource materials on our system(s).***

MMA will continue to develop, update, and submit our system and user documentation, and subsequent training schedule, to validate that both system and operational changes are effectively managed and appropriately communicated to affected groups, identifying resources, modifying schedules, and adjusting priorities and contingencies, as needed. Our Training and Development Department will also provide refresher training, or ad hoc training, on applications and processes as requested by the State throughout the life of the Contract. We are accessible and available to the State should questions arise.

4. As part of change management and readiness, provide an overall strategy based on previous experience with similar projects. Include a detailed list of roles, responsibilities, and activities for the various Go-Live support activities, including the War Room, Contractor-led on-site support, and potentially the use of State Change Champions or Super

Users across various departments to ensure users and support are able to use the new system seamlessly and efficiently.

As the incumbent AME Pharmacy Contractor, MMA implemented a comprehensive change management and readiness strategy to implement our in-place solution at the beginning of our existing AME Pharmacy Contract, and this solution is operational and supporting AMPP today. We will build upon this solution, the lessons learned from operating it for the State for the past 9 years, and the strong relationships between MMA and DHS staff to implement a new and updated scope for a streamlined Go-Live of the new Contract. ***We anticipate that limited Go-Live support activities will be required, tailored to the new functionalities and enhancements required to meet the new Contract requirements, resulting in a more seamless implementation with fewer disruptions and less impact on State staff time and resources.*** Steve Roehr, MBA, PMP, will be responsible for working with DHS and MMA's Account and DDI Teams to coordinate all activities related to Go-Live support activities, which include operational readiness review, formal approval of readiness/approval to go-live, go-live and roll out, post go-live monitoring and enhanced cutover support and status report. Mr. Roehr will be responsible for scheduling and provisioning resources to accomplish the DDI phase, identifying and mitigating project risks associated with DDI activities, ensuring that DDI milestones are achieved in accordance with the approved schedule, reporting DDI status, and participating in configuration control activities.

MMA has an existing office presence in Little Rock, which will contribute to expedited, efficient Go-Live activities for the new Contract implementation. We have a conference room at this facility that served as a War Room during the initial implementation, and we are prepared to set up and host a War Room for the new Contract implementation if needed. Mr. Roehr and our DDI Staff will be on-site to support the implementation, and we also have Key Staff in place locally supporting the existing contract. These staff will remain assigned to AMPP, ensuring a seamless transition that leverages their AMPP-specific institutional knowledge.

While we expect little to no impact to State users resulting from the new functionalities and enhancements to be implemented, we will work with DHS to identify potential impacts to State users. If needed, we will also work to identify and train State champions who can provide support to other DHS users during the training process.

5. Describe how State acceptance will be documented and the implementation phase of the project closed out, including final testing and validation that all compliance criteria have been met, and if requirements or compliance activities have not been met, describe your approach to work with the State to document those gaps.

We prepare for operational readiness and develop an Operational Readiness Checklist for implementation and roll-out of new functionality. MMA's approach incorporates a formal operational readiness walkthrough, review, and approval. We collectively work together with DHS staff to document and demonstrate that production methods, file conversions, procedures, facilities, staff, and systems are in place and ready to successfully begin the new operation. As the current AME Pharmacy Contractor, our transition and implementation activities will be limited for the new Contract term.

MMA's DDI Team, in collaboration with the QA Testing Team, will conduct operational readiness walkthroughs, as appropriate, to demonstrate to DHS that any new AMPP functionalities and enhancements have been completely and accurately developed and unit tested. Any issues are recorded using the project control and problem reporting system prescribed by DHS. Following the walkthrough, we will submit a summary readiness report that includes the results of the readiness checklist and walkthrough. Any compliance issues or identified gaps will be clearly documented in this report, along with the associated tasks/timelines to close the gaps and obtain State sign-off. Following the resolution of any gaps identified, MMA's DDI Manager will obtain formal DHS approval for Go-Live and close out of the implementation phase. If remediation or mitigation will not impact the ability to go live and it is determined that it can or should be done as a "Day 2" fix, this will be noted and the items will be flagged as provisionally approved for go-live based on the remediation plan included in the report.

8.2.6 RFP Section 2.8.43 Maintenance & Operations

1. Please explain how you will perform the System Monitoring, including any experience performing similar duties for similar clients.

MMA fully understands the need to ensure that our systems are up and responding appropriately. We have dedicated system administrators and operations specialists staffing Network Operations Centers and Data Centers 24/7/365. These experts have access to best-in-class monitoring and notification tools to manage both cloud-based and on-premise applications, ensuring all critical systems are available and responsive.

Because of the critical importance of maintaining data and system integrity, providing security over private information, protecting data accuracy, preserving an accurate record of all changes made to our systems, and monitoring access to the system. Therefore, we have strict oversight and controls in place to ensure compliance. Our Information Security (IS) Team has implemented the following risk mitigation and system monitoring practices to assess/mitigate/prevent application vulnerabilities within our AMPP solution.

- Foster awareness for risk mitigation at all stages of the software development lifecycle
- Provide developer training and consulting
- Implement application security technical controls (SAST/SCA/DAST/RASP)
- Integrate security testing (SAST, SCA) into build pipelines
- Assist developers to interpret test results and address mitigation.

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

Our 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).

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.

2. Please explain how you will work with OIT to provide Level 2 and 3 Technical Support in accordance with RFP Section 2.8.44 including any experience performing similar duties for similar clients.

MMA understands that as required by RFP Section 2.8.44, the State will provide Tier 1 Technical Support, such as changes that can be accomplished by authorized users. These may include password resets, changing security roles for users, and end dating State staff members. We agree that the State will escalate other AMPP technical issues to MMA for resolution.

MMA's Help Desk will continue to handle all calls from providers dealing with problems with claims submission, information requests, and related technical issues, and escalate immediately for resolution if needed. Our experienced Help Desk staff members assist with inquiries such as coverage, claims processing, client eligibility, and reimbursement, as well as PA status, PDL questions, TPL/COB payer information, non-clinical inquiries regarding ProDUR messages, and policy and procedure information. Our pharmacy Help Desk staff understands the urgency in assisting pharmacy providers with submitting claims.

MMA will partner with OIT as needed to resolve support requests that are escalated to **Technical Support Level 2.** Our second-level Technical Support staff members are equipped with strong technical skills and can furnish in-depth troubleshooting and backend support. MMA provides IT Service Desk assistance for general and technical support and questions, access issues and password reset procedures (e.g., login connectivity), and application and software support (e.g., software and hardware). MMA's established after-hours contact and problem-reporting process provides on-call technical support for hours outside production support core business hours. Technical support is available 24/7/365 via our toll-free technical Help Desk (IT Service Desk).

MMA will also work with OIT as required to resolve support requests that are escalated to **Technical Support Level 3,** which will be provided by employees with the highest level of permissions and technical resources. These employees have the knowledge, specific expertise, and the level of technical resources needed to perform complex fixes. To address system issues, MMA has a process for identifying the need for a repair (e.g., incident), requesting support, and categorizing the repair into a priority level of support needed. We use ServiceNow to manage incidents, any needed repairs, and digital workflows associated with the repair. MMA's established process includes active and continued resolution activity until the issue is resolved for reported incidents. MMA will report on systems issues promptly to DHS.

3. Please explain your approach to proposing upgrades to the solution in accordance with RFP Section 2.8.45.

As required by RFP Section 2.8.45, MMA will include 3,000 hours per year for a Modification Pool for major system enhancements required by the State. We acknowledge that these Modification Pool hours are to be used only if necessary and approved by the State. These funds are included in our annual M&O budget for planning purposes. For enhancements that require use of Modification Pool funds, MMA acknowledges that

the State will make payment from the Modification Pool based upon the milestones and percentages listed in RFP Section 2.8.45 for the following (when completed and approved):

- Statement of Work (SOW) –10% of the agreed price for this milestone
- Functional Design Document (FDD) –10% of the agreed price for this milestone
- System Integration Testing (SIT) - 10% of the agreed price for this milestone
- User Acceptance Testing (UAT) - 15% of the agreed price for this milestone
- Vendor attestation of working system (with all integrated systems) - 15% of the agreed price for this milestone
- State Production signoff - 40% of the agreed price for this milestone.

MMA agrees that all small, normal, and maintenance types of changes will be included in the operational budget and will not require use of funds from the Modification Pool. MMA agrees that we will be responsible for operating and maintaining the hardware or software needed to support the RFP Scope of Work. MMA will provide support, monitoring, and maintenance for our Pharmacy Solution to ensure that it continues to operate according to agreed-upon functionality. Through our Medicaid experience, including Arkansas-specific experience, MMA provides operational and maintenance excellence that will continue to support the operation and functionality requirements as defined in the RFP. This level of maintenance support follows our System Refresh Policy, which addresses the procedures our IT Department uses to ensure production systems are using current versions of operating systems and proactively addressing end-of-life hardware and software systems. We will use our proven approach to quality to ensure continued stable operations and to assure DHS of a Pharmacy Solution that includes all DHS-approved functionality and accommodates evolving State standards and requirements. MMA provides our customers with routine system maintenance at no additional cost. This routine system maintenance includes:

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

MMA agrees that major enhancements that exceed funds remaining in the Modification Pool (on an annual basis) would require a contract modification and would be required to go through the normal contract and Advance Planning Document (APD) approval process at the State and CMS level.

4. Please detail your experience keeping system documentation similar to what is contemplated in RFP Section 2.8.36.

As the current AME Pharmacy Contractor, MMA has all required system documentation in place for the AMPP. Our Arkansas Account Team works with appropriate internal functional areas to ensure that our pharmacy system documentation is complete, up to date, accurate, and timely. MMA will use our existing documentation as the baseline document and update the documentation with all changes, corrections, or enhancements to accurately reflect our solution for the new Contract term.

Our content management strategy has strict procedures in place to maintain all types of system documentation, as well as training materials, program documentation, provider manuals, operating procedures, or other documentation to ensure they remain current as AMPP requirements, or our systems or processes change. ***MMA's established documentation and quality assurance (QA) processes are designed to create and maintain a full audit trail for all system and user documentation.*** When any revision to our State-approved documentation needs to be made, the person who made the revision is required to follow our established QA process, including changing the revision number, dating the revision, updating the revision history, making the revision available should the State elect to review, and publishing the revised documentation to the Arkansas shared document repository. An internal documentation review process validates that all revisions have been correctly made to the documentation in accordance with State-specific

approved criteria and standards, as well as industry professional standards, before it is made available to the State for review and approval. We incorporate industry best practices into our approach to documentation management to ensure that all information is accurate and up to date. Updates to our system documentation will be delivered to the State within 20 calendar days after State approval of implementation of the change, unless otherwise agreed to. Additional copies of the systems documentation, or specified parts of the documentation, will be provided to DHS upon request within 10 business days of MMA's receipt of the request. We will also supply any copies of our system documentation required by CMS in the CMS-specified format.

Leveraging our 39 years of PBA experience coupled with our nine years of Arkansas-specific experience, MMA will continue to ensure that our AMPP system documentation continues to meet and/or exceed State-specified standards, including the following:

- Available and updated on electronic media
- Organized in a format that facilitates updating ensuring that revisions are clearly identified and dated
- Includes system and modular narratives that are understandable by business personnel
- Provides an overview of the system including:
- Narrative of the entire system
- Business process models
- Data flow diagrams showing data stores and flows
- Entity Relationship Diagram (ERD)
- Description and flow charts showing the flow of major processes in the system
- Description of the operating environment.

Our system design documents focus on describing the architecture of the existing systems, the configuration of rules, and the relationship of the architecture and configuration to the State's requirements. MMA's system design documents contain diagrams to assist in visualizing our systems, as well as flow charts that illustrate end-to-end business processes. MMA's system documentation also includes information related to hardware and software, descriptions of the services and infrastructural components, and other necessary PBA information. Our system design documents for non-COTS components incorporates input from the State, such as details regarding interfaces, system processes, and State business rules, policies, regulations, and procedures. MMA creates and manages business and functional requirements according to the Business Analysis Body of Knowledge (BABOK) standards, which includes traceability for all business and functional requirements. In addition, our overall system documentation (i.e., Solution User Manual) is comprised of individual user guides that are created during implementation and will be updated for Arkansas. MMA's documentation, including the Solution User Manual, contains step-by-step instructions on accessing and using screens, reading reports, and performing ad hoc report development. Updates are posted to the shared repository as often as requirements change or as processes and infrastructure evolve. ***Our approach to documentation maintenance supports our goal of standardized, published, and maintained information that is easily accessible and promotes the best understanding of the tools and services provided to authorized State users.*** All documentation contains step-by-step instructions on accessing and using screens, reading reports, and performing ad hoc report development. All end-user documentation is written in a logical, procedural format which aligns with business transformation documents and allows for ease of understanding.

5. Please confirm your ability to collaborate with the State as required by RFP Section 2.8.43.

As the incumbent AMPP contractor supporting the State of Arkansas for the last decade, MMA has well-established, cooperative relationships in place with DHS and OIT. Throughout the upcoming contract period, MMA will continue to collaborate with the State. MMA will be responsible for the ongoing Maintenance and Operations (M&O) of the system. MMA understands and will provide ongoing maintenance and operations support services to include all processes, resources, and required tools and techniques. We will fully comply with all requirements as described in RFP Section 2.8.43.

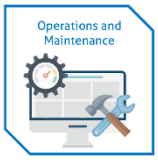
In performing M&O duties, MMA will continue to work with the State to coordinate implementation, release, and regularly scheduled maintenance of updates, patches, and repairs for the Pharmacy System. We will

ensure that all updates, patches, and repairs have been fully and successfully tested before migration to production in accordance with the same protocols and procedures utilized in the DDI phase of the project.

MMA agrees that the State, and not MMA, will continue to have the final say about which projects, upgrades, defects, and changes take priority over others in our queue. MMA will notify the State and will fix and address all system defects, issues, and system performance failures. For implementation of system repairs, we will collaborate with the State to coordinate the release management of the repairs.

Both before and after the implementation period of the upcoming contract, MMA will support the required maintenance activities, including but not limited to the following:

- Activities necessary to correct deficiencies or inaccuracies in business logic, including deficiencies identified post-implementation, including planned modifications.
- Activities necessary to meet the technical and operational performance requirements detailed in this RFP, including operations support.
- Activities necessary to ensure that documentation, data, software, utilities, technical services, peripheral services, hardware, middleware, and reports are accurate.
- Data maintenance activities for updates to tables, including database support activities.
- Changes to business services scripts or system parameters concerning the frequency, number, sorting, and media of reports.
- Changes to disposition parameters for established edit criteria.
- Addition of new values or other operational and technical environment changes.



MMA will continue to provide a system performance management solution that supports the necessary assurances to satisfy the State's Pharmacy System operational objectives in a complex production operating environment. We will continue to meet the Federal and State established requirements for standards of performance, including standards for timeliness and efficiency in a production operation, and CMS certification using defined criteria. MMA understands that the State has identified minimum performance standards and will measure adherence to these standards on a State-defined frequency. We will consistently meet or exceed these minimum operational performance standards over the life of the contract.

We will continue to monitor system operations daily and will make necessary adjustments to maintain peak operation efficiency so that system users are not adversely affected. MMA agrees that ongoing monitoring applies to all system components, including the operating systems, third-party components, database(s), and all related components, and will also include the quality of stored data, including but not limited to client data. In addition, we will continue to perform in-depth analysis and probe of all system components as requested to test the database integrity and system performance, and will recommend appropriate maintenance activities, including whether to upgrade older versions to current versions. MMA acknowledges that the OIT and DHS must approve any upgrades.

MMA will conduct continuous improvement, including reviews of the longest running processes on a weekly basis. We will continuously work to fine tune these processes to higher efficiency (including reporting, batch, and production systems).

We will collaborate with the State to provide technical support to Pharmacy System users under a three-tiered technical support model in which MMA is responsible for handling the most difficult or advanced problems. MMA's network and technical support staff will be available to assist the State to help triage and resolve issues. We understand that the State will provide Tier 1 support, such as changes that can be accomplished by authorized users. These may include password resets, changing security roles for users, and end dating State staff members. We agree that the State will escalate other issues to MMA for resolution. MMA will propose operations Technical Support Tiers and services in the Maintenance and Operations Support Plan Deliverable.

MMA will continue to plan and conduct services to minimize the occurrence of production incidents, issues, and/or problems with the system components. In the event of occurrence, MMA will assign qualified technical staff to respond during business hours to non-urgent matters. We understand that communication of issues to MMA will be by telephone call, e-mail, or text messages from the State. For urgent matters, MMA will continue to have a telephone number that is answered by qualified technical staff 24 hours/7 days per week.

MMA agrees that all incidents, issues, and problems will be recorded and tracked in the State's log or tracking tool and will utilize a clear escalation procedure through the applicable chain of command to ensure the appropriate attention to meet the level of urgency. Critical Severity incidents will be reported to designated State staff within one hour of discovery or identification of the incident. The incident management and escalation procedure will be outlined in the Maintenance and Operations Support Plan Deliverable.

We will provide an Incident Report for every system problem. The Incident Reports will include the affected areas of the State, date of report, date of incident, reference number, start and end times of the incident, problem type, problem impact summary, detailed description of the problem, immediate resolution, permanent solution, and who resolved the problem. Initial incident reports for critical and high severity incidents will be provided within 24 hours from the start of the system problem. If the incident report does not include the permanent solution to the incident, the report will be updated every 24 hours to reflect the status of the incident until it is resolved. A follow-up incident report will be provided no later than 24 hours after the permanent solution has been defined for critical and high severity incidents. For medium and low severity levels, initial incident reports will be provided within five business days, or on a timeline approved by the State.

MMA will resolve all incidents according to the severity levels timelines defined in Attachment G - Functional and Technical Requirements Traceability Matrix. We agree that Resolution Time is defined as when the incident is resolved in production. If MMA cannot meet the established resolution time for the severity level, then we will submit a plan and revised timeline for resolution to the State in the incident report.

We will continue to produce all required reporting to support Pharmacy System and operations. This includes reporting to meet State and Federal requirements, programmatic requirements (e.g., ProDUR and RDUR programs detailed monthly, quarterly, bi-annual, and annual reporting), and reporting to monitor the Pharmacy program and to proactively identify areas of possible processing improvements. MMA will continue to propose tools that provide the capability for an authorized user to develop, update, save, access, and reuse ad hoc reports out of our system. Report generation will not impact production system processing.

MMA agrees that DHS, in cooperation with the Division of Information Systems (DIS), will own and manage all the network infrastructure for DHS network connectivity. For Cloud based approaches, DHS may, at its option, choose to leverage any existing WAN or "Direct Connect" connectivity, but MMA will include these costs regardless.

6. Describe how the State will maintain reliable access to the Pharmacy System and the standards for operational uptime and data security.

MMA will provide adequate support staff to properly operate and maintain the solution in compliance with the RFP's standards for operational uptime and data security and with the SLAs. We will continuously leverage software to monitor systems and will adjust our staffing as needed to ensure that SLAs and performance standards are met throughout the life of the contract. Our technical solution can generate SLA metrics related to system response time, as well as system availability and system recovery objectives. For example, our FirstRx claims processing system uses a real-time monitor that displays current activity for all POS customers. The monitor displays claim transactions percentages of paid and rejected, average response times and other indicators.

MMA's pharmacy solution and its supporting databases will be operational and available to providers and the State 24/7/365 unless stopped for planned service and maintenance activities. ***All MMA FirstRx pharmacy claims processing and support systems maintain an annual overall availability percentage service availability of over 99.9%.*** MMA will notify DHS in writing at least five business days in advance of planned downtime, when the system will be unavailable due to maintenance. If application or server maintenance is required, we

will notify DHS prior to the scheduled maintenance during this designated timeframe. In the event that an emergency patch or update is required to ensure continued system availability and function, MMA will notify DHS as far in advance as is compatible with performing the patch or update in an expeditious manner. If no maintenance is planned for a given weekend, the application system will remain available and accessible.

8.2.7 RFP Section 2.8.37 System Security and Privacy

MMA's solution currently complies and will continue to comply with all applicable laws and regulations regarding privacy, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and the provisions contained in the Arkansas Medicaid Enterprise Pharmacy System and Services Business Associate Agreement (BAA) and Data Sharing Agreement (DSA). 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 State of Arkansas has also aligned its state security requirements with these generally accepted security frameworks and controls, our solution will continue to satisfy their policies and demonstrate our adherence through the HITRUST certification. Both MMA and our parent company, Prime Therapeutics, are HITRUST certified. We renew our HITRUST Certification on a biennial basis and perform an annual interim HITRUST review between certification years.

1. Please state your understanding of the latest versions of 45 CFR 164.522(b), NIST SP 800-53 Rev. 5, MARS-E 2.0, and explain how your Solution will ensure that these requirement is met. In your answer, please describe how your Solution can manage confidential data.

MMA's pharmacy system complies with all applicable Federal Regulations and is in full compliance with all privacy and security aspects protecting data confidentiality. MMA's NCPDP/HIPAA-compliant pharmacy solution meets and will continue to meet all Federal requirements as prescribed by CMS, the requirements outlined by the National Archives and Records Administration CFR parts 42 and 45, NIST SP 800 series, Minimum Acceptable Risk Standards for Exchanges (MARS-E), and other Federal system security and privacy standards, including those identified in OBRA 1990 and OBRA 1993, as well as the Social Security Act Section 1927 (g).

MMA's system will continue to support appropriate confidentiality rules for requests for confidential communications (45 CFR 164.522(b)), within the confines of Federal and State laws and standards. We understand that it is the right of an individual to request restriction of uses and disclosures and that a covered entity must permit an individual to request that the covered entity restrict protected health information about the individual. MMA complies and will continue to comply with all applicable Federal and State laws, rules, and regulations regarding PHI, including 45 CFR 164.522(b).

MMA will adhere to recognized best practices during the execution of the scope of work for the AMPP contract, including the latest version of the NIST SP 800 series, at a minimum, related to security, interconnection of systems, risk mitigation, security planning, and cloud environments. Our system complies with NIST SP 800-53 Rev. 4 and Rev. 5, which address security and privacy controls for information systems and organizations. Per NIST SP 800-53 Rev. 5, which clarifies the relationship between requirements and controls for information security and privacy, MMA's approach to ensuring information security and privacy for our customers is now fully integrated and outcomes-based.

MMA follows all applicable privacy and security standards promulgated by CMS, enumerated under MARS-E, Version 2.0 to address the mandates of the Patient Protection and Affordable Care Act of 2010, including successor versions as required under 45 CFR §155.260. We fully comply with the comprehensive security and privacy controls specified in ACA regulations. MMA will continue to provide DHS with proof of our adherence to security standards through applicable reports.

MMA's Pharmacy Solution meets or exceeds all applicable Federal Regulations and is in full compliance with all privacy and security aspects protecting data confidentiality, including those as defined by the HIPAA Security Rule, and the HITECH Act. MMA's Pharmacy Solution supports the ability to securely manage

security-sensitive data including but not limited to managing users (on-board, off-board, update, credentialing, and role assignment, etc.), as well as managing user lock-out functions and user status. Our sensitive data are backed up regularly and stored in a secure environment. 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. AMPP data will continue to be encrypted while at rest and while in transit.

2. Describe all privacy and security incidences (i.e., a breach, improper disclosure) affecting the information of over 10,000 individuals that have occurred in systems implemented or maintained by the Respondent (its subsidiaries and affiliates) or any subcontractor within the past five years. Describe how you handled the incident(s).

Within the past five years, Magellan Rx and its affiliates (including MMA) and subsidiaries, including its subcontractors have experienced privacy and security incident affecting the information of over 10,000 individuals. Below is a summary of those incidents.

Year	Incident
2019	The Company's Information Security Team discovered that several unauthorized mailbox authentications and connections originating from outside the country had been occurring on an employee's Microsoft Office 365 email account, with all indications being that this activity was solely for the purpose of sending out large volumes of spam. We engaged Microsoft to assist in the investigation and to determine whether the hacker(s) accessed or downloaded any of the emails in the email account. However, despite our best efforts, and because of technical limitations with the email protocol used by the hacker(s), the conclusion was reached that no such determination could definitively be made. All emails which may have been accessible were thoroughly reviewed and members of any of our health plan customers whose PHI was contained in the emails were identified, and those health plans were notified accordingly. While we had no evidence or reason to believe that the hacker accessed any emails at all, out of an abundance of caution, individuals whose information was contained in at least one email within the impacted email account were mailed HIPAA Breach notification letters (either by us or by the customer health plan themselves) and members who had SSN impacted were offered credit monitoring and identity protection services. Also, additional security measures were implemented to our Outlook 365 system, employee trainings were reviewed and supplemented to, among other areas, emphasize appropriate use of emails and passwords, how to recognize and report phishing scams and protect member PHI and customer proprietary information.
2020	The Company was the victim of a ransomware attack from an unauthorized third party that disrupted our operations and services. Upon learning of this incident, we took immediate action including notifying the FBI, and launched an investigation to determine the scope and remediate the incident. The Company notified impacted customers, quickly restored all systems and operations, and completed all regulatory and impacted member notifications in compliance with applicable federal and state laws. In addition, appropriate security, and other measures, including additional training and education, have been implemented to fortify our systems to prevent future attacks.
2022	In 2022, the Company's audit vendor experienced a security breach that impacted greater than 500 members across a few of our clients in multiple jurisdictions. The vendor took steps to stop the threat and understand the scope of the situation, including hiring third-party forensic experts to conduct an investigation and technical remediation.

There have been no Prime Therapeutics security incidents that have impacted 10,000 or more members.

3. Provide a proposed System Security Plan in accordance with the details outlined in RFP Section 2.8.15

We have provided a proposed System Security Plan as *Exhibit 2* at the end of our System Proposal.

4. Describe how your proposed Solution will protect sensitive information, including but not limited to Client information and Provider information.

MMA has established policies and procedures to ensure the proper handling, use, and disclosure of PHI and other confidential information, including client and provider information, while administering pharmacy benefits. Our policies and procedures address the use of confidential data/privileged information and meet all applicable Federal and State requirements, including HIPAA, U.S. Department of Health and Human Services, ARRA, and HITECH requirements.

MMA's system will continue to apply security across the Internet (e.g., user profiles and passwords, level of encryption, certificates, firewalls, etc.) that meets or exceeds the current HIPAA/MARS-E (2.0 or current version) privacy and security regulations, FIPS 140-2 (FIPS 140-3 starting January 2026), NIST 800-52 v2 (or current version), as well as HITECH rules.

MMA's standard processes include restricted role-based access to all MMA systems and applications, and end-to-end procedures required for the privacy, protection, and processing of transactions, including correspondence and electronic communications, required by our customer contracts. All our security permissions are role-based, granting users access to only the information they need to know to do their jobs. The users and their roles are defined by our corporate security policies, HIPAA standards, and industry best practices.

NIST National Institute of Standards and Technology

As required by NIST SP 800-53 Rev. 4 Moderate Control Baseline, MMA utilizes multi-factor authentication (MFA), including unique user login/password credentials and a second form of authentication (e.g., text, telephone call, email). MFA provides another layer of security in addition to login credentials. With MFA in place, a user's identity is verified in multiple steps using different methods, such as identification through a registered device.

MMA provides HIPAA, PHI, and PII training for all employees. We require all workforce members to take HIPAA Privacy and Security training when they are hired. Subsequently, all workforce members are required to take annual refresher training, which includes any updates or changes to the privacy policies since the previous annual refresher training. Any employee who requests additional training, or whose performance is judged to be out of compliance with PHI Privacy practices, is provided coaching or additional training, as needed. The Privacy Team conducts several awareness and training campaigns throughout the year to promote privacy compliance.

5. How will you ensure security and confidentiality of information, while allowing for a free flow of information accessible through various means?

MMA's solution for the AMPP will continue to ensure security and confidentiality of information, while allowing for a free flow of information accessible through various means. MMA will provide authorized DHS users with access to FirstTrax, which allows for an unredacted review of detailed information. FirstTrax contains numerous search fields that allow users to locate information pertaining to clients, claims, pharmacy providers, drugs, prescribers, PAs, and call tracking. The FirstTrax application provides a standard set of required search parameters to protect the security, integrity, and responsiveness of the POS system as it processes in-flight transactions.

FirstTrax will display all data that is available in FirstRx including, but not limited to, current and historical claims detail, detailed PA information, TPL and lock-in information, claim pricing details including paid and submitted pricing information, co-pay information, client personal information, eligibility history, and pharmacy and medical provider information.

To protect security and confidentiality of information, access to our systems and the levels of security within our systems are defined by a role-based account. Our systems employ a detailed set of rules governing the set-up and maintenance of login IDs and passwords. The user's role serves two primary purposes: provide the appropriate level of security to the application to read, write, update, delete, etc., and limit user access to certain screens, features, functionality, and data.

MMA assigns a unique name or number for identifying and tracking user identity. Each user is assigned a unique user login/password credentials and must also use a second form of authentication (e.g., text,

telephone call, email) in order to log in. MMA's solution provides non-repudiation of data through the use of methods that prevent an individual or entity from denying having performed a particular action.

All changes made to data are tracked in our systems so that a full audit may be performed. The metadata about a change includes, but is not limited to, the change made, date change made, and user making the change. The user making the change could be a human operator, or it could be a process such as a file load.

MMA's strict oversight and controls in place ensure compliance with established security procedures, including logging requirements. The audit function collects and maintains information concerning security-related events for later review and analysis. At a minimum, information concerning application-level access, server-level access, server restore activities, database level access, database DML activity, database restore activities, and invalid access attempts to a protected resource must be captured. MMA's information systems securely generate audit records of all relevant significant security events.

8.2.8 Attachment G Functional Requirements Matrix

MMA has included our completed Attachment G Functional Requirements Matrix on the following pages. We have provided the exhibits required for the System Proposal after the matrix.

	A	B	C	D	E	F	G	H	I
1	Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty	Meets Requirement?	Describe How Requirements Met
2	BC1	Business Continuity	Standards	Vendor shall provide a readily available solution and architecture for all system components, environments, and business functionality. This solution shall meet all stated SLA's for availability and performance, as documented in the RFP for all business functions and in all sites sites including the Disaster Recovery / failover site.				Meets	As the incumbent AME Pharmacy Contractor, MMA's solution and architecture are currently in place for all Arkansas Pharmacy System components, environments, and business functionality. This solution will continue to meet all stated SLAs for availability and performance, as documented in the RFP for all business functions and in all sites, including the Disaster Recovery/failover site. MMA has a Disaster Recovery – Business Continuity and Contingency Plan (DR-BCCP) in place for Arkansas that includes a description of the approach and strategy to DR and BC and explains how the plan will meet the POS-specific RTO and RPOs. MMA has built layers of redundancy into the system to ensure adequate failover mechanisms are in place in the event of an adverse incident that could potentially affect business operations. Backup power generation systems, environmental and systems monitoring applications, hardware and network redundancies, mirrored disk, and data replication are some of the technologies used to reduce the potential for downtime during normal day-to-day operations.
3	BC2	Business Continuity	BCCP	In the event of an automatic (which is pre-defined by the State) or State-declared failover, the Vendor solution for all production Infrastructure must automatically reroute to another site. Should a failover occur, the Vendor must ensure no more than a maximum of four (4) hour Recovery Time Objective (RTO) and a maximum of one (1) hour Recovery Point Objective (RPO).	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria. RTO =4 hours, hours, RPO = 1 hour	If vendor fail to meet RTO and RPO SLA objectives, The State shall assess the liquidated Damages as: Resolution Performance Standard timeframe: $1,000 per hour for the period past the RTO Objective.	Meets	In the event of an automatic (as pre-defined by the State) or State-declared failover, MMA's solution for all production Infrastructure will automatically reroute to another site. Should a failover occur, MMA will ensure no more than a maximum four-hour RTO and a maximum of one-hour RPO. MMA has a separate cloud instance in a different availability zone for our cloud-hosted applications as well as our remote Sungard Availability Services DR facility for our data center-hosted systems that can provide timely failover to implement a recovery. Plan execution would be considered when an application service outage is expected to exceed 24 hours. The plan is activated at the discretion of the VP of IT Operations or his designee. Once activated, all or part of MMA's data processing activities will be restored at the alternate site.
4	BC3	Business Continuity	BCCP	Vendor shall test data center failovers, at least annually, with no impact to the business.	Yes	Should the DR test not be completed annually or if the DR test impacts the production system, the State will require liquidated Damages.	The State shall assess the liquidated Damages of 1,000 per day past the agreed upon date for DR Testing.	Meets	MMA will continue to test data center failovers, at least annually, with no impact to the business. Historically, our systems have been recovered within the RTO and RPO outlined in our DR plans. DR testing is conducted annually and, this year, concluded on June 30, 2023. All DR-tested applications were restored within specified RTO and RPOs.
5	BC4	Business Continuity	Disaster Recovery	Vendor shall ensure that the computing infrastructures for the DR-BCCP "planned drill exercise" is documented, and delivered to the State within ten (10) business days of test completion for approval. Vendor shall include a CAP and timelines for any identified deficiencies that require changes.				Meets	MMA will continue to ensure that a summary of the annual DR-BCCP "planned drill exercise," including the computing infrastructures for the DR-BCCP, is documented and delivered to the State within 10 business days of test completion for approval. MMA information systems, including our data warehouse and other business functions, are included in this annual exercise, which encompasses targeted production services and applications. A designated test time period is allocated to each mission critical system. Connectivity to the WAN is tested at the beginning of each rehearsal exercise. The test equipment is then isolated to protect production data during the remainder of the exercise. Should any deficiencies be identified that require changes, MMA will include a CAP and timelines to correct the identified deficiency.

	A	B	C	D	E	F	G	H	I
6	BC5	Business Continuity	Disaster Recovery	Vendor shall document, update, and provide, on a site-by-site basis, the detailed access (security control) plans, procedures, data security plans and procedures, and physical considerations for DR-BCCP which must be tailored to each location.				Meets	MMA will continue to document, update, and provide, on a site-by-site basis, the detailed access (security control) plans, procedures, data security plans and procedures, and physical considerations for our comprehensive DR-BCCP, which is tailored to each location. Our pre-existing proprietary systems, whether hosted in the cloud or in our own data center, are protected by a range of proactive measures to guard against system failures and to ensure the integrity of DHS data as they rest in our systems. MMA's AWS cloud-hosted applications are in a FedRAMP certified environment. For our cloud-hosted systems we have used a multi-availability zone-based architecture to design a highly available and fault-tolerant infrastructure. For applications hosted in our data center, data are replicated every day to a secure remote site located over 800 miles from the primary data center where we have both warm site hardware and shared hardware. All sites, including the SunGard Availability Services Philadelphia remote site, are connected to the MMA MPLS wide area network. In the event of a data center disaster, all applications will be recovered in priority sequence at the recovery site. The DR BCCP includes defined recovery roles and responsibilities, systems backup and recovery procedures, off-site media storage details, detailed hardware and software configurations, specifications, and emergency and critical business contacts information.
7	BC6	Business Continuity	Disaster Recovery	Vendor shall collaborate with the State while developing the processes and procedures on the execution of the DR-BCCP.				Meets	As we have in the current contract period, MMA will continue to partner and collaborate with the State while developing the processes and procedures on the execution of the DR-BCCP.
8	BC7	Business Continuity	Disaster Recovery	The following severity levels are to be used only for the purpose of deciding when to move to a failover disaster recovery site if the automated failover doesn't automatically trigger. The State will decide the Severity level of an incident that requires a manual failover to a Failover site. The Vendor must be able to migrate or failover to a new site successfully. 1. Severity Level 1 - Critical: Major system disaster where the only action is to move the system applications to the targeted backup (failover) sites immediately. Resolution time within four (4) hours of identification. Vendor to inform State they have moved or are in process of moving to DR site (State notification thirty (30) minutes) 2. Severity Level 2 - High: Major system outage with high degree of business impact. If the outage remains at this level beyond the stated RTO/RPO objectives designated for recovery, the System or any Component will be moved to a targeted host at the alternate (failover) site. Vendor to inform State they have moved or are in process of moving to Failover site (State notification thirty (30) minutes) 3. Severity Level 3 - Medium: Application/infrastructure problems where a business impact is occurring but not so severe to warrant the risk of an immediate failover to the disaster site. The State overtime may decide at a later point to failover based on business impact and risk. Vendor to contact State (within thirty (30) minutes) for State Decision about moving to Failover site.				Meets	MMA will continue to use State-approved severity levels 1 through 3 for critical, high, and medium level problems as described in Requirement BC7. We understand that these severity levels are to be used only for the purpose of deciding when to move to a failover disaster recovery site if the automated failover does not automatically trigger. MMA acknowledges that the State will decide the Severity level of an incident that requires a manual failover to a Failover site. We will follow State direction for severity level in the event of a disaster, and our proven disaster recovery approach will ensure that we are able to migrate or failover to a new site successfully.
9	BC8	Business Continuity	Standards	Vendor shall notify the State within 30 minutes of initial occurrence of a Sev 1, 2 or 3 incident or Deficiency (see BC7). The State defines an Incident, Deficiency, or Issue that is causing severe Financial or productivity impacts, including module or functionality downtime. The Vendor shall provide the plan for resolution within four (4) hours. Vendor must complete an incident report within twenty four (24) hours. Vendor shall use the State format and process for completing the Incident report.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	Liquidated Damages: The State shall assess the liquidated Damages for failure to notify, or provide plan of resolution, or fail to provide an Incident report. $1,000 per failure to perform.	Meets	MMA will notify the State within 30 minutes of detection of the initial occurrence of a Severity 1, 2 or 3 incident or deficiency as described in Requirement BC7. We understand that the State defines an incident, deficiency, or issue that is causing severe financial or productivity impacts, including module or functionality downtime. MMA will provide the plan for resolution of the Severity 1, 2, or 3 incident or deficiency within four hours of detection of the incident, deficiency, or issue. We will complete the required incident report within 24 hours of detection. MMA will use the State format and process for completing the Incident report.

	A	B	C	D	E	F	G	H	I
10	BC9	Business Continuity	Standards	Vendor shall be able to isolate the State's Production system and fail-over to the new site, when directed by the State.				Meets	MMA is able to isolate the State's Production system and fail-over to the new site, as approved by the State. We have built layers of redundancy into the system to ensure adequate failover mechanisms are in place in the event of an adverse incident that could potentially affect business operations. MMA has a separate cloud instance in a different availability zone for our cloud-hosted applications, as well as a remote DR facility for our data center-hosted systems that can provide timely failover to implement a recovery.
11	BC10	Business Continuity	BCCP	Vendor shall provide alternative workspace, temporary facilities, and documentation for critical Vendor staff in the event of a local operations site disaster.				Meets	Should a local operations site disaster occur, MMA will provide alternative workspace, temporary facilities, and documentation for our critical staff. Secure VPN access is provided to key employees enabling them to work from home should office facilities be unavailable or unusable due to sustained damages, isolation, quarantine, etc. Also, MMA operates call centers across the continental United States. To maintain consistent high quality customer services during temporary telecommunication disruptions or office closures, MMA can reroute telephone traffic from call centers, including after hours, to an alternate call center restoring critical customer services within a matter of minutes. In combination, these two measures can be used to counter the impact of high absenteeism associated with a disaster event.
12	BC11	Business Continuity	Testing	Vendor shall ensure adequate documentation and material are available the alternative workspace and temporary site.				Meets	MMA will ensure adequate documentation and material are available in the alternative workspace and temporary site.
13	BC12	Business Continuity	BCCP	Vendor shall provide descriptions of the Disaster Recovery - Business Continuity and Contingency Plan (DR-BCCP) execution plan, the hierarchy of planned events, key roles and responsibilities, and tools for communicating event status to Stakeholders.				Meets	MMA has a DHS-approved DR-BCCP supporting the AME Pharmacy Contract. During the Implementation Phase of the new contract period, MMA will partner with DHS to review our in-place DR-BCCP and determine whether updates are needed for the new contract period. This discussion will include a review of the DR-BCCP execution plan, the hierarchy of planned events, key roles and responsibilities, and tools for communicating event status to stakeholders.
14	BC13	Business Continuity	BCCP	Vendor shall ensure periodic reviews of the (DR_BCCP) are conducted to ensure a timely restoration, continuity of services and test them as part of annual DR test execution. Reviews and annual testing are required and must be submitted to the State for approval.				Meets	MMA will continue to ensure that periodic reviews of the DR-BCCP are conducted to ensure a timely restoration, continuity of services, and we will perform an annual DR test execution. Reviews and annual testing will be submitted to the State for approval. Rehearsal results are summarized and reported to Senior Management within two weeks of exercise completion. The recovery teams keep detailed logs for use in updating backup and recovery procedures at the conclusion of each exercise. Recovery plans are reviewed quarterly and updated at the end of each exercise or as changes in the MMA computer operations environment dictate.
15	BC14	Business Continuity	BCCP	Vendor shall document the Technical Infrastructure Plan (TIP) to adequately support the content and design of the DR-BCCP, ensuring the State's technical and operational performance measures and SLAs are met. Reviews and updates must be done of the DR-BCCP when major hardware or software is installed or updated.				Meets	MMA will continue to document the Technical Infrastructure Plan (TIP) to adequately support the content and design of the DR-BCCP, ensuring the State's technical and operational performance measures and SLAs are met. The continuously updated TIP provides a basis of technical governance for the administration of the AMPP. This includes an inventory of infrastructure assets (bill of materials), as well as plans for configuration management, release management, security and privacy, network design and management, disaster recovery and business continuity and contingency, systems and services, shared services implementation, and current Federal (CMS) Certification Criteria. We will continue to review and update the DR-BCCP when major hardware or software is installed or updated, throughout the life of the contract.

	A	B	C	D	E	F	G	H	I
16	BM1	Business Methodology	System, Tools and Technical Capabilities	Vendor shall maintain date-specific Provider enrollment and demographic data, which is currently maintained by and received from the Core/MMIS system, which includes the Provider's Drug Enforcement Administration (DEA) numbers.				Meets	MMA's proven, in-place AMPP solution maintains date-specific provider enrollment and demographic data, which is currently maintained by and received from the Core/MMIS. MMA will continue to receive and maintain provider enrollment files in FirstRx, including the pharmacy and prescriber National Provider Identifier (NPI) and information required for electronic claim submission and to fulfill any associated downstream reporting needs. FirstRx maintains current and historical provider effective and termination dates, and other data such as provider type, specialty, license information to support pharmacy claims processing. The provider's DEA number will be maintained in the FirstRx system as an attribute and will be linked to prescriber identification numbers and specialty information.
17	BM2	Business Methodology	System, Tools and Technical Capabilities	Vendor's solution must support the use of an NPI and State-defined alpha-numeric Medicaid provider identification number(ID). The Medicaid provider ID is a smart number with the last two digits defining the provider type and is used in MMIS claims processing rules.				Meets	MMA's solution will continue to support the use of an NPI and State-defined alpha-numeric Medicaid provider ID. The Medicaid provider ID is a smart number with the last two digits defining the provider type and is used in MMIS claims processing rules. FirstRx accepts NPI numbers from providers on all claims and encounters and provides the ability to capture other ID numbers, such as the identifiers supported per the NCPDP D.0 standard. MMA requires the pharmacy to input a valid NPI for all claims. We use the standard NCPDP file to reference the pharmacy provider NPI. FirstRx validates provider eligibility in real time access, including the pharmacy and prescriber NPI and authorization IDs for electronic submission of claims.
18	BM3	Business Methodology	System, Tools and Technical Capabilities	Vendor shall assign each claim a unique identifier, upon the claim entering the system. Vendor shall control, track, and reconcile captured claims to ensure that all claims received are processed.				Meets	MMA controls, tracks, and reconciles captured claims to ensure that all claims received are processed. FirstRx assigns a unique Internal Control Number (ICN) for every claim that enters the system, regardless of the mode of submission. The ICN is the master index for all claim-related activity, including adjudication, reversal transaction, quantity and financial accumulations, and all claim-related extracts. FirstRx enables end-to-end claim tracking from receipt of the first new day claim, through adjustments and final payment. FirstRx also tracks denied claims.
19	BM4	Business Methodology	System, Tools and Technical Capabilities	Vendor shall update NDC, diagnosis, and all other applicable reference and pricing data, when changes are published to the standards (e.g., ICD) as directed by the State.				Meets	MMA will continue to update NDC, diagnosis, and all other applicable reference and pricing data, when changes are published to the standards (e.g., ICD) as directed by the State. All reference data and business rules (e.g., diagnosis and procedure data, client eligibility records, drug records, etc.) include effective dates in the system. Claims adjudication uses the rules in effect on the date of service and checks reference data elements to determine the applicable rules for claims processing. FirstRx supports and will continue to support the up-to-date ICD-10 code set as stipulated in 45 CFR Part 162.1002. We adjudicate claims according to DHS requirements for which an ICD-10 diagnosis code(s) is submitted on the claim and/or the client has an ICD-10 code(s) defined in their profile. FirstRx looks for a specific diagnosis as seen in medical claims history or submitted on the claim by the provider to identify the presence of a disease state.

	A	B	C	D	E	F	G	H	I
20	BM5	Business Methodology	System, Tools and Technical Capabilities	Vendor's system must verify that the client is eligible on the date of service and not otherwise restricted (e.g., enrolled in a Managed Care Organization (MCO) or a lock-in program, receiving medication through a waiver program, or a disease management program).				Meets	FirstRx verifies that the client is eligible on the date of service and not otherwise restricted (e.g., enrolled in an MCO or a lock-in program, receiving medication through a waiver program, or a disease management program). FirstRx uses current and historical client eligibility data that are provided on the MMIS eligibility file, which is transmitted daily and stored in the FirstRx client enrollment record to support eligibility verification. Eligibility files can also be loaded as frequently as every 15 minutes, if that is needed to ensure that eligibility information is always up to date. FirstRx supports client eligibility verification using the Eligibility Verification (E1) transaction, which may be used to determine the client's eligibility status on the date of service (DOS). FirstRx supports the State's lock-in program by performing checks based on submitted data for pharmacy or prescriber lock-in, specific to that location, specialty, prescriber type, or for the specific member. Claims submitted by an unauthorized pharmacy or prescriber are denied at the POS unless the State approves an override. Requirements can be bypassed as determined by DHS for certain medications when specific medical conditions exist. Prescribers are encouraged to include the applicable diagnosis code on written prescriptions for inclusion on the electronic pharmacy claim.
21	BM6	Business Methodology	System, Tools and Technical Capabilities	Vendor shall verify that the pharmacy and the prescribing providers are eligible on the date of service and that all dates on the claim are valid and reasonable. Vendor shall process claims against all State-defined service limitations and ensure the claim is not a duplicate of a previously adjudicated claim.				Meets	MMA will continue to verify that the pharmacy and the prescribing providers are eligible on the date of service and that all dates on the claim are valid and reasonable. We process claims against all State-defined service limitations and ensure the claim is not a duplicate of a previously adjudicated claim. FirstRx is configured to ensure the provider is present and valid in the Arkansas Medicaid participatory panel, including integrating with NPPES for NPI and other verification. The claim will be denied at the POS and return the appropriate NCPDP error message to the submitter if the provider record is terminated, suspended, or is not on file as compared to the claim DOS. FirstRx supports the ability for authorized users to manually add or terminate a provider's record outside of the typical load process to address critical access to care issues. MMA will continue to maintain and support a separate file of claims history in FirstRx for duplicate checking, drug cap editing, and prepayment DUR. FirstRx has the functionality to deny duplicate claims based on a comparison from the incoming claim to paid historical claims. FirstRx automatically informs the provider that the current claim is an exact or possible duplicate and denies that claim as appropriate. Duplicate claim logic settings are configurable for authorized users under system configuration maintenance screens accessible via navigation in the GUI.
22	BM7	Business Methodology	System, Tools and Technical Capabilities	Vendor shall price claims according to the policies of the program the client is enrolled in at the time of service and edit for concurrent program enrollment. The Vendor's system must deduct Client co-payment, as appropriate, when pricing claims.				Meets	MMA will continue to price claims according to the policies of the program the client is enrolled in at the time of service and edit for concurrent program enrollment. FirstRx deducts client co-payment and tracks copay limits, as appropriate per DHS direction, when pricing claims. Since January 2023, FirstRx has been configured to support the ARHOME cost sharing project, which provides cost sharing for adult Medicaid clients. The ARHOME co-pay limits the total amount clients pay each quarter (three-month period). Once a client meets the limit, they will not pay co-pays for the rest of that quarter. The client starts paying co-pays again the next quarter.

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23	BM8	Business Methodology	System, Tools and Technical Capabilities	Vendor shall ensure that claims contain all required fields and that prior authorizations are established, as defined by the State or DUR board.				Meets	MMA will continue to ensure that claims contain all required fields and that PAs are established, as defined by the State and the DUR Board. MMA uses our established quality and validation procedures to ensure that all claims submitted are complete and conform to the NCPDP telecommunications format standard D.0. FirstRx ensures that each incoming transaction is subject to syntax editing (e.g., number-only fields are numeric), and that the transaction is subject to relational editing (e.g., the submitted client number is on file and eligible) and ensures that the transaction data are consistent with the NCPDP field and valid code values. FirstRx fully processes the transaction and returns up to the maximum allowed number of edit responses as set by NCPDP. For claim submissions that do not meet PA requirements as defined by DHS and the DUR Board, submitting providers may be instructed about the product's preferred or non-preferred status, alternate therapies that do not require PA, or valid disease states or diagnoses for authorization approval. All information conveyed through supplemental messaging will continue to be at the direction of DHS.
24	BM9	Business Methodology	System, Tools and Technical Capabilities	Vendor shall provide user-friendly web-based access for up-to-date pharmacy information and a search engine for keywords. All editing information for a given drug must be centralized (i.e., located in one place).				Meets	MMA will continue to provide user-friendly web-based access for up-to-date pharmacy information and a search engine for keywords. MMA provides a web-based application that provides user-friendly access to up-to-date pharmacy information. This access includes search capability and features that allow edit and audit information for drugs to be accessed from a central location. A hyperlink in FirstRx lets the user click NDC to go to drug lookup, and the user can also click to look up a pharmacy. FirstTrax provides drug and pharmacy lookup capability in a tabular format. Portal users can also use the pharmacy locator to obtain drug lookup and pharmacy locator information.
25	BM10	Business Methodology	System, Tools and Technical Capabilities	Vendor shall provide the ability to track and report cost containment measures based on edits, and State upper limits, as approved by the State.				Meets	MMA will continue to provide the ability to track, and report cost containment measures based on edits, and State upper limits, as approved by the State. We provide information and analyses to Arkansas that identify and quantify ongoing cost savings and cost avoidance produced by each cost management function. FirstRx provides the State with an agile, highly configurable system with 6,372 Medicaid-tailored claim checks and edits that manage care within the guidelines of Medicaid rules. FirstRx fully supports NCPDP COB processing. FirstRx is configured to allow COB data elements as directed by DHS, such as which other coverage codes must be submitted on the claim to result in a claim to pay or deny (e.g., deny claims submitted with another coverage code = 1 for clients with an active TPL record).
26	BM11	Business Methodology	System, Tools and Technical Capabilities	Vendor shall capture and permit online inquiry by any of the following: NDC, Pharmacy ID, Provider ID, or drug name to any change to a claim. Vendor shall ensure any changes to a claim are documented via audit trail (i.e., quantity changed, dollars recouped).				Meets	MMA's AME Pharmacy Solution will continue to capture and permit online inquiry by any of the following: NDC, Pharmacy ID, Provider ID, or drug name to any change to a claim. We ensure that any changes to a claim are documented via audit trail (i.e., quantity changed, dollars recouped). FirstTrax will continue to provide online inquiry access to the Pharmacy POS System to designated DHS staff members. Information including, but not limited to, detailed PA information, TPL and lock-in information, claim pricing details including paid and submitted pricing information, co-pay information, client personal information, eligibility history, and pharmacy and medical provider information is available. Authorized DHS users have access to detailed claims information as well as all the historical claims information in FirstRx.
27	BM12	Business Methodology	System, Tools and Technical Capabilities	Vendor's system must ensure business rules are written to always bypass/override any obsolete codes found on a client profile.				Meets	FirstRx is configured to ensure business rules are written to always bypass/override any obsolete codes found on a client profile. All reference data and business rules (e.g., diagnosis and procedure data, client eligibility records, drug records, etc.) include effective dates in the system. Claim adjudication uses the rules in effect on the date of service and checks reference data elements to determine the applicable rules for claims processing. This ensures that any obsolete codes found on a client profile are not used in adjudication.

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28	BM13	Business Methodology	System, Tools and Technical Capabilities	Vendor shall maintain current and historical coverage status and pricing information on all drugs.				Meets	FirstRx will continue to maintain current and historical coverage status and pricing information on all drugs. MMA maintains Arkansas' drug and formulary file in FirstRx tables that are fully integrated into the POS adjudication engine. In addition to being used during claim adjudication, the table(s) associated with the State's drug and PDL benefit drive our Web Drug Lookup tool. This tool allows for user-friendly, real-time direct queries of the drug file that return Arkansas-specified details related to coverage status, limitations, and prior authorization requirements. In addition, FirstRx supports an unlimited number of pricing segments for all Arkansas Medicaid-defined price types. Each price record contains an effective date and termination date to ensure that the correct record is used in claim processing. Price records are also assigned a sequence number to support the unlikely possibility of overlapping price segments; in this way, FirstRx ensures the selection of the most effective record based upon the claim date of service, as well as the price record sequence number, is selected for claim processing.
29	BM14	Business Methodology	System, Tools and Technical Capabilities	Vendor shall provide the following system integration functions and include: 1. The capability to directly access external data models. 2. The capability to allow authorized users to write rules without defining and maintaining a data dictionary. 3. The capability to deploy facilities for rapid integration of rules into existing production systems, including generation of configuration and rule invocation files. 4. The capability to have predefined integrations with application server software, including regular updates to stay up to date with new versions of the application servers. 5. The capability to update rules in the production application without the need to shut down or restart the production application. 6. The capability to pass or transfer data to and from the rules service without requiring conversion to one of a limited number of supported data types.				Meets	MMA will continue to provide the system integration functions listed in Requirement BM14. 1. The MMA Rules Architecture provides the capability to directly access external data models. Our SOA makes it possible, from within a rule, to access external data models by wrapping them in a service and accessing said service through our enterprise service bus. MMA has several active customers now for whom we have implemented rules that access external data when executed. 2. MMA's applications enable authorized users to write rules rapidly without defining and maintaining a data dictionary to support the changing needs of our customers' pharmacy programs. 3. Our solution supports the rapid integration of rules into existing production systems, including generation of configuration and rule invocation files. Our systems have been designed to provide both flexibility and configurability in establishing and modifying edits and rules through on-line functions. 4. MMA will continue to have predefined integrations with application server software, including regular updates to stay up to date with new versions of the application servers. Our System Refresh Policy proactively addresses end-of-life hardware and software systems. We provide our customers with routine system maintenance at no additional cost. 5. When rules have completed the verification process dictated by our established Change Management process, they can be deployed into production without the need to shut down or restart any of the downstream applications. 6. Our data exchanges comply with industry standards for interoperability and data integration needs where applicable, and we can pass or transfer data to and from the rules service without requiring conversion to one of a limited number of supported data types.
30	BM15	Business Methodology	System, Tools and Technical Capabilities	Vendor shall update all procedure, diagnosis, and drug files on a timeline to be determined by the State.				Meets	MMA will continue to update all procedures, diagnosis, and drug files on a timeline to be determined by the State. Our solution maintains up-to-date drug coding, pricing, indication, contraindication, and dosing files from First Databank (FDB) and other updates received from DHS-approved sources. We use the FDB drug compendia to load new and deleted NDCs weekly, as directed by the State. MMA receives weekly updates from FDB that include additions, modifications, pricing, and deletions to the drug file, as well as related drug clinical parameters. The application or load of FDB files to the adjudication engine is automated, and approved updates are logged at each individual NDC.

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31	BM16	Business Methodology	System, Tools and Technical Capabilities	Vendor's system must provide the following dialog support functions to include: 1. The capability to support State sessions for tracking what has occurred to date in a transaction and continuing with session-appropriate questions and dialog. 2. The capability to group questions into sets for easy interactive retrieval and storage of multiple data items without having to write separate code for each. 3. The capability of working with interactive prompts designed for the production system without requiring separate “test only” code substitutions in the integration testing environment. 4. The capability to build interactive rules-driven interfaces.				Meets	MMA’s system will continue to provide the following dialog support functions to include each of the capabilities listed in Requirement BM16. 1. We provide the capability to support State sessions for tracking what has occurred in a transaction and continuing with appropriate questions and dialog. Most of our rules are focused on the adjudication of pharmacy claims received from the POS, which are processed in seconds as an electronic transaction and do not have a need for a long-running, persistent process wrapper. However, the PA process can be interactive, and that workflow supports a long-running process that can be persisted with all needed state information and then re-instantiated as needed to move to the next workflow step. 2. MMA’s solution groups questions into sets for easy interactive retrieval and storage of multiple data items without having to write separate code for each. The configurable, business rules-driven clinical decision module within FirstTrax, MRx Decide, is a proprietary web-enabled, secure tool that is table- and parameter-driven, allowing rules to be grouped into sets to make it easier for the user to deal with the quantity and to work with groups without having to write separate code for each. 3. Our solution provides the capability of working with interactive prompts designed for the production system without requiring separate “test only” code substitutions in the integration testing environment. At MMA, the code we tested is exactly the code we deploy. 4. In both the Graphical User Interface of MMA’s FirstTrax application and in the Data Exchange or Integration Server layer on which it depends, interfaces are rules driven and interactive. If conditions change, and a different behavior is required, it can be realized by changing the rules and does not require software development and a deployment that contains new source code.
32	BM17	Business Methodology	System, Tools and Technical Capabilities	Vendor shall maintain date sensitive parameters for all Reference Data Management data.				Meets	FirstRx will continue to maintain date-sensitive parameters for all Reference Data Management data. All reference data and business rules (e.g., diagnosis, lab and procedure data, client eligibility records, drug records, etc.) include effective dates in the system. Claim adjudication uses the rules in effect on the date of service and checks reference data elements to determine the applicable rules for claims processing.
33	BM18	Business Methodology	System, Tools and Technical Capabilities	Vendor shall verify any data item that contains self-checking digits (e.g., NPI) passes the specified check-digit test.				Meets	FirstRx will continue to verify any data item that contains self-checking digits (e.g., NPI) passes the specified check-digit test. FirstRx ensures that each incoming transaction is subject to syntax editing (e.g., number-only fields are numeric and alpha-only fields are alpha), and that the transaction is subject to relational editing (e.g., the submitted client number is on file and eligible) and ensures that the transaction data are consistent with the NCPDP field and valid code values.
34	BM19	Business Methodology	System, Tools and Technical Capabilities	Vendor shall manage the drug file from the State's current vendor, to maintain the State pricing methodology for Outpatient drugs, which is the "lessor of" payment methodologies NADAC, WAC, SAAC, or FUL, and any others identified by the State.				Meets	MMA will continue to manage the drug file from the State’s current vendor (FDB), to maintain the State pricing methodology for Outpatient drugs, which is the "lessor of" payment methodologies NADAC, WAC, SAAC, or FUL, and any others identified by the State. Our solution currently maintains up-to-date drug coding, pricing, indication, contraindication, and dosing files from FDB. MMA receives weekly updates from FDB that include additions, modifications, pricing, and deletions to the drug file, as well as related drug clinical parameters.
35	BM20	Business Methodology	System, Tools and Technical Capabilities	Vendor shall be responsible for the propagation and testing into production any updates that the State defines to update rules/algorithms and codes.				Meets	MMA will continue to be responsible for the propagation and testing into production any updates that the State defines to update rules/algorithms and codes. FirstRx is a highly configurable, adaptable, and responsive system in which trained Business Analyst (Benefit Configuration Specialist) staff implements 98% of all rule changes without the need for programming or hard coding. As the State defines new rules/algorithms and code, the MMA Benefit Configuration staff will execute testing of proposed business rule changes. Following deployment to the production environment, production trial claims are submitted to validate the edit functionality.

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36	BM21	Business Methodology	System, Tools and Technical Capabilities	Vendor shall ensure that all history and current records for previous edit and audit criteria are carried forward into the Vendor's system.				Meets	As the incumbent AME Pharmacy Contractor, MMA has an in-place solution that is fully configured to support the needs of Arkansas Medicaid and the policy and requirements of DHS. We will continue to ensure that our FirstRx system enforces all State-approved editing and audit criteria for the AMPP.
37	BM22	Business Methodology	System, Tools and Technical Capabilities	Vendor's system must provide the following help and documentation functions: 1. The product must have context sensitive help available in the Integration Environment. 2. The product must have documentation, examples, tutorials, and help files available in commonly used formats for all product features. The documentation and other aids must be effective for both novice and experienced business users. 3. The product must have documentation and information on best practices included in the documentation.				Meets	MMA's system will continue to provide the help and documentation functions listed in Requirement BM22. 1. Our solution features context-sensitive help available in the Integration Environment. MMA routinely provides user help functionality including field-level tooltips, on-screen instructions, supplementary pop-up windows containing relevant help content, as well as a help page regarding the user experience. In addition, tool tips are used to provide context-sensitive feedback to the user when they hover or mouse-over fields or interactive areas of the screen. 2. Our solution includes documentation, examples, tutorials, and help files available in commonly used formats for all product features. The documentation and other aids are effective for both novice and experienced business users. SOPs, user guides, job aids, and tutorials are provided to DHS and designed to be used with web-based training and as stand-alone job support. All user guides include a table of contents. Definitions of codes, acronyms, abbreviations, and field names are consistent throughout the documentation and applications. The user guides contain tables with field names, definitions, and valid values. Specific DHS role-based job aids are provided as supplemental training documentation to the user guides. 3. MMA's product includes documentation and information on best practices included in the documentation. Our systems are complex and offer numerous ways to perform tasks that facilitate the business process in different contexts. As part of our documentation, MMA includes notes that show the best practice for performing a given function in each context.
38	BM23	Business Methodology	System, Tools and Technical Capabilities	Vendor shall support end user online access to policy origination document references by hyperlinks.				Meets	MMA will continue to support end-user online access to policy origination document references by hyperlinks. MMA stores metadata associated with each rule and each change to each rule. The metadata are populated by convention to include information about the origin or the required modification to the rule. The unstructured nature of the metadata enables MMA to include hyperlinks as part of the convention where appropriate. The Benefit Configuration Specialist makes use of the notes functionality in FirstRx to apply a short description and CCM number when configuring changes. This information is used to cross reference to the specific change request which provides additional detail if needed for auditing purposes.
39	BM24	Business Methodology	System, Tools and Technical Capabilities	Vendor shall review all Pharmacy technical, operational and support requirements, including ad hoc Reporting with affected State staff and State IT entities.				Meets	MMA will continue to review all pharmacy technical, operational and support requirements, including ad hoc reporting with affected State staff and State IT entities. As the incumbent AME Pharmacy Contractor, our implementation effort will be extremely low risk and will not disrupt business in any way. During the Implementation Phase, MMA will analyze and formally document all requirements for the new contract period into a Requirements Analysis Document (RAD), which will be walked through and submitted to the State for review, approval, formal sign off, and acceptance. In operations – as part of our established change management process, we will create the appropriate documentation and requirements and review with State staff. For large projects, our Operations Manager reviews all deliverables with State staff to receive final signoff. Examples of when this approach was used include the successful ARIES and ARHOME implementation projects.

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40	BM25	Business Methodology	System, Tools and Technical Capabilities	Vendor shall provide all remote facility infrastructure, along with communications and collaboration products and services needed to interoperate with the State's infrastructure during the contract period.				Meets	As the incumbent AME Pharmacy Contractor, MMA has remote facility infrastructure, communications, collaboration products, and required interoperation services in place and functioning to support DHS and the AMPP. MMA will continue to provide all remote facility infrastructure, along with communications and collaboration products and services needed to interoperate with the State's infrastructure during the contract period. For example, MMA has infrastructure and tools in place with a rich set of adapters that can connect to many of the external entities such as clearing houses, trading partners, and other affiliates to exchange information. Messages can be exchanged in real time (VPN/HTTP/Web Services) or by batch (FTP/SFTP) and can be encrypted at message level or transport level. The SOA-based architecture applied across our solution supports real-time data exchanges through APIs and web services.
41	BM26	Business Methodology	System, Tools and Technical Capabilities	Vendor shall provide all access and capabilities of any Vendor supplied tools and must be accessible and usable by the State appointed staff at no additional cost to the State.				Meets	MMA currently provides and will continue to furnish the tools needed to administer the AMPP. These tools are accessible and usable by the State-appointed staff at no additional cost to the State. State users who are properly authorized and credentialed will be able to access our solution via any platform that can run a modern browser such as Chrome, Firefox, Safari, and Microsoft Edge, and that can be connected to the Internet. The only MMA applications used by DHS that require a license are FirstTrax and MRx Explore, which MMA will continue to provide. MMA will continue to provide our Learning Management System (LMS), which gives authorized State staff 24/7/365 access to Computer-Based Training (CBT) and other resource materials on our system(s). MMA currently provides and will continue to provide two pharmacists at the State, paying their salaries and providing licenses for the medical references MicroMedex and Up-to-Date.
42	BR1	Business Rules Engine	Documentation Management	Vendor shall produce and maintain documentation; in accordance with State agreed upon schedule. Documentation includes all business rules, in electronic format and/or accessible via the Pharmacy system.				Meets	MMA will continue to produce and maintain documentation; in accordance with the DHS agreed-upon schedule. Documentation includes all business rules, in electronic format and/or accessible via the Pharmacy System. We make the documentation available in electronic format and accessible via the pharmacy system. The FirstRx system can produce a Plan Benefit Summary. This screen, which can also be displayed as a report, shows all of the adjudication rules that are in place at a certain point in time.
43	BR2	Business Rules Engine	System, Tools and Technical Capabilities	Vendor shall deliver the system with a pre-defined automated set of rules. Vendor shall ensure all rules be documented and be able to evolve and expand at the state's discretion.				Meets	MMA will continue to provide our proven FirstRx system that features a fully configurable, pre-defined automated set of rules that currently reflect the State's policies. MMA will continue to ensure that all rules are documented in the Requirements Analysis Document (RAD) and are able to be modified and expanded at the State's discretion. The rules in FirstRx ensure compliance with named standards and ensure that all required elements are present and in the correct format. Additionally, FirstRx is configured to support a defined set of business rules related to claim validation, processing, and edit disposition.
44	BR3	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must provide a Business Rules Management System used to develop and maintain system business rules and it must be written in a language that can be easily understood and utilized within other components of the AMPP and AME.				Meets	MMA's system will continue to provide a Business Rules Management System used to develop and maintain system business rules. Our system is written in a language that can be easily understood and utilized within other components of the AMPP and AME. The MMA Business Rules Architecture consists of a collection of rules stores that drive the real-time functionality of the application they serve. For the cases where the functionality of these applications is driven by the same set of rules, the stores are shared so that no descriptions of business logic need to be duplicated. The MMA Business Rules Architecture allows our application functionality to be modified by business users in response to changes in requirements without having to engage software developers to make modifications to program code.

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45	BR4	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must have the capability to implement changes to the Arkansas Medicaid Pharmacy Program business rules quickly and efficiently, according to the assigned role of an end-user (e.g., Vendor, or by designated State staff).				Meets	MMA's system will continue to implement changes to the AMPP business rules quickly and efficiently, according to the assigned role of an end-user. The inherent flexibility of the claims engine allows 98% of all program edits and benefit configuration to be accomplished by Benefit Configuration Specialists Kasie Cressin and Chantay Blackwell working through the claim engine GUI interface. All changes to configuration or State directives are captured on a Change Control Memo (CCM) and logged so any alterations to the claim engine are logged and documented.
46	BR5	Business Rules Engine	Methodology	Vendor shall meet State defined time frames and priorities for processing user requests.				Meets	MMA will continue to meet State-defined time frames and priorities for processing user requests. In the new contract period, MMA will continue to partner with the State to determine the appropriate scheduling based on State priorities and level of effort required for change.
47	BR6	Business Rules Engine	Analytics and Algorithms	Vendor's system must provide edit processes that allow business rules to be configured by a trained business analyst and not hard coded in the system.				Meets	FirstRx provides editing processes that allow business rules to be configured by a trained business analyst and not hard coded in the system. The configurability of FirstRx allows the responsive and quick support of the AMPP with program-specific edits without having to modify our core software. In the highly flexible FirstRx system, program changes are configurable by a business analyst and do not require any development or customization efforts. This feature allows us to add, change, or remove processing rules to accommodate State and Federal requirements.
48	BR7	Configuration & Integration	Edits and Audits	Vendor's system must have the ability for the State to define both beginning and end dates for all edits and audits.				Meets	MMA's system will continue to have the ability for the State to define both beginning and end dates for all edits and audits. MMA ensures that the data and reference files used for adjudication are accurate by following our well-established procedures to load each record with a begin and end date, including reference files such as provider data, client data, and the weekly supplied drug compendia and price point data. These reference files support business functions for claims adjudication. All updated data will be immediately used to support the accurate and timely disposition of pharmacy claims and encounters processing. FirstRx features a complete audit trail functionality and includes specific time and user stamps for each record update.
49	BR8	General Technical Standards	BRE/BRM	Vendor's system must utilize rules-based, table-driven, modular, and reusable components regularly or as defined by the State.				Meets	MMA's solution will continue to use rules-based, table-driven, modular, and reusable components regularly or as defined by the State. MMA's parameter-driven, rules-based programming techniques make our technical solution flexible, and our loosely-coupled SOA makes it interoperable and reusable. Our FirstRx pharmacy POS system and our other systems have been designed to provide both flexibility and configurability in establishing and modifying edits and rules through on-line functions. Our applications enable business users to rapidly make configuration updates and system modifications to support the changing needs of our customers' pharmacy programs.
50	BR9	Business Rules Engine	Methodology	Vendor's system must validate that numeric items with definitive upper and/or lower bounds are within the proper range.				Meets	FirstRx will continue to validate those numeric items with definitive upper and/or lower bounds that are within the proper range. MMA uses quality and validation checks to ensure accuracy of the information before the claim is adjudicated. MMA will continue to use our established quality and validation checks to ensure that all claims submitted conform to the NCPDP telecommunications format standard D.0. FirstRx ensures that each incoming transaction is subject to syntax editing (e.g., number-only fields are numeric), and that the transaction is subject to relational editing (e.g., the submitted client number is on file and eligible) and ensures that the transaction data are consistent with the NCPDP field and valid code values.
51	BR10	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must provide the flexibility to define business rules by inclusion or exclusion.				Meets	The highly agile FirstRx system will continue to provide the flexibility to define business rules by inclusion or exclusion to support the State's plan requirements. Due to the range of flexibility inherent in FirstRx, our ability to create and configure business and clinical rules is virtually unlimited.

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52	BR11	Pharmacy Operations	BRE/BRM	Vendor's system must provide systematic sharing of business rules for the edits, audits, and pricing for drugs via medical claims and pharmacy claims.				Meets	Our Pharmacy Solution provides systematic sharing of business rules among components, such as FirstRx, FirstTrax, and FirstIQ. Edits configured at the direction of the State may use information submitted on the incoming claim or found in the patient's clinical history for claim determination. FirstRx will continue to provide extensive configuration options to process Automated Prior Authorizations. Historical claims data as well as medical claims data are available to be used during claims processing. FirstRx may also use data such as diagnosis codes submitted on the incoming claim (if not already existing on the patient's file) as determination factors when processing PA rules. MMA has implemented a process for the AMPP that allows us to exchange information with clinical laboratory providers using the LOINC code set that is the only publicly available universal standard for laboratory test names. Clinical lab providers participate in our Lab Link Program and can provide client lab results data information, as approved by DHS. This information is received by FirstRx and stored in the client profile for use in the claims adjudication process, as well as loaded into FirstIQ for use in RDUR and MRx Explore for use in reporting and analysis. For RDUR, the above data is incorporated into the clinical criteria in FirstIQ that enable MMA to evaluate customer data for actual lab results data. Through our FirstRx Code Table Maintenance functionality, we can add new price types as directed by the State, which is accomplished through the FirstRx GUI and does not require application development. We will continue to partner with the State to identify any other potential submitted data elements that may be useful to support policies and procedures for prior authorization.
53	BR12	Business Rules Engine	System, Tools and Technical Capabilities	Vendor system's customization of the rules must be flexible to support processing requirements throughout the pharmacy solution and must be easily adaptable to accommodate timely changes in response to legislative or administrative mandates, both state and federal.				Meets	FirstRx's customization of the rules is flexible to support processing requirements throughout the pharmacy solution and is easily adaptable to accommodate timely changes in response to legislative or administrative mandates, both State and Federal. The rules repository accessible through FirstRx and FirstTrax is sufficiently robust to support a very wide range of processing requirements directly through supported functionality and without having to resort to programming changes. This claim is supported by the many implementations of these applications in state Medicaid programs across the United States. MMA's systems have repeatedly shown to be powerful and sufficiently flexible to accommodate states' Medicaid enterprises without resorting to multiple divergent instances of hard-coded functionality. Our proven pharmacy POS and ancillary systems are currently implemented and CMS certified for 15 Medicaid programs.
54	BR13	Business Rules Engine	Standards	Vendor's system must utilize rules engine concepts or configurable component parts for managing business change in the operations, specifically to allow updating without having to make changes to the Pharmacy system's software or applications				Meets	MMA's solution will continue to use rules engine concepts or configurable component parts for managing business change in the operations, specifically to allow updating without having to make changes to the Pharmacy System's software or applications. Our systems business logic is governed by a set of rules, and these rules may be modified by business users without having to engage software developers to modify program code. This flexibility means decreased risk and cost to the AME. In the upcoming contract period, MMA's in-place systems will continue to provide the appropriate level of functionality required to support Arkansas' policy goals and its pharmacy enterprise.
55	BR14	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must provide a business rule engine or Business Rule Management System (BRMS) and must allow the enterprise to maintain a single source of business rules.				Meets	MMA's proven, in-place system will continue to provide a business rule engine or Business Rule Management System (BRMS) and allows the enterprise to maintain a single source of business rules. FirstRx stores metadata, populated by convention, associated with each rule and each change to each rule. The convention includes information about the origin or required change. In addition to the metadata, the system also tags each version of a rule with a username and timestamp indicating when and by whom the version was saved. This dual audit trail allows MMA to identify a single source of record for the update of any business rule.

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56	BR15	Business Rules Engine	Standards	Vendor system's rules engine(s) must include the following requirements: Supports receiving, processing, and sending electronic health care service review, request for review, and response transactions required by 45 CFR Part 162, as follows: 1. Retail pharmacy drug referral certification and authorization 2. Supports Web or Internet submissions or prior authorization requests. 3. Defines a rules-driven, methodology based on industry standards and best practices for accommodating policy changes and incorporating new policy requirements within the rules engine solution.				Configurable	Our Pharmacy Solution will meet the requirements listed in Requirement BR15. The MMA solution is in place and currently supports receiving, processing, and sending electronic healthcare service review, request for review, and response transactions required by 45 CFR Part 162, as follows: 1. Our system is currently configured for retail pharmacy drug referral certification and authorization. It establishes drugs that need PA and requires a PA for them to pay. 2. MMA will implement electronic PA (ePA) for Arkansas. ePA allows prescribers to complete a PA request directly from their practice management software. Providers access a link on MMA AMPP Web Portal to request a PA, answer structured clinical criteria questions, and receive an approval or denial (after pharmacist review) based on responses to the criteria. 3. MMA's in-place solution features a rules-driven, methodology based on industry standards and best practices for accommodating policy changes and incorporating new policy requirements within the rules engine solution. FirstRx features a fully configurable, pre-defined automated set of rules that currently reflect the State's policies. The configurability of FirstRx allows 98% of all program edits and benefit configuration to be accomplished by Benefit Configuration Specialists, without programmers required.
57	BR16	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system rules syntax must meet the following requirements: 1. Be easily understandable. (i.e., If Benefit plan is X, then eligible for services) 2. Utilize external routines when desired. 3. Allow technical users to express concepts clearly and succinctly in technical terminology. 4. Provide succinct ways to input and maintain large groups of rules. 5. Utilize look-up tables supported in multiple formats. 6. Utilize and support logic trees for dependent rule chains. 7. Have methods to input and maintain relative weightings for many different factors contributing to a decision threshold clearly and succinctly. 8. Track and report the most significant factors in a decision.				Meets	MMA's system rules syntax will continue to meet all requirements listed in BR16. The MMA rules engine architecture provides a graphical user interface with which authorized business users may review, update, and logically delete rules. The GUI allows business users to work in terms that are familiar to them and to make configuration changes to the system that affect business processes without having to invoke the software development process to change application code. The system design supports secure transactions with external sources and can manage secure batch updates through standard, non-proprietary methods. This service-oriented approach also provides the ability to utilize functions and external reference data in a variety of formats, in a secure manner without relying on custom coding. A hierarchical rules structure allows business teams to work with 'if – then' logic tree options to consider and work within the focused set of rules pertinent to current tasks. These rules can be built to make static decisions or to reach out to a web service through our ESB to consider external or dynamic data or look-up tables in multiple formats as part of the process. MMA manages a central rules repository for the purpose of reporting and analysis of our rule set and its use in production. This has not only enhanced our ability to perform analyses of those factors that were most important in a given decision, but it has also allowed us to extend that capability across multiple state Medicaid implementations.

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58	BR17	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system rule storage and versioning functions must be included as follows: 1. The capability to provide options in the choices of a storage mechanism for rules (e.g., databases, flat files, Lightweight Directory Access Protocol (LDAP) directories). 2. Provide a BRMS rules store that has a well-defined interface specification allowing all components to access the rules, including any future replacement, new or updated components. 3. The capability to provide complete versioned rule files. 4. The capability to perform versioning of entire projects for release management purposes. 5. The capability to perform roll backs to previous versions and run the rules as they were at a specific point in time. 6. Support structured repositories to provide a hierarchical view of many rules. 7. The capability to store information about the policy source behind the rule. 8. The capability to store metadata on any part of the project. 9. The capability to store information used for rule promotion in the repository. 10. The capability to perform searches of a project for a specific term or phrase. 11. The capability to search a project based on when the files were edited, who edited them, or any other metadata associated with the project.				Meets	MMA's system rule storage and versioning functions will continue to meet all items listed in Requirement BR17. Each rule is given a unique identifier when it is first created. As changes are made to that rule, a workflow is triggered that copies the existing rule to a new version then inactivates the rule from which the copy was made. Any changes are made to the new copy of the rule, while preserving in the system the version that preceded it. If it is ever necessary to roll back, all that is necessary is for the current rule to be logically invalidated. This triggers a workflow that reactivates the previous rule, thus rolling back to a prior state without exposing the entire rules repository to the actions of source control. This same functionality applies to rules modified individually or in aggregate, as the rules are stored in hierarchical fashion. The MMA Rules Architecture persists the rules as they are created and used in an Oracle database. It is possible to create interfaces implemented as either a batch or web service that could surface the rules in whatever back-end storage mechanism is required. Such an interface or web service would leverage the same well-defined interface to the rules repository that will be used by the Enterprise Business Rules Repository currently developed. The BRR will capture not only the rule itself, but also the metadata that is associated with the rule when it is developed or modified, including any project related metadata and details about rule promotion to production. Doing so will continue to give MMA the capacity to, within the BRR, perform searches for a particular term or phrase, search based on edit date timestamp metadata or any other metadata associated with each rule or rule set. The BRR will surface these data in our Cognos BI tool, which will allow queries to be saved for later use.
59	BR18	Business Rules Engine	System, Tools and Technical Capabilities	Vendor shall ensure all rules and codes are date driven by a "from" and "through" designation.				Meets	All rules and codes are currently and will continue to be date-driven by a "from" and "through" designation with "effective" and "termination" dates in the FirstRx system.
60	BR19	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must store all rules maintenance requirements in an audit trail that provides a history of rule changes. This trail should be easy to follow and understand the impacts of any rule / rate / edit change.				Meets	All rules in FirstRx will continue to contain an audit trail of date and time with a record update timestamp, as well as the user ID and/or load job identifier in the database. All rules are visible in the FirstRx graphical user interface (GUI). Load reports are available for review and analysis to ensure that records have been added or updated in a timely and accurate manner. Records are never physically deleted from the FirstRx adjudication engine, preserving a perpetual record of all iterative changes throughout the term of the contract. The audit log includes the date/time stamp and user ID associated with the specific configuration changes made. Access to the audit log is available to users through their authorized access to the FirstRx GUI.
61	BR20	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must allow business rules to be structured in a modular concept so the same rules engine can be used by different services or be called as a service itself.				Meets	MMA's rules repository allows rules to be accessed by multiple systems. The architecture at MMA is such that once a rule is in the repository, it can be used by FirstRx, FirstTrax, and the MMA suite of web tools, including but not limited to ePA. The access for the web suite of tools is achieved through web services that expose the rules engine to enterprise applications.
62	BR21	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must provide capability for authorized users to view rules online and trace rule dependencies, including exceptions.				Meets	Authorized users will continue to be able to view adjudicated rules in the FirstRx system, as well as in FirstTrax. This functionality displays each rule that was evaluated as the claim was adjudicated.
63	BR22	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must provide debugging procedures and tools to aid in the analysis and identification of logical errors (i.e., conflict, redundancy, and incompleteness) across business rules.				Meets	MMA solution includes a process that runs as part of our rules repository that records and saves each rule that is applied against a claim. These data are used for analysis to determine if new rules are functioning correctly, not conflicting with other pre-existing rules, not duplicating any functionality already in place and that all required work is being performed. This functionality is exposed as a web service and consumed by FirstRx and also by FirstTrax to provide the Adjudication Rules Viewer. For example, if the user tries to build a rule for a drug that is not in the drug file, the system sends an error message.

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64	BR23	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must provide the ability to trace business rules to policy origination reference with a cross-reference to all related updates.				Meets	When rules are added to the MMA rules repository, metadata are also saved along with the rule. Entered by convention, the metadata typically include a business description of what function the rule will perform along with traceability back to the request for the change. The metadata are unstructured, which allows MMA to be flexible and record additional information as required by a particular context. Users can click on an adjudication rule and can see a record of updates made, including explanation.
65	BR24	Business Rules Engine	System, Tools and Technical Capabilities	Vendor shall understand the importance to the State to provide a user-friendly, graphical front-end to the rules' repository that enables authorized users to apply or disable rules quickly and without programmer intervention. The Vendor and State also recognize that while some changes are minor, others may have greater overall impact and require testing or programmer intervention.				Meets	There is a user-friendly GUI in place for both our FirstTrax and FirstRx systems that allows editing of rules in our central repository. The functionality of this GUI allows authorized business users to apply and or disable rules quickly without requiring intervention from IT staff. The flexibility of our system enables us to quickly expedite any minor configuration changes that are necessary when there is an emergency, or when regulatory changes require modification to industry standard file formats or individual attributes. Larger and more complex changes will be addressed through our Change Management process, which is a robust, mature set of policies and practices that support delivery of high-quality, thoroughly tested updates to systems, architecture, and hardware. This process supports a high level of transparency and detailed, multi-channel communications with all stakeholders.
66	BR25	Business Rules Engine	System, Tools and Technical Capabilities	Vendor shall develop and maintain a process for built-in rule review and approval that will identify any conflicts in business rules as they are being developed.				Meets	MMA will continue to modify and create new rules in our test environment. Doing so allows us to perform unit and iterative testing on rules as they are developed. Once development is complete, regression testing is done to verify that no unexpected negative outcomes are experienced by any of the processes or systems that share the rules that have been edited. It is in this way that MMA has been successful in reducing risk as we adjust rules in response to changes required by our many other state Medicaid partners. The system will send a message if the rule already exists in the system, or a user cannot put a client on a lock-in if they are not in the system or the drug is not in the system.
67	BR26	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's solution must allow for rules to be tested against production data prior to installation.				Meets	As the incumbent AME Pharmacy Contractor, MMA has a fully functioning system in place. Should rule changes be necessary as DHS policy, regulations, or program goals evolve in the upcoming contract period, we will follow this summarized procedure: Once we receive State approval, the Quality Assurance (QA) environments at MMA will contain a recent snapshot of production data. Keeping the QA data current reduces the risk that functionality will operate out of specification when promoted to production. To further reduce risk, our systems have the ability to perform Trial Adjudication, which forces a claim to go through the process in the production environment but does not save the results. This valuable function allows testing of specific use cases in production with no risk to the enterprise data stored there.

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68	BR27	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must provide the following business user editing functions: 1. Allow a business user to enter a rule of any level of complexity through an environment separate from the development environment. 2. Allow an editing environment that is easily customized to closely match the look and feel of other editors that business users are familiar with. 3. Allow versioning for changes to rules. 4. Allow controlled access to the editing environment through authorization functions. 5. Allow different display views of the rules to authorized users based on their role and security level. 6. Allow the capability for State to schedule when a new rule goes into effect.				Meets	MMA's system will continue to provide all of the business user editing functions listed in BR27. 1. MMA Benefit Configuration and Business Analyst staff have configured and built rules in a separate QC environment. 2. The QC environment is configured to match the look and feel of the production environment . Rules are modified on-line using the rules-based structure of the system. 3. As rules are created and/or modified, a unique rule ID is assigned for each iteration (version) of the rule in the database. As a claim proceeds through the adjudication process, the rule ID of each edit that it encounters is recorded in a table linked to the claim ID. Like all other data in the FirstRx system, these rule ID records are maintained according to contractual agreements. Authorized users can add, modify, or logically delete rules. MMA follows an established Change Control Process to support all changes to the system. Controlling changes to the claim processing system and associated business processes are initiated through the submission of a Change Control Memo (CCM). A CCM is created when we receive a request to change plan configuration for parameters for specific drugs, patients, providers, groups, or health conditions. The State sends the requested change via email. MMA then creates a CCM that is entered into CRM once it has been approved. The CCM is then prioritized and tracked through completion. 4. Access to all our systems requires a role-based account assigned by our corporate Identity Access Management Team. Our systems employ a detailed set of rules governing the set-up and maintenance of login IDs and passwords. 5. The user's role limits their access to certain screens, features, functionality, and data. 6. The State can schedule when a new rule goes into effect.
69	BR28	Business Rules Engine	System, Tools and Technical Capabilities	Vendor shall ensure that the NPI is the primary identifier for Pharmacies and prescribers and provide a rules-based edit that the system will not accept a Pharmacy NPI for a prescriber NPI.				Meets	MMA will continue to use standard NCPDP data as a reference file in FirstRx for NPI numbers for pharmacy service providers. Provider information, including the NPI number, is loaded into the FirstRx POS system for use in the adjudication process. The Pharmacy Provider File can serve as a main repository of information related to each pharmacy provider in the network, including their hours of operation, location, any special certifications or credentials. The adjudication system can be easily configured to reject the claim with the appropriate NCPDP error code when the submitted prescriber NPI ID is also found in the pharmacy file. FirstRx loads providers into either the prescriber or pharmacy panel, as appropriate. In the Medicaid provider ID #, the last two digits indicate the provider type, whether prescriber or pharmacy. This ensures that the same prescriber is not loaded into both the prescriber and pharmacy panels. Prescribers and pharmacies also have separate NPIs and register as a prescriber if appropriate.
70	BR29	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must ensure that all system errors be handled by a standardized error-handling module that translates technical messages into commonly understood laypersons' terminology and provide a provision to automatically notify appropriate staff of the issue.				Meets	MMA's system will continue to ensure that all system errors are handled by a standardized error-handling module. This module translates technical messages into commonly understood laypersons' terminology and provides a provision to automatically notify appropriate staff of the issue. Documentation of error messages contains descriptions of the error that the end-user can understand. If necessary, the error messages will be stored in a table in an appendix for ease of access. MMA relies on state-of-the-art workflow management tools to identify, codify, and communicate system-level errors and adverse events. Technical details are collected and stored as part of a specific incident. Error messages and related communications are disseminated using automated processes to non-technical parties in easily understood language.

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71	BR30	Business Rules Engine	System, Tools and Technical Capabilities	Vendor shall provide preprocessing drug utilization review based on business rules approved by the State. Vendor shall provide a process for drugs coming to market that do not fall into established defined categories or PDL classes to include, at a minimum, the following: 1. Ensure drugs can be added with a temporary status/indicator which states they must be manually reviewed. 2. Once DUR Board review is complete, ensure that the drug is simultaneously added to all applicable documentation (e.g., PA criteria documentation, PDL if applicable)				Meets	All ProDUR capabilities listed in BR30 are supported by FirstRx and the clinical module. Historical claims data, along with accumulations of units and fills, are stored and tracked in FirstRx. Prescription history is cross checked against the client's profile during adjudication and evaluated according to Arkansas' ProDUR criteria. If a clinical problem is identified, an alert message is transmitted via the POS to the dispensing pharmacist. 1. Flexible FirstRx ProDUR capabilities allow the State to define the period of history to review using the Drug Utilization Evaluation edit. For example, the period of history to review for Early Refill may be set to review a 60-day or a 90-day period, per the State. 2. Once the DUR Board approves, then ProDUR Manager Karen Evans, PD, creates a CCM and updates all applicable documentation for the added drug. Currently, the ProDUR system includes alert messages in the following categories: High Dose, Therapeutic Duplication, Drug-Drug Interactions, Incorrect Duration, and Early Refill. If directed by the State, MMA can expand this list to other alerts available through FDB. The ProDUR alerts, excluding the Early Refill, are "soft edits" that allows the pharmacist to enter an override response code to respond to the alert, and the claim can then proceed to be filled, or the provider can cancel the claim and not fill the prescription. The Early Refill alert (sent when the drug claim is being filled seven or more days early) is a "hard edit," which requires a state approved manual PA to allow the pharmacist to override the alert and continue to fill the drug claim. Through our ProDUR system, the coding for hard or soft edits can be changed, at the direction of the State, for any of the alerts sent. For example, during the COVID pandemic, the State directed MMA to change the Early Refill hard halt to a soft edit, avoiding a delay in the client receiving their medication due to ProDUR.
72	BR31	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must allow for the tracking, logging, and reporting of rules usage.				Meets	MMA's system will continue to allow for the tracking, logging, and reporting of rules usage. We have developed a process that runs as part of our rules repository that records and saves each rule that is applied against a claim. These data are stored to a database that allows for the tracking, logging, and reporting of rule usage. This functionality is exposed as a web service and consumed by FirstRx and by FirstTrax via the Adjudication Rules Viewer.
73	BR32	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must allow for rules to be implemented in a real-time enterprise environment and applied immediately.				Meets	MMA's system will continue to allow for rules to be implemented in a real-time enterprise environment and applied immediately. Rules changed through the graphical user interface supplied to the rules engine utilized by the FirstRx POS system are effective immediately upon being saved to the database. These rules are also immediately available to all of the other systems throughout the enterprise that share business rules with our central repository. For example, a rule entered through the GUI of FirstRx will be immediately available to FirstTrax and also to ePA for use as their decisioning requirements dictate.
74	BR33	Business Rules Engine	System, Tools and Technical Capabilities	Vendor shall assist in determining reimbursement methodologies by providing expenditure data through national service codes including National Drug Code (NDC), current version.				Meets	MMA will continue to assist the State in determining reimbursement methodologies by providing the necessary expenditure data based on NDCs, including different price types, such as FUL, MAC, WAC, etc.
75	BR34	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must reject transactions (add, delete, change) based on rules supplied by the State and the system must report on reconciliation and error reports to be worked manually.				Meets	MMA's system will continue to reject transactions (add, delete, change) based on rules supplied by the State. MMA applies rule-based logic to all incoming transactions. These edit rules must all be passed before new data are allowed to be saved to any database. Exceptions are reported as each interface is processed, and alerts are sent to the appropriate personnel so that reconciliation actions may be taken. We will continue to report on reconciliation and error reports to be worked manually. To enable the volume of interfaces we manage, MMA uses Job Execution and Tracking System (JETS) applications to track and reconcile data file transfers. The JETS report can be emailed to the appropriate recipients on request.

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76	BR35	Business Rules Engine	System, Tools and Technical Capabilities	Vendor shall update the TPL Business Rules to only use client TPL records that contain coverage codes that apply to drug coverage.				Meets	MMA will continue to update the TPL Business Rules to only use client TPL records that contain coverage codes that apply to drug coverage. The FirstRx system uses TPL enrollment data provided by the Arkansas Core/MMIS or its business partners and has the capability to load an unlimited number of cost avoidance records per client. We only load the records with the required coverage code.
77	BR36	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must include the following decision process design functions: 1. Separate the procedural order of steps in the decision process from the business logic involved in each step. 2. Provide an editor for clearly diagramming the order of the steps in the business process without the user having to explicitly generate code or scripts. 3. Produce a "big picture" view that can be created, reviewed, and understood by business people with minimal technical training. 4. Group rules by task to simplify maintenance. 5. View and edit related rules on the same page or screen for ease of reference and context.				Meets	MMA's system adheres to the decision process design functions and flow listed in Requirement BR36. FirstRx is built around a rules engine that manages pre-programmed edits and audits. This is a highly configurable and customizable design that enables business teams–such as our benefit configuration unit–to review and modify rules without requiring changes to underlying code or scripts. The underlying mature, thoroughly audited set of processes enables roughly 98% of all rule changes to be implemented through the engine's routine processes without any additional programming or new code. Business-oriented subject matter experts can analyze high-level views of customer programs and manage specific, granular maintenance all through a single intuitive user interface. The functional groupings of related elements includes Product (drug), Client, Provider, and Prescribers.
78	BR37	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must include functionality to accept Pharmacy claim amounts up to seven (7) digits. This functionality must be applicable at both the header and detail lines. *For example, the total header amount of a Pharmacy claim could be $1,500,000.00 with a detail record of $1,000,000.00 and a second detail record of $500,000.00.*				Meets	The current NCPDP Version D.0 only allows six digits for the dollar amount field length. As a workaround, pharmacies split these claims with amounts of seven digits into two POS claims that are six digits. The upcoming NCPDP Version F6 will increase the dollar amount field length and would simplify coverage under prescription benefits of new innovative drug therapies priced at, or in excess of, $1 million. The current adopted Version D. 0 does not support this business need. MMA's system is currently capable of accepting pharmacy claim amounts up to seven digits. This functionality will continue to be applicable at both the header and all detail lines. We are currently compliant with NCPDP Version D.0 and will be compliant with NCPDP Version F6 when it is implemented.
79	C1	Certification	Contract Management	Vendor shall participate and support, as needed, all federal certification efforts from contract execution through CMS sign-off/approval of certification of both the initial systems/services and for any enterprise-wide modularity that may be integrated with the Pharmacy solution over the life of the contract.				Meets	MMA has over 16 years of CMS Certification experience, having achieved CMS certification for 15 Medicaid customers – including Arkansas DHS – helping these states to maximize Federal funds. We are proud to have helped states get the most value out of limited healthcare dollars while supporting clinically appropriate care for their most vulnerable citizens. MMA has recently achieved certification for two states – Nevada and California – using the new CMS Streamlined Modular Certification (SMC) process, which streamlines the certification process and focuses on measuring the effectiveness of the pharmacy solution to support desired business outcomes. Our in-place Pharmacy Solution supporting DHS today is CMS-certified; we will continue to ensure that our claims processing system complies with all CMS and State Certification requirements and provide evidence of compliance as requested by DHS. At DHS' direction, MMA will fully assist the State in achieving CMS certification for our Pharmacy solution by supporting any required efforts to achieve certification for the Arkansas Medicaid Pharmacy Program under CMS' new Streamlined Modular Certification (SMC) process or whichever certification process is identified by CMS at the time of the associated ORR and CR reviews. MMA affirms we will participate and support, as needed, all federal certification efforts from contract execution through CMS sign-off/approval of certification of both the initial systems/services and for any enterprise-wide modularity that may be integrated with the Pharmacy Solution over the life of the contract.

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80	C2	Certification	Contract Management	Vendor shall create the Federal Certification Criteria Plan and collaborate with the State to provide a Federal Certification Criteria Plan that describes the process the Vendor will use to support CMS certification of a multi Supplier, integrated, Enterprise Wide, Pharmacy Medicaid solution. The Vendor shall remain current with changes made to the certification requirements and update its plan accordingly.				Meets	MMA will provide and maintain a Federal Certification Criteria Plan (Plan) that describes the process the Vendor will use to support CMS certification of a multi Supplier, integrated, Enterprise Wide, Pharmacy Medicaid solution. This Plan will identify the steps and actions to be taken by MMA for the applicable protocols set forth in the Federal SMC process, as well as the certification schedule, in order to navigate the certification process in a successful and timely manner. The Plan will document all federal certification activities as directed by the State and Federal regulations, rules, and guidelines. Our pre-existing, proprietary Pharmacy Solution that is already in place for DHS is compliant with CMS certification requirements and is already operational and certified, which will decrease the certification burden and risk for DHS. The Plan will identify all milestones to be achieved and associated time frames, all resources needed, and will inventory the policies and procedures as well as new enhancements or business processes required for certification with clear indication of which need to be modified or updated for Arkansas, if any. MMA affirms we will remain current with changes made to the certification requirements and update the Plan as needed throughout the Project Planning, DDI, and M&O project phases.
81	C3	Certification	Staffing Management	Vendor shall provide an identified certification lead who will coordinate with the State and IV&V certification counterparts on all activities related to support all certification activities throughout the certification processes over the life of the contract.				Meets	Maria Hogan, CPhT and Julian Reed, Certification Manager, will serve as the certification leads. Mr. Reed will take the lead on coordinating activities and be the primary point of contact who will coordinate with the State and IV&V certification counterparts on all activities related to support all certification activities throughout the certification processes over the life of the contract. Mr. Reed has supported the Arkansas Medicaid Program for over 13 years, including leading the initial Arkansas certification process after implementation of the MMA pharmacy system, which successfully achieved certification. Under Ms. Hogan's leadership, we have earned successful CMS certification in each of our Medicaid pharmacy contracts requiring certification with no findings, corrective actions, or follow-up action items needed from MMA. In coordinating CMS Certification activities for DHS, Ms. Hogan and Mr. Reed will work closely with Summer Gatica, Operations Manager for AMPP for the past seven years. In our 39-year history of providing pharmacy benefit administration services for government programs, MMA has worked collaboratively with every major IV&V vendor, in the country, including Maximus and NTT Data, and have collaborated with the IV&V for every customer that has engaged one. We will work with DHS and Maximus to obtain independent verification and validation that our Medicaid Pharmacy Solution continues to comply with CMS requirements. Following certification, we will provide ongoing certification support during M&O by reporting on PBA metrics as required by CMS.
82	C4	Certification	Staffing Management	Vendor shall provide subject matter expertise to answer questions or provide insight during the certification process, including onsite, in person interviews.				Meets	MMA will provide the appropriate staff to support Mr. Reed and Ms. Hogan and participate in all required activities for the certification of the pharmacy system in conjunction with AMPP as needed during CMS certification reviews. MMA is well-respected in the industry and therefore attracts some of the best and brightest technology and business professionals on our teams. Our staff has the experience necessary to fully support the DHS during the certification process. They will provide evidence of system functionality, demonstrate CMS outcomes, report on key performance indicators, and report on adherence to security standards for each certification review. As such, we will provide qualified staff with subject matter expertise to answer questions or provide insight during the certification process, including onsite, in person interviews . Mr. Reed and Ms. Hogan will lead the team to collaboratively ensure that all subject matter experts are prepared and present for onsite interviews and other meetings.

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83	C5	Certification	System Compliance	Vendor shall provide and document Pharmacy Benefit Administration with system architecture and design that complies with CMS Conditions & Standards to ensure enhanced Federal funding.				Meets	MMA will support the State through our focus on the Conditions of Enhanced Funding. MMA's application architecture provides a modular, flexible approach through the use of open industry-standard interfaces and exposed Application Programming Interfaces (APIs). All development, both coding and new configuration follows our System Development Life Cycle (SDLC). The SDLC includes multiple testing phases to ensure efficiency of process, communication with the enterprise, and mitigation of risks. MMA uses leading technologies as the foundation of our Pharmacy Solution, enabling us to continuously evolve our maturity and alignment to MITA principles, including a commitment to deliver SOA components wherever possible and practical. We leverage a strong and industry-leading infrastructure, with widespread use of enterprise class technology such as Linux, Aurora, and RedShift in Amazon Web Services (AWS), coupled with Java technologies, all of which provide state-of- the art, user-friendly solutions with continued emphasis on ease of deployment and interoperability. Our guiding technical principles promote availability, efficiency through reusability, reduced development time, and improved cost effectiveness, enabling us to extend these cost savings benefits to our entire portfolio of customers. On top of our connectivity and infrastructure layer, we have built a robust application environment designed to take advantage of the speed, availability, and redundancy which our connectivity architecture enables.
84	C6	Certification	Documentation Management	Vendor shall provide both system and business operations staff to support Arkansas Medicaid Pharmacy Program in the completion of the specific CMS required outcomes and metrics certification forms, checklists, evidence and required artifacts.				Meets	MMA will provide both system and business operations staff to support Arkansas Medicaid Pharmacy Program in the completion of the specific CMS required outcomes and metrics certification forms, checklists, evidence and required artifacts. Led by Julian Reed and Maria Hogan, CPhT, MMA's experienced business and system staff closely monitors the developments, changes, and evolution of external architecture requirements by State and Federal regulations, rules, and guidelines, and we proactively plan our systems architecture changes to meet changing CMS requirements. Through participation in industry groups such as the Private Sector Technology Group, National Council for Prescription Drug Programs (NCPDP) and our engagement with national conferences such as the Medicaid Enterprise Systems Conference (MESC) and State Healthcare Information Technology Connect, we work to be a part of the positive enhancements being made to both MITA and to the CMS Certification Program. Our team will provide AMPP-related evidence, including certification artifacts and presentation materials (e.g., forms, checklists, evidence and required artifacts), as applicable and necessary, to satisfy and sustain CMS certification of new modules.
85	C7	Certification	Documentation Management	Vendor shall prepare updated system documentation for submission to AMPP and CMS at least forty five (45) business days prior to CMS certification reviews.				Meets	MMA will prepare updated system documentation for submission to AMPP and CMS at least 45 business days prior to CMS certification reviews. MMA will support the CMS Certification process by preparing all reports and documentation necessary for submission to CMS to support all certification gate/milestone reviews. MMA will make available all reports, systems-related planning, design, development, and implementation related activities, outputs, documentation, and test results to substantiate the solution meets related CMS certification checklist items as defined at the time of the review. Our team will provide AMPP-related documentation and evidence, including certification artifacts and presentation materials (e.g., requirements, user stories, or use cases), as applicable and necessary, to satisfy and sustain CMS certification of new modules. Examples of artifacts provided to fulfill functional and non-functional requirements may include data related to business, capacity and performance, security and privacy, and HIPAA compliance, usability, maintainability, interface, 508-compliance, disaster recovery, and traceability, as well as test plans or test cases.

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86	C8	Certification	Documentation Management	Vendor shall support AMPP in and throughout the entire CMS/Federal certification process as it relates to the implementation of the Pharmacy module.				Meets	As MMA is the incumbent AME Pharmacy Contractor, our Pharmacy Module is already implemented and has been certified by CMS. MMA will support AMPP in and throughout the entire CMS/Federal certification process as it relates to the implementation of any new functionalities. We will also, at DHS' request, fully assist the State in achieving CMS certification for our Pharmacy module by supporting any required efforts to achieve certification for the AMPP under CMS' new Streamlined Modular Certification (SMC) process. We will work with DHS' IV&V vendor, Maximus, to provide all documentation, artifacts, and demonstrations necessary to exhibit CMS compliance.
87	C9	Certification	Documentation Management	Vendor shall prepare Pharmacy Intake Forms, Operational Reports, and documentation necessary for submission to CMS to support all certification reviews.				Meets	MMA affirms that we will prepare Pharmacy Intake Forms, Operational Reports, and documentation necessary for submission to CMS to support all certification reviews.
88	C10	Certification	Documentation Management	Vendor shall prepare and provide certification required documentation, reports, requirement/outcome crosswalks, required evidence/testing scenarios, and MITA capability supporting documentation.				Meets	Our Account and DDI Teams will work in collaboration with Julian Reed, Maria Hogan, CPhT, and DHS staff to develop an understanding of the level of documentation needed to satisfy DHS requirements. Based on this understanding, we will provide certification required documentation, reports, requirement/outcome crosswalks, required evidence/testing scenarios, and MITA capability supporting documentation. MMA will prepare all reports and documentation necessary for submission to CMS to support all certification gate/milestone reviews. MMA will make available all reports, systems-related planning, design, development, and implementation related activities, outputs, documentation, and test results to substantiate that our solution meets related CMS streamlined modular outcomes as defined at the time of the review. MMA builds artifacts, reports, and documentation during implementation and throughout the life of the contract following CMS and MITA standards and requirements.
89	C11	Certification	Documentation Management	Vendor shall provide an updated version of the Pharmacy systems documentation following CMS certification reviews within twenty (20) business days following the completion of the any certification review date.				Meets	MMA affirms that Julian Reed and Maria Hogan will work with the Account and DDI Teams to provide an updated version of the Pharmacy systems documentation following CMS certification reviews within 20 business days following the completion of the any certification review date.
90	C12	Certification	Facility Management	Vendor shall provide system access and/or a walkthrough of the designated facility and operations site, if required by AMMP or the CMS certification team. AMPP will provide the Vendor with ten (10) business days advanced notification of such a request.				Meets	MMA will provide system access and/or a walkthrough of the designated facility and operations site if required by AMPP or the CMS certification team. MMA acknowledges that AMPP will provide 10 days advanced notification of such a request. MMA commits to providing all assistance necessary in support of the CMS Certification Review process, including facility and system walkthroughs to demonstrate criterion within the Business Area Modules are met to the satisfaction of DHS. We will also be responsible for facilitating periodic and timely meetings designed to review CMS certification progress while documenting risks and making recommendations where necessary. We will provide the information, data, forms, documentation, correspondence, consultation, and any other resources required for certification. During the CMS certification phase, MMA recommends walkthroughs as needed, or as requested by DHS to further explain, document, or refine system artifacts. MMA-led walkthroughs will provide DHS review staff with the opportunity to ask clarifying questions during the walkthrough process. This enhances DHS' understanding of each artifact and facilitates the written approval process. We view CMS certification walkthroughs as a collaborative effort between DHS and MMA. We welcome active DHS participation and input to ensure the successful implementation of the AMPP.

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91	C13	Certification	System Compliance	Vendor shall document how the Pharmacy Benefit Management system complies with the most current version of the Standards and Conditions released by Centers for Medicare and Medicaid Services.				Meets	MMA's in-place solution that is supporting DHS today is fully aligned with the CMS Standards and Conditions. MMA will collaborate with the AME PMO to establish a Project Information Library using the State's enterprise tools hosted on the State's document repository that will be used by the entire project team to document how our Pharmacy System complies with the most current version of the Standards and Conditions released by the Centers for Medicare and Medicaid Services. The documents in this library will allow us to support DHS by tracking our MITA development roadmap, providing centralized documentation collection, and supporting our ongoing processes for compliance with the current CMS SMC requirements. The library will be used to capture the artifacts that support a given process, and use this data in the planning, deployment, and certification phases of AMPP. These documents are populated with MITA and Seven Conditions attributes, and the current SMC checklists, to ensure thorough documentation in alignment with CMS' Standards and Conditions. The documents in the Project Information Library will be continuously updated to incorporate current CMS guidance and requirements for pharmacy certification and will be used for Outcomes Based Certification (OBC) to house, monitor, and track OBC KPIs.
92	C14	Certification	System Compliance	Vendor's solution must achieve Federal certification of the features and functionality and must continue to remain certifiable and attestable by the Vendor throughout the Product's life cycle for any State/Federally approved/mandated changes, modifications or enhancements made during the licensed Contract period. Vendor shall achieve CMS Federal Certification retroactive to day one of the quarter following the System implementation based on the approved project schedule.	Yes	Vendor's solution must achieves CMS Federal Certification and continues to remain certifiable by the Vendor throughout the Product's life cycle during the licensed contract period, as specified in the RFP	Vendor shall be liable for the difference between the maximum allowable FFP and that received by the State for the assembly portion of the new Product Components, if Federal funding does not fully compensate the State at the maximum allowable FFP rate for the Vendor's firm, fixed-price contract as delivered by the Vendor for reasons attributable to performance or nonperformance of the Vendor.	Meets	We have achieved CMS Certification for our customers – including Arkansas - on the first attempt with no corrective actions or findings. MMA has achieved pharmacy CMS certification 100% of the time in every state where certification was requested—no other pharmacy benefit administrator brings this level of CMS certification success. MMA will fully support DHS in achieving CMS Certification for the AMPP under CMS' new Streamlined Modular Certification (SMC) process. MMA will ensure that our Arkansas Pharmacy Solution complies with all CMS Certification Requirements to assist DHS in receiving the maximum allowable Federal Financial Participation (FFP) for the entire term of the contract, including any extensions granted. MMA affirms that once Federal certification is achieved, the features and functionality of our solution will continue to remain certifiable and attestable throughout the product's life cycle for any State/Federally approved/mandated changes, modifications or enhancements made during the licensed Contract period. We further affirm that we will achieve CMS Federal Certification retroactive to day one of the quarter following the System implementation based on the approved project schedule. Following certification, we will provide ongoing certification support during M&O by reporting on PBA metrics as required by CMS.
93	C15	Certification	System Compliance	Vendor shall meet HIPAA compliance requirements and all federal and state regulations and standards regarding privacy, security, and individually identifiable Protected Health Information (PHI), as identified in HIPAA of 1996 and updates to the Act known as HIPAA II. Reimbursement of any federal penalties the State incurs may be assessed to Vendor for violations caused by Vendor or its delegates. In instances when a potential security breach occurs, the State requires immediate initial notification by Vendor and written documentation, based on confirmed security breach, of the breach within four (4) hours and continue with on-going communications.	Yes	HIPAA Compliance Requirements: Vendor shall meet all federal regulations regarding standards for privacy, security, and individually identifiable Protected Health Information (PHI) as identified in the HIPAA of 1996 and updates to the Act known as HIPAA II, as specified in RFP	Vendor shall be liable for all penalties that the State is assessed for failure to meet HIPAA Compliance Requirements due to Vendor's failure to meet obligations under the contract. One thousand dollars ($1000) in which notification of a potential breach has not been received within one hour or written explanation of the potential or confirmed breach within four (4) hours , and then $1,000 per State business day for each additional day a CAP is not submitted to the State.	Meets	MMA's NCPDP/HIPAA-compliant pharmacy system meets all applicable federal and state regulations and standards regarding privacy, security, and individually identifiable PHI as identified in HIPAA of 1996. MMA has established policies and procedures to ensure the proper handling, use, and disclosure of our customers' PHI and confidential information while administering pharmacy benefits. Our policies and procedures address the use of confidential/privileged information and meet all applicable Federal and State requirements, including HIPAA of 1996, U.S. Department of Health and Human Services, ARRA, and HITECH requirements. MMA's standard processes include restricted role-based access to all MMA systems and applications, and end-to-end procedures required for the privacy, protection, and processing of transactions, including correspondence and electronic communications, required by our customer contracts. MMA affirms that in instances when a security breach occurs, that we will provide the State immediate initial notification and written documentation, based on confirmed security breach, within four hours and continue with ongoing communications.

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94	C16	Certification	System Compliance	Vendor shall continue to meet the certification requirements for all federal funding.				Meets	We are proud to have helped our state customers – including Arkansas – get the most value out of limited healthcare dollars while maintaining clinically appropriate care for their most vulnerable citizens. MMA will ensure that our Arkansas Pharmacy Solution complies with all CMS Certification Requirements to assist DHS in receiving the maximum allowable Federal Financial Participation (FFP) for the entire term of the contract, including any extensions granted. Following certification, we will provide ongoing certification support during M&O by reporting on PBA metrics as required by CMS.
95	C17	Certification	System Compliance	Vendor shall provide all the required remediation activities on a schedule to be approved by CMS and the State, based on the certification findings.				Meets	In the event of a CMS MMIS certification deficiency, MMA will develop a plan that includes fully documenting the deficiency, action steps required for remediation of the deficiency, schedule for remediation, and any other remediation-specific activities that are required to fully address and resolve the deficiency. DHS will have an opportunity to review, modify, and approve this plan, including the schedule for remediation. This plan will also include processes around how MMA will inform DHS of status updates about the remediation activities. In adherence to DHS-approved plan and associated schedule, MMA will correct any deficiencies identified during the certification process that prevents CMS from approving the State for enhanced federal match, within time frames approved by the State and at no cost to the State. Julian Reed and Maria Hogan, CPhT, will serve as the Certification Lead and primary point of contact to regularly communicate progress and status of remediation activities to DHS and will collaborate for a successful resolution.
96	C18	Certification	System Compliance	Vendor shall update the documentation as necessary to support the certification process and to reflect changes which have been made to the solution during the certification process.				Meets	MMA affirms that we will update the documentation as necessary to support the certification process and to reflect changes which have been made to the solution during the certification process.
97	C19	Certification	System Compliance	Vendor shall support monthly and quarterly CMS certification reporting by providing access to documents and artifacts necessary for tracking certification.				Meets	Our in-place CMS certification reporting solution maintains compliance with all federal CMS reporting requirements including those that are part of CMS certification as documented in the Streamlined Modular Certification (SMC) checklist. MMA will continue to support monthly and quarterly CMS certification reporting by providing access to documents and artifacts necessary for tracking certification.
98	CE1	Computing Environments	System Testing and Certification	Vendor shall provide and maintain dedicated online testing environments accessible by the State and approved Contractors Monday thru Friday, 7am (Central) to 6pm (Central). These environments must have the same database management tools, hardware, software operating system, and utilities that are installed in the production environment. Some testing environments, upon request and approval from the State, may be eliminated or removed after the DDI phase. Before testing any environment, the entry and exit criteria must be defined. The Entry criteria will be the conditions that must be met before you can start the test. Exit Criteria is utilized to prevent a task from being considered completed when there are still outstanding parts of the task which have not been finished. Additionally, Exit Criteria is used to report against and to plan when to stop testing. Vendor shall not exit a testing phase nor begin a new phase of testing until all Priority 1 defects are corrected and implemented. Vendor shall provide the testing environments required and their definitions are listed below: 1. Unit Testing - In unit testing each module of the software is tested separately. 2. System Testing - testing of a complete and fully integrated software product. 3. Integration Testing - the process of bringing together	Yes	Testing environments must be available and accessible 99.5% of the time to all State designated personnel Monday - Friday, 7 a.m. to 6 p.m. Central Standard Time.	If downtime exceeds the allowable metric (available hours / downtime), measured weekly, the State can assess liquidated damages up to $1000 per day.	Meets	As the incumbent, MMA currently provides and maintains dedicated online testing environments accessible by the State and approved Contractors during State-required hours. This existing testing environment was used to successfully test our-in-place solution during DDI and M&O for the existing Contract. As a result of our testing environments being in place and proven, we anticipate testing will be limited to new functionalities and enhancements for the new Contract. We will leverage our existing testing infrastructure to complete any needed testing, which will reduce costs and start-up time for DHS. All environments will have the same database management tools, hardware, software operating system, and utilities that are installed in the production environment, and be created using the same tools and concepts, including Delphix Virtual technologies and AWS infrastructure. During DDI, MMA will work with DHS to conduct Requirements Review and Validation of our existing solution and align our approach with the new Contract requirements. This includes defining entry and exit criteria to ensure they align with DHS definitions. MMA will work with DHS to determine which environments can be removed after the DDI phase. MMA affirms that we will not exit a testing phase nor begin a new phase of testing until all Priority 1 defects are corrected and implemented. MMA test environments will comply with all requirements in Requirement CE1.

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99	CE2	Computing Environments	System Testing and Certification	Vendor shall provide for the data refresh capability of every testing environment, frequency will be defined by the State, and achieve a clean (error-free) and adequate testing cycle, online and batch, for all test categories.				Meets	Establishing properly controlled testing environments is essential to provide defect-free software. Our Test Management Plan will document our approach to refreshing the test environments where appropriate with current production data to support accurate testing of significant code changes. The test environments are maintained to ensure that the code base stays in step with the major releases for the systems that are being tested. The environments will be scheduled to receive any updates to the core functionality for the systems that are being tested for the customer. These releases are coordinated with the MMA QA Testing Team to ensure that testing is not disrupted. During Start-up, we will work with DHS to determine the schedule for refreshing the impacted databases and will perform the refreshes according to that schedule. MMA will document this frequency in the Test Management Plan.
100	CE3	Computing Environments	System Testing and Certification	Vendor shall provide an optimal test(s) of the computing environments for performance tuning to establish baseline sizing and define benchmarks to size for future growth requirements, including capacity planning and utilization activities, monthly. The State would like to review the 10 longest running processes per month and have Vendor suggest process improvements.				Meets	MMA will leverage our over nine years of experience supporting DHS' in-place pharmacy solution to provide optimal test(s) of the computing environments for performance tuning to establish baseline sizing and define benchmarks to size for future growth requirements. We will apply a set of metrics, developed through past deployment experience to size the new environment for the AME. MMA has adopted an Amazon Web Services strategy for our cloud-based applications that support our pharmacy solution, with separate accounts for production and non-production environments. This assists MMA in isolating environments, such as production, and segregating workloads that contain PHI information. Our solution achieves high fault tolerance by using autoscaling to detect when an EC2 instance is unhealthy, terminate it, and launch an instance to replace it. Autoscaling in combination with CloudWatch is used to support scalability and performance demands of the MMA pharmacy solution. The processing of multiple prior authorization requests is done using synthetic transactions created by our Selenium automated testing tool, with multiple large extracts all running concurrently, and a load on various resource-intensive web services. System metrics from both the applications and the infrastructure will be analyzed to verify that the sizing is sufficient to support a greater than anticipated load. MMA acknowledges that the State will review the 10 longest running claims adjudication processes per month and we will suggest process improvements.
101	CE4	Computing Environments	System Testing and Certification	Vendor shall configure the UAT computing environment and any pre-production staging of the discrete functions of the end-to-end processing environment containing production data, as required for testing, following MARS-E compliance regulations.				Meets	The UAT environment mirrors all data and functionality of the production environment. Therefore, in the UAT environment, end-to-end test cases can be created and executed from start to finish, including eligibility, claims, prior authorization notifications, and rebate invoices. Corresponding reports can be generated from the data warehouse, which is populated regularly from the primary systems. MMA affirms that the UAT environment will be configured to comply with MARS-E compliance regulations. MMA has achieved pharmacy CMS certification 100% of the time in every state, including Arkansas, where certification was requested—no other pharmacy benefit administrator brings this level of CMS certification success. This excellent track record means that DHS can be assured that MMA follows all applicable privacy and security standards promulgated by CMS, enumerated under MARS-E, Version 2.0, including successor versions as required under 45 CFR §155.260. We will provide proof of our adherence to security standards and provide associated reports to reflect our performance against contract metrics.

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102	CE5	Computing Environments	System Testing and Certification	Vendor shall provide and maintain the testing environments and methodology which will accommodate comprehensive coverage of the many types of testing defined in requirement CE1. 1. Definition of the testing environments. 2. Categories of testing and testing objectives. 3. Definition of testing deliverables and artifacts. 4. Definition of testing reviews and objectives. 5. Definition of testing roles and responsibilities. 6. Definition of testing preparations, tools, and techniques. 7. Definition of testing automation tools. 8. Definition of producing test data, test scenarios, use cases. 9. Definition of test results repository and status reporting.				Meets	MMA affirms that we will provide and maintain the testing environments and methodology which will accommodate comprehensive coverage of the many types of testing defined in requirement CE1. MMA's current, in-place TMP that is supporting testing under the current AME Pharmacy Contract documents our test environments and methodology, including definition of testing environments, categories of testing and testing objectives, and definition of testing deliverables and artifacts. During the Requirements Review and Validation process, MMA will work with DHS to review and update the TMP to ensure that all testing environments and methodologies required by DHS are documented in the TMP. More details about these environments and methodologies are included in 8.1.6 RFP Section 2.8.3 Project Management Plan Approach in the Business Proposal. We use industry standard test automation tools to fully and routinely end-to-end test applications. These include Zephyr Test Management suite, Cucumber/Java, and GitHub. For automated claims testing, the QA Team uses MMA's customized pharmacy claims test automation tool, MCAT to load and execute large batches of test claims into our adjudication system. MCAT auto-executes thousands of test cases at a time and performs more frequent effective regression testing much faster than a manual process would allow. It has been enhanced to effectively perform regression testing of configuration rules.
103	CE6	Computing Environments	System Testing and Certification	Vendor shall provide architecture diagrams for all computing environments, either physical or virtual architectures, that Vendor deems necessary to perform Project life cycles. Vendor shall include the demands of environmental configurations, training that may be needed for development, configuration, testing, integration, and production go-live project events. See requirement CE1 for computing environments.				Meets	As the incumbent AME Pharmacy Contractor, MMA has provided architecture diagrams to the State as part of existing contract. During DDI we will work with the State to review, validate, and update the existing diagrams in preparation for implementation and testing of any new functionalities. MMA affirms that we will provide any necessary architecture diagrams for all computing environments, either physical or virtual architectures, that we deem necessary to perform Project life cycles, including the required environments listed in requirement CE1. These diagrams will include the demands of environmental configurations. During the Project Planning phase, we will work with DHS to identify any training that may be needed for development, configuration, testing, integration, and production go-live project events. Once training needs have been identified, our QA Testing Team will work with MMA's Training and Development Department to develop a training approach, documentation, and materials to ensure MMA and State staff are adequately trained to participate in testing. All diagrams and training will be designed to comply with the environments listed in requirement CE1.
104	CE7	Computing Environments	Reporting Management	Vendor shall support a report generation process, tested in the state environment, that ensures default or user-defined parameters can be limited to ensure that reports can be created in a timely manner and that the report processing will not adversely affect system resources.				Meets	MMA's MRx Explore on-line query tool is a browser-based reporting tool available over a secure Internet connection. MMA hosts the application, and there are no product installation requirements for the State to access the tool. MMA's web-based solutions are browser-agnostic and require only a recent or current version) of a modern browser including Firefox, Chrome, Edge, and Safari. While there are no inherent limitations on the size of queries or parameters supported by our on-line query tool, MMA does monitor users who run queries and analyses that impact the performance of others. If a situation is detected that would impact performance, we educate the users and have the ability to impose system limits as needed.

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105	CE8	Computing Environments	System Testing and Certification	Vendor shall provide concurrent access to all environments for authorized State users, Vendor's staff, and any oversight Vendors retained by the State.				Meets	Under the current contract, MMA provides role-based, concurrent access to all environments for authorized State users, MMA staff, and any oversight Vendors retained by the State. NTT Data currently has access to MMA's Production and Quality Assurance environments. We will continue to provide this functionality under the new Contract, providing access where appropriate to environments for authorized State users, Vendor's staff, and any oversight Vendors retained by the State. All authorized users granted access to MMA environments will receive training to ensure they are equipped with the necessary knowledge to effectively navigate MMA's environments. All access will be provided using role-based security permissions that grant users access to only the minimum information they need to see to do their jobs.
106	CE9	Computing Environments	System Testing and Certification	Vendor shall review and document network connections, all role based security protocols and interface requirements. This review should be done at least annually and within 10 days of any system change.				Meets	Network connections, all role-based security protocols, and interface requirements for the current Contract are documented in MMA's existing System Security and Privacy Management Plan and reviewed annually and within 10 days of any system change. We will continue to meet this requirement under the new Contract.
107	CE10	Computing Environments	Methodology	Vendor shall provide a detailed description for each processing environment as to: 1. How the specific environment is configured. 2. What software and hardware supports it (e.g., resident on Vendor- or State provided platforms, security controls). 3. The inventory of administrative and management procedures directly associated with the management and use of that specific environment.				Meets	As the incumbent AME Pharmacy Contractor, MMA has an existing Configuration Management Plan that describes our Computing Environment List. During the Project Planning phase, MMA will work with DHS to review and update this plan to align with the requirements of the new Contract. This updated plan will include detailed descriptions for each processing environment regarding how the specific environment is configured, the software and hardware supporting each environment, and the inventory of administrative and management procedures directly associated with the management and use of that specific environment. Processes, configuration management tools, and proven promotion and version control procedures used by MMA will be documented in the Configuration Management Plan, which will align with the requirements listed in RFP Section 2.8.11 Configuration Management Plan Deliverable. The Plan will also include a list of Computing Environments, MMA's approach to sequencing the order of interfaces and the plans for interacting with DHS' Trading Partners under various scenarios, and a Network Design and Monitoring Plan. The AMPP Solution Architecture Model (SAM) and architectural diagrams that will be provided to the State will also contain this information. The AMPP SAM is included in proposal Section 8.2.1 RFP Section 2.8.11 Solution Design, Development, and Implementation – Configuration Management – System Proposal.

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108	CI1	Configuration & Integration	SDLC	Vendor shall execute the tasks, activities, and deliverables, which include coordination with the State for their predecessor and successor dependencies (tasks, activities, and deliverables) to integrate the Technical Infrastructure, as a complete deployment, capable of supporting Vendor's Systems and Services and Shared Services (depending upon the Data Center Options).				Meets	Our tech infrastructure is already in place and integrated with the State. For new AME components, we will follow the established process. We work with identified stakeholders to review and revise the initial draft work plan and as part of that process we validate that constraints and dependencies are complete and clearly documented and that any identified gaps are worked through and added to the plan prior to approval and assignment of the project baseline. We will continue to deliver the Technical Infrastructure needed to support the systems and services and shared services required by the State. We will accomplish this by configuring each of our component systems and services they will produce, in order to deliver all specified pharmacy services to the State. MMA's parameter-driven, rules-based programming techniques make our technical solution flexible, and our loosely coupled service-oriented architecture (SOA) makes it interoperable and reusable. Our FirstRx pharmacy POS system and our other systems have been designed to provide both flexibility and configurability in establishing and modifying edits and rules through on-line functions. MMA's solution is MITA-compliant and has been certified for 15 of our Medicaid program customers, including Arkansas Medicaid. We have consistently achieved CMS Certification for our customers on the first attempt. In support of our two most recent certifications for the Medi-Cal Rx Program and Nevada Medicaid implementations, MMA successfully engaged in the new CMS Streamlined Modular Certification (SMC) process, which streamlines the certification process and focuses on measuring the effectiveness of the pharmacy solution to support desired business processes. MMA is certified for Arkansas with the same architecture, which supports the open standards requirement of the CMS Standards and Conditions Checklist.
109	CI2	Configuration & Integration	SDLC	Vendor shall fully describe how their standards will deliver Systems and Services, and Shared Services atop a technical infrastructure and computing environment that is clearly organized, and easy to operate and maintain.				Meets	MMA will continue to focus our architecture for the AME on standards and best practices. Doing so drives decisions being made about the separation of concerns, what to include in a web service and what protocols and formats to support, to have a larger and longer-term view. When enough small decisions are made according to standards and best practices, then the larger issues are easier to align. This strategy, which has been used by MMA for years, has resulted in systems that are clearly organized, and easy to operate and maintain. Our focus on architectural standards also results in our systems being easier to configure to support new customers and easier to modify with our rules-based adjudication engine when changes are needed after implementation.
110	CI3	Configuration & Integration	System, Tools and Technical Capabilities	Vendor shall accept Client information from the Core/MMIS system which is necessary to adjudicate claims, process prior approvals, and calculate cost sharing. In addition, data updated by client must be transmitted back to appropriate system (Core, ARIES) per data governance policies.				Meets	Our established interfaces are in place, fully functional, and supporting the AMPP today. MMA will continue to accept and maintain client information from the Core/MMIS system necessary to adjudicate claims, process prior approvals, and calculate cost sharing. MMA can accept client information in the Standard NCPDP 834 Enrollment transaction or use a State- defined format if necessary. MMA has the ability to receive client updates at 15-minute intervals up to once daily depending on the State's preference. We transmit all required information to the Core/MMIS and the ARIES eligibility system via SFTP, in accordance with the State's data governance policies.
111	CI4	Configuration & Integration	System Testing	Vendor shall seek advance State approval on the proposed approach and data for interface testing with third parties, Stakeholders, and trading partners prior to conducting the actual test. Vendor shall provide expected outcomes for each test scenario.				Meets	Having collaborated with DHS for nine years, MMA performs end-to-end testing prior to promoting changes to production. We have a State-approved testing process in place for Arkansas, and we will continue to partner with DHS to ensure that our interfaces and testing meet all AMPP needs. In the upcoming contract period, MMA will continue to work with the State and the stakeholders to establish interface testing criteria before conducting testing. Test results will be shared with the stakeholders for validation and confirmation. MMA will create test cases, which will be submitted to the State and their NTT Data vendors for review and approval, along with expected outcomes for each test scenario.

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112	CI5	Configuration & Integration	Standards	Vendor shall follow the IT Infrastructure Library (ITIL), as defined in the contract requirements, is the recommended best practices standards which include specifications for configuration management. The configuration management plan must adopt the four defined Vendor tasks of configuration management ITIL specifications listed below: 1. Identification of configuration items to be included in the Configuration Management Data Base (CMDB) 2. Control of data to ensure that it can only be changed by State authorized individuals 3. Status maintenance, which involves ensuring that current status of any CI is consistently recorded and kept updated. 4. Verification, through audits and reviews of the data to ensure that it is accurate.				Meets	MMA will provide an updated Configuration Management Plan (CMP) for the upcoming contract period, as defined in the RFP to comprehensively and systematically specify, control, and track Configuration Items (CIs) and any changes made to them. Our CMP will adopt the four Contractor tasks of configuration management based on ITIL specifications as detailed below. Our IT Service Management and Asset Management system provides unparalleled control over the management of software/hardware configurations in a centralized Change Management Database solution that is aligned with ITIL®v3 best practices at every step in the process. 1. The process of identifying configuration items to be included in the Configuration Management Database (CMDB) will continue to be performed by MMA's Configuration Management Team and will be used as the basis for the State's pharmacy technical configuration control and for the development and delivery of the CMP. 2. The CMP security configuration allows only permitted users (State-designated or MMA) to create or modify edits or business rules. 3. MMA will use our change management/asset management solution to track and maintain the CIs for Arkansas following the best practices and standards of ITIL®v3. The system generates automatic alerts to stakeholders at appropriate points in the workflow. 4. Through the use of data quality controls, reconciliation processes, regular auditing, and other supportive measures, MMA ensures the appropriate mechanisms are in place to maintain data integrity, validity, and completeness. Data quality checks record any data quality exceptions in standard tables to facilitate quality monitoring and reporting. MMA systems validate transactions at various control points through loads, audits, reconciliation processes, and cross-reference reports.
113	CI6	Configuration & Integration	SDLC	Vendor shall execute the tasks, activities, and deliverables of Vendor's System Development Life Cycle (SDLC) for designated Requirements Traceability Matrix (RTM) and Task Order components build, configuration, integration, and test as part of the Technical Infrastructure and computing environments successful operations and interoperability.				Meets	Although as incumbent, our development effort will be low-risk and focused on new scope, MMA will continue to execute the tasks, activities, and deliverables of our System Development Life Cycle (SDLC) for designated Requirements Traceability Matrix (RTM) and Task Order components build, configuration, integration, and test as part of the Technical Infrastructure and computing environments successful operations and interoperability. MMA follows a Systems Developments Lifecycle (SDLC) for all change activities affecting the hardware and software components of our services. The SDLC provides a unified governance structure through which changes can be managed on MMA's systems while ensuring continual uptime and performance so that key performance measures and service level agreements can be met. We follow ITIL best practices as the preferred method for ensuring effective communication between the technical and operational groups involved in the development of the project components. In combination, the SDLC and ITIL sets of practices aid MMA in ensuring that all changes are documented in a clear, concise manner, managed to prevent system/performance conflicts, scheduled to minimize impact on normal business operations, approved and communicated effectively to all IT departments and the user community, and implemented to support efficient and stable updates in the future.
114	CI7	Configuration & Integration	Standards	Vendor shall conduct a comprehensive review (and approval) with State-designated Stakeholders to confirm the configuration and integration standards, specifically as they apply to the configuration and integration activities of this Project, prior to any system change execution.				Meets	During the Implementation Phase, MMA's DDI Manager will review the configuration and integration standards with the State stakeholders in order to provide the optimal solution that meets the needs of the State. During ongoing operations, our Operations Manager will continue to review standards with the State-designated stakeholders. MMA's testing processes, which will be included in the plan for the deployment of each system and its related services as well as for the shared services, will include a user acceptance test phase that completes when a review with the State-designated stakeholders results in the sign off that the deployed system meets the requirements. This approval will be confirmed before any system change is executed.

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115	CI8	Configuration & Integration	Standards	Vendor shall fulfill the Federal and State regulatory and statutory Standards, as defined herein, participating in the Technical Infrastructure and the Systems and Services, and Shared Services computing environments.				Meets	MMA will fulfill the regulatory and statutory standards as defined in this proposal and as they apply to the Technical Infrastructure and the Systems and Services, and Shared Services computing environments. An example of the type of regulatory and statutory standards that MMA will monitor are those associated with records retention. We currently comply and will continue to comply with all applicable Federal and State regulatory and statutory Standards.
116	CI9	Configuration & Integration	System, Tools and Technical Capabilities	Vendor shall support a software and hardware solution that is upgradeable, expandable, and preserves solution customizations. Vendor's hardware and software capacity selections must support the applications to meet the requirements of this RFP.				Meets	MMA's upgradeable, expandable, and customizable software and hardware solution is in place and serving the AMPP today. Our solution relies on both analytically tuned relational databases and the AWS cloud hosting environment, with robust maintenance methods, reliability, and scalability. We successfully maintain the capacity of hardware and software environments. MMA's systems are based on scalable technologies that can expand based on the need to accommodate newly acquired and growing business. We own the source code to our core applications, allowing us to exercise complete control over the change management process, and to ensure the resources available in these systems are appropriately sized to support our data processing needs.
117	CI10	Configuration & Integration	Standards	Vendor's system must support technologies for data exchange that support current industry standards for data interchange (e.g., NCPDP, ANSI ASC X12, SGML, and XML).				Meets	MMA uses Oracle Fusion Middleware, which provides an industry-leading Business to Business product suite that supports all healthcare EDI standards such as HIPAA, NCPDP, ANSI ASC X12, XML, Script, and HL7. The tool also facilitates message exchanges with a rich set of adapters that can connect to HIE and HIT organizations. MMA closely monitors changing regulations and guidelines and applies those to keep the product up-to-date.
118	CI11	Configuration & Integration	System, Tools and Technical Capabilities	Vendor's system must have ability for users to simultaneously open and view multiple screens and easily switch between screen views. The Vendor's system may have multiple cases summarized on a single screen. Multiple screens may also be associated with an individual case.				Meets	The graphical user interface of all MMA applications supports the ability to view multiple screens at once and to switch between them. The multiple screens can contain different aspects of the same case or can display information about multiple cases. Some screens in FirstRx and FirstTrax, such as the patient clinical data screens, allow the user to view information from multiple cases on the same screen.
119	CI12	Configuration & Integration	System, Tools and Technical Capabilities	Vendor shall execute the tasks, activities, and deliverables of Vendor's comprehensive series of tests within each of the computing environments, processing transactions as part of Vendor's Systems and Services, and Shared Services defined herein this RFP.				Meets	MMA has a long successful history of implementing new components and maintaining ongoing changes through a comprehensive series of tests and processes within each of our transaction environments, integrating with external vendors, databases, switches, meeting customer and NCPDP guidelines. We can also run trial claims against production, as directed and approved by the State. We will provide the following environments to ensure continued access, security, and integrity: Production, Disaster Recovery, and multiple Testing environments to effectively develop, test, and deploy our solutions during all phases of SDLC development, as well as during operations and turnover phases. These Testing environments include 1. Unit Testing, 2. System Testing, 3. Integration Testing, 4. Regression Testing, 5. User Acceptance Testing (UAT), 6. Parallel Testing, 7. Prototype Development, 8. End-to-End Testing, 9. Smoke Testing, 10. Stress Testing, and 11. Time travel Capabilities. Descriptions of these requirements are provided in proposal Section 8.2.1.2.
120	CI13	Configuration & Integration	System, Tools and Technical Capabilities	Vendor's Pharmacy solution must be able to implement and support the new proposed CMS Rule changes for NCPDP within 60 days, or the mandated date whichever is shorter, of the final rule change, at no additional cost to the State.				Meets	MMA's pharmacy solution will continue to implement and support the new proposed CMS Rule changes for NCPDP within 60 days, or the mandated date whichever is shorter, of the final rule change, at no additional cost to the State. MMA closely monitors the developments, changes, and evolution of external architecture requirements by State and Federal regulations, rules, and guidelines, and we proactively plan our systems architecture changes to meet changing requirements. Through participation in industry groups such as the Private Sector Technology Group, National Council for Prescription Drug Programs (NCPDP) and our engagement with national conferences such as the Medicaid Enterprise Systems Conference (MESC) and State Healthcare Information Technology Connect, we work to be a part of the positive enhancements being made to both MITA and to the CMS Certification Program.

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121	CI14	Configuration & Integration	System, Tools and Technical Capabilities	Vendor's system must access any database to extract data to pre-populate index fields and values on forms. For example: Vendor's system must capture the Provider Identification Number (PIN) and then using that number, extract the Provider's name, address, and other information from the Provider database.				Meets	MMA confirms the ability of our imaging solution to access databases to extract data to pre- populate index fields and values on forms. Our solution uses real-time APIs to extract the information from the appropriate, secure databases to assist in populating forms, while increasing the accuracy of data management and improve the user experience.
122	CI15	Configuration & Integration	System, Tools and Technical Capabilities	Vendor's system must have the ability to determine if a designated field on a specific form contains a required signature (e.g., field is not left blank).				Meets	MMA confirms the ability of our solution to determine if a designated field on a specific form type contains a required signature. Our system includes sophisticated algorithms that ensure forms are accurately filled out and that data is not missing from required fields.
123	CI16	Configuration & Integration	System, Tools and Technical Capabilities	Vendor's system must support the use of unstructured data including capture, association with specified metadata, storage, and access.				Meets	MMA supports unstructured data in metadata for pharmacy systems storage and access. When developing interfaces for images and other types of unstructured data, it is necessary to have a strong strategy for the metadata associated with each item. MMA developed numerous interfaces which do exactly that for both images such as paper claims and also other unstructured data such as static reports. MMA understands that for information to truly be valuable it must be accessible, searchable and identified with all necessary attributes. MMA will leverage our experience with identifying the correct metadata elements for all the various contexts of unstructured data. This partnership will allow the State to continue efficiently adding to a store of useful unstructured data to support its Medicaid enterprise.
124	CI17	Configuration & Integration	System, Tools and Technical Capabilities	Vendor's system must provide the capability to crosswalk received MMIS assigned Internal Control Number's to the original pharmacy claim for the purpose of searching of pharmacy claims using either ICN. This information must be searchable and visible to the authorized end-user.				Configurable	MMA's system will provide the capability to crosswalk received Core/MMIS assigned Internal Control Numbers to the original pharmacy claim for the purpose of searching of pharmacy claims using either ICN. This information will be searchable and visible to the authorized end-user. MMA's unique, assigned ICN is the master index used to control, track, and reconcile claims received and processed in FirstRx. The ICN is the master index for all claim-related activity, including adjudication, reversal transaction, quantity and financial accumulations, and all claim-related extracts.
125	CI18	Configuration & Integration	System, Tools and Technical Capabilities	Vendor shall ensure all supplied tools are accessible and usable by the appropriate State staff at no additional charge to the State.				Meets	The MMA Configuration Management Team will continue to configure our supplied tools to be accessible and usable by the State appointed staff at no additional charge to the State. We have secured the appropriate licensing required for the State to use our pharmacy solution, and we will continue to provide the required access to authorized State staff.
126	CI19	Configuration & Integration	System, Tools and Technical Capabilities	Vendor's system must provide a system user interface that is easy to read, user-friendly, and displays all data elements necessary for an authorized user to perform their job function.				Meets	MMA will continue to provide a system user interface that is easy to read, user-friendly, and displays all data elements necessary for a user to perform his/her job function. Careful consideration is given to provide the most intuitive and user-friendly design possible for our external user community, while also adhering to W3C standards and 508 guidelines. Focusing on the web portals and online report capabilities; the end result are products that render consistently across all current industry standard browsers and platforms, while also ensuring an effective interaction for the end user.
127	CI20	Configuration & Integration	System, Tools and Technical Capabilities	Vendor shall design all user interfaces with input from State users and subject to the State approval during all phases of the contract.				Meets	MMA brings our pre-existing, proprietary, best in class COTS solutions to this project. We have established products with user interfaces in place currently supporting the AMPP, and we will update these interfaces as needed throughout the life of the contract. During all phases of the upcoming contract period, we will design external user interfaces such as the portal and reporting interfaces, with input from State users and will obtain State approval for all user interfaces. For example, MMA has worked with DHS to modify the Arkansas web portal user interface to meet State-specific needs.

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128	CI21	Configuration & Integration	System, Tools and Technical Capabilities	Vendor shall ensure that any COTS products, utilized by the vendor, must have the capability for critical updates to be requested and applied promptly (i.e. vaccine updates, Public Health Emergency Health).				Meets	MMA will continue to ensure that any COTS products used as part of MMA's AMPP solution, will have the capability for critical updates to be requested and applied promptly (i.e., vaccine updates, Public Health Emergency Health). For example, we have prepared an emergency update to the MME edits for Arkansas, and we are ready implement it on a timeframe directed by the State. The flexibility of our solution has also enabled MMA to quickly implement changes as required by public health emergencies such as a pandemic, as directed by the State. After discussion and presenting suggestions to aid the Arkansas Medicaid Clients due to COVID, MMA implemented the following, and then went back to the pre-COVID edits when directed by the State: 1. Change to the Early Refill Hard Halt and the Accumulation Rule for Non-Controlled Medications ONLY: Arkansas changed the Hard Halt for early refill Pharmacy Provider level overrides for non-controlled drugs to a "Soft" alert. The System will still maintain the 75% Early Refill requirement. However, instead of this being a "hard" alert, the Pharmacists are allowed at POS to override the ER alert at the DUE level (as we do with Drug-Drug, Therapeutic Duplication, Incorrect Duration, and High Dose ProDUR alerts.). 2. Change to the Aerochamber Allowance: The 1 per year restriction for Aerochambers is removed. If a patient required an extra Aerochamber during this time, as long as the PA criteria was met the patient was able to receive >1 Aerochambers at POS. 3. Addition of COVID-19 Reason codes to all Initiatives created in order for the Help Desk to override PA criteria: Early Refill due to COVID-19, Coronavirus 2019 (COVID-19) Reason Code for Qty limit. 4. Addition of COVID-19 Emergency links to the Arkansas Magellan Website.
129	CI22	Configuration & Integration	System, Tools and Technical Capabilities	Vendor shall ensure the State has the authority to determine schedule and frequency of updates to the Pharmacy solution. The State and Vendor will work together to determine any exceptions to the defined schedule (errors that need immediate correction).				Meets	MMA will continue to ensure that DHS has the authority to determine schedule and frequency of updates to the Pharmacy solution. The State and MMA's Arkansas Account Team will continue to work together to determine any exceptions to the defined schedule (errors that need immediate correction). Our test environments are maintained to ensure that the code base stays in step with the major releases for the systems that are being tested. The environments will be scheduled to receive any updates to the core functionality for the systems that are being tested for the customer. These releases are coordinated with the MMA QA Testing Team to ensure that testing is not disrupted.
130	CI23	Configuration & Integration	System, Tools and Technical Capabilities	Vendor shall complete Integration and Testing for all subsequent enhancements, projects and modifications, as part of updates to the overall MMIS, after initial DDI and operations phase.				Meets	In the upcoming contract period, MMA will continue to complete Integration and Testing for all subsequent enhancements, projects and modifications, as part of updates to the overall MMIS, after initial DDI and initial operations, throughout the life of the contract. MMA creates a test plan for each component, and documents all testing detail for each. Each test plan is approved prior to moving on to full integration testing. Attestations by the testers can be provided to support the approval, along with the actual test results. For each test case, there are documented expected and actual results.
131	CI24	Configuration & Integration	System, Tools and Technical Capabilities	Vendor's system must display information associated with each screen, such that no horizontal scrolling is required by users to view information (vertical scrolling is acceptable, but not horizontal scrolling) and no visual impairment results (e.g., screen enlargement may create visual impairment for a user). Vendor shall complete ADA 508 compliance testing and submit reports and findings to the State. Vendor shall ensure the Pharmacy system maintains 100% Section 508 ADA compliance.				Meets	MMA's system will display information associated with each screen, such that no horizontal scrolling is required by users to view information (vertical scrolling is acceptable, but not horizontal scrolling) and no visual impairment results (e.g., screen enlargement may create visual impairment for a user). We will complete the required ADA 508 compliance testing and will submit reports and findings to the State. MMA will ensure the Pharmacy system maintains 100% Section 508 ADA compliance. Our web-based user interfaces utilize responsive design methods, where appropriate, to take advantage of the screen width available. Based on industry standards, the minimum resolution supported on the desktop is a width of 1024px. Our reporting systems also adhere to Section 508 standards to provide broad access to visually impaired users, including not requiring horizontal scrolling. Reports are displayed in accordance with the WCAG 2.1 standards which necessitate minimal two-dimensional scrolling, noting that some presentations – such as diagrams – require some level of scrolling to maintain understanding of the data.

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132	CM1	Contract Management	Program Requirements	Vendor shall meet the Key Performance Indicators for each System and Services function defined in Attachments C and G.				Meets	As the current AME Pharmacy Contractor since 2014, MMA will continue to meet all Key Performance Indications (KPIs) for the AMPP. We have thoroughly reviewed and will meet and/or exceed the KPIs detailed in RFP Attachments C and G. Our Arkansas Account Team will continue to provide our monthly Performance Guarantee (PG) Report to document our compliance. MMA will utilize our established processes and experienced staff to ensure that we continue to meet the State's requirements and expectations.
133	CM2	Contract Management	Program Requirements	Vendor shall leverage, where appropriate, the State's existing investments in information technology, systems and services, and third-party relationships operating as part of the Medicaid enterprise.				Meets	MMA leverages the State's existing investments in information technology through the integration of our systems with any necessary existing systems, as well as any third party partner systems as required. Integrations are accomplished through a combination of web services and batch interfaces as dictated by the details of each integration context. MMA uses the latest industry-leading technologies to web enable our POS system, adhering to the MITA architecture (Service Oriented Architecture [SOA]) standards. MMA follows a proven strategy to maintain compliance with MITA, including adoption and implementation of SOA, Open Architecture, effective use of COTS, and interoperability with all entities in the pharmacy continuum of care. We consistently review the MITA principles to forward our advancement of integrated business and information technology within our systems and between us and our partners and vendors. We build common frameworks for our systems to communicate and to migrate data between business partners, using these efficiencies to offer modern and agile business and technical solutions. Our continuous examination of the Seven Conditions and Standards of MITA and our internal development of a service-oriented architecture provide us with improved systems and business flexibility. The service-based components of the MMA Pharmacy Enterprise are exposed in a secure fashion to both internal and external consumers, which supports higher levels of MITA maturity. MMA is committed to continuing to make upgrades to align with the State's vision towards maturing the MITA levels in pharmacy-related business process and building a SOA-based system.
134	CM3	Contract Management	Program Requirements	Vendor shall support Arkansas' business process improvement objectives as defined in its process maturity: 1. Support the advancement of payment reform methodologies 2. Participate in the State's Medicaid domain information exchange goals 3. Advance the organizational productivity and analytical capabilities of the AME to promote cost reduction and process maturity.				Meets	MMA will continue to support Arkansas' business process improvement objectives, as defined in its process maturity, and listed in CM3. MMA consistently demonstrates the ability to maintain and operate a POS system according to documented complex business rules for our customers, including Arkansas. We will continue to provide support for the State's goal of advancement of payment reform methodologies. The FirstRx POS system supports the ability to view and modify online audit criteria, disposition, and hierarchy by authorized users. FirstRx utilizes a powerful and efficient rules engine used to automatically disposition claims to pay or deny using business and clinical rules. The maintenance of these rules is accomplished through the FirstRx user interface. The ability to identify, create, and configure business and clinical rules is virtually unlimited. MMA will continue to participate in the State's Medicaid domain information exchange goals based on the vision set by the State and advance the organizational productivity and analytical capabilities of the Medicaid enterprise to promote cost reduction and MITA process maturity. We utilize our MITA Roadmap, a five-year plan including key drivers and milestones, to guide the evolution of our products, services, and processes and ensure that we are continually striving to increase our ability to support our state partners' MITA maturity level and achieve the goals of the MITA framework. MMA's service enablement activities work together with our MITA roadmap to provide a decoupled, service-based architecture. This allows us to take advantage of new technology as it becomes available, facilitating the speed at which required changes are made.
135	CM4	Contract Management	Standards	Vendor shall be subject to all the terms and conditions of the contract, including terms for default, liability, remedies, ownership, and termination.				Meets	MMA affirms that we will be subject to all the terms and conditions of the AME Pharmacy Contract, including terms for default, liability, remedies, ownership, and termination.

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136	CM5	Contract Management	Standards	Vendor shall deliver all Milestones required in RFP and must be achieved on the dates specified in the Vendor's state approved Work Breakdown Structure (WBS) or modified WBS as approved using the State Change Order process. State will provide final acceptance of all Milestones in written form.	Yes	The Vendor shall deliver all Deliverables to the State as required in RFP Statement of Work, in final form on the dates specified. The State must review and provide final acceptance in written form of all Deliverables as specified in the RFP.	One thousand dollars ($1000) per Deliverable for each State business days after the Deliverable is late or fails to meet the State's material specifications for that deliverable (excludes waived Deliverables determined in advance of start-date not subject to the standard reviews and rework cycle times by the State and the Vendor due to volume, size, or complexity in subject matter or development).	Meets	For the new Contract term, MMA will deliver all Milestones required in RFP in accordance with the dates specified in our State-approved WBS, or modified WBS as approved using the State Change Order process. Our Implementation and Arkansas Account teams will collaborate with the State to obtain final acceptance of all Milestones in written form. MMA develops and maintains an integrated master project schedule in Microsoft Project, which includes agreed-upon milestones, deliverables, tasks, dependencies, planned start and finish dates, actual start and finish dates, work hours, and assigned resources/responsible parties. The project schedule is also represented visually in a Gantt chart. Our project schedule is our primary tool for managing the schedule timeline to ensure completion of analysis, configuration, development, testing, implementation, and monitoring of updates in advance of go-live to ensure production dates are met. Our project schedule remains a living document, updated as necessary, and serves as the planning and controlling document for all activities and phases of the AMPP. Our PMM tools, which are in place, tested, and supported by trained staff and established PMBOK-based project management infrastructure enable, our Implementation Team to effectively define, monitor, and report status of the various project management components, including the schedule, resources, milestones, deliverables, issues, and changes.
137	CM6	Contract Management	Performance Management	Vendor shall perform all contract requirements. Deductions from "payment amounts due" to the Vendor, by the State, for the Vendor's failure to perform as defined in this RFP, may be made from any money payable to the Vendor pursuant to the Contract. The State must notify the Vendor, on the Vendor's invoice, of the deductions in payment amounts due, and the failure to perform.				Meets	Leveraging our 39 years of PBA experience and nine years of Arkansas-specific experience, MMA will perform all AME Pharmacy Contract requirements for the new Contract term. Deductions from payment amounts due to MMA by the State, for the failure to perform as defined in the RFP, may be made from any money payable to MMA pursuant to the Contract. We acknowledge that the State will notify MMA, on our invoice, of the deductions in payment amounts due, and the associated performance failure.
138	CM7	Contract Management	Standards	Vendor shall meet the Statement of Work and Scope of Work contract and performance commitments made in its' submitted technical proposal.				Meets	MMA will meet the Statement of Work and Scope of Work Contract and performance commitments made in our submitted technical proposal. MMA provides support, monitoring, and maintenance for our Arkansas Pharmacy Solution to ensure that it continues to operate according to agreed-upon functionality in accordance with performance standards. Through our Medicaid experience, MMA provides operational and maintenance excellence that supports the operation, functionality, and AME Pharmacy Contract requirements as defined in the RFP.
139	CM8	Contract Management	Performance Management	Vendor shall utilize the State's tool (DMT) or provide their own tool which will easily interface with the State's DMT, to track and report all the AMPP system performance measures.				Meets	MMA has hands-on experience utilizing the State's DMT and will use the State's DMT to track and report all the AMPP system performance measures for the new Contract term. For example, we use an electronic document repository to store AMPP Deliverables documents. MMA will continue to produce the Performance Summary that is included within the monthly Operations Report. MMA supports performance standards measurement through our monthly PG Report. Our PG Report contain information, such as the performance standard, result for the reporting period, and an explanation of the result and/or the source of data for confirmation, as applicable. In addition, to measure adherence to KPIs and facilitate quality improvement initiatives, we engage in rigorous improvement practices that require systems and processes to be continually measured. This focus is built into our pharmacy services operations through organizational structures, performance monitoring, planning, training, auditing, and metrics definition. During the current Contract term, MMA has never had a CAP related to our performance for the AMPP. Our Arkansas Operations Manager, Summer Gatica, will work closely with internal functional areas to compile all information needed for Performance Summary report creation which is then emailed to the State.

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140	CM9	Contract Management	Performance Management	Vendor shall perform contract monitoring and all data stored must be accessible by approved State staff.				Meets	Our Arkansas Account Team uses established processes to perform Contract monitoring. Stored data are accessible by approved State staff. For the new Contract term, MMA will use the State's DMT to provide information that allows the State to monitor MMA's performance against key Contract performance standards using measurable criteria. We have numerous, proven procedures across customers to measure aspects of our processes and systems to monitor our performance of the tasks and responsibilities required by the RFP. All reporting, issue logs, change control, project plan monitoring, and problem reporting are entered through our established tracking tools. In addition, self-service reporting is available in MRx Explore for authorized State users.
141	CM10	Contract Management	Standards	Vendor shall always maintain and grant access to all data in the System within three (3) business days of request, by state/federal government entities, as described in Attachment P, State Standard Terms and Conditions, of the contract.				Meets	MMA will maintain and grant access to all data in the System within three business days of request, by State and Federal government entities, as described in RFP Attachment P, State Standard Terms and Conditions, and in accordance with the AME Pharmacy Contract. As required, access will be given to any MMA books, documents, papers, or records which are related to any services performed under the Contract. MMA utilizes role-based security access for internal or State authorized personnel. Documents are readily available for inspection by personnel with the appropriate security clearance. We will utilize our shared document repository to ensure that documents are available in a timely manner to meet the State's required time frames.
142	CM11	Contract Management	System Compliance	Vendor shall provide ten (10) calendar days advance notification of downtime for weekend refreshes to State. Weekend refreshes will be scheduled at specific times (agreed upon by State and the Vendor) on Saturdays.				Meets	MMA will provide the State with a 10 day advance notification downtime for weekend refreshes. We will continue to schedule weekend refreshes at specific times (agreed upon by State and MMA) on Saturdays. Our PBA solution is available 24/7/365 for transaction processing, excluding scheduled downtime for routine maintenance. Maintenance downtime is taken only when necessary and is scheduled throughout the year. For planning purposes, MMA retains the use of a four-hour maintenance window beginning at 11:00 pm on Saturday and continuing through 3:00 am Eastern Time (ET) on Sunday. The system generally would be available during that entire time, but we require four hours for scheduling. If the full scheduled maintenance window is not needed, we use an abbreviated time frame, sometimes as short as 15 minutes, to recycle the adjudication engines. If application or server maintenance is required, we will schedule time with input from the State for an outage during this designated time frame.

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143	CM12	Contract Management	Remedies	Vendor shall perform all provisions and performance requirements. REMEDIES FOR UNACCEPTABLE PERFORMANCE Acceptable performance of all provisions and performance indicators in this contract will be determined at the sole discretion of DHS. In addition to remedies in this contract, one or more of the following remedies may be imposed for unacceptable performance of a provision or performance indicator: 1. The Vendor shall submit and implement an acceptable Corrective Action Plan (CAP). Payment may be delayed pending satisfactory implementation of the CAP. 2. Payment may be withheld or reduced, as follows. State may deduct from "payment amounts due" to the Vendor if the Vendor fails to perform as defined in the contract. State must notify the Vendor, on the Vendor's Invoice, of the deductions in payment amounts due and the failure to perform. State must notify the Vendor on the Invoice Payment of the applicable withholds or deductions that are planned for actual damages. 3. The contract may be terminated according to the provisions in RFP. 4. Any publicity concerning this contract, including notices, information pamphlets, press releases, research, reports, signs, Web posting, and similar public notices prepared by or for the Vendor shall have prior written approval and consent from the State and contain a statement indicating	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	The payment will be twelve thousand, five hundred dollars ($12,500) per incident in which DHS approval is not obtained.	Meets	MMA affirms that we will perform all provisions and performance requirements for the AME Pharmacy Contract. We have thoroughly reviewed and will adhere to Remedies for Unacceptable Performance as described in the RFP. MMA acknowledges that acceptable performance of all provisions and performance indicators in this Contract will be determined at the sole discretion of DHS. In addition to remedies in this Contract, we understand that one or more of the remedies listed in CM12 may be imposed for unacceptable performance of a provision or performance indicator.
144	CM13	Contract Management	Contract Management	Vendor shall perform all requirements and services as required in the RFP. If the Vendor's performance falls below the mutually agreed upon metrics or thresholds defined, Vendor shall respond (acknowledge) to State's request for a CAP within five (5) business days, followed by an action plan ten (10) business days from date of acknowledgement. Any revisions requested by the State must follow the above guidelines.				Meets	MMA will perform all requirements and services as required in the RFP. If our performance falls below the mutually agreed upon metrics or thresholds defined, MMA will respond (acknowledge) to State's request for a CAP within five business days, followed by an action plan 10 business days from date of acknowledgement. Any revisions requested by the State will follow the same guidelines and time frames. We continuously monitor all AMPP-specific performance metrics. Our approach is to continually monitor our performance and take corrective action to remediate issues upon discovery. MMA will collaborate with the State and other stakeholders and component operators, as appropriate, so that the State's requirements for system availability, transaction performance, data security, data integrity, and effective change management are consistently met throughout the Operations and Maintenance period. Our standard performance management processes provide for root cause analysis (RCA) and Process Improvement Plans (PIPs), as necessary and indicated by the performance indicators. If a deficiency is identified, our Arkansas Account Team, supported by corporate Quality Assurance Department, will work with appropriate internal functional areas to perform an analysis to determine the impact of the system deficiency and our proposed action plan. Deficiencies are reported along with an RCA and a PIP to prevent future reoccurrence will also be provided.

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145	CM14	Contract Management	Reporting Management	Vendor shall create workable plans and monitor actual performance against SLA targets and provide reporting of performance as defined by the State.				Meets	MMA creates workable plans and monitors actual performance against SLA targets and provides reporting of performance as defined by the State, and will continue to do so for the new AME Pharmacy Contract term. Our RADs align expectations, finalize measurements and calculations, and substantiates evidence/reporting documenting how SLAs will be measured, monitored, and resolved. The RADs define the support expectations and service and document that our reporting capability is sufficient to demonstrate adherence to agreed-upon SLAs. In addition, other performance monitoring reports are provided during the life of the Contract to demonstrate our adherence to SLAs. For example, during DDI, MMA will provide a Weekly Project Status Report that outlines the Project's progress updates, which include key issues, identified unknown risks, accomplishments, and compliance with milestones and delivery dates. Metrics related to performance will also be provided. During Operations, MMA supports performance standards measurement through our monthly PG Report. Our PG Report contains information, such as the performance standard, result for the reporting period (i.e., met, not met, or waived), and an explanation of the result and/or the source of data for confirmation, as applicable.
146	CM15	Contract Management	Contract Management	Vendor shall ensure the service desk supports the defined escalation procedures, including resolution plans and notification to the appropriate parties.				Meets	MMA's IT Service Desk will support AMPP-defined escalation procedures, including resolution plans and notification to the appropriate parties. We have clearly defined policies that provide for escalations, where appropriate, to supervisors of other areas, as necessary. Authorized users are able to report system-related issues and defects that may arise regarding our infrastructure, including log-in assistance. We provide IT Service Desk assistance for general and technical support and questions, access issues and password reset procedures (e.g., login connectivity), and application and software support (e.g., software and hardware). Our IT Service Desk utilizes ServiceNow, a cloud computing platform, to track incidents. For other issues, IT Service Desk staff log the request in ServiceNow and route it to the appropriate MMA group for research and resolution. To address system issues, MMA has a process for identifying the need for a repair (e.g., incident), requesting support, and categorizing the repair into a priority level of support needed. MMA uses ServiceNow to manage incidents and the needed repairs, and the digital workflows associated with the repair. The levels of support range from urgent P1 –Service Loss, P2 – Functional Loss and Slowness, P3 – Single User Issue and P4–Issue Identified before impact to users. MMA's established process includes active and continued resolution activity until the issue is resolved for reported incidents.

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147	CM16	Contract Management	System Compliance	Vendor's system must meet performance standards as required in the RFP. The purpose of the performance management is to ensure the Vendor's solution, in its operational environment, meets the State's performance standards, including both Federal and State requirements for production operation and CMS certification requirements of the system. The Vendor's system must meet or exceed these operational performance standards consistently over the life of the contract. The State has identified the minimum performance standards for the Systems and will measure adherence to these standards monthly and will reduce payment on any invoice pending compliance with all system's operational specifications. Please refer to Attachment "C" for Performance Based Contracting requirements. Vendor must: 1. Provide documented performance levels for all critical areas of the system and its interfaces to the targeted and ancillary systems. 2. Provide documented performance levels for all business office obligations to fulfill the duties of the AMPP. 3. Improve the management of the Contract. 4. Improve federal and state government return on investment (ROI) for administration of the AMPP.				Meets	Our established PBA system will meet all performance standards as required in the RFP. MMA's approach to performance management ensures that our Solution, in its operational environment, meets the State's performance standards, including Federal/State requirements for production operation and CMS certification requirements of the system. As evidenced by our successful performance as the current AME Pharmacy Contractor, our system will continue to meet/exceed operational performance standards throughout the new Contract. We acknowledge that the State has identified the minimum systems performance standards, will measure adherence to standards monthly, and reduce payment on any invoice pending compliance with all system's operational specifications. MMA will comply with the Performance Based Contracting requirements included in RFP Attachment C, as well as all requirements CM16. To support this requirement, we produce several reports for the State. For example, our MAC reports include information about the State's ROI and PDL reports demonstrate cost savings to the State. We also produce our monthly PG Report and Quarterly Business Review (QBR), created and implemented through a forum of our Medicaid customers, to assist the State in evaluation MMA's performance, and the performance of the AMPP. Through the QBR, MMA works in conjunction with the State to examine and report on different components of the AMPP. This collaborative approach to pharmacy services management helps to ensure a quality program. Our QBR approach has provided tangible and positive results for our Medicaid customers by keeping agencies informed and in touch with their drug trend, the drivers of that trend, and the overall health of the programs.
148	CM17	Contract Management	Methodology	Vendor shall document the process of the performance verification to include, but not limited to, the following: 1. The procedures for capturing, analyzing, and reporting results 2. The acceptance criteria for the completion of Performance Verification Period 3. The criteria for the Final Acceptance deliverable. Vendor shall allow for any additional input of data by State for performance measures (i.e., query to measure performance).				Meets	MMA will continue to document the process of the performance verification, including the procedures for capturing, analyzing, and reporting results, acceptance criteria for the completion of Performance Verification Period, and criteria for the Final Acceptance deliverable. We will collaborate with the State to receive additional input of data for performance measures (i.e., query to measure performance). As part of the Performance Management Plan and associated procedures, MMA maintains an extensive library of structured and well-defined processes for continuously checking the health of all infrastructures that supports our production systems. These procedures, in tandem with the robust enterprise monitoring solutions that are in place, provide all of the means necessary to capture performance metrics needed for continuous performance verification and reporting on performance management results. MMA can leverage these data capture processes and tools to provide the data and metrics needed to meet the acceptance criteria established and to serve as the basis for any performance verification needs and final acceptance deliverables outlined during the AMPP's operation.
149	CM18	Contract Management	Methodology	Vendor shall work with the State to evaluate service level performance criteria and adjust the data capture points for the KPIs on a yearly basis or an earlier mutually agreed upon timeframe.				Meets	Our Arkansas Account Team will work with the State to evaluate service level performance criteria and adjust the data capture points, where necessary, for the KPIs on a yearly basis or an earlier mutually agreed upon timeframe. MMA supports the use of key performance metrics as an indicator of our operational and systemic health and incorporates this approach into our best practices.
150	CM19	Contract Management	Methodology	Vendor shall define any/all additional Operations (business services) requirements necessary to perform under the obligations of the Contract.				Meets	MMA will define any/all additional Operations (business services) requirements necessary to perform services under the obligations of the AME Pharmacy Contract. As the current AME Pharmacy Contractor, our Arkansas Pharmacy Solution is in place and operational. MMA's Arkansas Account Team will work with appropriate internal functional areas should additional business services requirements be identified to successfully meet Contract requirements.

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151	CM20	Contract Management	System Compliance	Vendor shall ensure that the their proposed system available 99.5% of the time, except for scheduled maintenance periods.				Meets	MMA will ensure that our PBA system is available 99.5% of the time, except for scheduled maintenance periods. To ensure production system availability, we have created significant infrastructure technology redundancies. All MMA FirstRx pharmacy claims processing, PA, and support systems maintain an annual overall availability percentage service availability of over 99.9%. Monthly system uptime reports will be provided to the Systems Manager, Melissa Tucker, for review and customer distribution. In addition, MMA follows the SDLC for all approved change activities affecting the hardware and software components of our services. The SDLC provides a unified release management governance structure ensuring continual uptime and performance so that key performance measures and service level agreements can be met.
152	CM21	Contract Management	System Compliance	Vendor's Pharmacy Claims Exchange Switch and portal must be available 24 hours a day, 7 days a week, or 99.5% of the time.				Meets	MMA's PBA solution (including the Pharmacy Claims Exchange Switch and portal) and its supporting databases operate and are available to providers and the State 24/7/365 unless stopped for planned service and maintenance activities. We monitor systems 24/7/365 in accordance with ITIL best practices. To help maintain asynchronous communication, timely alerts, and notifications to ensure broad availability of data to authorized system users, MMA's IT Team has employed industry best practices for all critical components of our secure, scalable MITA-based infrastructure. When an anomaly is detected, alerts and notifications are automatically sent to the appropriate members of the IT Team so any issues may be immediately addressed. This active and passive monitoring allows MMA to validate systems are running and delivering the expected level of performance to ensure data in the system are broadly available through all applications.
153	CM22	Contract Management	System Compliance	Vendor's Pharmacy Claims Exchange Switch must handle (at least) 5,400,000 transmissions per month, with surge capabilities to support a 75% volume increase for periods lasting up to two weeks.				Meets	MMA connects with all of the major Pharmacy Claims Exchange Switch vendors, all of which are available 24/7/365. Over the course of these long-term relationships, MMA has not experienced volume issues with any switch vendor. We confirm our ability to support the State's anticipated claims volume of approximately 5.4 million transmissions per month, with surge capabilities to support a 75% volume increase for periods lasting up to two weeks.
154	CM23	Contract Management	System Compliance	Vendor shall ensure all Pharmacy support calls are processed as detailed below: Ninety-eight percent (98%) of all internal State (Help Desk) Support calls in a calendar day will have ring-answer contact (not receive a busy signal); these metrics will be reported in the Weekly Call Center report. Every support call with ring-answer contact (i.e., not receiving a busy signal) must be in the control of an authorized and trained specialist or technical services representative within an average of thirty (30) seconds after caller makes selection in (IVR) and call is placed in queue. In any month where the average speed of answer exceeds thirty (30) seconds, a review of the call list for that month will be conducted and all calls that have exceeded 30 second response time will be identified.				Meets	MMA will continue to ensure all pharmacy support calls are processed in accordance with State-specified performance levels, including the following: 98% of all internal State (Help Desk) support calls in a calendar day will have ring-answer contact (not receive a busy signal); every support call with ring-answer contact (i.e., not receiving a busy signal) will be in the control of an authorized and trained specialist or technical services representative within an average of 30 seconds after caller makes selection in the IVR and the call is placed in queue; in any month where the average speed of answer exceeds 30 seconds, a review of the call list for that month will be conducted, and all calls that have exceeded 30 second response time will be identified. Our Arkansas Account Team will continue to compile and report these metrics to the State in our Weekly Call Center report. Call statistics are monitored and tracked regularly by Help Desk management, using the call management system, to ensure Help Desk standards are met and adjustments are made, as necessary. Data from both the call management and pharmacy Help Desk systems are loaded into our data repository and become available via our BI tool, MRx Explore. MRx Explore provides a daily view that continues to add data each day to provide the cumulative weekly summary.

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155	CM24	Contract Management	System Compliance	Vendor shall meet the system response time requirements listed below. Response time must be measured during normal working hours, which are 8:00 AM to 5:00 PM, Central Standard Time (CST), Monday through Friday, CST except for State observed holidays. 1. 99.5% of all responses for all applications must be completed within three (3) seconds, averaged daily, per hour except for the POS system. 2. All POS system transaction response times must be completed within 2 seconds 99.5% of the time. All POS transaction response times will be measured 24x7, except for State approved scheduled down time. 3. The Web Portal response times must be measured 24x7, except for State approved time for scheduled system maintenance. 4. The Vendor shall only be responsible for that portion of the system and communication link for which the Vendor has responsibility and control. 5. For system response time performance measures, Vendor control must be defined as any Sub-Vendor/Vendor service (e.g., phone, internet provider, software) or point up to the state side of the router/server. 6. The Vendor shall provide a system to monitor, log and report on response times. 7. The Vendor shall provide response times for each type of transactions and report by transaction type.	Yes	Responses for all applications are to be measured per hour, per day, averaged daily. The only time measured is the processing time within Vendor's system; starting at the time request is received by the Vendor's network until the time the transactions leave the Vendor's network. Vendor shall also report response times by hour and by day to in order to understand peak response time issues. Interactive Response Time for each transaction will be recorded daily from midnight to midnight each day, measured daily and weekly and reported daily, weekly and monthly.	State may assess up to $500 in liquidated damages for each day exceeding the metrics. If downtime exceeds the allowable metric (available hours / downtime), measured weekly, the State can assess liquidated damages up to $1000 per day.	Meets	MMA will continue to meet the system response time requirements listed in CM24, which are measured during normal working hours, which are 8:00 AM to 5:00 PM, Central Standard Time (CST), Monday through Friday, except for State observed holidays. We continuously leverage software to monitor systems and will adjust our staffing as needed to ensure that SLAs and performance standards are met throughout the life of the Contract. Our technical solution can generate SLA metrics related to system response time, as well as system availability and system recovery objectives. For example, our FirstRx claims processing system uses a real-time monitor that displays current activity for all POS customers. The monitor displays claim transactions percentages of paid and rejected, average response times and other indicators. Claims transaction processing data are exported into our PDW for reporting purposes. Transaction types are defined as FirstRx transactions, such original claim submission and reversals. The data can be extracted and submitted to the State to provide an overall report showing claims processing statistics for the AMPP. In addition, our web portal response times are monitored through Solarwinds to ensure compliance. We will continuously monitor all State-specific performance metrics. Our approach is to continually monitor our performance and take corrective action to remediate issues upon discovery. MMA will collaborate with the State and other stakeholders and component operators, as appropriate, so that the State's requirements for transaction performance, including response times, are consistently met throughout the life of the Contract.
156	CM25	Contract Management	System Compliance	Vendor shall provide the support, identification and collection of all Services Delivery performance standards as identified by the State. The State strives to develop a more structured system monitoring process supported by automated reporting processes. The Vendor will either use or interface with the Arkansas Enterprise tools for the State to monitor and audit the Vendor's system performance. All system performance standards must be stored in a central repository and dashboard for reporting and auditing purposes (i.e. State Deliverable Management Tool) and will be subject to the Vendor's performance review as measurable criteria. The Vendor, in cooperation with the State, is responsible for performing the following activities: 1. Monitor the system's Quality of Service (QoS) (output) 2. Monitor the system's KPIs and service levels 3. Capture system performance data 4. Initiate and report system problem tickets when defects are identified 5. Establish priorities for all problem tickets 6. Review and approve problem tickets, interim Vendor responses, system CAPs 7. Initiate all correction notices to the Business Offices 8. Participate in the performance review assessments 9. Manage administration of State initiated quality audits	Yes	The State and the Vendor shall conduct regularly scheduled performance reviews, as specified in RFP	Five hundred dollars ($500) per calendar day the Vendor does not meet the schedule as mutually agreed upon with the State.	Meets	MMA will continue to provide the support, identification, and collection of all Services Delivery performance standards as identified by the State. Our Solution supports the State's goal of developing a more structured system monitoring process supported by automated reporting processes. We use our performance monitoring approach and tools to monitor/audit system performance. For the new Contract term, we will use the State's DMT to provide information that allows DHS to monitor/audit our performance against KPIs. Our performance management tools enable us to monitor our PBA system's QoS output, KPIs, and service level, and capture system performance data. Our PBA system is designed to collect/report metrics from application-level processes across the application and architecture to support DHS KPIs. We have tools in place to monitor, collect, and report metrics from our facilities/environmental conditions, the WAN, LAN, Intel server infrastructure components, and mid-range systems. Monitoring and controlling efforts provide configurable service performance alerts and automated service failure alerts. Our Arkansas Account Team initiates and reports system problem tickets when defects are identified, establishes priorities, and reviews/approves problem tickets, interim responses, and system CAPs, if necessary, using our Ticket Log. Our defect management process includes identification, prioritization, assignment, confirmation, classification, resolution, resolution verification, and closure. MMA monitors defect aging information to prioritize and track defects from identification to final resolution. The Arkansas Account Team will also continue to initiate all correction notices to Business Offices, participate in performance reviews, and manage the administration of State-initiated quality audits.

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157	CM26	Contract Management	System Compliance	Vendor shall use or interface with the Arkansas Enterprise tools used to identify, capture, store, access, report, and monitor each KPI and the mechanisms in place to report the levels of service.				Meets	MMA will continue to use the Arkansas Enterprise tools to identify, capture, store, access, report, and monitor each KPI and the mechanisms in place to report the levels of service. For the new Contract term, MMA will use the State's DMT to report on KPIs. We have established numerous, proven procedures across customers to measure aspects of our processes and systems to monitor our performance of the tasks and responsibilities required by the RFP. Our tools enable MMA to effectively capture and define the various KPI components that are essential to ensuring we provide all services in accordance with the AMPP's goals and objectives. We understand that individual performance metrics support a range of stakeholder needs; therefore, our performance measurement tools focus on capturing and measuring our performance against the AMPP's enterprise requirements and business needs. Our established processes enable MMA to collaboratively work with the State to set goals and check progress toward achieving those goals.
158	CM27	Contract Management	System, Tools and Technical Capabilities	Vendor shall provide all collaboration tools and unified communications technologies and services required for optimal performance of the Project's personnel.				Meets	MMA will continue to provide all collaboration tools and unified communications technologies and services required for optimal performance of the Project's personnel. Our web-based services support communication and tools for Project personnel. Through the use of our intuitive and user-friendly websites, targeted features are made available to clients, pharmacy providers, prescribers, State staff, and other key stakeholders to support effective communication. Our AMPP Web Portal is utilized for posting communications, billing information, policies, and other information as directed by the State. The AMPP Web Portal offers a combination of services and static content. Static and dynamic content, as well as downloadable documents maintained on the site, will also be accessible through the hypertext links, drop-down lists, and menus. We also utilize our shared document repository to facilitate communication. Our shared online document repository is a cloud-based content management and collaboration system that gives the ability to upload, download, and collaborate on files. MMA's document repository has controlled access and approved users are able to download and modify content when needed. MMA also uses our established Ticket Log and the State's DMT to document and exchange information. In addition, our Arkansas Account Team meets both internally and with key State staff during regular operational meetings to identify, track, and resolve any service issues. Communication is a crucial component of our account management strategy. By participating in regular meetings and facilitating ongoing dialogue, we will continue to develop and maintain our strong collaborative relationship with DHS staff.
159	CM28	Contract Management	System Compliance	Vendor shall ensure that all system weekend processing and refreshes must be completed by Monday morning at 6:00 a.m. CST.				Meets	MMA ensures that all system weekend processing and refreshes are completed by Monday morning at 6:00 a.m. CST. For planning purposes, MMA retains the use of a four-hour maintenance window beginning at 11:00 pm on Saturday and continuing through 3:00 am Eastern Time (ET) on Sunday. The system generally would be available during that entire time, but we require four hours for scheduling. If the full scheduled maintenance window is not needed, we use an abbreviated time frame, sometimes as short as 15 minutes, to recycle the adjudication engines. If application or server maintenance is required, we will schedule time with input from the State for an outage during this designated time frame.

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160	CM29	Contract Management	System Compliance	Vendor shall ensure that all Vendor, full and incremental, data file updates and backups are to be completed during non-production hours to limit production impact.				Meets	We ensure that all MMA full and incremental data file updates and backups are completed during non-production hours to limit production impact. As a standard practice, MMA performs full backups to tape daily and store the backup tapes. All locations use VMWare production servers to perform incremental daily backups in addition to weekly and monthly full backups. We perform archive backups to the AWS cloud at the month-end and these archive backups are stored permanently in the AWS cloud. All archives are full system backups and are performed on the last day of the month. The Oracle cloud offers similar capabilities regarding backup strategies and data replication services to ensure we always have a secondary copy of the data available. We permanently store archives off-site. Archives are full-system backups performed on the last full weekend of the month for most mid-range systems, or on the last day of the month for Intel systems.
161	CM30	Contract Management	Program Requirements	Vendor shall develop, for State review and approval, a Systems Operations, Support and Transition plan which is due at least 90 days before Go-Live. The plan will ensure a smoother migration from the DDI Phase to M&O Go-Live Phase. This plan must include, but not limited, to the following: 1. A detailed project plan of tasks 2. A detailed plan of activities 3. A detailed plan for milestones and deliverables 4. A detailed timeline/schedule. 5. Must support the State's Data Governance tools and processes (as developed) in order to comply with the State's Data Governance planned initiatives. 5. A representative to participate in the State's Data Governance program as a data steward.				Meets	For the new Contract term, MMA will develop, for State review and approval, a Systems Operations, Support, and Transition plan. We will submit the plan at least 90 days before Go-Live. Our plan will ensure a smooth migration from the DDI Phase to M&O Go-Live Phase and will include all elements listed in CM30. MMA's established approach and methodology will support the State's Data Governance tools/processes, as developed, to ensure compliance with State's Data Governance planned initiatives. On a continuous basis, MMA monitors our MITA maturity and records results/related documentation. MITA principles, including those related to data governance, are used to guide our architectural and design decisions as we enhance the components of the MMA PBA solution. MMA will collaborate with the State and its partners to assist the State in establishing the data schemas, management approaches and basic data governance, including data modeling and metadata, hierarchy management, data stewardship, and data quality management. Leveraging our Arkansas Account Team's extensive Arkansas-specific experience, as well as our corporate Data Governance staff, MMA will designate a qualified representative(s) to participate in the State's Data Governance program as a data steward. As the current AME Pharmacy Contractor, we anticipate that our DDI phase activities will be minimal and focused on implementing new functionality required under the new Contract term. We will leverage our existing in-place Solution to support a low-risk seamless DDI period to update systems, services, and documentation to meet the expectations and requirements for the new Contract, while ensuring continuity of services to clients, pharmacy providers, and the State.
162	CM31	Contract Management	System Compliance	Vendor shall ensure that no downtime will be scheduled during normal State business hours without written prior approval (minimum ten (10) day notice) by the State. The specific hours of scheduled down time will be determined by the State and the Vendor. Any downtime not approved in advance (ten (10) day advance notice) by the State will be deemed as unscheduled downtime. Availability is defined as working access to all production business functions are available for all MMIS users at all times except during scheduled maintenance.				Meets	MMA will continue to ensure that no downtime will be scheduled during normal State business hours without written prior approval (i.e., minimum 10 day notice) by the State. We will continue to collaborate with the State to determine specific hours of scheduled down. MMA understands that any downtime not approved within the 10 day advance notice time frame, will be considered as unscheduled downtime, and that availability is defined as working access to all production business functions for all Core/MMIS users at all times except during scheduled maintenance. Our PBA solution is available 24/7/365 for transaction processing, excluding scheduled downtime for routine maintenance. Maintenance downtime is taken only when necessary and is scheduled throughout the year. For planning purposes, MMA retains the use of a four-hour maintenance window beginning at 11:00 pm on Saturday and continuing through 3:00 am Eastern Time (ET) on Sunday. The system generally would be available during that entire time, but we require four hours for scheduling. If the full scheduled maintenance window is not needed, we use an abbreviated time frame, sometimes as short as 15 minutes, to recycle the adjudication engines. If application or server maintenance is required, we will schedule time with input from the State for an outage during this designated time frame.

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163	CM32	Contract Management	Performance Management	Vendor shall monitor performance of each transaction and query and identify the top five worst performing transactions / Query. Vendor shall identify improvements for at least 2 (Two) of the transactions / queries in each release. These performance transactions should also be included in the operations dashboard for monitoring.				Configurable	We currently monitor the performance of each transaction/query and identify the top five worst performing transactions/queries. IT staff will utilize monitoring results to identify improvements for at least two of the transactions/queries in each release. These performance transactions will also be included in the operations dashboard for monitoring. MMA's PBA system is designed to consistently collect and report metrics from application-level processes in a consistent manner across the application/architecture to support DHS KPIs. MMA's tools monitor, collect, and report metrics from our facilities/environmental conditions, the WAN, LAN, Intel server infrastructure components, and mid-range systems. State-of-the-art system performance monitoring tools consistently collect and monitor applications. Our monitoring and controlling efforts provide configurable service performance alerts and automated service failure alerts. We monitor systems 24/7/365 in accordance with ITIL best practices. To help maintain asynchronous communication, timely alerts, and notifications to ensure the broad availability of data to authorized system users, our IT Team employs industry best practices for all critical components of our secure, scalable MITA-based infrastructure. If an anomaly is detected, alerts/notifications are automatically sent to the appropriate members of the IT Team so issues may be immediately addressed. This active and passive monitoring allows MMA to validate systems are running and delivering the expected level of performance to ensure data in the system are broadly available through all applications. We also monitor system upgrades and releases to assess if they are working as expected. Our existing Release Management process maximizes systems and operations availability and ensures that changes are managed to minimize disruption to business operations.
164	CM34	Contract Management	System, Tools and Technical Capabilities	Vendor's system must have capability to easily drill down to details and actionable information, as well as historical data, to build metrics from all data sources. The State needs this flexibility for reporting, searches and/or legislative requests.				Meets	To support the State's need for flexible reporting, search capabilities, and responding to legislative requests, MMA's reporting solution provides the capability to easily drill down to details and actionable information, as well as historical data, to build metrics from all data sources. MRx Explore enables report creation in multiple formats (hardcopy and electronic) and supports and facilitates drill down queries on claims data to the level of granularity required for meaningful data analysis. Numerous reports available through MRx Explore incorporate drill-down capabilities. Reports are available using a report, visualization, or geographical format. For example, MRx Explore supports graphical data (e.g., Geographic Information System [GIS]) with presentation parameters configurable by the end-user and drill-down capabilities for more detailed information. MMA continually updates MRx Explore so that it offers optimal data visualization and an easy-to-navigate user interface. MRx Explore provides access to our proprietary ad hoc self-service query reporting tool, Report Studio, which allows authorized users to create and configure customized ad hoc reports using a catalog of data elements and parameters available through MRx Explore. Users are able to save and share these self-built reports for future use, as well as schedule a report to run in MRx Explore for recurring reporting needs. Through the self-service Report Studio tool, State authorized users can create reports using a robust catalog of data attributes, including various pre-calculated measures to simplify report building. Our reporting solution is comprised of a rich catalog of calculations, attributes, and filter capabilities enabling report creators to dynamically add or modify parameters to reports.

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165	CM35	Contract Management	Data Governance	Vendor shall support the states Data Governance tools and processes (as developed) in order to comply with the State's Data Governance planned initiatives. Additionally, Vendor will provide a representative to participate in the State's Data Governance program as a data steward.				Meets	MMA's established approach and methodology will support the State's Data Governance tools and processes, as developed, to ensure compliance with State's Data Governance planned initiatives. On a continuous basis, MMA monitors our own MITA maturity and records our results and related documentation. MITA principles, including those pertaining to data governance, are constantly used to guide our architectural and design decisions as we enhance the components of the MMA solution. MMA will collaborate with the State and its partners to assist the State in establishing the data schemas, management approaches and basic data governance, including data modeling and metadata, hierarchy management, data stewardship, and data quality management. Leveraging our Arkansas Account Team's extensive Arkansas-specific experience, as well as our corporate Data Governance staff, MMA will designate a qualified representative(s) to participate in the State's Data Governance program as a data steward.
166	CM35	Contract Management	Program Requirements	Vendor shall work cooperatively with the State's Independent Verification and Validation (IV&V) vendor to enable them to adequately perform the verifications and validations needed as directed by the State and CMS.				Meets	MMA will work cooperatively with the State's IV&V vendor to enable them to adequately perform the verifications and validations needed as directed by the State and CMS. We successfully collaborated with the State's IV&V vendor for the initial pharmacy system CMS Certification for the current AME Pharmacy Contract and will do so for the new Contract term. MMA will work with DHS' IV&V vendor to provide all documentation, artifacts, and demonstrations necessary to demonstrate CMS compliance for the AMPP, as needed. MMA affirms that as part of supporting the CMS certification process, we will work with and support the State certification staff and the State's procured IV&V vendor. In addition to our experience working with the State's current IV&V vendor to certify our existing solution, MMA's 39-year history of providing Medicaid pharmacy services includes working collaboratively with every major IV&V vendor in the country for each of our customers that have engaged one.
167	CM36	Contract Management	System, Tools and Technical Capabilities	Vendor shall provide Performance Management by either use or interface with the Arkansas Enterprise tools. If Vendor's tool is used, tool must electronically define, capture, and report Project services delivery performance and the reporting capability to report electronically, online in a dashboard.				Meets	To support performance management activities, MMA will continue to use the Arkansas Enterprise tools to identify, capture, store, access, report, and monitor each KPI and the mechanisms in place to report the levels of service. For the new Contract term, MMA will use the State's DMT to report on KPIs. We have established numerous, proven procedures across customers to measure aspects of our processes and systems to monitor our performance of the tasks and responsibilities required by the RFP. Our tools enable MMA to effectively capture and define the various KPI components that are essential to ensuring we provide all services in accordance with the AMPP's goals and objectives.
168	CM37	Contract Management	System, Tools and Technical Capabilities	Vendor shall supply and maintain Defect Management – Vendor shall utilize the State's tracking tools, regardless of the environment being utilized. A tool for electronic definition, traceability, verification, and reporting of all defects and resolutions. This includes the work-around resolutions as approved by the State using the Change Control Process throughout the Project's lifecycle.				Meets	MMA will continue to successfully provide and maintain defect management processes for the AMPP. We will use the State's tracking tools, regardless of the environment being utilized. MMA documents defect management in JIRA that provides electronic definition, traceability, verification, and reporting of all defects and resolutions, including work-around resolutions as approved by the State using the Change Control Process throughout the Project's lifecycle. Our Arkansas Account Team initiates and reports system problem tickets when defects are identified, establishes priorities for all problem tickets, and reviews and approves problem tickets, interim MMA responses, and system CAPs, if necessary, using our Ticket Log. Our defect management process includes identification, prioritization, assignment, confirmation, classification, resolution, resolution verification, and closure.

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169	CM38	Contract Management	System, Tools and Technical Capabilities	Vendor shall provide access and interoperability between collaboration tools with other State-authorized Project Stakeholders' tools (as warranted and approved by State).				Meets	MMA provides access and interoperability between collaboration tools with other State-authorized Project Stakeholders' tools, as warranted and approved by State. MMA is able to support secure access for authorized Project stakeholders to collaboration tools outside of our organization and firewall. Collaboration tools may be hosted by the State or other State-authorized organization, as appropriate. As the current AME Pharmacy Contractor, we routinely collaborate with the State's trading partners by providing secure access to collaboration tools. For example, we currently provide NTT Data with access to our shared document repository and FirstRx claims processing system.
170	CM39	Contract Management	System, Tools and Technical Capabilities	Vendor shall define the KPI data capture points proposed by the Vendor in one of the Phase II deliverables (Functional Design Document, Technical Infrastructure Plan, and Information Architecture).				Meets	We will define the KPI data capture points proposed by MMA in one of the Phase II deliverables (Functional Design Document, Technical Infrastructure Plan, and Information Architecture). For the current AME Pharmacy Contract, we have identified and captured KPI metrics within our Technical Infrastructure Plan deliverable. MMA will utilize our existing Technical Infrastructure Plan as the baseline document, and make any necessary revisions required to meet the requirements of the new Contract term.
171	CM40	Contract Management	Methodology	Vendor shall define the Performance Management System capabilities as a flexible, configurable vehicle to govern activity logs, produce reports, and modify data and data retention periods.				Meets	MMA has an established performance management system in place for the AMPP that is flexible and configurable. The system is used to govern activity logs, produce reports, and modify data and data retention periods. Our PBA system is designed with the capability to consistently collect and report metrics from application-level processes in a consistent manner across the application and architecture to support the State's KPIs. We have tools in place to monitor, collect, and report metrics from our facilities and environmental conditions, the WAN, LAN, Intel server infrastructure components, and mid-range systems. State-of-the art system performance monitoring tools are used to consistently collect and monitor applications. MMA's monitoring and controlling efforts provide configurable service performance alerts and automated service failure alerts. Our Arkansas Account Team initiates and reports system problem tickets when defects are identified, establishes priorities for all problem tickets, and review and approves problem tickets, interim MMA responses, and system CAPs, if necessary, using our Ticket Log.
172	CM41	Contract Management	Methodology	Vendor shall describe the structure and format of planned and periodic M&O, such as the performance reviews and reports provided to the State.				Meets	MMA has established processes in place for planned and periodic M&O, including performance reviews and reports provided to the State. For example, MMA produces a Performance Summary that is included within the monthly Operations Report. MMA supports performance standards measurement through our monthly PG Report. Our PG Reports contain information, such as the performance standard, result for the reporting period (i.e., met, not met, or waived), and an explanation of the result and/or the source of data for confirmation, as applicable. In addition, to measure adherence to KPIs and facilitate quality improvement initiatives, we engage in rigorous improvement practices that require systems and processes to be continually measured. Our Arkansas Operations Manager works closely with internal functional areas to compile all information needed for Performance Summary report creation. We will review and adjust, if required, our current performance monitoring and reporting processes to ensure they continue to meet and/or exceed the State's expectations for the new Contract term. MMA commits to maintaining a high level of excellence in support of the State. Our Operations Manager serves as the main point of contact working closely with the State and coordinating with multiple MMA resources to support a comprehensive and integrated approach to managing the AMPP. Our organization's structure is designed to minimize layers and to provide effective and rapid escalation of issues, as well as a reporting structure that clearly identifies responsibilities to facilitate ongoing effective and productive communication with the State.

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173	CM42	Contract Management	System, Tools and Technical Capabilities	Vendor shall maintain that all system documentation or changes, including updates to the rules engines, are 100% accurate within the specified timeframe indicated by the State. Updates required by a Change Request will be defined within the specific CR. General updates requested by the State must be approved by the State and completed within ten (10) business days of request.				Meets	MMA will continue to maintain and ensure that all system documentation or changes, including updates to the rules engines, are 100% accurate within the specified timeframe indicated by the State. Updates required by a Change Request will be defined within the specific Change Request. We collaborate with DHS so that general updates to documentation requested by the State will be approved by the State and completed within 10 business days of request. As the current AME Pharmacy Contractor, MMA has all required system documentation in place for the AMPP. Our Arkansas Account Team works with appropriate internal functional areas to ensure that our pharmacy system documentation is complete, up to date, accurate, and timely. We will use our existing documentation as the baseline and update documentation with all changes, corrections, or enhancements to accurately reflect our Solution for the new Contract term. Our content management strategy has strict procedures ensure system docuementation remains current as AMPP requirements, or our systems or processes change. Our established documentation/QA processes create/maintain a full audit trail for all system and user documentation. When any revision to our State-approved documentation needs to be made, MMA follows our established QA process, including changing the revision number, dating the revision, updating the revision history, making the revision available should the State elect to review, and publishing the revised documentation to the Arkansas shared document repository. An internal documentation review process validates that all revisions have been correctly made to the documentation in accordance with State-specific approved criteria and standards, as well as industry professional standards, before it is made available to the State for review and approval.
174	CM43	Contract Management	System, Tools and Technical Capabilities	Vendor shall provide Automated voice response (AVR), eligibility verification system (EVS), and any other application providing client and provider information support must be available 24 hours per day, seven days per week, except during scheduled maintenance periods. The performance standard must be measured daily and reported monthly and will be reviewed with State in detail as a part of the monthly audit.				Meets	MMA's AVR, eligibility verification at the POS through the FirstRx claims adjudication process, and other applications providing client and provider information (i.e., AMPP Web Portal) are available 24/7/365, with the exception of scheduled maintenance periods. We will continue to measure performance standards on a daily basis and report metrics to the State monthly. Our Arkansas Account Team will continue to collaborate with the State to review results as a part of the monthly audit. MMA uses our performance monitoring approach and tools to monitor and audit system performance. Our PBA system is designed with the capability to consistently collect and report metrics from application-level processes in a consistent manner across the application and architecture to support the State's KPIs. We have tools in place to monitor, collect, and report metrics from our facilities and environmental conditions, the WAN, LAN, Intel server infrastructure components, and mid-range systems. State-of-the art system performance monitoring tools are used to consistently collect and monitor applications.
175	CM44	Contract Management	Contract Management	Vendor shall provide operational and performance reports and dashboards from the contract monitoring tool that are accessible online by the State. These activity reports must be in a downloadable format compatible, with standard desktop applications for data manipulation, such as Microsoft Office components and available in a timeline to be determined by the State.				Meets	Through MRx Explore, MMA currently provides authorized State users with online access to operational and performance reports and dashboards from our contract monitoring tool and will continue to do so for the new Contract term. Our activity reports are available in downloadable formats, compatible with standard desktop applications for data manipulation (e.g., MS Office components), and available in accordance with State-specified time frames. For example, information from the New Relic performance monitoring tool is extracted by internal MMA staff and incorporated into our monthly PG Report which is submitted to the State in MS Word via email.
176	CM45	Contract Management	Reporting Management	Vendor shall provide status reports and they must be submitted monthly and will coincide with the Vendor's monthly invoicing. Reports may be required more frequently when requested by the State.				Meets	MMA will continue to provide monthly status reports that coincide with our monthly invoicing cycle. Monthly reports are currently provided by the fifth business day of the month, which aligns with our established invoicing processes. Our Arkansas Account Team will work with the State to provide reports more frequently, when requested by the State.

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177	CM46	Contract Management	Contract Management	Vendor shall meet the Terms and Conditions labeled Attachment "P" in the Attachments folder and is defined in the contract.				Meets	MMA has thoroughly reviewed RFP Attachment P, Terms and Conditions, and affirms that we will meet all State requirements for the new Contract. Leveraging our 39 years of PBA experience and nine years of Arkansas-specific experience, MMA will continue to meet and/or exceed all AME Pharmacy Contract requirements.
178	CM47	Contract Management	Contract Management	Vendor shall meet all the performance standards defined in the Attachments section of this RFP. Attachments C and G define requirements, metrics and service level agreements.				Meets	MMA has thoroughly reviewed all the performance standards defined in the RFP Attachments Section of this RFP, including the requirements, metrics, and SLAs defined in RFP Attachments C and G. We affirm that we will meet all State performance standard requirements for the new Contract. Our Arkansas Account Team will work closely with the State to review our existing processes and reports, and make any adjustments necessary, to ensure we continue to meet and/or exceed the State's performance standards expectations.
179	CM48	Contract Management	Performance Management	Vendor shall provide all equipment, including Laptops / PC's when accessing the State's network and applications. Access to the State's Network must be via the DHS Portal. The computers used must have current Virus protection in place. The user will be required to take the State's security assessment annually and change passwords every 90 days. The state will not provide State managed Images to the Vendor. The state will not provide Vendor with any equipment. DHS portal must only be used in accordance with DHS security protocols, with the Office of Information Technology pre-approvals in accordance with DHS Policy 500x series, IT Security Procedures (APMs 120-129), and other applicable DHS policies, state, and federal regulations.				Meets	We will continue to utilize MMA's equipment, including laptops/PCs, when accessing the State's network and applications. MMA has direct experience accessing the State's Network through the DHS Portal and will continue to do so for the new Contract term. All MMA computers have current virus protection in place. As required, MMA users will take the State's security assessment annually and change passwords every 90 days. We acknowledge that the State will not provide State-managed images or any equipment to MMA. Our nine years of Arkansas-specific experience enables us to continue to use the DHS Portal only in accordance with DHS security protocols, with the Office of Information Technology pre-approvals in accordance with DHS Policy 500x series, IT Security Procedures (APMs 120-129), and other applicable DHS policies, State, and Federal regulations.
180	CM49	Contract Management	System Compliance	Vendor's system must provide automated, real-time reporting and notification internally to Vendor of catastrophic error detection and/or any unauthorized system downtime. The Vendor shall provide the notification to the State within fifteen (15) minutes of the error detection and/or any unauthorized system downtime. The Vendor shall maintain and provide the State with a year-to-date summary, monthly report of all unscheduled downtime. This report should distinguish between full system downtime and application-specific driven downtime.				Meets	Our PBA system provides automated, real-time reporting and notification internally to MMA of catastrophic error detection and/or any unauthorized system downtime. We provide an automated alert system that facilitates notification to the State within 15 minutes of the error detection and/or any unauthorized system downtime. MMA maintains a distribution list that triggers automated notification about P1 issues to designated State contacts. To address system issues, MMA has a process for identifying the need for a repair (e.g., incident), requesting support, and categorizing the repair into a priority level of support needed. Levels of support range from urgent P1–Service Loss, P2–Functional Loss and Slowness, P3–Single User Issue and P4–Issue Identified before impact to users. Our established process includes active/continued resolution activity until the issue is resolved. The Arkansas Account Team works with our IT staff to maintain/provide the State with a YTD summary, monthly report of all unscheduled downtime distinguishing between full system and application-specific driven downtime. Our established tools monitor system performance and ensure unscheduled downtime is limited. To maintain asynchronous communication, timely alerts, and notifications to ensure broad availability of data to authorized system users, our Systems Infrastructure Team employs ITIL best practices for critical components of our infrastructure. Unplanned downtime exposure during daily operations is reduced with backup power systems, hosted environmental/systems monitoring applications, computer system/network hardware redundancies, mirrored disk, and data replication, which help expedite critical systems recovery following a catastrophic event. Server settings and monitoring/alerting will detect a loss of service and notify the technical teams if action is necessary.

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181	CM50	Contract Management	System Compliance	Vendor's system must provide generated transactions for near real-time or for nightly batch processing, including Product-required data refreshes must process within a window for a full nightly batch cycle to be completed by 6:00 a.m. CST, Monday through Friday. The Vendor shall work with the State in determining the data refresh kickoff time.				Meets	MMA's PBA system provides generated transactions for near real-time or for nightly batch processing. Product-required data refreshes process within a window for a full nightly batch cycle that is completed by 6:00 a.m. CST, Monday through Friday. Our Arkansas Account Team will continue to work with the State in determining the data refresh kickoff time. MMA's PBA system batch process execution includes a batch architecture that supports event-based batch execution (including on-demand requests) and predefined scheduled execution. Our data management processes are executed using MMA's enterprise file transfer suite and our job scheduler. 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 hours a day, 7 days a week on-call support for critical deliveries.
182	CM51	Contract Management	System Compliance	Vendor's system must accept and load NDC with cost information for DME, etc. within 24 hours.				Meets	MMA's system accepts and loads NDC information, including cost information for DME, etc., within 24 hours. First Databank (FDB) files are received weekly and applied to FirstRx. The application or load of FDB files to the adjudication engine is logged at each individual NDC. Reference data in FirstRx are date-specific, and FirstRx allows for multiple date periods to remain accessible for business functions. The adjudication system serves as the repository for all reference data required to support the accurate and timely disposition of pharmacy claims. MMA receives weekly updates from FDB that include additions, modifications, pricing, and deletions to the drug file, as well as related drug clinical parameters. Through FirstRx, we can manage AMPP benefit design and coverage parameters to assure that drugs are added, modified, or inactivated according to State requirements.
183	CM52	Contract Management	Performance Management	Vendor shall provide support during legislative sessions, providing data and reports requested by the State and must be considered a priority and delivered as soon as possible. Vendor shall provide a daily status no later than 9 a.m. each day the documentation is not delivered.				Meets	Our Arkansas Account Team, supported by appropriate internal functional areas, will continue to provide support during legislative sessions, including providing data and reports requested by the State. We understand the importance of providing this information and time sensitive nature of these requests. MMA will treat them as priority requests and provide a daily status no later than 9:00 a.m. each day until the documentation is delivered.
184	CM53	Contract Management	System Compliance	Vendor shall provide alerts to State staff on status of interface data processing (i.e., when processing is completed or errors occur).				Meets	The Arkansas Account Team will provide alerts to State staff on the status of interface data processing, such as when processing is completed, or errors occur. To enable the volume of interfaces we manage, MMA uses our Job Execution and Tracking System (JETS) application to track and maintain all the data file destinations, file layout descriptions, file transfer methods, and their purposes. MMA's Arkansas Pharmacy Solution will continue to verify and report to the State that the interface files/data sent from State systems have been successfully received and accepted into the proposed system with no errors. Incomplete file exchanges are reported with defined error messages. MMA's Solution sends the State an error report containing information for the processing of data received from the State, using a defined error reporting framework with pre-defined error codes. MMA's error processing of inbound and outbound files includes the capability to rectify the error, reprocess the file, or inform the sending entity of the error to send a corrected file. The individual transportation events are managed by our licensed job scheduling package, Tidal. Tidal allows each file transport process to be governed by a timely schedule based on business requirements (e.g., daily, weekly, monthly). Any process failures trigger a page to the appropriate on-call MMA Implementation and Managed Services (IMS) staff member. MMA will notify the State and/or other sending entity of any load errors.

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185	CM54	Contract Management	System Compliance	Vendor shall provide for the State-designated points-of-contact to be notified within 15 minutes of any unscheduled downtime. The Vendor shall provider regular hourly status updates. Any unscheduled downtime must also be documented and explained in writing with acknowledgement by the State, in writing using the State's incident report within 24 hours. See Bidder's Library for a copy of the State's Incident Reporting document/root cause analysis.				Meets	MMA will continue to notify State-designated points-of-contact within 15 minutes of any unscheduled downtime and provide regular hourly status updates. Our Arkansas Account Team works with appropriate IT staff to document and explain any unscheduled downtime in writing with acknowledgement by the State. MMA will continue to utilize the State's incident report for this written communication and submit the documentation within 24 hours. We have thoroughly reviewed and will comply with the State's Incident Reporting document/root cause analysis provided in the Bidder's Library for this procurement.
186	CM55	Contract Management	System Compliance	Vendor shall complete data maintenance requests, such as a Reference update, within 24 hours of receipt from the State, unless approved or directed by the State differently.				Meets	MMA will complete data maintenance requests, such as a Reference update, within 24 hours of receipt from the State, unless otherwise approved or directed by the State. MMA provides our customers with routine system maintenance including at no additional cost, including data maintenance activities for updates to tables, activities to validate data, tables, programs, and documentation, and database support activities. We utilize FDB drug pricing files to adjudicate claims. This file provides access to WAC, DP, and the FUL. In addition, NADAC and 340B data are available from CMS on their website for regularly scheduled downloads. All updated data will be immediately utilized to support the accurate and timely disposition of pharmacy claims and encounters processing.
187	CM56	Contract Management	System Compliance	Vendor shall ensure that all systems provide for 99.5% uptime availability 24x7 except for State approved planned maintenance downtimes. Availability means working access to all production business functions is always available for users except during scheduled maintenance downtimes. Compliance must be tracked via dashboard.				Meets	MMA will continue to ensure that our PBA systems provide for 99.5% uptime availability 24/7/365, except for State-approved planned maintenance downtimes. All MMA FirstRx pharmacy claims processing, PA, and support systems maintain an annual overall availability percentage service availability of over 99.9%. We acknowledge that the State defines availability as working access to all production business functions is always available for users except during scheduled maintenance downtimes. Using our established system monitoring tools, we have the ability to track compliance through dashboards. To ensure production system availability, we have created significant infrastructure technology redundancies. Monthly system uptime reports are provided to the Arkansas Account Team for review and distribution to the State.
188	CM57	Contract Management	System Compliance	Vendor shall ensure all stored images must be retrievable by the State within one State business day (twenty four hours) of the request.				Meets	MMA ensures that all stored images are retrievable by the State within one State business day (i.e., 24 hours) of the request. Through FirstTrax, authorized users have immediate access to stored images attached to the contact detail records in FirstTrax.
189	CM58	Contract Management	Interfaces	Vendor shall work with the State in determining the required data to be submitted to the DSS on a schedule determined by the State (real time or batch). Data files are currently received from both LabCorp and Quest Laboratories.				Meets	MMA's Arkansas Account and IMS teams work with the State to determine the required data that will be submitted to the DSS according to State-determined schedules (real time or batch). As the incumbent AME Pharmacy Contractor, we have current interfaces established with the DSS and will collaborate for any additional data requests. In addition, MMA has established interfaces in place to receive data files from LabCorp and Quest Laboratories. MMA currently supports over 4,600 interfaces across our enterprise for all of 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 X.12, NCPDP, and HIPAA for interoperability and data integration needs
190	CM59	Contract Management	Program Requirements	Vendor shall either use or interface with the Arkansas Enterprise tools. Vendor and State shall agree upon all automation tools to be used by Project Management, requirements, testing, and Power Business Intelligence.				Meets	MMA has the ability to use or interface with the Arkansas Enterprise's tools. During Requirements Review and Validation meeting, we will work closely with the State to review existing tools and to determine and finalize all automation tools that will be used by project management, requirements, testing, and Power Business Intelligence for the new Contract term.

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191	CM60	Contract Management	Program Requirements	Vendor shall agree to work with other State vendors to retro-fit their Pharmacy solution for a smooth transition. Vendor also acknowledges and agrees that when the State procures additional system contracts (i.e., Core/MMIS, DSS, Managed Care, etc.), the Pharmacy solution must be configured to work cohesively with them.				Meets	As the current AME Pharmacy Contractor, MMA works with other State vendors to ensure seamless operation of the AMPP. Using our extensive Arkansas-specific experience, we have demonstrated capability to interface and coordinate with the State's trading partners. MMA commits to working with other AMPP vendors when the State procures additional system contracts (i.e., Core/MMIS, DSS, Managed Care, etc.), ensuring cohesive configuration.
192	DF1	Drug File Updates	File Maintenance	Vendor shall provide ability to conduct drug file updates and discrepancy reporting. Vendor shall review, coordinate, and implement the drug list within one business day of receiving the weekly drug file updates, once approved by the State. Drug files must be sent to the Core Vendor (Gainwell) for FFS and MCO (PASSE) claims processing and to the DSS on a frequency determined by the State.				Meets	MMA will continue to conduct drug file updates and discrepancy reporting. We will review, coordinate, and implement the Arkansas drug list within one business day of receiving the weekly drug file updates, once approved by the State. DHS currently has a license agreement with First Databank (FDB) to receive weekly updates that include additions, modifications, pricing, and deletions to the drug file, as well as related drug clinical parameters. FDB drug compendia files are received by MMA weekly and applied to FirstRx. The application or load of FDB files to FirstRx is logged at each individual NDC. MMA's solution uses the most current reference data in processing claims and encounters and producing reports. FirstRx maintains historical changes of NDC information, and the source(s) of the information will continue to be identified. MMA ensures that the data and reference files used for adjudication are accurate by following our well-established procedures to load each record with a begin and end date. Price records are assigned a sequence number to support the unlikely possibility of overlapping price segments; FirstRx ensures the selection of the most effective record based upon the claim date of service, as well as the price record sequence number. All updated data will be immediately utilized to support the accurate and timely disposition of pharmacy claims and encounters. FirstRx features a complete audit trail functionality and includes specific time and user stamps for each record update. Drug files will be sent to the Core Vendor for FFS and MCO (PASSE) claims processing and to the DSS on a frequency determined by the State.
193	DF2	Drug File Updates	File Maintenance	Vendor shall load, all requested interfaces, as directed by the State, be sent or received to State-directed Vendors, including but not limited to Core, PASSEs, DSS, Drug File vendor. Vendor shall maintain the following database content: 1. Dosage Range Check 2. Drug Allergy 3. Drug-Disease Contraindication 4. Drug-Drug Interaction 5. Drug-Food Interaction 6. Indications 7. Intravenous 8. Min/Max Dose 9. Patient Education Module 10. Precautions (Geriatric, Pediatric, Pregnancy, Lactation) 11. Prioritized Label Warnings 12. Side Effects 13. Other content, as identified by the State				Meets	As described in the response to Requirement DF1, MMA will continue to interface with all required Arkansas trading partners and other State-directed vendors as needed to administer the Arkansas Medicaid Enterprise Pharmacy Program, including the Core, PASSEs, DSS, and Drug File vendors. MMA's FirstRx claims processing system uses existing rules and automated processes to maintain a drug data set that can accommodate updates from a contracted drug data pricing service, the CMS Drug Rebate file, future State rebate program updates, and updates from State staff as needed. Our solution maintains up-to-date drug coding, pricing, indication, contraindication, and dosing files from FDB, as well as other updates received from DHS-approved sources. MMA currently maintains and will continue to maintain the required database content. MMA receives the full FDB file and, as such, is privy to and maintains access to all content described in DF2. Many items listed are used directly in adjudication for edits and audits while others are typically used by pharmacy practice management solutions. MMA does receive all these items through the license DHS maintains with FDB.
194	DF3	Drug File Updates	File Maintenance	Vendor shall establish and maintain a process to remove non-rebate eligible drugs and products from pharmacy point of sale coverage that do not have FMAP, with the exception of State approved drugs and/or products that are deemed medically necessary. This process includes editing for FMAP, removing as indicated by the State and tracking these drug exceptions.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	Five hundred fifty dollars ($500) per calendar day the Vendor does not meet the schedule as mutually agreed upon with DHS.	Meets	FirstRx has been thoroughly customized to exceed the needs of our Medicaid customers, including Arkansas. Drug coverage will continue to be configured to exclude coverage for drugs that do not have FMAP to deny at the point of sale with a supplemental message at the direction of the State. For those products identified as exceptions, the system is configured to allow payment at the point of sale and an indicator on the outgoing claim extract to our rebate platform, ensuring the appropriate removal of these products from CMS FMAP reporting. MMA will continue to create a quarterly report (Bucket List report) of exceptions that shows expenditures by GSN (i.e., Line 12 DME) for claims for the quarter. We submit this report to DHS. We make any additions or deletions to the list as requested by DHS.

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195	DF4	Drug File Updates	File Maintenance	Vendor shall perform at least weekly submissions of minimum drug file data for pharmaceuticals including National Drug Code (NDC) updates for both Managed Care Organization (MCO) and Fee for Service (FFS) Covered Outpatient Drugs and Preferred Drug List (PDL) updates.				Meets	FirstRx has been thoroughly customized to exceed the needs of our Medicaid customers, including Arkansas. Drug coverage will continue to be configured to exclude coverage for drugs that do not have FMAP to deny at the point of sale with a supplemental message at the direction of the State. For those products identified as exceptions, the system is configured to allow payment at the point of sale and an indicator on the outgoing claim extract to our rebate platform, ensuring the appropriate removal of these products from CMS FMAP reporting. MMA will continue to create a quarterly report (Bucket List report) of exceptions that shows expenditures by GSN (i.e., Line 12 DME) for claims for the quarter. We submit this report to DHS. We make any additions or deletions to the list as requested by DHS.
196	DF5	Drug File Updates	File Maintenance	Vendor shall complete master file updates and backups nightly.				Meets	MMA will continue to complete master file updates and backups nightly for our on-premise systems. As a standard practice, MMA performs full backups to tape daily and stores the backup tapes. All locations use VMWare production servers to perform incremental daily backups in addition to weekly and monthly full backups. We perform archive backups to the AWS cloud at the month-end and these archive backups are stored permanently in the AWS cloud. All archives are full system backups and are performed on the last day of the month. The Oracle cloud offers similar capabilities regarding backup strategies and data replication services to ensure we always have a secondary copy of the data available. We permanently store archives off-site. Archives are full-system backups performed on the last full weekend of the month for most mid-range systems, or on the last day of the month for Intel systems. If there is an incident affecting our systems (such as data corruption), we restore systems from the most recent backup.
197	DF6	Drug File Updates	Reporting Management	Vendor shall ensure there are real time reports which track the maintenance to the drug file(s) from the download(s) (e.g., Drug File download). Please refer to requirement R27 for penalty.				Meets	MMA will continue to ensure there are real time reports which track the maintenance to the drug file(s) from the download(s) (e.g., Drug File download). Our current, well-established drug file load process in support of DHS and the AMPP includes drug load validation reports, showing the results of the weekly drug file maintenance load. To enable the volume of interfaces we manage, MMA uses the Job Execution and Tracking System (JETS) application to track and maintain all the data file destinations, file layout descriptions, file transfer methods, and their purposes. Should any issues arise with the process in the future, our Project/Account Manager will notify the State and will collaborate with internal MMA teams to resolve those issues and will report progress to the State.
198	DI1	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor shall interface with a document management solution to be identified by the State. All documents and images on any media type received or disseminated by Arkansas Medicaid and the Vendor's system must be stored, indexed, and be available on the Vendor's system. All security requirements must be applied to the document management system. Should the state decide to implement its own document management system in the future, the vendor will work with the state to ingrate with that system and provide all documents for conversion activity.				Meets	As the current AME Pharmacy Contractor, MMA currently accesses and utilizes the Arkansas Document Management Tool (DMT). All documents and images on any media type received or disseminated by Arkansas Medicaid and MMA's system are stored, indexed, and available on our system. MMA follows our established processes related to security requirements for management of all documentation. MMA will work closely with the State should DHS decide to implement its own document management system in the future, and will work to integrate with the system and provide all documents for conversion activity. Examples of documentation that we currently maintain for the State include change orders and deliverables documentation, including documents related to the AMPP scope of work, design, testing, letters of attestation, and State signoffs. In addition, MMA maintains a shared electronic document repository that is accessible to authorized State staff. This site is primarily utilized for documents that contain PHI.
199	DI2	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's system must accept and index all digital images received from Providers. Additionally, Vendor's system must provide the digital images for print to a network printer.				Meets	FirstTrax, our proprietary PA and contact management system, accepts and indexes all digital images received from providers. FirstTrax also allows users to print digital images on a network printer. FirstTrax houses copies of all documentation received as part of the authorization request. We have implemented a process to attach image files of clients' letters to the contact detail records in FirstTrax. Retaining the letters online allows for easier access when assisting a caller and provides improved auditability and tracking.

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200	DI3	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's system must employ user-defined indexes and field values for recognition and retrieval of forms.				Meets	MMA's system employs user-defined indexes and field values for recognition and retrieval of forms. We record, track from receipt to response, and index all incoming or outgoing contacts (e.g., telephone, email, facsimile, or mail) in FirstTrax is a web-enabled, secure tool that is table- and parameter-driven. FirstTrax is designed, and configured to support document imaging, indexing, storage, access, and notation for Medicaid pharmacy-related documentation, including correspondence that is used within PBA operations. Our solution provides online help for all of its features, functions, and data element fields, as well as descriptions and resolutions for error messages, using help features including indexing, searching, tool tips, and context-sensitive help topics. During the creation of the PA, information from a denied claim is automatically populated by FirstTrax in a template that is designed for the specific initiative associated with the PA condition. MMA will continue to generate multiple PA forms, under the direction of the State, for various drug classes or claim types. Our Pharmacist Lead/Clinical Manager, Jeniffer Martin, PharmD, supported by clinical pharmacist staff, will work closely with the State to review PA forms for the new Contract term. We will continue to ensure that all PA forms accurately reflect AMPP-specific requirements. Once created and approved by the State, PA forms are posted to MMA's AMPP Web Portal for ease of access.
201	DI4	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's system must send and receive faxed documents, process and index the data and image directly into and out of the system including the ability to automatically send confirmation of transmission to the sender(i.e., Pharmacy PA submissions).				Meets	FirstTrax includes functionality that enables authorized users to send and receive faxed documents, and process and index the data and image directly into and out of the system. This includes the ability to automatically send confirmation of transmission to the sender (i.e., pharmacy PA submissions). The fax imaging functionality in FirstTrax is used to capture and view all aspects of a PA request. Our fax imaging solution creates the fax image, opens a contact detail record in FirstTrax, and routes the work into the appropriate Help Desk queue. Once the Help Desk representative reviews the document and a decision is made, a faxed response is created online from their desktop. Requests received via U.S. mail are faxed into this automated system and handled in the same manner. All correspondence, including inbound and outbound faxes, can be viewed directly in the FirstTrax application by authorized State users, by choosing the appropriate view option.
202	DI5	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor shall provide the capability to fax the image from a state authorized user's desktop computer.				Meets	MMA will continue to provide authorized State users with access to FirstTrax. FirstTrax will continue to be accessible and available to authorized State staff via the web (e.g., Okta user interface) or another mutually agreed upon method. First Trax provides the capability to fax the image from a State authorized user's desktop computer. Refer to our response to DI4 for additional information about FirstTrax's functionality related to faxes.
203	DI6	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's system must utilize platforms that, at a minimum, will enable workflow, document imaging and management.				Meets	FirstTrax enables workflow and document imaging management. FirstTrax is a workflow-based system which allows the State to control business processes surrounding PAs and Help Desk inquiries with workflow capabilities, including role-based queues, assignments, routing, alerts, and notifications. The business processes that benefit from the application of workflow techniques are found in the pharmacy Help Desk and PA processes, which both involve review by staff and the routing of items contingent on outcomes of previous steps. The MMA workflow architecture allows flexibility and empowers staff to move items quickly and efficiently through the business process, delivering maximum value.

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204	DI7	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's document imaging system/solution must be integrated with the Business Rules Management System (BRMS), which includes the workflow.				Meets	FirstTrax is integrated with the Business Rules Management System (BRMS), which includes the workflow. FirstTrax is a workflow-based system which allows the State to control business processes surrounding PAs and Help Desk inquiries with workflow capabilities, including role-based queues, assignments, routing, alerts, and notifications. The business processes that benefit from the application of workflow techniques are found in the pharmacy Help Desk and PA processes, which both involve review by staff and the routing of items contingent on outcomes of previous steps. In addition, we use a custom-built application programming interface (API) between FirstRx and FirstTrax to allow authorized users to create a PA to generate rules in real time within FirstRx. These rules ensure that the PA is correctly interpreted by the adjudication engine when the claims are submitted by the pharmacy. For the new Contract term, MMA proposes to implement our clinical business rules-driven decision module, MRx Decide, for the AMPP. Integrated with FirstTrax, MRx Decide is a proprietary web-enabled, secure tool that is table- and parameter-driven, allowing flexible and easy configuration to support changes and/or updates as requested by the State, such as State-specified reasons for contact, disposition of contact, or other additional elements. The system is integrated with eligibility, providers, and our claim processing system. AMPP clinical criteria documents will be integrated into MRx Decide so that State-defined criteria for each drug are available in the system.
205	DI8	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's system must store images and make them accessible, within the solution itself, by online search via hypertext link from all screens that reference the image.				Meets	FirstTrax stores images and makes them accessible, within the system itself, by online search via hypertext link from all screens that reference the image. FirstTrax contains numerous search fields that allow users to locate information pertaining to clients, clients' claims, providers, drugs, prescribers, PAs, and call tracking against both the FirstRx and FirstTrax databases. The application provides a standard set of required search parameters to protect the integrity and responsiveness of the POS system as it processes in-flight transactions. FirstTrax maintains and allows the query of all pertinent information about PA requests and determinations, including clinical notes. In addition, our solution's advanced search capabilities allow the State to search documents based on a variety of metadata that is tagged during the upload of the document into the system.
206	DI9	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's system must allow access to document images through use of a single sign-on.				Meets	FirstTrax allows authorized users to access document images through use of SSO functionality. Our Okta landing page (SSO) provides authorized State users with access to MMA's pre-existing, proprietary pharmacy platform for customer services that is hosted within our IT environment. MMA uses Okta and Microsoft Identity, our identity management tools, to provide both SSO and MFA for user sign-on activity. MFA provides another layer of security in addition to login credentials. With MFA in place, a user's identity is verified in multiple steps using different methods, such as identification through a registered device.
207	DI10	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's system must have the capability to accept, scan and store faxed or paper documents received from providers.				Meets	FirstTrax provides the capability to accept, scan, and store faxed or paper documents received from providers. All paper documentation is imaged and stored, including any attachments submitted. Images of paper documents are attached to the contact detail record and are accessible to authorized users in FirstTrax. All correspondence received is scanned and logged into FirstTrax and sorted on a First-In – First-Out fax queue and prioritized based on SLAs and turnaround times.

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208	DI11	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's system must comply with all applicable State and Federal guidelines and requirements in terms of data capturing, scanning, storing, indexing, data access security, and data distribution techniques.				Meets	MMA's systems comply with all applicable State and Federal guidelines and requirements in terms of data capturing, scanning, storing, indexing, data access security, and data distribution techniques. Our proven, proprietary PBA Solution was developed in compliance with industry best practice application architecture standards, and it fully meets all Federal and State architectural, technical, security, and privacy requirements, as well as business and functional requirements. For example, MMA' s pharmacy system is designed to comply with all applicable Federal Regulations and is in full compliance with all privacy and security aspects protecting data confidentiality, including those defined by the HIPAA Security Rule and the HITECH Act. MMA will continue to meet State and Federal requirements for the Arkansas Pharmacy Solution, including operational compliance with legislation passed at the Federal or State level. We actively monitor Federal legislative activity to evaluate the potential impact on Medicaid. Our Government Affairs staff is closely engaged in the Federal legislative process. They provide our account teams with timely and accurate insight into the status and details of legislation that could have an impact on Medicaid programs. This includes interactions with CMS and the CBO, as well as other government institutions that value MMA's opinions and experiences in the application of Medicaid guidance. We are also linked into the legislative process and routine updates give us timely information related to proposed legislation.
209	DI12	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's system's user interface must provide viewing at a minimum of highlighting, image rotate, zooming, and set-up options capabilities.				Meets	FirstTrax provides for viewing images, image rotating, zooming, and set-up options capabilities. In addition, our imaging solution can scan documents of various sizes, textures, and colors. Authorized users have the ability to highlight key information in imaged documents by downloading the image and opening it in Adobe PDF. We will continue to provide this functionality for authorized State users for the new AME Pharmacy Contract term.
210	DI13	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's system displays on workstations must be full images, with the identical look as the original scanned document.				Meets	MMA's system displays on workstations are full images, with the identical look as the original scanned document. Our web-based systems are fully accessible through all browser platforms including computer, laptop, smartphone, tablet, and/or other mobile devices. MMA's responsive web design strategy enables success in the mobile application and mobile web market to all form factors that encompass current and future device types. As smart phone use is widespread for a variety of health and business needs, our enhancement strategy meets the demand for mobile access by allowing the design and functionality to expand based on the end user's browser and platform capabilities, while ensuring that basic and critical features are fully functional and easy to use. MMA's solution supports multiple presentation views of the end-user web interface tailored to the end user's role and purpose within the MMA system. Our UI strategy employs responsive design in which pages are designed with the intelligence to configure itself to best fit the device on which it is being viewed. MMA's service enablement activities work together with our MITA roadmap to provide a decoupled, service-based architecture. This allows us to take advantage of new technology as it becomes available, facilitating the speed at which required changes are made. Our UI designs focus on the ability to render well on an array of devices including Android and iOS mobile devices.
211	DI14	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's system must recognize and automatically delete blank pages without storing them in the system. The system must identify to the users when a blank page was deleted.				Not Available	To ensure the integrity of documents attached to the contact detail records and prevent the inadvertent deletion of necessary information, FirstTrax does not allow for the automatic deletion of blank pages.
212	DI15	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's system must allow the user to manually remove, rescan, and replace a scanned image or document(s) from a previously scanned group of documents.				Meets	FirstTrax allows authorized users to manually remove and replace a scanned image or document(s) from a previously scanned group of documents. Designated users can delete fax images and other documents attached to the contact detail allowing a new fax or attachment to be associated with the case. If a paper copy of documentation is sent to MMA, we have the ability to rescan the document and attach it to the appropriate contact detail in FirstTrax.

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213	DI16	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's system must validate data captured from specific fields on forms electronically read by OCR/OMR/ICR. Providers submit various forms and documents to support a case/claim so this functionality is required.				Meets	MMA's system validates data captured from specific fields on forms electronically read by OCR/OMR/ICR to support provider submission of various forms and documents related to a case and/or claim. Through FirstTrax, we provide OCR functionality. MMA's OCR initiative is a Help Desk-driven process improvement to automate certain aspects of the PA process, increase the speed of processing, reduce the percentage of errors from manually keying in demographic and drug information, and allow Help Desk staff to optimize their time by focusing on assisting providers, prescribers, and clients. We leverage Amazon Web Services (AWS) Textract to extract data from the PA forms to auto-populate in FirstTrax. Currently, the key data elements being pulled into FirstTrax include the client's name, ID number, and date of birth, the prescriber's name, NPI number, and fax number, and the drug name and strength.
214	DI17	Document Imaging & Scanning	System, Tools and Technical Capabilities	Vendor's system must process and store multiple types of letters, forms, publications, and other State designated documents.				Meets	Our established systems process and store multiple types of letters, forms, publications, and other State-designated documents. Standard letter generation is produced using data extracted from the FirstTrax application. FirstTrax users also have the ability to create a fax reply, for PA requests received via fax, and communicate information necessary to a provider through standard or free-form text. FirstTrax houses copies of all documentation received as part of a PA request. We have implemented a process to attach image files of clients' letters to the contact detail records in FirstTrax. Retaining the letters online allows for easier access when assisting a caller and provides improved auditability and tracking. We also post provider information, including the provider manual, provider bulletins, and reference documents to our AMPP Portal. In addition, our established solution for the AMPP supports functionality to trigger electronic correspondence and generate automatic correspondence through our cloud-based Correspondence Publisher application (CloudPub). CloudPub is used for automated letter generation. Our documentation generation services incorporate configurable distribution output based on State-specific requirements. The CloudPub application allows MMA to set up templates which will be used by other applications in our enterprise to produce electronic communication that may be delivered over a variety of means ranging from printing and mailing to electronic facsimile. There is no limit to the number of templates that can be created nor is there a limit to the language used in the template. As such, our solution is configurable for distribution options including direct printing, bulk printing, and email. We use CloudPub as both a stand-alone application and as an adjunct automated letter generation process to support our existing systems and processes.
215	DIR1	Defect Identification & Resolution	Defect Management	Vendor shall identify all defects as the existence of a gap in the performance or functionality that currently exists compared to the project/system requirements and the approved design.				Meets	MMA currently utilizes, and will continue to utilize JIRA, a section of the Atlassian suite of products, to identify, trace, verify and report all defects. Defects are defined as the existence of a gap in the performance or functionality that currently exists compared to the project/system requirements and the approved design. Documentation in JIRA provides a uniform approach to the identification and classification of software defects, and explicitly requires values for the following attributes: ID, Description, Severity, Status, Affected version, Business, Priority, "Found in" environment, Root cause, Resolution.

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216	DIR2	Defect Identification & Resolution	Defect Management	Vendor shall provide defect management and resolve defects within agreed timeframes. The State, in conjunction with the prospective Vendor will define and prioritize all defects with a Priority Level. Defect Priority Levels are defined as follows: 1. Level I: Impacts multiple production systems and no workaround is available (potential fast track). 2. Level 2: Impacts multiple production systems and an acceptable workaround is available 3. Level 3: Impacts production and has a workaround. 4. Level 4: Minor impact with a workaround. 5. Level 5: Cosmetic. Defect analysis must be performed within one business day for all defects and will be discussed during the weekly Defect meeting with the State. New defects will be discussed and a Priority Level will be assigned. The State and Vendor will jointly determine the due date for each defect. Defects are to be identified and handled the same during the entire life of the contract and not just DDI or warranty period.	Yes	Vendor shall resolve all defects within the State and Vendor mutually agreed upon timeframes	Five hundred dollars ($500) per four (4) hours in each calendar day a Severity One (1) Defect Analysis is not provided on schedule to DHS. Two hundred fifty dollars ($250) per calendar day the Commitment Date is delayed	Meets	MMA currently follows a State-approved defect management process and complies with agreed timeframes for resolving defects. As part of the Requirements Review and Validation process during DDI, we will work with the State to review and refine the existing process to align with State requirements for the new Contract. Our Defect Management process includes Identification, Prioritization, Assignment, Confirmation, Classification, Resolution, Resolution Verification, and Closure and is designed to comply with all State-approved timeframes. Upon identification of a defect (whether in solution lifecycle or Production), MMA staff will enter the defect into JIRA and all defects will be analyzed within one business day for all defects. Defect priority levels will be assigned according to the State's Defect Priority Levels, which range from 1 (most severe) to 5 (least severe). Each new defect will be discussed during the weekly Defect meeting with the State and a Priority Level will be assigned. MMA will work collaboratively with the State to determine the due date for each defect. MMA employs a standard process to ensure defects are handled in a uniform manner throughout the entire life of the contract, as well as for the DDI or warranty period. We maintain defect aging information to prioritize and track defects from identification through to final resolution.
217	DIR3	Defect Identification & Resolution	Management	Vendor shall monitor, track, report and resolve defects. When operations defects or deficiencies occur after a project or maintenance/modification implementation, Vendor shall develop an action plan to correct these deficiencies. This plan must be entered into the management tool being used and submitted to the State within one business day that it is identified and provide a detailed schedule of events for the defect's closure. Vendor's action plan must include, at a minimum, the following: 1. Problem description and root cause 2. Business processes, system functions, or interfaces impacted 3. Potential risks to continue implementation, if applicable 4. Implementation approach 5. Schedule for completion and resources required/assigned 6. State coordination and list of approving agents for corrective action				Meets	MMA currently utilizes, and will continue to utilize, JIRA to monitor, track, report, and resolve defects, and develops corrective action plans in response to operations defects or deficiencies that occur after a project or maintenance/modification implementation. During the Requirements Review and Validation Process for the new Contract, MMA will work with the State to enhance our existing systems by developing an automated process though JIRA or another systems management tool to send an email alert to predefined State authorized users to notify DHS of defects within one business day when a defect is identified. Once the alert has been sent, MMA SMEs will follow up by sending a corrective action plan to the State that addresses all core points of the defect and outlines our plan for remediating the defect. As well as a detailed schedule of events for the defect's closure. Developers, Plan Administrators, and Testers have access to JIRA to facilitate rapid awareness and response to a defect. JIRA provides the user the ability to document work-around resolutions as approved by the State after they have been vetted through the Change Control Process. MMA affirms that the corrective action plan will include all required information specified in Requirement DIR3.
218	DIR4	Defect Identification & Resolution	Defect Management	Vendor shall support all activities of User Acceptance Testing (UAT), including defect identification and problem solving, computing environments, applications and data which are under the direct management and control of Vendor. Vendor shall track and report on defects that occur during the DDI and Operations phases of the project in the State approved tool				Meets	MMA's existing Defect Management process includes support for all UAT activities from a Business Analyst. The Business Analyst serves as a liaison between the QA and Development Teams to identify and problem solve defects, as well as support computing environments and applications and data involved in the testing process that are under MMA's control. The Business Analyst logs the defects into JIRA or another state-approved tool, where all defects that occur during DDI and Operations phases are tracked and reported on. All defects will be captured and escalated to ensure prompt resolution by the Development Team. Once the defects identified during UAT are resolved, the Business Analyst will work with the QA Testing Team to re-test and close the defect in JIRA. During the Requirements Review and Validation Process for the new Contract, MMA will work with DHS to ensure that all support planned for UAT aligns with State requirements under the new Contract.

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219	DIR5	Defect Identification & Resolution	Defect Management	Vendor shall manage all identified defects (see requirement DIR2) and they must be logged and tracked within the State's tracking tools, regardless of the environment being utilized. A severity rating will be given to each defect. If Vendor cannot meet the time allotted for the defect's rating, a written exception must be presented and approved by the State. Vendor shall be responsible for weekly reports showing all current systems' work, broken out by business area.				Meets	MMA currently manages all identified defects according to the Defect Priority Levels outlined in requirement DIR2 and logs and tracks them in JIRA, regardless of the environment being utilized. We l work collaboratively with the State to complete a comprehensive review of the State's defect identification and problem resolution tracking tool in order to determine the upgrades, if any needed to accommodate this request. In cases where MMA is unable to resolve the defect in the time allotted for the defect's rating, we provide a written exception for review and approval by the State. We also currently provide weekly reports showing all current systems' work, broken out by business area. During the Requirements Review and Validation process, we will work with the State to adapt and align our existing defect management process with requirements for the new Contract.
220	DIR6	Defect Identification & Resolution	Defect Management	Vendor shall participate with the State in weekly meetings (unless another schedule is agreed to by the State) to review defect priorities, status, and schedule.				Meets	MMA currently participates in, and will continue to participate in, weekly meetings with the State to review defect priorities, status, and schedule. The Arkansas Account Manager is responsible for communicating defects in the defect tracking tool and weekly testing meetings, as well as documenting them in weekly meeting minutes. During the Requirements Review and Validation process, we will collaborate with the State to ensure our process aligns with the requirements of the new Contract.
221	DIR7	Defect Identification & Resolution	Defect Management	Vendor shall provide the following support for defect identification and problem resolution within both the Production and UAT environments: 1. Problem description and root cause. 2. All business processes, system functions, etc., that are impacted and to what degree 3. Corrective Action Plan (CAP) and resources required/assigned. 4. Implementation approach and schedule for completion. 5. Tracking (using the State's Defect Management Tool) and reporting on all defects.				Meets	MMA currently provides support for defect identification and problem resolution within both the Production and UAT environments, when significant events warranting a CAP occur. JIRA facilitates problem description and identification of root causes and accommodates information about areas impacted by a given defect. The CAP includes an analysis of all potential and identified defects, their root cause of the issue and suggested workaround or cure. During the Requirements Review and Validation process, we will collaborate with the State to ensure the support we provide aligns with the requirements of the new Contract.
222	DIR8	Defect Identification & Resolution	Reporting Management	Vendor shall provide weekly reports from the approved tracking system for designated State and Vendor staff acting on behalf of the State for inquiry, ad-hoc, and auditing reporting within a State approved timeframe. Please refer to requirement R27 for penalty.				Meets	MMA currently provides, and will continue to provide, weekly, or more frequently as needed, reports from the approved tracking system for designated State and MMA staff acting on behalf of the State for inquiry, ad-hoc, and auditing reporting within a State approved timeframe. During the Solution lifecycle, test status reports are used to demonstrate the progress of test activities against the test plan. These reports also demonstrate the quality of the application by showing the pass percentages and defect counts. We also provide defect reports that are used to document anomalies, deficiencies or discrepancies between expected and actual behavior, whether testing runs to completion, or ceases due to the issue that has arisen. We acknowledge the penalty outlined in requirement R27.

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223	DIR9	Defect Identification & Resolution	Defect Management	Vendor shall maintain all Defect Items in the State's tracking system. The tracking system must provide capabilities for workflow, auditing, reporting, and interfacing with other state systems. The system must track, at minimum, the following data elements: 1. Unique tracking identifier 2. Title – Short title 3. Description – Full description of the item 4. Source of identification 5. Status 6. Priority 7. Dates for: Due, Planned Completion, Actual Completion, Planned Release, Actual Release, Override 8. Date and Time of: Creation, status update, record update, closure 9. User Id and Name of: Requestor, record creator, item owner, and last updated by 10 Root Cause, Actions taken, Resolution 11.Categorization fields such as Type, Vendor, Department, System, System Component 12.Identification of related: Requirements, impacted components				Meets	MMA currently maintains all Defect Items in our tracking system, JIRA. MMA will work with the State to develop a secure connection between our JIRA application and the State's JIRA application, in order to facilitate more seamless coordination and communication around defect management. By connecting our JIRA application with the State's, DHS will benefit from near real-time updates on defect ID and status. During DDI, we will work with DHS to conduct Requirements Review and Validation to identify the requirements for developing the interfaces to support this connection. We will work with the State to leverage the existing JIRA processes used by MMA and DHS to create a connection between the two JIRA applications that enables enhanced, streamlined collaboration under the new Contract.
224	DOC1	Document Management	Data Governance	Vendor shall provide online view access of a common, integrated, fully attributed data dictionary.				Meets	MMA will continue to provide the State with online access to our common, integrated, fully attributed Data Element Dictionary (DED). MMA's solution documentation includes a detailed, comprehensive DED that aligns with industry standards for definition and use, as applicable. Our DED includes data element names, numbers, descriptions, and definitions (including length and type), valid values with definitions, sources for all identified data elements, field calculations, and table listings for all table(s) elements. MMA's DED complete transparency of all data fields in reports generated by the PBA Solution. The PDW is the primary source for standard and ad hoc reporting. Through MRx Explore, authorized users can access the PDW. The PDW DED allows users to understand the nature of, and relationships between, data elements contained in the PDW. As new data are introduced into the PDW, the DED is updated as part of the SDLC for this process. MMA will maintain and provide documentation of the logic used to derive calculations and reports, along with descriptions of data elements used in calculations and reporting. We provide information pertaining to extracts and/or other applications documenting calculations that will be shared with the State in a mutually agreed upon manner. For reporting functionality, this information is included in both the MRx Explore DED and report package documentation. In addition, an abridged version of the DED is included in our MRx Explore Requirements Analysis Document (RAD).

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225	DOC2	Document Management	PDL	Vendor shall provide material to the State staff from the Vendor's clinical writing department that includes several supportive documents for the daily operation of a PDL program, including but not limited to: 1. The weekly Clinical Update, 2. Collection of pertinent market information from sources such as: a. Food and Drug Administration (FDA) b. First Databank c. Professional guidelines d. Clinical publications, and media outlets e. The monthly Clinical Alert f. Any type of newsletter consisting of relevant pharmacy practice topics g. And the quarterly Trend Report, which monitors developments seen across all the Vendor's Medicaid clients and how they are being addressed.				Meets	We will continue to provide material to State staff from our clinical writing department, including supportive documents for the daily operation of a PDL program as listed in DOC2. Our corporate DPD Committee develops NDUs/Drug Bulletins for relevant new drug approvals. NDUs/Drug Bulletins offer suggested utilization management recommendations for new products to market. We also provide the State with clinical publications that address current events in the pharmaceutical market, such as our MRx Pipeline, Clinical Alert, Clinical Update, and Biosimilar Update Report. All contain sections assigned to the monitoring of products coming to the market in the near future. The MRx Pipeline offers clinical insights and competitive intelligence on anticipated traditional/specialty pipeline drugs. The Clinical Alert/Clinical Update provide timely information/summaries of practice guidelines. The Clinical Alert provides a snapshot of drugs expected to release in the following month, as well as new generics, pipeline agents, etc. The Clinical Update relays updates to product labels, clinical guidelines, product launches/availability, and other pharmaceutical news. From this information, MMA can make recommendations for products for clinical edits, quantity limits, and revision of clinical criteria or possible preferred/non-preferred status. We also perform benchmark comparisons of State de-identified data to other states in our book of business. Our Medicaid Pharmacy Trend Report examines clinically appropriate drug use and cost-savings opportunities for Medicaid FFS pharmacy programs. The report is distinctive in its ability to meet State requirements by addressing nationwide trends in comparison to those observed for Arkansas. It provides a comprehensive year-over-year analysis of Medicaid FFS pharmacy claims data on a cost-per-claim basis.
226	DOC3	Document Management	Content Management Solution	Vendor shall provide and maintain a list of acronyms and their descriptions that are accessible by hovering over the acronym in the application.				Meets	MMA meets this requirement by providing contextual hyperlink help. Tool tips are used to provide context-sensitive feedback to the user when they hover or mouse-over fields or interactive areas of the screen. In addition, MMA provides an abbreviation and acronyms list at the end of all documentation such as operation manuals and procedures, training guides, and companion guides. Definitions of acronyms, codes, abbreviations, and field names are consistent throughout our documentation and applications. The user guides contain tables with field names, definitions, and valid values.

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227	DOC4	Document Management	Deliverables	Vendor shall be responsible for facilitating the Planning Kick-off Meeting and producing the Phase I Vendor Documentation, which must be approved by the State. Required Vendor documentation: 1. Systems and Services Roadmap (Funded Developments 12, 24, 36 Months) 2. 36 Month Schedule (Releases, Enhancements, Patches, Conversions, Retirements) 3. Computing Environment (Technical Diagrams, Specifications, Configurations) 4. Enterprise Services (Technical Diagrams, Specifications, Configurations) 5. Supported Standards (HIPAA, ANSI X.12, HL7, Other) 6. Interfaces (Inventory, Standards, Specifications, Configurations) 7. Software (Inventory, Supplier, Configuration) 8. Hardware (Inventory, Specifications, Configurations, Supplier) 9. Networks (Technical Diagrams, Specifications, Configurations) 10. Data (Logical and Physical Models) and Data Management 11. Privacy and Security (Network, Data, System, Services, End-user) 12. Infrastructure (Systems and Services) Support (Components, Assumptions) 13. Rules Engine (Repository, Editor, Reporting,				Meets	Our experienced Implementation Team and established Arkansas Account Team, supported by internal functional areas, will facilitate the Planning Kick-off Meeting, and produce the Phase I Vendor Documentation. Documentation will be submitted to the State for review and approval. As the current AME Pharmacy Contractor, MMA has existing Arkansas-specific documentation related to the following areas, including the Systems and Services Roadmap, 36 Month Schedule, Computing Environment, Enterprise Services, Supported Standards, Interfaces, Software, Hardware, Networks, Data, Privacy and Security, Infrastructure, Rules Engine, Business Processes, Documentation, Desktop/Browser Specifications, Definition of Terms/Glossary, and Crosswalk to Documentation. We will utilize our existing documentation templates as the baseline document, and make any necessary revisions required to meet the requirements of the new AME Pharmacy Contract term.
228	DOC5	Document Management	Content Management Solution	Vendor shall provide exportability of all electronic documents with appropriate indexing to an external document repository.				Meets	MMA's PBA solution provides exportability of all electronic documents with appropriate indexing to an external document repository. 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. The shared electronic document repository is easily configurable and organizes documentation so that it is easy to find. The library is also supported by full text search capability for text-based documents, enabling document consumers to quickly and easily locate the information they need to find.

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229	DOC6	Document Management	Data Governance	Vendor shall produce end-user manuals. Each end-user manual must contain a section describing all reports generated within the business area or function, which includes the following: 1.The name and title of each report. 2. The Frequency that each report is generated. 3. A narrative description of each report. 4. The purpose of each report. 5. The definition of all fields in each report, including detailed explanations of calculations used to create all data and explanations of all subtotals and totals included in each report. 6. Definitions of all user-defined, report-specific code descriptions; and copies of representative pages of each report.				Meets	MMA will continue producing end user manuals for the AME Pharmacy Project. Each end user manual contains a section describing all reports generated within the business area or function, including all elements listed in DOC6. Our Training and Development Department provides training to authorized State users on MRx Explore, our BI reporting tool. MRx Explore training is provided using a blended approach to learning. The training includes self-directed learning, consisting of CBTs and reference documentation, followed by an interactive, instructor-led workshop. Through MRx Explore, authorized State staff has access to detailed monthly operational, clinical, and financial reporting on all PA activities, including the number of PAs, denial/approval rates, number of automated vs. manual PAs, and drug and overall healthcare savings. Reports will be available by drug, drug class, client, provider, as well as other parameters. MRx Explore is accessible through standard web browsers from any workstation that can connect to the Internet. Self-service tools enable the user to build reports using a robust catalog of data attributes including a variety of pre-calculated measures to simplify the report building process. MRx Explore provides Trend and Dashboard information designed to support decision/policy making functions for various pharmacy system operations. In addition to the self-service ad hoc reporting features, MRx Explore is also comprised of a comprehensive suite of standard management/utilization reports. The reports are pre-built and include actionable information and insights that enable end users from various functions to leverage many of the same reports for a variety of purposes. MMA will also provide training on our rebate reporting tool to allow users to view applicable drug rebate information. We will provide refresher report training for existing users and initial training for new users.
230	DOC7	Document Management	Reporting Management	Vendor shall provide the procedures, with examples of input documents and/or screens, for requesting reports or other outputs.				Meets	MMA provides procedures, with examples of input documents and/or screens, for requesting reports or other outputs. Our User Guides contain detailed steps to accessing screens and reports. These steps include captures of screens in production with the associated steps to gain the desired output.
231	DOC8	Document Management	Standards	Vendor shall provide to the State an electronic copy of all approved Vendor Documentation on a Vendor web site or a State-designated electronic repository within ten (10) business days after State approval of the initial System or System Changes. All documentation must exclude trademarks, logos, and identifying information of Vendor.				Meets	We will continue to provide to the State an electronic copy of all approved MMA documentation related to the AME Pharmacy Project. Depending on the type of documentation, we post information to the appropriate site for ease of access. We have the ability to upload information to our shared electronic document repository, the DMT, or AMPP Web Portal. MMA's Arkansas Account Team will post the documentation 10 business days after State approval of the initial System or System Changes. For the new Contract term, MMA can exclude trademarks, logos, and MMA identifying information for documentation pertaining to the AMPP.
232	DOC9	Document Management	Standards	Vendor shall utilize the following guidelines for Vendor Documentation management: 1. Correct any Vendor Documentation (in whole or in part) not meeting the State's standards and resubmit to the State for approval within fifteen (15) calendar days of the State not approving the Vendor Documentation, or as otherwise directed by the State. 2. Provide the required Vendor Documentation to the State in the original formats within ten (10) calendar days of final approval from the State to fully implement the modification(s). 3. The Vendor Documentation must be prepared in a format that facilitates efficient and immediate updating and dissemination.				Meets	MMA will continue to utilize our established processes for documentation management in accordance with State-specific guidelines. Our Arkansas Account Team will correct any MMA documentation (in whole or in part) not meeting the State's standards and resubmit to the State for approval within 15 calendar days of the State not approving the documentation, or as otherwise directed by the State, provide the required documentation to the State in the original formats within 10 calendar days of final approval from the State to fully implement the modification(s), and prepare documentation in a format that facilitates efficient and immediate updating and dissemination.

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233	DOC10	Document Management	Data Governance	Vendor shall deliver End-user documentation and it must contain a table of contents and an index. It must be written in a procedural, systematic format and should be aligned with the business transformation documents. The material must allow end-users not trained in applications to learn how to access the online windows/screens, read subsystem reports, and perform ad hoc report development and other related end-user functions by reading the documentation.				Meets	MMA will continue to provide end user documentation that includes a table of contents and an index. Our documentation is written in a procedural, systematic format and is aligned with the business transformation documents. MMA's end user materials allow end users not trained in applications to learn how to access the online windows/screens, read subsystem reports, and perform ad hoc report development, and other related end user functions by reading the documentation. All system courses delivered by the Training and Development Department utilize basic support tools to optimize learning. These tools include system user guides, job aids, case studies, examples, hands-on activities, and training presentations. User manuals, job aids, and learning participant guides are provided for use in conjunction with instructor-led training or as stand-alone job support. All documentation contains step-by-step instructions on accessing and using screens, reading reports, and performing ad hoc report development. MMA staff is accessible and available to the State should questions arise. We will continue to provide training designated State staff about the proposed Arkansas Pharmacy Solution by using a hands-on, scenario-based approach to learning to ensure a strong understanding of the technical components and tools for the AME Pharmacy Contract and a level of comfort using the Solution.
234	DOC11	Document Management	Standards	Vendor shall create and maintain End-user documentation and it must be in State supported office applications, (e.g., Office 365) or higher and consistent with the current State standards.				Meets	MMA will create and maintain end user documentation in State supported office applications, (e.g., Office 365) or higher and consistent with the current State standards. Our Arkansas Account Team will work closely with the State and with internal IT staff to ensure that we continue to successfully meet State standards.
235	DOC12	Document Management	Training	Vendor shall use the draft version of end-user documentation, during DDI, as the basis for UAT, unless otherwise specified by State. Final versions of the documentation will be used for training.				Meets	During DDI, MMA will utilize draft versions of end user documentation as the basis for UAT, unless otherwise specified by the State. Our Training and Development Department will use the final versions of the documentation for training purposes. The Training and Development Department creates a draft of each user guide. The user guide draft is then reviewed by Subject Matter Experts to confirm the accuracy of the content. The draft is then used for UAT training. Any system modifications or procedural changes identified during UAT are made to the draft which is then finalized and used for systems training.
236	DOC13	Document Management	User Help (Desk) and Support	Vendor shall provide a desktop guide that includes appropriate instructions and provides end-users with all the information they need for role-based access to the screens and functions that are necessary for their jobs. The guide must provide at least the following: 1. The electronic documentation must also include online, context-sensitive help screens for all functions including web-based components. 2. Descriptions of error messages for all fields incurring edits must be presented, and the necessary steps to correct such errors must be provided. 3. Instructions for making online updates must clearly depict which data and files are being changed.				Meets	MMA provides a desktop guide that includes appropriate instructions and provides end-users with all the information they need for role-based access to the screens and functions that are necessary for their jobs. Our electronic documentation includes all elements listed in DOC13. Our PBA solution includes role-based security to limit individual/group access to data domains necessary to perform their job functions while employing the minimum necessary rule per HIPAA guidelines. Specific State role-based job aids are provided as supplemental training documentation to the user guides. Our solution provides online help for all features, functions, and data element fields, as well as descriptions/resolutions for error messages, using help features including indexing, searching, tool tips, and context-sensitive help topics. User guides, job aids, and tutorials are provided and designed to be used in conjunction with web-based training and as stand-alone job supports. Definitions of codes, acronyms, abbreviations, and field names are consistent throughout the documentation/applications. User guides contain tables with field names, definitions, and valid values. Our web portals provide integrated, user-friendly online help. Context-sensitive help enables users to easily learn how to use the application and to access information. We provide user help functionality including field-level tooltips, on-screen instructions, pop-up windows containing relevant help content, and a help page related to the user experience. Tool tips are used to provide context-sensitive feedback to the user when they hover, or mouse-over fields or interactive areas of the screen. Our web-based solutions employ consistent error handling that catches both known and unknown errors and displays user-friendly error messages for users that are encountering usage or technical problems.

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237	DOC14	Document Management	Standards	Vendor shall coordinate with any of the other applicable State Vendors when making updates to web site content or documents.				Meets	As demonstrated by our collaborative relationship with the State since 2014, MMA commits to continuing to coordinate with any other applicable State vendors when making updates to web site content or documents. Our Arkansas Account Team, led by Summer Gatica, is responsible for this collaboration and will continue to work with designated State vendors, as requested and appropriate.
238	DOC15	Document Management	Standards	Vendor shall provide up-to-date technical, operations, and support documentation for end-users that is representative of the data center production operation environment in the specified mediums.				Meets	MMA provides up-to-date technical, operations, and support documentation for end-users that is representative of the data center production operation environment. We will work with the State to ensure that documentation is provided in State-approved mediums. Our Training and Development Department creates user guides, job aids, and online tutorials that utilize production screenshots to display accurate representations of the application environment. Online tutorials allow participants hands-on training in production-style environments. MMA will continue to provide State staff with access to our LMS that houses documentation for easy access to both static and dynamic information. We also utilize our shared electronic document repository to store implementation artifacts, key project documentation, and other State-facing information.
239	DOC16	Document Management	Workflow Management	Vendor shall ensure all instructions for sequential functions follow the flow of actual activity (e.g., balancing instructions and inter-relationship of reports).				Meets	MMA ensures that all instructions for sequential functions follow the flow of actual activity (e.g., balancing instructions and inter-relationship of reports). User guides are reviewed by MMA SMEs to ensure instructions encompass the actual steps used within an application. The documentation illustrates an example from start to finish as the user reads through one section to the next; the example used in Section 1 would be utilized in Section 2 and additional functionality would be demonstrated to show the natural flow or progression.
240	DOC17	Document Management	Standards	Vendor shall provide the State an electronic copy of the approved System, training, and provider documentation on a Vendor website or through a State designated electronic repository. This documentation is due within ten (10) State workdays of the State's approval of the initial System or System Changes. Vendor shall update all System, training, and provider documentation, as applicable, to ensure that all documentation is current when modification(s) have been made to the System. Vendor shall also provide any required training or documentation to the State or providers, in the same formats, within twenty (20) calendar days of final approval from the State to fully implement the modification(s).				Meets	Utilizing our shared electronic document repository or the State's DMT, if requested, MMA provides the State with an electronic copy of the approved system, training, and provider documentation. Non-confidential documentation is also posted to the AMPP Web Portal for ease of access. Documentation is provided within 10 State workdays of the State's approval of the initial System or System Changes. As part of our standard processes, MMA updates all system, training, and provider documentation, as applicable, to ensure that all documentation is current when modification(s) have been made to the system. Our Training and Development Department provides any required training or documentation to the State or providers, in the same formats, within 20 calendar days of final approval from the State to fully implement the modification(s). MMA creates and maintains all training materials to account for any system modifications that are made throughout operations and maintenance. Our content management strategy has strict procedures in place to maintain all types of training materials, program documentation, system documentation, provider manuals, operating procedures, or other documentation to ensure they remain current as program requirements, or our systems or processes change.
241	DOC18	Document Management	Standards	Vendor shall always provide an online (PDF) version of all documentation, and upon request by the State, a single (1) printed hardcopy of documentation. Documentation (in whole or in part) not meeting State standards must be corrected and resubmitted to the State for approval within 15 calendar days of the initial electronic copy transmittal date.				Meets	MMA will continue to provide an online (PDF) version of all documentation, and upon request by the State, one printed hardcopy of documentation. Our Arkansas Account Team, supported by appropriate corporate resources, will correct and resubmit documentation (in whole or in part) not meeting State standards. Revised documents are resubmitted to the State for approval within 15 calendar days of the initial electronic copy transmittal date. MMA utilizes our shared electronic document repository to store PDF versions of documentation. We can also post PDF documentation to the AMPP Web Portal, as appropriate. An internal documentation review process validates that all revisions have been correctly made to the documentation in accordance with State-specific approved criteria and standards, as well as industry professional standards, before it is made available to the State for review and approval.

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242	DOC19	Document Management	Reporting Management	Vendor shall provide a monthly status report, in a manner acceptable to the State. The status report must include, but not limited to: 1. Operations Summary - Including but not limited to all KPI / SLA reporting metrics, all issues and risks, all incidents, all security incidents, all outstanding CAPS. 2. Performance Summary - Including but not limited to any missed KPI / SLA's and details on what is being done to prevent them from reoccurrence, all business metrics required for reporting. 3. Enhancements Summary 4. Change Control Summary 5. Financial Summary - Including but not limited to any penalties that should be incurred as a result of missing and KPI's / SLA's. This reporting requirement starts with the Contract begin date and is applicable throughout the life of the Project.				Meets	MMA will continue to provide the State with a monthly status report in accordance with State-approved formats and methods of submission. Our Arkansas Account Team works closely with appropriate internal functional areas to compile the required data for submission to the State. Our current monthly status report includes an Operations Summary (including all KPI/SLA reporting metrics, all issues and risks, all incidents, and all security incidents), Performance Summary (including any missed KPI/SLAs and details on activities being performed to prevent reoccurrence and all business metrics required for reporting), and an Enhancements Summary, For the new AME Pharmacy Contract term, we will incorporate information about outstanding CAPs, if any, a Change Control Summary, and a Financial Summary (including any penalties that may be incurred as a result of missing and KPIs/SLAs). We understand that this reporting requirement starts with the Contract begin date and is applicable throughout the life of the AME Pharmacy Project.
243	DOC20	Document Management	Standards	Vendor shall retain a final, unalterable copy of a report or document, including its source data, when electronically signed. All reports or documents must be centrally stored and easily accessible to the State for a period of ten (10) years.				Meets	MMA will continue to retain a final, unalterable copy of a report or document, including its source data, when electronically signed. All reports or documents are centrally stored and will be easily accessible to the State for a period of 10 years. MMA will utilize our shared electronic document repository, or other mutually agreed-upon location depending on the type of document, to meet and/or exceed this requirement.
244	DOC21	Document Management	Content Management Solution	Vendor shall maintain an online document tracking system accessible to the State's staff and the Vendor shall update the online document tracking system within two (2) state business days of any publication activity. Online documents must contain the following elements for each document: 1. Document Control Number (DCN) by source document 2. Vendor accuracy editors' initials 3. Vendor Publications Coordinator's initials 4. Vendor receipt date 5. Vendor accuracy editor receipt date and completion date 6. Date documentation was submitted by Vendor to the State for review 7. Projected release date 8. AMPP contact name 9. State's written approval date 10. Date published 11. Final copy email/mail date 12. Date of posting on the internet newsletters, updates, and new publications, etc. 13. Number of published copies by Provider type 14. Status of the documentation, sorted by DCN number in descending order 15. Any other as required by the State				Configurable	MMA will establish and maintain an online document tracking system accessible to State staff. Our Arkansas Account Team will update the online document tracking system within two State business days of any publication activity. As required, online documents will include a DCN by source document, MMA's accuracy editor's and publications coordinator's initials, receipt date, accuracy editor receipt date and completion date, date documentation was submitted by MMA to the State for review, projected release date, AMPP contact name, State's written approval date, date published, final copy email/mail date, date of posting on the AMPP Web Portal, number of published copies by provider type, status of the documentation, sorted by DCN number in descending order, and any other data elements as required by the State. We will collaborate with the State during Requirements Review and Validation meetings to define and finalize mutually agreed upon requirements for the online document tracking system.
245	DOC22	Document Management	Content Management Solution	Vendor shall ensure that the electronic documentation be rules-based driven using meta-data wherever possible, this allows for automatic updates to the documentation when system or business requirement changes occur.				Meets	MMA will continue to ensure that electronic documentation be rules-based driven using meta-data, when possible, to allow for automatic updates to the documentation when system or business requirement changes occur. We provide a fully integrated relational database design that consistently and uniformly leverages comprehensive database naming and metadata standards for data model definitions. MMA has the ability to synchronize our rules-based pharmacy solution, which includes features that allow for metadata definitions and documentation. We will ensure that synchronization is maintained with the State's document library, as required.

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246	DOC23	Document Management	Content Management Solution	Vendor shall utilize the State's Deliverable Management Tool for Documentation Repository –A tool to identify, capture, catalogue and maintain all Systems and Services, and Enterprise Services documentation during the initial DDI Project and the entire Contract Period. The documentation must be made accessible to authorized stakeholders during the Contract Period and the tool, and its contents, those that are non-proprietary and State-owned, retained by the State at the end of the Contract Period.				Meets	MMA will continue to utilize the State's DMT documentation repository during the initial DDI Project, as well as throughout the entire AME Pharmacy Contract term. Documentation is made accessible to authorized stakeholders during the Contract period and the tool, and its contents, both non-proprietary and State-owned, will be retained by the State at the end of the Contract period. Our established project management documentation is in place tested, and supported by trained staff and established infrastructure. Led by the Project Manager, our Implementation team uses its PMM to create and post comprehensive project management documentation that details written processes critical to implementing complex operational and system projects. This documentation serves to set project boundaries and provides guidance to stakeholders about project expectations throughout all phases of the project. Many of these documents have been created and are in place documenting the implementation and operations and maintenance phase of MMA's current AME Pharmacy Contract. We will update and enhance these documents as needed to reflect implementation of new requirements and enhancements of our in place Arkansas Pharmacy Solution, and where needed create new documents. We use templates to standardize documents, such as implementation documents, State deliverables, change management, and internal procedures. These templates will be stored in the State's DMT. Documents such as internal procedures are reviewed on a regular basis to ensure content remains up to date and are updated using our standard document version control protocols. A full library of pre-existing proprietary standardized PMM document templates is available throughout all the phases of the Project.
247	DOC24	Document Management	Data Governance	Vendor shall ensure that each end-user manual must contain "tables" of all valid values for all data fields (for example, Provider types, claim types), including codes and an English description, presented on windows, screens, and reports.				Meets	MMA will continue to ensure that each end-user manual contain tables of all valid values for all data fields (e.g., provider and claim types), including codes and an English description, presented on windows, screens, and reports. For example, MMA will provide updated NCPDP Payer Specification documents that reflect POS claims processing requirements, including transaction specifications. MMA's Payer Specification Sheet denotes which D.0 fields, mandatory and situational, are required to support claim submission. It details the requirements for pharmacy claims submission, including information specific to claims where there is coordination of benefits. Our Payer Specification Sheet is available to all pharmacy providers and provided to the State for posting on the AMPP Web Portal. In addition, our DED includes data element names, numbers, descriptions, and definitions (including length and type), valid values with definitions, sources for all identified data elements, field calculations, and table listings for all table(s) elements. Refer to our response to DOC1 for more details about our DED.
248	DOC25	Document Management	Data Governance	Vendor shall document instructions for file maintenance which include both descriptions of code values and data element numbers for reference to the data element dictionary.				Meets	MMA will continue to document instructions for file maintenance including descriptions of code values and data element numbers for reference to the DED. We will use our existing Solution User Manual templates as the baseline document, and make any necessary revisions needed to meet the requirements of the new AME Pharmacy Contract term.

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249	DOC26	Document Management	Data Governance	Vendor shall ensure the following directives must be followed for all end-user manuals: 1. Definitions of codes used in various sections of an end-user manual must be consistent. 2.Abbreviations and acronyms must be defined and consistent throughout the documentation. 3.Field names for the same fields on different records must be consistent throughout the documentation. 4. Acronyms used in end-user instructions must be identified and must be consistent with windows, screens, reports, and the data element dictionary. 5. All functions and supporting material for file maintenance (for example, coding values for fields) must be presented together and the files presented as independent sections of the manual.				Meets	MMA will continue to ensure that all end-user manuals incorporate the standards listed in DOC26. Our end-user documentation is written in a logical, procedural format which aligns with business transformation documents and allows for ease of understanding. MMA's user manuals contain step-by-step instructions on accessing and using screens, reading reports, and performing ad hoc report development. All user manuals include a table of contents and definitions of codes, acronyms, abbreviations, and field names are consistent throughout the documentation and applications. The user guides contain tables with field names, definitions, and valid values. Updates are posted to the shared electronic document repository as often as requirements change or as processes and infrastructure evolve. Our approach to documentation maintenance supports our goal of standardized, published, and maintained information that is easily accessible and promotes the best understanding of the tools and services provided to authorized State users.
250	DOC27	Document Management	Content Management Solution	Vendor's system must provide a unified General Content Management system with versioning capabilities and appropriate change control using appropriate industry standard technologies. The vendor shall include converting and transferring all existing documentation to the new vendor at the termination of the Contract. All data must be stored in a central repository.				Meets	MMA's shared electronic document repository serves as our unified General Content Management system with versioning capabilities and appropriate change control using appropriate industry standard technologies. We will convert and transfer all existing documentation that is stored in our central repository, as well as documentation housed on our AMPP Web Portal, to the new vendor at the termination of the Contract. MMA's solution documentation is organized in a format that facilitates updating and maintenance, including version control. Our shared document repository provides a unified general content management solution that supports versioning capabilities and appropriate change control throughout the lifecycle of documents. The document library is easily configurable and organizes content so that it is easy to find. The library is also supported by full-text search capability for text-based documents, enabling document consumers to quickly and easily locate the information they need to find. Once the documents are ready for review and approval, they are uploaded to an AMPP shared document repository. MMA's established content management processes include identifying all revisions and maintaining history with change dates of all revisions to manuals and quick reference guides. MMA ensures that we provide revision history for all user documentation updates. We will make documentation revision history available to the State upon request.
251	DOC28	Document Management	Content Management Solution	Vendor shall provide a method for approval of documentation changes for Provider notifications, provider manuals, etc. prior to updating and a methodology that will support tracking changes to the documentation and provide an audit trail for changes.				Meets	MMA will continue to utilize our established methods for approval of documentation changes for provider notifications, provider manuals, etc., prior to updates. Our processes support tracking changes to the documentation and providing an audit trail for changes. MMA's existing documentation and QA processes are designed to create and maintain a full audit trail for all system and user documentation. When any revision to our State-approved documentation needs to be made, the person who made the revision is required to follow our established QA process, including changing the revision number, dating the revision, updating the revision history, making the revision available should the State elect to review, and publishing the revised documentation to the State shared electronic document repository or AMPP Web Portal. Our content management strategy has strict procedures in place to maintain all types of training materials, program documentation, system documentation, provider manuals, operating procedures, or other documentation to ensure they remain current as program requirements, or our systems or processes change. An internal documentation review process validates that all revisions have been correctly made to the documentation in accordance with State-specific approved criteria and standards, as well as industry professional standards, before it is made available to the State for review and approval. We incorporate industry best practices into our approach to ensure that all information is accurate and up to date.

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252	DOC29	Document Management	Content Management Solution	Vendor shall ensure that all historic images of provider submitted documentation must be available to both Vendor and State staff.				Meets	We will continue to ensure that all historic images of provider submitted documentation is available to both MMA and State staff. MMA provides authorized internal and State users with access to FirstTrax which allows the retrieval and viewing of provider submitted documents, such as information related to a PA request.
253	DOC30	Document Management	Content Management Solution	Vendor's system must have the capability to view all pages within any document by using a paging function.				Meets	MMA's system has the capability to view all pages within any document by using a paging function. This functionality is available for viewing the image files attached to the contact detail record in FirstTrax. Paging capability is also available for documents posted to our AMPP Web Portal. Users can easily view pages in PDF and Word documents by selecting the up and down arrows from the bottom toolbars in the right panel. The solution also has the ability to magnify certain areas of a given document.
254	DOC31	Document Management	Data Governance	Vendor's system must contain National Institute of Standards and Technology (NIST based data classification schema with data items flagged to link them to a classification category and have an access privilege scheme for each authorized user that limits the user's access to one or more data classification categories. Vendor shall provide tools for identified State staff to define various roles.				Meets	Our PBA system incorporates NIST-based data classification schema with data items flagged to link them to a classification category. We also provide access privilege schemes for each authorized user that limits the user's access to one or more data classification categories. Through SSO functionality, the State has the ability to add designated users to specific user groups based on defined roles for their user community, established collaboratively with MMA SMEs. The concept of least privilege and assignment of different credentials based on job role or function has been used while designing the IAM policies for the MMA AWS environments. Our security standards are based on the NIST 800-53 security and privacy control sets. We perform internal control assessments/internal audits to assess our systems/processes according to our policies for safeguarding information systems and data which also align with State, Federal, and customer requirements to validate MMA's effectiveness of controls and safeguards in place. MMA Identity Access Managers can create new users, inactivate users, associate users to security profiles, lock users, and reset passwords for systems and application users. We will work closely with the State to determine provisions of access through assignation of authorized PBA system user roles, which are defined by our Identity & Access Management Team. Each user role determines which functions/data elements are available to the Arkansas PBA system user within each application. Assigned user role(s) are communicated using Group claim attributes that indicate a user's membership in a group/role per standard protocols for claims-aware authorizations that control access to our web-based applications. Role-based and MFA access ensures only authorized staff can perform specific functions. Security configurations allow only authorized users to create or modify data within the systems.
255	DOC32	Document Management	Content Management Solution	Vendor's system must link submitted, supporting documentation to the claims call tracking management ticketing system (CTMS), to the appropriate Client record.				Meets	FirstTrax is a comprehensive PA and contact management system that links submitted, supporting documentation to the claims call tracking management ticketing system to the appropriate client record. Our PBA solution tracks all correspondence (e.g., requests, letters, any written form) related to a client, and allows the State online access to the information. Our tracking system links tracking events to related electronic and paper documents. MMA records, tracks from receipt to response, and indexes all incoming or outgoing contacts (e.g., telephone, facsimile, etc.) in FirstTrax. FirstTrax allows authorized users to search for information on clients, claims, pharmacies, drugs, prescribers, PAs, and call tracking against the FirstRx and FirstTrax databases.
256	DOC33	Document Management	Content Management Solution	Vendor's system must have the functionality to attach notes, annotations, e-mails, and other documents to the client record as defined by the State.				Meets	FirstTrax provides the functionality to attach notes, annotations, e-mails, and other documents to the client record as defined by the State. We use FirstTrax as the repository for all PA requests, dispositions, and clinical notes.
257	DOC34	Document Management	Content Management Solution	Vendor's system must allow all authorized users to print all pages of an item or imaged documents and must allow users to select specific pages to print or entire document.				Meets	MMA's system allows authorized users to print all pages of an item or imaged document, as well as to print only selected pages. Our websites allow users to print what they see, either by saving the page to a HTML file, printing to a printer, or saving as a PDF. Users have the ability to use Ctrl+PrtScr to print the view that is displaying. Print and save functionality can be accessed through shortcut features (i.e., Ctrl+P and Ctrl+S).

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258	DOC35	Document Management	Content Management Solution	Vendor's system must contain a document management component, which will image, store, and retrieve all correspondence and documents associated with an entity (e.g., Provider, Client, stakeholder, etc.).				Meets	FirstTrax images, stores, and facilitates retrieval of correspondence and documents associated with an entity (e.g., provider, client, stakeholder, etc.). For example, all paper claims are imaged and stored, along with any attachments/documentation submitted. As part of the scanning process, a unique internal control number (ICN) is applied to each claim. The paper claim image and images of any associated documentation are attached to the contact detail record and are accessible to authorized users in FirstTrax. FirstTrax also houses copies of all documentation received as part of a PA request. Image files of clients' letters are attached to the contact detail records in FirstTrax.
259	DOC36	Document Management	Content Management Solution	Vendor's imaging and document management solution must be Web-based Distributed Authoring and Versioning (WebDAV) and Open Document Management (Application Programming Interface (API) (ODMA) compliant to accept scanned images from any equipment.				Meets	MMA confirms that our document management solution is WebDAV-compliant and has Content Management Interoperability Services (CMIS) integrated into the solution. FirstTrax can accept scanned images from any equipment. CMIS supports MMA's service-oriented architecture (SOA) approach, using web service standards, such as Simple Object Access Protocol (SOAP), to provide options for interoperability.
260	DOC37	Document Management	Content Management Solution	Vendor's system must have the capability to integrate and automate document and records management at each point in each of the State's existing and new processes.				Meets	MMA's system has the capability to integrate and automate document and records management at each point in each of the State's existing and new processes. For example, FirstTrax is a workflow-based system which allows the State to control business processes surrounding PAs and Help Desk inquiries with workflow capabilities, including role-based queues, assignments, routing, alerts, and notifications. The business processes that benefit from the application of workflow techniques are found in the pharmacy Help Desk and PA processes, which both involve review by staff and the routing of items contingent on outcomes of previous steps. The MMA workflow architecture allows flexibility and empowers staff to move items quickly and efficiently through the business process, delivering maximum value.
261	DOC38	Document Management	Content Management Solution	Vendor's system must allow access to stored system-generated Client and Provider notices, using an index.				Meets	FirstTrax incorporates functionality that allows access to stored system-generated client and provider notices, using an index. FirstTrax provides authorized State users with the ability to manage incoming and outgoing correspondence throughout the life cycle of the document. The advanced search capabilities allow users to search documents based on a variety of metadata that is tagged during the upload of the document into the system.
262	DOC39	Document Management	Data Governance	Vendor's system must verify that all fields defined as numeric contain only numeric data and fields defined as alphabetic only contain alphabetic data.				Meets	MMA's POS system verifies that all fields defined as numeric contain only numeric data and fields defined as alphabetic only contain alphabetic data. FirstRx ensures that each incoming transaction is subject to syntax editing (e.g., number only fields are numeric). The FirstRx adjudication engine maintains data integrity through the strict enforcement of NCPDP field standards. Each field of an incoming transaction is validated for data type, length, as well as submission of defined and approved values. In the event a field is out of compliance, the claim is rejected in real time at the point of sale using NCPDP-defined error codes. If there is a code specific to the invalid field, that code is returned to support provider correction and resubmission.
263	DOC40	Document Management	Data Governance	Vendor shall incorporate and use a Unique Client Directory (UCD) or identifier for Medicaid Clients.				Meets	MMA utilizes a unique identifier Medicaid Clients. Our solution links all client identification numbers based on the client data provided to MMA and the linking criteria defined by the State. The FirstRx client domain maintains and displays historical and current information about the client, including the patient identifier(s), first name and last name, date of birth, gender, address, city, state, ZIP, and other data. The patient aliases tab lists all identification numbers tied to the client, both past and present. If the pharmacy can submit claims for an active alias for the client, the "Submission Allowed" check box is selected. MMA Help Desk staff has access to client data housed in the POS system and can directly query the data using the Cardholder ID and/or any alias to view the client's identification number to answer eligibility inquiries, while considering the patient's full eligibility history.

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264	DOC41	Document Management	Data Governance	Vendor shall provide the project components' inventory (data dictionary) of new data definitions; conceptual, logical, and physical model diagrams.				Meets	MMA will provide the AME Pharmacy Project's components inventory (data dictionary) of new data definitions, and conceptual, logical, and physical model diagrams. In the upcoming Contract period, we will develop and deliver data models (conceptual, logical, and physical) that include mapping of information exchange with external organizations. Our conceptual data model will depict the business area high-level data and general relationships for intrastate exchange. MMA's Arkansas Pharmacy Solution complies with the State's existing data interface standard(s) for automated electronic intrastate interchanges and interoperability. Our Solution transfers data to the State-identified data warehouse and other authorized internal and external entities with minimal transformation in organization, format, and representation based on the MMA's logical data model and/or physical data model shared with Arkansas. We will partner with the State during the implementation period to validate that the format for these data meets any changed requirements of the AMPP. To meet the State's needs for the new Contract term, we will develop a logical data model that includes entities, relationships, definitions, domains, related Standards, and entity-relationship Diagrams. Our physical data model will document data objects and their relationships, including the use of a primary key when needed to ensure uniqueness in a given table, as well as foreign keys where appropriate to reference a parent table. Our documentation will include layouts for all files and database tables including relationships, tables with fields, and keys.
265	DOC42	Document Management	Data Governance	Vendor shall verify that all data items that can be obtained by mathematical manipulation of other data items agree with the results of that manipulation.				Meets	MMA's PBA solution incorporates functionality to verify that all data items that can be obtained by mathematical manipulation of other data items agree with the results of that manipulation. For example, FirstRx calculates and validates against defined edits or industry standards various data elements using submitted claim data, including quantity per day, dosage per day, rolling quantity limitations, patient and plan financial obligations, or maximums. FirstRx is also able to enforce package size edits (allow billing only for multiples of defined package size) to further mitigate risks associated with improper billing units or quantities.
266	DOC43	Document Management	Data Governance	Vendor shall store and display descriptions, in layperson's terms, for all codified information (e.g., ICD code sets, error codes) and vocabulary, in the System as a service that can be leveraged enterprise-wide (i.e., terminology service).				Meets	MMA loads and stores all pharmacy-related codified information used to support claims adjudication as provided by the entity that maintains the code set. MMA also supports descriptions in layperson's terms. These data elements are available as a service that can be leveraged enterprise wide. FirstRx supports the up-to-date ICD-10 code set and will adjudicate claims according to State requirements for which an ICD-10 diagnosis code(s) is submitted on the claim and/or the client has an ICD-10 code(s) defined in their profile. In addition, MMA's PBA solution stores and displays descriptions (NCPDP or national standard) for all codes in the system. We will continue to ensure that all codes and abbreviations used in the PBA system have corresponding and easy-to-view narrative descriptions. Our PBA system leverages a robust set of data in an expansive data ecosystem. Within our databases, code sets, and their associated narrative descriptions, are stored so that PBA users are able to easily view the meanings for various codes that are used to represent items, such as claims status, pricing type, and NCPDP error codes, as well as key codes and identifiers for clients, providers, and drugs. MMA will continue to ensure that any reporting functionality supports the ability to pull and use the narrative description of codes and abbreviations, in addition to the codes and abbreviations themselves. This existing functionality is currently available through the MRx Explore self-service tool that allows users to toggle between designated fields to view general information related to that particular field. The detailed information regarding each field is also documented in the DED which can be retrieved by utilizing the metadata search function.

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267	DOC44	Document Management	Data Governance	Vendor shall verify, at POS, that the required data items are present and retained (per SMM 11375) including all data needed for federal or state reporting requirements prior to approving a claim for payment. Vendor shall ensure Rebate records be kept indefinitely per the State's requirements.				Meets	MMA's PBA solution includes functionality that verifies that required data items are present and retained including all data needed for State or Federal reporting requirements. FirstRx fully supports the ability to process pharmacy claims using the current NCPDP standards and provides real-time acceptance and adjudication of pharmacy claims. Our PBA solution meets all Federal requirements as prescribed by CMS and the requirements outlined by the CFR parts 42 and 45. To support this requirement, the Arkansas Medicaid Payer Specification Sheet is provided to all pharmacy providers and denotes which D.0 fields, mandatory and situational, the plan requires for claim adjudication. We keep the FirstRx POS adjudication engine in full compliance with NCPDP standards as named in HIPAA. All data elements, required or situational, are retained in the claim detail records contained in the FirstRx database to support complete and accurate submission of all State and Federal reporting requirements. We will also continue to ensure that rebate records are kept indefinitely per State's requirements. CMS eligibility is also supported in the POS Drug file, so that NDCs that are not eligible for rebate can be denied for non-covered product. All records stored in our rebate system are kept throughout the life of the AME Pharmacy Contract, until turned over to a new vendor for administration.
268	DR1	Drug Rebate	System, Tools and Technical Capabilities	Vendor's system must flag all claims for drug rebate processing based on State requirements.				Meets	MMA will continue to ensure that our system flags all claims for drug rebate processing based on State requirements. Our existing infrastructure and in-place rebate technology solution determine which adjudicated claims are eligible for rebate. As directed by DHS, our FirstRx POS system is configured to deny claims if the rebate indicator on the NDC is not activated by FDB or CMS. This information is loaded in the rebate system for invoicing and claim level detail generation. MMA's rebate system can flag claims for drug rebate processing and can also be configured to exclude claims from invoicing based on defined business rules. Our rebate platform reviews FFS claims and MCO encounter data to identify rebateable and non-rebateable drugs prior to the generation of the quarterly invoices. We exclude certain drugs from the rebate process through NDC exclusion rules. We also receive input from DHS on drugs that should not be rebated. We will continue to work with DHS to identify non-rebateable products billed by MCOs so that POS edits are updated to disallow payment for terminated NDCs. This will reduce non-rebateable NDCs in the invoice stream.
269	DR2	Drug Rebate	System, Tools and Technical Capabilities	Vendor shall provide the same level of support for the Managed Care Organization (MCO) rebate program as for the federal and supplemental fee for service (FFS) rebate programs including but not limited to reporting, dispute resolutions and invoicing.				Meets	MMA will continue to provide the same level of support for the MCO rebate program that we provide for the Federal and supplemental FFS rebate programs, including but not limited to reporting, dispute resolution, and invoicing. Our Arkansas rebate staff and our rebate system are already in place supporting the AMPP. We follow the same process and procedures in support of each rebate program. MMA's rebate platform, consisting of the rebate and electronic rebate invoicing applications, will continue to be used to support the management and administration of the Arkansas Medicaid rebate programs. Our rebate platform supports all functions required for Arkansas rebates, including creating invoices for NDC/Year/Quarter per rebate program, posting rebate payments, applying prior quarter adjustments, calculating interest, reviewing any discrepancies between invoiced amounts and payments received, and tracking manufacturer disputes through resolution.
270	DR3	Drug Rebate	Data Management	Vendor's system must retain and provide data to support the State in the event of a drug manufacturer dispute over the rebate invoice.				Meets	MMA's solution will continue to retain the data needed to support the State in the event of a rebate invoice dispute from a drug manufacturer. Manufacturers are provided claim detail in support of their invoices either immediately through MMA's electronic invoice application or by secure mail within 15 business days from the date the Rebate Operations Team Analyst receives the request.

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271	DR4	Drug Rebate	Data Management	Vendor shall prepare extracts of pharmacy claims history required by the drug manufacturer rebate process. Rebate records are kept indefinitely and must include all NDC (from claims) and any other data needed to support the rebate process, as required by Federal regulations to include, but not limited to: 1. Period of time covered 2. NDC number 3. Total units paid 4. Product names 5. Number of prescriptions paid 6. Rebate amount, per unit, based on the approved formula per Federal regulations. 7. Rebate amount per unit based on the State Supplemental formula. Must have flexibility for different rebate amounts during the quarter 8. Follow timelines per Federal regulations for invoicing and reporting 9. Quarterly rebate offset amount.				Meets	MMA will continue to prepare and retain all pharmacy claims history extracts and other data needed to support the AMPP rebate process. We comply with all State and Federal regulations for drug rebate. A rebate extract is sent from the source POS system, FirstRx, to the rebate platform to support the drug manufacturer rebate process. Claim level detail is sent in conjunction with the provider reimbursement cycle, accommodating weekly or bi-weekly extracts. Information provided in the rebate records includes all NDC and other data needed for the rebate process, such as the time period covered, NDC, total units paid by Medicaid, product names, number of prescriptions paid, the rebate rate amount per unit based on the CMS-approved formula, any rebate rate amount provided by a supplemental contract (typically produced on an independent invoice), quarterly rebate offset amount. MMA's rebate solution then summarizes the claims at the end of the quarter, according to rebate eligibility, and we provide the data to manufacturers. The rebate invoice is generated in the CMS R-144 layout and provided to the manufacturer. MMA will continue to follow CMS guidelines and provide rebate invoices and reporting per Federal regulations. We will continue to keep rebate records indefinitely.
272	DR5	Drug Rebate	System, Tools and Technical Capabilities	Vendor's system must have the capability and ensure that Medicare crossover claims with NDCs will be invoiced for rebate.				Meets	MMA's rebate solution will continue to have the capability to ensure that Medicare crossover claims with NDCs will be appropriately invoiced for rebate. MMA has partnered with DHS to define the business rules configured in FirstRx that are in place now to allow for identification of a Medicare crossover claim. With this information, our rebate platform's extract has been built so that these claims are included in the extract of cycle paid claims. They will continue to be taken under consideration for rebate invoice process if they do not violate any other rules configured for the program (example: zero paid amount or 340B provider).
273	DR6	Drug Rebate	System, Tools and Technical Capabilities	Vendor shall adhere to all processing requirements of the Federal and State pharmacy rebate programs. Vendor is responsible for creating the rebate invoices and must meet all federal timelines and schedules. In addition, Vendor's system must have capability to report and collect any unpaid rebates.				Meets	Our in-place drug rebate system is configured to meet the program needs of AMPP and adheres to all Federal and State pharmacy rebate processing requirements. The flexible system allows for the management of widely different rebate programs, including CMS (OBRA), Supplemental, Diabetic (Medical) Supply, MCO, and PAD Rebate Programs, among others. MMA's system performs utilization summarization, invoice generation, acceptance and allocation of payments per manufacturer ROSI and PQAS documents, and dispute resolution. We will continue to use the invoice postmark date and produce a Dunning Letter for manufacturers with unpaid rebates at 45, 75, and 90 days past due date. Reporting is also provided to Rebate Operations staff that identifies all outstanding balances, based on invoice detail. MMA's drug rebate platform supports automated generation of the Electronic Invoice Files for manufacturers, with the ability to generate and distribute electronically and on paper. MMA's drug rebate platform conforms to all CMS data and file layouts (e.g., CMS-R-144) within the CMS-required time frame. MMA receives quarterly pricing/product data (and revisions) in the CMS-mandated file format. Pricing and product data received through paper, encrypted email, or via the SFTP site will be promptly loaded to the rebate system. As part of the file load process, data are validated for accuracy of file layout and checked for other potential file errors that could delay file processing. Our web-based, electronic invoice application provides self-service capabilities for labelers, allowing them to log into a secure website and retrieve their own claim-level detail along with their quarterly invoices. The invoice workflow completion initiates electronic notifications to more than 721 of the 812 different manufacturers participating in CMS drug rebate programs we manage.

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274	DR7	Drug Rebate	Staffing	Vendor shall have dedicated rebate analysts to provide regular and supplemental drug manufacturer invoicing and dispute resolution with manufacturers as they pertain to supplemental drug rebate or product rebate calculations and contracts. The Vendor shall also supply rebate analyst to assist with value-based contracting with manufacturers.				Meets	MMA will continue to provide sufficient rebate staffing to support the AMPP rebate program, including dedicated Rebate Analysts to provide regular and supplemental drug manufacturer invoicing and dispute resolution with manufacturers as they pertain to supplemental drug rebate or product rebate calculations and contracts. MMA will also supply rebate analyst staff to assist with value-based contracting with manufacturers. MMA has value-based rebate contracting in place, partnering with manufacturers that offer value-based rebate contracting across both traditional and specialty products. MMA Specialty provides unique, reporting capabilities given our Medical Management platform, and where applicable enhanced patient care, adherence, and outcomes. We can support value-based benefit designs that encourage compliance with therapies and/or activities that have shown to effectively lead to improved outcomes. MMA will continue to assess the return on investment of different value-based programs and will continue to work with DHS to understand where such programs can be beneficial to the AMPP.
275	DR8	Drug Rebate	System, Tools and Technical Capabilities	Vendor's system must have capability to negotiate supplemental rebate or ability to incorporate rebates negotiated through a PDL pool/consortium or similar, as directed by the State.				Meets	MMA's rebate platform can accommodate either our negotiation of supplemental rebates for the AMPP, which we do now for Arkansas as a member of our NMPI pool, or our incorporation of rebates negotiated through another PDL pool/consortium or similar, as directed by the State. Our rebate platform's flexibility allows it to accommodate supplemental rebate processing. As with the CMS program, a final calculated supplemental rebate rate file can be received and loaded to our rebate platform where it is applied to the applicable utilization for products covered under the supplemental rebate contracts. As each quarter file is delivered to MMA, changes in prior quarter rates will initiate an adjustment to the rebate amount owed and the manufacturer will be notified with an adjustment record on the invoice. Additionally, our rebate system can manage the supplemental contract information and utilize its drug pricing records to calculate the rates prior to the invoice generation. Changes that occur to pricing elements within the contract calculation, such as WAC or AWP generate a supplemental rebate rate adjustment. MMA manages two CMS-approved Medicaid Supplemental Rebate Pools: NMPI, the longest-running multi-state Medicaid rebate pool in the country, which we founded in 2004, and TOP$, the multi-state pool that we founded in 2005. Each of our pool member states has this added purchasing power while maintaining its own autonomous P&T Committee and PDL. Arkansas is a member of the NMPI.
276	DR9	Drug Rebate	Staffing	Vendor shall provide staff to support the drug rebate program that can exceed the tasks currently performed by one (1) licensed pharmacist and adequate rebate analysts staff to meet the defined contract needs. Any staffing changes must be approved by the State.				Meets	MMA will continue to provide adequate staff to support the drug rebate program that can exceed the tasks currently performed by one licensed pharmacist and adequate rebate analysts staff to meet the defined contract needs. Our hands-on experience with and understanding the AMPP rebate program well prepare MMA to propose the most appropriate staffing model to support Arkansas' drug rebate programs. We will continue to coordinate with DHS to ensure that any staffing changes receive State approval prior to being implemented.
277	DR10	Drug Rebate	System, Tools and Technical Capabilities	Vendor's system must provide an automated process to create manufacturer supplemental rebate letters.				Meets	MMA will continue to provide a set of standard reports related to multiple aspects of the rebate invoice process (e.g., contract management, invoice management, financial management). As part of the Financial Management Module, a report is available to the State that shows manufacturers with unpaid invoice amounts at a pre-defined interval. This report, called a Dunning Letter, is provided at 45, 75, and 90 days past the invoice postmark date and will alert manufacturers to unpaid invoices. The Dunning Letter report is available for both the Supplemental and Federal rebate programs, and as part of the rebate operational tasks MMA performs, these letters will continue to be mailed to all applicable manufacturers. The letters convey quarterly drug rebate invoice amounts to drug manufacturers with whom the State has a supplemental rebate agreement.

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278	DR11	Drug Rebate	Staffing	Vendor shall provide staff and management to perform all functions of the prescription drug rebate program, including all technical and support functions.				Meets	MMA will continue to provide staff and management to perform all functions of the prescription drug rebate program, including all technical and support functions.
279	DR12	Drug Rebate	Reporting Management	Vendor shall identify, collect, and report to the State, all paid and unpaid NDC rebates by manufacturers as it relates to applying dollars received per labeler per NDC per rebate invoices, adjusting prior period adjustments, adjusting units, reporting to the State, keeping up with interest and dispute resolution.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	Five hundred dollars ($500) per incident for failure to notify the AMPP in writing of all pharmaceutical manufacturers whose state supplemental rebate payments are delinquent greater than 90 days from date of invoice.	Meets	MMA will continue to work to identify, collect, and report to the State, all paid and unpaid NDC rebates by manufacturers. We recognize the importance of pursuing all outstanding balances, so that all rebate amounts owed to the State are received in whole as quickly as possible. Our Dunning Notice Policy is designed to establish common standard procedures for the collection of past due fully unpaid rebates from drug manufacturers who have contracted to participate in the supplemental rebate program. MMA will generate a Dunning Notice Report, based on the invoice that is past due, through the Web report package. We will confirm the report with the State Finance staff, to ensure that they have not received a payment from one of the manufacturers and that is in route to MMA. We will print any due letters and then mail them to the applicable manufacturers. We will maintain a copy of the Dunning Notice report and letters for audit purposes in our document management system. We recommend that this Dunning notice process be performed at 45, 75, and 90 days past the invoice date. In addition, the CMS invoices contain prior quarter statements reminding manufacturers of any unpaid balances. Designated Cognos BI users will have access to these reports as well.
280	DR13	Drug Rebate	Invoicing	Vendor shall perform all processes of the Federal and State rebate invoicing and keep current with all Federal rebate requirements.				Meets	The MMA Rebate Operations Team will continue to perform all processes of the AMPP Federal and supplemental rebate invoicing. Our team is very familiar with Federal requirements and receives all CMS State releases, just as the State representatives do. In addition, our team representatives are registered with CMS on behalf of our customers to receive all program notifications. We review any new policy information that is posted by the entity and will continue to remain in compliance with all current requirements. Invoices will continue to be generated in the CMS R-144 layout and sent no later than 60 days after quarter end. MMA's rebate solution complies with all CMS-related guidelines.
281	DR14	Drug Rebate	Reporting Management	Vendor shall separately track rebate invoices for all State-identified programs, which is currently 13 (8 Federal and 5 supplemental) programs, including POS drug claims and physician-administered drug claims and provide those reports to State monthly and quarterly and supply any ad hoc requests, per auditing.				Meets	MMA's rebate solution will continue to separately track rebate invoices for all State-identified programs, (currently 8 Federal and 5 supplemental programs), including POS drug claims and physician-administered drug claims. We will continue to provide those reports to State monthly and quarterly and supply any ad hoc requests, per auditing. MMA provides monthly and quarterly reports providing an accounting of the previous month's regular drug rebate collections for Medicaid, including interest when applicable. Currently, rebates are invoiced to labelers separately by each rebate program. The drug rebate monthly collections breakdown incorporates information across all programs. MMA's rebate solution reporting offers several ways for DHS users to search and review account information for rebate labelers. Our rebate suite has two different categories: Financial and Invoice. Financial reports include information about cash receipts, outstanding balances, and disputed activity. Invoice reports center around both detail and summary claims-related information, invoice details and invoice summary information. These reports are parameter-driven to allow the user to analyze detail specific information, as needed. Users can run reports and may format them into PDF, HTML, CSV, or Excel formats. The Excel format is particularly useful in that it allows the user to further revise, define and sort the information to meet their needs. MMA sets the customer configuration in the system to coincide with the different rebate program types. This is done so that all cash collected, adjustments made, disputes and invoices will pertain to a specific program. This allows an easy way to report on each program separately according to the specific transaction types and detail and summary outstanding amounts owed.

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282	DR15	Drug Rebate	Data Management	Vendor shall maintain and provide all the data necessary to resolve rebate invoice disputes with drug manufacturers, for the entirety of the Federal drug rebate program.				Meets	MMA will continue to maintain and provide all the data necessary to resolve rebate invoice disputes with drug manufacturers for the Federal drug rebate program. The MMA Rebate Operations Team will continue to perform an invoice resolution process that follows the CMS Best Practices. When a labeler disputes the payment of a rebate invoice, either partially or in its entirety, our rebate platform is used to track, research, and resolve disputes with manufacturers following the dispute resolution procedure guidelines set forth by CMS or as required by DHS. We will continue to leverage our experience, as well as the functionality of our rebate platform and reporting tools, to provide data to support the State in case of a drug manufacturer dispute over the rebate invoice. Dispute resolution is performed with manufacturers for any utilization amounts in question. This includes providing claim level detail through secure electronic mail in support of the unit quantities invoiced or through direct entry into the rebate system.
283	DR16	Drug Rebate	Reporting Management	Vendor shall provide notification to the State of completion and mailing of rebate within 24 hours of their federally required completion date.				Meets	MMA's Arkansas Rebate Operations staff provides notification to the State of completion and mailing of rebate within 24 hours of their federally-required completion date. Our rebate platform will continue to record both the invoice date and invoice postmark date, and MMA will provide the State a screen shot on a quarterly basis with that information so that the performance indicator can be tracked.
284	DR17	Drug Rebate	Data Management	Vendor shall provide HIPAA-compliant claims level data, in electronic format, to the manufacturer at the time of the State supplemental and/or Federal rebate invoice.				Meets	The MMA Rebate Team will continue to provide HIPAA-compliant claims level detail to the manufacturers at the time of the supplemental or CMS invoice generation, or as needed during the dispute process. This detail is supplied in a secured electronic format for research of utilization totals. Claim level detail information that will be provided include the following necessary elements: provider name and ID, unit total, provider billed and paid amounts, internal claim number, paid date, and source of claim (pharmacy or medical). Our web-based, electronic invoice application provides self-service capabilities for labelers. MMA encourages manufacturers to use this functionality in order to provide added benefit to DHS. Manufacturers can log into the secure website and retrieve their own claim level detail along with their quarterly invoices. This provides efficiencies and benefits DHS' rebate operations by eliminating most email requests for claim detail and requiring less analyst time to deliver requested files.
285	DR18	Drug Rebate	Reporting Management	Vendor shall develop a process to provide reports and documentation supporting 100% of all unpaid NDCs that are in the collection phase and have the capability to identify those unpaid NDCs that are Federal and/or State Supplemental Rebate.				Meets	As part of the standard report package for our rebate platform, the State will continue to be provided a report that shows the disposition of all outstanding balances. This report can be accessed for the Federal or the supplemental program by the use of program choice. This shows DHS the balances that are unpaid or in dispute so the State will know what area of collection is being pursued. MMA's rebate reporting module contains 40 standard parameter-driven financial, management and invoice reports. Our standard management reports include historical rebate data, as well as current data, and these reports support multiple program types. Our rebate reporting tool provides data, accessibility, flexibility, customization, and user-friendliness and is refreshed with data from transactional systems daily. MMA provides the opportunity and capability for authorized State staff to access the reporting functions via our web portal.

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286	DR19	Drug Rebate	Reporting Management	Vendor shall configure drug file to indicate all NDCs that are confirmed as being ineligible for rebates and report on these quarterly. This may include ad hoc reporting as requested by the State. 1. NDC 2. Label name 3. Strength 4. Manufacturer name 5. Generic Code Number (GCN) for State to make determination of coverage. The data must be available for download in a format approved by the State.				Meets	MMA will continue to configure the drug file to meet Requirement DR19. As part of the standard report package for our rebate platform, MMA provides the State with a report that shows all excluded NDCs for a specified date range. This report tallies the entire quarter claim listing and the exclusion rule that is applicable to the claim so that further action may be taken by the State (for example, requesting that FirstRx be configured with an adjudication rule that denies the claim so that the State will not reimburse at the point of sale and, therefore, expenditures will not include claims that are not rebate eligible). To assist with management of the supplemental program, a Dunning (or Late Pay) letter is available at the 90-day post-invoice date so that further action can be taken by the State regarding manufacturer contract compliance (such as removal of PDL coverage for a manufacturer that does not pay the State its owed supplemental rebate).
287	DR20	Drug Rebate	Reporting Management	Vendor shall separate drug rebate reporting information between pharmacy and physician administered drugs (CPT/HCPCS).				Meets	As part of our rebate platform functionality, MMA provides a set of standard reports related to multiple aspects of the rebate invoice process (e.g., contract management, invoice management, financial management). As part of the invoice management module, a report is available to the State to ascertain the invoice amount by source code. Source code is the identifier between pharmacy and physician-administered claims. This report allows for reporting total invoice amounts consisting of both pharmacy and HCPCS claims. When appropriate, MMA rebate reports include a field that indicates the claim source code. This field indicates “POS” for a claim from a pharmacy and “JCD” for a claim for a physician-administered drug.
288	DR21	Drug Rebate	Invoicing	Vendor shall develop a formula for invoicing State supplemental rebate to the manufacturers that complies with the State supplemental rebate contract. Vendor shall ensure that State Supplemental Rebate calculations can support rate changes anytime during the quarter.				Meets	MMA’s flexible rebate platform will continue to accommodate supplemental rebate processing that supports the AMPP. As with the CMS program, a final calculated supplemental rebate rate file is received and loaded to our rebate system. It is then be applied to the applicable utilization for products covered under the supplemental contract. As each quarter’s file is delivered to MMA, changes in prior quarter rates will initiate an adjustment to the rebate amount owed and the manufacturer will be notified with an adjustment record on the invoice. Additionally, our rebate platform will continue to manage the supplemental contract information and utilize its drug pricing records to calculate the rates prior to the invoice generation. Changes that occur to pricing elements within the contract calculation, such as WAC or AWP generate a supplemental rebate rate adjustment.
289	DR23	Drug Rebate	340B	Vendor shall collect and process 340B medical and encounters claims, that are received from the MMIS, for exclusion in drug rebate processing. Claims and encounters processed with modifiers JG, and TB should be excluded from drug rebate.				Meets	MMA will continue to collect and process 340B medical and encounter claims, that are received from the MMIS, for exclusion in drug rebate processing. Rebate extracts from the FirstRx system to our rebate system will continue to be customized for Arkansas, ensuring that inclusion/exclusion criteria can be updated based on DHS’ requirements. Claims and encounters processed with modifiers JG, and TB are excluded from drug rebate. Our rebate platform further provides the ability to configure exclusion rules based on customer-specific needs by providing an administrative tool that allows the user to configure claim exclusions from invoice billing. These exclusions include, but are not limited to, the following: Public Health Service (340B) providers, NDCs not under rebate contract, claims for manufacturers not under rebate contract, compound claims not adjudicated at ingredient level, non-drug claims, inpatient claims, claims where Medicaid paid zero to the provider.

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290	DR24	Drug Rebate	340B	Vendor shall provide proprietary ceiling price limitations file to the MMIS for use in adjudication of 340B claims and encounters with JG and TB modifiers.				Meets	MMA will continue to provide a proprietary ceiling price limitations file to the Core/MMIS for use in adjudication of 340B claims and encounters with JG and TB modifiers. MMA has worked with our state Medicaid agency partners to develop AMP-based 340B ceiling price methodologies to calculate and compare 340B submitted ingredient costs (SIC) to the 340B drug ceiling price at POS and adjudicate claims in compliance with CMS requirements to prevent reimbursement higher than the 340B ceiling price. Our current Arkansas solution offers real-time cost comparison of 340B SIC to determine if the cost is greater than the allowable 340B ceiling price. If the SIC is higher, the claim is configured to deny with a customized customer-specific returned message. Additionally, our solution can evaluate each ingredient in a compound claim and compare the individual ingredients to the 340B ceiling price. The claim can be configured to deny per ingredient or total cost. The system can also be configured to compare the ingredient costs and send a message to the submitter that the 340B ceiling has been exceeded along with a paid claim.
291	DR25	Drug Rebate	340B	Vendor shall facilitate any rebate and 340B ceiling price disputes with manufacturers, providers, and or federal agencies, with communication with the State.				Meets	In the upcoming contract period, MMA will continue to facilitate any rebate and 340B ceiling price disputes with manufacturers, providers, and or Federal agencies, with communication with the State.
292	DR26	Drug Rebate	340B	Vendor shall include an indicator/process to identify Pharmacy providers as a 340B enrolled provider for point of sale claims processing.				Meets	MMA will continue to require an indicator/process to identify pharmacy providers as a 340B enrolled provider for POS claims processing. 340B pharmacies must include the NCPDP indicator at the claim level for drugs purchased through the 340B program.
293	DR27	Drug Rebate	340B	Vendor shall provide at a minimum the following 340B functionalities: 1. Ensure Pharmacy 340B claims shall include the basis of cost determination field 423-DN to include options of 07, 08, or 13. 2. 340B Pharmacy providers should be using the 08 value to indicate a 340B purchase drug. 3. Ceiling price or lessor of pricing methodologies will need to be included in the 08 value. 4. Claims exceeding the 340B ceiling price should reject at point of sale.				Meets	MMA will continue to provide the 340B functionalities listed in Requirement DR27. FirstRx interfaces with our drug rebate system to ensure that 340B claims are excluded from being invoiced for Federal or supplemental drug rebates using the HRSA exclusion list, Custom State Provider List, Submission Clarification Code, Basis of Cost Code, Claim Modifier(s), or a combination of those factors. As directed by DHS, FirstRx can be configured to allow for a single NPI to be used, or different NPIs assigned to a covered entity to reflect one is 340B claims and the other is for non-340B claims. MMA's rebate system provides functionality for system identification and exclusion of 340B drug claims and encounters from dispensing pharmacies that are not eligible for drug rebate program, as directed by DHS.
294	DR28	Drug Rebate	340B	Vendor shall provide an indicator identifying 340B drugs on the custom drug file that is sent to MMIS.				Meets	MMA will continue to provide an indicator identifying 340B drugs on the custom drug file that we send to the Core/MMIS.

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295	DS1	Data & System Integration	Integration of Vendor systems - Integration Sequencing - Partner Integration Guide	Vendor shall provide a Partner Integration Guide to all AME Vendors / Partner that require an interface with the Pharmacy system. This guide must contain information for Vendors / partners on the processes and procedures for integrating the Pharmacy Systems Integration Platform(SIP), to include all modules / partners / services, components, and interfaces to meet the business needs of the State including a DHS Data Sharing Agreement (updated annually).				Meets	MMA will provide a Partner Integration Guide to all AME Vendors / Partner that require an interface with our in-place Pharmacy system, which is currently supporting the AMPP. The guide will contain information for Vendors / partners on the processes and procedures for integrating the Pharmacy SIP. It will include all modules / partners / services, components, and interfaces to meet the business needs of the State including a DHS Data Sharing Agreement. MMA currently supports over 4,600 interfaces across our enterprise for all of 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 client 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.
296	DS2	Data & System Integration	System Integration Platform - Hosting	Vendor shall provide a hosting environment that will not limit the ability of the SIP architecture to be flexible, adaptable, scalable and responsive to changes in business needs.				Meets	MMA will continue to provide a hosting environment that will not limit the ability of the SIP architecture to be flexible, adaptable, scalable and responsive to changes in business needs. MMA's parameter-driven, rules-based programming techniques make our technical solution flexible, and our loosely-coupled service-oriented architecture (SOA) makes it interoperable and reusable. The cloud-based (AWS) hosting environment of FirstRx allows us to quickly scale up to meet sudden surges or changes in demand. Our FirstRx pharmacy POS system and our other systems have been designed to provide both flexibility and configurability in establishing and modifying edits and rules through on-line functions. Our applications enable business users to rapidly make configuration updates and system modifications to support the changing needs of our customers' pharmacy programs.
297	DS3	Data & System Integration	System Integration Platform	Vendor shall provide a SIP that will be able to support performance required by each interface for all Partners to achieve and maintain Federal certification.				Meets	MMA will continue to provide a SIP that will be able to support performance required by each interface for all Partners to achieve and maintain Federal certification. The solution currently supporting the AMPP has been certified for 15 Medicaid programs, including Arkansas. MMA collaborates with other module vendors to support Medicaid Enterprise certification for all of our point of sale customers. MMA's AME systems and services will continue to comply with the latest MITA Framework and will facilitate the attainment of MITA Maturity levels 3 or 4 and higher for the AME. We provide a technical solution that incorporates all facets of Medicaid modernization, leveraging commercial off-the-shelf (COTS) and Cloud solutions to deliver a best-in-class, scalable, modular solution for the AME pharmacy module. 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.

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298	DS4	Data & System Integration	Integration of Vendor Systems - Integration Sequencing - Partner Integration Guide	Vendor shall schedule and conduct all business and technical sessions necessary to complete the Partner Integration with the SIP.				Meets	MMA will schedule and conduct all business and technical sessions necessary to complete the Partner Integration with the SIP for the upcoming contract period. We have a local IT Manager, Melissa Tucker, who oversees all integration with partners, and MMA currently interfaces with all vendors who make up the AME. MMA has demonstrated the ability to work collaboratively with our Arkansas State partners, and we commit to a strong and successful continued partnership with DHS.
299	DS5	Data & System Integration	System Integration Platform - Software	Vendor shall publish an online service catalog that lists available services and interfaces used to support integration with other modules / vendor / Partners.				Meets	MMA will publish an online service catalog that lists available services and interfaces used to support integration with other modules / vendor / Partners. This information is currently included in the DHS-approved Interface Control Document (ICD). Our online service catalog will be updated as needed to serve as an accurate, centralized database of information throughout the life of the contract.
300	DS6	Data & System Integration	System Integration Platform	Vendor shall be responsible for the integrity of data exchanged through the SIP and will manage data exchanges as specified in the approved ICD.				Meets	MMA will continue to be responsible for the integrity of data exchanged through the SIP and will manage data exchanges as specified in the approved ICD. MMA will ensure the referential integrity of all relational data during the upcoming contract period. We follow industry-standard database management practices to ensure that all data in our database remain consistent and current. The MMA IT Team includes experienced Database Administrators who have a keen understanding of the importance of the pharmacy data sets. Our database design includes rules, policies, and best practices around the use of primary and foreign keys to establish and enforce referential integrity across our database systems.
301	DS7	Data & System Integration	System Integration Platform	Vendor shall work with Partners / Vendors to define and document where data transformation occurs for each AME Contactor System interface in the associated ICD. Types of transformation include but are not limited to: 1. Simple transformation a. Data-type conversions b. String manipulations c. Simple calculations 2. Moderate-complexity transformation a. Aggregations b. Summarization				Meets	MMA will continue to work with Partners / Vendors to define and document where data transformation occurs for each AME Contactor System interface in the associated ICD, including the simple and more complex types of transformation listed in Requirement DS7. MMA uses an ICD to monitor the data file exchanges and to prevent errors. As part of the implementation process for the upcoming contract period, we will generate Interface Control Documents that provide details on new interfaces. MMA's ICD will include data layout documentation, data mapping crosswalk, inbound/outbound capability, and frequency of all interfaces. As new interfaces are required, ICDs for those will be created and shared with, and reviewed and approved by DHS. We support the exchange of claims files and other important pharmacy benefit information through SFTP (secure file transfer protocols), FTP (file transfer protocol with encryption), EDI (electronic data interchange), and real-time SOAP/XML exchanges. We can also support near real-time exchange of information through SFTP using our enterprise data management system.
302	DS8	Data & System Integration	Integration of AME Vendor Systems	Vendor shall schedule, manage, and lead all business and technical sessions necessary to facilitate the successful integration of all AME modules required, as well as, complete all integration related deliverables, guides, plans, and schedules.				Meets	In the upcoming contract period, MMA will continue to schedule, manage, and lead all business and technical sessions necessary to facilitate the successful integration of all AME modules required, as well as, complete all integration related deliverables, guides, plans, and schedules. Virginia is the first state to have implemented the System Integrator model for their Medicaid Enterprise; therefore, we have highly relevant experience working within a modern, modular Medicaid Enterprise such as the AME.

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303	DS9	Data & System Integration	System Integration Platform	Vendor shall provide a solution that will perform analysis of data and produce near real-time statistics on the KPI/SLA Dashboard including but not limited to providing insight into data quality, quantity, and distribution to assist in identifying issues.				Meets	MMA will continue to provide a solution that will perform analysis of data and produce near real-time statistics on the KPI/SLA Dashboard including but not limited to providing insight into data quality, quantity, and distribution to assist in identifying issues. Our solution is capable of generating SLA metrics related to system response time, as well as system availability and system recovery objectives. Our FirstRx claims processing system uses a real-time monitor that displays current activity for all POS customers. The monitor displays claim transactions, percentages of paid and rejected, average response times, and other indicators. Thresholds for SLAs are configured in the FirstRx Claims Monitor to alert technical personnel to potential SLA breaches. The tool is equipped with a quick reference dashboard and provides color-coded visual alerting to the Operations Center and pages and emails technical staff based on predefined thresholds and customer SLAs.
304	DS10	Data & System Integration	System Integration Platform	Vendor shall use, display, and record all transactions in Central Time across its solution.				Meets	MMA will continue to use, display, and record all transactions in Central Time across its solution.
305	DS11	Data & System Integration	System Integration Platform	Vendor shall provide a solution that must perform real-time data processing, as agreed to by the State, including but not limited to, data loading, integration, validation, and transformation from sender to receiver.				Meets	MMA will continue to provide a solution that performs real-time data processing, as agreed to by the State, including but not limited to, data loading, integration, validation, and transformation from sender to receiver. Our FirstRx POS System fully supports the ability to process pharmacy claims using the NCPDP standards (currently Telecommunication Standard vD.0 and Batch Standard v1.2) and provides real-time capture and adjudication of pharmacy claims. Our existing architecture also includes an electronic data interchange (EDI) gateway and enterprise business services capabilities, which provide a means for more customizable, near real-time exchanges of client 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 and is currently supporting all data exchanges identified in the Bidders' Library. We have experience interfacing with a variety of program management application systems. We have the proven capability to receive, process, and store all Medicaid and related data, and integration transactions in a HIPAA-compliant format from Medicaid Enterprise platforms in as close to real-time as possible.
306	DS12	Data & System Integration	System Integration Platform	Vendor shall provide a system that shall be configured with automation to accommodate leap year and other date anomalies.				Meets	MMA will continue to provide a system that shall be configured with automation to accommodate leap year and other date anomalies. FirstRx accommodates leap-year processing (using 366 days as the length of the leap year as applicable). A 12-month timely filing period, for example, would be calculated based on 366 days from the date of service in a leap year rather than 365 days in a non-leap year. Each claim entered into FirstRx is assigned a 13-digit Internal Control Number (ICN) for identification purposes. The third and fourth digits indicate the year the claim was received. The fifth, sixth, and seventh digits indicate the Julian date the claim was entered into the system. In the Julian system, the days are numbered consecutively from "001" (January 01) to "365" or "366" in a leap year (December 31).
307	DS13	Data & System Integration	System Integration Platform - Health and Performance Monitoring	Vendor shall collaborate with the State to develop and configure KPI/SLA Dashboard and submit it for State review and approval within the timeframe defined in the project schedule. This should include all business function, process and workflows.				Configurable	MMA currently provides this information to DHS in our monthly report. We will continue to monitor all DHS-specific performance metrics. For the upcoming contract period, we will partner with DHS to define requirements, develop, and configure a KPI/SLA Dashboard and submit it for State review and approval within the timeframe defined in the project schedule. The dashboard will include all business function, process and workflows.

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308	DS14	Data & System Integration	Integration of Vendor systems - Integration Sequencing - Partner Integration Guide	Vendor shall develop and submit a Partner Integration Guide to the State for review and approval prior to SIP go-live. The Vendor shall update the Partner Integration Guide annually through the term of the contract.				Meets	MMA will develop and submit a Partner Integration Guide to the State for review and approval prior to SIP go-live for the upcoming contract period. We will continue to update the Partner Integration Guide annually through the term of the contract.
309	DS15	Data & System Integration	System Integration Platform	Vendor shall provide a SIP that will provide data integrity without data loss or data corruption 100% of the time.				Meets	MMA will provide an updated SIP for the new contract period. The SIP will provide data integrity without data loss or data corruption 100% of the time. MMA mitigates the risk of data loss or corruption through state-of-the-art tools and processes that identify and remediate data anomalies when loading new data files. Data integrity is maintained on internal data repositories through the use of well-defined data types and constraints, reinforced by routine data quality checks.
310	DS16	Data & System Integration	System Integration Platform	Vendor shall provide a system that maintains all messages in an archive state for an State approved timeframe (to support system diagnostic and audit purposes), or a minimum of ten years, as directed by the Privacy Rule promulgated pursuant to HIPAA.				Meets	MMA will continue to provide a system that maintains all messages in an archive state for a State approved timeframe (to support system diagnostic and audit purposes), or a minimum of ten years, as directed by the Privacy Rule promulgated pursuant to HIPAA. Our solution will continue to provide data retention management in accordance with DHS-defined policies and all applicable State and Federal laws and regulations.
311	DS17	Data & System Integration	System Integration Platform - Health and Performance Monitoring	Vendor shall provide implemented systems and services with the ability and functionality for comprehensive system health performance monitoring and reporting.				Meets	MMA provides support, monitoring, and maintenance for our AMPP Solution to ensure that it continues to operate according to agreed-upon functionality. Our support for the AMPP includes flexible reporting tools to provide rigorous system monitoring and adherence to quality standards. MMA will continue to provide implemented systems and services with the ability and functionality for comprehensive system health performance monitoring and reporting.
312	DS18	Data & System Integration	System Integration Platform - Health and Performance Monitoring	Vendor shall provide a system that monitors in real-time (dashboard) and reports on the performance of the SIP (all system based KPI / SLA's), and the performance of its services from the point of service initiation through the completion as defined in the approved ICD set.				Meets	MMA will provide a system that monitors in real-time and reports on the performance of the SIP and the performance of its services from the point of service initiation through the completion as defined in the approved ICD set. For example, we use the Job Execution and Tracking System (JETS) application to monitor loading of files such as the drug file, eligibility load, provider load, etc. To enable the volume of interfaces we manage, MMA uses JETS application to track and maintain all the data file destinations, file layout descriptions, file transfer methods, and their purposes. As described in the response to Requirement DS9, we will continue to provide a solution that will perform analysis of data and produce near real-time statistics on the KPI/SLA Dashboard including but not limited to providing insight into data quality, quantity, and distribution to assist in identifying issues.
313	DS19	Data & System Integration	System Integration Platform - Health and Performance Monitoring - System Health Dashboard	Vendor shall ensure that all data sharing requests by the State are processed timely and in full cooperation with both the State and other entity.				Meets	MMA will continue to ensure that all data sharing requests by the State are processed timely and in full cooperation with both the State and other entity. Our proven processes will enable the system to exchange data efficiently, effectively, and appropriately with other participants in the AME. For example, MMA recently cooperated in a timely manner to set up data sharing for a PASSE that had changed its PBM, once we had ensured that an appropriate BAA was in place with the State.
314	DS20	Data & System Integration	System Integration Platform - Health and Performance Monitoring - System Health Dashboard	Vendor shall provide a solution that provides access to the KPI/SLA Dashboard via a web based portal and security must be role-based access.				Configurable	MMA will provide a solution that provides access to the KPI/SLA Dashboard via a web-based portal, with role-based access. MMA's Digital Assets Team will provide support and maintain the required website links. This includes the Okta landing page (SSO) that provides authorized DHS users with MMA's pre-existing, proprietary pharmacy platform for customer services that is hosted within our IT environment. MMA relies on role-based access policies and processes to ensure only authorized individuals have access to sensitive data. Our solution will grant access to authorized users based on a role-based security matrix. Our role-based user credentialing defines how users can interact with each level of the data in an application, based on the job that the user needs to perform.

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315	DS21	Data & System Integration	System Integration Platform - Health and Performance Monitoring - System Health Dashboard	Vendor shall work with the State to determine the data to report through the System Health / Operational Dashboard, including, but not limited to, interface availability, availability of sub-system or component, transaction response times, and unplanned system outages, for all Systems functionality including the SIP.				Meets	MMA will work with the State to determine any desired changes to the data to report through the System Health / Operational Dashboard, including, but not limited to, interface availability, availability of sub-system or component, transaction response times, and unplanned system outages, for all Systems functionality including the SIP. Our solution is capable of generating SLA metrics related to system response time, as well as system availability and system recovery objectives. We employ a range of proactive measures to guard against system failures and to ensure the integrity of DHS data as they rest in our systems. To ensure data availability for our application components hosted in our data center, MMA follows industry best practices to safeguard against a single point of failure for any critical operational component. System server settings and continuous monitoring and alerting will detect a loss of service and notify the dedicated technical teams who are constantly monitoring the system if action is necessary.
316	DS22	Data & System Integration	System Integration Platform - Health and Performance Monitoring - System Health Dashboard	Vendor shall provide a solution that has a KPI/SLA Dashboard that is available real-time 24x7x365, except approved maintenance windows.				Meets	MMA will provide a solution that has a KPI/SLA Dashboard that is available real-time 24x7x365, except approved maintenance windows. We will provide planned downtime in writing to the State ten State workdays in advance, with the exception of emergency patches and updates, which will be performed as expeditiously as possible, with State approval.
317	DS23	Data & System Integration	System Integration Platform	Vendor shall provide a system and implement all SIP services between AME Vendor Systems based on open, non-proprietary industry standards for data and transmission protocols. Vendor shall use the states SFTP / MFTP solutions for all third-party file transfers.				Meets	MMA will continue to provide a system and implement all SIP services between AME Vendor Systems based on open, non-proprietary industry standards for data and transmission protocols. MMA's solution is configured to use SFTP / MFTP solutions for all third-party file transfers. Our application architecture provides a modular, flexible approach through the use of open, industry-standard interfaces and exposed APIs. MMA's solution supports multiple web services standards, including web services, specifications, and adapters (WSDL, WS-*, SOAP, REST, UDDI, ODATA), support standard databases such as MS SQL, SQL Server, Oracle, and support integration transfer protocols such as SFTP (secure file transfer protocols), FTPS (file transfer protocol secure), HTTPS, MSMQ.
318	DS24	Data & System Integration	System Integration Platform	Vendor shall be responsible for procuring, operating, and maintaining any hardware, software, or contractual services to support all SIP components.				Meets	Our systems are in place and serving Arkansas Medicaid today. MMA will continue to be responsible for procuring, operating, and maintaining any hardware, software, or contractual services to support all SIP components. We will provide support, monitoring, and maintenance for our AMPP Solution to ensure that it continues to operate according to agreed-upon functionality. We will use our proven approach to quality to ensure continued stable operations and to assure DHS of an AMPP solution that includes all DHS-approved functionality and accommodates evolving State standards and requirements.
319	DS25	Data & System Integration	System Integration Platform	Vendor shall provide a system that supports the current and previous two published versions of all interfaces where applicable.				Meets	MMA will continue to provide a system that supports the current and previous two published versions of all interfaces, where applicable. Our architecture currently supports Arkansas' existing interfaces, and our interfaces are designed to maximize the efficiency with which new interfaces may be added, as determined by DHS in response to changing data sharing requirements as new AME components are added.
320	DS26	Data & System Integration	System Integration Platform - Data Governance	Vendor shall work collaboratively with the State to develop and enforce data standards according to the business needs of the State as defined in the State's Data Governance standards, rules and the ICDs.				Meets	In the upcoming contract period, MMA will continue to work collaboratively with the State to develop and enforce data standards according to the business needs of the State as defined in the State's Data Governance standards, rules and the ICDs. MMA's Information Management system is designed and in place today to address data governance, architecture, models, standards, and handling of information for the AMPP. We have expert data governance teams in place to support our use of best practices and current industry data standards. Our proven approach will provide the AME pharmacy module with enterprise-grade data governance, architecture, models, and standards.

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321	DS27	Data & System Integration	System Integration Platform - Architecture	Vendor shall provide a SIP Architecture that enables automated fault tolerance and recoverability.				Meets	MMA provides a SIP Architecture that enables automated fault tolerance and recoverability. Our solution has built-in high availability components. This includes the use of multiple AWS regions and availability zones and – where applicable – the Oracle cloud all supporting our cloud-based applications. On-premise applications rely on redundant fully staffed data centers along with a geographically separate fail-over DR site. MMA utilizes a mature file back-up system to manage on-premise data sources and support recovery efforts with the remote site, including storing encrypted back-up files in secure off-site locations.
322	DS28	Data & System Integration	System Integration Platform - Architecture	Vendor shall provide a system that includes a service orchestration layer that includes, but not limited to: 1. Exception handling 2. Message brokering, routing, delivery, and translation 3. Resubmission/reprocess 4. Web services 5. Queues				Meets	MMA will continue to provide a system that includes a service orchestration layer that includes, but not limited to the services listed in Requirement DS28. Referencing back to our architecture model, MMA has the ability to exchange data between internal systems with an exceptional level of speed and accuracy. MMA was one of the early adopters to recognize the value and placement of Enterprise Service Bus Architecture. We have successfully deployed and operated a production service integration environment and continue to expand its use to facilitate support of multiple protocols, protocol translation, messaging, service abstraction, service orchestration, and more.
323	DS29	Data & System Integration	Managed File Transfer Services	Vendor shall provide a SIP that has standards-based interfaces for all AME Vendor Systems responsive to the service needs (e.g., real-time, asynchronous, synchronous, and Managed File Transfer (MFT)).				Meets	MMA will continue to provide a SIP that has standards-based interfaces for all AME Vendor Systems responsive to the service needs (e.g., real-time, asynchronous, synchronous, and Managed File Transfer (MFT)). We support the use of industry-standard data exchange by using industry-leading tools, including SnapLogic, Edifecs, and Informatica.
324	DS30	Data & System Integration	System Integration Platform - Architecture	Vendor shall provide a system that shall facilitate a flexible, adaptable, and scalable SIP architecture that can accommodate changes in business needs.				Meets	MMA will continue to provide a system that facilitates a flexible, adaptable, and scalable SIP architecture that can accommodate changes in business needs. MMA's mature and MITA-enabled architecture complies with the applicable infrastructure architecture standards for performance, security, and data retention described in the RFP. Our proven PBA solution is fully ESB-compatible, which allows a centralized software component to perform integrations between applications.
325	DS31	Data & System Integration	System Integration Platform - Architecture	Vendor shall provide a system that shall perform message routing and service coordination that manages business and application services.				Meets	MMA will continue to provide a system that performs message routing and service coordination that manages business and application services. Our ESB comes with fully configurable notification, error handling and business activity monitoring and supports a wide variety of industry-standard EDI transactions (HIPAA, NCPDP, HL7). The ESB performs message orchestration, message routing, and message translation while handling business rules. Our JETS report provides documentation of successful message routing and service coordination.
326	DS32	Data & System Integration	System Integration Platform - Architecture	Vendor shall provide a system that conforms to and supports open standards for data integrations.				Meets	MMA will continue to support the AMPP with a system that conforms to and supports open standards for data integration. Each of our interfaces is configured to meet HIPAA privacy and security rules and guidelines and supports industry standards, such as X12, NCPDP, XML, and HIPAA for interoperability and data integration needs.
327	DS33	Data & System Integration	System Integration Platform - Architecture	Vendor shall provide a system that conforms to and supports open standards for data interchange and messaging formats.				Meets	MMA will continue to provide a system that conforms to and supports open standards for data interchange and messaging formats. We have successfully developed data conversions and ongoing data interfaces with most of the major data integration vendors in the United States Medicaid market. All MMA data interfaces meet MITA 3.0 standards. MMA's application architecture provides a modular, flexible approach through the use of open industry-standard interfaces and exposed APIs.
328	DS34	Data & System Integration	System Integration Platform - Architecture	Vendor shall provide a system that manages and executes all data exchanges per the approved ICD.				Meets	MMA will continue to support the AMPP with a system that manages and executes all data exchanges per the approved ICD. MMA relies on a mature set of processes and tools to manage the end-to-end data exchange activities. MMA currently manages over 4,600 active data exchanges across our book of business. We use our current, approved ICD to monitor the data file exchanges and to prevent errors. As part of the implementation process for the upcoming contract period, we will generate Interface Control Documents that provide details on new interfaces. As new interfaces are required, ICDs for those will be created and shared with, and reviewed and approved by DHS.

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329	DS35	Data & System Integration	Managed File Transfer Services	Vendor shall provide a secure file transfer service for the purpose of safely and securely distributing files to internal and authorized external destinations				Meets	MMA will continue to provide a secure file transfer service for the purpose of safely and securely distributing files to internal and authorized external destinations. We support the exchange of claims files and other important pharmacy benefit information through SFTP (secure file transfer protocols), FTP (file transfer protocol with encryption, EDI (electronic data interchange), and real-time SOAP/XML exchanges. We can also support near real-time exchange of information through SFTP using our enterprise data management system.
330	DS36	Data & System Integration	Managed File Transfer Services	Vendor shall use the state's Secure File Transfer Protocol (SFTP) system, if available, or operate and configure the Vendors File Transfer System (FTS) to support AME modules as needed for the life of the contract. This file transfer service must automatically receive, store, and distribute files as appropriate.				Meets	Our Enterprise SFTP system is currently in place, supporting the data exchanges needed for AMPP operations. If the State requests it, in the upcoming contract period, MMA can use the state's SFTP system, if available, or MMA can continue to operate and configure our FTS to support AME modules as needed for the life of the contract. MMA will ensure that the file transfer service used will continue to automatically receive, store, and distribute files as appropriate.
331	DS37	Data & System Integration	Managed File Transfer Services	Vendor shall delete in-transit MFTS files once a successful transfer has been logged.				Meets	As directed, MMA will delete in-transit MFTS files once a successful transfer has been logged. Our best-in-class, secure FTP file management system has the ability to detect duplicate files (such as MFTS files that have been transferred and logged) and manage them appropriately.
332	DS38	Data & System Integration	Managed File Transfer Services	Vendor shall ensure the MFTS is continuously available and functional, with the exception of scheduled maintenance windows.				Meets	Our transfer system for Arkansas Medicaid is in place and continuously available and functional, with the exception of scheduled maintenance windows. Our advanced systems monitoring tools ensure that we see the appropriate system uptime in the file transfer system.
333	DS39	Data & System Integration	Managed File Transfer Services	Vendor shall monitor and log all MFTS activity and must make available for State review upon request.				Meets	In the upcoming contract period, MMA will monitor and log all MFTS activity and must make it available for State review upon request. MMA's error processing of inbound and outbound files includes the capability to rectify the error, reprocess the file, or inform the sending entity of the error to send a corrected file. MMA will notify the State and/or other sending entity of any load errors. To enable the volume of interfaces we manage, MMA uses Job Execution and Tracking System (JETS) applications to track and reconcile data file transfers. The JETS report can be emailed to the appropriate recipients on request.
334	DS40	Data & System Integration	System Integration Platform	Vendor shall deliver and implement the SIP upon completion of an State review and approval of all State required deliverables and milestones.				Meets	MMA will deliver and implement the SIP for the new contract period upon completion of a State review and approval of all State required deliverables and milestones.
335	DS41	Data & System Integration	System Integration Platform	Vendor shall follow MARS-E (current version) that maintains comprehensive system file logs, including but not limited to: 1. Applications 2. Interfaces 3. Security 4. System 5. Network 6. Data Transformations				Meets	MMA will continue to follow MARS-E (current version) that maintains comprehensive system file logs, including but not limited to applications, interfaces, security, system, network, and data transformations. Our solution captures audit logs that will include a minimum, interface, a date/timestamp and action taken. 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, and system component or resource.
336	DS42	Data & System Integration	System Integration Platform - Business Support	Vendor shall work collaboratively with the State to recommend, document and execute State approved performance, capacity, and resource utilization improvements in support of SIP business operations.				Meets	MMA will continue to work collaboratively with the State to recommend, document and execute State approved performance, capacity, and resource utilization improvements in support of SIP business operations. We will build upon our existing framework for Arkansas, with our dedicated IT Manager Melissa Tucker collaborating with the State to identify opportunities to improve performance throughout the life of the contract. System improvements are put into place to support existing system growth and new business by modifying system processor capacity, throughput requirements, memory sizing, and/or disk-space allocations. We welcome the opportunity to present innovative solutions that deliver measurable improvements in care and costs.
337	DS43	Data & System Integration	System Integration Platform - Hosting	Vendor shall provide resources to execute general cloud hosting activities and tasks, including operations, administration, maintenance, and technical support in alignment with State expectations, approved processes and time frame.				Meets	MMA will continue to provide resources to execute general AMPP cloud hosting activities and tasks, including operations, administration, maintenance, and technical support in alignment with State expectations, approved processes and time frame. Our AWS cloud-hosted applications are in a FedRAMP certified environment. We will partner with the State and make our cloud administration professionals available to DHS, in order to optimize our cloud management work in support of the AMPP.

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338	DS44	Data & System Integration	System Integration Platform - Business Support	Vendor shall provide and assign resources to perform and complete business support services for the SIP in accordance to the State approved processes and time frame.				Meets	In the upcoming contract period, MMA will continue to provide and assign resources to perform and complete business support services for the SIP. We will continue to comply fully with the State approved processes and time frame.
339	DS45	Data & System Integration	System Integration Platform - Business Support	Vendor shall define their approach to sequencing the order of all interfaces and the plans for interacting with the States' trading partners in the event of a disaster scenario.				Meets	Our approach to sequencing the order of interfaces and the plans for interacting with the State's trading partners is listed in our current DR BCCP. We review and test our DR BCCP on an annual basis, and we work with the State to determine any needed updates. Recognizing that interfaces will be added and changed throughout the life of the contract, MMA will update the DR BCCP as new trading partners and components are added to the AME in the upcoming contract period.
340	DS46	Data & System Integration	System Integration Platform - Business Support	Vendor shall provide a network design and configuration that interfaces with the State's partners and provides support for Disaster Recovery – Business Continuity and Contingency Plan (DR-BCCP) events. Vendor shall keep all procedures and training materials up to date.				Meets	MMA has extensive experience interfacing with transaction partners, switch vendors, clearing houses, Medicare, and CMS. We have established various connections to facilitate message exchanges ranging from batch, to secured VPN, to real-time, while supporting security at various levels through the ESB. For the upcoming contract period, MMA will continue to use our proven network design and configuration for Arkansas that interfaces with the State's partners and provides support for DR-BCCP events. We will continue to keep all procedures and training materials up to date.
341	DS47	Data & System Integration	System Integration Platform - Business Support	Vendor shall provide, demonstrate and maintain interoperability across the Systems technologies and management systems including, but not limited to: 1. Imaging 2. Workflow Automation 3. Business Intelligence Dashboards 4. Business Rules Management 5. Decision Support 6. Exchange Data and Message Services 7. Web Services 8. Real-time Processing Cycles 9. System Performance Management				Meets	MMA will continue to provide, demonstrate and maintain interoperability across the Systems technologies and management systems including, but not limited to, the systems listed in Requirement DS47. As shown in Figure 8.2-10, AMPP Solution Architecture Model (SAM), which is provided within proposal Section 8.2.1, MMA's systems are built on a loosely coupled SOA-based architecture that facilitates interoperability through the exposure of web services via an enterprise service bus. This architecture allows all of the applications within the enterprise to efficiently communicate, as well as to access shared services in a secure and controlled fashion. In addition to providing interoperability among our own systems, the MMA architecture also provides interoperability with systems outside of our enterprise. MMA routinely exchanges data and messages with the imaging, workflow automation, and decision support systems of our Arkansas Core/MMIS and state partners. MMA's experience in building web services and batch interfaces has allowed us to interoperate with all systems required by any of our Medicaid customers.
342	DS48	Data & System Integration	System Integration Platform - Business Support	Vendor's system must have the capacity to easily interface with future EHR or PHR, HIX, HIE, and other exchange data services systems that may be implemented by the State.				Meets	MMA will work cooperatively to interface with future EHR or PHR, HIX, HIE, and other exchange data service systems that may be implemented by the State. Through our efforts to support health information exchanges (HIE) in Arkansas and other states, we have gained significant experience interfacing with HIE data service systems. Our technology facilitates detailed and comprehensive information sharing using web services and APIs to request, receive, and send healthcare data. Today, we support the exchange of HL7 CCDs, which providers' electronic health records (EHR) systems produce under international HIE standards. MMA's preference is to utilize this industry-standard format when exchanging information in support of an HIE.
343	DS49	Data & System Integration	System Integration Platform - Business Support	Vendor shall provide automated interfaces to the AME DSS to provide necessary data for the production of CMS reports (e.g., CMS 64 and CMS 21).				Meets	MMA will continue to support DHS and the AMPP by providing the data necessary to support the production of the required CMS reports. MMA has documented the pharmacy and rebate data that are needed to support the Business Intelligence reporting to the State. In this manner, sufficient data will continue to be stored in the warehouse that will allow State representatives to either retrieve standard reports that are defined and constructed or use of the Self-Service Module, allowing information for required reports to be compiled.

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344	DS50	Data & System Integration	System Integration Platform - Business Support	Vendor's network Interface solution must comply with DHS computer application and network security policies (Active Directory authentication, SSO, data encryption, bandwidth, etc.).				Meets	MMA operates in a secure computing environment. Our network interface solution fully complies and will continue to comply with DHS computer application and network security policies (Active Directory authentication, SSO, data encryption, bandwidth, etc.). MMA assigns access rights based on the need-to- know principle. Policies are instituted based on industry-standard security practices, as well as applicable State and federal regulations and guidelines. Operating systems security templates have been established and have been configured to allow only services needed to facilitate the secure flow of business. We rely on AD for Identity Access Management.
345	DS51	Data & System Integration	System Integration Platform - Business Support	Vendor shall support integration and interoperability across the State' domain and other domain portfolios of systems.				Meets	Integration and interoperability with the State's domain will continue to be supported through the implementation of secured web service interfaces exposed via an enterprise service bus.
346	DS52	Data & System Integration	System Integration Platform - Business Support	Vendor shall provide a methodology and "stepwise" plan for ongoing data verification and/or reconciliation needs in an evolving modular environment and while pursuing business process maturity.				Meets	As the incumbent contractor, MMA will have minimal data conversion requirements for the upcoming contract period. During the implementation period, we will submit our data conversion process flow showing the methodology and "step-wise" plan for conversion. We will use our iterative, step-wise plan throughout the life of the contract to identify data discrepancies and remediate any data issues to ensure that data is valid and verified. We will continue to partner with the State to make any needed modifications to support the AME.
347	DS53	Data & System Integration	System Integration Platform - Business Support	Vendor shall ensure all Pharmacy encounter files sent to data partners contain audit files for balancing purposes.				Meets	MMA will continue to ensure that all Pharmacy encounter files sent to data partners contain audit files for balancing purposes.
348	DS54	Data & System Integration	System Integration Platform - Business Support	Vendor shall ensure HL7 data contains all data elements needed and required to match to MMIS claims.				Meets	MMA has the proven capability to receive, process and store all Medicaid and related data, and integration transactions in a HIPAA-compliant format from Medicaid Enterprise platforms. We will ensure that HL7 data contains all data elements needed and required to match to Core/MMIS claims. Any lab values that are used as part of the pharmacy adjudication process are currently extracted to the pharmacy data warehouse. 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., NIEM, NIST, HIPAA-compliance standards, including HIPAA X12 and NCPDP EDI transactions, HL7, and FHIR.
349	DS55	Data & System Integration	System Integration Platform - Business Support	Vendor shall provide data files and fields that allow linking of a prescription to an approved Prior Authorization.				Meets	MMA will continue to provide data files and fields that allow linking of a prescription to an approved Prior Authorization. Our solution provides the ability to merge medical and prescription data to generate client and provider utilization reports based on diagnosis, procedure codes, and medications. PA requirements can be bypassed as determined by DHS for certain medications when specific medical conditions exist. Prescribers are encouraged to include the applicable diagnosis code on written prescriptions for inclusion on the electronic pharmacy claim.
350	DS56	Data & System Integration	System Integration Platform - Business Support	Vendor shall use appropriate file compression and encryption prior to sending files to third-party data partners.				Meets	MMA will continue to use appropriate file compression and encryption prior to sending files to third-party data partners. MMA's existing c electronic communication 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 utilize AES 256 and TLS 1.2 or higher for encrypting data in transit and at rest.
351	DS57	Data & System Integration	System Integration Platform - Business Support	Vendor shall track and store the date and timestamp showing when the pharmacy submitted the claim to Vendor.				Meets	Each claim record in FirstRx includes and can be tracked by the date and time of service.

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352	DS58	Data & System Integration	System Integration Platform - Architecture	Vendor shall attend and cooperate in any required Joint Application Development and/or requirement sessions with the State or other vendors as needed.				Meets	In the upcoming contract period, MMA will continue to attend and cooperate in any required Joint Application Development and/or requirement sessions with the State or other vendors as needed. Our experienced Arkansas Account Management and dedicated IT staff meet at least weekly or more often as required to collaborate with other vendors and DHS. Our requisite documentation will be updated if needed after the joint requirement sessions as well as whenever there are requirement changes.
353	DT1	Data Retention	System Integration Platform - Architecture	Vendor shall provide a system that shall facilitate a flexible, adaptable, and scalable SIP architecture that can accommodate changes in business needs.				Meets	MMA currently supports DHS with a flexible, adaptable, and scalable SIP architecture that can accommodate changes in business needs. For the new contract period, we will continue to provide a Pharmacy Solution that incorporates all facets of Medicaid modernization, leveraging COTS and Cloud solutions to provide a best-in-class, scalable, modular solution for the Arkansas Medicaid Enterprise pharmacy module. MMA's parameter-driven, rules-based programming techniques make our technical solution flexible, and our loosely coupled SOA makes it interoperable and reusable. Our FirstRx pharmacy POS system and our other systems have been designed to provide both flexibility and configurability in establishing and modifying edits and rules on-line. Our applications enable business analysts to rapidly make configuration updates and system modifications to support the changing business needs of our customers' pharmacy programs. Our SIP architecture allows us to integrate with other vendors in the enterprise. We currently interface with DHS's Core/MMIS and Data Warehouse vendors, the MCOs, and the State's ARIES eligibility system to securely exchange AMPP data.
354	DT2	Data Retention	System Integration Platform - Architecture	Vendor shall provide a system that shall perform message routing and service coordination that manages business and application services.				Meets	MMA's proven architecture will continue to enable the system to exchange data efficiently, effectively, and appropriately with other participants in the AMPP enterprise. The enterprise service bus (ESB) performs message orchestration, message routing, and message translation, as well as service coordination while managing business rules and application services. The JETS report serves as tangible documentation of our efficient message routing and service coordination. The ESB structure provides fully configurable notification, error handling and business activity monitoring and supports a wide variety of industry-standard EDI transactions (HIPAA, NCPDP, HL7). MMA's solution service endpoints/APIs will be exposed to the ESB and will be able to receive and submit messages through the ESB.
355	DT3	Data Retention	System Integration Platform - Architecture	Vendor shall provide a system that conforms to and supports open standards for data integrations.				Meets	MMA will continue to provide a system that conforms to and supports open standards for data integrations. Our application architecture provides a modular, flexible approach through the use of open, industry-standard interfaces and exposed APIs. 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), NIST) HIPAA compliance standards including but not limited to HIPAA X12 and NCPDP EDI transactions, Health level 7 (HL7), and FHIR. 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. We have established interfaces, as well as Secure File Transfer Protocol (SFTP) for data transfer, in place supporting state Medicaid customers across our enterprise today. Our solution will continue to support interfacing within DHS and other vendors and with intrastate agencies. Our solution will also support the update of data integration points with the future Arkansas Medicaid component systems if they are upgraded or replaced.

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356	DT4	Data Retention	System Integration Platform - Architecture	Vendor shall provide a system that conforms to and supports open standards for data interchange and messaging formats.				Meets	MMA will continue to provide a system that conforms to and supports open standards 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 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 data exchange, including SFTP, FTPS, EDI, and real-time RESTful or exchange 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.
357	DT5	Data Retention	System Integration Platform - Architecture	Vendor shall provide a system that manages and executes all data exchanges per the approved ICD.				Meets	MMA will continue to provide a system that manages and executes all data exchanges per the approved Interface Control Document (ICD). We currently provide an approved ICD for DHS and will continue to maintain this document and to follow its guidance when managing and executing all data exchanges during the new contract. Our ICD includes data layout documentation, data mapping crosswalk, inbound/ outbound capability, and frequency of all interfaces. As new interfaces are required during the new contract period, we will add them to the ICD, which will be reviewed and approved by DHS. 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 client 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.
358	DT6	Data Retention	System Integration Platform- Architecture	Vendor shall provide a system that maintains all messages / records as active for (7) seven years and in an archived and retrievable state for at least 10 years or a State approved timeframe (to support system diagnostic and audit purposes) as directed by the Privacy Rule promulgated pursuant to HIPAA.				Meets	MMA's solution supporting Arkansas today provides data retention management in accordance with DHS-defined policies and with the retention periods set by State and Federal guidelines. MMA will continue to provide a system that maintains all messages/records as active for seven years and in an archived and retrievable state for at least 10 years or for a State-approved time frame (to support system diagnostic and audit purposes), as directed by the Privacy Rule promulgated pursuant to HIPAA. AMPP data will be actively maintained and managed by our corporate Data Retention Team throughout the life of the contract and for the State-approved retention periods.
359	DUR1	RDUR	Program Management	Vendor shall operate the Retrospective Drug Utilization Review (RDUR) program in accordance with all Arkansas Medicaid Program policies and by-laws, state laws and rules, Federal statutes, regulations, policies, and mandates to achieve the purpose and goals of the RDUR program.				Meets	MMA has provided RDUR services for our customers since 1987 and for the AMPP since 2020. We will leverage this experience to continue to operate the AMPP RDUR program in accordance with all Arkansas Medicaid Program policies and by-laws, State laws and rules, Federal statutes, regulations, policies, and mandates to successfully achieve the purpose and goals of the RDUR program. MMA created one of the first OBRA '90-based RDUR programs in the country for the Commonwealth of Virginia. We currently perform RDUR activities for 12 Medicaid programs. Our RDUR solution meets State and Federal laws, rules, regulations, policies, and procedures. MMA's NCPDP/HIPAA-compliant pharmacy solution meets all Federal requirements as prescribed by CMS, the requirements outlined by the National Archives and Records Administration Code of Federal Regulations (CFR) parts 42 and 45, and standards for DUR, including those identified in OBRA 1990 and OBRA 1993, as well as the Social Security Act Section 1927 (g). MMA's RDUR programs are formulated to identify, and ultimately correct, potentially dangerous prescribing, dispensing, and drug utilization patterns.

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360	DUR2	RDUR	Managed File Transfer Services	Vendor shall operate and configure the MFTS to support AME modules as needed for the life of the contract. This file transfer service shall automatically receive, store, and distribute files as appropriate.				Meets	MMA will continue to operate and configure the MFTS to support AME modules as needed for the life of the AME Pharmacy Contract. In the upcoming Contract period, MMA will use the State's Secure File Transfer Protocol (SFTP) system, if available, or operate and configure our FTS to support AME modules as needed for the life of the Contract. MMA will ensure that the file transfer service used will continue to automatically receive, store, and distribute files as appropriate.
361	DUR3	RDUR	Managed File Transfer Services	Vendor shall delete in-transit MFTS files once a successful transfer has been logged.				Meets	As directed, MMA will delete in-transit MFTS files once a successful transfer has been logged. Our best-in-class, secure FTP file management system has the ability to detect duplicate files and manage them appropriately.
362	DUR4	RDUR	Reporting Management	Vendor shall draft, generate, submit/distribute, maintain, and retain all RDUR programmatic reports as required, requested, and approved by State and/or Federal policy/mandates to comply with the purpose and goals of the RDUR program and the DUR Board as set forth herein. Within thirty days of go live, all reports/formats shall be submitted to the State for review and approval. Within sixty days of go live, the Vendor shall begin to run and produce all monthly reports. Within ninety days of go live, the Vendor shall begin to run and produce all quarterly reports.				Meets	MMA will continue to draft, generate, submit/distribute, maintain, and retain all RDUR programmatic reports as required, requested, and approved by State and/or Federal policy/mandates to comply with the purpose and goals of the RDUR program and the DUR Board as described in the RFP. Our Arkansas Account Team will work closely with the State during Requirements Review and Validation meetings to review our existing RDUR reports to ensure they continue to meet and/or exceed the State's requirements for the new Contract term. MMA will adhere to all State-specified time frames (i.e., all reports/formats for the new Contract term will be submitted to the State for review and approval within 30 days of go live, monthly reports will be generated and produced within 60 days of go live, and quarterly reports will be generated and produced within 90 days of go live).
363	DUR5	RDUR	Managed File Transfer Services	Vendor shall monitor and log all MFTS activity and make available for State review upon request.				Meets	For the new AME Pharmacy Contract term, MMA will monitor and log all MFTS activity and make it available for State review upon request. MMA's error processing of inbound and outbound files includes the capability to rectify the error, reprocess the file, or inform the sending entity of the error to send a corrected file. MMA will notify the State and/or other sending entity of any load errors. To enable the volume of interfaces we manage, MMA uses Job Execution and Tracking System (JETS) applications to track and reconcile data file transfers. The JETS report can be emailed to the appropriate recipients on request.
364	DUR6	RDUR	System Integration Platform	Vendor shall deliver and implement the SIP upon completion of an State review and approval of all Agency required deliverables and milestones.				Meets	MMA will deliver and implement the SIP for the new AME Pharmacy Contract period upon completion of a State review and approval of all State required deliverables and milestones.
365	DUR7	RDUR	System Integration Platform	Vendor shall provide a solution that maintains comprehensive system logs, including but not limited to: 1. Applications 2. Interfaces 3. Security 4. System 5. Network 6. Data Transformations				Meets	MMA's PBA solution maintains comprehensive system logs. We will continue to follow MARS-E (current version) that maintains comprehensive system file logs, including but not limited to applications, interfaces, security, system, network, and data transformations. Our solution captures audit logs that will include a minimum, interface, a date/timestamp and action taken. 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, and system component or resource.
366	DUR8	RDUR	System Integration Platform - Business Support	Vendor shall contact the provider(s) for telephone interventions emphasizing the pharmacy criteria details whenever specific high risk behavior has been identified that requires stronger intervention than a letter.				Meets	MMA's Arkansas PDL Manager, Lesley Irons, PharmD, will continue to contact the provider(s) for telephone interventions emphasizing the pharmacy criteria details whenever specific high risk behavior has been identified that requires stronger intervention than a letter. MMA provides the capability to identify providers who are candidates for interventions based on standards pre-defined and approved by the State. We will continue to provide innovative interventions and strategies for promoting the appropriate prescribing and utilization of prescription medications that include ongoing clinical and periodic monitoring and examination of claims data to identify and ultimately correct potentially inappropriate prescribing, dispensing, and drug utilization patterns and detect clinical gaps in care or medically unnecessary care.

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367	DUR9	RDUR	System Integration Platform - Hosting	Vendor shall conduct follow-up interventions, including telephone interventions if necessary, with the provider of each “highest risk” client for whom the initial intervention did not result in a positive outcome or if there was no response from the provider on the initial intervention when clients are determined to be “highest risk” by a computerized risk score algorithm.				Meets	Dr. Irons conducts follow-up interventions, including telephone interventions if necessary, with the provider of each highest risk client for whom the initial intervention did not result in a positive outcome or if there was no response from the provider on the initial intervention. We utilize clinical criteria which incorporate pharmacy, diagnostic, and laboratory data into FirstIQ to generate a risk score for clients. FirstIQ identifies potential and existing clients at risk whose medication profiles are reviewed by our clinical pharmacists.
368	DUR10	RDUR	System Integration Platform - Business Support	Vendor shall assist the State in responding to the CMS and other survey questions and in providing all reports related to RDUR program and lock-in program in the CMS Annual DUR Survey Report. All reports determined to be "annual" shall be due to the State 45 days prior to the Annual report's due date. Any changes to the initial Report shall be available 7 business days from the requested change. "Bi-annual" reports shall be due to the State 14-30 days after the request depending on the availability of the information requested. Please refer to requirement R27 for penalty.				Meets	MMA will continue to assist the State in responding to the CMS and other survey questions and in providing all reports related to RDUR program and lock-in program in the CMS Annual DUR Survey Report. Reports, as well as State-requested changes to the initial report, will be provided according to State-specified time frames. MMA has successfully worked with the State to compose and submit the required CMS DUR Annual Report. We will continue to work in conjunction with the State to draft and finalize the CMS DUR Annual Report and the required cost savings analysis, as described in Section 1927(g)(3)(D) of the Social Security Act. Our Arkansas ProDUR Manager, Karen Evans, PD, will provide the State with a draft version of the CMS annual survey with responses to each of the survey questions along with all completed tables and attachments required. MMA makes the revisions requested by the State. After final approval has been obtained from the State, Dr. Evans or the State can use the final document and attachments to enter the survey directly into the CMS online survey application. MMA uses a variety of internal sources to obtain the necessary information needed to complete the CMS annual survey. We utilize BI to obtain the claims information related to ProDUR edits (frequency, drugs impacted, claims volume and cost savings), as well as information on generic metrics, top drug utilization and PA reports. MMA then compiles all this data to provide the associated responses for each survey question. MMA will continue to work closely with the State to ensure we provide the appropriate responses to complete the survey.
369	DUR11	RDUR	System Integration Platform - Business Support	Vendor shall produce the CMS “Cost Avoidance Report” in the CMS Annual DUR Report and it must include data from the RDUR Impact Assessment Reports (IAR) for the relevant period and all cost avoidance and quality impact calculations must include the detail and data controls. Please refer to requirement R27 for penalty.				Meets	MMA will continue to produce the CMS Cost Avoidance Report in the CMS Annual DUR Report, including data from the RDUR IAR for the relevant period. All cost avoidance and quality impact calculations include the detail and data controls. The required reports are produced from data in our FirstIQ and MRx Explore systems. MMA will continue to provide our FirstIQ tool, which prepares extracts of pharmacy claims history (or access to the claims history) for purposes of RDUR, prescriber and pharmacy provider profiling, management reporting, and other decision support functions. MMA maintains historical data to provide a rich environment for the development of in-depth trending reports for the AMPP, as well as potential focus areas in the future. MMA brings the State our clinical DUR capabilities and ability to provide proactive assessment of therapeutic benefits to impact clients and cost savings. Our philosophy of pharmaceutical care and cost management is focused on high impact areas that can reduce costs without compromising client access or care.
370	DUR12	RDUR	System Integration Platform - Business Support	Vendor shall develop and provide the first Monthly Complaint Report to State, subject to State approval. Vendor shall develop procedures to respond to inquiries and complaints received about the RDUR program from Prescribers, Pharmacies, and Medicaid clients. Monthly Reporting:				Meets	MMA has developed and will provide the Monthly Complaint Report to the State, subject to State approval. We have established procedures to respond to inquiries and complaints received about the RDUR program from prescribers, pharmacies, and Medicaid clients. In the rare case that a complaint is received, MMA documents the information on our RDUR Quarterly Report. Based on the direction from the State, the time frame for submission was adjusted to quarterly for the current AME Pharmacy Contract term, but can be provided on a monthly basis, if required by the State. MMA is focused on the needs of all AMPP stakeholders; we will work closely with the State to provide support to expediently resolve any issues. Our Arkansas RDUR Team will continue to collaborate to generate the report according to State specifications and submit the report within required time frames.

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371	DUR13	RDUR	System Integration Platform - Business Support	Vendor shall develop and provide approved educational intervention letters and other educational material to prescriber and pharmacy providers, beginning with DDI and continuing throughout operations. These include, but not limited to: 1. Disease categories, 2. Prescription drug classes 3. Appropriate drug therapy 4. The most cost effective pharmaceutical therapy with drugs in the same drug class or drug therapies 5. Program policies 6. New drug therapies 7. Appropriate and cost effective drug use, and on the use of prescription drugs associated with causing or exacerbating medical disorders in order to reduce the need for remedial drugs. All education intervention letters for clients, prescribers, and pharmacy providers shall be distributed within ninety calendar days from go live and monthly as required.				Meets	MMA will continue to provide approved educational intervention letters and other educational materials to prescriber and pharmacy providers, beginning with DDI and continuing throughout operations. We currently provide educational materials that include disease categories, prescription drug classes, appropriate drug therapy, the most cost-effective pharmaceutical therapy with drugs in the same drug class or drug therapies, AMPP policies, and new drug therapies. MMA's educational materials also include information about appropriate and cost-effective drug use, and the use of prescription drugs associated with causing or exacerbating medical disorders in order to reduce the need for remedial drugs. For example, we currently submit a Criteria Exception Report to the DUR Board that shows cost metrics related to the patient, provider, and pharmacy that allows the DUR Board to make decisions about future targeted interventions. We will meet State-required time frames for distribution for the new Contract term (i.e., within 90 calendar days from go live and monthly, as required). We can produce and mail, or securely fax materials to identified AMPP stakeholders for the purpose of focused educational interventions. We will query Arkansas Medicaid data (e.g., pharmacy, diagnostic, and lab) used to detect therapeutically inappropriate treatment trends that are then targeted for intervention. MMA will continue to present educational intervention letters and communications to the State for approval prior to distribution.
372	DUR14	RDUR	Training	Vendor shall be responsible for developing and providing ongoing, relevant, state approved training programs and curriculum for the RDUR Team members in all areas of the retrospective DUR process.				Meets	MMA's Training and Development Department is responsible for developing and providing ongoing, relevant, State-approved training programs and curriculum for Arkansas RDUR Team members in all areas of the RDUR process. MMA's standard approach to training includes analyzing, defining, and tailoring training to each specific user role and group. Our comprehensive, learner-centric, and closely monitored approach is deeply rooted in adult learning principles. Learning leverages project management best practices, and provides a customizable, methodical training approach specific to the needs of each learner and learner group. MMA will utilize our existing vision, strategy, and enhanced approach for conducting all RDUR training-related operations for the AME Pharmacy Project. We will use the appropriate Instructional Design Model to provide a systematic approach to the design, implementation, and evaluation of all training components. This approach places the needs of the learner at the center of the process.
373	DUR15	RDUR	Training	Vendor's training sessions must consist of sufficient time for each RDUR team member to obtain competency and an understanding of the program and of Arkansas Medicaid to perform as expected on the RDUR Team.				Meets	MMA's training sessions consist of sufficient time for each Arkansas RDUR team member to obtain competency and an understanding of the AMPP and of Arkansas Medicaid to perform as expected on the Arkansas RDUR Team. As the current Arkansas AME RDUR Pharmacy Contractor, we have experienced staff in place that understand the intricacies of the State's RDUR program; this enables them to successfully meet the AMPP's RDUR requirements. Our overall training methodology provides a structure that allows the transfer of knowledge from the classroom to the job. Realistic scenarios with hands-on practice provide an opportunity for learners to mimic how they will perform their job roles. In addition, our training materials are designed to address the specific job functions of the individuals being trained.
374	DUR16	RDUR	System Integration Platform - Business Support	Vendor shall utilize all State/DUR Board approved, necessary/required, therapeutic algorithms for all clients with attention given to types of diseases, therapeutic classes of drugs, and problems associated with inappropriate drug therapy.				Meets	MMA will continue to utilize all State/DUR Board approved, necessary/required, therapeutic algorithms for all clients with attention given to types of diseases, therapeutic classes of drugs, and problems associated with inappropriate drug therapy. Our RDUR programs are formulated to identify, and ultimately correct, potentially dangerous prescribing, dispensing, and drug utilization patterns. For example, one component of the FirstIQ application is our proprietary polypharmacy algorithm. One can select the number of different drugs, unique prescribers and pharmacy providers to be identified in a given audit, such as 10 different drugs, three prescribers, and two pharmacies. A client medical profile is produced that contains all paid pharmacy and medical claims within the last six months. This profile may then be reviewed by MMA clinical staff to determine the significance of the polypharmacy.

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375	DUR17	RDUR	System Integration Platform - Business Support	Vendor shall identify and report trends (on the monthly summary report) in prescription drug reimbursement costs and drug utilization.				Meets	On our established Summary Report, MMA will continue to identify and report trends in prescription drug reimbursement costs and drug utilization. Based on direction from the State, the time frame for submission was adjusted to quarterly for the current Contract term, but can be provided on a monthly basis, if required by the State. Through MRx Explore, we provide the ability to perform regular analysis of the AMPP, which is critical for the effective management of the Program. Our standard reporting suite provides interactive reports that cover all facets of pharmacy program operations. MRx Explore includes a variety of pre-built reports and dashboards focused on key pharmacy subject areas, including prescription drug reimbursement costs and drug utilization. MRx Explore provides more than 100 standard reports. Each of our standard predefined reports is built with flexible user defined parameters that enable end users to configure the standard report or dashboards.
376	DUR18	RDUR	Analytics and Algorithms	Vendor shall develop Therapeutic Algorithms to identify patterns of potential fraud, abuse, gross overuse, or inappropriate or medically unnecessary care, among physicians, pharmacies, and clients.				Meets	Through FirstIQ, MMA has established therapeutic algorithms that identify patterns of potential fraud, abuse, gross overuse, or inappropriate or medically unnecessary care, among physicians, pharmacies, and clients. FirstIQ uses more than 2,500 algorithms that help identify possible fraud, waste, and abuse for commonly abused pharmaceuticals. We have the ability to create ad hoc reports that identify potential drug addiction to controlled substances. FirstIQ identifies potential and existing beneficiaries at risk whose medication profiles are reviewed by our clinical pharmacists.
377	DUR19	RDUR	Analytics and Algorithms	Vendor's developed algorithms must emphasize identifying and screening for cases of inappropriate drug therapy and/or potential therapeutic problems, consider current Arkansas Medicaid policies, Prior Authorization (PA) criteria, current patterns of use, and other edits specified by State so that clinically significant alerts will be generated.				Meets	MMA's algorithms emphasize identifying and screening for cases of inappropriate drug therapy and/or potential therapeutic problems, consider current Arkansas Medicaid policies, PA criteria, current patterns of use, and other edits specified by State so that clinically significant alerts will be generated. We will continue to provide an RDUR program which includes a quarterly review of FFS pharmacy and diagnostic claims data, encounters, and other ad hoc reports and records in order to identify patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and clients. Over the years and using experience gained from decades of working with Medicaid agencies, MMA has developed sophisticated RDUR systems and logic to identify and profile clients, pharmacy providers, prescribers, and disease states. State-specific historical data are used to identify trends of interest and variables that can be used as reliable predictors of subsequent outcomes. Our RDUR programs include the standard client exception-based program, as well as pharmacy provider, prescriber, and disease state profiling. MMA maintains historical data to provide a rich environment for the development of in-depth trending reports for the AMPP, as well as potential focus areas in the future.
378	DUR20	RDUR	Analytics and Algorithms	Vendor shall obtain approval by the DUR Board or State, of any changes to the RDUR Therapeutic Algorithms before those algorithms are implemented.				Meets	MMA will obtain approval by the DUR Board or State for any changes to the RDUR Therapeutic Algorithms before those algorithms are implemented. The Arkansas RDUR Team coordinates this approval process with the State.
379	DUR21	RDUR	Analytics and Algorithms	Vendor shall ensure that the profiles utilized with the therapeutic algorithms utilize the most current twelve calendar months of patient history, presenting all drug related information, unless otherwise requested by State.				Meets	MMA will ensure that the profiles utilized with the therapeutic algorithms use the most current 12 calendar months of patient history, presenting all drug related information, unless otherwise requested by the State. For the current AME Pharmacy Contract, we utilize six months of patient history, as approved by the State. We have the ability to provide 12 months of data and will do so for the new Contract term, if requested.
380	DUR22	RDUR	Educational Interventions	Vendor shall identify Provider exception profiles and intervention letters are sent out for prescribing or dispensing practices within the first ninety calendar days from contract execution.				Meets	As the current RDUR Contractor for the AMPP, MMA has established processes in place for identifying provider exception profiles and disseminating intervention letters related to prescribing or dispensing practices. We currently provide this service and will continue to do so for the new AME Pharmacy Contract term according to State-specified time frames. (i.e., within the first 90 calendar days from Contract execution).

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381	DUR23	RDUR	System, Tools and Technical Capabilities	Vendor shall begin collecting data for reevaluations of each Provider Exception Profile that was selected for intervention within the fourth month of the contract period.				Meets	MMA has provided RDUR services for the AME Pharmacy Contract since 2020. As such, we have existing data that can be utilized for reevaluations of each Provider Exception Profile selected for intervention. MMA will ensure continuity of RDUR services to the State.
382	DUR24	RDUR	System, Tools and Technical Capabilities	Vendor's system must read the Long Term Care (LTC) indicator in the system for a client to distinguish LTC or Hospice clients.				Meets	FirstRx provides the ability to distinguish LTC or Hospice clients through the use of LTC indicators. FirstIQ reads the LTC indicators to distinguish LTC or Hospice clients for patient profiling. We have the ability to include or exclude the LTC clients.
383	DUR25	RDUR	Educational Interventions	Vendor shall use the RDUR Team to determine which clients' Profiles require Provider notification using Intervention Letters or other educational material, as set out in the Definition Table.				Meets	MMA's experienced Arkansas RDUR Team will continue to determine which clients' profiles require provider notification using intervention letters or other educational material, as described in the Definition Table. Client profiles containing pharmacy claim details and medical encounter details are presented for review. Our Arkansas RDUR Team uses the profiles and related reports to detect therapeutically inappropriate treatment trends that are then targeted for intervention.
384	DUR26	RDUR	Reporting Management	Vendor shall provide reports and data, as required by the State, to assist the State in filing the annual Federal DUR Report and for the quarterly DUR Meetings.				Meets	MMA will continue to provide reports and data, as required by the State, to assist the State in filing the annual Federal DUR Report and for the quarterly DUR Meetings. We have successfully worked with our customers, including Arkansas, to compose and submit the required CMS DUR Annual Report. Refer to our response to requirement DUR10 for additional details. Our Arkansas RDUR Team works closely with the State to provide reports for the quarterly DUR Board Meetings. We will continue to provide reports to ensure that the State's clinical data analysis needs are met in a timely manner. For example, our reports include all necessary clinical data analyses based on our evaluation of AMPP pharmacy and medical Medicaid claims data. These data will be used to develop recommendations for specific RDUR interventions and its associated objectives, protocols, guidelines, and operational procedures.
385	DUR27	ProDUR	DUR Board	Vendor shall monitor the online ProDUR responses and provide recommendations to the DUR Board on the intervention criteria to be applied via the ProDUR program. The Vendor shall monitor ProDUR edits, ensure that new drugs are placed in the appropriate ProDUR category, monitor, and maintain the current Severity Level 1 ProDUR edits. Vendor shall provide, submit and present quarterly report at DUR Board meetings; submit information on new ProDUR edits to State and at DUR Board as described in RFP. Quarterly report is due three business days prior to the Quarterly DUR Board meeting.				Meets	MMA monitors online ProDUR responses and provides recommendations to the DUR Board on the intervention criteria to be applied via the ProDUR program. We monitor ProDUR edits, ensure that new drugs are placed in the appropriate ProDUR category, and monitor and maintain the current Severity Level 1 ProDUR edits. Dr. Evans will continue to provide, submit, and present quarterly reports at DUR Board meetings, including information on new ProDUR edits to the State and at DUR Board as described in the RFP. We recommend new edits that may be beneficial to the State, using our Arkansas-specific and other state Medicaid knowledge of edits and expertise regarding program goals and objectives for plan performance. MMA will continue to submit quarterly reports for the Quarterly DUR Board meeting three business days prior to the meeting. For example, we produce standard reports to help show customers the savings derived from our ProDUR program. MMA provides ProDUR edit reporting and also identifies usage and cost patterns by providing drug use profiles by client and/or provider via online access. We will continue to support the State by providing appropriate details for other reports. We utilize the FDB drug compendia to configure applicable ProDUR edits, including Severity Levels 1, 2 or 3 and per the State's direction. Our ProDUR functionality in FirstRx is operated according to the latest accreditation standards of telecommunications defined by NCPDP. System edit standards are predetermined based on peer-reviewed medical literature and references, such as Up to Date, Micromedex, Lexicomp, and Clinical Pharmacology. FirstRx's ProDUR capability enables the State to minimize the risk of fraud, waste, and abuse while validating that the client receives clinically sound medication therapy with minimal delay.
386	DUR28	ProDUR	Reporting Management	Vendor shall provide report information on ProDUR edits for Federal quarterly and annual DUR reports.				Meets	MMA provides the State with report information on ProDUR edits for Federal quarterly and annual DUR reports. We produce the necessary ProDUR reports to support the State in completing the CMS Annual Drug Utilization Review (DUR) report, as described in Section 1927 (g)(3)(D) of the Social Security Act.

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387	DUR29	RDUR	Reporting Management	Vendor shall report all actions taken by the RDUR Team to the State on both the monthly summary report and quarterly detailed reports.				Meets	MMA will continue to report all actions taken by the Arkansas RDUR Team to the State on both the monthly summary report and quarterly detailed reports. Examples of Arkansas RDUR Team activities detailed in our reports include educational interventions initiated and completed, intervention letters sent, documented responses from providers, criteria exceptions, etc. We will work closely with the State during Requirements Review and Validation meetings to validate that our existing report continues to meet and/or exceed the State's expectations. Modifications based on State input will be made, as required.
388	DUR30	RDUR	System, Tools and Technical Capabilities	Vendor shall document and maintain all actions taken on each request, including final disposition of the intervention, and keep those records on file, in accordance with current State established record retention policies.				Meets	MMA documents and maintains all actions taken on each request, including final disposition of the intervention, and keeps the records on file in accordance with current State-established record retention policies. For example, after each intervention is completed, the Arkansas RDUR Team compiles the results and outcomes and reviews them to determine the clinical and economic impact. We ensure that the criteria used in interventions and the resulting outcomes satisfy State and Federal reporting requirements. In addition, the Arkansas RDUR Team re-reviews the initial cases to determine outcomes.
389	DUR31	RDUR	Reporting Management	Vendor shall deliver to the State electronic copies of all drug study information and reports described within the Reporting Section in their required structure and formats thirty days prior to contract termination or upon State request. All RDUR required drug study information and reports shall be delivered to the State within thirty calendar days of contract termination or upon request by the State within ten calendar days.				Meets	Our Arkansas RDUR Team will continue to deliver to the State electronic copies of all RDUR required drug study information and reports described in the Reporting Section in their required structure and formats 30 days prior to Contract termination or upon State request within 10 calendar days.
390	DUR32	RDUR	DUR Board	Vendor shall not overwrite previous criteria adjustments made by the DUR Board without the DUR Board's advance approval.				Meets	MMA's PBA system does not overwrite previous criteria adjustments made by the DUR Board without the DUR Board's advance approval. We work closely with the DUR Board to provide prospective and retrospective clinical criteria recommendations for existing and new clinical criteria (e.g., PAs). We provide the capability to apply DUR Board recommendations such as edits/audits, limitations, and informational alerts to the POS claims processing system upon approval by the State. Edits are maintained in FirstRx that enforce DUR Board-approved specific conditions to be met for claims payment in accordance with AMPP rules. Edits are defined during implementation, configured in FirstRx, and maintained throughout the Contract by our Benefit Configuration Specialist following our defined Change Control Process. Once approved by the DUR Board, the criteria are not modified unless expressly directed by the State.
391	DUR33	RDUR	Educational Interventions	Vendor shall have the ability to adjust severity ranking of individual criteria and modification of intervention letters for review and approval by the State.				Meets	MMA has the ability to adjust the severity ranking of individual criteria and modification of intervention letters for review and approval by the State. We utilize FirstIQ to adjust severity rankings. Based on the adjustments, MMA can modify intervention letters to reflect the change. Our Arkansas RDUR Team will continue to submit the modified intervention letters to the State for review and approval according to State-specified time frames.
392	DUR34	RDUR	Educational Interventions	Vendor shall notify prescriber and pharmacy providers concerning client exception profiles using Intervention Letters and telephone correspondence.				Meets	MMA will continue to notify prescribers and pharmacy providers about client exception profiles using Intervention Letters and telephone correspondence with the purpose of changing provider behavior through communication and education. Intervention letters are generated in FirstIQ. Our Arkansas RDUR Team is responsible for prescriber and pharmacy educational communications, including telephone correspondence.

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393	DUR35	RDUR	DUR Board	Vendor's therapeutic criteria solution must consider newly marketed drugs and must be updated monthly for this purpose at no cost to the State. Vendor shall implement, utilize, and update therapeutic criteria and drug usage protocols as approved by the DUR Board or otherwise directed by the State, providing peer reviewed literature references with the most current sources.				Meets	MMA's therapeutic criteria solution considers newly marketed drugs, is updated monthly, and provided to the State at no cost. We will continue to implement, utilize, and update therapeutic criteria and drug usage protocols as approved by the DUR Board, or otherwise directed by the State, providing peer reviewed literature references with the most current sources. Our clinical support staff constantly monitors the medical literature for new drugs and medical trends and prospectively creates new criteria, which are available for all our programs. Our Clinical Managers meet bi-weekly to share their knowledge and experience with their customers, including RDUR activities. In addition, our Drug Policy Development (DPD) Team publishes New Drug Updates (NDUs) to assist us in unbiased quality clinical research and criteria development. NDUs are comprehensive clinical reviews of relevant newly FDA-approved molecular entities. These single drug monographs include a review of product labeling, clinical trials, evidence-based practice guidelines, and explore the product's place in therapy. Suggested utilization management accompany the NDUs. The single monographs provide a clinical overview and notable clinical considerations for the new agent. Using this publication, we are able to develop clinically sound criteria recommendations for the State.
394	DUR36	RDUR	DUR Board	Vendor's therapeutic criteria must allow for ongoing adjustments to be made by the DUR Board as needed to reflect data and experience obtained from the Arkansas DUR Program operations.				Meets	MMA's therapeutic criteria allow for ongoing adjustments to be made by the DUR Board, as needed, to reflect data and experience obtained from the Arkansas DUR Program operations. We collaborate with the State to create and distribute therapeutic criteria for review and approval, as well as perform the required solution updates and maintenance prior to deployment of the approved criteria. Therapeutic criteria are continually assessed as new clinical information develops. Recommendations for changes to the existing therapeutic criteria are made for DUR Board approval to ensure a successful implementation that meets AMPP needs. Additionally, MMA will collaborate with the State to ensure existing criteria are routinely reevaluated.
395	DUR37	RDUR	Reporting Management	Vendor shall summarize the inquiries and complaints from clients and providers in a monthly report to the AMPP and delineate the number and nature of these inquiries.				Meets	MMA has developed and will provide the Monthly Complaint Report to the State, subject to State approval. The Monthly Complaint Report will summarize the inquiries and complaints from clients and providers and delineate the number and nature of these inquiries. We have established procedures to respond to inquiries and complaints received about the RDUR program from prescribers, pharmacies, and clients. In the rare case that a complaint is received, MMA documents the information on our RDUR Quarterly Report. Based on direction from the State, the time frame for submission was adjusted to quarterly for the current Contract term, but can be provided on a monthly basis, if required by the State. MMA is focused on the needs of all AMPP stakeholders; we will work closely with the State to provide support to expediently resolve any issues. Our Arkansas RDUR Team will continue to collaborate to generate the report according to State specifications and submit the report within required time frames.

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396	DUR38	RDUR	Reporting Management	Vendor shall monitor prescriber and pharmacy providers who were identified with inappropriate prescribing or dispensing practices each month and report the current status of their prescribing or dispensing practices following interventions to the Arkansas Medicaid Pharmacy Program at the quarterly meetings of the DUR Board.				Meets	MMA will continue to monitor prescribers and pharmacy providers who have been identified with inappropriate prescribing or dispensing practices each month. We report the current status of their prescribing or dispensing practices following interventions to the AMPP at the quarterly meetings of the DUR Board. Our DUR programs are formulated to identify, and ultimately correct, potentially inappropriate prescribing, dispensing, and drug utilization patterns. MMA will remain responsive to the State and evolving regulations, industry trends, and changes. Our Arkansas RDUR Team will periodically examine paid pharmacy and medical claims data, identify exceptions, and provide reports to ensure that the State's clinical data analysis needs are met in a timely manner. This will include all necessary clinical data analyses based on our evaluation of State pharmacy and medical Medicaid claims data. MMA integrates pharmacy claims data, medical claims data, and prescriber taxonomy into FirstIQ. These data are efficiently organized, making it easy to run queries to identify exceptions. These data will be used to identify exceptions, prescribing or dispensing patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among prescribers, pharmacists, and Medicaid clients. At the direction of the State, MMA can focus on patterns associated with specific drugs, classes of drugs, and drugs associated with the treatment of specific disease states.
397	DUR39	RDUR	Reporting Management	Vendor shall ensure all educational interventions that have a cost avoidance attributed to the intervention must be described in detail to the AMPP annually in preparation for the CMS annual report, due June 30th of each year, or as requested by any State or Federal agency in an auditing or reporting capacity. This detail must fully describe: 1.The target drugs and substitute drugs used 2. The client or provider intervention group 3.Any client or provider comparison or control group used in the analysis 4. Account for outside factors (e.g., new PA criteria, changes to the PDL, etc.) 5. All detailed and summary data showing how the cost avoidance of the intervention was calculated. These data reports must provide sufficient detail on the measures, methodology, and statistical analyses to enable a knowledgeable reader to replicate the results.				Meets	MMA ensures that all educational interventions that have a cost avoidance attributed to the intervention are described in detail to the AMPP annually in preparation for the CMS annual report, due June 30th of each year, or as requested by any State or Federal agency in an auditing or reporting capacity. Our reporting includes all elements identified in requirement DUR39. To facilitate data collection for the report, our Arkansas RDUR Team conducts a post-analysis of the RDUR intervention including the identified standard of clinical practice, a description of the intervention criteria, a definition of the patient population affected, a definition of the medical community affected, the methodology of evaluation, date range of claims used for analysis, and the actual return on investment. The Arkansas RDUR Team has the support of our clinical operations staff in developing this information, including Annette Paul, RPh, our RDUR Lead, and our Data Analyst, Chandra Thomas. These data reports provide sufficient detail on the measures, methodology, and statistical analyses to enable a knowledgeable reader to replicate the results.
398	DUR40	RDUR	Reporting Management	Vendor shall summarize the inquiries and complaints from clients and providers in a monthly report to the AMPP and delineate the number and nature of these inquiries.				Meets	As described in our response to requirement DUR37, our Arkansas RDUR Team will summarize inquiries and complaints from clients and providers in a monthly report to the AMPP and delineate the number and nature of these inquiries.
399	DUR41	RDUR	Reporting Management	Vendor shall include summaries of the lock-in program in the monthly assessments, quarterly progress reports, and annual reviews of the RDUR Program's operation.				Meets	MMA will continue to include summaries of the lock-in program in the monthly assessments, quarterly progress reports, and annual reviews of the RDUR Program's operation. We communicate immediately regarding issues related to lock-ins or questionable client behavior identified by our clinical pharmacists or reported by providers.

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400	DUR42	RDUR	Reporting Management	Vendor shall generate “provider report cards” based upon implemented algorithms and population-based analyses performed on a quarterly basis or as requested by the State.				Meets	MMA has the ability to generate provider report cards based upon implemented algorithms and population-based analyses performed on a quarterly basis or as requested by the State. Our sophisticated RDUR systems logic identifies and profiles providers. Program-specific historical data are used to identify trends of interest and variables that can be used as reliable predictors of subsequent outcomes. Materials are sent to identified providers for the purposes of focused educational interventions and report card monitoring. After interventions are made to either pharmacy providers or prescribers, follow-up ensures that clients receive quality care, as well as cost-effective and therapeutically-sound treatment. Through MRx Explore, we provide the State with a monthly report that details potential intervention opportunities, including the number of prescribers, and pharmacy providers identified for each activity. For the current Contract, MMA produces RDUR profiles based on topics and criteria determinations made by the DUR Board. Our Criteria Exception Report is used to identify issues related to the patient, provider, or pharmacy and is presented to the DUR Board to inform decisions about future targeted interventions.
401	DUR43	RDUR	DUR Board	Vendor shall provide graphical charts to the State and the DUR Board that summarize trends in provider or client behavior over time and visually display the statistical outliers in the client and provider data on a quarterly basis.				Meets	MMA will provide graphical charts to the State and the DUR Board that summarize trends in provider or client behavior over time and visually display the statistical outliers in the client and provider data on a quarterly basis. FirstIQ provides user-friendly point-and-click processing with no programming needed to perform in-depth data analyses. Query results can be used in conjunction with other software packages, allowing the user to interact seamlessly with other spreadsheets, reporting, and graphing tools. FirstIQ is specifically designed for efficient information retrieval in support of the RDUR process through our MRx Explore reporting tool. FirstIQ has powerful processing capabilities that provide easy and efficient access to complex healthcare management and analysis information through menu-driven queries.
402	DUR44	RDUR	Reporting Management	Vendor shall establish and maintain a record of each Provider Profile Exception generated on a quarterly basis. These must be consistent with established professional algorithms.				Meets	Using FirstIQ, MMA will continue to establish and maintain a record of each Provider Profile Exception, consistent with established professional algorithms, generated on a quarterly basis. We utilize FirstIQ to examine paid pharmacy and medical claims data, identify exceptions, and provide reports to ensure that the State’s clinical data analysis needs are met in a timely manner.
403	DUR45	RDUR	Reporting Management	Vendor shall begin reporting the rankings of prescriber and pharmacy providers within the first quarter of the contract period.				Meets	As the incumbent RDUR Contractor for the AMPP, MMA currently reports rankings of prescriber and pharmacy providers to the State. Data from FirstIQ are exported to our PDW and available for reporting through MRx Explore. We will continue to provide these reports for the new Contract term in accordance with State-specified time frames.
404	DUR46	RDUR	Reporting Management	Vendor shall submit separate electronic reports to the State each calendar quarter summarizing any provider outliers with behaviors that may suggest fraud, abuse, or misuse of standard dispensing and prescribing practices. The State determines whether to refer the report(s) to the Office of Medicaid Inspector General or the Medicaid Fraud Control Units or other appropriate agencies for further investigation.				Configurable	FirstIQ uses more than 2,500 algorithms that help identify possible fraud, waste, and abuse for commonly abused pharmaceuticals. Utilizing data exported from FirstIQ, MMA will submit separate electronic reports to the State each calendar quarter summarizing any provider outliers with behaviors that may suggest fraud, abuse, or misuse of standard dispensing and prescribing practices. We understand that the State determines whether to refer the report(s) to the Office of Medicaid Inspector General, the MFCU, or other appropriate agencies for further investigation. At the State's request, MMA will cooperate in any referrals to these entities. We will continue to maintain a collaborative relationship with the State in reporting suspected FWA, including providing requested data to the State when incidents of fraud or abuse are suspected.
405	DUR47	RDUR	Reporting Management	Vendor shall develop and provide monthly RDUR Reports to State on a quarterly basis or as requested by State.				Meets	MMA will continue to develop and provide monthly RDUR reports to the State on a quarterly basis, or as requested by the State. We have supported RDUR reporting requirements for Arkansas since 2020 and will continue to do so for the new AME Pharmacy Contract term. The required reports utilize data from our FirstIQ and MRx Explore systems and are submitted to the State by our Arkansas RDUR Team**.**

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406	DUR48	RDUR	Reporting Management	Vendor shall provide both scheduled and “ad hoc” reports based upon data elements collected in the DUR database. The ad hoc reports must be provided at no additional cost to the State. Vendor’s reporting system must be sufficiently flexible to make changes requested by the State or the DUR board within three business days of the request. Such reporting adjustments must be made without additional cost to the State. A copy of the current required reports is available in the Bidder's Library. Please refer to requirement R27 for penalty. Vendor's system generate reports that include but are not limited to: 1. Provider report cards 2. Drug and drug class utilization and utilization patterns 3. Diseases and disease categories 4. Client histories and profiles 5. Ability to report based on prescribing and dispensing providers by name and Medicaid ID, drug claims, drug name or drug class, specialty, physical address including zip code of the prescribing provider, patient volume, diagnosis codes, procedure codes, number of medications per patient, etc. 6. Ability to report on clients by diagnoses, age, sex, drug claims, provider name and Medicaid ID, number of prescriptions, client name and Medicaid ID, month of prescription, duration of therapy, managed care plan, etc. 7. Ability to identify and report clients by name and Medicaid ID who utilize more than one physician prescribing				Meets	MMA provides both scheduled and ad hoc reports based upon data elements collected in the DUR database. Data from FirstIQ are exported into our PDW and available in MRx Explore for reporting purposes. Ad hoc reports will be provided at no additional cost to the State. Our flexible BI reporting solution provides the ability to make changes requested by the State or the DUR Board within three business days of the request, without additional cost to the State. Our established reports include all requirements listed in requirement DUR48 and will be delivered within the time frames specified in requirement R27. MRx Explore provides the functionality to generate both ad hoc results and formatted reports that can be produced and distributed on an ongoing basis. Our Arkansas RDUR Team will coordinate with our BI Team to estimate the time it will take to create and run a special requested ad hoc report should one be needed. MMA will provide access to our proprietary ad hoc self-service query reporting tool, Report Studio, which allows authorized users to create and configure customized ad hoc reports using a catalog of data elements and parameters available through MRx Explore. Users are able to save and share these self-built reports for future use, as well as schedule a report to run in MRx Explore for recurring reporting needs.
407	DUR49	RDUR	Reporting Management	Vendor shall maintain updates and adhere to the current requirements for the “Annual Federal DUR Report”. The Vendor shall also maintain updates and adhere to the current requirements for the monthly, quarterly, and semi-annual reports to State. Any cost avoidance data reported to State must use the same cost avoidance methodology approved for the DUR Federal Annual reports. All reports determined to be "annual" shall be due to the State 45 days prior to the Annual report's due date. Any changes to the initial Report will be available 7 business days from the requested change. "Bi-annual" reports are due to the State 14-30 days after the request depending on the availability of the information requested.				Meets	MMA will continue to maintain updates and adhere to the current requirements for the Annual Federal DUR Report. We will also maintain updates and adhere to the current requirements for the monthly, quarterly, and semi-annual reports to the State. Our Arkansas RDUR Team ensures that any cost avoidance data reported to State uses the same cost avoidance methodology approved for the DUR Federal Annual reports. MMA will continue to adhere to State-specified time frames for report submission, as well as modifications to reports. Refer to our responses to requirements DUR10 and DUR11 for additional details.
408	DUR50	RDUR	Program Management	Vendor shall employ an RDUR Director who must be responsible for the operation, scheduling, and coordination of the RDUR internal team. The RDUR Director must work with State and the DUR Board concerning DUR activities.				Meets	Linsey Gillam, PharmD, will serve as the RDUR Director for the new AME Pharmacy Contract term. The RDUR Director will be responsible for the operation, scheduling, and coordination of the RDUR internal team and works closely with State and the DUR Board regarding DUR activities.
409	DUR51	RDUR	Staffing	Vendor shall ensure the RDUR Director must have quarterly meetings with State to discuss prioritization of intervention targets based upon prescribing patterns, recent trends in the algorithms, exceptions flagged, and their cost avoidance implications.				Meets	Dr. Gillam will have quarterly meetings with State to discuss prioritization of intervention targets based upon prescribing patterns, recent trends in the algorithms, exceptions flagged, and their cost avoidance implications. Our Arkansas RDUR Team utilizes information from FirstIQ to perform analyses and compile information for presentation to the DUR Board. If requested by the DUR Board, we can also provide information related to patient safety, drug safety and efficacy, appropriate medical therapy, drug-drug or drug-disease warnings, duplication of therapy, medication adherence, and polypharmacy management to determine if new or updated clinical information should be incorporated into the State’s policy. MMA’s support includes clinical advice/support and recommendations to the DUR Board before, during, and after all DUR Board meetings.

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410	DUR52	RDUR	Analytics and Algorithms	Vendor shall develop therapeutic algorithms to identify those prescribers whose prescribing practices fall outside the evidence based guidelines and the Therapeutic category of drugs. Provider profiling must be performed quarterly or as otherwise requested by the State, the DUR Board, or RDUR Team.				Meets	MMA has established therapeutic algorithms to identify prescribers whose prescribing practices fall outside the evidence-based guidelines and the therapeutic category of drugs. Provider profiling is performed quarterly or as otherwise requested by the State, the DUR Board, or Arkansas RDUR Team. Our RDUR program for the AMPP is designed to identify, and ultimately correct, potentially dangerous prescribing, dispensing, and drug utilization patterns. MMA supports our RDUR program with FirstIQ, which performs menu-driven RDUR functions and uses an established algorithm to identify polypharmacy, as well as to identify any prescriber or client who may violate a State-specific clinical rule.
411	DUR53	RDUR	System, Tools and Technical Capabilities	Vendor shall assess the effects of new drugs on prescribing patterns, therapeutic efficacy, and program expenditures, and act as a resource for prescribing and pharmacy providers, furnishing them with the latest information to aid them in assessing the therapeutic management of their patients.				Meets	MMA assesses the effects of new drugs on prescribing patterns, therapeutic efficacy, and program expenditures. Our Arkansas RDUR Team will act as a resource for prescribing and pharmacy providers, providing them with the latest information to assist them in assessing the therapeutic management of their patients. Pharmaceuticals are reviewed on a continuous basis for changes that affect prescribing patterns. New indications and changes to existing indications are considered as they occur. Our strategy incorporates vigilant monitoring of movement in new drugs to market, drug pipeline, significant clinical evidence, generic launches, patent litigation, brand preference over generic, and State legislative issues. MMA's DPD develops NDUs and Drug Bulletins for relevant new drug approvals that we distribute to our customers. NDUs are drug-specific monographs that address new drugs and make recommendations on their clinical management. They are comprehensive clinical reviews of relevant, newly FDA-approved molecular entities. These single drug monographs include a review of product labeling, clinical trials, evidence-based practice guidelines, and explore the product's place in therapy. Suggested utilization management accompany the NDUs.
412	DUR54	RDUR	System, Tools and Technical Capabilities	Vendor shall analyze the data to identify aberrant prescribing or pharmacy providers whose prescribing or dispensing habits, when measured against explicit predetermined algorithms, warrant educational intervention by a letter or other means, using the data obtained from the monthly client profiles.				Meets	Using FirstIQ, MMA analyzes data to identify aberrant prescribing or pharmacy providers whose prescribing or dispensing habits, when measured against explicit predetermined algorithms, warrant educational intervention by a letter or other means, using the data obtained from the monthly client profiles. Our RDUR program addresses incorrect duration of drug treatment, incorrect drug dosage, drug-drug interaction, drug-disease contraindication, therapeutic duplication, and over- and under-utilization. It is designed to identify, and ultimately correct, potentially dangerous prescribing, dispensing, and drug utilization patterns and detect clinical gaps in care related to opioids.
413	DUR55	RDUR	Analytics and Algorithms	Vendor shall initiate compiling data beginning with DDI, for the therapeutic algorithms within the first thirty calendar days of go live, have active working algorithms within the first sixty days of go live, and have prescribing profile reports completed within the first ninety (90) days of the new system go live (Vendor's new system begin to process claims in the Production environment).	Yes	1. Therapeutic algorithms approved within first thirty calendar days from go live. 2. Approved algorithms implemented within first sixty calendar days of go live. 3. Profiling reports completed within the first ninety calendar days of go live.	Two hundred fifty dollars ($250) per calendar day the Vendor does not meet the schedule as mutually agreed upon with the State.	Meets	MMA has provided RDUR services for the AMPP since 2020. As such, we have existing data and established therapeutic algorithms in place. In addition, we currently generate meaningful prescribing profile reports for submission to the State. We will continue to utilize our existing functionality to provide uninterrupted RDUR services for the new Contract term.

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414	DUR56	RDUR	Analytics and Algorithms	Vendor shall develop Therapeutic Algorithms that identify when to send educational intervention letters regarding all disease states and all drugs covered by Arkansas Medicaid. The problems most often associated with inappropriate drug therapy must include, but are not limited to: 1. Underutilization 2. Over utilization 3. Drug(s) contraindicated by diagnosis 4. Drug/drug interactions 5. Duplication of therapy 6. Therapeutic appropriateness 7. Appropriate use of generic drugs 8. Incorrect drug dosage or duration of therapy 9. Clinical abuse and misuse 10. Iatrogenic complications 11. Treatment failure 12. Adverse drug reactions.				Meets	MMA has established therapeutic algorithms in place that identify when to send educational intervention letters regarding all disease states and all drugs covered by Arkansas Medicaid. We will continue to support the AMPP RDUR with FirstIQ, our clinical management decision support tool that performs menu driven RDUR functions. Our RDUR program addresses the problems most often associated with inappropriate drug therapy including underutilization, over utilization, drug(s) contraindicated by diagnosis, drug/drug interactions, duplication of therapy, therapeutic appropriateness, appropriate use of generic drugs, incorrect drug dosage or duration of therapy, clinical abuse and misuse, iatrogenic complications, treatment failure, and adverse drug reactions. FirstIQ produces a client medical profile that contains all paid pharmacy and medical claims within the last six months and has the ability to include 12 months of history if requested by the State. This information facilitates the educational intervention letter process, including when letters should be sent.
415	DUR57	RDUR	Analytics and Algorithms	Vendor shall develop, update and review therapeutic algorithms, on a quarterly basis or as requested by the State, to ensure that they are consistent with current, peer reviewed medical criteria and use predetermined standards consistent with (I) American Hospital Formulary Service Drug Information; (II) United States Pharmacopeia-Drug Information (or its successor publications); and (III) the DRUGDEX Information System, with the United States Pharmacopeia Drug Information (or its successor publications), and / or the Drug and Pharmaceutical Information (DRUGDEX) System and must accurately reference literature documentation and make such documentation available in printed form upon request by providers and others. Therapeutic algorithms shall be reviewed by the DUR Board or the State no less than quarterly.				Meets	As the current RDUR Contractor since 2020, we understand the relevance of appropriate clinical and therapeutic management services, compliance with Federal regulations, and coordination with the DUR Board and State pharmacy staff. We will continue to develop, update, and review therapeutic algorithms, on a quarterly basis or as requested by the State, to ensure that they are consistent with current, peer reviewed medical criteria and use predetermined standards. In accordance with Federal requirements as prescribed by CMS, the requirements outlined by the National Archives and Records Administration Code of Federal Regulations (CFR) part 42 CFR Subpart K – Drug Use Review (DUR) Program and Electronic Claims Management System for Outpatient Drug Claims requirements for ProDUR, and 1927(g) of the Social Security Act, MMA's DUR system is operated according to the latest accreditation standards of telecommunications defined by NCPDP. System edit standards are predetermined based on peer-reviewed medical literature, American Hospital Formulary Service Drug Information, United States Pharmacopeia-Drug Information, DRUGDEX Information System, Clinical Pharmacology, and Facts and Comparisons. MMA will accurately reference literature documentation and make it available in printed form upon request by providers and other appropriate AMPP stakeholders. We will collaborate with the State and DUR Board during quarterly reviews of our therapeutic algorithms.
416	DUR58	RDUR	Analytics and Algorithms	Vendor shall develop for DUR Board, and State approval, all Therapeutic Algorithms, to analyze drug prescriptions data for all clients.				Meets	MMA will continue to develop for the DUR Board's and the State's approval of all therapeutic algorithms to analyze drug prescriptions data for all clients. While FirstIQ contains over 2,500 active global criteria created based on specific clinical and other state Medicaid agency needs, as well as numerous individual customer-specific algorithms for RDUR, FirstIQ is a web-based proprietary application that also facilitates rapid criteria development allowing us to create custom algorithms specific to the State's unique needs.
417	DUR59	RDUR	System, Tools and Technical Capabilities	Vendor shall prepare the Prescriber or Pharmacy Provider History Profiles in a manner so that the RDUR Team must be able to evaluate a particular Prescriber's pattern compared with other Prescribers within State.				Meets	FirstIQ generates Prescriber or Pharmacy Provider History Profiles in a manner that enables the Arkansas RDUR Team to evaluate a particular prescriber's pattern compared with other prescribers within the State. The basic components of RDUR are incorporated to examine prescribing and utilization patterns. FirstIQ supports analysis of utilization patterns among prescribers and pharmacy providers. One of FirstIQ's most useful features is its ability to perform demographic comparative analysis. Using menu-driven, point-and-click commands, the user can instantly subset cases (pharmacies, prescribers, claims, clients,) falling outside either norms or criteria residing within the database.

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418	DUR60	RDUR	Reporting Management	Vendor shall receive approval from the State of the specific methodology that will be used for measuring cost avoidance attributed to specific Vendor developed RDUR educational interventions. Vendor shall describe in detail the design and methodology used for the cost avoidance analysis and must use statistical analyses to remove the effects of confounding independent variables so the relationship of educational interventions to the dependent variables can be evaluated apart from the other known covariates. These covariates include, but are not limited to: 1. Changes made to drug therapy due to clinical prior authorization criteria 2. System edits that set limits on the quantity of drugs dispensed 3. Changes made in the reimbursement methodology for the target and substitute drugs included in the intervention review 4. Drug class edits and price changes made by the State (Maximum Allowable Cost "MAC" or Affordable Care Act Federal Upper Limit "ACA FUL"). 5. State changes made to PDL				Meets	MMA's Arkansas RDUR Team will continue to receive approval from the State of the specific methodology that will be used for measuring cost avoidance attributed to specific MMA-developed RDUR educational interventions. We describe in detail the design and methodology used for the cost avoidance analysis and use statistical analyses to remove the effects of confounding independent variables so the relationship of educational interventions to the dependent variables can be evaluated apart from the other known covariates, including all covariates listed in DUR 60.
419	DUR61	RDUR	System, Tools and Technical Capabilities	Vendor shall identify and begin compiling data of inappropriate patterns for exception profiles of prescribing or pharmacy providers within the first sixty calendar days from contract execution. Once algorithms are approved, provider exception profiles shall be compiled no later than the first sixty calendar days from go live.				Meets	As the current RDUR Contractor for the AMPP, MMA currently identifies and complies with data of inappropriate patterns for exception profiles of prescribing or pharmacy providers using FirstIQ. We will provide continuity of RDUR services for the new AME Pharmacy Contract term using our established processes.
420	DUR62	RDUR	System, Tools and Technical Capabilities	Vendor shall establish and manage RDUR Team member security access protocols, processes, and timeframes which enable active RDUR Team members to receive RDUR profiles through a secure web portal. This requirement must be implemented within thirty calendar days from contract execution.				Meets	MMA has established and manages Arkansas RDUR Team member security access protocols, processes, and time frames which enable active Arkansas RDUR Team members to receive RDUR profiles through our secure shared document repository. MMA's solution supports granular role-based access for authorized users leveraging, at a minimum, a unique login and complex password with appropriate password rules that has logging enabled for identification, authentication, and authorization. All our security permissions are role-based, granting users access to only the information they need to know to do their jobs. The users and their roles are defined by our corporate security policies in accordance with industry best practices. Access to our systems and the levels of security within our systems are defined by a role-based account. We review the security permissions on a regular basis to ensure the list of designated users remains correct.
421	DUR63	RDUR	System, Tools and Technical Capabilities	Vendor shall utilize the State's document management tool for all data sharing and storage of RDUR program reports and ad hoc reports.				Meets	MMA will continue to utilize the State's DMT for all data sharing and storage of RDUR program reports and ad hoc reports. Our Arkansas RDUR Team has direct experience successfully using the DMT and will continue to do so for the new Contract term.
422	DUR64	RDUR	Analytics and Algorithms	Vendor's system must rank criteria by clinical significance to reduce the number of alerts likely to be "false positives" or clinically insignificant.				Meets	FirstIQ incorporates functionality to rank criteria by clinical significance to reduce the number of alerts likely to be false positives or clinically insignificant. For example, FirstIQ can instantly rank and print subsets of highest-ranking prescribers in terms of cost, number of prescriptions, or number of clients receiving medications in specific drug classes.

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423	DUR65	RDUR	Analytics and Algorithms	Vendor shall develop a program with sufficient flexibility to implement newly requested algorithms or make other ad hoc adjustments within State approved timeframes, at no additional cost to State.				Meets	MMA's established RDUR program for the AMPP incorporates sufficient flexibility to implement newly requested algorithms or make other ad hoc adjustments, within State approved timeframes, at no additional cost to State. While FirstIQ contains over 2,500 active global criteria created based on specific clinical and other state Medicaid agency needs, as well as numerous individual customer-specific algorithms for RDUR, FirstIQ is a web-based proprietary application that also facilitates rapid criteria development allowing us to create custom algorithms specific to the State's unique needs.
424	DUR66	RDUR	Analytics and Algorithms	Vendor shall develop and maintain specific Therapeutic Algorithms so that only exception profiles, as set out in the Definition Table, must be created and be consistent with the established Therapeutic Algorithms.				Meets	MMA has developed and maintains specific therapeutic algorithms in FirstIQ so that only exception profiles, as described in the Definition Table, are created and consistent with the established therapeutic algorithms. Our sophisticated RDUR systems logic identifies and profiles clients, pharmacy providers, prescribers, and disease states. Program-specific historical data are used to identify trends of interest and variables that can be used as reliable predictors of subsequent outcomes.
425	DUR67	RDUR	Analytics and Algorithms	Vendor shall, using predetermined algorithms, determine which Prescriber or Pharmacy Provider Profiles require educational interventions or educational material.				Meets	Using predetermined algorithms in FirstIQ, MMA determines which Prescriber or Pharmacy Provider Profiles require educational interventions or educational material. Refer to our response to DUR13 for additional details about our process.
426	DUR68	RDUR	Analytics and Algorithms	General Technical Standards - System Compliance and Security Vendor shall generate and review client exception profiles with scope determined by State projects selected monthly for analysis. Monthly client profiles must cover all age groups, and will be reviewed based on the therapeutic algorithms, not according to client age. Periodically, based on recommendations from the DUR Board, Medicaid Pharmacy Program or the RDUR Team, a therapeutic algorithm for the monthly review may be chosen that will specifically target certain populations by age, both community-based clients and LTC eligible clients, for review. Vendor shall forward these client exception profiles to the RDUR Team members within three business days of the generation date using a secure web-portal that meets State security requirements. The State IT security and HIPAA compliance office must approve the security of the web-portal.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria	Two hundred fifty dollars ($250) per calendar day the Vendor does not meet the schedule as mutually agreed upon with the State.	Meets	MMA will continue to generate and review client exception profiles with scope determined by State projects selected monthly for analysis. FirstIQ creates a comprehensive client profile that identifies the criteria the client has met including diagnosis codes, procedure codes and their descriptions and pharmacy claims marked by date of service and grouped by drug category for easy review. Our monthly client profiles generated by FirstIQ cover all age groups, and are reviewed based on the therapeutic algorithms, not according to client age. Periodically, based on recommendations from the DUR Board, AMPP, or the Arkansas RDUR Team, a therapeutic algorithm for the monthly review may be chosen that will specifically target certain populations by age, both community-based clients and LTC eligible clients, for review. MMA's Arkansas RDUR Team reviews these client exception profiles within three business days of the generation date. This information is stored in our secure shared document repository that meets State security requirements. We will collaborate with State IT security staff and the HIPAA compliance office to obtain continued approval of the security of our shared document repository.
427	DUR69	RDUR	Analytics and Algorithms	Vendor shall use the client exception profiles to apply the therapeutic algorithms and to the RDUR Team for analysis.				Meets	FirstIQ generates client exception profiles and applies therapeutic algorithms that are used by the Arkansas RDUR Team for analysis. Refer to our response to DUR68 for additional details.
428	DUR70	ProDUR	Program Management	Vendor shall provide a prospective and concurrent review of prescription practices at the prescriber, pharmacy and client level.				Meets	MMA will continue to provide a prospective and concurrent (e.g., concurrent utilization alerts, opioid and benzodiazepines concurrent fill reviews such as Black Box warnings, and opioid and antipsychotic concurrent fill reviews) review of prescription practices at the prescriber, pharmacy, and client level. FirstRx applies ProDUR processing results in the claims adjudication process. Our ProDUR system is an integrated component of FirstRx. Edits can be constructed by the mode of submission (POS vs. batch/paper), pharmacy provider, prescriber, or client, providing flexibility in defining the outcome of edits as they apply to various claims. The DUR database and algorithms can be updated as requested. This on-line, real-time, table-driven system has the flexibility to allow modifications to be made when needed.

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429	DUR71	ProDUR	Alerts	Vendor shall generate alerts (e.g., ProDUR alerts, messages) to pharmacy providers as required by State policy and provide the State the ability to override an alert/edit or prevent an override (e.g., ProDUR) based on State defined criteria.				Meets	FirstRx generates alerts (e.g., ProDUR alerts, messages) to pharmacy providers as required by State policy and provides the State with the ability to override an alert/edit or prevent an override based on State-defined criteria. MMA configures adjudication rules in FirstRx, including claim rules that apply automated or manually created PAs, quantity limits, step therapy, and PDL exceptions. We have configured our system to provide alerts and messages according to AMPP policy which returns the NCPDP-compliant error messaging advising of the next step required. FirstRx ProDUR edits can be configured to be informational, overridable by the dispensing pharmacist, overridable by MMA's Help Desk, overridable with a PA, or not overridable based on the State's direction. We utilize the FDB drug compendia to configure applicable ProDUR edits, to include severity levels 1, 2 or 3 and, per the State's direction, can provide the State the ability to override an alert/edit using the approved combination of NCPDP conflict, intervention, and outcome code(s) or prevent an override based on State defined criteria.
430	DUR72	RDUR	Reporting Management	Vendor shall prepare extracts of pharmacy claims history (or access to the claims history) for purposes of retrospective DUR, prescriber and pharmacy Provider profiling, and management reporting.				Meets	MMA will continue to prepare extracts of pharmacy claims history (or access to the claims history) for purposes of RDUR, prescriber and pharmacy Provider profiling, and management reporting. The FirstIQ RDUR application is supported by a fully integrated data warehouse of both pharmacy and medical data, including pharmacy claims history from FirstRx, diagnosis, procedure, and laboratory claims data when provided. MMA compiles both medical and pharmacy claims and encounters into a comprehensive client record. The system loads these data into or extract these data from FirstIQ, as needed. FirstIQ provides user-friendly point-and-click processing with no programming needed to perform in-depth data analyses. Query results can be used in conjunction with other software packages, allowing the user to interact seamlessly with other spreadsheets, reporting, and graphing tools. FirstIQ is specifically designed for efficient information retrieval in support of the RDUR process through our MRx Explore reporting tool. FirstIQ has powerful processing capabilities that provide easy and efficient access to complex healthcare management and analysis information through menu-driven queries.
431	DUR73	ProDUR	System, Tools and Technical Capabilities	Vendor's ProDUR system solution must have the ability to read pharmacy claims, medical diagnosis codes, lab values, and medical CPT codes for the ProDUR message or alert.				Meets	MMA's ProDUR system solution has the ability to read pharmacy claims, medical diagnosis codes, lab values (when available), and medical CPT codes for ProDUR message and alerts. For example, FirstRx is configurable to utilize diagnosis codes, present in the AMPP client's profile or the value may be submitted on this incoming claim in order to affect claim disposition. Our solution has the capability to generate a rule and add or modify messaging as determined by the State for certain medications when specific medical conditions exist. FirstRx supports the up-to-date ICD-10 code set and will continue to adjudicate claims according to State requirements for which an ICD-10 diagnosis code(s) is submitted on the claim and/or the client has an ICD-10 code(s) defined in their profile. FirstRx edits using pharmacy and medical claims data, including specific diagnosis codes, and prior claims present in the client's history profile. In addition, FirstRx's proprietary clinical algorithms support multiple automated AutoPA scenarios using paid claims history, CPT procedure codes, ICD-10 diagnosis codes and, when available, lab values, and will optimize AutoPA capabilities to support AMPP objectives.

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432	DUR74	ProDUR	Reporting Management	Vendor shall ensure that the Decision Support System reporting has access to all ProDUR edits and cancellations/overrides metrics, as defined by the State. Vendor shall send all fields of claim data, which contain all of these metrics.				Meets	MMA will continue to ensure that our decision support system reporting has access to all ProDUR edits and cancellations/overrides metrics, as defined by the State, and send all fields of claim data containing these metrics. Claims processing data, including all ProDUR information, is captured and stored in FirstRx. Data from FirstRx are exported to our PDW and available in MRx Explore for reporting purposes. Our standard reporting suite provides interactive reports that cover all facets of pharmacy program operations, including ProDUR reports. MRx Explore's online query tools enable authorized users to interact with a set of data and metrics to perform analysis, conduct detail reviews, and monitor ongoing activities. Through MRx Explore, authorized users can access the PDW. The PDW Data Dictionary allows users to understand the nature of, and relationships between, data elements contained in the PDW. This understanding is critical for the creation and interpretation of reports and ad-hoc query work performed with MRx Explore.
433	DUR75	ProDUR	System, Tools and Technical Capabilities	Vendor shall provide drug utilization review during POS claims processing based on user- defined parameters.				Meets	FirstRx incorporates functionality to perform DUR during POS claims processing based on user-defined parameters. ProDUR edits are configured in FirstRx based on State-approved criteria and result in an immediate return response to the pharmacy provider with alert conditions that are clinically appropriate and NCPDP-compliant. For example, based on AMPP requirements, MMA configures the system to reject a claim (a hard edit) or allow a claim to process (a soft or passive edit) while simultaneously sending a standard and where applicable, a custom message to the dispensing pharmacist. We can send messages that instruct the pharmacist or client to contact our Help Desk or the prescribing physician. POS configuration may allow the dispensing pharmacist to bypass a hard edit based on override protocols. Some situations may require Help Desk authorization or authorization from the State. In addition, NCPDP standard codes may be configured, based on direction from the State, to override scenarios. Examples include using a Diagnosis Code to override PA or allowing a Level of Service Code to indicate emergency and override edits. During requirements validation for the new Contract term, scenarios will be reviewed to identify opportunities to allow the submission of NCPDP standard codes where appropriate. Our ProDUR edits are configured to meet current AMPP requirements. Our table-driven FirstRx ProDUR capability is highly flexible and can readily be configured by a Benefit Configuration Specialist to meet changing State needs in the future.
434	DUR76	RDUR	Program Management	Vendor shall provide and maintain the retrospective drug utilization review (RDUR) program inclusive of sending informational intervention letters to prescribers.				Meets	Through FirstIQ, MMA will continue to provide and maintain the AMPP RDUR program including sending informational intervention letters to prescribers. Refer to our response to DUR13 for a description of our process.
435	DUR77	ProDUR	System, Tools and Technical Capabilities	Vendor shall provide an automated, integrated online real-time ProDUR system or aid the pharmacist to perform a ProDUR.				Meets	MMA will continue to provide an automated, integrated online real-time ProDUR system, as well as claim and encounter processing functionality, PDL and reference data management, and automated PA, to aid pharmacists in performing ProDUR. FirstRx is a fully self-contained system that integrates its ProDUR and PA functionality to eliminate the need to communicate with secondary systems during the POS process, thus improving response time to the provider. MMA monitors the use of prescription medications and products to ensure client safety, therapeutic efficacy, and cost effectiveness. Pharmacy claims are evaluated according to State-approved criteria and result in an immediate return response to the pharmacy provider with alert conditions that are clinically appropriate and NCPDP-compliant. Our ProDUR alert conditions provide information based on clinical severity, minimizing false positives, and returning only the most appropriate alerts. FirstRx ProDUR alerts are designed to be clear and concise and to address only the most clinically significant circumstances. ProDUR functionality in FirstRx is operated according to the latest accreditation standards of telecommunications defined by NCPDP. System edit standards are predetermined based on peer-reviewed medical literature and references, such as Up to Date, Micromedex, Lexicomp, and Clinical Pharmacology.

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436	DUR78	DUR	PDL	Vendor shall provide to the State and to the DUR board comprehensive Therapeutic Class Reviews (TCR) to support the PDL drug class or drug category for drugs under review. The documentation provided must include, but not limited to: 1. Comparisons of drugs and products for efficacy. 2. Safety. 3. Side effects. 4. Dosing. 5. Indications. 6. Prescribing trends. These reviews must contain up-to-date and complete information to be used as a tool before and during the DUR board meetings, and any meeting where PDL is discussed. Cost efficiencies of each drug or product within the therapeutic drug or product class shall be provided to the Arkansas Medicaid Pharmacy Program and not discussed in the Review Committee public meetings. All decisions on preferred/non- preferred drugs will reside with State. 1. Vendor shall provide the State with the TCRs two weeks prior to the PDL/DUR meeting. Vendor shall use the TCRs and work with State to develop the presentation with the DUR/PDL Committee. TCRs are to contain up-to-date data and all information to support the recommendations made to the committee. TCRs must be updated at least annually or more frequently as warranted. 2. Vendor shall provide cost efficiencies (Cost Sheets) to the	Yes	Lock-In program shall be established within the first thirty calendar days from go live.	Two hundred fifty dollars ($250) per calendar day the Vendor does not meet the schedule as mutually agreed upon with the State.	Meets	We will continue to provide to the State and DUR Board comprehensive TCRs to support the PDL drug class or drug category for drugs under review. Our TCRs include all elements listed in DUR78. TCRs contain up-to-date and complete information, utilized to support the recommendations made to the Committee, that can be used as a tool before and during the DUR Board meetings, and any meeting where PDL is discussed. Cost efficiencies of each drug or product within the therapeutic drug/product class will be provided to the AMPP and not discussed in the Review Committee public meetings. All decisions on preferred/non-preferred drugs are made by the State. Dr. Irons will continue to provide the State with the TCRs two weeks prior to the PDL/DUR meeting and use the TCRs to work with the State to develop the presentation with the DUR/PDL Committee. We also provide Cost Sheets to the State within required time frames about drugs under review; these data are not provided to the DUR Committee. We provide effective clinical materials and strategy to support DUR Board meetings and daily operation of PDL program management. Dr. Irons is supported by the consolidated and coordinated efforts of our Drug Information Team, including our DPD Committee and our TCR Development Team. The TCR Development Team works with clinical managers to compile TCRs, the comprehensive evaluations of multi-source and single-source medications being considered for the Arkansas PDL. TCRs include indications, safety information, drug interactions, dosing, a summary of clinical trials, and practice guidelines. Our TCRs allow informed clinical decisions to be made by the State. TCRs are updated at least annually but may be updated more frequently as necessitated by new drug information, market changes, and other clinical details.
437	DUR79	RDUR	Lock-in	Vendor shall establish and maintain a pharmacy "lock-in" program, within the first thirty (30) calendar days of Go-Live and in accordance with all State Medicaid and Federal Policies, for Medicaid clients who utilize multiple pharmacies or multiple prescribers and whose profiles show patterns of abuse, gross overuse, inappropriate, or medically unnecessary care based on the Medicaid Pharmacy Program's data for drug claims submitted for Medicaid reimbursement.	Yes	Letter - all lock in letters for clients, prescribers, and pharmacy providers shall be distributed within ninety calendar days from go live and will continue monthly as required.	Two hundred fifty dollars ($250) per calendar day the Vendor does not meet the schedule as mutually agreed upon with the State.	Meets	As the current AME Pharmacy Contractor, MMA has provided and maintains a lock-in program for the AMPP since 2020. Utilizing our FirstRx and FirstIQ systems, our established lock-in program will continue to be administered in accordance with all State Medicaid and Federal Policies for Medicaid clients who utilize multiple pharmacies or multiple prescribers and whose profiles show patterns of abuse, gross overuse, inappropriate, or medically unnecessary care based on the AMPP's data for drug claims submitted for Medicaid reimbursement. MMA's 19 years of lock-in experience, combined with our Arkansas-specific experience, enables MMA to successfully meet and/or exceed the State's performance measures for the AMPP lock-in program. We will review all lock-in program requirements during Requirements Review and Validation Meetings for the new Contract term to ensure we continue to manage the lock-in program in accordance with the State's requirements.
438	DUR80	RDUR	Lock-in	Vendor shall maintain sufficient flexibility for process development of specific clients for the lock-in program immediately, without further evaluation, upon instruction by the Medicaid Pharmacy Program. When this is required, The Vendor shall provide the same lock-in letters and pharmacy confirmation as for clients identified in the normal lock-in process.				Meets	MMA's Arkansas Pharmacy Solution provides sufficient flexibility to add specific clients to the lock-in program immediately, without further evaluation, upon instruction by the AMPP. When this is required, MMA will provide the same lock-in letters and pharmacy confirmation as for clients identified in the normal lock-in process. Our systems are highly configurable, enabling us to make rapid adjustments in response to changing demands of the AMPP strategy and policy changes, including lock-ins. More than 98% of all program changes are configurable in FirstRx by a business analyst and do not require any development or customization efforts. This feature allows us to expediently add, change, or remove processing rules to accommodate State and Federal requirements. The configurability of FirstRx allows the responsive and quick support of the AMPP with program-specific edits without having to modify our core software.

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439	DUR81	RDUR	Lock-in	Vendor shall maintain the lock-in client and provider list and notify the State of any changes. Vendor shall deliver a monthly report to the State listing all clients who will begin the lock-in program in the following month.				Meets	Our Arkansas RDUR Team will continue to maintain the lock-in client and provider list and notify the State of any changes. We will deliver a monthly report to the State listing all clients who will begin the lock-in program in the following month. MMA utilizes and maintains a report of all lock-ins, including those that will begin lock-in on any certain date. Data are uploaded to the shared document repository on the first of every month allowing the State to easily access and review the information. In addition, lock-in data from FirstRx are exported to MMA's PDW which are then available for reporting purposes.
440	DUR82	RDUR	Lock-in	Vendor shall produce lock-in notification letter explaining that the client will be locked-in to a specific pharmacy as of a certain date and that the client may request to change their pharmacy. The client may make a written objection if the client believes they have been placed in the program inappropriately. The letter must describe how the client may make these requests or objections and accord the client due process. The standard content of these letters must be approved by the State, before delivery. Any changes to the standard content must also be approved by the State.				Meets	FirstIQ supports lock-in letter generation. MMA will continue to send client notification letters explaining that the client will be locked-in to a specific pharmacy as of a certain date and that the client may request to change their pharmacy. To provide the client with appropriate due process, the letters also include information about the process clients may follow to make a written objection if they believe they have been placed in the program inappropriately. Our standard lock-in letters include instructions about the lock-in reconsideration and appeal hearing processes. A notice is sent to the prescriber(s) and the provider(s) assigned to the client, as directed and approved by the State. The standard content of our lock-in letters has been approved by the State. Our Arkansas RDUR Team will work with the State for review and approval of any content changes.
441	DUR83	RDUR	Lock-in	Vendor shall provide all necessary communications to the client and the provider(s) for the lock-in program within ninety calendar days from contract execution. Vendor will continue to provide the lockin communication processes throughout the life of the contract.				Meets	MMA will continue to provide all necessary communications to the client and the provider(s) for the lock-in program. We currently provide lock-in communication processes for the AMPP and will continue to do so for the next Contract term in accordance with State-required time frames (i.e., within 90 calendar days from Contract execution and throughout the life of the Contract). FirstIQ selects a lock in pharmacy based on the client's previous pharmacy use and generates a client notification containing information about the designated pharmacy. If the client does not want to use the designated pharmacy, they may follow the procedure outlined in the letter. MMA will lock the client into the designated pharmacy if they do not object by the deadline provided in the letter.
442	DUR84	RDUR	Lockin	Vendor shall deliver the lock-in notification letters to the last known address of the client at least thirty calendar days before the client is restricted to a single pharmacy. The notification letters must be sent via certified US Postal Service with return receipt requested. All postage costs will be passed on to the State.				Meets	MMA will continue to deliver lock-in notification letters to the last known address of the client at least 30 calendar days before the client is restricted to a single pharmacy. The notification letters are sent via certified US Postal Service with return receipt requested; all postage costs will be passed on to the State. Through the use of FirstIQ, MMA supports letter generation capabilities. To ensure we adhere to all HIPAA and PHI requirements, the State is responsible for owning the client's contact and eligibility information. MMA receives a client eligibility file containing this information from the Arkansas Core/MMIS vendor. When the Arkansas Core/MMIS vendor sends address updates in the enrollment file, MMA will update our systems accordingly.
443	DUR85	RDUR	Lock-in	Vendor shall ensure all returned lock-in communication through the U.S. Postal service are returned to the Pharmacy unit at the State offices. If a letter is returned, the Vendor shall try other resources (e.g., MMIS data) to contact the client. If the client does not respond within thirty calendar days of the notification letter, and all other means of contact are exhausted, the Vendor shall deem the information in the letter is acceptable to the client.				Meets	Our Arkansas RDUR Team ensures that all returned lock-in communication through the U.S. Postal service are returned to the Pharmacy unit at the State offices. If a letter is returned, the State's Pharmacy unit staff emails the letter to MMA and provides the Arkansas RDUR Team with an updated address for the client, if available. We then generate a new letter for the client. MMA will also try other resources (e.g., MMIS data) to contact the client. If the client does not respond within 30 calendar days of the notification letter, and all other means of contact are exhausted, the MMA will consider that the information in the letter is acceptable to the client. To ensure we adhere to all HIPAA and PHI requirements, the State is responsible for owning the client's contact and eligibility information.
444	DUR86	RDUR	Lock-in	Vendor shall contact the pharmacy provider selected for the lock-in client to explain the lock-in program and will confirm the date the lock-in period begins, at least 30 days prior to the date the lock-in begins. If the pharmacy provider does not wish to participate, they must notify Vendor.				Meets	At least 30 days prior to the date the lock-in begins, our Arkansas RDUR Team contacts the pharmacy provider selected for the lock-in client to explain the lock-in program and confirm the date the lock-in period begins. If the pharmacy provider notifies MMA that they do not wish to participate, the Arkansas RDUR Team will document the decision.

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445	DUR87	RDUR	Lock-in	Vendor shall store electronic copies of all lock-in communications. This includes, but not limited to, regular USPS, certified or returned mail, emails, or faxes.				Meets	MMA will continue to store electronic copies of all lock-in communications. This includes communications received via regular USPS, certified or returned mail, emails, or faxes. Image files of lock-in communications are stored in our electronic document repository.
446	DUR88	RDUR	Lock-in	Vendor shall develop cover letters, conforming to State DHS standards and approved by State, for physicians and pharmacists to include with their copies of any lock-in change notifications. These provider cover letters must explain what change has occurred, reiterate the restrictions of the program, and provide a point of contact for the physician or pharmacist to use if they have any questions or additional information that might help the lock-in program better serve the client.				Meets	MMA will provide and maintain cover letters, conforming to DHS standards and approved by the State, for physicians and pharmacists to include with their copies of any lock-in change notifications. Our current lock-in letters explain what change has occurred, reiterate the restrictions of the program, and provide a point of contact for the physician or pharmacist to use if they have any questions or additional information that might help the lock-in program better serve the client. MMA will review our existing letter format with the State during Requirements Review and Validation meetings to ensure we continue to meet and/or exceed the State's expectations.
447	DUR89	RDUR	Lock-in	Vendor shall provide a toll free telephone number, a website to allow client correspondence, and a US Postal Service address for the Arkansas Medicaid Pharmacy Program so that the client may respond to their being selected for the lock-in program.				Meets	MMA currently provides a toll-free telephone number, a website to allow client correspondence, and a US Postal Service address for the AMPP so that the client may respond to their being selected for the lock-in program. We will continue to maintain these communication channels for the new Contract term. MMA's Help Desk staff is accessible via a toll-free number to provide support for the State's lock-in program. Our CPhTs and Clinical Pharmacists are available through the Help Desk to explain the lock-in program and to answer inquiries from clients and providers. Lock-in program information is also available on MMA's AMPP Web Portal. To create, maintain, and facilitate electronic communication, MMA provides a Contact Us email support option for questions or concerns on the AMPP Web Portal which gives users the ability to electronically submit questions, comments, and request outreach assistance. The mailbox is checked on a daily basis, and a response will be provided within mutually agreed-upon time frames.
448	DUR90	RDUR	Lock-in	Vendor shall document and maintain all actions taken for the client's lock-in period, including final disposition of the intervention, and keep those records on file, in accordance with current State or Federal record retention policies.				Meets	MMA will continue to document and maintain all actions taken for the client's lock-in period, including final disposition of the intervention, and keep those records on file, in accordance with current State or Federal record retention policies. For example, returned letters are stored in email. The number of returned letters is also reported in the Quarterly RDUR Report by the Arkansas RDUR Team. Electronic image files related to lock-in are stored in our electronic document repository.
449	DUR91	RDUR	Lock-in	Vendor shall include summary statistics for the lock-in program in the quarterly and annual reports to the State. These summary statistics must include, but are not limited to: 1. Descriptive statistics of current lock-in clients 2. Trend analysis over time 3. Summaries of reconsideration requests 4. Summaries of any complaints 5. Percentage of the Fee-For-Service (FFS) population in lock-in status 6. Estimate of cost avoidance attributed to the lock-in program; using a calculation method approved by the State 7. List of criteria that the State approved to determine which clients should be placed in the lock-in program.				Configurable	MMA will include summary statistics for the lock-in program in the quarterly and annual reports to the State. These summary statistics will include descriptive statistics of current lock-in clients, trend analysis over time, summaries of reconsideration requests, summaries of any complaints, percentage of the FFS population in lock-in status, estimate of cost avoidance attributed to the lock-in program using a calculation method approved by the State, and a list of the State-approved criteria used to determine which clients should be placed in the lock-in program.
450	DUR92	RDUR	Lock-in	Vendor shall include cost avoidance summaries for the lock-in program in the quarterly and annual reports to State. These summaries must include but are not limited to: 1. Average cost changes per prescription reviewed 2. Average cost changes per client 3. Average cost changes per intervention				Configurable	MMA will include cost avoidance summaries for the lock-in program in the quarterly and annual reports to the State. Our summaries will include average cost changes per prescription reviewed, average cost changes per client, and average cost changes per intervention. We currently supply the Cost Avoidance Summary to DHS for the annual CMS Report. The Cost Avoidance Summary shows total cost savings resulting from RDUR.

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451	DUR93	RDUR	Lock-in	Vendor shall provide a Monthly Complaint Report to the State summarizing all complaints received from prescribing and pharmacy providers. The report must display the name of the provider and their provider number, the date the compliant was received, a brief narrative describing the complaint, the date of the complaint's resolution, and the actions taken to reach that resolution.				Meets	MMA will provide a Monthly Complaint Report to the State summarizing all complaints received from providers. Refer to our response to requirement DUR37 for additional details.
452	DUR94	RDUR	Lock-in	Vendor shall develop utilization algorithms that generate a monthly list of lock-in candidates whose data patterns indicate abuse, gross overuse, inappropriate, or medically unnecessary care. These algorithms will be used for monitoring client, prescribing and pharmacy providers.				Meets	MMA will continue to develop utilization algorithms that generate a monthly list of lock-in candidates whose data patterns indicate abuse, gross overuse, inappropriate, or medically unnecessary care. These algorithms are used for monitoring clients, prescribers, and pharmacy providers. MMA's Arkansas Pharmacy Solution is able to create, test and maintain automated algorithms, based on criteria provided by the State, designed to identify clients who may be appropriate for placement in the lock-in program. Our approach to lock-in begins with identification. The identification process looks for clients who are potentially abusing the pharmacy benefit or may be candidates for a single gatekeeper for medications by searching for clients with aberrant behavior patterns, such as high level of narcotic prescriptions or visits to multiple pharmacies. For our current AME Pharmacy Contract, we utilize the State-provided algorithm to identify lock-in candidates. We generate monthly client medical profiles in FirstIQ that identify clients based on this algorithm, as well as the approved drug list. Our RDUR Lead, Annette Paul, RPh, sends the profiles to the Arkansas RDUR Team every month for review. The Arkansas RDUR Team follows AMPP policies and guidance to identify clients for lock-in. Once identified, warning letters and/or lock-in letters are generated in FirstIQ and mailed to the client.
453	DUR95	RDUR	Lock-in	Vendor shall provide and maintain the capability to monitor services for suspected abusers using a "pay and report", lock-in, or some equivalent system function that will provide reports of the claim activity for these clients, as scheduled, or requested.				Meets	MMA will continue to provide and maintain the capability to monitor services for suspected abusers using a pay and report, lock-in, or some equivalent system function that will provide reports of the claim activity for these clients, as scheduled, or requested. FirstRx is designed to support clinical efficiency and the configuration of edits and rules based on patient designation, including lock-in, or other designation as directed by the State. FirstRx supports the ability to maintain client restriction data including date parameters, provider, and pharmacy information to support claims processing functions. FirstRx utilizes data stored in the client enrollment file to perform verification and categorize enrollee groupings, as well as make systematic decisions based on direction from the State. Clients may be restricted into a single pharmacy or multiple pharmacies; a single prescriber, multiple prescribers, or a combination pharmacy and prescriber lock-in. At a more granular level, a client can be locked into the use of specific pharmacies for certain types of drugs only, such as narcotics or specialty pharmacy drugs. Another feature of the system is the ability to always require a PA for a particular client for all drugs or specific drugs. FirstRx performs checks based on submitted data for pharmacy lock-in or prescriber lock-in, specific to that location, specialty, prescriber type, or for the specific client. If any edits are found for lock-in or other limitations, the transaction is processed, compiling relevant amounts towards quantity limitations, financial limitations, script limitations, or other similar limitation types.
454	DUR96	RDUR	Lockin	Vendor's system must provide and maintain the capability to deny claims for clients assigned to the client lock-in program based on state guidelines.				Meets	FirstRx provides and maintains the capability to deny claims for clients assigned to the client lock-in program based on State guidelines. FirstRx provides the ability to support granular patient lock-ins; clients may be locked into a single or up to five pharmacy providers or a combination of pharmacy or prescriber lock-ins based on State guidelines. Additionally, PA edits can also be associated at the individual client level, enabling the ability to restrict a patient to designated drugs/drug classes with or without a PA.

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455	DUR97	RDUR	Lock-in	Vendor shall be prepared to communicate/notify high risk clients within the first ninety calendar days of the contract period.				Meets	As the current AME Pharmacy Contractor, MMA communicates/ notifies high risk clients and will continue to do so for the new Contract term in accordance with State-required time frames (i.e., within the first 90 calendar days of the Contract period). FirstIQ creates a comprehensive client profile that identifies the criteria the client has met including diagnosis codes, procedure codes and their descriptions and pharmacy claims marked by date of service and grouped by drug category for easy review. Pharmacies and prescribers will be identified on the profile. MMA maintains the client profiles in an online shared repository for clinical review, including review comments and copies of all letters sent to the client, prescriber, and pharmacy along with the recommended designation for the client reviewed such as lock-in recommended, no action, lock-in not recommended, etc.
456	DUR98	RDUR	Lock-in	Vendor shall establish a RDUR Lock-in review team to be staffed by health professionals, who will review each lock-in candidate profile recommended for the lock-in program. Lock-In Review Team must be established within the first sixty calendar days from go live.				Meets	MMA has an established RDUR Lock-in review team (Arkansas RDUR Team), staffed by Karen Evans, PD, Lesley Irons, PharmD, and Jeniffer Martin, PharmD. Dr. Martin reviews each lock-in candidate profile recommended for the lock-in program. MMA reviews the client profiles created by FirstIQ to make appropriate recommendations for lock-in designations. The comprehensive client profile identifies the criteria the client has met including diagnosis codes, procedure codes and their descriptions and pharmacy claims marked by date of service and grouped by drug category for easy review. This facilitates a thorough and accurate clinical review process. The results are included in the Quarterly RDUR Report.
457	DUR99	RDUR	Lock-in	Vendor shall have a clinical pharmacist review the lock-in client profiles each month and forward the recommended cases on to the lock-in review Team.				Meets	Jeniffer Martin, PharmD, Pharmacist Lead/Clinical Manager, reviews the lock-in client profiles each month and forwards the recommended cases to the Arkansas RDUR Team for appropriate action. Once a lock-in decision is made for a client, Dr. Martin notifies Annette Paul, RPh, RDUR Lead, to generate the appropriate letters in FirstIQ. Dr. Martin also sends the information to the State so that the Arkansas Core/MMIS system is updated accordingly. In addition, the FirstRx POS system is configured with the appropriate edits to ensure accurate claims processing.
458	DUR100	RDUR	Lock-in	Vendor shall accept additional client suggestions from the Arkansas Medicaid Pharmacy Program for select review by the monthly utilization algorithm, and for clinical review by the RDUR lock-in Team.				Meets	We have worked collaboratively with the State since 2020 and will continue to do so for the new Contract term by continuing to accept additional client suggestions from the AMPP for select review by the monthly utilization algorithm, and for clinical review by the RDUR Lock-in Team. Once client suggestions are received from the State, we utilize FirstIQ to generate client profiles. MMA will continue to utilize our clinical expertise and comprehensive array of analytical capabilities to accept monthly algorithm suggestions and act quickly to implement clinically sound, cost-effective programs.
459	DUR101	RDUR	Lock-in	Vendor's RDUR lock-in Review Team shall review the Medicaid claims histories of each client nominated by algorithm and confirm which clients will be moved to the lock-in program. Vendor shall then deliver the final list of lock-in clients and their respective pharmacies to be entered into the Medicaid system by the Medicaid Pharmacy Program.				Meets	MMA's Arkansas RDUR Team will continue to review the Medicaid claims histories of each client nominated by algorithm and confirm which clients will be moved to the lock-in program. Dr. Martin then delivers the final list of lock-in clients and their respective pharmacies to be entered into the Medicaid system by the AMPP.

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460	DUR102	RDUR	Lock-in	Vendor shall obtain approval from the State for the training and clinical experience of all members working on the Lock-in Review Team and for any future changes required of those staff.				Meets	MMA's established and experienced Arkansas RDUR (Lock-in Review) Team possess extensive clinical experience and have been trained on Arkansas-specific lock-in requirements, as approved by the State. Our Arkansas RDUR Team staffed by Karen Evans, PD, Lesley Irons, PharmD, and Jeniffer Martin, PharmD. Dr. Evans is a licensed pharmacist with over 20 years of Medicaid experience. She has supported Arkansas Medicaid for 23 years, including managing the ProDUR and RDUR programs for MMA's current AME Pharmacy Contract for the last eight years. Dr. Irons has 24 years of industry experience and has supported the AMPP in various roles for 16 years. Dr. Irons has a deep understanding of the AMPP, including lock-in reviews. Dr. Martin has 23 years of experience as a pharmacist, including 10 years in a retail setting and over 13 years in health and human services supporting Arkansas Medicaid. She has a strong background in pharmacy systems and operations and is well-versed in Arkansas Medicaid's drug program. For the new Contract term, MMA will obtain re-approval from the State for the training and clinical experience of all members working on the Arkansas RDUR Team and for any future changes required of those staff.
461	DUR103	RDUR	Lock-in	Vendor's system must provide the ability to track changes in the lock-in status and provide online dashboards accessible by the State.				Meets	Through FirstRx, MMA provides the ability to track changes in lock-in status. FirstRx is designed to support flexible configuration of edits and rules based on patient designation, including lock-in, and has the ability to maintain lock-in data including date parameters, provider, and pharmacy information. Information from FirstRx is exported into our PDW and is available in MRx Explore for reporting purposes. MRx Explore provides authorized State users with access to our online reporting dashboards.
462	DUR104	RDUR	Lock-in	Vendors shall review status of Clients enrolled in the Pharmacy lock-in program using the Lock-in Review Team within a twelve month period, and the Team must recommend whether to keep each client in the lock-in program, or recommend removal of the client from the lock-in program. Vendor shall deliver these annual review recommendations to the Arkansas Medicaid Pharmacy Program who will make the final decision on whether the lock-in status for each client should be changed. Monthly lock-in summary reports are required. Please refer to requirement R27 for penalty.				Meets	MMA's Arkansas RDUR Team reviews the status of clients enrolled in the pharmacy lock-in program within a 12-month period and makes recommendations about whether to keep each client in the lock-in program or recommend removal of the client from the lock-in program. We will continue to deliver these annual review recommendations to the AMPP who will make the final decision on whether the lock-in status for each client should be changed. In addition, MMA submits monthly lock-in summary reports in accordance with the State's associated time frames as described in requirement R27. Our Arkansas RDUR Team reviews client profiles using information stored in FirstTrax. In addition, the State has provided access to the Arkansas Prescription Drug Monitoring Program (PMP) which provides our RDUR with additional client profile information. The combined information from FirstTrax and the Arkansas PMP enables our Arkansas RDUR Team to perform thorough reviews and make appropriate lock-in recommendations.

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463	DUR105	RDUR	Lock-in	Vendor shall enroll the selected client into the lock-in program while the reconsideration process is underway and keep the client in the program pending any reversal by the appeals process.				Meets	MMA will continue to enroll the selected client into the lock-in program while the reconsideration process is underway and keep the client in the program pending any reversal by the appeals process. Our client notification letters explain that the client will be locked-in to a specific pharmacy as of a certain date and that the client may request to change their pharmacy. To provide the client with appropriate due process, the letters also include information about the process clients may follow to make a written objection if they believe they have been placed in the program inappropriately. Our standard lock-in letters include instructions about the lock-in reconsideration and appeal hearing processes. A notice is sent to the prescriber(s) and the provider(s) assigned to the client, as directed and approved by the State. The standard content of our lock-in letters has been approved by the State. Our Arkansas RDUR Team will work with the State for review and approval of any content changes. We coordinate with State staff to ensure that all lock-in reconsideration communications are sent according to State requirements, and to ensure that the lock-in reconsideration workflow incorporates best practices to ensure optimal coordination of lock-in reconsiderations between the State and MMA. All written lock-in reconsideration communications are documented in FirstTrax so that the clinical Help Desk staff can see the status of the appeal should clients call with questions about the reconsideration status or about how the lock-in program works. MMA will continue to utilize State-specific criteria for reporting and resolving lock-in reconsiderations in a timely manner.
464	DUR106	RDUR	Lock-in	Vendor shall coordinate the reconsideration review by a team comprised of: 1. Medicaid Pharmacy Program Manager ~~2. Vendor's appointed Medical Director~~ ~~3.~~2. A pharmacist, employed by State, who is not a member of the RDUR lock-in team				Meets	Our Arkansas RDUR Team will continue to coordinate the reconsideration review by a team comprised of the Medicaid Pharmacy Program Manager and a pharmacist, employed by the State, who is not a member of the Arkansas RDUR Team. MMA has 19 years of lock-in experience and over three years of Arkansas-specific lock-in experience, including providing appropriate clinical staff. We will continue to coordinate with the State's designated staff by providing appropriate clinical personnel to provide input to the lock-in reconsideration process. MMA is committed to providing excellent lock-in program support and functionality for the State, as well as the clients the AMPP serves.
465	DUR107	RDUR	Lock-in	Vendor shall obtain consent from another pharmacy for that client if a pharmacy serving a lock-in client no longer wishes to participate, and the Vendor must notify the client of the change. These change notifications will be sent via certified US Postal Service, with return receipt requested, within two business days of the program change.				Meets	MMA will continue to obtain consent from another pharmacy for a particular client if a pharmacy serving a lock-in client no longer wishes to participate. We also have the ability to designate a lock-in pharmacy if one is not selected by the client or if the client does not return the selection form. MMA will notify clients of the change via certified US Postal Service, with return receipt requested, within two business days of the program change. Refer to our response to requirement DUR84 for additional details about our established certified mail process.
466	DUR108	RDUR	Lock-in	Vendor shall alert the State immediately if any lock-in client's behavior continues to suggest abuse, gross overuse, inappropriate care, medically unnecessary care, or misuse of another person's client ID number. The State is responsible for determining the next course of action. At the State's request, Vendor shall cooperate in any referrals to the Office of Medicaid Inspector General, the Attorney General's Office, or other program integrity offices.				Meets	Our Arkansas RDUR Team will continue to alert the State immediately if any lock-in client's behavior continues to suggest abuse, gross overuse, inappropriate care, medically unnecessary care, or misuse of another person's client ID number. We acknowledge that the State is responsible for determining the next course of action. At the State's request, MMA will cooperate in any referrals to the Office of Medicaid Inspector General, the Attorney General's Office, or other program integrity offices. We will continue to maintain a collaborative relationship with the State in reporting suspected FWA, including providing requested data to the State when incidents of fraud or abuse are suspected. Our RDUR program is designed to identify, and ultimately correct, potentially dangerous prescribing, dispensing, and drug utilization patterns and detect clinical gaps in care. We will continue to support the State's RDUR program with FirstIQ, our clinical management decision support tool that performs menu driven RDUR functions. Our RDUR programs are formulated to identify, and ultimately correct, potentially dangerous prescribing, dispensing, and drug utilization patterns. FirstIQ uses more than 2,500 algorithms that help identify possible fraud, waste, and abuse for commonly abused pharmaceuticals.

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467	DUR109	RDUR	Lock-in	Vendor shall develop and maintain a reconsideration process in accordance with State policy, for clients who request a review of their selection for the lock-in program. The reconsideration process must use predetermined guidelines for unbiased review that are approved by State and be reviewed/done on an annual basis.				Meets	Leveraging almost four years of Arkansas-specific lock-in program experience, MMA will continue to utilize and maintain our established lock-in reconsideration process. Our process complies with State policy for clients who request a review of their selection for the lock-in program and incorporates State-approved predetermined guidelines for unbiased review. MMA will work closely with the State during Requirements Review and Validation meetings to review the lock-in reconsideration process and State-specific guidelines to ensure that we continue to meet and/or exceed the State's requirements. Our Arkansas RDUR Team will review the State's predetermined guidelines on an annual basis throughout the new Contract term.
468	DUR110	RDUR	Educational Interventions	Vendor shall provide educational interventions of pharmacy criteria details for clients and providers. Methods used may be telephone interventions, face to face discussions, letters, mail, email, etc. when there is deviations that suggest higher risk behavior.				Meets	We will continue to provide educational interventions of pharmacy criteria details for clients and providers. We use methods such as telephone interventions, letters, mail, email, etc., when there are deviations that suggest high risk behavior. MMA provides the AMPP with a RDUR Solution, based on State- and DUR Board-approved RDUR criteria. We can email or produce and mail materials to identified providers for the purposes of focused educational interventions. We query Arkansas Medicaid data to produce reports, files for analysis, and graphs for monitoring clinical/economic trends. Clinical staff use these data/reports to detect therapeutically inappropriate treatment trends that are then targeted for intervention. We will continue to present educational intervention letters/communications to DHS for approval prior to distribution. Our DUR program can also provide an educational program for prescribers/pharmacists that includes options for face-to-face or peer-to-peer review with follow up discussions, when necessary. Reviews will be between health care professionals who have expertise in appropriate drug therapy and with selected prescribers and pharmacists who have been targeted for educational intervention on optimal prescribing, dispensing, or pharmacy care practices. MMA's clinical pharmacists can strategically identify opportunities, create appropriate solutions, and effectively deliver results to drive better decision-making. Our overall clinical philosophy is to improve client health by maximizing safety, improving adherence, reducing gaps in care, and providing relevant and actionable education in alignment strategies. As the current AMPP RDUR Contractor, these processes are in place. We will continue to distribute approved RDUR profiles to prescribers and providers as part of consultation and education activities.
469	DUR111	RDUR	Lock-in	Vendor shall develop and send client letters, in accordance with Federal regulations and Arkansas' Medicaid Provider Manual Section for client due process rules 191.000, as approved by State, to selected clients. The letters must include, but not be limited to, information to the Medicaid clients of the pharmacy lock-in program, including warning information for lock-in, explanation or meaning of the term "lock-in", and the reconsideration process. Physician and pharmacy providers that are identified on the recipient client's paid claims history will also receive copies of the letters sent to the client if they are officially locked-in.				Meets	MMA develops and sends client letters, in accordance with Federal regulations and Arkansas' Medicaid Provider Manual Section for client due process rules 191.000, as approved by the State, to selected clients. These letters include information to pharmacy lock-in program clients, including warning information for lock-in, explanation or meaning of the term lock-in, and the reconsideration process. Physician and pharmacy providers that are identified on the recipient client's paid claims history also receive copies of the letters sent to the client if they are officially locked-in. Refer to our response to requirement DUR82 for additional details about our approach to client lock-in letters.
470	DUR112	RDUR	Lock-in	Vendor shall notify each client, in writing, within ten business days after approval/decision that the annual review of their Lock-In status was completed and whether the client remains in the Pharmacy lock-in program.				Meets	MMA will continue to notify each client, in writing, within 10 business days after approval/decision that the annual review of their Lock-In status was completed and if the client remains in the pharmacy lock-in program. Our Arkansas RDUR Team reviews the status of clients enrolled in the pharmacy lock-in program within a 12-month period and makes recommendations about whether to keep each client in the lock-in program or recommend removal of the client from the lock-in program.

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471	DUR113	RDUR	Lock-in	Vendor shall notify the client of the reconsideration results within four business days of the team's determination, which are done annually based upon the client's original lockin status date. This notification may be made by email (if the client has opted into email communications) or by certified US Postal Service with return receipt requested. Reconsiderations and determinations must follow the adverse action policies.				Meets	Our Arkansas RDUR Team notifies clients of reconsideration results within four business days of determination. Reviews are performed annually based upon the client's original lock-in status date. This notification is made by certified USPS with return receipt requested. Reconsiderations and determinations follow adverse action policies as specified by the State.
472	DUR114	RDUR	System, Tools and Technical Capabilities	The Vendor shall be able to prepare and maintain Physician Administered Drug (PAD) monographs for medical claims, as well as be able to review the prior authorizations of those drugs, and assist in any appeals. The Vendor shall have the capability to provide support for managing PADs on the PDL and provide support during the DUR/DRC Board meetings with therapeutic class reviews at a minimum. The Vendor shall have the capability to process PADs as a pharmacy claim.				Configurable	MMA has the ability to prepare and maintain PAD monographs for medical claims, as well as review the PAs associated with PADs and assist in any appeals. We will provide support for managing PADs on the PDL and provide support during the DUR/DRC Board meetings with therapeutic class reviews, at a minimum. MMA also has the capability to process PADs as a pharmacy claim. We have created a J-Code-NDC crosswalk, which includes appropriate Conversion Factors, as part of the PAD PA process. Our proprietary J-Code Crosswalk File is enhanced, based on our experience and through interactions with State customers and other stakeholders. This dynamic file is continually updated to reflect changes in the pharmaceutical environment. This file includes HCPCS codes and appropriate NDC combinations, the HCPCS dosage unit, and the conversion factor to NDC units. Our proven, robust PA functionality for PADs considers the complicated PAs that are required for these drug/claim types, including intricate dosing, interval, and duration criteria. During DDI for the new AME Pharmacy Contract, MMA will work with the current PAD vendor to obtain PA history data which will then be loaded into FirstTrax, our proprietary PA and contact management system. In addition, on an ongoing basis MMA will perform comprehensive reviews of the PAs for PADs and will collaborate with the State on the continual improvement of the efficiency and effectiveness of this claim/data type. MMA remains abreast of the Medicaid conversations about the ongoing, fast evolution of the management of PADs.
473	EP1	ePrescribing	Program Management	Vendor shall deploy interfaces between the pharmacy solution and the ePrescribing network to allow for Medicaid Pharmacy Program and client information to be securely exchanged.				Meets	Through Surescripts, MMA offers ePrescribing functionality as part of our existing, in-place solution that supports AMPP today, which is supported by existing interfaces that enable AMPP and client information to be securely exchanged. Surescripts is the leader in providing HIPAA-compliant ANSI ASC X12 270/271 and NCPDP SCRIPT standard electronic prescription transactions. We will work with DHS during DDI to conduct Requirements Review and Validation for our existing ePrescribing solution and align it to comply with the requirements of the New Contract.

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474	EP2	ePrescribing	Program Management	Vendor shall provide a service to forward information from the pharmacy solution to the ePrescribing network. to support client inquiries in real time, related to ePrescribing by prescribing providers.				Meets	Through our longstanding partnership with Surescripts, MMA's existing, in-place solution provides DHS with a service to forward information from the pharmacy solution to the ePrescribing network. to support client inquiries in real time, related to ePrescribing by prescribing providers. We have worked with Surescripts for 13 years and currently provide our ePrescribing solution to seven Medicaid FFS programs in addition to Arkansas – California, Colorado, Florida, Idaho, Michigan, Nevada, and Virginia – as well as several commercial and non-Medicaid government programs, totaling over 190 million e-prescribing transactions annually. MMA's Surescripts ePrescribing solution aligns with industry best practices, benefits clients and prescribers, and demonstrates our interoperability and drive toward MITA maturity. We will continue to support this functionality under the new contract. MMA's ePrescribing solution gives Prescribers the ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from their EHR system. Our solution enables HIPAA-compliant ANSI ASC X12 270/271 and NCPDP SCRIPT standard electronic prescription transactions.
475	EP3	ePrescribing	Program Management	Vendor shall configure the pharmacy solution to automatically update content submitted to the ePrescribing network, in real time, based on criteria established by State and the ePrescribing network.				Meets	MMA's existing in-place pharmacy solution is already configured to automatically update content submitted to Surescripts, in real time, based on criteria established by State and the ePrescribing network. We will continue to support this functionality under the new contract.
476	EP4	ePrescribing	Program Management	Vendor shall establish a state-approved service level agreement with the ePrescribing network to enforce an agreed upon response time for ePrescribing transactions.				Meets	During DDI we will work with DHS to develop and finalize an ePrescribing SLA according to the new Contract requirements for AMPP. We will work with the State to obtain approval.
477	F1	Facility	Security	Vendor shall provide a safe and secure location, in accordance with State-approved standards, including external surveillance, appropriate lighting, safe parking access, and security patrols, as appropriate.				Meets	MMA has an office at 1 Allied Drive Suite 1120, Little Rock, Arkansas, 72202. Our Arkansas Account Team is based in this office to support the ongoing AME Pharmacy Contract. Our office is in the same facility as offices used by DHS, and it is in accordance with State-approved standards. MMA's office has external security cameras, appropriate lighting, and safe parking, and security patrols are provided by the owner of the facility as needed.
478	F2	Facility	Training	Vendor shall provide an efficient training environment that must provide all required training for Vendor's internal personnel, the State, or other State vendor's personnel. Vendor shall ensure the training facility is equipped to provide an effective learning environment with appropriate desks, chairs, computers, tables, whiteboards, easels and flip charts, projector and screen, teleconference phone, and network access. If approved by the State, training may be set up virtually.				Meets	MMA's facility at 1 Allied Drive is an efficient training environment for providing training for MMA personnel, the State, and other State vendor personnel. We have successfully conducted trainings from this office, and it is equipped to provide an effective learning environment with appropriate desks, chairs, computers, tables, whiteboards, easels and flip charts, projector and screen, teleconference phone, and network access. MMA's Training and Development Department utilizes a variety of delivery methods for training, including online self-paced training presentations, virtual hands-on instructor-led, in-person classroom setting, written materials, and demonstrations. We will work with the State to determine the most effective training environment, which may include virtual training if approved by the State.
479	F3	Facility	Operations Facility	Vendor's Operations Facility must reside within the continental United States. All data must be stored within the United States and must not be accessible from outside the United States.				Meets	MMA's operations including data storage occurs within the continental United States. All data is stored within the United State and is not accessible from outside the United States.

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480	F4	Facility	Operations Facility	Data Center Facility – Vendor shall provide operational management on a 24/7/365 basis. Operational support must include, but is not limited to, the following: 1. Monitoring of system and application activity. 2. Managing the electronic transfer of data (e.g., interfaces, downloads, reports, extracts) between Vendor, the State, and other State contractors, such as PASSEs, Financial and DSS interface files. 3. Performing backups and restoration, as needed. 4. Security and network monitoring, managing, and alerting. 5. Coordinating with the State regarding network and security management, especially monitoring access from the Internet, from the State network and by other remote users. 6. Meeting MARS-E (current version) compliancy standards.				Meets	MMA provides operational management to our data center facilities 24/7/365. This support includes monitoring system and application activity; managing the electronic transfer of data (e.g., interfaces, downloads, reports, extracts) between MMA, the State, and other State contractors, such as PASSEs, Financial and DSS interface files; performing backups and restoration, as needed; security and network monitoring, managing, and alerting; coordinating with the State regarding network and security management, especially monitoring access from the Internet, from the State network and by other remote users. Members of MMA's security team meet with DHS weekly to review security scan results as well as other security-related issues. MMA's solution currently meets and will continue to meet current MARS-E (current version) compliance standards to ensure secure handing of Personally Identifiable Information (PII), Protected Health Information (PHI), and Federal Tax Information (FTI) of US Citizens. MMA follows all applicable privacy and security standards promulgated by CMS, enumerated under MARS-E, Version 2.2.
481	F5	Facility	Operations Facility	Operations Facility – Vendor shall provide analysis and reporting services, as requested (within 5 business days) and updated annually, to include (but not limited to): 1. Asset management to demonstrate to the State that all warranties, licenses, and maintenance contracts with third-party vendors are kept current. 2. Configuration management, control, and change notification processes to ensure that an accurate version of the technical infrastructure and project components configuration baseline is maintained. 3. Coordination with the State system, network, and security management and administration staff as outlined in the Ongoing Support Plan deliverable. 4. Coordination and provision (if required) of ongoing training required for routine maintenance (i.e., Project Component updates delivered under license agreement with the State). 5. MARS-E compliancy (current version) standards must be met.				Meets	MMA will provide analysis and reporting services annually and within five days of requests. We have existing internal policies including a change management policy and configuration management policy that outline processes for supporting the requirement analysis and reporting. Our Vendor Risk Team will validate the scope of vendor services, ongoing reporting, risk assessment, and oversight. Our Strategic Sourcing team will validate that all contracts are kept current. Our Asset Management Team will validate assets and entitlements under vendor contracts. Between these three teams, analysis and reporting services will include: asset management to demonstrate to the State that all warranties, licenses, and maintenance contracts with third-party vendors are kept current; configuration management, control, and change notification processes to ensure that an accurate version of the technical infrastructure and project components configuration baseline is maintained; coordination with the State system, network, and security management and administration staff as outlined in the Ongoing Support Plan deliverable; and coordination and provision (if required) of ongoing training required for routine maintenance (i.e., Project Component updates delivered under license agreement with the State). MMA's solution currently meets and will continue to meet current MARS-E (current version) compliance standards. MMA follows all applicable privacy and security standards promulgated by CMS, enumerated under MARS-E, Version 2.2.

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482	F6	Facility	Operations Facility	Vendor's Operations (Business Services) Facility must interoperate with the State's technical infrastructure: 1. The Facility must contain the business services provided by Vendor's Key Personnel, Product and Project staff, and other FTEs. 2. Vendor shall provide a Bill of Materials (BOM) of recommended State-owned and operated operations equipment and the peripheral hardware and software (e.g., desktop and laptop computers, monitors, printers, scanners) for use by the Stakeholders when minimum installation is required. 3. Instate operations must be located within 5 miles of the DHS central office, 700 Main St, Little Rock, AR. 4. This Facility must have designated parking spaces for State staff.				Meets	MMA's Operations Facility at 1 Allied Drive, Little Rock, Arkansas is three miles from the DHS central office at 700 Main Street, Little Rock, Arkansas, which is within the required five-mile radius. MMA's Arkansas Account Staff is based in this office, and our Key Personnel, Product and Project staff and other FTEs will continue to conduct business services from this facility. MMA's Operations Facility has a large parking lot with ample parking spaces for State staff. MMA will provide a Bill of Materials of recommended State-owned and operated operations equipment and peripheral hardware and software including desktop and laptop computers, monitors, printers, and scanners, for use by Stakeholders.
483	F7	Facility	Security	Vendor shall implement policies and procedures to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed, in accordance with 45 CFR Part 164.306,. These policies and procedures must prevent, detect, contain and correct any security violations and must be in accordance with MARS-E (current version) standards.				Meets	MMA limits physical access to our electronic information systems and facilities where they are housed. We ensure that only properly authorized access is allowed in accordance with 45 CFR Part 164.306. Our policies and procedures prevent, detect, contain, and correct any security violations and are in accordance with the current version of MARS-E standards.
484	F8	Facility	Training	Vendor shall provide an efficient training environment that will provide all required training for Vendor's internal personnel, the State or other State vendor personnel. The Vendor shall equip the training facility to provide an effective learning environment with appropriate desks, chairs, computers, tables, whiteboards, easels and flip charts, projector and screen, teleconference phone, and network access. If approved by the State, training may be set up virtually.				Meets	MMA's facility at 1 Allied Drive is an efficient training environment for providing training for MMA personnel, the State, and other State vendor personnel. We have successfully conducted trainings from this office, and it is equipped to provide an effective learning environment with appropriate desks, chairs, computers, tables, whiteboards, easels and flip charts, projector and screen, teleconference phone, and network access. MMA's Training and Development Department utilizes a variety of delivery methods for training, including online self-paced training presentations, virtual hands-on instructor-led, in-person classroom setting, written materials, webinars, and demonstrations. We will work with the State to determine the most effective training environment, which may include virtual training if approved by the State.
485	F9	Facility	DDI Facility	Vendor's DDI Project Office must accommodate the workspace for the State staff, PMO and IV&V contracted staff. NOTE: There must be local workspace immediately available for the Pharmacy Vendor until the DDI Project Office facility is operational. The Pharmacy Vendor shall provide temporary work space until the permanent Project office is operational.				Meets	MMA has an operational office supporting the ongoing AME Pharmacy Contract at 1 Allied Drive Suite 1120, Little Rock, Arkansas, 72202. This office can accommodate six guests including State staff, PMO, and IV&V contracted staff. MMA will not need to utilize a temporary workspace. As the incumbent contractor, MMA's DDI Project Office facility is currently operational.
486	F10	Facility	Operations/DDI	Vendor shall provide the instate office with a DDI Conference Room: 1. One large conference room that can accommodate at least 25 people, with the following: a. Projection system b. Wi-Fi and Network connectivity for all State and Stakeholder resources assigned to the Project c. Conference phone line and conference phone speaker system. Vendor shall provide their own dial in numbers for conference calls/virtual meetings d. Table(s) and chairs for at least 25 people e. Video conferencing system 2. Guest areas seating 3. Mobile workspace amenities.				Meets	MMA's office in Little Rock has a large conference room that accommodates 25 people, with tables and chairs for at least 25 people. The conference room has a projection system and Wi-Fi and Network connectivity for all State and Stakeholder resources assigned to the project. The conference room also has a conference phone line and conference phone speaker system, and MMA will provide our own dial in numbers for conference calls and virtual meetings. The conference room also has a video conferencing system. We will have adequate guest seating available in our office, and we will provide mobile workspace amenities as needed.

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487	F11	Facility	DDI	Vendor shall ensure that the instate office has either a DDI Training Room or a web-based training environment that has the following: 1. Capacity for at least 25 students. 2. Workspace capacity for one (1) training instructor. 3. Use of the Data Center Computing Environment Training applications (no desktop simulation). 4. Training enrollments available for four (4) weeks after the System Implementation Date (Stage 1) defined herein as a Critical Date. 5. Training room retirement available five (5) weeks after the System Implementation Date (Stage 1) defined herein as a Critical Date. 6. Vendor will continue to offer CBT or WBT training as required. 7. In the event that in-person training is needed, Vendor shall work with the State to accommodate.				Meets	MMA's office at 1 Allied Drive Suite 1120, Little Rock, Arkansas, 72202 has a large conference room that has capacity for 25 students, and the office has workspace capacity for one training instructor. MMA will work with the state to accommodate in-person training as needed. MMA has implemented and maintains CBT and WBT applications that are accessible to various users as a training application, tutorial, or reinforcement training. The CBT and WBT applications are accessible via our Learning Management System (LMS), 24/7/365, except for State-approved system downtime periods. We provide user-focused online tutorials and online access to reference documents and training materials. CBTs consist of videos and tutorials providing instruction on system navigation. Our Training and Development Department follows a blended approach to learning through a combination of CBTs and hands-on, instructor-led training. During the instructor-led portion of training, learners are provided an opportunity to work through scenarios by clicking along with the instructor in our training environment. Training enrollments will be available for four weeks after the System Implementation Date.
488	F12	Facility	Security	Vendor shall ensure all processing facilities will meet the State policies and procedures and information technology (IT) physical and logical security standards including, at a minimum, the following requirements: 1. Swipe-card security to control all access to the building (if sole occupant) and offices and allow access by the State authorized personnel. 2. No windows or doors to the computer room will have direct external access. 3. All doors accessible from a lobby area must remain closed and locked. 4. All visitors must wear badges, sign the logbook when entering the facility, and be escorted. The State reserves the right to designate State and other Vendor staff that does not require escort. 5. Automatic heat and smoke detection system must exist for whole building. 6. The data storage vault must be protected by an automated fire detection and extinguishing system. 7. Use of current generation master data must be strictly limited to authorized production use only. 8. Compliance with the State recycling program policies for all reports and documents must occur.				Meets	MMA will ensure that all our processing facilities will meet the State policies and procedures and information technology (IT) physical and logical security standards. We have internal security policies that we follow at our facilities including an Enterprise Physical Security Policy, Alarm Monitoring Policy, Associate Access Policy, Visitor Control Access Policy, and Secure Area Policy. In MMA's Little Rock office, swipe card security controls access to the office, and we allow access for State Authorized personnel. No windows or doors to the computer room have direct external access, and all doors accessible from the lobby remain closed and locked. All visitors must wear badges, and sign the logbook when entering the facility, and they will be escorted unless the State designates that they do not require escort. We have two data centers. These facilities have swipe-card security to control all access to the buildings. No windows or doors to the data centers have direct external access, and all doors accessible from the lobbies remain closed and locked. All visitors must wear badges, sign the logbook when entering the facilities, and they are escorted. Automatic heat and smoke detection systems are in place throughout the buildings, and the data storage vaults are protected by automated fire detection and extinguishing systems. Current generation master data is strictly limited to authorized production use only. MMA will comply with the State recycling program policies for all reports and documents.
489	GTS1	General Technical Standards	Analytics and Algorithms	Vendor shall utilize data elements and algorithms to compute claim reimbursement that are consistent with 42 CFR 447.				Meets	FirstRx will continue to adjudicate AMPP claims according to 42 CFR 447 and the subparts contained therein. The FirstRx adjudication engine integrates determination of claim reimbursement including, but not limited to, cost sharing, deductibles, coinsurance, co-payment, supporting FFP, and disproportionate share billing (340b).

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490	GTS2	General Technical Standards	Claims Processing	Vendor shall process claims through all State policy requirements (edit and audits) and return to the billing Pharmacy Provider the status of the claim, such as: 1. Edit or audit failures 2. Prospective Drug Utilization Review (ProDUR) alerts 3. Member coverage restrictions 4. PA missing 5. Required Coordination of Benefits (COB) 6. Refilled too soon 7. Requires generic substitution 8. Denied due to experimental drugs or use 9. Requires unit dose (or not) 10. Package size not approved 11. Drug Efficacy Study Implementation (DESI) is not covered 12. Ensure timely and accurate adjudication of Provider claims. Vendor's solution must also have the flexibility for State to add customizable error or alert messages.				Meets	MMA will continue to process claims through all State policy requirements (edit and audits) and return to the Pharmacy Provider the status of the claim with the messaging directed by DHS, including the status messaging listed in Requirement GTS2. FirstRx includes fully integrated PA and ProDUR functionality to eliminate the need to communicate with secondary systems during the POS process, thus improving response time to the provider. Pharmacy claims are evaluated according to DHS-approved criteria and result in an immediate return message to the pharmacy with all appropriate NCPDP responses, including ProDUR messaging, prior authorization requirements, any supplemental messaging and information regarding the claims disposition. FirstRx will continue to support supplemental messaging to accompany standard NCPDP reject codes and return messages, including providing contact information for the PASSE that the client is enrolled in, when appropriate, to assist the submitter with where to route the claim. We have worked with our customers to modify the character length for these supplemental messages to 3,000 characters. Currently, if the drug is experimental or being used for experimental purposes AND is on the Drug File (has a GSN or NDC that identifies the drug) the MMA Clinical Pharmacist sends those to the State for a manual review. We can write an AutoPA to deny claims for specific GSNs/NDCs. The State also excludes some drugs based on rebate, inner packaging and other criteria. In the recent memo the State updated their policy for "New To Market Drugs," which pertains to new-to-market FDA approved medications available on the Medicaid drug file prior to being reviewed by the Arkansas Medicaid DUR Board, medications with a label expansion including new indication, dosage change, or age change, and non-preferred medications on the PDL.
491	GTS3	General Technical Standards	Claims Processing	Vendor shall provide user-defined edits against the Prescriber information: 1. Deny claims six months past prescriber’s date of death and Medicaid enrollment end date 2. Deny for prescriber not covered for drug, capture Provider Drug Enforcement Administration (DEA) or other limits to their services covered under Medicaid (i.e., Provider cannot issue prescriptions for certain drugs); and 3. Edit against the DEA number and the controlled drug (e.g., if a prescriber has been sanctioned and controlled drug privileges suspended by their Licensing Board or DEA).				Configurable	MMA will continue to provide user-defined edits against the Prescriber information, including each of the edit types listed in Requirement GTS3. 1. The provider panel is currently configured to deny claims one year past prescriber’s date of death and Medicaid enrollment end date, per State direction, when the information is received from the Core/MMIS. 2. Our system is also configured to place a prescriber on the Exclude Panel when the information is received from the Core/MMIS. 3. Our system is configurable to edit against the DEA number or to place a provider on the Exclude Panel when the list of sanctioned providers is received from the Core/MMIS. FirstRx processes the transaction to the fullest extent possible and returns up to the maximum allowed number of edit responses as set by NCPDP. If the claim is denied due to failed edits related to the prescriber status, then the pharmacy provider receives a message indicating the denied status, specifying all denial reason(s) and next steps if applicable. All information conveyed through supplemental messaging is at the direction of DHS.
492	GTS4	General Technical Standards	Program Requirements	Vendor shall apply and maintain up to date pricing based on methodologies approved by the State.				Meets	MMA will continue to apply and maintain up to date pricing based on methodologies approved by the State. By configuring pricing rules according to DHS specifications, FirstRx applies selected pricing methods for each claim payment to produce the lowest cost and captures and displays it in the claim record Final Price Type field what method was used to determine final payment amount. All historical and current pricing methodologies, including dispensing fees, are maintained in FirstRx. Each price record contains an effective date and termination date to ensure that the correct record is used in claims processing. Price records are assigned a sequence number to support the unlikely possibility of overlapping price segments; in this way, FirstRx ensures the selection of the most effective record based upon the claim date of service, as well as the price record sequence number.

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493	GTS5	General Technical Standards	Claims Processing	Vendor shall process electronic reversals of paid claims submitted through the Pharmacy POS system within the allowable time frame set by State/Federal regulations.				Meets	MMA will continue to process electronic reversals within the allowable timeframe. The FirstRx adjudication engine supports NCPDP B2 (reversal) and B3 (reversal/ resubmission) transactions. In the event a claim is reversed, the adjustments are automatically applied to all accumulations in the FirstRx database. Units are restored to the prescriber, as well as any prior authorizations related to the drug product. Resubmission transactions are processed according to NCPDP guidance by creating a B2 reversal transaction and subsequent B1 billing transaction and processing those items in sequence. The reversal applies edits to any accumulations prior to the B1 billing transaction to maintain data integrity in the FirstRx database. FirstRx adjudication verifies that claims are submitted not only in the proper formation but also verifies that the claim date of service is within the State-defined allowable time frame for processing. Each distinct transaction is stored in the FirstRx database and available for review and reporting.
494	GTS6	General Technical Standards	Claims Processing	Vendor shall verify at POS that all coded data items consist of valid codes, including NDC and applicable ICD.				Meets	MMA will continue to verify at the POS the validity of coded data items, including NDC and ICD codes as applicable. We utilize the NCPDP External Code List. During benefit configuration activities for new or updated data items to support the Arkansas Medicaid Program, the FirstRx system validates entered codes, including NDC number, entered are contained in the database. If the data entered are not found in the database, an error message is returned indicating that the item submitted is not found.
495	GTS7	General Technical Standards	Claims Processing	Vendor shall ensure that the POS system enforces current state or federal policy regarding prescription refills.				Meets	All components of the FirstRx system are configured specifically for Arkansas Medicaid to support Requirement GTS7. As the AMPP evolves, MMA will continue to partner with DHS to implement and operate any needed modifications to the refill policy. FirstRx enforces the State's current pharmacy plan policy regarding prescription refills. Refills beyond 365 days from the original date of service will deny with the appropriate NCPDP error code. A supplemental message that a new original prescription is required may be returned to the pharmacy provider at the direction of the State.
496	GTS8	General Technical Standards	Claims Processing	Vendor shall compare the incoming drug claim against the client's history and the benefit rules to determine if the new claim complies with the State's policy for, including but not limited to: 1. Therapeutic appropriateness 2. Overutilization 3. Underutilization 4. Appropriate use of generic products 5. Therapeutic duplication 6. Drug-disease contraindications 7. Drug-pregnancy contraindications 8. Drug-drug interactions 9. Incorrect drug dosage or duration of drug treatment 10. Clinical abuse or misuse 11. Consistent with patient's age 12. Consistent with patient sex 13. Consistent with refill policy.				Meets	FirstRx will continue to be configured to compare the incoming drug claim against the client's history and benefit rules, including checking for each of the ProDUR items listed in Requirement GTS8. FirstRx fully supports the AMPP ProDUR program, as well as programs in other states across the country, through the compilation of client health profiles. Incoming drug claims are compared against client history and benefit rules to determine if the new claims are compliant with the list of standards listed in the requirement above. FirstRx was built based on our experience with numerous state Medicaid programs and, thus, can be configured to meet the unique requirements of each of our customers. This process supports a wide variety of initiatives aimed at ensuring safe, appropriate, cost-effective drug utilization for our Medicaid customers.
497	GTS9	General Technical Standards	System Compliance and Security	Vendor shall ensures that all products covered by the RFP Statement of Work (SOW) and Contract Statement of Work (SOW) are compliant with the Federal and State standards and requirements.				Meets	MMA will continue to ensure that all products covered by the RFP Statement of Work (SOW) and Contract Statement of Work (SOW) are compliant with the Federal and State standards and requirements. Our AMPP solution meets the guidelines set forth in CMS regulations at 42 CFR 456.703(e)3,4 which address the 2023 SUPPORT Act requirements. We assess drug use information against CMS predetermined standards and administer our DUR programs to meet all applicable State and Federal standards.
498	GTS10	General Technical Standards	System Compliance and Security	Vendor shall use the most current version of Internal Classification of Diseases (ICD) in native form and in accordance with the deadline established by Federal regulations.				Meets	FirstRx supports the up-to-date ICD-10 code set and will continue to adjudicate claims according to DHS requirements. MMA solution supporting the AMPP was fully compliant with ICD-10 by the date required by CMS, and we will continue to remain in compliance.

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499	GTS11	General Technical Standards	System and Data Integration	Vendor shall provide real-time access to the following: 1. Client eligibility. 2. Provider eligibility as defined by State including pharmacy and prescriber National Provider Identifier (NPI) and authorization identifications (IDs) for electronic submission of claims. 3. Client's lab data 4. State's drug file 5. Real-time access to the client's history, medical, and UB04 claims history				Meets	MMA will continue to use FirstRx and FirstTrax to provide real-time access to client and provider eligibility, lab data, the State's drug file, and client history, including the diagnosis codes from medical and hospital claims, as provided by the Core/MMIS.
500	GTS12	General Technical Standards	Claims Processing	Vendor shall interface with the Core MMIS system, or other payment systems, as directed by the State, to maintain records and payment of Pharmacy claims in accordance with State policy. The Vendor's system will process and adjudicate all Pharmacy claims and send a nightly file to the Core MMIS system to process payment for these claims.				Meets	FirstRx is currently configured to interface with and will continue to interface with the Core/MMIS system, or other payment systems, as directed by the State, to maintain records and payment of Pharmacy claims in accordance with State policy. Our system processes and adjudicates all AMPP claims, and FirstRx sends a nightly file to the Core/MMIS system to process payment for these claims.
501	GTS13	General Technical Standards	System and Data Integration	Vendor shall provide the ability, through a decision support system (DSS), and accessible by the State to retrieve drug claims and all PA denials or approvals by: 1. NDC 2. GCN/GSN 3. HIC levels 4. Therapeutic class 5. CPT/HCPCS codes 6. Provider ID 7. Client ID 8. ICD codes.				Meets	All incoming data listed in GTS13 is stored in MMA's pharmacy data warehouse, where it is continually updated and is used for decision support and reporting. MMA's in-place reporting and Business Intelligence (BI) architecture supporting AMPP consists of an analytically tuned relational data repository for the core applications that MMA uses to support pharmacy operations is a DSS. The DSS is in place, operating now, and is accessible by the State to retrieve drug claims and PA denials/approvals by any of the criteria listed in Requirement GTS13. Our DSS is part of the operational data and data warehouse infrastructure that supports all reporting and BI needs while enabling transactional systems to remain stable for transaction processing purposes. Additional data are transitioned from the transactional systems to the analytical repositories to support reporting, analysis, and BI needs associated with prior authorization and contact management functions, as well as for rebate processes.
502	GTS14	General Technical Standards	System and Data Integration	Vendor shall support functionality to interface with multiple entities outside of the Vendor's system for exchange of information. Vendor is required to complete an ICD data sharing agreement. (Note: Refer to Bidder's Library for a list of current System interfaces with the various input and output vendors.)				Meets	As the incumbent, we are currently interfacing with multiple AME entities to accomplish the requirements of the AMPP scope of work. We are thoroughly familiar with the current System interfaces with the various input and output vendors. MMA has an ICD in place for Arkansas and will partner with DHS to update it throughout the new contract period, as needed to meet program goals and as directed by the State. MMA has infrastructure and tools in place with a rich set of adapters that can connect to many of the external entities such as clearing houses, trading partners, and other affiliates to exchange information. Messages can be exchanged in real time (VPN/HTTP/Web Services) or by batch (FTP/SFTP) and can be encrypted at message level or transport level.
503	GTS15	General Technical Standards	SOA	Vendor shall create and maintain Service-Oriented Architecture (SOA) services for the Vendor's System that can be used within the general environment and consistent with state and federal SOA specifications.				Meets	MMA has established SOA services, implemented as web services and exposed in a secure fashion as is required, currently in place and serving the AMPP. We will continue to provide this SOA functionality to be used within the general environment and consistent with state and federal SOA specifications during the upcoming contract period. MMA provides our proven SOA architecture for Arkansas in order to securely exchange information when real-time data exchange has been necessary.
504	GTS16	General Technical Standards	System and Data Integration	Vendor shall implement State and Federal interface standards for every business process within one calendar year of the release of the interface standard, or as directed by the State or mandate.				Meets	MMA will continue to comply with updated interface standards within one calendar year of the release of the standard. MMA has implemented a proven MITA Technical Architecture for the AMPP which focuses on the use of enterprise- wide business and technical services with industry-standard-based interfaces which facilitate application componentization and improved interoperability, i.e., plug and play with best-in-class application systems through an SOA.

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505	GTS17	General Technical Standards	System and Data Integration	Vendor shall support, while adhering to all Federal guidelines, an architecture that allows incorporation of Commercial-Off-The-Shelf (COTS) products and allows for the reuse of system functionality among the various business functions.				Meets	Our established AMPP Solution is a COTS, single version of software that adheres to all Federal guidelines while providing stability and a risk mitigated SDLC. Because FirstRx is built on a single code base development platform, we are able to easily deploy and manage these system enhancements across our entire customer base simultaneously. As changes to the software are deployed, our customers can leverage these new capabilities at their option (with the exception of industry-mandated changes, e.g., NCPDP). This aspect of our solution is aligned with the MITA 3.0 Leverage Condition because it promotes sharing, leverage, and reuse of healthcare technologies and systems within and among our state Medicaid customers, thus furthering the MITA maturity of the states we serve.
506	GTS18	General Technical Standards	System Compliance and Security	Vendor shall comply with all HIPAA-compliant transactions and code sets in place, both Federal and State, as of the implementation date for the Vendor's system, as well as Federal and State privacy and security requirements delineated in this Contract. A decision not to implement any HIPAA transactions and code sets must be approved by State and CMS in writing.				Meets	MMA's pharmacy solution is and will continue to be in full compliance with all HIPAA transactions and code sets regulations. Each of our interfaces 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 HIPAA validator provides WEDI level-1 through level-6 validations, as well as level-7 companion guide edits. We receive and send 837P, 837I, 820, 835, 834, 270, 271, 276, and 277 transactions, in addition to the 278. We use the TA1 and 997 standard responses and the 4010 and 5010 versions of the 277 unsolicited transactions as an additional host-load notice for 837 claims feeds. We have the proven capability to receive, process, and store all Medicaid and related data, and integration transactions in a HIPAA-compliant format from Medicaid Enterprise platforms in as close to real-time as possible.
507	GTS19	General Technical Standards	System Compliance and Security	Vendor shall support secure electronic transfer of information between all Arkansas Medicaid data trading partners, compliant with Health Information Exchange (HIE) standards and State policy throughout the life of the contract. Security standards may be found at (https://www.transform.ar.gov/gis-office/gis-board/standards/)				Meets	MMA's AMPP solution currently supports and will continue to support secure electronic transfer between AME trading partners, compliant with HIE and State policy. 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. Our Shared Services support multiple industry standards including Java Messaging Service (JMS), Extensible Markup Language (XML), XSLT, JCA, J2EE, NET SOAP, SAML, and BPEL technologies. We support the use of industry-standard data exchange by using industry-leading tools, including SnapLogic, Edifecs, and Informatica.
508	GTS20	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall configure each tab of the Provider Portal to include the following statement, "For access to the Pharmacy Provider Manual, past RA Messages and other useful information, please follow the most current link at: https://humanservices.arkansas.gov				Meets	MMA currently provides and will continue to provide a Provider Portal for AMPP. We will include the following statement on each tab of the Provider Portal: "For access to the Pharmacy Provider Manual, past RA Messages and other useful information, please follow the most current link at: https://humanservices.arkansas.gov"
509	GTS21	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall provide portals for provider, client, and administrators with the following lookup functionality: 1. Drug lookup functionality 2. Client lookup functionality, including enrollment in a drug lockout program 3. Provider lookup functionality 4. Pharmacy claims lookup functionality 5. Any other functionality as defined by the State				Meets	MMA will provide portals for provider, client, and administrators that provides the appropriate, State-approved access to drug lookup functionality, client lookup functionality, including enrollment in a drug lockout program, provider lookup functionality, and pharmacy claims lookup functionality. For example, we provide web-based drug lookup functionality that includes the following for each drug: preferred/non-preferred status, coverage, quantity limitations, prior authorization requirements, and a link to a static document that will give all the details about the clinical and financial edits associated with that drug. We will continue to partner with DHS to determine what other agreed, State-approved functionality may be required during the upcoming contract period. Administrators currently log in to FirstTrax via a secure Okta SSO to access this lookup functionality. MMA currently provides portals for providers and clients with lookup functionality.

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510	GTS22	General Technical Standards	System Compliance and Security	Vendor shall keep all client inquiries updated and readily accessible to all authorized users, who have a need to know the information.				Meets	MMA will continue to keep all client inquiries updated and readily accessible to all authorized users, who have a need to know the information. Our business intelligence Cognos tools are supported by a robust data solution that is readily accessible to properly authorized State users, user-friendly, and well organized.
511	GTS23	General Technical Standards	System and Data Integration	Vendor shall provide a system that is flexible to handle the preferred drug table, Brand Medically Necessary, claims edits, pricing methodologies (including 340b) and reading clinical criteria for PAs and claims processing.				Meets	MMA will continue to provide our FirstRx system, which fully meets Requirement GTS23. The FirstRx POS system supports product assignment to preferred and non-preferred status in a Preferred Drug List (PDL), as well as the assignment of coverage indicators, prior authorization status, Brand Medically Necessary, and many other varied State-defined product status classifications. We deploy a Formulary Management Tool which allows the assignment of 3-byte values to various parameters, this feature allows for a vast number of configuration options. FirstRx is currently configured for Arkansas-specific claims edits, “lesser of" pricing methodologies including 340b, and using clinical criteria as directed by DHS for PAs and claims processing.
512	GTS24	General Technical Standards	System Compliance and Security	Vendor shall receive and load all client eligibility information and make it accessible for decisions in claims processing.				Meets	MMA will continue to receive and load all client eligibility information on a daily basis and make it accessible for decisions in claims processing. As directed by the State FirstRx is configured to use the data points and attributes received from these files to ensure accurate, up-to-date information is used for transaction processing. Our system is capable of loading the eligibility file as often as every 15 minutes, if it is received from the Core/MMIS.
513	GTS25	General Technical Standards	Claims Processing	Vendor shall include user-defined edit capabilities that: 1. Provide the ability to limit the number of prescriptions a client can get in a user-defined time (e.g., prescriptions per calendar month period and actual drugs) 2. Provide user-defined edit capabilities that can be specific to a prescriber ID and client ID 3. Provide the ability to State users to override all edits (age, gender, dose, quantity, diagnosis, etc.) including clinical edits in one entry process, yet the system still creates a unique PA number for each PA type created 4. Enable the entry of approved quantity in quantity field on the PA and denial of claims outside that quantity based on State user-defined criteria 5. Provide the ability to enter an approved override of an established quantity or dose edit 6. Allow new quantity limits to be entered as approved specific for a client ID 7. Provide the ability to include new and current edits and put edits down to the NDC level 8. Provide user-friendly testing of edits on new drugs coming on the market 9. Limit the type of drug based on category of service (COS) 10. Pre-populate determined fields when renewing PA-one step process 11. Put notes on new and existing PAs 12. Allow payment of only one dispensing fee per calendar month, per GCN, for LTC eligible and others, as defined by				Meets	MMA’s in-place FirstRx solution will continue to provide all user-defined edit capabilities required by Requirements GTS25, based on DHS-defined requirements and approval. 1. FirstRx fully supports monthly prescription limit rules that may be based on criteria such as client age, living arrangements, unique programs and/or drug coverage. 2. FirstRx supports multiple edit capabilities configured by prescriber ID and client. 3. FirstRx ensures that all edits necessary to override the PA requirement are addressed via the completion of a single PA record. 4. FirstTrax allows PA overrides that include quantity limitations; for example, authorized DHS users created a six-month PA override for Fosamax Plus D that limits the patient to 9 units per 48 days. 5. FirstTrax allows DHS authorized users to perform quantity limit overrides. 6. FirstRx allows DHS authorized users to configure quantity limits at the client level by NDC, GSN, or Therapeutic Class. 7. FirstRx allows for configuration of edits at the granular level including NDC. 8. An automated process identifies new drugs received in the weekly FDB update file and reports these items to clinical staff for review, based on DHS guidelines. 9. FirstRx is configurable to apply DHS COS rules. We currently have COS rules configured for long-term care and hospice care. 10. During a PA renewal process, the existing PA can be modified to reflect newly authorized dates and any new comments, retaining all vital detailed information. 11. FirstTrax allows for the entry of detailed clinical notes in a secure area to support the PA decision. 12. FirstRx can pay dispensing fees based on provider type and/or patient location to allow payment of one dispense fee per GCN/GSN per 31 days for all eligibles, ambulatory eligibles, or specifically LTC eligibles. 13. FirstTrax allows DHS authorized users to enter a denial PA that would result in the claim denying at the POS.
514	GTS26	General Technical Standards	IAM	Vendor shall provide EHR or secure web portal access to pharmacies for Medicaid clients' paid claims and Medicaid drug profiles. Vendor's system must provide a tracking mechanism for disclosure and current PAs with dates.				Meets	MMA will continue to provide secure web portal access to the AME. Through our portal, pharmacies can see their clients’ paid claims scrubbed of prescriber information. Prescribers are able to see their own active PAs on the secure portal as well. MMA provides the capability to track the life cycle of a PA, including dates users associated with each edit.

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515	GTS27	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall provide user-defined notification based upon State defined denial codes that will require more detailed information than the standard transaction.				Meets	The FirstTrax Contact Management and Prior Authorization system is used to manage all outbound communication to providers and clients. MMA will continue to work closely with DHS as needed, should DHS determine that the specific circumstances where an e-mail should be generated to the provider and/or client may change during the upcoming contract period, and MMA will configure FirstTrax as needed to meet any changing requirements. A record of all outbound e-mails will be logged and tracked for audit purposes.
516	GTS28	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall provide the ability to collect updated email address information from pharmacy and prescriber Providers, to ensure the delivery of pertinent notifications, as defined by the State.				Meets	Email addresses received are stored within FirstTrax and utilized for communication with providers and clients, based on DHS requirements. MMA will continue to provide the ability to store updated email address information from pharmacy and prescriber providers, to ensure the delivery of pertinent notifications, as defined by the State.
517	GTS29	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall ensure all information submitted on the drug claim is available on the client's drug profiles.				Meets	FirstRx currently preserves and stores all information submitted on the incoming claim in the system. Client claim history includes current, historical, paid, and denied claims data, and all submitted data elements are stored with the claim, regardless of the media source of the claims submission. All historical claims data is retained and available for claim processing, reporting, and audit support. This information is viewable in the system on the client's drug profile.
518	GTS30	General Technical Standards	System, Tools and Technical Capabilities	Vendor's system must provide an automated process to match Providers with their client's paid claim history, in cases where notification to those specific Providers (e.g., RDUR) is necessary.				Meets	FirstRx will continue to retain a record of the provider associated with each pharmacy claim. This enables providers to be matched with their patients paid claim history. All claims, along with the identified provider, patient and drug details are included and propagated to all of our downstream applications. Where notifications to specific providers are necessary, this information can be utilized to message providers at the POS or generate an intervention letter to specific providers regarding their patients' paid claim history.
519	GTS31	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall employ the best available tools and support open architecture software that is flexible and cost effective to modify and maintain the system.				Meets	MMA will continue to employ the best available tools and open architecture software to support the AMPP. We were one of the very early adopters to implement parameter driven, rules-based programming techniques to make our technical solution flexible and allow customization to existing programs with minimal application changes. We pioneered modular, rules-based PBA application development in early 2000 and have mastered the technique over the years.
520	GTS32	General Technical Standards	Claims Processing	Vendor shall deduct clients' copayment and/or TPL amounts, as appropriate, when pricing claims.				Meets	FirstRx is currently configured for Arkansas, and it applies co-payments, coinsurance and other patient financial responsibilities as deductions from the Medicaid allowed amount when accurately determining final price. The flexibility of FirstRx enables us to change co-payment configuration as needed when the program rules evolve, as we recently did for the ARHOME cost sharing.
521	GTS33	General Technical Standards	Claims Processing	Vendor shall deny FFS claims for clients with active third-party coverage, enrollment in Managed Care Organization (MCO), or Medicare assignment, in accordance with State and federal policy. If submitter does not include other payer information, Vendor shall deny and provide insurance information in the POS message along with notice of denial of payment.				Meets	FirstRx will continue to be configured, as approved by DHS, to deny FFS claims for clients with active third-party coverage, enrollment in Managed Care Organization (MCO), or Medicare assignment, in accordance with State and federal policy. The FirstRx adjudication engine evaluates patient third party coverage for all claims and returns a denial response at the direction of DHS. When denials are returned as the claim response, information supplied in the enrollment feed related to other carrier data and client identification are returned through messaging in the denial.
522	GTS34	General Technical Standards	Claims Processing	Vendor shall provide the ability to override a TPL denial when directed by State.				Meets	FirstRx is configured to provide the ability to override a TPL denial when directed by the State. FirstRx also contains the ability to bypass third party coverage evaluation based upon claim source, such as for batch claims or client age.
523	GTS35	General Technical Standards	Claims Processing	Vendor's system must provide the ability to process and partially pay compounded claims (Claims with multiple NDCs) where one or more NDCs may or may not be covered. At least one payable NDC must be present or claim will deny.				Meets	FirstRx fully supports the multi-ingredient compound processing option as defined by NCPDP. This includes identification of all components of the compound, drug coverage, clinical ProDUR processing, and pricing edits associated with each individual component. FirstRx functionality ensures that at least two unique ingredients are submitted for multi-ingredient compound processing, and if two unique ingredients are not submitted, denies the claim with the appropriate NCPDP denial with supplemental messaging as defined by DHS.

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524	GTS36	General Technical Standards	Claims Processing	Vendor's claims processing system must provide an electronic method to process or adjust claims past timely filling dates when they are approved by State for a specific Provider, without turning any edits off.				Meets	The FirstRx adjudication system will continue to be configured to allow authorized users to create timely filing overrides that are specific to a provider and date range into the on-line pharmacy system with no impact to the program's timely filing plan rules. Upon entry of State-approved filing limit overrides, the provider may then submit approved claims for payment by DHS.
525	GTS37	General Technical Standards	Claims Processing	Vendor shall ensure that optional drugs that are payable for dual eligible (Medicare and Medicaid eligible) are payable and the Vendor's system must have ability to update as law requires or as state changes.				Meets	MMA will continue to ensure that optional drugs that are payable for dual eligible (Medicare and Medicaid eligible) are payable, and we can readily update coverage parameters as directed by DHS. FirstRx has the capability to configure drug coverage for dual eligible clients through the use of the Formulary Management Tool. This highly configurable tool will continue to allow business users to quickly implement changes to support policy changes required, at the State's request.
526	GTS38	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall allow new NDCs to be added to the J code crosswalk as they become available.				Meets	MMA's AMPP solution will continue to allow operations staff to enter NDC and J-code combinations as they become available. The entry also includes the applicable conversion factor needed to accommodate the billing unit of measure and rebate unit of measure differences.
527	GTS39	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall follow and maintain the State's current BMN (Brand Medically Necessary) process.				Meets	FirstRx is configured to support the current BMN process in place in Arkansas. MMA supports Brand Medically Necessary processes for many of our current POS clients. Should the State require alterations to the process, most of those changes may be achieved through simple configuration changes by our Benefit Configuration Specialist.
528	GTS40	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall provide an automated search process for Providers to return drug-specific results of the Medicaid Pharmacy Program's PDL status, clinical edits, and other fiscal integrity edits for the drug(s) being prescribed.				Meets	Through the AMPP web portal, providers will continue to have access to drug lookup web services that return PDL status, clinical details and coverage status. Providers also have the ability to perform real time trial adjudication to determine the outcome of all claims edits.
529	GTS41	General Technical Standards	Claims Processing	Vendor shall perform online, real-time capture and adjudication of pharmacy claims submitted by Providers via POS devices, a switch, or through the Internet. Accept NCPDP claims as required by 45 CFR Part 162 (Health Insurance Portability and Accountability Act (HIPAA)).				Meets	FirstRx fully meets NCPDP Telecommunication Standard vD.0 and Batch Standard v1.2 and provides the AMPP with real-time capture and adjudication of pharmacy claims via POS devices, a switch, or through the Internet. Our FirstRx POS adjudication engine is compliant with all HIPAA transaction requirements. We currently use EDIFECS as a translator for ANSI transactions. FirstRx is fully capable of receiving claims data via the web portal from authorized and credentialed providers for processing and supports manual data entry of claim data from the NCPDP-accepted industry-standard paper claim form. Our NCPDP – HIPPA-compliant pharmacy solution meets all federal requirements as prescribed by CMS, as well as the requirements outlined by the National Archives and Records Administration Code of Federal Regulations (CFR) 45 CFR Part 162 Health Insurance Portability and Accountability Act (HIPAA).
530	GTS42	General Technical Standards	Claims Processing	Vendor shall ensure the system captures all claims that are transmitted for processing at POS, regardless of its status/outcome (i.e., each rejected claim will be captured regardless of how many times it was transmitted for processing.) All claims must be assigned a unique identification number (ICN) upon entering the system. Vendor shall ensure these claims will be retained for historical lookup for a period of 10 years.				Meets	MMA will continue to ensure the system captures all claims that are transmitted for processing at POS, regardless of its status/outcome (i.e., each rejected claim will be captured regardless of how many times it was transmitted for processing). The FirstRx adjudication engine assigns a unique identification number for every claim that enters the system. We refer to this number as the Internal Control Number (ICN); it is unique and systematically cannot be reassigned. The ICN is the master index for all claim-related activity, including adjudication, reversal transaction, quantity and financial accumulations, and all claim-related extracts. Details of all iterations of the claims transaction are retained for audit reasons. No data are ever physically deleted from FirstRx, ensuring that all claims will be retained for the historical lookup period of 10 years.

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531	GTS43	General Technical Standards	System and Data Integration	Vendor shall export all Point of Sale (POS) data fields to the AME Data Warehouse / Decision Support System.				Meets	MMA will continue to export all Point of Sale (POS) data fields to the AME Data Warehouse / Decision Support System. We continue to supply key POS data to multiple DSS solutions for state Medicaid programs, including Arkansas. In the upcoming contract period, we will partner with DHS to continue to ensure that the DSS receives all pertinent pharmacy related data elements to ensure accurate, timely, and relevant reporting. Business-to-business (B2B) integration and service coordination are keys to the success of an integrated pharmacy solution. We provide substantial system integration through deployment of our enterprise B2B Data Integration gateway using secure file transfer protocol for batch and real-time data integration with our customers, partners, and vendors.
532	GTS44	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall maintain user-controlled parameters for all standards and messages.				Meets	For items that allow the State to define processing criteria, the rules engine used by FirstRx provides user control of the construction and configuration of same. FirstRx is a highly configurable, rules-based application that allows our Plan Administrator to control the system parameters related to benefit management, messaging, and those items named in industry standards that are either situational or not mandated to process in a controlled and defined manner.
533	GTS45	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall allow for customized messages as part of the Transaction Code Set (TCS).				Meets	FirstRx not only provides the AMPP claims status, including NCPDP error codes for denials and rejections, but also allows for customized supplemental messaging as defined and approved by DHS. Our goal is to continue to provide sufficient detail as a part of the Transaction Code in our response to reduce the incidence of help desk calls and inappropriate Clinical Support Center telephone interactions.
534	GTS46	General Technical Standards	IAM	Vendor shall provide secure access to the Vendor's system for remote end-users, through VPN or other communication channels and protocols, as directed by the State.				Meets	Remote end users will continue to access MMA's system through the series of web applications that currently support the AMPP, as directed by the State.
535	GTS47	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall support automated capabilities to produce all required, standard, and custom correspondence, letters, and notices to clients, Providers, liable third-parties, and other Arkansas Medicaid data trading partners.				Meets	MMA's systems will continue to support AMPP custom communications sent to clients, providers, and any other necessary recipient of such communication. For example, our FirstTrax contact tracking and prior authorization management system, automates the production of prior authorization denial letters. In a similar fashion, our rebate application automates the production of Dunning Letters. MMA also uses our cloud-based Correspondence Publisher application (CloudPub) for letter generation. It is used for creating and bundling (multiple letter templates to a client) documents, as well as setting up and printing mailings and/or faxes. Correspondence works similar to the mail merge function in Microsoft Word by using document templates and data from the source database, text file, or Excel worksheet. MMA uses CloudPub as both a stand- alone application and as an adjunct automated letter generation process to support our existing systems and processes.
536	GTS48	General Technical Standards	System and Data Integration	Vendor shall implement and support a reporting repository with web-based access by authorized end-users, plus the ability to extract data to be used with standard applications.				Meets	The MMA BI and on-line query tools are supported by the suite of products offered by IBM Cognos Business Intelligence. Our current offering of tools provides a fully integrated and highly intuitive environment in which authorized users can view and run reports that have been pre-authored or run their own customized queries and reports. The tools also include the ability to save the data from a report to a local file that can be used with desktop applications, such as Microsoft Excel. MMA recognizes information management and use as a key to success.
537	GTS49	General Technical Standards	System Compliance and Security	Vendor shall successfully load MCO Pharmacy encounters and accept MCO J-Code extract from the MCO's PBM vendor, at a frequency defined by the State for program oversight, history and rebate functions.				Meets	MMA is highly experienced at loading MCO Pharmacy encounters and accepting MCO J-Code extracts from the MCO's PBM vendor. We will continue to perform this scope as directed by DHS, at a frequency defined by the State for program oversight, history, and rebate functions.
538	GTS50	General Technical Standards	System Compliance and Security	Vendor shall successfully perform minimal edits and create error reports to be provided to the State and the MCO for rejected pharmacy encounters submitted by the MCO.				Meets	MMA will perform minimal edits and create error reports to be provided to the State and the MCO for rejected pharmacy encounters submitted by the MCO. MMA applies rule-based logic to all incoming transactions. These edit rules must all be passed before new data are allowed to be saved to any database. Exceptions are reported as each interface is processed, and alerts are sent to the appropriate personnel so that reconciliation actions may be taken.

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539	GTS51	General Technical Standards	System Compliance and Security	Vendor shall provide claim-level detail, in a format defined by State, to outside vendors for data management and storage, as requested and allowed under HIPAA. The State must approve all releases of data out of the Vendor's System.				Meets	As directed by DHS, MMA will continue to provide claim-level detail, in a format defined by State, to outside vendors for data management and storage, as requested and allowed under HIPAA. MMA understands that the State must approve all releases of data out of MMA's system. For example, this detail can be supplied in a secured electronic format for research of utilization totals. Claim level detail information that can be provided may include the following necessary elements: provider name and ID, unit total, provider billed and paid amounts, internal claim number, paid date, and source of claim (pharmacy or medical).
540	GTS52	General Technical Standards	System Compliance and Security	Vendor shall use National Provider Identifier (NPI) logic as a key to indexing Providers in the Vendor's system.				Meets	MMA's in-place AMPP solution currently uses the NPI as a key to index providers in the system, and we will work closely with the State to ensure that the design continues to meet DHS program goals and requirements.
541	GTS53	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall provide a Graphical End-user Interface (GUI) for online access to all system services and system Components.				Meets	MMA's system services and system components are all accessed by authorized end-users through a graphical user interface (GUI). This is the case for applications accessible to AMPP end users as well as to business and technical analysts who are configuring or monitoring shared services. Business process functions that are repetitive are automated to increase efficiency and reliability while decreasing costs.
542	GTS54	General Technical Standards	System Compliance and Security	Vendor shall ensure system data is accessible, timely, and accurate throughout the program, supporting data and information sharing, as directed by the State.				Meets	MMA will continue to ensure that system data is accessible, timely, and accurate throughout the program, supporting data and information sharing, as directed by the State. MMA's Systems Infrastructure Team has employed ITIL® best practices for all critical components of our infrastructure. MMA has taken steps to eliminate or reduce to a minimum, unplanned data and telecommunication systems outages using current hardware and software technologies. Unplanned downtime exposure during day-to-day operations is significantly reduced with backup power generation systems, hosted environmental and systems monitoring applications, computer system and network hardware redundancies, mirrored disk, and data replication.
543	GTS55	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall provide the capability to select among several media types for any outputs produced. The output media types must be role based or by individual end-user(s).				Meets	MMA will continue to provide the capability to select among several media types for any outputs produced. The MMA Cognos BI suite contains the ability to control whether a user can save the contents of a report to any location. This feature can be configured for a role or for an individual user. MMA prefers to assign rights to roles.
544	GTS56	General Technical Standards	Claims Processing	Vendor shall verify at POS that the claim is for services covered by the Arkansas Medicaid Program and is consistent with the Arkansas Medicaid Provider Manual.				Meets	FirstRx is configured, as directed by DHS, to verify at POS that the claim is for services covered by the Arkansas Medicaid Program and is consistent with the Arkansas Medicaid Provider Manual. In the upcoming contract period, MMA will continue to enforce Arkansas and Federal policy as directed by the State.
545	GTS57	General Technical Standards	Claims Processing	Vendor shall provide the capability to expand online adjudication to POS for other products identified by the State, such as: Durable Medical Equipment (DME), nutritional products, and infant formulas; and associate these costs to a specific cost category designated by the State. Such expansion shall include assisting the State with obtaining any available rebates.				Meets	In the new contract period, MMA's AMPP solution will continue to provide the capability to expand online adjudication to POS for other products identified by the State, as directed by DHS. The flexibility of the FirstRx Formulary Management Tool allows our skilled staff to tailor program coverage to support the specialized needs of DHS to allow online POS adjudication for Durable Medical Equipment (DME), nutritional products, and infant formulas. Costs will be associated specific to the cost category assigned. MMA is currently in the process of configuring FirstRx to provide online adjudication of diabetic supplies, as directed by the State, and we will be assisting the State with obtaining diabetic supply rebates.
546	GTS58	General Technical Standards	IAM	Vendor's system must provide user-friendly web based screens for review of claims data by the POS Provider and prescriber.				Meets	Pharmacy providers and prescribers will continue to be provided with secure, user-friendly, access to client claims history through the AMPP web portal. To encourage a positive workflow, screens are logically organized and not overcrowded. Providers and prescribers have a single-sign-on for secure access to the AMPP web portal for all AME-related applications, including all pharmacy applications and services. Through the single-sign-on, the web portal will use claims-based authentication through a Secure Token Service to communicate security access to all appropriate systems.

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547	GTS59	General Technical Standards	Claims Processing	Vendor shall ensure that all claims are assigned a unique identification control number (ICN) upon entering the system.				Meets	FirstRx assigns a unique ICN for every claim that enters the system. This number is unique and systematically cannot be reassigned. The ICN is the master index for all claim-related activity, including adjudication, reversal transaction, quantity and financial accumulations, and all claim related extracts.
548	GTS60	General Technical Standards	System Compliance and Security	Vendor shall integrate with the State-provided and managed, Active Directory (AD) single sign-on (SSO) solution for DHS and/or State designated parties. Solution functions that allow access to parties not part of the DHS Active Directory (AD) must integrate with the State's IBM ISV (IBM Security Verify) solution.				Meets	MMA's solution is currently configured to integrate with the State-provided and managed, Active Directory (AD) single sign-on (SSO) solution for DHS and/or State designated parties. As an experienced PBA, MMA prioritizes privacy and security. We understand that MMA solution functions that allow access to parties not part of the DHS Active Directory (AD) must integrate with the State's IBM ISV (IBM Security Verify) solution.
549	GTS61	General Technical Standards	Claims Processing	Vendor shall provide the capability to run or add a message on the POS. All messages must be approved by the State prior to being run.				Meets	MMA's AMPP solution will continue to provide the capability to run or add a message on the POS. All custom messaging will be directed by DHS and approved by the State before being run.
550	GTS62	General Technical Standards	SOA	Vendor shall provide technical support to State users on SOA and include the concept as an integral part of system maintenance, development, and technical training, as directed by the State.				Meets	MMA will continue to provide technical support on SOA to the State users who need to consume our web services. This support will include telephone consultation with the State's technical users and the exchange of examples of source code that interacts with the web services that MMA exposes to the State. In addition, MMA will continue to be available to provide leadership and experience gained from our own implementations and applications of SOA. MMA will continue to partner with DHS to share information and lessons learned in order to maintain the most efficient Medicaid enterprise for Arkansas.
551	GTS63	General Technical Standards	System Compliance and Security	Vendor shall provide system availability in accordance with the Service Level Agreements (SLAs) as documented in contract requirements that result from this RFP.				Meets	MMA will continue to provide system availability to fully meet the Service Level Agreements (SLAs) as documented in contract requirements that result from this RFP. All MMA FirstRx pharmacy claims processing and support systems maintain an annual overall availability percentage service availability of over 99.9%. MMA's pharmacy solution and its supporting databases will be operational and available to providers and the State 24/7/365 unless stopped for planned service and maintenance activities.
552	GTS64	General Technical Standards	System Compliance and Security	Vendor shall ensure that active and inactive dates are applied at both the Provider Medicaid ID level and at the NPI level.				Meets	MMA will continue to ensure that active and inactive dates are applied at both the Provider Medicaid ID level and at the NPI level. FirstRx validates provider eligibility in real time access, including the pharmacy and prescriber NPI and authorization IDs for electronic submission of claims.
553	GTS65	General Technical Standards	System Compliance and Security	Vendor shall provide any client or provider written notices in English, Spanish and Marshallese, pursuant to State and Federal laws and Arkansas Medicaid policy. Vendor shall have the means to ensure the translation services are accurate and complete.				Meets	MMA will continue to provide any client or provider written notices in English, Spanish and Marshallese, pursuant to State and Federal laws and Arkansas Medicaid policy. MMA will ensure the translation services are accurate and complete, as required.
554	GTS66	General Technical Standards	System Compliance and Security	Vendor shall meet all federally mandated requirements for the Arkansas Medicaid Pharmacy Program claims processing system.				Meets	MMA's solution currently meets, and will be maintained as necessary to continue to meet, all federally mandated requirements for the Arkansas Medicaid Pharmacy Program claims processing system.

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555	GTS67	General Technical Standards	System Compliance and Security	Vendor's system must employ an electronic data exchange standards (ANSI X.12 and NCPDP) to improve efficiency, reduce duplicate data collection, and promote a common understanding of data elements. Vendor shall conform to current and updated publications of the principles, standards, and guidelines of the FIPS, the National Institute of Standards and Technology (NIST) publications, including but not limited to Cybersecurity Framework and NIST.SP.800-53r4. Vendor shall conduct all activities in compliance with 45 CFR 164 Subpart C to ensure data security, including, but not limited to encryption of all information that is confidential under Arkansas or Federal law, while in transmission and while resident on portable electronic media storage devices. Encryption is required and shall be consistent with FIPS and/or the National Institute of Standards and Technology (NIST) publications regarding cryptographic standards.				Meets	MMA's system will continue to employ electronic data exchange standards (ANSI X12 and NCPDP) to improve efficiency, reduce duplicate data collection, and promote a common understanding of data elements. 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. Our Shared Services support multiple industry standards including Java Messaging Service (JMS), Extensible Markup Language (XML), XSLT, JCA, J2EE, NET SOAP, SAML, and BPEL technologies. MMA's NCPDP/HIPAA-compliant pharmacy solution meets and will continue to meet all Federal requirements as prescribed by CMS, the requirements outlined by the National Archives and Records Administration Code of Federal Regulations (CFR) parts 42 and 45, and standards, including 45 CFR 164 Subpart C. Encryption will continue to be consistent with FIPS and/or the National Institute of Standards and Technology (NIST) publications regarding cryptographic standards. MMA makes sure all systems that handle regulated data operate in compliance with HIPAA. All PHI will be encrypted from end to end within a Virtual Private Cloud (VPC). All PHI will be encrypted at rest. Encryption at rest will be achieved by encrypting the underlying Amazon Elastic Block Store (EBS) disk volumes. The connection between the application and Oracle database instance is encrypted using the Secure Sockets Layer (SSL) encryption protocol. Application URLs are SSL encrypted using https protocol to access the application.
556	GTS68	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall provide translator and integrated mapping software that: 1. Offers flexible mapping functionality supporting a variety of formats and transactions 2. Allows for both structure and information to be extracted directly from database tables 3. Provides the ability to assemble, validate, encrypt, and transport batches of data to and from Providers and other interface partners 4. Accepts, code/decodes, and transmits all State mandated HIPAA healthcare transactions 5. Analyzes and rejects improperly formatted HIPAA healthcare transactions 6. Allows for the quick implementation of new transactions.				Meets	MMA will continue to provide translator and integrated mapping software that fully meets Requirement GTS68. MMA uses Oracle Fusion, which provides a rich set of integration and EDI capabilities. The EDI library set comes with full HIPAA, NCPDP, and HL7 structures supporting the required regulatory compliance. The product provides frequent patches to upgrade the code sets, stays on par with healthcare updates and evolving standards. The product has user-friendly EDI that can connect to many different sources, including different database types, third party plug-in for integration, and mapping editor for drag and drop connections from source to target. Message orchestration and message routing can be handled elegantly for both batch and real- time transactions. Oracle Fusion uses EDIFECS for validating the HIPAA and NCPDP transactions. Rejects are documented in the acknowledgement report that comes out of automatic validation for corrective measures. Because the product comes with a pre-built EDI library, full integration capabilities, and user- friendly IDE, it is enabled for quick implementation of new EDI transactions.
557	GTS69	General Technical Standards	Operations/DDI	Vendor shall produce and submit a pre-project plan for system modifications or implementations during the life of the contract. The plan must be submitted to the State for review and approval. All project schedules must be kept up to date. The plan must include the following: 1. Review cycles, 2. Any contingencies, 3. A back-out plan, 4. PEN testing and review with the State, 5. Vulnerability scans as part of project pre-implementation.				Meets	MMA will produce and submit a pre-project plan for system modifications or implementations during the life of the contract. If needed, our pre-project plan will be submitted to the State for review and approval. All project schedules will be kept up to date, and the plan will include the items listed in Requirement GTS69: review cycles, any contingencies, a back-out plan, PEN testing and review with the State, and vulnerability scans as part of project pre-implementation.
558	GTS70	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall ensure that any changes to the COTS products or tools, must be agreed upon and approved by the State in advance of the change. Any expenses incurred related to the change in products/tools, will be the sole responsibility of the vendor.				Meets	In the upcoming contract period, MMA will continue to ensure that any changes to the COTS products or tools will be submitted to DHS for approval in advance of the change. MMA acknowledges that any expenses incurred related to the change in products/tools will be the sole responsibility of MMA.

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559	GTS71	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall provide data lineage for key fields to the DSS along with field descriptions, data types, transformation rules, and metadata information on a monthly basis.				Meets	MMA will continue to provide data lineage for key fields to the DSS along with field descriptions, data types, transformation rules, and metadata information on a monthly basis. As new data is introduced into our pharmacy data warehouse, the data dictionary is updated as part of the SDLC for this process. Consequently, the data dictionary is a living document that will continue to develop throughout the life of the contract as the data warehouse evolves.
560	GTS72	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall provide all metadata information such as field descriptions in DDL provided to data partners. If descriptions do not exist on database objects, then this information must be added to database objects for data governance purposes.				Meets	MMA will continue to provide all metadata information such as field descriptions in DDL provided to data partners. MITA principles, including those pertaining to data governance, are constantly used to guide our architectural and design decisions as we enhance the components of the MMA solution. MMA's Information Management system is designed to address data governance, architecture, models, standards, and handling of information for Arkansas. Our proven approach will provide the AMPP pharmacy module with enterprise-grade data governance, architecture, models, and standards.
561	GTS73	General Technical Standards	System Compliance and Security	The Vendor shall ensure that any new State or Federal legislation, regulations, or guidance impacting the Pharmacy claims processing system is implemented to ensure that the State maintains Federal certification and receives the maximum FFP throughout the life of the contract. The Pharmacy Vendor shall create any new edits/audits, prior authorizations, drug rebate, interfaces, reporting, claims and appeals processing for Pharmacy programs impacted by any new legislation.				Meets	Throughout the upcoming contract period, MMA will ensure that any new State or Federal legislation, regulations, or guidance impacting the Pharmacy claims processing system is implemented. We have supported DHS in the current contract through a successful CMS certification process, ensuring that the State received its maximum FFP. MMA will continue to ensure that our AMPP solution complies with all CMS Certification Requirements to assist DHS in receiving the maximum allowable FFP for the entire term of the contract, including any extensions granted. We will also support the State with the required operational outcomes reports throughout the life of the contract, per CMS Outcomes-Based Certification (OBC) guidelines. Where applicable, new legislation relevant to the pharmacy benefit will be used to propose new edits and audits for the Arkansas pharmacy program. MMA will continue to create any new edits/audits, prior authorizations, drug rebate, interfaces, reporting, claims and appeals processing for Pharmacy programs impacted by any new legislation. For example, AR Act 964 in 2019 legislated to remove PAs for MAT drugs. MMA took all criteria off the MAT drugs, so the patient could fill without a PA. In 2021, MMA implemented changes due to Arkansas Legislative requirements including the following: ACT 357 (HB 1450), which made eye drops refillable earlier. ACT 758 HB1781, which removed the slot limits from the 3-prescription limit to 6 prescriptions; maintenance drugs not counting against the limit of 6. MMA coded specific classes of drugs, that were identified by the State, to not count towards the six-script limit. MMA also implemented coding to allow COVID Test claims to pay per DHS and the Federal Government. The rule was made and required to be implemented by January 15, 2022.
562	GTS74	General Technical Standards	System Compliance and Security	The Vendor shall adhere to current and future State and Federal legislation, regulation, or guidance to include the new Diabetes Management program, or other changes under the AMPP. Coverage for specified diabetes supplies will be transferred to the Pharmacy program. Once these changes become effective, it is the responsibility of the Pharmacy Vendor to ensure any new Diabetes Management requirements are incorporated into the Pharmacy system.				Meets	Throughout the upcoming contract period, MMA will continue to adhere to current and future State and Federal legislation, regulation, or guidance to include the new Diabetes Management program, or other changes under the AMPP. We will be implementing the Diabetic Supply Program (DSP) for Arkansas on 1/1/2024, according to State specifications. MMA acknowledges that coverage for specified diabetes supplies will be transferred to the Pharmacy program. Once these changes become effective, MMA will ensure that any new Diabetes Management requirements are incorporated into the Pharmacy system. As an example, the vast majority of diabetic cardholders require multiple agents to achieve therapeutic goals. In an attempt to return only clinically-relevant DUR information, drugs used in the treatment of diabetes can be eliminated from the Therapeutic Duplication DUR edit, as directed by the State. This enhanced functional capability offers greater flexibility to meet State and population-specific needs by allowing a more focused approach to identification and control of the most clinically relevant ProDUR events at point-of-sale transactions.

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563	HD1	Helpdesk	Staffing Management	Vendor shall ensure that the Medicaid Pharmacy Program Help Desk must have policy and procedures in place to ensure that help desk staffing, outside the normal hours of operations, is available for extenuating circumstances, as defined by the State.				Meets	MMA will continue to ensure that our AME Pharmacy Help Desk has policy and procedures in place to ensure that Help Desk staffing, outside the normal hours of operations, is available for extenuating circumstances, as defined by the State. Our long-term, short-term, and real-time planning will allow us to continue to successfully handle expected and unexpected changes to serve the AMPP effectively and efficiently. We provide full system support for all of our Help Desk operations that is scalable, configurable, and provides the latest technological support and backup resources in the event of a disaster or emergency. MMA currently maintains an Arkansas-dedicated Help Desk and will continue to do so for the new AME Pharmacy Contract term. Our experienced Help Desk staff for the AMPP is comprised of dedicated pharmacists and CPhTs who possess extensive Arkansas-specific experience and have been fully trained on AMPP requirements. In accordance with State requirements, we provide full-time staff during the scheduled Help Desk hours of 8:00 a.m. through 5:00 p.m. CST. MMA is committed to maintaining strict requirements and a comprehensive strategy for ensuring appropriate operational staffing of the AMPP Help Desk to ensure we continue to meet and/or exceed AMPP standards for Help Desk responsiveness. We possess extensive Help Desk management tracking and reporting capabilities, and call statistics are monitored and tracked regularly by Help Desk management, using the call management system, to ensure Help Desk standards are met and adjustments are made, as necessary. Real-time performance is managed by viewing call and fax performance metrics and real-time Help Desk staff schedule adherence.
564	HD2	Helpdesk	System, tools, and technical capabilities	Vendor shall provide a call center solution that includes Spanish translation and must include the following: 1. All equipment required to achieve operational and contractual requirements for the Call Center. 2. CTI 3. VRU/IVR 4. TDD				Meets	Our established Help Desk solution includes all functionality listed in HD2. We use advanced call management system technology to ensure a high-level of customer service/caller satisfaction, make improvements, and increase quality assurance for Help Desk functionality/management. We have transformed our customer engagement platform/enhanced our capabilities through Genesys, an omni-channel/cloud-based platform that provides greater flexibility, new tools, and enhanced self-service capabilities. We will continue to provide and maintain IVR functionality that gives callers straightforward menu options to reach appropriate pre-recorded information or a live Help Desk agent. We provide all service call categories (e.g., PAs, claims, eligibility, etc.) at the appropriate level (CPhT or pharmacist). FirstTrax is the repository for all automated/ manual PA requests, dispositions, and clinical notes and records call types/reasons utilizing the CTI nomenclature. Each call is documented in FirstTrax, allowing immediate access to all call information by all users and Help Desk management. We provide translation services for non-English/non-Spanish speaking clients and TTY services for those who are deaf or have hearing loss. We use our translation vendor for clients needing translation help. When Help Desk staff receive a call from a non-English-speaking client, they promptly connect them with an interpreter agent and request a translator in the required language. We also provide access to TTY/TDD for the hearing impaired. Our Help Desk provides this access using the 711-dialing code through TRS. TRS allows a client to dial 711 through a TTY/TDD device. Also, written materials include the Help Desk phone number used for TTY/TDD, and instructions about requesting auxiliary aids and services, including the provision of materials in alternative formats.

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565	HD3	Helpdesk	Performance Management	Vendor shall respond to all telephone inquiries, such as from providers, billing agents, clients and State and Vendor staff. Telephone assistance must include: 1. Answering incoming calls and providing the needed assistance 2. Making outbound calls to return voice messages received after regular business hours, by 5:00 PM the following State business day after receipt 3. Making outbound calls to follow up on inquiries that could not be completed during the initial incoming telephone call 4. Escalating calls, where appropriate, to supervisors of other areas, as appropriate 5. Providing other pertinent telephone numbers to the caller, as related to the AMPP or other DHS programs.				Meets	MMA has provided Help Desk services to Arkansas since 2015. Our Help Desk staff will continue to be available to answer calls, provide support, answer emails/inquiries from providers, billing agents, clients, and State/vendor staff. We provide trained Help Desk staff who respond to requests submitted via phone, voicemail, fax, and/or mail. Our experienced Help Desk staff respond to and resolve all telephone inquiries/ questions from providers about pharmacy drug-related issues/concerns. Appropriate clinical staff respond to inquiries about clinical interventions, reconsiderations, or decisions. Help Desk staff identify solutions by partnering with callers to address their concerns. If follow-up is needed, Help Desk staff set clear expectations on next steps and keep their service promise by following up, as appropriate. Help Desk staff make outbound calls to return voice messages received after regular business hours, by 5:00 PM the following State business day after receipt and make outbound calls to follow up on inquiries that could not be completed during the initial phone call. Help Desk staff receive technical and programmatic training, as well as training on customer services best practices known as Compassion, Accuracy, Respect, Enthusiasm (C.A.R.E) on Every Call. C.A.R.E focuses on listening to the caller's story, taking ownership of the issue, and keeping our service promise. We have defined policies for escalations, where appropriate, to supervisors of other areas. Help Desk staff receive AMPP-specific training allowing them to provide quick resolution to callers' questions. To facilitate resolution, AMPP requirements are documented/maintained in the Arkansas QuickChek. This enables staff to provide accurate information, such as other pertinent telephone numbers, as related to the AMPP or other DHS programs.
566	HD4	Helpdesk	Staffing Management	Vendor shall include contingency tasks and procedures to be followed should the Call Center staffing prove inadequate for the Vendor to meet all its contractual requirements. This includes a plan for handling the increase volume of calls during any transitional period.				Meets	MMA has established contingency tasks and procedures that are followed to ensure Help Desk staffing is adequate to continue to meet AME Pharmacy Contractual requirements, including a plan for handling the increase volume of calls during any transitional period. MMA ensures that there is adequate staff who are trained to provide coverage during transition times, such as when a key staff position becomes vacant. Our Help Desk staff is cross trained in multiple roles, which allows for an easy transition to a backup Help Desk representative. Our workload balancing process ensures that the necessary staff is available when the need arises.

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567	HD5	Helpdesk	Standards	Vendor shall operate the Call Center in a manner that will: 1. Meet all the requirements of this Contract 2. Create an efficient call center operation 3. Produce consistency in terms of customer service across all call center functions 4. Be easy to navigate 5. Routes the caller to an operator or voice response system within four telephone vectoring prompts 6. Ability to deliver call services in multiple languages, as directed by the State Please note that during a service outage, the Call Center does not have a failover site.				Meets	MMA will continue to operate our Help Desk in accordance with the requirements listed in HD5. Our PBA system collects/reports metrics from application-level processes in a consistent manner across the architecture to support AMPP performance requirements. MMA supports performance standards measurement through our monthly PG Report. To measure adherence to SLAs and facilitate QI initiatives, we engage in improvement practices that require systems and processes to be continually measured. Our call management system/established processes provide efficient Help Desk operations (e.g., screens are auto populated with caller information). The integration of our IVR and FirstTrax provides information to Help Desk staff allowing efficient/accurate decision making/problem resolution. IVR callers can provide demographic information visible to Help Desk staff when they receive the call. This enhances the caller's experience as Help Desk staff can begin assisting the caller faster. MMA's solution provides consistency in customer service across Help Desk functions. Help Desk staff use standardized processes to record, track, and index incoming and outgoing contacts ensuring that methods for receiving inquiries, and documenting responses, are consistent. FirstTrax. records call types/reasons ensuring consistent documentation. Our ACD permits efficient management of calls/staff assignments. It is easy to navigate and can be configured with customized routing or messages. MMA's call management system provides automatic phone call attendant functionality using hierarchical menu-driven capability. Callers are provided with a menu selection based on their inquiry/request and can reach Help Desk staff within two prompts. MMA will continue to utilize our translation vendor for clients requiring translation assistance.
568	HD6	Helpdesk	Performance Management	Vendor shall complete Quality Control (QC) checks by listening to line calls or recorded calls on a weekly basis. The Vendor shall provide the State ability to listen in on calls and recorded calls as well. The statistics of the audited calls must be reported on the weekly call stats report to the State.				Meets	MMA will continue to complete QC checks by listening to line calls or recorded calls on a weekly basis and provide the State with ability to listen in on calls and recorded calls. The statistics of the audited calls will be reported on the weekly call stats report to the State. MMA's call management system incorporates call quality monitoring and recording. Our solution digitally records and allows for easy retrieval and playback of all calls by MMA Help Desk management staff and designated DHS staff. All calls received through the toll-free line are recorded via real-time digital call recording software. Recorded calls can be retrieved by incoming telephone number, date, time, Help Desk representative, and other parameters for review. We utilize recorded calls as part of our QA program that measures telephone skills, documentation accuracy, clinical accuracy, and customer care. Quality reviewers sample calls and follow up on call outcomes monthly. We document the results of each review and report them to the Help Desk supervisor who prepares a monthly scorecard for each staff member to review their performance, both positive and negative. The supervisor also prepares an improvement plan for any adverse situation and monitors the individual until the issue is resolved. These reviews help identify training opportunities for Help Desk staff, as appropriate.
569	HD7	Helpdesk	Staffing Management	Vendor shall staff and maintain a Call Center system to handle incoming and outbound call volume between the hours of 8:00 a.m. to 5:00 p.m. CT, Monday through Friday, excluding State holidays, unless stated otherwise in this section. Vendor shall have staff to cover the incoming calls during lunch and break periods. After regular business hours, provide an automated message system to collect caller information. Vendor shall adjust staff as call volume increases to maintain average wait time of less than 2 minutes.				Meets	MMA will continue to staff and maintain a Call Center system to handle incoming and outbound call volume between the hours of 8:00 a.m. to 5:00 p.m. CT, Monday through Friday, excluding State holidays, unless stated. Our existing and experienced staff will continue to provide coverage for incoming calls during lunch and break periods. After regular business hours, our call management system provides an automated message system to collect caller information. Through our established Arkansas Pharmacy Solution, AMPP stakeholders can contact a Help Desk representative, who has received Arkansas-specific training, using a toll-free number to assist with inquiries such as eligibility, claim status, billing issues, etc. We continuously monitor all Arkansas-specific performance metrics and forecast staffing needs for the Help Desk using a combination of historical patterns, business guidance, and emerging trends. Using this information, MMA will adjust staff as call volume increases to maintain average wait time of less than two minutes.

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570	HD8	Helpdesk	Performance Management	Vendor shall establish a monthly Call Center leaders meeting to provide updates and discuss issues with State staff, per direction from the State. If determined by the State, this information may also be conveyed through a monthly report.				Meets	MMA conducts a weekly Touch Base meeting with the State every Friday, which exceeds the requirement for a monthly meeting. Our Touch Base meeting includes the State, MMA Arkansas Account Team staff, and the Pharmacist Lead/Clinical Manager (Call Center Manager), Jeniffer Martin, PharmD. The purpose of the meeting is to discuss issues/ideas, upcoming changes, and share/receive feedback. Our ProDUR Manager, Karen Evans, PD, leads the meeting. June Eskridge, Deputy Account Manager, provides a weekly Call Center Statistics report, including ASA, number of calls received, answered, completed, abandoned, and average talk and abandoned times. Dr. Martin also provides a monthly Call Center report to internal MMA staff that includes the total number of Call Center calls, total pharmacist calls, total transferred calls, and total number of calls answered by a pharmacist. This information is compiled and submitted to the State.
571	HD9	Helpdesk	CRM	Vendor shall utilize a CRM database, which consists of call management software, call activity recording software, online claims viewing and correction feature, and a scheduling system. The CRM must allow the data to be exported to a file and format that can be utilized by the State. Vendor shall ensure that staff input all customer contacts into the CRM database on the same day as the contact, to include the following information: 1. Name and Provider # and type of contact, (telephone call, correspondence or in-person contact). 2. The nature of all issues and questions discussed. 3. Responses and instructions given to the customer. 4. Attempts to contact the customer regarding an issue. 5. The status and resolution of each contact and answer(s) given, including date of resolution.				Meets	Our Help Desk solution consists of FirstTrax, our proprietary PA and contact management system that serves as a CRM database, call management software, call activity recording software, online claims viewing and correction functionality, and a scheduling system. Data from FirstTrax can be exported to a file and format for utilization by the State. We will continue to provide designated State staff with access to FirstTrax. Help Desk staff input all customer contacts into FirstTrax on the same day as the contact. MMA records, tracks from receipt to response, and indexes all incoming or outgoing contacts in FirstTrax. FirstTrax produces an electronic record to document all calls. When a call or fax request/inquiry is received, a contact detail record is created in FirstTrax. Contacts are documented, time-stamped, processed, and PA requests are responded to within required time frames. Help Desk staff record and track all inquiries and requests received from prescribers and pharmacy providers, as well as the pertinent aspects of the inquiry or PA request. FirstTrax captures the name and provider number and type of contact, nature of all issues and questions discussed, responses and instructions given to the customer, attempts to contact the customer regarding an issue, and the status and resolution of each contact and answer(s) given, including date of resolution. FirstTrax also captures the date, time, Help Desk staff identifier, caller identifier, customer type, reason for contact, and free-form notation, and can accommodate additional elements identified by DHS. The system records call types/reasons, helping to ensure that all documentation is consistent. FirstTrax allows access to each PA, inquiry, and override case for questions and management reporting.
572	HD10	Helpdesk	System, tools, and technical capabilities	Vendor shall ensure that online help will be accessible and customizable from all windows, tabs, frames and must include at least the following components: 1. General Information: 2. System User's Manual with context-sensitive links. 3. System Documentation with context sensitive links. 4. Data Element Dictionary. 5. Provider Manuals; and 6. Other State-defined resources.				Meets	MMA will continue to ensure that online help is accessible and customizable from all windows, tabs, and frames, and includes all elements listed in HD10. Our solution provides online help for all of its features, functions, and data element fields, as well as descriptions and resolutions for error messages, using help features including indexing, searching, tool tips, and context-sensitive help topics. Standard operation procedures, user guides, job aids, and tutorials are provided to DHS and designed to be used in conjunction with web-based training and as stand-alone job support. Definitions of codes, acronyms, abbreviations, and field names are consistent throughout the documentation and applications. The user guides contain tables with field names, definitions, and valid values. Specific DHS role-based job aids are provided as supplemental training documentation to the user guides. MMA's client-facing tools provide integrated, user-friendly online help. The context-sensitive help enables users to easily learn how to use the application and to access information. In addition, our solution provides intuitive and efficient navigation for nontechnical users. For example, static and dynamic content, as well as downloadable documents maintained on our web portal, are accessible through the hypertext links, drop-down lists, and menus. All active hyperlinks are continuously monitored and updated, as necessary.

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573	HD11	Helpdesk	System, tools, and technical capabilities	Vendor shall provide online prompting to assist users in data entry for State authorized users. Data fields must have preprogrammed keying formats to ensure that data formats are recorded correctly.				Meets	MMA will continue to provide online prompting to assist users in data entry for State authorized users. Data fields have preprogrammed keying formats to ensure that data formats are recorded correctly. MMA routinely provides user help functionality including field-level tooltips, on-screen instructions, supplementary pop-up windows containing relevant help content, as well as a help page regarding the user experience. Tool tips are used to provide context-sensitive feedback to the user when they hover, or mouse-over fields or interactive areas of the screen. Our web-based solutions employ consistent error handling that catches both known and unknown errors and displays user-friendly error messages for users that are encountering usage or technical problems.
574	HD13	Helpdesk	Staffing Management	Vendor shall provide a staff to support the Medicaid Pharmacy Program Help Desk that can accomplish the tasks currently performed by licensed pharmacists (of which one (1) assists with the drug rebate program) and supported by adequate clerical staff. Vendors must clearly define staffing models to the State for approval. Please see Attachment "A" for complete staffing requirements.				Meets	As the current AME Pharmacy Contractor, MMA has experienced Help Desk staff in place, including Arkansas licensed pharmacists and CPhTs. We currently maintain an Arkansas-dedicated Help Desk and will continue to do so for the new Contract term. Our experienced Help Desk staff for the AMPP is comprised of dedicated pharmacists, including a rebate pharmacist, and CPhTs who possess extensive Arkansas-specific experience and have been fully trained on AMPP requirements. Corporate clerical support staff are available, if needed. MMA is committed to maintaining strict requirements and a comprehensive strategy for ensuring appropriate operational staffing of the AMPP Help Desk and will work with DHS to review our staffing model, make adjustments, if necessary, and obtain State approval for the new Contract term.
575	HD14	Helpdesk	Performance Management	Vendor shall ensure that every support call be answered by and in the control of an authorized and trained specialist or technical services representative within an average of thirty (30) seconds after caller makes selection in (IVR) and call is placed in queue. No busy signals must be received 100% of the time.				Meets	MMA will continue to ensure that every support call is answered by and in the control of an authorized and trained CPhT within an average of 30 seconds after the caller makes an IVR selection and the call is placed in queue. No busy signals will be received 100% of the time. Call statistics are monitored and tracked regularly by Help Desk management, using the call management system, to ensure Help Desk standards are met and adjustments are made, as necessary. Both long-term and short-term weekly and daily planning is supported by our call management system, which uses algorithms to forecast daily and half hour contacts, average handle time, and staffing requirements using historical patterns, user-inputs, and average speed of answer targets. Help Desk staff schedules are maintained in the call management system, and scheduled activities adjusted regularly to support half-hourly requirements.
576	HD15	Helpdesk	Performance Management	Vendor shall ensure that in any month where the average speed of answer exceeds thirty (30) seconds, a review of the call list for that month will be conducted and all calls that have exceeded 30 second response time will be identified. Vendor shall have ongoing review of the call statistics and these stats will be reported in the monthly report to the AMPP. The measurement used is per hour, per day and reported weekly.				Meets	MMA will ensure that a review of the call list is conducted for any month where the ASA exceeds 30 seconds, including identification of all calls that have exceeded the 30 second response. Help Desk staff will perform an ongoing review of the call statistics, and the statistics will be reported in the monthly report to the AMPP. We understand that the measurement used is per hour, per day and reported weekly. Data from both the call management and pharmacy Help Desk systems are loaded into our data repository and become available via our BI tool, MRx Explore. MRx Explore provides a daily view that continues to add data each day to provide the cumulative weekly summary and, ultimately, the monthly summary. Our standard reports include the ASA Report that shows the average time it takes for calls to be answered by a Help Desk representative. We will review the report format with the State during Requirements Review and Validation meetings and deliver the information according to DHS-specified time frames.
577	HD16	Helpdesk	System, tools, and technical capabilities	Vendor shall provide field sensitive user help.				Meets	MMA's web portals provide integrated, user-friendly online help, including field-sensitive help. We routinely provide user help functionality including field-level tooltips, on-screen instructions, supplementary pop-up windows containing relevant help content, as well as a help page regarding the user experience. Tool tips are used to provide context-sensitive feedback to the user when they hover, or mouse-over fields or interactive areas of the screen.

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578	HD17	Helpdesk	Staffing Management	Vendor shall provide access to knowledgeable vendor staff for authorized Stakeholders. Vendor staff must be able to answer questions on the use of the Systems and Services, and Shared Services or on solutions to operational problems that the State may encounter.				Meets	MMA will continue to provide access to knowledgeable MMA staff for authorized AMPP stakeholders. Our knowledgeable and experienced staff have the ability to answer questions on the use of the systems and services and shared services, or on solutions to operational problems that the State may encounter. MMA's Operations Manager, Summer Gatica, serves as the primary point of contact for DHS staff, and will engage appropriate MMA functional SMEs, as appropriate. In addition, we will continue to provide DHS with access to our toll-free technical Help Desk (IT Service Desk) to provide support for State and MMA staff, including emergent issues. Technical support is available 24/7/365. MMA provides IT Service Desk assistance for general and technical support and questions, access issues and password reset procedures (e.g., login connectivity), and application and software support (e.g., software and hardware). Our IT Service Desk uses ServiceNow to track incidents. For other issues, IT Service Desk staff log the request in ServiceNow and route it to the appropriate MMA group for research and resolution. MMA's established after-hours contact and problem-reporting process provides on-call technical support for hours outside production support core business hours. Our Systems Manager, Melissa Tucker, will oversee all system issues and defects and serve as the State's primary point of contact.
579	HD18	Helpdesk	System, tools, and technical capabilities	Vendor shall operate and maintain a Call Center organization approved by State, to include: 1. The organizational structure with the staffing identified 2. The number of toll-free numbers to be utilized for access to Call Center 3. The proposed call vectoring scheme for the entire Call Center				Meets	As the incumbent AME Pharmacy Contractor, MMA currently operates and maintains a Help Desk organization approved by the State including the organizational structure with identified staff, the number of toll-free numbers utilized for access to Help Desk services, and the call vectoring scheme for the entire Help Desk. We will work closely with DHS during Requirements Review and Validation meetings to review our current service model and make adjustments, as appropriate, to ensure that the State's requirements continue to be met and/or exceeded.
580	HD19	Helpdesk	Performance Management	Vendor shall ensure the Call Center meets or exceeds the following minimum standards: 1. No block calls (calls receiving a busy signal) must be received. 2. The weekly average abandon rate must not exceed five (5) percent. A call will be considered abandoned after the first 30 seconds when a caller chooses to disconnect after the introductory message and prior to being connected to an Technician. 3. Hold time, when the caller is placed on hold by the representative in order to perform further research to assist the caller, must not exceed an average of 120 seconds per month. 4. All calls must be answered within three rings (a call pick-up system or IVR that places the call in queue may be used) however queue times must not exceed an average of 30 seconds on average. 5. All State requests for placement of hold messages or music must be executed within 24 hours of the request.	Yes	Vendor shall ensure each metric must be measured per hour, per day and reported weekly. These metrics must be reported in the Weekly Call Center report, utilizing the same parameters as defined above.	If any block calls are received the state may assess a $50 for each call. If abandon call rates exceed 5% on average monthly, the state may assess a $1000 penalty. If hold times exceed 120 seconds, on average per month, the State may access a $1000 penalty. If request to add music or messages are not completed within 24 hours, the state may assess a $1000 penalty per incident. These penalties may modified at the discretion of the State Contract Manager	Meets	MMA currently meets all AMPP Help Desk performance measures. We will ensure that our Help Desk continues to meet and/or exceed the minimum standards detailed in Requirement HD19. MMA will continue to monitor, track, and report call volumes and Help Desk statistics for the AMPP utilizing the latest version of our call management system which provides real-time monitoring and historical reporting. Data from both the call management and Help Desk systems are loaded into our data repository and become available via our BI tool, MRx Explore, which allows scheduling reports, as well as making all data elements available for self-service reporting. Our monthly Help Desk Statistics Report includes call response times, wait times, and abandonment rates calculated for the month. We possess extensive Help Desk management tracking and reporting capabilities and will meet and/or exceed AMPP standards for Help Desk responsiveness. Call statistics are monitored and tracked regularly by Help Desk management, using the call management system, to ensure pharmacy Help Desk standards are met and adjustments are made, as necessary.

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581	HD20	Helpdesk	System, tools, and technical capabilities	Vendor shall provide real-time access to system job and maintenance schedule, submission and processing statistics, and system performance tools for designated State staff.				Configurable	For the new Contract term, MMA will provide real-time access to system job and maintenance schedules, submission and processing statistics, and system performance tools for designated State staff. We will develop and maintain a release calendar on a secure electronic repository site with links to modified release notes accessible to State staff. The site will be updated, as needed, to reflect new updates and changes to job schedules. In addition, our Arkansas Account Team, supported by appropriate internal resources, will conduct meetings to discuss upcoming maintenance and release activities, including those that may result in planned system downtimes. Our Arkansas Account Team will also continue to provide the Ticket Log to document status of State-requested changes are discussed. Our FirstRx claims processing system uses a real-time monitor that displays current activity for all POS customers. The monitor displays claim transactions percentages of paid and rejected, average response times and other indicators. Thresholds for SLAs are configured in the FirstRx Claims Monitor to alert technical personnel to potential SLA breaches and fatal errors in claims processing. The tool is equipped with a quick reference dashboard and provides color-coded visual alerting to the Operations Center and pages and emails technical staff based on predefined thresholds and customer SLAs. In addition, we utilize tools, such as New Relic and SumoLogic, to monitor various components of the system and ensure we are seeing the expected performance levels. System availability and up-time metrics are available to the State through scheduled reports. We will work with the State to identify opportunities for automation.
582	HD21	Helpdesk	Performance Management	Vendor shall ensure the number of Call Center personnel can adequately address the call volumes to meet all performance requirements.				Meets	MMA will continue to ensure the number of Help Desk staff can adequately address the call volumes to meet all performance requirements. We are committed to maintaining strict requirements and a comprehensive strategy for ensuring appropriate operational staffing of the AMPP Help Desk. Call statistics are monitored and tracked regularly by Help Desk management, using the call management system, to ensure pharmacy Help Desk standards are met and adjustments are made, as necessary. Real-time performance is managed by viewing call and fax performance metrics and real-time Help Desk staff schedule adherence.
583	HD22	Helpdesk	Staffing Management	Vendor shall ensure that the Call Center must provide State of Arkansas licensed pharmacists during all hours of call center operation to respond to pharmacy related questions that require clinical interventions, reconsiderations, consultation, and provide provider support for responses to prior authorization request reconsiderations.				Meets	MMA will continue to ensure that the Help Desk provides State of Arkansas licensed pharmacists during all hours of Help Desk operation to respond to pharmacy related questions that require clinical interventions, reconsiderations, consultation, and provide provider support for responses to PA request reconsiderations. Dr. Martin will continue to serve as the Pharmacist Lead/Clinical Manager for the AMPP. Our Help Desk staff answer calls, provide support, and answer inquiries from providers, clients, and other AMPP stakeholders. We provide a fully-trained Help Desk staff of skilled clinicians—including pharmacists (RPh and PharmD) and CPhTs. MMA's experienced and trained Help Desk staff respond to and resolve all telephone inquiries/questions from providers regarding pharmacy drug-related issues and concerns. We provide appropriate clinical personnel to respond to pharmacy-related questions, as well as inquiries regarding clinical interventions, reconsiderations, or decisions. MMA is committed to continuing to provide excellent Help Desk support and functionality for DHS, as well as the providers and clients the AMPP serves.

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584	HD23	Helpdesk	System, tools, and technical capabilities	Vendor shall provide a Caller Satisfaction Evaluation Tool within their CRM system to conduct immediate customer satisfaction surveys: 1. Conduct, immediate customer satisfaction surveys on an ongoing basis using a State approved tool and questionnaire. 2. The customer satisfaction survey must be delivered in English, Spanish, and other languages as directed by State. 3. The survey must be conducted at the end of the call by randomly selecting a population of Call Center callers to enable them to evaluate the effectiveness of the Call Center telephone agents, the information provided, and satisfactory resolution of the call. 4. Provide a method by which State staff can monitor and access the surveys that are in process or completed. State staff must be able to access the recorded calls, at a minimum, but not limited by: date of call, Provider identifying information, Client identifying information, type of call and type of question or issue. 5. Provide a monthly report to State on the satisfaction findings and plan of action taken to address inefficiencies and deficiencies with contract requirements.				Meets	We provide a Caller Satisfaction Evaluation Tool within our call management system to conduct immediate customer satisfaction surveys on an ongoing basis using a State-approved tool and questionnaire. The survey will be delivered in English, Spanish, and other languages as directed by State. We use a vendor to translate materials based on the population served and in accordance with State regulations. Our call management system generates Customer Satisfaction Surveys to randomly selected populations at the end of the call to evaluate the effectiveness of Help Desk staff, the information provided, and satisfactory resolution of the call. Surveys target satisfaction with our Help Desk representatives' knowledge/telephone etiquette, clinical staff, written communications, and clinical decisions and appeals, as well as satisfaction with telephone systems/websites. The survey can also target satisfaction level with our pharmacy network, clinical criteria, and access to/ timeliness of delivery of services. We will work with DHS to obtain approval of the survey and random sampling methodology, as well as to determine the methodology by which State staff can monitor and access the surveys that are in process or completed. MMA will provide authorized State staff with access to the recorded calls by date of call, provider/client identifying information, type of call, and type of question/issue. Our Pharmacy Technician Lead, Renee Seely, CPhT, will provide a monthly report to the State on the satisfaction findings and plan of action taken to address inefficiencies/deficiencies with Contract requirements. Changes to operations and services made in response to survey results, if needed, will be disseminated through training to Help Desk staff and documented in Help Desk policies and procedures.
585	HD24	Helpdesk	CRM	Vendor shall track calls to and from the Client or Provider. Vendor shall add notes from the communications to be viewed online immediately by designated State and Vendor staff.				Meets	Our Help Desk staff will continue to utilize FirstTrax to track calls to and from the client or provider and add notes from the communications to be viewed online immediately by designated State and MMA staff. Through FirstTrax, MMA can report all information regarding a contact's or PA's history including the Help Desk representative's written or electronic comments, as well as clinical notes, if appropriate. Each call is documented in FirstTrax, which allows for immediate access to complete call information by all authorized users and Help Desk management. In addition, FirstTrax tracks all correspondence (e.g., requests, letters, any written form) related to a client, and allows DHS online access to the information. We will continue to provide designated DHS users with access to FirstTrax.
586	ME1	Modification & Enhancement	Change Management	Vendor shall process all change requests in accordance with the State approved Change Management Plan and process. All change requests must be entered and tracked using the State's change management tool. Once a change request is received by the Vendor, the Vendor shall develop and submit a Rough Order of Magnitude (ROM) for covering the requested changes to the State within five (5) state business days after requirements for the State's Change Request have been determined and agreed upon. Additionally, a detailed analysis document must also be drafted and submitted to the State within ten (10) state business days after the ROM submittal to the State and the requirements have been defined and mutually agreed upon. For larger projects that require a SOW, contract change, or use of the Mod Pool, Vendor shall ensure the SOW be delivered within 15 days after requirements are finalized. Vendor shall complete Change Requests from the State within the original schedule and budget, unless otherwise approved by the State.				Meets	As the incumbent AME Vendor, MMA currently processes all change requests in accordance with the State approved Change Management Plan and process. Under the new Contract, we will enter and track change requests using the State's change management tool. Upon receipt of a change request, MMA develops and submits a Rough Order of Magnitude (ROM) for covering the requested changes to the State within five (5) state business days after requirements for the State's Change Request have been determined and agreed upon. Ten (10) state business days after ROM submittal to the State, and the requirements have been defined and mutually agreed upon, we will submit a detailed analysis document to the State. For larger projects that require a SOW, contract change, or use of the Mod Pool, MMA ensures the SOW is delivered within 15 days after requirements are finalized. We also complete Change Requests from the State within the original schedule and budget. Under the new Contract we will continue to follow these processes and will conduct Requirements Review and Validation Sessions with DHS during DDI to update the Change Management Plan and align our current state change management processes with the requirements of the new Contract.

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587	ME2	Modification & Enhancement	Change Management	Vendor shall document an enhancement and it will be considered a Change Request which must be identified as a change in system functionality driven by a change in an existing requirement or the existing approved design or new functionality.				Meets	MMA has an existing, robust Change Management Process in place to document change requests, which are defined as changes in system functionality driven by a change in an existing requirement or the existing approved design or new functionality. MMA affirms that we continue documenting an enhancement and Change Requests using this established process. We will work with DHS during DDI to review the existing process and align to the new Contract requirements.
588	ME3	Modification & Enhancement	Testing	Vendor shall support the ability to test actual or potential changes to business rules and procedures. This functionality must be available in SIT and UAT environments and will allow the Vendor and/or State designated business user to perform hypothetical testing, scenario modeling, and time travel testing, to assess the impact of a proposed business rules change resulting from policy and legislation changes.				Meets	Quality Assurance (QA) Testing staff and Data Analysts use queries and tools to perform impact analyses and "what if" scenarios in testing and in making recommendations about changes to the State's programs. MMA routinely performs exploratory testing (hypothetical scenarios) for all proposed changes in the SIT and UAT testing environments. Since test cases can be saved, comparisons can easily be made from one test scenario to the next. We will continue to comply with these requirements under the new Contract, and will work with DHS to conduct Requirements Review and Validation to identify and resolve any gaps between the current and future states.
589	ME4	Modification & Enhancement	Testing	Vendor shall document all project Change Requests which are related to execution of the SEMP and TEMP plans during testing.				Meets	MMA affirms that we will document all project Change Requests which are related to execution of the Configuration Management Plan (CMP) and the Test Management Plan (TMP) during testing. MMA has an established change management methodology in place, which includes a change request form that is used to document and authorize change requests, both DHS-requested and routine, throughout all project phases. Once a change request is approved, we coordinate all tasks and activities with DHS, including prioritizing issues and activities to execute the SEMP and TEMP plans during testing. The DDI Manager is responsible for change management during the DDI Phase and hands off responsibility to our Operations Manager during the ongoing M&O Phase. Our change management process is a systematic and structured way to formally document, receive approval for, and track a request for change to testing related changes.
590	ME5	Modification & Enhancement	System Compliance	Vendor shall apply enhancement (Change Request) updates to protocols throughout the Contract Period, as directed by the State.				Meets	MMA currently uses, and will continue to use our change management methodology, to apply enhancement (Change Request) updates to protocols throughout the Contract Period as directed by the State. Our change management methodology includes processes and documentation for identification of and justification for the change, requirements definition, impact assessment and high-level project planning to ensure changes are fully vetted, impacts assessed, and schedules mapped out before the change is submitted for final review and approval. Part of the impact assessment includes an assessment of changes to project baselines, e.g., approved documentation, as well as ancillary processes such as the creation of new documentation, training, etc. We continually manage the addition or modification of requirements, ensuring complete and thorough impact analysis and understanding of the impact of the change on the AMPP in terms of effort, resources, time, and cost. Scope changes are a natural evolution of project delivery, and we will partner with the State to carefully manage these changes.

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591	ME6	Modification & Enhancement	Change Management	Vendor shall update all related system documentation, training materials, online user support modules, and provide training to all users affected by completed change requests no later than thirty (30) business days after the implementation of the modification and/or enhancement (M&E).				Meets	As part of MMA's existing Change Management Process, all system documentation, training materials, online user support modules, are revised to reflect system modifications, with versioning with the date of the change. Training is provided to users affected by the change. We will continue to do this under the requirement. When changes are performed that require updates to documentation and additional training, the MMA Training and Development Department will be part of the plan from the beginning. The Project/Account Manager will work with both the MMA Training and Development Department and the Documentation Management Department to ensure that all system documentation is revised, as necessary, to ensure information regarding the Change Request is documented, and that a training plan is developed for affected users.
592	ME7	Modification & Enhancement	Change Management	Vendor shall participate in the evaluation of all proposed Change Requests as required by the Change Management Process.				Meets	As the incumbent AME Pharmacy Vendor, MMA understands and agrees to participate in the evaluation of all proposed Change Requests and maintain compliance with the Change Management Process. To aid in the scheduling and prioritization processes, the Project/Account Manager will collaborate with the State to evaluate all proposed Change Requests.
593	ME8	Modification & Enhancement	Change Management	Vendor shall participate with State in Change Management meetings for the prioritization of State-approved Change Requests.				Meets	As the incumbent AME Pharmacy Vendor, MMA currently participates with the State in Change Management meetings for the prioritization of State-approved Change Requests and will continue to do so under the new Contract. We understand the reality that business needs change due to a variety of factors and proactively work with the State to incorporate changes into our systems. The Project/Account Manager will continue collaborating with the State to categorize each change as one of the following types, according to our typical approach: -Normal Change: A normal change is one which can be implemented within the normal approval cycle and implementation windows. These implementation windows are scheduled on Saturdays and Sundays to minimize service disruption. -Emergency/Expedited Change: An emergency change is required where there is an open incident that is disrupting a critical business service and where a change must be implemented to restore this service.
594	ME9	Modification & Enhancement	Change Management	Vendor shall, at the request of State, evaluate Change Requests and submit in return the Change Request schedule and pricing estimates back to State along with a Configuration Management deliverable that documents all proposed Project Component business and technical changes, including computing environments. See requirement ME1 for additional specifications.				Meets	MMA's existing Change Management Process includes evaluation of change requests and subsequent submission of schedule and pricing estimates, along with a Configuration Management deliverable to document all proposed Project Component business and technical changes, including computing environments. The Project/Account Manager consults with the appropriate Operations and/or IT staff to determine if the request is included as part of the existing contract or if a separate Statement of Work (SOW) is required. If a separate SOW is required, then one will be prepared and submitted to the State, and work will commence once the SOW has been mutually agreed-upon, and the required resources are available. We will work with DHS during DDI to review existing change request processes and ensure they align with the requirements of the new Contract, including those specified in requirement ME1.

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595	ME10	Modification & Enhancement	Change Management	Vendor shall, upon approval by State, develop, configure, integrate, and test the approved Change Request including the provision of updates to technical, operational, and support documentation and end-user training.				Meets	MMA's existing Change Management Process that is in place supporting the new Contract requires State approval to proceed with development, configuration, integration, and testing. Once approval from the State is received, MMA proceeds with development, configuration, and testing. Supporting documentation is developed and maintained for each Change Request processed. After the development work is completed, User Acceptance Testing and Integration Testing is performed by the MMA Operations staff and the State. End-user training is provided for any system changes that result in impacts to user functionality.
596	ME11	Modification & Enhancement	System, Tools and Technical Capabilities	Change Control – Vendor shall provide a tool, or use the State's tool, for the systematic management of all changes or requests for changes made to the project (scope, cost, quality, objectives, priorities, resources, software, design, schedule, etc.). A process and event log with approvals and authorizations to ensure that no unnecessary changes are made, that all changes are documented, that services are not unnecessarily disrupted and that resources are used efficiently. This tool must provide the functionality to submit changes remotely by authorized users as well as reporting functionality. The Vendor's solution must be able to interface with current State management tools (e.g., Jama and Jira).				Meets	MMA has an established change control process for systematic management of all changes or requests for project changes, including scope, cost, quality, objectives, priorities resources, software, design, schedule. Change requests will be managed using the State's change management tool. During DDI we will work with DHS to conduct Requirements Review and Validation to ensure that our existing change control management process aligns with the State's change control process and the requirements for the new Contract.
597	ME12	Modification & Enhancement	Service Item	Vendor shall provide a dashboard of all file transfers.				Meets	All file transfers conducted to or from MMA's in place solution that is supporting AMPP are routinely monitored via MMA's Job Execution and Tracking System (JETS) application, at both the application and file transfer level. The JETS application provides dashboards that track and maintain all the data file destinations, file layout descriptions, file transfer methods, and their purposes. MMA has a dedicated operations team that monitors file processing 24/7/365. 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, an alert indicator that quickly highlights if there is a problem or issue that needs to be corrected, passed, rejected, and adds and changes. During DDI we will work with DHS to conduct Requirements Review and Validation to ensure that our existing change control management process aligns with the requirements for the new Contract.

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598	MO1	Maintenance & Operations	Staffing	Vendor shall work with the State to establish the Stakeholder roles and responsibilities involved in the M&O, and document them in the Maintenance and Operations Support Plan Deliverable.				Meets	For the upcoming contract period, MMA will continue to partner with the State to establish all stakeholder roles and responsibilities involved in the M&O. We will document them for Systems and Services and Shared Services operations plan.
599	MO2	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall conform to the Design, Development, and Implementation methodology approved by the State.				Meets	As the incumbent, MMA will have a low-risk, non-disruptive implementation effort for the new contract period. For updated or added scope, MMA will work with our DHS counterparts to ensure that we conform to the Design, Development, and Implementation methodology approved by the State.
600	MO3	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall support the following instances or events both before and after implementation (throughout the life of the project): 1. Activities and staff necessary to correct deficiencies or inaccuracies in business logic., These include, but not limited to, deficiencies identified post-implementation, including planned modifications. 2. Activities and staff necessary to meet the technical and operational performance requirements detailed in this RFP, including operations support. 3. Activities and staff necessary to ensure that documentation, data, software, utilities, technical services, peripheral services, hardware, middleware, and reports are accurate. 4. Data maintenance activities and staff for updates to tables, including database support activities. 5. Changes to business services scripts or system parameters concerning the frequency, number, sorting, and media of reports. 6. Changes to disposition parameters for established edit criteria. 7. Addition of new values or other operational and technical environment changes.				Meets	MMA will continue to support the instances and events listed in MO3, both before and after implementation. 1. MMA Benefit Configuration Specialist staff will execute the necessary coding changes and/or corrections in the test environment. MMA testers will execute testing and provide results for review and approval. Approved test results will be reviewed with DHS staff. 2. MMA commits appropriate staff to the monitoring of our operational environments. Help Desk staff are also available to support our customers and our internal users to effectively resolve issues. 3. MMA builds into our processes the procedures, steps, and safeguards to ensure accuracy of our systems and services. For example, when we design data interfaces, we do so with control totals and within a system that automatically sends alerts when an anomaly in a file transmission is encountered so that it is promptly corrected. 4. The health of our databases is monitored 24/7/365. If a problem is ever detected with a database, then appropriate actions are promptly taken to address the issue. 5. If the State requests a change concerning the frequency, number, sorting, and media of reports, MMA will modify the configuration of the systems that govern the automatic creation of the reports. 6. If it becomes necessary to modify the edit/audit criteria implemented by our databases' middleware, Oracle, MMA will work with the State to determine the appropriate level of auditing. 7. MMA will remain vigilant in supporting any additions or changes to the operational and technical environments supporting the AME contract or integrating with the State's systems. An explanation of the changes and State approval records will be available for review in a quarterly Change Summary Report or on a mutually agreed-upon basis.

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601	MO4	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall update the following items, as directed by the State: 1. Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) Act Requirements 2. State mandated requirements, including state data privacy laws and the State Medicaid Fairness Act. 3. Federally mandated requirements 4. Federal Medicaid Industry Adoption of New Business Rules/Standards 5. Certification requirements 6. Federal American Recovery and Reinvestment Act of 2009 (ARRA) 7. Federal Patient Protection and Affordable Care Act (PPACA; also referred to as ACA)				Meets	MMA's AME solution is currently in full compliance with each of the items listed in MO4, and we will update our solution as needed throughout the life of the contract to ensure that we remain in compliance. 1. We will ensure that our solution continues to meet security and privacy requirements including, but not limited to, MARS-E 2.0, SSAE18 SOC 1, HITECH requirements, and HIPAA requirements. 2. Our solution, including infrastructure (e.g., facilities, hardware, software, and linkages), is in-place and operational. It will continue to meet Federal and State architectural, technical, security, and privacy requirements. 3 and 4. Changes regarding federally mandated requirements and/or Medicaid industry standards will be documented, and discussed with the State to ensure these enhancements are understood and deployed in a fully compliant manner. 5. Our AME solution meets and will continue to meet all Federal pharmacy point-of-sale certification requirements. MMA is committed to the continued enhancement of our capabilities through routine releases and enhancements to the products. 6. MMA continually monitors HIPAA- and American Recovery and Reinvestment Act of 2009 (ARRA)-related issues to ensure that our products and services are compliant with federally legislated requirements. 7. All regulations and agency guidance related to the Affordable Care Act are monitored and implemented with State approval. MMA will continue to provide notice and expert recommendations regarding changes in requirements related to healthcare reform. In addition, we will provide a report when applicable that includes any new or updated policies and procedures that incorporate changes stemming from requirements related to healthcare reform.
602	MO5	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall validate weekly drug vendor file(s) (i.e., First Databank file) to confirm that the new edits and Arkansas-specific customized conditions are correct in system before implementing weekly vendor file price updates.				Meets	MMA will continue to review the weekly loads of the First DataBank drug file into the FirstRx adjudication system. MMA will also review the standard load processes to ensure the data received from vendors are loaded correctly. We will provide proven testing and deployment processes to ensure all edits are implemented accurately.
603	MO6	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall monitor, maintain, and preserve the historical state and federal and Generic Upper Limit (FUL/GUL), watch for new opportunities for GULs/FULs. Vendor's system needs to be able to adapt to special pricings (such as MAC or GUL, Capped Upper Limit, Federal Upper Limit (FUL)) and be able to distinguish which one of the special prices would benefit the State the most.				Meets	MMA calculates the state specific MAC according to the client's predetermined algorithm. MMA will monitor, maintain and preserve the historical state and federal FUL/GUL while watching for MAC pricing opportunities to present to the state for approval. We can load a current Arkansas State MAC or GUL for monitoring and maintaining and are able to adapt to special pricing situations. In addition to the State GUL or MAC, a history of Federal GUL or FUL pricing information provided by First DataBank will be maintained and distinguished within the FirstRx POS system.
604	MO7	Maintenance & Operations	Process Improvement	Vendor shall develop and maintain, with the State's approval, standard operating procedures (SOP), such as User Manuals, used in the operation of the Vendor's pharmacy helpdesk functions to respond to any State, Provider or Client communications problems. This documentation must be maintained on the State's document management tool and available to State personnel.				Meets	As the State's incumbent AMPP contractor, MMA has State-approved SOP in place supporting the AME, including user manuals for the pharmacy help desk, as well as all other required documentation. On the AMPP Web Portal, we have updated documentation including but not limited to the PA criteria, memorandums, PDL, pricing information, claim edits, and payer specifications. These documents outline our POS edits and claims submission requirements. There are several documents that we keep updated that the Help Desk can use when providers or clients calls for assistance. These are also available to the State on the Web Portal. This documentation will continue to be available to State personnel on the Web Portal. For the upcoming contract, MMA will partner with DHS to ensure that our SOP and other documentation are updated as needed, so that we continue to fully meet evolving State needs.
605	MO8	Maintenance & Operations	Staffing	Vendor shall provide an Operations staff to meet the requirements for Operations as requested in the RFP, Attachments A, and G.				Meets	MMA has Operations staff in place, currently meeting all requirements for AMPP Operations. In the upcoming contract period, we will partner with DHS to ensure that our staff continue to meet all requirements for Operations as requested in the RFP, Attachments A, and G. Please refer to proposal section 8.1.2 for details on our staffing approach for the new contract period.

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606	MO9	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall receive, process, and adjudicate all pharmacy POS, FFS claims and reversals . Vendor shall process all received MCO batch encounters from the MCO respective PBM.				Meets	MMA will continue to receive, process, and adjudicate all pharmacy POS, FFS claims and reversals. We will process all received MCO batch encounters from the MCOs' respective PBM. FirstRx processes pharmacy claims using interactive real-time processing meeting NCPDP Telecommunication Standard version D.0 for POS claims, Batch Standard v1.2, via web submission from authorized and credentialed providers, and claims entered manually from industry-standard paper claim forms. Consistency controls are in place to ensure all pharmacy claim transactions comply with Arkansas rules. The Arkansas Payer Specification document identifies the NCPDP fields, mandatory and situational, required for claim submission.
607	MO10	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall present the Arkansas Medicaid Pharmacy Program with detailed drug and pricing information as well as any State MAC or FUL associated with the drug and any corresponding effective and change dates for each.				Meets	MMA will continue to provide the State pharmacy staff with detailed drug and pricing information based upon the FDB data files, including the corresponding packaging information. This will include all prices included in the compendia. In the event the SMAC is published in the compendia, the SMAC will be included. All reference data changes will include corresponding effective and change dates.
608	MO11	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall initiate data research and statistical analysis, as requested by the State, and report the findings to the State.				Meets	MMA's Clinical Outcomes Analytics and Research (COAR) Department will continue to provide the State with the necessary resources to conduct any data research and statistical analyses. COAR will proactively identify opportunities for cost savings and quality of care improvement, and thus initiate data research and statistical analyses related to identify possible clinical programs target to contain costs and improve care. MMA will provide all findings associated with data discovery and mining to the State.
609	MO12	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall maintain a web portal containing program information and updates specific to the Arkansas Medicaid Pharmacy Program including, but not limited to: 1. Pricing information 2. Forms for pricing adjustments 3. Appeals processes 4. Vendor contact information 5. Any other information as required by the State. To view the current website, please access https://arkansas.magellanrx.com Additional specifications may be decided during requirements and design sessions.				Meets	MMA will continue to provide and maintain a web portal containing program information and updates specific to the Arkansas Medicaid Pharmacy Program including, but not limited to the items listed in Requirement MO12. MMA's web portal will house the program information, MAC pricing updates, forms for requesting MAC price adjustments, appeals process information, vendor contact information, and other State-required information. MMA will work closely with the State to ensure that all required information continues to be delivered effectively through the web portal. We currently provide this service to our MAC customers, including Arkansas.
610	MO13	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall implement/modify configuration changes or data fixes to edits related to State-identified scenarios of patient safety and billing issues. These changes (with approval from the State) must be completed within one business day. Emergency requests from the State that can be addressed through configuration changes must be implemented within a mutually agreeable timeframe. An example of this scenario would be the Public Health Emergency.				Meets	As directed by the State, MMA will continue to implement/ modify configuration changes or data fixes to edits related to State-identified scenarios of patient safety and billing issues. FirstRx is an on-line, real-time, table-driven system enabling changes to be made rapidly and upon deployment available immediately for claims adjudication. Our ProDUR solution is an integrated component of the FirstRx POS system that provides real-time evaluation and identification of drug therapy problems prior to dispensing. We will implement expedited/emergency changes within the agreed-upon time frames and with approval from the State.
611	MO14	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall provide the ability to identify and audit claims that have been paid for Clients when we have received post adjudication eligibility termination information and provide the State with impacted Providers. The Vendor shall perform reversals on these claims as directed and authorized by the State.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	Two hundred fifty dollars ($250) per calendar day the Vendor does not meet the schedule as mutually agreed upon with the State.	Meets	MMA's in-place solution provides the ability to identify and audit claims that have been paid for clients when we have received post adjudication eligibility termination information. We will provide the State with a list of the impacted providers. MMA will continue to perform reversals on these claims as directed and authorized by the State.
612	MO15	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor's system must allow identification of a pharmacy claim and the specialties of the prescribing provider.				Meets	FirstRx system design allows DHS the flexibility to configure multiple parameters or conditions, including prescribing provider specialty and NPI, to develop plan rules. This information can be included in extracts sent to other partners, including the DSS.

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613	MO16	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor's system must provide the following Pharmacy Solution Functions: 1. Point-of-Sale 2. Prospective Drug Utilization Review (Pro-DUR) 3. Retrospective Drug Utilization Review (Retro-DUR) 4. Prior Authorization (PA) 5. Rate Setting according to current pricing methodologies 6. Drug Rebates 7. 340B Processing 8. Other functions as defined by the State				Meets	MMA's AMPP solution provides all of the pharmacy solution functions listed in Requirement MO16. We currently perform all required point-of-sale, ProDUR, RDUR, PA, rate setting, drug rebates, 340B processing, and other pharmacy functions as defined by the State. During the Implementation Phase of the upcoming contract period, MMA will partner with DHS to validate that we fully meet all updated and new requirements.
614	MO17	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall provide the capability to edit claims based on prescription type (new or refill) and provider's status (i.e., prescribing provider's DOD), or other editing as directed by the State.				Meets	FirstRx will continue to provide the capability to edit claims based on prescription type (new or refill) and provider's status (i.e., prescribing provider's DOD), or other editing as directed by the State.
615	MO18	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall report any pricing issues identified by a Provider (including shortages and/or changes in cost) to the State and adjust, if needed, with approval from the State. Notification to the appropriate state Stakeholder must be immediate and tracked through a dashboard report.				Meets	Any competitive pricing program, for example Maximum Allowable Cost (MAC) Program, will incur inquiries from providers that will result in changed prices or suspensions due to shortages and availability issues. MMA has found the provider inquiry/appeal process and feedback we receive through our positive relationships with providers are invaluable resources in early identification of these issues, leading to their quick and accurate resolution. Pharmacy providers may submit inquiries to the State or directly to MMA to initiate an investigation. We typically ask providers to supply evidence of their pricing if they experience difficulty obtaining the pharmaceutical at the set price (usually an invoice from their wholesaler is faxed or emailed). Once a pricing inquiry has been received, the MAC Team will review available resources and make a determination based on current market availability and other product intelligence. A final recommendation will be made based on the best available evidence and forwarded to the State for approval. Once the approval has been granted, the MAC Team will provide a written response indicating the outcome (whether approved or denied) within a mutually agreed-upon time frame. If a MAC price adjustment is not warranted, the MAC Team will provide alternatives within the response, when possible, that demonstrate product availability below the current MAC rate.
616	MO19	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall provide secure access to the Medicaid client drug profiles for prescribers. Providers must register for access to client specific information on the portal. The web portal must use "roles-based" authentication through a secure token service to communicate security access to all appropriate systems.				Meets	MMA will continue to provide secure access to the Medicaid client drug profiles for prescribers. Prescribers will have a single-sign-on for secure access to the web portal for all Arkansas Medicaid-related applications, including all pharmacy applications and services. Through the single-sign-on, the web portal will use "roles-based" authentication through a Secure Token Service to communicate security access to all appropriate systems. Through the portal, MMA will provide access to the Medicaid client drug profiles for prescribers.
617	MO20	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall provide information from the drug and pricing database being used to support the Arkansas Medicaid Pharmacy Program, as directed by the State. This data (received weekly) will be used to customize the Arkansas drug data file to maintain and distribute to the MMIS, DSS and any Managed Care Entities, including the Provider-Led Shared Savings Entities (PASSEs).				Meets	MMA will continue to provide information from the drug and pricing database being used to support the Arkansas Medicaid Pharmacy Program, as directed by the State. The data (received weekly) are used to customize the Arkansas drug data file to maintain and distribute to the Core/MMIS, DSS and any Managed Care Entities, including the Provider-Led Shared Savings Entities (PASSEs).
618	MO21	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall provide a customizable web-based tool to allow the State staff to inquire about drug, claim's history, or other relevant information needed which require no client component download(s).				Meets	MMA will continue to provide our web-based drug look up tool, which gives State pharmacy staff the ability to query drug and claim history through a web browser alone. The Drug Look Up tool does not require a client component download and can be accessed by authorized staff using any standard web browser.

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619	MO22	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor's system must allow the State staff to query drug information based on any of the following: 1. Drug generic name, drug brand name or drug label name, to include drugs that start with a specific set of characters or have names similar to the name requested. 2. Either 11-digit NDC or 5-digit Labeler Code 3. Drug Class (i.e., HIC-3)				Meets	MMA's web-based lookup feature enables designated users to inquire into a variety of drug characteristics and classifications through a series of indexed search fields, including all or part of the drug generic name, all or part of the drug label name, all or part of a drug brand name, either the 11-digit NDC or the 5-digit Labeler code, and drug class.
620	MO23	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor's system must allow the State staff to restrict searches for drugs based on any of following criteria: 1. Whether drugs are covered , not covered , discontinued, obsolete, or all drugs matching the name search 2. Therapeutic Class (AHFS, Standard, and Generic) 3. Whether drugs are identified as DESI, not DESI, or all drugs matching the name search 4. Package size 5. Whether drugs have a drug class code of RX, OTC, or all drugs matching the name search 6. Whether drugs have a FFP Match indication or yes, no or all drugs matching the name search 7. Whether drugs have a PA required status of yes, no, or all drugs matching the name search 8. HCFA termination 9. Rebate status (i.e., CMS, OBRA) 10. Any HIC level 11. GCN/GSN where applicable				Meets	MMA will continue to provide our web-based lookup tool, which meets Requirement MO23 and allows State pharmacy staff to search on any combination of the following criteria: drug name, covered/not covered status, discontinued or obsolete status, DESI/not DESI, package size, drug class, FFP match indication, PA required status, therapeutic class, HIC Level, GCN, and RX/OTC.
621	MO24	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor's system must allow the State staff to perform pharmacy claims inquiries by client ID, provider ID, NPI, or claim number.				Meets	FirstRx and FirstTrax both provide searchable history of claims based on flexible parameters, including claim number, client ID, provider ID and provider NPI, DEA, along with dates of service, and NDC, among others.
622	MO25	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall ensure that the Automated Voice Response System (AVRS) is configured to support the Arkansas Medicaid Pharmacy Program by: 1. Defining pharmacy-related branching options 2. Proposing branching options or script language for the State's approval 3. Periodically review menu options for correctness 4. Providing ability to expand as needed for future Arkansas Medicaid Pharmacy Program functions.				Meets	MMA will ensure that our AVRS continues to meet all AMPP requirements. 1. MMA's AVRS system is in place and configured for customized Arkansas specific routing and messaging. 2. Messaging and scripts will continue to be available in the language requested by the state. 3. Messaging and prompts are periodically reviewed for necessary revisions or the addition of educational messages due to program changes. 4. The AVRS can be expanded or modified as needed to accommodate future AMPP functions. Any changes to call flow prompts and messaging will be provided to the state for approval.
623	MO26	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor system and staff must test all criteria (including PDL drugs) to ensure correct claims processing and to correct any identified errors. Vendor shall also perform periodic testing on existing edits and provide results of testing to the State.				Meets	MMA routinely tests all changes made to the system, whether to correct errors, bugs, or for enhancements. The Change Management Process is a robust process beginning with requirements documentation and ending with State approval of test results. MMA performs routine regression testing in the testing environment with every patch release. Also, MMA auditors perform weekly random sample claims audits for each customer, as well as in-depth audits of high impact changes to ensure the system maintains integrity over time.
624	MO27	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall track and balance all transactions, retain and attach information as required by HIPAA and manage all the HIPAA-required external data sets (e.g., ICD, NDC).				Meets	MMA will continue to track and balance all transactions, retain, and attach information as required by HIPAA and manage all the HIPAA-required external data sets (e.g., ICD, NDC). Each load produces a load report that states the accepted count and rejected count and balances them. With the combination of message tracking and reports, the messages can be balanced and tracked.
625	MO28	Maintenance & Operations	System Compliance	Vendor shall audit the Department's Pharmacy claims processing activity relating to the payment of selected Medicaid claims at least bi-annually and provide results to the State. The objectives of the audit are to determine whether pharmacy claims were adjudicated with the correct pricing including drug reimbursement methodology, dispensing fee, COB and any applicable cost share.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	Two hundred fifty dollars ($250) per calendar day the Vendor does not meet the schedule as mutually agreed upon with the State.	Meets	Throughout the upcoming contract period, MMA will audit the Department's Pharmacy claims processing activity relating to the payment of selected Medicaid claims at least bi-annually and provide results to the State. We currently provide this service for Arkansas.

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626	MO29	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall identify and propose cost saving and patient safety edits, quantity limits, and dose optimization edits for existing and new drugs introduced and coming into the marketplace.				Meets	MMA's clinical pharmacists will continue to monitor developments in terms of both new drugs and new additions to the clinical literature specifically with an eye on potential edits to assist our customers in being proactive in the establishment of cost savings and patient safety edits. With the release of new drugs, our Drug Policy Development (DPD) Committee creates a New Drug Update (NDU), which offers a brief overview of the new medication and suggestions for clinical edits. These NDUs will continue to be made available to Arkansas. The DPD Committee also monitors for changes in guidelines, FDA indications, and new findings in terms of recommended dosing and safety parameters. This information is made available to all MMA clinical pharmacists to evaluate for appropriate action for each of our customers. This procedure ensures that Arkansas will continue to have the most recent, clinically relevant information at their fingertips to work through potential problems.
627	MO30	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall update and validate all pharmacy POS reference data to ensure that it is current and accurately reflects Arkansas pricing rules and drug costs.				Meets	MMA maintains accurate and timely processing of pharmacy POS reference data to support Arkansas pricing rules and drug costs. MMA will continue to partner with Arkansas Medicaid to confirm a mutually agreed-upon time frame for receipt, load, and confirmation of all POS reference data used to support system configuration and pharmacy claim adjudication during the implementation of the new contract period.
628	MO31	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor's system must have ability for customized views of relevant information for different information needs.				Meets	MMA will continue to provide DHS with customized views of relevant information for different information needs. In their current state, MMA's reports are highly configurable. The use of shared dimensions and data structures, combined with the use of industry-leading enterprise tools such as Informatica and Cognos, enables our information infrastructure to quickly adapt to changing business needs. Flexibility and reusability have been achieved through the use of table-driven design and common functions across transformations. With any new customization need that has not been addressed within MMA's standard BI Reports and Tools, MMA can work with the State to design, develop, and deliver reports that are tailored to address specific areas of the program.
629	MO32	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall provide the ability to export data to a standard format compatible with Microsoft Office.				Meets	MMA's pharmacy database for the AMPP has been built to support State specific needs. It provides the capability to export data and report KPIs using Excel or Adobe Acrobat.
630	MO33	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall communicate warnings to pharmacists, such as drug-to-drug interactions and therapeutic appropriateness, prior to filling a prescription.				Meets	The ProDUR capabilities of the FirstRx system have allowed us to create Arkansas-specific Pro- DUR criteria using First DataBank ProDUR criteria as a base file to produce messaging to pharmacies at the time of submission. Pharmacy and medical claims data are compiled to create on-line comprehensive recipient health profiles, which are updated daily. Based on Arkansas-specific selected criteria, incoming pharmacy claims are evaluated against these recipient health profiles during claims adjudication. If a clinical problem is identified, an alert message is transmitted on-line to the pharmacist dispensing the prescription drug. Based on Arkansas-specific requirements, alerts may be set to either return messaging only, deny with provider level override allowed, or deny with call center intervention required. Warnings may be related to many potential issues including drug-drug interactions, therapeutic duplication, generic utilization requirements, gender or age edits, quantity limits, etc.
631	MO34	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor's system must have ability to provide tracking for utilization based on drug versus benefit plan (and SCHIP client versus an adult receiving the same drug), so that the different Federal Financial Participation (FFP) rates for the same drug are accurate when submitted to CMS.				Meets	We track drug utilization based on aid category as well as a number of other factors. We understand that one of the goals of this tracking is to help ensure that the different Federal Financial Participation (FFP) rates for the same drug are accurate when submitted to CMS. We have developed on-line reports that track utilization and will develop a data cube, specifically for Arkansas, dealing with drug utilization. A data cube is a type of multidimensional matrix that lets users explore and analyze a collection of data from many different perspectives, usually considering three factors (dimensions) at a time.

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632	MO35	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor's system must provide an automated method through their web portal for Providers to search and find specific information related to pharmacy benefits.				Meets	Providers will continue to have a single-sign-on for secure access to the web portal for all Arkansas Medicaid-related applications, including all pharmacy applications and services. Through the single-sign-on, the web portal will use claims-based authentication through a Secure Token Service to communicate security access to all appropriate systems. The portal will provide an automated method for providers to find specific information related to pharmacy benefits.
633	MO36	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall support system transmission and receipt of all current version National Council of Prescription Drug Programs (NCPDP) eligibility verification transactions.				Meets	MMA currently supports and will continue to support eligibility transactions in three different formats, HIPAA 834, NCPDP E1, and proprietary formats. We recommend using the industry standard 834. Eligibility transactions are transmitted as batch transaction via secured FTP and processed as scheduled. The execution of eligibility job produces report that can be validated.
634	MO37	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall assess and report to the State whether any changes are needed to the standards regarding the functional design of the Services Components and Shared Services.				Meets	MMA will continue to partner with the State to determine if any of the configuration and integration standards will need to be modified in order to accommodate the functional design of the Service Components and Shared Services for the upcoming contract period.
635	MO38	Maintenance & Operations	Change Management	Vendor shall provide and document a run book which details all operations processes, error handling, notifications, jobs, steps, controls, and schedules on a quarterly basis or whenever a system change is made to the Vendor system.	Yes	Failure to provide and keep the "run-book" updated (to the State's document repository) will result in penalties for each omission.	$1000 penalty assessed for each item not updated to the run-book.	Meets	MMA will provide and document a run-book that details all operations processes, error handling, notifications, jobs, steps, controls, and schedules on a quarterly basis or whenever a system change is made to the Vendor system. We will keep the run-book updated throughout the life of the upcoming contract.
636	MO39	Maintenance & Operations	Invoicing	Vendor shall submit an invoice for all mail, print and postage costs as a monthly "Pass-through" expense.				Meets	MMA will continue to submit an invoice for all mail, print and postage costs as a monthly pass-through expense for reimbursement. As the incumbent, we currently have the responsibility of centralizing AMPP printing and mailroom services and distribution of all mass produced documentation in a timely manner. MMA will follow our in-place procedures to continue providing and invoicing for these services.
637	MP1	Mail & Print Center	Documentation Management	Vendor shall meet the following minimum requirements for all publication distribution, unless otherwise advised by the State: 1. Priority bulletins, determined by the State, must be emailed and posted on the web portal within two business days after receipt of an approved copy from State 2. General bulletins must be emailed and posted on the web portal as directed by the State 3. Other publications must be emailed and posted on the web portal as instructed by State, at the time of the request for publication 4. When a priority bulletin or general bulletin is not distributed within the required time frame due to the fault of the Vendor, as determined by the Contract Administrator, the bulletin must be distributed at no cost to State.				Meets	MMA will continue to meet the State's requirements for the distribution of publications. For example, we currently work with the State to post the quarterly Arkansas Medicaid Provider Newsletter on the AMPP Web Portal for the State and maintain a link to the Pharmacy Provider Manual on the State's official website. Unless otherwise advised by the State, our Arkansas Account Team will email and post to our AMPP Web Portal priority bulletins, determined by the State within two business days after receipt of an approved copy from State, general bulletins as directed by the State, and other publications as instructed by State, at the time of the request for publication. If a priority bulletin or general bulletin is not distributed within the required time frame due to the fault of MMA, as determined by the Contract Administrator, the bulletin will be distributed at no cost to the State. MMA will continue to be responsible for client and provider communications, including the provision of bulletins, letters, manuals, and other communications in formats determined by the State. We will submit communication content to the State for review and approval prior to dissemination. MMA will also continue to post provider memorandums received from the State. A major component of our communication strategy is collaboration with the State to identify all communication needs and to design a strategic plan for keeping clients and providers informed and up to date. Our Arkansas Account Team can post information directly to the AMPP Web Portal which facilitates adherence with State-required time frames.

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638	MP2	Mail & Print Center	System, Tools and Technical Capabilities	Vendor shall disseminate specialized documents (e.g., State User Manuals, software development documentation, systems documentation), within ten (10) business days or as directed by the State. The State's Document Management Tool must be updated with this information.				Meets	MMA will continue to disseminate specialized documents (e.g., State User Manuals, software development documentation, systems documentation), within 10 business days or as directed by the State. Our Arkansas Account Team updates the State's Document Management Tool (DMT) with the required information. MMA will utilize our existing documentation templates as the baseline document, and make any necessary revisions required to meet the requirements of the new AME Pharmacy Contract term. For example, our overall Solution User Manual is comprised of individual user guides that are created during implementation and will be updated for Arkansas. We update specialized documents to reflect the implementation of changes, such as system upgrades. MMA will continue to develop, update, and submit our system and user documentation to validate that both system and operational changes are effectively managed and appropriately communicated to affected groups, identifying resources, modifying schedules, and adjusting priorities and contingencies, as needed.
639	MP3	Mail & Print Center	Documentation Management	Vendor shall distribute all forms, training materials, vendor agreements, fliers, bulletins, desk references, letters, and other marketing and communication materials, within ten (10) business days or as directed by the State. The Vendor shall utilize the State's Document Management Tool, as applicable. The State will determine how the Provider communications will be done, (e.g. email, web portal, RA message, U.S. mail or a combination of these.)				Meets	MMA will continue to distribute all forms, training materials, vendor agreements, fliers, bulletins, desk references, letters, and other marketing and communication materials, within 10 business days or as directed by the State. Our Arkansas Account Team will utilize the State's DMT, as applicable, and collaborate with the State to ensure that provider communications are distributed through the State's required communication channel (e.g., email, web portal, RA message, U.S. mail, or a combination of delivery methods) for each communication document. Communication, including written documentation, is a crucial component of our account management strategy. We are committed to ensuring that providers, State users, and other appropriate AMPP stakeholders have the most up-to-date information, reference materials, and resources. Our Arkansas Account Team is accessible and available to the State should questions arise. MMA will coordinate with the State to determine content for RA messages. Once finalized, the State requests the RA messages from the Arkansas Core/MMIS vendor.
640	MP4	Mail & Print Center	System, Tools and Technical Capabilities	Vendor shall route all requests and inquiries from Providers requesting information or billing assistance to the appropriate department by email, telephone call or courier.				Meets	We will continue to route all requests and inquiries from providers requesting information or billing assistance to the appropriate department by email, telephone call, or courier. MMA has provided Help Desk services to our customers since 1988 and for Arkansas since 2015. Our experienced and trained Help Desk staff serves as the first point of contact for provider inquiries. Our Help Desk staff will continue to support the variety of provider inquiries typically seen in a pharmacy Help Desk regarding State Medicaid-approved programs (e.g., eligibility inquiries, claim/appeal submissions, pharmacy claims processing and status, etc.); systems availability; technical support for EDI submissions; client services assistance, including clinical assistance; complaints and appeals acceptance and processing; provider payment and reimbursement guidelines; and information technology (IT) help desk questions. We provide appropriate clinical personnel to respond to pharmacy-related questions, as well as inquiries regarding clinical interventions, reconsiderations, or decisions. MMA has clearly defined policies that provide for escalations of PAs to registered MMA pharmacists and will continue to provide training to pharmacy Help Desk staff to ensure they respond, escalate, and refer interactions appropriately. In addition, MMA's call management system is configured with navigation paths and prompts based on the caller's anticipated information needs. Our IVR functionality provides callers with straightforward menu options to reach appropriate pre-recorded information or live Help Desk representatives. Through messaging and telephone prompts, our IVR also can direct callers to the AMPP Web Portal to access and download fax forms, PDLs, and other Arkansas-specific documents. It is a versatile system that can be configured with customized routing or messages.

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641	MP5	Mail & Print Center	Documentation Management	Vendor shall create, maintain and save electronically all documentation in a location that is accessible to authorized Arkansas Medicaid Pharmacy Program (AMPP) staff. Sixty (60) calendar days before the Maintenance and Operations phase all the data must be made available for review and approval by the State.				Meets	MMA will continue to create, maintain, and save electronically all documentation in a location that is accessible to authorized AMPP staff. All data will be available for review and approval by the State 60 calendar days before the Maintenance and Operations phase of the new Contract term. Our Arkansas Account Team manages AME Pharmacy Project documentation and posts the information to the State's DMT. We also provide our shared electronic document repository that is typically used to house documents containing PHI. This repository is easily accessible to both State and MMA staff. We will review our document repository processes with the State during Requirements Review and Validation meeting to ensure they continue to meet and/or exceed the State's expectations.
642	MP6	Mail & Print Center	Reporting Management	Vendor shall provide additional monthly reports the State may determine needed/dashboards, at no additional cost to the State. Vendor shall be responsible for creating these, as determined necessary by State.				Meets	As determined by the State, MMA will continue to provide additional monthly reports at no additional cost to the State. MMA will be responsible for creating these reports, as determined necessary by State. Our Data Analyst, Chandra Thomas, and dedicated Senior Data and Reporting Analyst, Mark Allen, will continue to coordinate with our Arkansas Account Team to meet and/or exceed the State's requests for additional reports.
643	MP7	Mail & Print Center	Reporting Management	Vendor shall include in the monthly report/dashboard, for the publishing date of all publications, the number of calendar days between the receipt date of the publication request and the date the request was routed to the State for approval.				Meets	We will expand the information captured on our current monthly report to include the data elements listed in MP7 for the new Contract term. Information related to publications sent during the month will be compiled and submitted to the State as part our monthly Performance Guarantees report. Our Arkansas Account Team will update and use the report to document metrics associated with tracking and reporting information related to publications to ensure that the State's publication requests are responded to within required time frames.
644	MP8	Mail & Print Center	Reporting Management	Vendor shall provide all required reports and as Reports or Dashboards and Vendor shall work with the State to determine which format is better. Additionally, the State may determine additional monthly reports/dashboards needed, at no additional cost to the State. Vendor shall be responsible for creating these, as determined necessary by State.				Meets	MMA will continue to provide all required reports for the AMPP. Our Arkansas Account Team and dedicated data analysts will collaborate with the State to determine the appropriate format (i.e., reports or dashboards). We commit to providing additional monthly reports/dashboards, as determined by the State, at no additional cost to the State. When a request for an additional report is received, our Arkansas Account Team will work with the State to determine the appropriate format, data elements, submission methods, and time frames for completion.
645	MP9	Mail & Print Center	System, Tools and Technical Capabilities	Vendor shall ensure the nightly update Provider and Client interface files are processed. This ensures that mailing and email addresses used for Providers and clients are maintained and accurate and based on the most recent update activity.				Meets	MMA will continue to ensure that the nightly update Provider and Client interface files are processed. We utilize mailing and email addresses received on the nightly files from the Arkansas Core/MMIS vendor to ensure that address information for providers and clients reflect the most recent update activity. MMA's solution is able to receive and load daily electronic data files to the FirstRx POS system for eligibility, TPL, provider files, and other critical files. Files will be transmitted and loaded at an interval agreed to by MMA and the State, but not less frequently than once per day. MMA can update eligibility as often as every 15 minutes if needed, as long as the State's Core/MMIS vendor can support it. In order to ensure that we adhere to all HIPAA and PHI requirements, the Core vendor is responsible for owning clients' contact and eligibility information. MMA receives a client eligibility file containing this information and when the Core/MMIS vendor sends address updates in the enrollment file, MMA will update our systems accordingly.

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646	MP10	Mail & Print Center	Documentation Management	Vendor shall design, create, and publish Provider notices, letters, or other types of notification material as needed and directed by the State to inform the Provider community of changes or new policy. These notices may be RA messages, Web-Portal banner messages, email distribution or paper copies mailed. The State will work with the Vendor on determining the best methods and the timeline for completing.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	Two hundred fifty dollars ($250) per calendar day the Vendor does not meet the schedule as mutually agreed upon with the State.	Meets	MMA will continue to design, create, and publish provider notices, letters, or other types of notification material as needed and directed by the State to inform the provider community of changes or new policy. We use a variety of channels for provider communication including AMPP Web Portal banner messages, email distribution, or mailed paper copies. MMA has the capability to send mass fax blast and email blast notifications to pharmacies and pharmacy groups, including third party payers and other stakeholders, to disseminate pertinent information in a timely fashion regarding the AMPP. Information typically communicated in this manner includes program changes, benefit changes, or when system changes are implemented. MMA's Arkansas Account Team will continue to work with the State to determine the appropriate method of dissemination and associated time frames for completion. As the incumbent AME Pharmacy Contractor, MMA has established relationships with the Arkansas provider community and visibility within the State as a delegate of DHS to all stakeholders for the AMPP. MMA will coordinate with the State to determine content for RA messages. Once finalized, the State requests the RA messages from the Arkansas Core/MMIS vendor. We will leverage our extensive experience and relationships in Arkansas to develop and implement ongoing communication efforts for the Arkansas Medicaid provider community.
647	MP11	Mail & Print Center	Documentation Management	Vendor shall be responsible for mailings, which include, at a minimum, RDUR intervention and educational letters, client lock-in letters and communications, pharmacy and prescriber lock-in letters. Where appropriate and approved by the State, these mailings may be handled via emailing.				Meets	MMA will continue to be responsible for mailings, which include, at a minimum, RDUR intervention and educational letters, client lock-in letters and communications, and pharmacy and prescriber lock-in letters. Upon State approval, we will utilize email for these communications where appropriate. We support letter generation using FirstIQ and our cloud-based Correspondence Publisher application (CloudPub). The CloudPub application allows MMA to set up templates which will be used by other applications in our enterprise to produce electronic communication that may be delivered over a variety of means ranging from printing and mailing to electronic facsimile. Our solution is configurable for distribution options including direct printing, bulk printing, and email. Our Arkansas Operations Manager, supported by appropriate internal functional areas, will present proposed letters to the State for review, modification, and approval prior to distribution.
648	MP12	Mail & Print Center	Documentation Management	Vendor shall provide an explanation of the reason(s) for each late approval of distribution, within two (2) business days including any time delays in posting on the internet. The explanation must be referenced by either the Customer Service Request (CSR) number or request number and must provide specific reasons for the time delays and potential corrective action taken, if necessary.				Meets	Our Arkansas Deputy Account Manager, June Eskridge, will provide an explanation of the reason(s) for each late approval of distribution, within two business days including any time delays in posting on the Internet. The explanation will be referenced by either the CSR number or request number and will provide specific reasons for the time delays and potential corrective action taken, if necessary.
649	MP13	Mail & Print Center	Documentation Management	Vendor shall maintain all publications on the State's AMPP website for distribution to Providers and Clients. All publications for general release must be on the State's AMPP Website within two (2) days of receipt unless otherwise directed by the State. The State has final approval of the content, format, and style of the publications.				Meets	MMA will continue to maintain all publications on our AMPP Web Portal for distribution to providers and clients. Our Arkansas Account Team will post publications for general release within two days of receipt unless otherwise directed by the State. We acknowledge that the State has final approval of the content, format, and style of the publications. Our AMPP Web Portal is utilized for posting communications, billing information, policies, and other information as directed by the State. The AMPP Web Portal offers a combination of services and static content. Static and dynamic content, as well as downloadable documents maintained on the site, are accessible through the hypertext links, drop-down lists, and menus. Our AMPP Web Portal contains all necessary content, such as AMPP news, announcements, and important documentation. We also post pharmacy benefit information (e.g., FAQs, PDL, etc.) and provide pharmacy locator and drug lookup tool functionality to ensure that all AMPP stakeholders can easily locate and access needed information. MMA can also provide documentation to the State for posting by State staff on the Arkansas Medicaid website. We utilize links on our AMPP Web Portal to direct users to the State's website.

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650	MP14	Mail & Print Center	Documentation Management	Vendor shall design and develop Arkansas Medicaid Pharmacy Solution's fill- in forms, online or interactive, for State approval. Vendor shall obtain written State approval to distribute Medicaid Pharmacy Program forms and other materials. Vendor shall distribute within ten (10) business days or as directed by State. Vendor shall use only those form masters approved by the State.				Meets	Using only those form masters approved by the State, MMA will continue to design and develop AMPP online or interactive fill-in forms for State approval. Our Arkansas Account Team will obtain written State approval prior to the distribution of AMPP forms and other materials. We will distribute forms and other materials within 10 business days, unless otherwise directed by the State. MMA will continue to generate multiple PA forms, under the direction of the State, for various drug classes or claim types. Our Pharmacist Lead/Clinical Manager, Jeniffer Martin, PharmD, supported by clinical pharmacist staff, will work closely with the State to develop PA forms for the AMPP. We will continue to ensure that all PA forms accurately reflect Arkansas-specific requirements. Once created and approved by the State, PA forms will be posted to the AMPP Web Portal for ease of access. If a change requires modification to existing PA forms, all documentation revisions are made before the program change is implemented to ensure that documentation remains current at all times. Stringent document change-control methods ensure that all relevant information in the base documentation is retained whenever changes are incorporated into subsequent versions. An internal documentation review process occurs that validates all revisions have been correctly made to the PA form in accordance with State-specific approved criteria and standards before it is made available to the State for review and approval. Once the updated PA form is approved by the State, MMA will upload the form to the AMPP Web Portal to ensure that all AMPP stakeholders can easily access the most current information.
651	MP15	Mail & Print Center	Documentation Management	Vendor shall maintain a log of all publications. This log will denote the date the publication request was received, the due date, the dates of editing transmittals between the State and Vendor, the production date, the date the State gave final approval, the distribution date, the addressees distributed to, the method of distribution, and the number of copies distributed. The publication log must be maintained electronically (updates to be made within five (5) business days) and made accessible to the State.				Meets	For the new Contract term, MMA will maintain a log of all publications. This log will denote the date the publication request was received, the due date, the dates of editing transmittals between the State and MMA, the production date, the date the State gave final approval, the distribution date, the addressees distributed to, the method of distribution, and the number of copies distributed. Our Arkansas Account Team will maintain the publication log electronically and make updates within five business days. MMA will post the publication log to the State's DMT for ease of accessibility. We will work closely with the State during Requirements Review and Validation meetings to finalize the publication log's data elements, format, and time frames for submission.

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652	PA1	Prior Auth	Rules Management	Vendor shall notify the State weekly of all new drugs identified that likely may not be covered or may need some type of PA edit. Vendor shall provide a brief synopsis of the new drug/NDC and a link to the drug information so the State can review these new drugs and provide direction to cover or not to cover.				Meets	Through weekly FDB updates, MMA notifies DHS weekly of all new drugs identified that likely may not be covered or may need some type of PA edit. We provide a brief synopsis of the new drug/NDC and a link to the drug information so the State can review these new drugs and provide direction to cover or not to cover. PDL Pharmacist, Lesley Irons, PharmD, provides an analysis of new drugs entering the market, including anticipated market share and recommended coverage criteria. Also, our Drug Policy Development (DPD) Committee develops New Drug Updates (NDUs) and Drug Bulletins for relevant new drug approvals. They provide a clinical overview, notable clinical considerations, and suggested utilization management recommendations. We also provide clinical publications that address current events in the pharmaceutical market and monitoring of products coming to the market in the near future, including biosimilar specialty drugs. The MRx Pipeline offers clinical insights and competitive intelligence on anticipated traditional and specialty pipeline drugs. Products with high likelihood for clinical/market significance are highlighted for additional detail. The Clinical Alert and Clinical Update provide timely information and summaries of practice guidelines. The Clinical Alert provides a snapshot of drugs expected to release in the following month, as well as new generics, pipeline agents, and other relevant clinical information. The Clinical Update is a weekly collection of drug-related events that relays updates to product labels, clinical guidelines, product launches/availability, etc. It provides information about new drugs in the file, new generics, and new indications for existing agents. This enables MMA to recommend products for clinical edits, quantity limits, and revision of clinical criteria or possibly preferred or non-preferred status.
653	PA2	Prior Auth	PA Requests	For manual PA requests, Vendor shall notify the prescribing provider, by mail, of the outcome of the PA request, to include notification of authorization or denial. Clients must be provided with notifications of POS denials. All client and prescribing provider denial notifications must include the current State processes for reconsideration and the right to a fair hearing or provider appeal. Should mail be returned, Vendor shall use other information on file to notify prescribing provider or the client.				Meets	MMA has existing processes in place to create and distribute communication letters to providers and clients related to PA determinations. For the new Contract term, we will notify the prescribing provider, by mail, of the outcome of the manual PA request, including notification of authorization or denial. FirstTrax incorporates functionality to generate and send correspondence, using all methods, including electronic online to the prescriber and pharmacy to communicate any decision made on requests for authorization. Clients are provided with notifications of POS denials, and all client and prescribing provider denial notifications will include the current State processes for reconsideration and the right to a fair hearing or provider appeal. MMA ensures that these letters meet all State rules and regulations, including notification timing and content. Should mail be returned, we will use other information on file to notify prescribing provider or the client. Currently, once a medication rejects at the POS for PA required, a letter is mailed to the client explaining that the claim was denied and giving the options for reconsideration and appeal. The pharmacy then faxes the provider to notify them that a PA is needed. We do not approve or deny a PA request over the phone. The provider may call and have questions answered concerning criteria and/or what is needed to complete the PA request. All PA requests are reviewed by the clinical pharmacists upon receiving a fax from the provider. If needed, MMA sends a return fax requesting additional information (e.g., chart notes, lab results, etc. needed to complete the request. Once a decision is made and the PA is either approved or denied, we fax the prescriber back with the notice. Denial faxes always include a reason for the denial, as well as information needed for a reconsideration or appeal.

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654	PA3	Prior Auth	Edits and Audits	Vendor shall process prior authorization requests with edits that mirror the State defined business policies. Vendor's process must allow for more efficient PA and claims processing.				Meets	We will continue to process PA requests with edits that mirror State defined business policies. Using our QI methodology, we evaluate our processes to identify opportunities for more efficient PA and claims processing. Our systems have the capability to streamline PA processes. We use the AutoPA functionality in FirstRx and our ePA functionality to reduce the manual aspect of claim review. The integration of FirstTrax and FirstRx provides streamlined entry and updates of PA requests. We use a custom-built application programming interface (API) between FirstRx and FirstTrax to allow authorized users to create a PA to generate rules in real time within FirstRx. These rules ensure that the PA is correctly interpreted by the adjudication engine when claims are submitted by the pharmacy. For the new Contract term, we propose to provide our configurable, business rules-driven clinical decision module, MRx Decide. MRx Decide is a custom knowledge base, designed specifically for processing PA requests. It incorporates preferred/non-preferred drug lists, diagnostic information, age and gender considerations, and quantity limitations, along with sophisticated questions based on AMPP PA criteria to allow consistent processing of complex clinical PA requests. MRx Decide uses the same criteria as the FirstRx AutoPA rules, while allowing users to enter and consider additional information pertinent to the PA request and a client's unique situation. MRx Decide is incorporated seamlessly into FirstTrax providing access to the client's eligibility, claims, and previous PA history necessary for adjudicating PA requests. AMPP clinical criteria documents are also integrated into MRx Decide so State-defined criteria for each drug are available in the system. This allows Help Desk staff to accurately respond to prescriber and pharmacy provider inquiries and requests.
655	PA4	Prior Auth	PA Requests	Vendor shall establish an adjudicated prior authorization record, including, but not limited to: 1. Single client 2. Status of the request 3. Services authorized 4. Number of units approved 5. Service date range approved 6. Ability to store and access approver's notes Vendor shall process and retain all prior authorization request data for a minimum of ten years, as directed by the Privacy Rule promulgated pursuant to HIPAA.				Meets	Through FirstTrax, MMA establishes adjudicated PA records including the State-specified elements listed in PA4. We will continue to process and retain all PA request data for a minimum of 10 years, as directed by the HIPAA Privacy Rule. Our staff has the ability to receive, create, and adjudicate PA requests, including retroactive requests, through FirstTrax. The application also provides the ability to update or review each PA and perform overrides. FirstTrax supports pharmacy Help Desk PA disposition and clinical notes. It is fully integrated with FirstRx for real-time bi-directional updates. This interface with FirstRx allows for real-time adjudication of PA requests and simultaneous claims processing. MMA's PBA solution provides the ability to edit PAs using automatic and manual means. Information from a denied claim (e.g., client ID, name, group and plan, provider and prescriber ID, submitted drug code, drug quantity and days' supply, and DOS) are automatically populated on a template that is designed for the specific initiative associated with the PA condition. This ensures that any/all edits necessary to override the PA requirement are addressed via the completion of a single PA record.
656	PA5	Prior Auth	System, Tools and Technical Capabilities	Vendor shall assign a unique prior authorization number as an identifier to each prior authorization request.				Meets	FirstTrax assigns system-generated unique pharmacy PA, referral, and override numbers to approved, pended, and denied requests. Unique system-generated identification numbers support the audit trails implemented throughout the MMA enterprise.
657	PA6	Prior Auth	System, Tools and Technical Capabilities	Vendor shall accept updates from claims processing that "draw down" or decrement authorized services.				Meets	MMA has the functionality to decrement, or credit back, pharmacy PA pricing amounts, and frequencies of authorizations of services reimbursed from paid claims, adjusted claims, and fully refunded claims to pharmacy PA data until all services are used up or zero units remaining within the approved timeframe in which closure of the PA approval should occur. For example, the partial-fill functionality captures the quantities of original and subsequent fills and decrements the quantity accordingly. For any subsequent partial-fill transaction, if the accumulations of the quantity dispensed for all claims within a set are greater than the quantity intended to be dispensed, the claim will deny with the appropriate NCPDP error code.

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658	PA7	Prior Auth	PA Requests	Vendor shall support and assist with PAs including reviewing and responding to manual PA requests and exceptions to established criteria, as directed and/or approved by the State.				Meets	MMA's Help Desk staff will continue to support and assist with PAs, including reviewing and responding to manual PA requests and exceptions to established criteria, as directed and/or approved by the State. When a medication rejects at the point of sale for PA required, a letter is mailed to the client explaining that the claim was denied and giving the options for reconsideration and appeal. The pharmacy then faxes the provider to notify them that a PA is needed. We do not approve or deny a PA request over the phone. The provider may call and have questions answered concerning criteria and/or what is needed to complete the PA request. All PA requests are reviewed by the clinical pharmacists upon receiving a fax from the provider. If needed, MMA sends a return fax requesting additional information (e.g., chart notes, lab results, etc.) needed to complete the request. Once a decision is made and the PA is either approved or denied, we fax the prescriber back with the notice. Denial faxes always include a reason for the denial, as well as information needed for a reconsideration or appeal.
659	PA8	Prior Auth	PA Requests	Vendor shall generate notification to Providers for denied PA requests. Vendor shall review auto generated Client denial letters sent, (where there has been no paid claim) prior to mailing, ensuring any duplicates are removed.				Meets	MMA will continue to generate notification to providers for denied PA requests. Data from FirstRx are exported to FirstTrax to generate Grier letters. We will continue to review auto-generated client denial letters sent (where there has been no paid claim) prior to mailing, ensuring any duplicates are removed. Letters to providers and clients are created using data extracted from FirstTrax. Letter templates are approved by the State, customizable, and provide information to the client on requirements and appeal rights. We will continue to ensure that the adverse determination letter sent to clients is consistent with AMPP-specific requirements and provides meaningful communication to clients.
660	PA9	Prior Auth	Edits and Audits	Vendor shall utilize an indicator when a drug is identified for automated PA processing (to include all edit criteria associated with the drug) or that the drug needs a manual review.				Meets	Our PBA system utilizes an indicator as described in PA9. FirstRx configures drug coverage parameters through our Formulary Management Tool (FMT) that enables the establishment of drug coverage parameters through the use of State-specific indicators. Customization of drug product coverage/pricing can be established at all hierarchy levels. If specific products are identified for alternate or manual pricing intervention or review (e.g., compound processing), claims for those products can be processed in an automated manner or denied pending further review. AutoPA is an integrated feature of FirstRx that streamlines the PA process for the provider/prescriber using dynamic automated decision-making based on established and approved clinical rules/edits within the processing engine. AutoPA functions use both stored and incoming data to make intelligent decisions, guided by criteria approved by the State. AutoPA uses information submitted on the claim and/or stored in the client's profile to determine the appropriate disposition of the claim. Provider intervention is only necessary when the AutoPA process does not find the required criteria information on file (e.g., specific drug or ICD-10 codes are not found in the client's history or on the incoming claim). FirstRx uses pharmacy and medical claims data, including ICD-10 diagnosis codes, and prior claims present in the client's history profile, and lab values when available. Requirements can be bypassed as determined by the State for certain medications when specific medical conditions exist. Prescribers are encouraged to include the diagnosis code on written prescriptions for inclusion on the electronic pharmacy claim. The claim is then submitted by the pharmacy including the appropriate Diagnosis Code; AMPP-specific PA requirements may be met even if the diagnosis has not yet appeared in the medical claims.

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661	PA10	Prior Auth	PA Requests	Vendor shall have a manual review process for PA drugs identified by the State and DUR Board. Vendor shall assist the State in development of an application into the system of POS criteria approved by the State or DUR Board.				Meets	MMA has an established manual review process for PA drugs identified by the State and DUR Board. We will continue to assist the State to ensure that POS criteria approved by the State or DUR Board are configured in our PBM system. Our manual review system is accomplished through Help Desk representative-assisted PA Entry. Help Desk representatives process PAs received via fax using the appropriate PA form. Refer to our response to PA7 for a complete description of our process. MMA's clinical pharmacists use FirstTrax to determine eligibility and program coverage by viewing client eligibility factors, such as program eligibility, LTC status, managed care status, existence of authorized prescribers, and existence of program coverage restrictions. We will continue to ensure that AMPP-specific review criteria are applied in a uniform manner for all requests. The State-approved criteria will be entered into MRx Decide, our customer-specific rules repository, which stores customized clinical PA criteria in a question format for use by clinical pharmacists during the PA process, which ensures uniformity of criteria application. The approved AMPP-specific criteria are adhered to by clinical staff to make appropriate PA determinations.
662	PA11	Prior Auth	Edits and Audits	Vendor's system must provide the ability to identify when system edit overrides are required for prior authorizations. Based on medical necessity, the Vendor's system must allow the edits to be overridden to either allow or to deny.				Meets	FirstRx identifies when system edit overrides are required for PAs and based on medical necessity, allows the edits to be overridden to either allow or to deny. MMA provides override capabilities at the POS level using industry standard NCPDP-defined indicators if criteria are defined and approved by the State. We will continue to work closely with the State to develop protocols for addressing common claims processing denials for which overrides are requested by clients or providers. Protocols are not implemented until approval is received from the State. Karen Evans, PD, ProDUR Manager, collaborates with MMA's Benefit Configuration Team to ensure PAs and edits are accurately implemented. Our Benefit Configuration Specialists configure corresponding adjudication rules in our flexible claims processing system, FirstRx, including claim rules that apply automated or manually created PAs, quantity limits, step therapy, and PDL exceptions. We configure our system to provide alerts as directed for drugs requiring PA, according to AMPP policy and return the NCPDP-compliant error messaging advising the next step required. An authorized participating pharmacy can override denied claim decisions at the POS only when authorized by the State. If necessary, the override can be tested using a trial adjudication claim to ensure the desired claim outcome is obtained. The adjudication process tracks the use of overrides, and the information can be used for reporting and auditing. MMA provides pharmacy assistance with messaging and overrides through our Help Desk.
663	PA12	Prior Auth	PA Requests	Vendor shall meet the Federal requirement to respond to Provider PA requests and answer within one business day.				Meets	MMA will approve or deny PA requests within 24 hours of receipt, if all information needed to render a decision is received. We comply with Section 1927 of the Social Security Act and will continue to comply with applicable Arkansas law and regulations, as directed by the State. We will respond to PA service requests within 24 hours in accordance with OBRA '90. If the information furnished by the prescriber satisfies the criteria, the PA approval is entered into the system and enables successful adjudication of the claim when all other conditions are met. If we cannot approve or deny the request, we perform an Information PA that provides details about the information (e.g., chart note, lab, diagnosis, etc.) needed to complete the request.
664	PA13	Prior Auth	Contract Management	Vendor shall serve as liaison between the Arkansas Medicaid Pharmacy Program and any sub-vendor if used for a POS drug PA system.				Meets	MMA does not intend to utilize a sub-vendor for the POS drug PA system. We have directly performed PA services for the AMPP since 2015 and will continue to do so for the new AME Pharmacy Contract term.

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665	PA14	Prior Auth	System, Tools and Technical Capabilities	Vendor shall support analysis of data on individual drug usage.				Meets	Through MRx Explore, we support individual drug usage data analysis. MRx Explore's online query tools enable users to interact with a set of data and metrics to perform analysis, conduct detail reviews, and monitor ongoing activities. This allows authorized State users to effectively manage program operations and achieve positive clinical and financial outcomes. MRx Explore provides the State with analytical and reporting capabilities enabling users to easily view drug usage (including individual drug usage) and cost metrics for the AMPP.
666	PA15	Prior Auth	Edits and Audits	Vendor shall maintain that all PA edits, as configured, are 100% accurate within the specified timeframe indicated by State.				Meets	MMA will continue to ensure that all PA edits, as configured, are 100% accurate within the specified timeframe indicated by the State. Dr. Evans collaborates with MMA's Benefit Configuration Team to ensure PAs and edits are accurately implemented. Our Benefit Configuration Specialists configure corresponding adjudication rules in our flexible claims processing system, FirstRx, including claim rules that apply automated or manually created PAs, quantity limits, step therapy, and PDL exceptions.
667	PA16	Prior Auth	Reporting Management	Vendor shall provide ability to conduct data research and statistical analysis and report on it, as directed by the State.				Meets	MMA will continue to provide the ability to conduct data research, statistical analysis, and associated reports, as directed by the State. MRx Explore includes functionality to perform regular analysis of the AMPP, which is critical for the effective management of the Program. Our standard reporting suite provides interactive reports that cover all facets of pharmacy program operations. Authorized users are able to access and produce reports, depending on the services that we are providing. While the majority of information needs can be satisfied through the use of MRx Explore and our reporting systems, occasionally, an ad hoc reporting need will arise that requires additional effort and support. When these needs arise, MMA is able to draw upon the reporting expertise of our two well-established reporting teams, including our Clinical Outcomes Analytics and Research (COAR) staff and our BI Team. The State will have access to both COAR and BI resources for outcome analyses, drug trend forecasting and analysis, strategic planning, and ad hoc reporting requests. In addition, our Arkansas-dedicated Senior Data and Reporting Analyst, Mark Allen, will continue to coordinate with our Arkansas Account Team to meet the State's reporting requirements, including ad hoc report requests. Mr. Allen also has direct access to the AME DSS to provide comprehensive reporting support for the AMPP.
668	PA17	Prior Auth	Portal	Vendor shall provide secure access of authorized personnel to the Prior Authorization system through a web portal to the client's drug claim files, eligibility information, and other medical claims history in real time.				Meets	MMA will continue to provide secure access of authorized personnel to FirstTrax, our proprietary PA and contact management system, through a web portal to the client's drug claim files, eligibility information, and other medical claims history in real time. MMA uses our FirstTrax system as the repository for all automated and manual PA requests, dispositions, and clinical notes processed through the pharmacy benefit for the AMPP. MRx Explore is accessible through standard web browsers from any workstation that can connect to the Internet. We use an Okta User Interface (UI) landing page to provide authorized State staff with access to our Arkansas Pharmacy Solution. Okta UI provides a seamless and user-friendly path between solution components; this enhances the end-users' overall experience with accessing MMA's systems. The integration of the FirstTrax and FirstRx systems provides streamlined entry and updates of PA requests. We use a custom-built API between FirstRx and FirstTrax to allow authorized users to create a PA to generate rules in real time within FirstRx. These rules ensure that the PA is correctly interpreted by the adjudication engine when the claims are submitted by the pharmacy.

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669	PA18	Prior Auth	System, Tools and Technical Capabilities	Vendor shall provide a method to verify authorization for services are present when required and if a DUE/DUR override indicator is used. Vendor shall notify submitter when a required PA is missing.				Meets	MMA's established functionality provides a method to verify authorization for services are present when required, and if a DUE/DUR override indicator is used. Notification is provided to the submitter when a required PA is missing. FirstRx ensures that there is a field for authorization or identification when an override indicator (force code) is submitted using approved NCPDP standard fields and override code values. FirstRx ensures that all PA requirements are met prior to responding with a paid transaction. The adaptable and configurable nature of FirstRx allows for multiple authorizations to apply to an item or claim scenario. FirstRx contains internal error codes that are mapped to NCPDP error codes and allow for multiple authorizations of the same type (e.g., NCPDP code 75 – Prior Authorization Required) to be stated prior to approval. Through the use of NCPDP error codes, the defined messages associated with those codes, and supplemental messaging in FirstRx, we supply significant detail and assistance to submitting providers. For claim submissions that do not meet PA requirements, submitting providers may be instructed about the product's preferred or non-preferred status, alternate therapies that do not require PA, or valid disease states or diagnoses for authorization approval. All information conveyed through supplemental messaging is at the direction of the State.
670	PA19	Prior Auth	System, Tools and Technical Capabilities	Vendor shall provide functionality that allows both State and Vendor authorized users to enter manual PAs and access to client's eligibility and claims history in support of manual PA entry.				Meets	FirstTrax provides functionality that allows both State and MMA authorized users to enter manual PAs and access clients' eligibility and claims history in support of manual PA entry. MMA will continue to provide designated State staff with access to FirstTrax which allows authorized staff to receive, create, and adjudicate PA requests, as well perform updates, reviews, and overrides of PAs. All PA activity is documented and stored in FirstTrax. Once loaded into FirstTrax, the reference data is available that provides a real-time, view of claims and PAs. FirstTrax contains numerous search fields that allow users to locate information pertaining to clients, clients' claims, providers, drugs, prescribers, PAs, and call tracking against both the FirstRx and FirstTrax databases. The application provides a standard set of required search parameters to protect the integrity and responsiveness of the POS system as it processes in-flight transactions. FirstTrax maintains and allows the query of all pertinent information about PA requests and determinations, including clinical notes. FirstTrax will be accessible and available to authorized State staff via the Okta UI or another mutually agreed upon method, ensuring a user-friendly experience. Our Training and Development Department will provide training to authorized State staff to ensure their understanding of the application.
671	PA20	Prior Auth	System, Tools and Technical Capabilities	Vendor shall provide the functionality to accommodate multiple PA types (e.g., a drug may need a PA indicator for the PDL and a PA indicator that it requires a brand medically necessary PA if brand name is approved) for a NDC, GCN, HIC level, Provider and Client and/or any combination thereof.				Meets	FirstRx includes the functionality to accommodate multiple PA types (e.g., a drug may need a PA indicator for the PDL and a PA indicator that it requires a brand medically necessary PA if brand name is approved) for a NDC, GCN, HIC level, Provider and Client and/or any combination thereof. FirstRx provides the ability to maintain multiple edits and, therefore, multiple authorizations on drug products related to preferred or non-preferred status and clinical limitation (both quantity and fiscal). When multiple edits or authorizations apply to a product, each must be met for a submitted claim to reach an approved or paid status. Specific edit types produce unique combinations of NCPDP Reject Codes and FirstRx internal error codes. PAs are entered into the adjudication system based on these unique combinations, thereby allowing a user to prior approve only those edits appropriate to the situation.
672	PA21	Prior Auth	System, Tools and Technical Capabilities	Vendor shall provide the capability to void a PA and provide a notes section for tracking comments.				Meets	FirstTrax allows authorized users to void a PA and provides a notes section for tracking comments. The application also provides the ability to update or review each PA and perform overrides. FirstTrax supports pharmacy Help Desk PA disposition and clinical notes. It is fully integrated with FirstRx for real time bi-directional updates.

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673	PA22	Prior Auth	System, Tools and Technical Capabilities	Vendor shall provide the capability to reflect all PA changes, including beginning and end dates, from any authorized user, in real time with visibility on all PA screens. The notes section must be available for tracking comments.				Meets	MMA's PBA solution provides the capability to reflect all PA changes, including beginning and end dates, from any authorized user, in real time with visibility on all PA screens. A notes section is available for tracking comments. The only data element that FirstRx allows to be updated on an existing PA record is the PA end date. This preserves system integrity and associated audit trails. If a change to other elements (e.g., begin date) on an existing PA record is needed, the system provides a duplicate and change function which allows all data elements pertinent to the PA record to be edited. FirstTrax follows the same PA end date update rules and duplicate and change functionality, as well as provides the ability to enter notes at any stage of the process. The notes section in FirstTrax can be updated at any time during and after the creation of the original record.
674	PA23	Prior Auth	Automated PA	Vendor shall provide the capability to process complex automated PA criteria, in a timely manner, based on state defined business rules.				Meets	MMA's PBM system will continue to provide the capability process complex automated PA criteria, in a timely manner, based on State-defined business rules. Our solution is a highly flexible and dynamic claims engine backed by clinical intelligence allowing for maximum flexibility in benefit design and complex AutoPA capabilities. MMA provides a dynamic AutoPA process based on the client's specific drug and/or diagnosis history. We have the ability, integrated within the FirstRx POS system, to analyze complex algorithms and automate PA transactions, when applicable. Our proprietary clinical algorithms support multiple automated AutoPA scenarios using paid claims history, CPT procedure codes, ICD-10 diagnosis codes, and, when available, lab values and will optimize AutoPA capabilities to support program objectives. For example, a complex PA condition may require an override for medical necessity, quantity, and days-supply. FirstTrax builds PAs using various initiatives that are created to override one or more NCPDP error codes (which are then defined per criteria document for staff use). PAs build a quantity and days' supply so that if a claim is submitted outside these limits, it will deny for quantity issue. Reason codes can be added to FirstTrax to support why a PA is approved, denied, changed or informational in nature.
675	PA24	Prior Auth	Automated PA	Vendor shall provide an automated PA capability that receives PA information from Providers on a web-based portal along with all attachments. The PA system must be available to all authorized users. The following functionality must be present: 1. Receive and process PA information 2. Receive attachments and number them to the PA record 3. Record PA decisions 4. The notes section must be available for tracking comments				Meets	MMA will provide automated PA capability that receives PA information from providers on a web-based portal along with all attachments, including all functionality listed in P24. MMA has the ability to provide electronic PA capabilities with our ePA application. ePA allows prescribers to complete a PA request directly from their practice management software. The ability for doctors to request a PA without having to leave their standard workflow results in greater efficiency and seamless client care. ePA-requested PAs are directly integrated into MRx Decide which allows the prescriber direct access to answer the clinical criteria questions, reducing client wait time and improving both quality and efficiency. MRx Decide supports the ePA process which provides a consistent application of Agency criteria between the Help Desk and the ePA tool. Providers will access a link on MMA AMPP Web Portal to request a PA, answer structured clinical criteria questions, and receive an approval or denial (after pharmacist review) based on responses to the criteria.
676	PA25	Prior Auth	Automated PA	Vendor shall provide an automated PA capability to use a rolling PA for treatment plans. Pharmacy PA approval length of therapy times may vary depending on drug, criteria, and client.				Meets	MMA will continue to provide an automated PA capability to use a rolling PA for treatment plans. We understand that pharmacy PA approval length of therapy times may vary depending on drug, criteria, and client. FirstRx and FirstTrax document, track, and monitor PAs for date compliance, unit limits, and number of fills or dispensing. FirstRx can configure rolling quantity limitations by NDC, GCN Sequence Number, or Therapeutic Class. An Arkansas-specific example is omeprazole and pantoprazole which are payable for up to 93 days per year in the absence of criteria which would allow them to pay for a longer period.

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677	PA26	Prior Auth	Automated PA	Vendor's system must provide the ability to identify Provider and client information by identifiable markers (i.e., Provider ID, Provider name, Provider NPI, client ID, Member name, DOB.) on the automated PA system when the data is entered.				Meets	MMA's PBA system provides the ability to identify provider and client information by identifiable markers (i.e., Provider ID, Provider name, Provider NPI, Client ID, Client name, DOB.) on the automated PA system when the data is entered. FirstTrax immediately identifies the provider, client, prescriber, drug, etc., upon entry of identifiable markers such as the provider NPI, Client ID, NDC, and prescriber ID. Functionality exists to use any ID (e.g., NPI, DEA, or Medicaid ID) that is available in the FirstRx file.
678	PA27	Prior Auth	System, Tools and Technical Capabilities	Vendor shall provide capability for custom messaging to fit all pharmacy PA denials.				Meets	FirstRx can be configured to provide custom messaging to fit all pharmacy PA denials. In the case of a PA required denial, we use an NCPDP error code, the defined messages associated with those codes, and supplemental messaging in the FirstRx adjudication engine to supply significant detail and assistance to providers. For claim submissions that do not meet PA requirements, submitting providers may be instructed about the product's preferred or non-preferred status, alternate therapies that do not require PA, or valid disease states or diagnoses for authorization approval. All information conveyed through supplemental messaging is at the direction of the State.
679	PA28	Prior Auth	System, Tools and Technical Capabilities	Vendor shall provide ability to manually override (PA) early refills when approved by the State.				Meets	Through FirstRx, early refills may be manually overridden (PA) when approved by the State. MMA provides override capabilities at the POS level using industry standard NCPDP-defined indicators if criteria are defined and approved by the State. FirstRx ProDUR functionality includes edits to check for over-utilization. For example, Arkansas may have a hard edit on the early refill ProDUR alert (overutilization), which would require a call to the Help Desk to verify that the client meets the criteria to receive an override. Optionally, the State may elect to allow provider level overrides in lieu of requiring a Help Desk override. Per the State's direction, the system may be configured to apply unique tolerance levels for overutilization based on drug classes. An authorized participating pharmacy can override denied claim decisions at the POS only when authorized by the State. If necessary, the override can be tested using a trial adjudication claim to ensure the desired claim outcome is obtained. The adjudication process tracks the use of overrides, and the information can be used for reporting and auditing. We will work closely with the State during Requirements Review and Validation meetings for the new Contract term to develop protocols for addressing common claims processing denials for which overrides are requested by clients or providers. Protocols will not be implemented until approval is received from the State.
680	PA29	Prior Auth	Reporting Management	Vendor shall have the capability to expand reporting by specific drugs for tracking PA denials or approvals.				Meets	MRx Explore provides the capability to expand reporting by specific drugs for tracking PA denials or approvals. Data from FirstTrax are available in our PDW to support reporting needs, including the drug, pharmacy program, assigned PA number, client name, client ID number, provider name or ID, date of authorization, denial reason(s), and authorization status or any combination thereof. Reports are available by drug, drug class, client, provider, and other parameters. The PA reports available in MRx Explore provide summarization metrics on the disposition of our processed PAs to show the counts and quickly determine percentages of requests that involved changes to existing authorization or new requests that were approved or denied. In addition, our reports provide information on the various clinical decision rules that were used by clinical staff in the process of adjudicating and arriving at a decision for the requests received. Our reports take advantage of a robust set of data from the various aspects of the AMPP operation which are collated and curated into our central data warehouse overnight, following the conclusion of each business day.

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681	R1	Reporting Management	Data Management	Vendor shall retain all information necessary to support State and Federal initiative reporting requirements.				Meets	MMA's PBA solution retains all information necessary to support State and Federal initiative reporting requirements. To support State and Federal reporting, all required claim data processed by FirstRx is displayed and stored in the database in NCPDP-compliant formats for use in State and Federal reporting and auditing. Our reporting solution maintains compliance with all Federal CMS reporting requirements, including those that are part of CMS certification. FirstRx validates data items are present in real-time at the POS and retained in compliance with State and Federal reporting requirements. In addition, MRx Explore, our proprietary business intelligence (BI) and online query reporting tool, allows the extraction of business application data from disparate systems for the purpose of output identification and analysis. Data from external sources are loaded into MMA's PBA system applications (e.g., FirstRx, FirstTrax, etc.). The data are then exported to our MRx Explore reporting tool through the Pharmacy Data Warehouse (PDW). MRx Explore draws program data from a dimensionally designed and analytically tuned data repositories containing key data points for the core applications that MMA uses to support PBA operations each day. The data from various sources can be stored and retrieved for analysis. Authorized users will be able to access this data using MRx Explore.
682	R2	Reporting Management	System, tools, and technical capabilities	Vendor's system must have the following reporting functions: 1. The capability to generate reports on all the components of the project (rules set). 2. The capability to display comments in the reports. 3. The capability to customize report formats for all users. 4. The capability to identify and locate potential rule conflicts. 5. The capability to perform impact analysis and report the results of the impact analysis.				Meets	Our PBA systems support reporting functionality that includes all requirements listed in R2. FirstRx maintains a full data audit trail for every data type and for action taken on a data record. For claims, FirstRx tracks the date/time the claim was adjudicated and retains and displays all benefit/adjudication rules and data records used to process the claim. For other data types (e.g., provider, product, client, benefit/adjudication rules) FirstRx retains and displays the date and time the record was created, updated, or logically deleted and the associated user ID and/or load job identifier. Records are never physically deleted from the FirstRx database, preserving a record of all iterative changes made to the data throughout the Contract term. We track and report business rules applied to an individual claim, including all edits/audits encountered, resolved, or overridden, and all claims rebilled. Data submitted on each incoming claim are retained/stored in the FirstRx database. Incoming data submitted on the NCPDP transaction are segregated by domain. Changes to our PBA systems are tracked with the source input, timestamp, and the user ID/originator for audit purposes. Audit information is stored in the database and visible on the GUI of each record. Authorized users can view, filter, and sort the system audit trail, and export audit data in a standardized format. Log messages are also archived and retained. Records are retained according to applicable State and Federal laws and regulations. We also provide sample modeling to analyze the effect of planned rule changes using State-approved historical data. Cross-functional staff evaluate change requests for rules impact analysis, allowing users to assess the impact of a change, including conflicts, to a given rule set or policy including business needs/priorities, cost/benefits, and potential effects to other systems or processes.

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683	R3	Reporting Management	Helpdesk	Vendor shall provide a monthly report to the State regarding the types of help desk calls and problems encountered by providers, including any outstanding issues with data captured by week. The report shall be submitted to the State in a file format approved by the State. The State needs an appropriate categorization scheme, reviewed, and approved by the State, which can identify trending or possible upcoming issues.				Meets	MMA will continue to provide a monthly report to the State regarding the types of Help Desk calls and problems encountered by providers, in accordance with all requirements listed in R3. We record, track from receipt to response, and index all incoming or outgoing contacts (e.g., telephone, facsimile, etc.) in FirstTrax. FirstTrax records a variety of data including call category, call type, and response, allowing for reporting of trends and analysis. We will work with the State to confirm that the categorization schemes continue to meet AMPP's requirements. Utilizing FirstTrax, we will support online provider complaint tracking, resolution, and reporting processes that allow MMA to proactively identify and report trends, as defined by the State. The Complaints and Grievances Workflow in FirstTrax enables the Help Desk representative to document the issue using a specific Category-Type-Item (CTI). Reports by call type are created using data from our call management system and FirstTrax. Data from both the call management and Help Desk systems are loaded into our data repository and become available via our BI tool, MRx Explore, which allows scheduling reports, as well as making all data elements available for self-service reporting.
684	R4	Reporting Management	Staffing	Vendor shall include an integrated analyst that generates both ad hoc query-type results and formatted reports that can be produced and distributed on an ongoing basis. Vendor shall provide an estimate of time that it will take to run a special requested ad hoc report to completion. Additionally, Vendor shall generate ad hoc reports, at no additional cost to State.				Meets	MRx Explore, provides the functionality to generate both ad hoc results and formatted reports that can be produced and distributed on an ongoing basis. Our Operations Manager will coordinate with our BI Team to estimate the time it will take to create and run a special requested ad hoc report should one be needed. MMA will generate ad hoc reports at no additional cost to the State. We will continue to provide access to our proprietary ad hoc self-service query reporting tool, Report Studio, which allows authorized users to create and configure customized ad hoc reports using a catalog of data elements and parameters available through MRx Explore. Users are able to save and share these self-built reports for future use, as well as schedule a report to run in MRx Explore for recurring reporting needs. Data from transactional systems are refreshed daily and are accessible through our MRx Explore standard reports and dashboards, as well as for ad hoc reports. Occasionally, an ad hoc reporting need will arise that requires additional effort and support. Our Data Analyst, Chandra Thomas, and dedicated Senior Data and Reporting Analyst, Mark Allen, will continue to coordinate with our Arkansas Account Team to meet and/or exceed the State's reporting requirements, including ad hoc report requests. Mr. Allen also has direct access to the AME DSS to provide comprehensive reporting support for the AMPP. In addition, MMA is able to draw upon the reporting expertise of our two well-established reporting teams, including our Clinical Outcomes Analytics and Research (COAR) staff and our Business Intelligence (BI) Team. The State will continue to have access to both COAR and BI resources for outcome analyses, drug trend forecasting and analysis, strategic planning, and ad hoc reporting requests.

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685	R5	Reporting Management	Dashboards	Vendor shall provide Business Intelligence (BI) Report Dashboards, as directed by the State.				Meets	MMA will continue to provide BI Report Dashboards, as directed by the State. Our dashboards provide rich visualizations of predetermined metrics that make critical information easily accessible via a single screen. The dashboards are designed to deliver actionable information to our users that allow them to get a birds-eye view of their program's performance. The dashboards are set to show 13 months of rolling information. All dashboards are also available as interactive reports, which provides the user with the flexibility to run reports for different date ranges. Our dashboards are updated with aggregated data reflecting up-to-date program information. All dashboards can be viewed in a report, visualization, or geo format. Examples of dashboards include: **Overview Dashboard:** The Overview tab is designed as a one-stop shop to get a look at overall program performance with over 30 key metrics. A performance comparison is provided to allow the user to see the change from the previous year or previous period. **Plan Dashboard:** The Plan tab dives further into the program highlighting claim counts, amounts, and percentages broken out by claim status. **Product Dashboard:** The Product tab allows users to see detailed information on the drug mix of their program. **Patient Dashboard:** The Patient tab is designed to give users insight into the claim demographics in their program. **Prescriber Dashboard:** The Prescriber tab provides comprehensive details on the plan with a prescriber focus. **Pharmacy Dashboard:** The Pharmacy tab provides users with a view into the pharmacies providing medications to clients within their program.
686	R6	Reporting Management	340B	Vendor shall produce and maintain a quarterly report of all 340B providers that includes a listing of all 340B drugs dispensed by each provider.				Meets	MMA will continue to produce and maintain a quarterly report of all 340B providers. For the new AME Pharmacy Contract term, we will incorporate a listing of all 340B drugs dispensed by each provider into our quarterly report. Arkansas-dedicated Senior Data and Reporting Analyst, Mark Allen, will continue to coordinate with our Drug Rebate Team to compile this information for submission to the State.
687	R7	Reporting Management	DUR	Vendor shall provide the required information for all annual Federal reports. Vendor shall include information and activity from the DUR board, Pro-DUR edits, automated PA edits, utilization reports, cost-avoidance, etc. These reports must be submitted to the State for approval 45 days prior to submission to CMS. See requirement R27 for penalty.				Meets	MMA will continue to provide the required information for all annual Federal reports. Our reports include information listed in R7 and will be submitted according to State-required time frames. Our AME Pharmacy Solution enables and supports the State's reporting responsibilities to the Federal Government to meet Federal requirements. We meet Federal reporting requirements and performance standards as defined by CMS, including those that are part of CMS certification. Our reporting solution has been certified in our overall PBA solution. We currently provide the necessary information for the CMS-64.9R report for our customers on a quarterly basis. MMA currently administers rebates for approximately 200 programs for our rebate customers, including Arkansas, and provides 64.9R reports for each of the Federal and supplemental programs. We also provide the applicable portions of the CMS Annual DUR Report. As another example, our standard PA reporting and PA application meet Federal requirements outlined in 42 USC 1396 (r-8)(d)(5). In addition, all required claim data processed by FirstRx is displayed and stored in the database in NCPDP-compliant formats for use in State and Federal reporting and auditing. FirstRx validates that data items are present in real-time at the point of sale and retained in compliance with State and Federal reporting requirements.

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688	R8	Reporting Management	Program Requirements	Vendor's system must contain standard and ad hoc reporting capabilities, easily accessed by State end users and other stakeholders. Vendor shall provide the capability for an authorized user to develop, update, save, access and reuse ad hoc reports based on user role.				Meets	MRx Explore provides standard and ad hoc reporting capabilities and is easily accessible by authorized State end users and other stakeholders. Through MRx Explore, authorized users can develop, update, save, access, and reuse ad hoc reports based on user role. MMA will continue to provide access to MRx Explore for designated State users. MRx Explore provides a user-friendly interface that enables authorized users to create queries and reports to support numerous informational needs and is flexible, easy to use, and offers users a variety of features for building custom reports. Authorized users access MRx Explore Report Studio through standard web browsers from any workstation that can connect to the Internet. MMA will use an Okta User Interface (UI) landing page to provide authorized State staff with access to MRx Explore. Okta UI provides a seamless and user-friendly path between solution components; this enhances the end-users' overall experience with accessing MMA's systems. Using Report Studio, authorized users can create and configure customized ad hoc reports, save and share these self-built reports for future use, and schedule a report to run in MRx Explore for recurring reporting needs.
689	R9	Reporting Management	DUR	Vendor shall produce reports to show cost savings based on: 1. Edits 2. Denial reasons 3. Cost savings/avoidance based on denied claims(e.g., generic utilization data, ProDUR edits, RDUR, etc.) 4. Pricing Methodologies				Meets	MMA will continue to provide reports demonstrating cost savings as described in R9. Through MRx Explore, MMA provides generic metrics (i.e., utilization data). Monthly ProDUR edits are also reported, including metrics related to the alerts sent to providers at the POS, through MRx Explore. RDUR reports are generated using FirstIQ, with Annual Reports sent by the RDUR Team. MRx Explore includes a variety of pre-built reports and dashboards focused on key pharmacy subject areas, including cost savings. MMA provides the ability to perform regular analysis of the AMPP, which is critical for the effective management of the Program. Our standard reporting suite provides interactive reports that cover all facets of pharmacy program operations. MRx Explore's online query tools enable users to interact with a set of data and metrics to perform analysis, conduct detail reviews, and monitor ongoing activities. This allows authorized State users to effectively manage program operations and achieve positive clinical and financial outcomes. MRx Explore provides the State with analytical and reporting capabilities enabling users to easily view drug usage and cost metrics for the AMPP.
690	R10	Reporting Management	Data Management	Vendor shall verify that required data items are present and retained including all data needed for State or Federal reporting requirements (see State Medicaid Manual 11375).				Meets	MMA's pharmacy solution includes functionality that verifies that required data items are present and retained including all data needed for State or Federal reporting requirements. FirstRx fully supports the ability to process pharmacy claims using the NCPDP standards (currently Telecommunication Standard vD.0 and Batch Standard v1.2) and provides real-time acceptance and adjudication of pharmacy claims. Our pharmacy solution meets all Federal requirements as prescribed by CMS, as well as the requirements outlined by the CFR parts 42 and 45. To support this requirement, the Arkansas Medicaid Payer Specification Sheet is provided to all pharmacy providers and denotes which D.0 fields, mandatory and situational, the plan requires for claim adjudication. We maintain the FirstRx POS adjudication engine in full compliance with NCPDP standards as named in HIPAA. All data elements, required or situational, are retained in the claim detail records contained in the FirstRx database to support complete and accurate submission of all State and Federal reporting requirements.

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691	R11	Reporting Management	Program Requirements	Vendor shall ensure there are weekly reports which track the maintenance to the drug file(s) from the download(s). These reports are due by COB the following Monday.				Meets	MMA will continue to ensure there are weekly reports which track the maintenance to the drug file(s) from the download(s). These reports will be submitted to the State by COB the following Monday. Our solution maintains up-to-date drug coding, pricing, indication, contraindication, and dosing files from FDB, as well as other updates received from State-approved sources. We utilize the FDB drug compendia to load new and deleted NDCs on a weekly basis. MMA receives weekly updates from FDB that include additions, modifications, pricing, and deletions to the drug file, as well as related drug clinical parameters. The application or load of FDB files to the adjudication engine is automated, and updates are logged at each individual NDC. MMA's error processing of inbound and outbound files shall include the capability to rectify the error, reprocess the file, or inform the sending entity of the error to send a corrected file. MMA will notify the State and/or other sending entity of any load errors. To enable the volume of interfaces we manage, MMA uses Job Execution and Tracking System (JETS) applications to track and maintain all the data file destinations, file layout descriptions, file transfer methods, and their purposes.
692	R12	Reporting Management	DUR	Vendor shall provide an electronic Monthly RDUR Report to the State that includes outcomes tracking. Each section of the RDUR Report shall include, at a minimum: 1. Number of profiles analyzed, 2. Total number of profiles generated, 3. Number of exceptions identified, 4. Number of intervention letters sent to prescribers and pharmacies, 5. Primary intervention focus for the month, 6. Number and type of Alert letters sent, 7. Number of responses received, and 8. A summary of total cost avoidance due to the specific intervention(s) performed. In addition, the monthly reports shall include, but are not limited to, the following: 1. Utilization summary by: a. Provider response log updates b. Provider profiling c. Intervention review summary as defined by the State d. High risk client case summary 2. Statistical activity summary report, including but not limited to: a. Distribution of the number of cases by regular RDUR and lock-in b. Number of cases reviewed, number of letters generated, summary of distribution of cases by problem type, and follow-up data.				Meets	MMA will continue to provide an electronic Monthly RDUR Report to the State that includes outcomes tracking. As required, our RDUR Report will include all of the data elements listed in requirement R12. Utilizing information from FirstIQ stored in our PDW, our ProDUR Manager, Karen Evans, PD, compiles information for the RDUR Report. Through FirstIQ, our proprietary RDUR tool, MMA will continue to provide a proven and effective RDUR solution. Client profiles containing pharmacy claim details and medical encounter details are presented for review. Our clinical staff use the profiles and related reports to detect therapeutically inappropriate treatment trends that are then targeted for intervention. We also present educational intervention letters to the State for approval before mailing. Intervention letters may detail client medical profiles, incorporating both pharmacy and medical claims or lists of identified clients as a reference for the provider, as well as customized provider response forms. These forms can be faxed or mailed back. All responses are logged into the MMA RDUR system and responses tracking reports will be provided. These reports may be created on demand at any time through our reporting system. Response reports can be viewed at the individual intervention level or rolled up to a high-level report that tracks overall response totals by intervention and response type. We will track and report on provider responses and monitor subsequent changes in prescribing performance responses when deemed necessary by the State.

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693	R13	Reporting Management	DUR	Vendor shall provide electronic Quarterly RDUR Reports to State within three business days following the applicable quarterly period. These reports must include the following topics: 1. Drug utilization ranking summaries, including but not limited to: a. Therapeutic categories by prescriptions cost for top 25 drugs b. Therapeutic categories for top 25 drugs based on number of prescriptions c. Brand versus generic products by therapeutic class d. Number of prescriptions for drugs that require prior authorization or require meeting certain clinical edits e. Patient profiles review outcome reports by population f. Activity statistical report g. Case distribution by problem type h. Physician and Pharmacy outcome report by therapeutic class i. Prescriber and pharmacy responses j. Trend summary of major therapeutic categories of interest k. Outcomes reports (six-month post intervention): Vendor shall provide an Impact Assessment Report (IAR) to the State and for review at the quarterly DUR meeting. The State will receive monthly trend reports, as requested and defined below: 2. Cost avoidance reports, including but not limited to:				Meets	MMA will continue to provide electronic Quarterly RDUR Reports to State within three business days following the applicable quarterly period. As required, our Quarterly RDUR reports will contain all of the data elements listed in requirement R13. MMA has supported RDUR reporting requirements for Arkansas for over three years, and the required reports will be provided from our FirstIQ and MRx Explore systems. FirstIQ prepares extracts of pharmacy claims history (or access to the claims history) for purposes of RDUR, prescriber and pharmacy provider profiling, management reporting, and other decision support functions, and supports RDUR services such as analysis of utilization patterns among prescribers, pharmacy providers, and clients, as well those associated with specific drugs or groups of drugs; patterns and trends identified through FirstIQ are used to generate reports in our MRx Explore reporting tool; recommendations on the development of new and modifications of existing RDUR criteria and standards; and identification of opportunities for innovation through collaboration with the State to explore the adoption of realistic approaches to encourage quality-driven health care via the RDUR program. MMA maintains historical data to provide a rich environment for the development of in-depth trending reports for the AMPP, as well as potential focus areas in the future.
694	R14	Reporting Management	DUR	Vendor shall provide quarterly reports to the DUR Board and the State summarizing any prescribing changes or cost avoidance analysis attributed to each RDUR educational intervention performed during the quarter.				Meets	ProDUR Manager, Karen Evans, PD, provides RDUR reporting and Lesley Irons, PharmD, PDL Manager, presents ProDUR updates to the DUR Board. For the new AME Pharmacy Contract term, MMA will provide quarterly reports to the DUR Board and the State summarizing any prescribing changes or cost avoidance analysis attributed to each RDUR educational intervention performed during the quarter. Our clinical staff are prepared to discuss matters such as patient safety, drug safety and efficacy, appropriate medical therapy, drug-drug or drug-disease warnings, duplication of therapy, medication adherence, polypharmacy, analysis and reporting, and applying POS edits to FirstRx once approved by the State. MMA will strategically identify opportunities, create appropriate solutions, and effectively deliver results to drive better decision-making. This approach, coupled with specific clinical programs, equates to smarter population management.

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695	R15	Reporting Management	DUR	Vendor shall identify trends in prescription drug costs and utilization and provide quarterly electronic reports of this information to the State and to the DUR Board.				Meets	MMA will continue to identify trends in prescription drug costs and utilization and provide quarterly electronic reports of this information to the State and to the DUR Board. We understand that, in order for the State to operate efficiently and maximize the benefit to its clients, responsiveness to changes in the clinical landscape is essential. MMA provides analysis and recommendations on an ongoing basis to identify and monitor clinical and financial utilization issues that may warrant new edits or audits. We are a proven expert in providing FFS Medicaid cost savings recommendations and in the production of reports to capture the fiscal consequences of those recommendations (both retrospective and prospective). Our experience will provide value to the State through the recommendation of vetted clinical recommendations, credible cost savings methodology, and accurate cost savings reports and analysis. We also remain attentive to new clinical information, as well as potential modifications to clinical strategies that need to be implemented. In response to these findings, MMA will provide written recommendations for utilization management to the State in the form of prospective DUR criteria, PA criteria, quantity limits and therapeutic criteria. We also act in a consultative role for criteria that may impact POS processing and PA requests outside of the PDL model but pertinent to PDL classes. Our pharmacy staff is supported by our DPD Committee, consisting of clinical experts who review primary literature and evolving clinical guidelines to make recommendations on new drugs and appropriate clinical edits.
696	R16	Reporting Management	Program Requirements	Vendor shall rank prescriber and pharmacy providers, by volume of Medicaid prescriptions written or dispensed, the average and total cost of Medicaid drugs therapeutic class and any other areas agreed or requested by the State, on a quarterly basis, or as otherwise requested by the State. Generic availability versus brand name medically necessary prescriptions must be included as the information becomes available. Additionally, Vendor shall rank pharmacy providers according to the percentage of generic Medicaid drugs dispensed compared to the total Medicaid drugs dispensed for their pharmacy.				Meets	MMA will provide reports that rank prescriber and pharmacy providers, by volume of Medicaid prescriptions written or dispensed, the average and total cost of Medicaid drugs therapeutic class, and any other areas agreed or requested by the State, on a quarterly basis, or as otherwise requested by the State. Generic availability versus brand name medically necessary prescriptions will be included as the information becomes available. MMA will also rank pharmacy providers according to the percentage of generic Medicaid drugs dispensed compared to the total Medicaid drugs dispensed for their pharmacy. MMA will provide our standard DUR reporting package which includes standard management reports and advanced analytic reports that meet all of the State's requirements. The standard management reports consist of Clinical and Utilization Reports, DUR Reports and Operational Reports. The standard management reports, along with the standard interactive reports, will provide the State with enhanced decision-making tools to specifically identify key drivers of trend, monitor physician prescribing behaviors, and assess client medication taking behaviors.
697	R17	Reporting Management	DUR	Vendor shall provide to the State a monthly report summarizing RDUR Team Activities. Each of these reports must include, at a minimum: the names of the members in attendance, committee recommendations, and any actions taken. Reports determined to be "monthly" in nature are due the 5th business day of the following month, unless otherwise requested by the State.				Meets	MMA will continue to provide the State with a report summarizing RDUR Team Activities. Dr. Evans compiles the information that is reported by the RDUR Team which also includes Dr. Irons and Dr. Martin. The RDUR recommendations (meetings) are reported during the DUR/DRC Board Meeting. These reports will include the names of the members in attendance, committee recommendations, and any actions taken. Based on direction from the State, the time frame for submission was adjusted to quarterly for the current Contract term, but can be provided on a monthly basis, if required by the State. We will submit this report by the fifth business day of the following month, unless otherwise requested by the State. We have established reporting, planning, and presentation protocols in place that have been refined based on more than three decades of Medicaid DUR Board experience. MMA will leverage this experience, coupled with our Arkansas-specific experience, to continue to meet RDUR reporting requirements.

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698	R18	Reporting Management	DUR	Vendor shall provide an annual RDUR report to State. These reports must include, but are not limited to: 1. Calculations of the overall cost-effectiveness of the program, and the methodology used to make those calculations 2. Any proposals for improvements or changes to the program 3. Any recommendations for additional cost avoidance Annual report is due 45 days prior to the annual report date. Any changes to the initial report must be made and available within seven business days from the requested change.				Meets	MMA will continue to provide an annual RDUR report to State, including calculations of the overall cost-effectiveness of the program, and the methodology used to make those calculations, any proposals for improvements or changes to the program, and any recommendations for additional cost avoidance, within State-specified time frames. Dr. Evans currently submits a quarterly RDUR report and Dr. Irons provides recommendations on future RDUR topics during quarterly DUR Board meetings. We submit RDUR Cost Avoidance and Methodology from the First IQ Cost Savings Methodology. The annual RDUR Cost Savings Report for FirstIQ lettering activities is utilized by Dr. Evans for inclusion in the CMS annual report. MMA has the ability to generate reports that compare RDUR activity using month-to-date and year-to-date totals to the previous year. We will query Arkansas Medicaid data to produce reports, files for analysis, and graphs for monitoring clinical and economic trends. Our clinical staff uses these data and reports to detect therapeutically inappropriate treatment trends that are then targeted for intervention. MMA understands that a main component of the DUR Board is to improve the quality of pharmacy services and to ensure cost-effective medication therapy for clients; we will continue to support these efforts during the new Contract term.
699	R19	Reporting Management	Deliverables	Vendor shall produce the Operations Summary Report monthly and submitted to the State for review and approval. The Operations Summary Report must contain the following information: 1. Data Center Operations Summary 2. Security Management Summary, including a summary of incidents and violations that occurred during the month 3. Configuration Management Summary providing a high-level overview of any changes to the System baseline configuration 4. Service Desk Activity Summary which must provide an overview of Vendor response to all requests by the State during the previous month, disposition of each request, and any open issues. 5. Any identified issues and potential risks 6. Any additional information requested by the State.				Meets	MMA will continue to produce the monthly Operations Summary Report and submit the report to the State for review and approval. The Operations Summary Report contains information about various aspects of the AMPP including a Data Center Operations Summary, Security Management Summary, including a summary of incidents and violations that occurred during the month, Configuration Management Summary providing a high-level overview of any changes to the system baseline configuration, Service Desk Activity Summary that provides an overview of MMA's response to all requests by the State during the previous month, disposition of each request, and any open issues, and any identified issues and potential risks. We will also include additional information requested by the State.

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700	R20	Reporting Management	Performance Management	Vendor shall deliver a weekly Call Center status report to the State in a sortable format. The report must contain the following details and provide analysis of data, sampled in one-hour, daily and weekly intervals. The State may determine additional information to be required. 1. Inbound Provider Call completion statistics which include: a. number of attempts b. call completions c. average hold time d. average length of calls e. number of calls receiving busy signals f. number and % of abandoned calls. 2. Percentage of connected calls vs. non-connected calls and busy signal by week/month Weekly reports are due Monday after the scheduled production date.				Meets	MMA will continue to provide a weekly Call Center status report to the State in a sortable format that includes the majority of the data elements listed in requirement R20. For the new AME Pharmacy Contract term, we will add metrics about the number of calls receiving busy signals and busy signals by week/month. The report will provide analysis of data, sampled in one-hour, daily and weekly intervals. MMA will work with the State to incorporate additional information, if requested. We possess extensive Help Desk management tracking and reporting capabilities and will meet and/or exceed AMPP standards for pharmacy Help Desk responsiveness. Call statistics are monitored and tracked regularly by pharmacy Help Desk management, using the call management system, to ensure Help Desk standards are met and adjustments are made, as necessary. MMA will monitor, track, and report call volumes and pharmacy Help Desk statistics for the AMPP utilizing the latest version of our call management system which provides real-time monitoring and historical reporting. Data from both the call management and pharmacy Help Desk systems are loaded into our data repository and become available via our BI tool, MRx Explore, which allows scheduling reports, as well as making all data elements available for self-service reporting. MRx Explore provides a daily view that continues to add data each day to provide the cumulative weekly summary and, ultimately, the monthly summary. MMA will design and present reports based on the State's requirements, allowing for feedback, and mutually agreed-upon modifications. We will jointly finalize the package and deliver the information according to State-specified time frames.
701	R21	Reporting Management	System, tools, and technical capabilities	Vendor shall provide the capability for an authorized user to create and save an Ad hoc report template for use as a standard report template.				Meets	MRx Explore allows authorized users to create and save an ad hoc report template for use as a standard report template. Report Studio allows authorized users to create and configure customized ad hoc reports using a catalog of data elements and parameters available through MRx Explore. Once built, self-service reports can also be saved to a user's workspace for future use or be shared with other users.
702	R22	Reporting Management	Performance Management	Vendor shall produce the Performance Summary and it must be included within the monthly Operations Report produced by Vendor, as required by R19, and must contain the following information: 1. Performance during previous reporting period 2. Compliance status 3. KPI and service level target and actual performance For each KPI and service level reported as non-compliant: 1. Actions to be taken for non-compliant KPI and service level requirements 2. Estimated compliance date 3. Status of resolution date				Meets	MMA will continue to produce the Performance Summary that is included within the monthly Operations Report. Our Performance Summary will include all elements listed in R22. MMA supports performance standards measurement through our monthly performance guarantees report. Our performance guarantees reports contain information, such as the performance standard, result for the reporting period (i.e., met, not met, or waived), and an explanation of the result and/or the source of data for confirmation, as applicable. In addition, to measure adherence to KPIs and facilitate quality improvement initiatives, we engage in rigorous improvement practices that require systems and processes to be continually measured. This focus is built into our pharmacy services operations through organizational structures, performance monitoring, planning, training, auditing, and metrics definition. Our standard performance management processes provide for root cause analysis and process improvement initiatives, as necessary and indicated by established KPI performance indicators. Our Operations Manager will work closely with internal functional areas to compile all information needed for Performance Summary report creation.

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703	R23	Reporting Management	Deliverables	Vendor shall provide to the State all required reports, both ad-hoc or scheduled, according to the State-determined schedule. Monthly, Quarterly & Annual Reporting: 1. Any/all reports determined to be "monthly" in nature are due the 5th business day of the following month, unless otherwise requested by the State. 2. Any/all reports determined to be "quarterly" in nature are due three business days prior to the Quarterly DUR Board meeting, unless otherwise requested by the State. 3. Any/all reports determined to be "annual" in nature are due 45 days prior to the Annual report's due date. Any changes to the initial report will be available to the State seven (7) business days from the requested change. Any ad hoc reports will be completed within seven business days of the request unless the requested data is unavailable. If the information is not readily available in the System and must be retrieved working with a third party and will take longer than seven (7) business days; Vendor and the State will agree upon a different due date.				Meets	Leveraging our 51 years of reporting experience and nine years of Arkansas-specific experience, MMA will continue to provide to the State all required reports, both ad-hoc or scheduled, according to the State-determined schedule as detailed in R23. Based on direction from the State, the time frame for submission of the RDUR Report was adjusted to quarterly for the current Contract term, but can be provided on a monthly basis, if required by the State. Our Arkansas Account Team will continue to coordinate with appropriate internal functional areas to ensure that data are compiled for each required report and submitted according to State-specific time frames. We will work closely with the State during Requirements Review and Validation meetings to review and finalize AMPP report requirements.
704	R24	Reporting Management	Standards	Vendor shall provide the option of outputting reports to the screen, printer, files in ASCII and standard application formats accessible by any State approved and supported office applications or programs (e.g., Office 365 or Adobe).				Meets	MMA's reporting solution provides the option of outputting reports to the screen, printer, files in ASCII, and standard application formats accessible by any State-approved and supported office applications or programs (e.g., Office 365 or Adobe). Authorized State users can access MRx Explore via their web browser to run and export parameter-driven reports in various formats. The user can also export information to a PDF or Excel format. Once built, self-service reports can be saved to a user's workspace for future use or be shared with other users. MMA will also utilize our shared electronic document repository to house reports for ease of access and distribution. Our Operations Manager, with the support of appropriate internal functional areas, will work closely with the State to ensure that report distribution requirements continue to be met.
705	R25	Reporting Management	Data Management	Vendor shall capture and supply all data necessary to meet state and federal reporting requirements, including the production of CMS-64.9R monthly and quarterly estimates and expenditure reports, and others as defined by the State.				Meets	MMA will continue to capture and supply all data necessary to meet State and Federal reporting requirements, including the production of CMS-64.9R monthly and quarterly estimates and expenditure reports, and others as defined by the State. We create and provide the 64.9R section of the CMS 64 report for CMS, and electronically send the 64.9R report and supporting documentation via email. Our process facilitates the State's reporting to CMS as they will be able to automatically load this file. We will continue to provide all necessary reports as required by CMS. MMA submits all Contractor-provided portions of the CMS-64.9R to designated State staff in a mutually agreed-upon time frame. The CMS-64.9R demonstrates reconciliation of all rebate system activity against rebate invoices, rebate deposits, and rebate adjustments for any given quarter. MMA's rebate processes follow CMS guidelines. We generate the CMS-64.9R reports quarterly for each government rebate program we support, and when required, for non-federal rebate programs. The supporting documentation we currently provide is comprised of subsidiary reports to support all data reported in the CMS-64.9R. All rebate information is stored in the rebate database. The data elements that make up the CMS 64.9R format include the ending balance from the previous quarter's report, the total amount invoiced, any adjustments to invoices, and payments received. These data elements result in the current quarter's ending balance which is also displayed on the 64.9R.

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706	R26	Reporting Management	System and Data Integration	Vendor shall provide adjudicated claims information daily to the MMIS system for preparation of payments and recording of payment information.				Meets	Using our established processes, MMA will continue to provide adjudicated claims information daily to the Core/MMIS system for preparation of payments and recording of payment information. We currently interface with every major MMIS and data warehouse vendor, as well as many pharmacy support service providers across the spectrum of services. As the incumbent AME Pharmacy Contractor, MMA has an in-place solution that is currently supporting existing data interface layouts. Files will be transmitted and loaded at an interval agreed to by MMA and the State, but no less frequently than once per day. MMA's Arkansas Pharmacy Solution will continue to verify and report to the State that the interface files/data sent from State systems have been successfully received and accepted into the proposed system with no errors. Incomplete file exchanges are reported with defined error messages. Error reports containing information for the processing of data received from DHS, using a defined error reporting framework with pre-defined error codes, are sent. MMA will notify the State of any load errors. To enable the volume of interfaces we manage, MMA uses (Job Execution and Tracking System (JETS) application to track and maintain all the data file destinations, file layout descriptions, file transfer methods, and their purposes.
707	R27	Reporting Management	Performance Management	Vendor shall provide and deliver all reports, as listed within the RTM. Each report is due within their required documented timeframe: 1. Any/all reports determined to be "weekly" in nature are due on the following Monday, unless otherwise directed by the State. 2. Any/all reports determined to be "monthly" in nature are due within five state business days post month end, unless otherwise directed by the State. 3. Any/all reports determined to be "quarterly" in nature are due within five state business days post month end, unless otherwise directed by the State 4. Any/all reports determined to be "annual" in nature are due 45 days prior to the Annual report's due date.	Yes	Monthly, Quarterly & Annual Reporting: 1. Any/all reports determined to be "monthly" in nature are due the 5th business day of the month. 2. Any/all reports determined to be "quarterly" in nature are due three business days prior to the Quarterly DUR Board meeting. 3. Any/all reports determined to be "annual" in nature are due 45 days prior to the Annual report's due date. Any changes to the initial report will be available 7 business days from the requested change. Any ad hoc reports will be completed by seven business days if the requested data are available. If the information is not readily available in the System and must be retrieved working with a third party this will take longer than the	Two Hundred Fifty Dollars ($250) per State business day the scheduled report is not received or is unacceptable to the State.	Meets	MMA is committed to continuing to provide and delivered all reports listed in the RTM in accordance with State-specified time frames. Unless otherwise directed by the State, weekly reports will be submitted on the following Monday, monthly reports will be submitted within five State business days post month end, quarterly reports will be submitted within five State business days post month end, and any/all reports determined to be annual in nature will be submitted 45 days prior to the annual report's due date. Our Arkansas Account Team will continue to coordinate with appropriate internal functional areas to ensure that data are compiled for each required report and submitted according to State-specific time frames. Our Data Analyst, Chandra Thomas, and Arkansas-dedicated Senior Data and Reporting Analyst, Mark Allen, will continue to coordinate with our Arkansas Account Team to meet and/or exceed the State's reporting requirements, including ad hoc report requests.

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708	R28	Reporting Management	Program Management	Vendor shall provide automated, real-time reporting and notification internally to Vendor of catastrophic error detection and/or any unauthorized system downtime. Vendor shall provide the notification to the State within ten (10) minutes of the error detection and/or any unauthorized system downtime. Vendor shall maintain and provide the State with a year-to-date summary, monthly report of all unscheduled downtime. This report must distinguish between full system downtime and application-specific driven downtime.				Meets	Our PBA system provides automated, real-time reporting and internal notification of catastrophic error detection and/or any unauthorized system downtime. Our automated alert system facilitates State notification within 10 minutes of error detection and/or any unauthorized system downtime. Our distribution list triggers automated notification about P1 issues to designated State contacts. MMA has a process to identify the need for a repair (e.g., incident), request support, and categorize the repair into a priority level. Levels range from urgent P1–Service Loss, P2–Functional Loss and Slowness, P3–Single User Issue, and P4–Issue Identified before impact to users. Our process includes continued resolution activity until the issue is resolved. Our Arkansas Account Team and IT staff maintain and provide DHS with a YTD summary, monthly report of all unscheduled downtime distinguishing between full system and application-specific driven downtime. Our proven tools monitor system performance and limit unscheduled downtime. To maintain asynchronous communication, timely alerts, and notifications to ensure broad availability of data to system users, we employ ITIL best practices for critical components of our infrastructure. We have taken steps to eliminate/reduce to a minimum, unplanned data/telecommunication systems outages using current hardware/software technologies. Unplanned downtime during daily operations is reduced with backup power systems, hosted environmental/ systems monitoring applications, computer system/network hardware redundancies, mirrored disk, and data replication. We follow industry best practices to safeguard against a single point of failure for any critical operational component. Server settings and continuous monitoring/alerting will detect a loss of service and notify the technical teams if action is necessary.
709	R29	Reporting Management	System, tools, and technical capabilities	Vendor shall maintain an audit trail of when reports were run and by whom. The system and/or reports audit log must be available to the State upon request.				Meets	MMA's reporting solution includes maintaining an audit trail of when reports were run and by whom. We will provide the system and/or reports audit log to the State upon request. MMA's system uses a role-based security and credentialing approach and produces an immutable audit log that cannot be modified and that contains details including access date and time, user identification, machine or IP identification, event actions/activity identification and chronology. All our security permissions are role-based, granting users access to only the information they need to know to do their jobs. The users and their roles are defined by our corporate security policies, HIPAA standards, and industry best practices. Access to our systems and the levels of security within our systems are defined by a role-based account. Our systems employ a detailed set of rules governing the set-up and maintenance of login IDs and passwords. The user's role serves two primary purposes: provide the appropriate level of security to the application to read, write, update, delete, etc., and limit user access to certain screens, features, functionality, and data. As required by NIST SP 800-53 Rev. 4 Moderate Control Baseline, MMA utilizes MFA, including unique user login/password credentials and a second form of authentication (e.g., text, telephone call, email). MFA provides another layer of security in addition to login credentials. With MFA in place, a user's identity is verified in multiple steps using different methods, such as identification through a registered device.
710	R30	Reporting Management	System, tools, and technical capabilities	Vendor shall permit authorized State staff to download aggregate data into spreadsheet, database applications, and other business intelligence tools as directed and approved by State (e.g., Office 365 , Excel, and Access, etc.).				Meets	MMA will continue to permit authorized State staff to download aggregate data into spreadsheets, database applications, and other business intelligence tools as directed and approved by the State (e.g., Office 365, Excel, and Access, etc.). MRx Explore enables report creation in multiple formats (hardcopy and electronic) and supports and facilitates drill down queries on claims data to the level of granularity required for meaningful data analysis. These reports can be exported into a multitude of formats, including HTML, Microsoft Word, Microsoft Excel, and PDF. Authorized State users will have the ability to view the reports online or download and print in hard copy.

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711	R31	Reporting Management	System, tools, and technical capabilities	Vendor shall provide the capability for a State-designated user to update or specify specific standard criteria clauses for compliance, disclosure, legal or financial concerns, or data classification to be included on a report. Any updates must be approved by the State.				Meets	MRx Explore provides the capability for a State-designated user to update or specify specific standard criteria clauses for compliance, disclosure, legal or financial concerns, or data classification to be included on a report, as approved by the State. Reports can be exported to formats, as listed in Requirement R30, that allow the user to add specific standard wording to headers and footers as required. MMA will review our standard templates with the State during Requirements Review and Validation meetings.
712	R32	Reporting Management	System, tools, and technical capabilities	Vendor shall allow for the selection and filtering of report parameters by key variables such as date range, provider, etc.				Meets	MRx Explore allows authorized users to select and filter report parameters by key variables such as date range, provider, etc. The self-service tool is made up of calculations, attributes, and filters for a report user to dynamically add/modify parameters or filters to an ad hoc report for analysis. The self-service tool enables the user to build reports using a robust catalog of data attributes to simplify the report building process. To support the need for users with various skill sets and backgrounds to interact with the BI tools, dashboards and reports have been built so that users can change parameters themselves to view program information based on the user's area of interest.
713	R33	Reporting Management	System, tools, and technical capabilities	Vendor shall support the use of other SQL-compliant third-party report writers.				Meets	MMA's web-based BI and reporting solution provides the opportunity and capability for authorized State users to access querying tools that support SQL query skills. State users will have the ability to modify existing reports, create new reports and perform complex tasks that are more difficult to do in a standard report layout. Some of the functionality allowed in the query tool includes: improve performance by changing the order in which items are queried from the database or by changing query properties to allow the report server to execute queries concurrently where possible; view or add filters and parameters and modify their properties; view or add dimensions, levels, and facts; incorporate SQL statements that come from other reports; and create complex queries using set operations and joins.
714	R34	Reporting Management	System, tools, and technical capabilities	Vendor shall allow an authorized user, with approval from the State, to schedule the production of a specific report to run on a routine basis at a specified time and frequency.				Meets	MRx Explore allows an authorized user, with approval from the State, to schedule the production of a specific report to run on a routine basis at a specified time and frequency. Ad hoc reports are created through our Report Studio tool which allows authorized users to create and configure customized ad hoc reports using a catalog of data elements and parameters available through MRx Explore. Reports can be scheduled to run for recurring reporting needs and self-built reports can also be saved and shared for future use. Reports can be generated daily, weekly, monthly, and/or quarterly based on the State's requirements.
715	R35	Reporting Management	System, tools, and technical capabilities	Vendor shall actively support and maintain a web-based business intelligence web reporting.				Meets	MMA actively supports and maintains web-based business intelligence web reporting through MRx Explore. We will continue to provide our proprietary BI and on-line query reporting tool, MRx Explore, to enable authorized users to interact with a broad set of data and metrics to perform analysis, conduct detail reviews, and monitor ongoing activities. MRx Explore provides the State with a real-time, Web-based connection to reports, dashboards, and analytical tools. It includes a data warehouse where data from a variety of sources can be stored and retrieved for analysis. In addition to housing claim and utilization information, MRx Explore draws data from various sources covering topics such as prescribing patterns, PA, membership, prescribers, and Help Desk data. With a suite of more than 100 standard dashboards and reports, we will continue to offer a sophisticated reporting solution that provides information on different facets of drug claims data. MRx Explore also provides a suite of more than 16 reports to support the growing need for opioid usage monitoring. MRx Explore is able to provide the State with access to POS system information on a daily basis, updated by 10:00 a.m. every day.

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716	R36	Reporting Management	Deliverables	Vendor shall provide a Monthly Complaint Report to the State summarizing all complaints received from providers. The report must display the name of the provider who made the complaint, their provider number, the date of the complaint and the resolution, and a brief narrative describing the complaint and the resolution.				Meets	MMA has developed and will provide the Monthly Complaint Report to State, subject to State approval. The Monthly Complaint Report will summarize the inquiries and complaints from clients and providers and delineate the number and nature of these inquiries. The report will display the name of the provider who made the complaint, their provider number, the date of the complaint and the resolution, and a brief narrative describing the complaint and the resolution. We have established procedures to respond to inquiries and complaints received about the RDUR program from Prescribers, Pharmacies, and Medicaid clients Information. In the rare case that a complaint is received, MMA documents the information on our RDUR Quarterly Report. Based on direction from the State, the time frame for submission was adjusted to quarterly for the current Contract term, but can be provided on a monthly basis, if required by the State. MMA is focused on the needs of all AMPP stakeholders; we will work closely with the State to provide support to expediently resolve any issues. Our RDUR Team will continue to collaborate to generate the report according to State specifications and submit the report within required time frames.
717	R37	Reporting Management	Deliverables	Vendor shall produce custom reports for the State regarding: 1. Transactions submitted by transaction type 2. Transactions received by transaction type 3. Cumulative reports over time periods to support forecasting 4. Other items as defined by the State				Meets	MMA will continue to produce custom reports for the State regarding transactions submitted by transaction type, transactions received by transaction type, cumulative reports over time periods to support forecasting, and other items as defined by the State. MRx Explore contains customized and standard production reports, a package of standard reports available for users to view at all times, and an on-request query tool that allows users to generate queries. We will work with the State during Requirements Review and Validation meetings to confirm that our reporting solution for the AMPP continues to meet and/or exceed the State's requirements.
718	R38	Reporting Management	Program Requirements	Vendor shall ensure a thorough review of all reports is completed by both Vendor and State for continued need, content validity, and timing of report generation and distribution. This task must be performed during the DDI phase and will continue during the Production/Operations Phase.				Meets	For the new AME Pharmacy Contract term, we will continue to ensure that a thorough review of all reports is completed by both MMA and State for continued need, content validity, and timing of report generation and distribution. We will perform this task during the DDI phase and will continue during the Production/Operations Phase. Senior Data and Reporting Analyst, Mark Allen, with oversight by Summer Gatica, will coordinate with our BI Team and COAR Department, as needed, to conduct this review.
719	SC1	System Compliance and Security	Standards	Vendor shall establish Security and Privacy Plan audits, institute best-practice processes that ensure that security and privacy measures address all federal and State policies, procedures, reporting and compliance training. Access will be verified before "go-live" and annually with the Disaster Recovery testing.				Meets	As the incumbent AME Pharmacy Contractor for the last decade, MMA currently adheres to recognized best practices related to security and privacy, interconnection of systems, risk mitigation, security planning, and cloud environments. Members of our Security Team meet with the DHS Security Team weekly to share security scan results and to discuss other security topics. Our system complies with NIST SP800-53 rev4 and will comply with rev 5. In the upcoming contract period, MMA will continue to support Security and Privacy Plan audits, institute best-practice processes that ensure that security and privacy measures address all Federal and State policies, procedures, reporting, and compliance training. Our Information Security (IS) Team provides the management and technical expertise to ensure that all information is properly protected. This includes consideration of the confidentiality, integrity, and availability of both information and the systems that handle it. The IS Team performs risk assessments, prepares action plans, evaluates vendor products, participates in 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. Prior to Go-Live, access controls and user provisioning to the infrastructure and applications will be verified. MMA will conduct access reviews annually to verify user access. Annual DR testing will follow MMA Disaster Recovery policies and procedures.

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720	SC2	System Compliance and Security	Standards	Vendor shall establish guidelines for the possible vulnerability of breach, and stipulate conditions requiring assessment by an independent 3rd party, including the Security and Privacy Plan. Vendor shall allow, at State's discretion, access to the systems for a third party or State audit.				Meets	MMA will continue to adhere to approved industry-standard guidelines for the possible vulnerability of breach and will stipulate conditions requiring assessment by an independent third party, including the controls within the Security and Privacy Plan. MMA will work with the State to provide evidence and visibility to the systems for a third party or State audit. MMA's standard practice engages an independent, certified public accounting firm to perform an annual penetration test that includes an external and internal vulnerability assessment. MMA will provide an executive summary report of the assessment. MMA performs internal control assessments and internal audits to assess our systems and processes according to our policies for safeguarding information systems and data which also align with State, Federal, and customer requirements to validate MMA's effectiveness of controls and safeguards in place. MMA's Pharmacy Solution undergoes recurring vulnerability assessments against its network, endpoints, applications (DAST/SAST), and web applications that exceed the quarterly requirement. MMA will share summary results of the quarterly scans with DHS.
721	SC3	System Compliance and Security	Standards	Vendor shall ensure that none of the Vendor's services are performed outside the continental United States, Alaska, or Hawaii.				Meets	MMA will continue to ensure that none of the services performed in support of the AMPP contract are performed outside the continental United States, Alaska, or Hawaii. The offshoring of services is not allowed when prohibited within our customer contracts.
722	SC4	System Compliance and Security	Standards	Vendor shall ensure that security measures are in place to maintain confidentiality of sensitive data, as coordinated with State federated services, as specified under 42 CFR Part 2.				Meets	MMA will continue to ensure that security measures are in place to maintain confidentiality of sensitive data, as coordinated with State-federated services, as specified under 42 CFR Part 2. MMA' s Pharmacy System meets or exceeds all applicable Federal Regulations and is in full compliance with all privacy and security aspects protecting data confidentiality, including those as defined by the HIPAA Security Rule, and the HITECH Act. MMA's Pharmacy Solution supports the ability to securely manage security-sensitive data including but not limited to managing users (on-board, off-board, update, credentialing, and role assignment, etc.), as well as managing user lock-out functions and user status. All Arkansas Medicaid data will continue to be encrypted while at rest and while in transit.
723	SC5	System Compliance and Security	Standards	Vendor shall provide technical support to State users on State and Federal compliance and build on the current State IT effort to achieve a higher maturity standards for enabled Decision Support, Program Integrity, and Program Management functions.				Meets	MMA will continue to provide technical support to State users on State and Federal compliance and build on the current State IT effort to achieve a higher maturity standard for enabled Decision Support, Program Integrity, and Program Management functions. MMA's AMPP solution aligns with CMS modernization principles and adheres to CMS MITA framework version 3.0 today. MMA's solution is MITA-compliant and has been certified for 15 of our Medicaid program customers, including Arkansas. MMA is fully aligned with the CMS Seven Conditions and Standards, and we will work with DHS' other AME Contractors as appropriate to self-assess our solution's MITA Maturity Level (MML).
724	SC6	System Compliance and Security	Standards	Vendor shall comply with DIS and the State standards and policies relating to information systems, information systems security, physical security, confidentiality, and privacy. (https://www.transform.ar.gov/gis-office/gis-board/standards/)				Meets	MMA will comply with DIS and the State standards and policies relating to information systems, information systems security, physical security, confidentiality, and privacy at https://www.transform.ar.gov/gis-office/gis-board/standards/). Note that this website provides no security standards at this time.

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725	SC7	System Compliance and Security	Standards	Vendor shall support individual rights specified in the HIPAA privacy regulations.				Meets	MMA will continue to support individual rights specified in the HIPAA privacy regulations. With 39 years of experience providing state government-focused pharmacy benefit administration services, MMA thoroughly understands that the HIPAA Privacy Rule provides individuals with a legal, enforceable right to see and receive copies upon request of the information in their medical and other health records. MMA has established policies and procedures to ensure the proper handling, use, and disclosure of our customers' PHI and confidential information while administering pharmacy benefits and providing an appropriate level of customer service. Our written policies and procedures address the use of any PHI and meet all applicable Federal and State requirements, including HIPAA, U.S. Department of Health and Human Services, American Recovery and Reinvestment Act (ARRA), and HITECH requirements. Our policies and procedures include restricted role-based access to all MMA systems and applications, and end-to-end procedures required for the privacy, protection, and processing of transactions, including correspondence and electronic communications, required by our customer contracts. In addition, MMA provides comprehensive privacy training for all employees.
726	SC8	System Compliance and Security	Standards	Vendor's system must support appropriate confidentiality rules for requests for confidential communications (45 CFR 164.522(b)), within the confines of Federal and State laws and standards.				Meets	MMA's system will continue to support appropriate confidentiality rules for requests for confidential communications (45 CFR 164.522(b)), within the confines of Federal and State laws and standards. We understand that it is the right of an individual to request restriction of uses and disclosures and that a covered entity must permit an individual to request that the covered entity restrict PHI about the individual. MMA complies and will continue to comply with all applicable Federal and State laws, rules, and regulations regarding PHI, including 45 CFR 164.522(b).
727	SC9	System Compliance and Security	Standards	Vendor's system must 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 (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 Health Information Technology for Economic and Clinical Health Act (HITECH) rules.				Meets	MMA's system will continue to apply security across the Internet (e.g., user profiles and passwords, level of encryption, certificates, firewalls, etc.) that meets or exceeds the current HIPAA/MARS-E (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. All our security permissions are role-based, granting users access to only the information they need to know to do their jobs. The users and their roles are defined by our corporate security policies, HIPAA standards, and industry best practices. Access to our systems and the levels of security within our systems are defined by these role-based accounts. Our systems employ and enforce a detailed set of rules governing the set-up and maintenance of login IDs and passwords. Our system complies with all applicable Federal Regulations and is in full compliance with all privacy and security aspects protecting data confidentiality, including those defined by the HIPAA Security Rule and the HITECH Act.
728	SC10	System Compliance and Security	Standards	Vendor shall implement policies and procedures, approved by the State, to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed, in accordance with (45 CFR Part 164.306). These policies and procedures must prevent, detect, contain and correct any security violations.				Meets	MMA will continue to implement and enforce existing policies and procedures, approved by the State, to limit physical access to the electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed, in accordance with 45 CFR Part 164.306. MMA's policies and procedures will continue to prevent, detect, contain, and correct any security violations. 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. Within our IS Team, the Incident Response Team performs detection activities which include the following: continuously monitor security detection technologies; detect events and determine if an incident has occurred and/or is ongoing; and determine the attack vector of the events/alert. 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.

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729	SC11	System Compliance and Security	Security and Privacy Plan	Vendor shall obtain and incorporate input from the State and specified Stakeholders, with respect to the Security and Privacy Plan, the State's Data Center and all other applicable operations facilities, workspaces, and offices, including County Operations.				Meets	MMA will continue to obtain and incorporate input from the State and specified Stakeholders, with respect to the Security and Privacy Plan, the State's Data Center and all other applicable operations facilities, workspaces, and offices, including County Operations. Our IS Team provides the management and technical expertise to ensure that all information is properly protected. This includes consideration of the confidentiality, integrity, and availability of both information and the systems that handle it. Our sensitive data are backed up regularly and stored in a secure environment. In addition, MMA will provide the Security and Privacy Plan and physical security policies, procedures, and SOC 2 Type 2 audit report to the State for review upon request.
730	SC12	System Compliance and Security	Standards	Vendor's system must support protection of confidentiality of all Protected Health Information (PHI) delivered over the Internet or other known open networks via encryption using Advanced Encryption Standard (AES) and an open protocol such as Transport Layer Security (TLS), supported ciphers, Secure Sockets Layer (SSL), Internet Protocol Security (IPsec), XML encryptions, or Secure/Multipurpose Internet Mail Extensions (S/MIME) or their successors. The Vendor's system must be subject to external Audit checks.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria. The Vendor must notify the State within 4 hours of any known improper or unauthorized attempt at modification of ePHI.	One thousand dollars ($1000) per instance one of the metrics are not followed.	Meets	MMA's system will continue to support protection of confidentiality of all PHI delivered over the Internet or other known open networks via encryption using Advanced Encryption Standard (AES) and an open protocol such as Transport Layer Security (TLS), supported ciphers, Secure Sockets Layer (SSL), Internet Protocol Security (IPsec), XML encryptions, or Secure/Multipurpose Internet Mail Extensions (S/MIME) or their successors. Our system will be subject to external audit checks. All Arkansas Medicaid data will continue to be encrypted while at rest and while in transit. MMA's existing data encryption functionality meets HIPAA privacy requirements. Encryption products for confidentiality of data at rest and data in transit incorporate Federal Information Processing Standard (FIPS) approved algorithms for data encryption. The minimum key length for digital signatures and public key encryption is 2048 bit. Hashing functions have a minimum key length of 256 bit. Appropriate encryption methods for data in transit include, but are not limited to, Transport Layer Security (TLS) 1.2 or later, Secure Shell (SSH) 2.0 or later, Wi-Fi Protected Access (WPA) version 2 or later (with Wi-Fi Protected Setup disabled) and Virtual Private Networks (VPNs). The encryption controls are subject to an external independent assessor as part of the HITRUST CSF certification. MMA will work with the designated State and third party agencies to support external audits or demonstrate compliance through existing third party reviews.
731	SC13	System Compliance and Security	Security	Vendor shall implement the following security and compliance measures: 1. Security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with Title 45 CFR 164.306(a). 2. For risk analysis, an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held by the covered entity (State and Vendor). 3. Apply appropriate sanctions to workforce members who fail to comply with the security policies and procedures of the covered entity. 4. Procedures to review records of information system activity, such as audit logs, access reports, and security incident tracking reports, on a frequency determined by the State. 5. Assigned security officer who is responsible for the development and implementation of the policies and procedures required by this subpart of HIPAA. 6. Security awareness and training program for all members of Vendor's workforce. 7. Procedures for guarding against, detecting, and reporting malicious software. 8. Identify and respond to suspected or know security incidents, mitigate, to the extent practicable, harmful effects of security incidents and their outcomes. Upon contract execution, a State resource will be identified	Yes	As measured by failure to complete items 1-8 over the life of this contract will result in Penalty.	Two Hundred Fifty Dollars ($250) per instance of failure to complete.	Meets	MMA will continue to enforce the required security and compliance measures for the AMPP, including those identified in Requirement SC13, Items 1-8. Upon contract execution for the upcoming contract, MMA will continue to work responsively and cooperatively with the State resource responsible for managing and validating all security compliance.

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732	SC14	System Compliance and Security	Access	Vendor's system must provide an Electronic Data Processing (EDP) environment (including that portion controlled by Vendor and that portion controlled by the State) that accompanies the following activities: 1. Log and report any privacy or security incident to the appropriate State personnel and/or Incident Reporting Site: IRIS (https://arkdhs.sharepoint.com/sites/dhs-oit/SitePages/IncidentReporting.aspx.) 2. Establish a limit of unsuccessful access log-on attempts after which a user will be disconnected. 3. Disconnect any user for whom the log-on attempt limit has been reached. 4. Automatically log-off a user if a key is not depressed/entered within a time established by the State. 5. Provide role-based access for each application and system. Roles are to be assigned and managed by state. Ideally a single tool will be provided by the Vendor to manage these roles for all applications. 6. Log and report to the appropriate Vendor or State staff all unauthorized attempts to access the system. 7. Complete masking of all passwords and identification numbers used by Vendor and State employees. 8. Security of all State documents and data, including complete segregation of State data and files from the data and files of Vendor's other customers.				Meets	In the upcoming contract period, MMA's Electronic Data Processing (EDP) environment (including that portion controlled by MMA and that portion controlled by the State) will continue to support each of the activities listed in Requirement SC14 as follows: 1. MMA will log all relevant privacy or security incidents and report to the appropriate State personnel. 2 & 3. User accounts are locked out indefinitely after four consecutive unsuccessful logon attempts. 4. All PCs, laptops, and workstations are secured with a password-protected screensaver with an automatic activation feature set at 10 minutes if a key is not depressed/entered within that time period. To regain access the user is required to reestablish authenticated access. 5. User account activity is auditable and verifiable back to an individual user. When assigning rights to an account, a least privileged access methodology is adhered to and access is provisioned using role-based access controls (RBAC) though its Identity and Access Management tools. 6. The following events are logged, reported and analyzed to determine if unauthorized access as occurred: successful/unsuccessful access attempts to our systems that process confidential information; administrative functions performed by end users who have root or administrative access; security changes such as activation and deactivation of identification and authentication mechanisms; 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. 7. Passwords and identification numbers used by MMA and State employees are masked. 8. MMA's solution provides security for State documents and data, including complete segregation of State data and files from the data and files of our other customers.
733	SC15	System Compliance and Security	Security	Vendor's system must include the same security provisions for all testing environments as those used in the production environment except those provisions implemented specifically to protect confidential information (e.g., PII)				Meets	MMA's system includes the same security provisions for all testing environments as those used in the production environment, except those provisions implemented specifically to protect confidential information (e.g., PII). MMA provides a Test Environment where any changes are tested before moving to the UAT or Production Environments. The Test Environment supports full releases/upgrades to the software or patch set releases and is used to ensure changes and new releases are functioning as expected. Testing confirms business continuity is not disrupted and validates paired or dependent transactions are working as designed. Test environments are used to facilitate safe and effective testing that will not impact production environments. They mirror the production environments, which include the appropriate data sets and functions with the exception of any code or changes undergoing testing. All test activities performed in the Test Environment are segregated and managed to ensure that they are not overlapping, and the integrity of each phase is maintained.
734	SC16	System Compliance and Security	Security	Vendor shall notify DHS within four (4) hour of identifying any potential or actual physical or system security incident and work to plan and implement corrective action to mitigate the security incident. (The four (4)-hour notification requirement overrides the twenty-four (24)-hour notification requirement for security incident reporting found in the Business Associate Agreement [BAA] and Data Sharing Agreement (DSA). All Security Events that require evaluation for incident or breach notification will be reported within five (5) business days.				Meets	MMA will notify DHS within four hours of a confirmed actual security incident and will work to plan and implement corrective action to mitigate the security incident. MMA agrees that all Security Events that require evaluation for incident or breach notification will be reported within five business days. Events that may be reasonably considered to be adverse are reported by our IS Incident Response Team, 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 Security Information and Event Monitoring (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; and Active Directory and IBM Security Identity Manager (IDM).

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735	SC17	System Compliance and Security	Standards	Vendor's software, systems, components, and JAR files, including code frameworks, must be maintained to version N-2 and be within Vendor support. Vendor shall submit quarterly reports to the State showing full compliance. Vendor shall be up to date with version compliance (end of life, end of support, and current software version, etc.) throughout the life of the contract. Vendor shall demonstrate version compliance throughout the Maintenance and Operations (M & O) phase. Items that are non-compliant shall be tracked on the Plan of Action & Milestones (POA&M). Vendor shall track End of Life components as a HIPAA non-compliance issue.				Meets	MMA will maintain to version N-2 and be within Vendor supported versions of client-facing applications related to key business functions. MMA will be up to date with version compliance (end of life, end of support, and current software version, etc.) of client-facing applications throughout the life of the contract. Items that are non-compliant shall be tracked on the Plan of Action & Milestones (POAM). Demonstration of compliance will be achieved through discussions and screen share based on mutually agreed frequency.
736	SC18	System Compliance and Security	Standards	Vendor's system must operate within a Role Based Access Control infrastructure conforming to ANSI INCITS 359-2004, American National Standard for Information Technology – Role Based Access Control.				Meets	MMA's system will continue to operate within a Role Based Access Control (RBAC) infrastructure conforming to ANSI INCITS 359-2004, American National Standard for Information Technology – Role Based Access Control. Our corporate Identity & Access Management (IAM) Team provides the operations, engineering, and delivery of IAM solutions. IAM services include RBAC, user access reviews, centralized HR and access integrations, privileged access management, federation, authentication services, Single Sign-On (SSO) and Public Key Infrastructure (PKI). User Roles are defined by the Consuming Application. Each MMA application determines which functions and data elements are available to each authorized User Role and assumes ownership for implementing the functions and permissions of each User Role within the application. MMA will partner with designated DHS staff to determine provisions of access through assignation of User Roles, which are managed by our IAM Team. Each User Role determines which functions and data elements are available to AMPP staff within each application, and MMA assumes responsibility for implementing the functions and permissions of each User Role within the application. Assigned User Role(s) are communicated using Group claim attributes that indicate a user's membership in a group or role per standard protocols for claims-aware authorizations, which control access to our applications.
737	SC19	System Compliance and Security	Reporting Management	Vendor shall support color-coded status and progress indicators as defined by the State.				Meets	MMA will continue to support color-coded status and progress indicators as defined by the State. Our FirstRx claims processing system uses a real-time monitor that displays current activity for all POS customers, along with color-coded alerting.
738	SC20	System Compliance and Security	Reporting Management	Vendor shall provide the functionality to configure thresholds and automatically send alert notifications to the State for all SLA targets that are missed, as defined by the State.				Meets	MMA will continue to provide the functionality to configure thresholds and automatically send alert notifications to the State for all SLA targets that are missed, as defined by the State. Our FirstRx real-time monitor displays claim transactions percentages of paid and rejected, average response times and other indicators. Thresholds for SLAs are configured in the FirstRx Claims Monitor to alert technical personnel to potential SLA breaches and fatal errors in claims processing. The tool is equipped with a quick reference dashboard and provides color-coded visual alerting to the Operations Center and pages and emails technical staff based on predefined thresholds and customer SLAs. In the upcoming contract period, MMA will continuously monitor all DHS-defined Arkansas-specific performance metrics. Our approach is to continually monitor our performance and take corrective action to remediate issues upon discovery.
739	SC21	System Compliance and Security	Reporting Management	Vendor shall establish and document Security and Privacy monitoring criteria, thresholds, benchmarks, and alerts with respect to an operationalized Systems and Services environment. Vendor shall submit a report detailing criteria and any findings to the State, as directed.	Yes	An occurrence/finding is considered to be any instance the Vendor fails to track and resolve a Scan Finding per MARS-E 2.0 (or current version) resolution guidance. Damages are applicable to every singular instance of an occurrence.	One-half percent (.5%) of monthly invoice per noncompliance. Assessed Monthly	Meets	MMA will continue to work responsively and cooperatively with the State to ensure that our system complies with Security and Privacy requirements. We will support and document Security and Privacy monitoring criteria, thresholds, benchmarks, and alerts with respect to an operationalized Systems and Services environment. We will follow MARS-E 2.0 (or current version) resolution guidance to track and resolve any Scan Finding, should one be identified. MMA will provide the monitoring criteria and findings applicable to the State, upon a mutually agreed frequency.

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740	SC22	System Compliance and Security	Reporting Management	Vendor shall track all Scan Findings as "issues" and resolve in a timeline per MARS-E 2.2 (or current version) resolution guidance. Vendor shall track using a Plan of Actions and Milestones (POA&M). All security and vulnerabilities must be reviewed during a weekly meeting.	Yes	An occurrence is any instance the Vendor fails to complete a CIS Hardening Scan with no findings prior to server acceptance and/or annually or fails to deliver a CIS Hardening Scan Level 1 to DHS with the monthly SLA Report (when applicable). Damages are applicable to every singular instance of an occurrence. Partial time periods succeeding initial noncompliance are rounded up to the nearest two (2)-business-hour increment and prorated.	One percent (1%) of monthly invoice for failing to deliver a full, unedited scan to DHS within two (2) business days of request and an additional one percent (1%) of monthly invoice per every two (2)-business-day period succeeding initial delivery noncompliance. Assessed Monthly	Meets	MMA will track all Scan Findings as "issues" and resolve in a timeline per MARS-E 2.2 (or current version) resolution guidance. Vulnerabilities that exceed the remediation timelines require a Plan of Actions and Milestones (POA&M) and are tracked. MMA monitors new threats and vulnerabilities on an ongoing basis to ensure applications that process confidential information are protected against known attacks. Trusted information sources are monitored on an ongoing basis to identify system updates including hot fixes, patches, and service packs. Vulnerability remediation and patch management procedures have been implemented that provide for the timely application of security patches, hot fixes, and / or configuration changes to information technology assets. The list of information system vulnerabilities that are scanned weekly or when new vulnerabilities are identified are centrally managed to support the remediation process. Members of our Security Team meet with the DHS Security Team weekly to review Security and Vulnerability scan results. Vulnerability remediation in Prime's environment will adhere to the security incident response timelines.
741	SC23	System Compliance and Security	Deliverables	Vendor shall produce all system scans, code scans, system hardening scans, and vulnerability scans, unedited and in full, and be delivered within two (2) business days for review by DHS upon request for certification, audit, and incident management purposes. Upon Vendor contract execution date, a State resource will be identified for managing and validating all security compliance.				Meets	MMA affirms that applicable system scans, code scans, system hardening scans, and vulnerability scans, unedited and in full, will be shared through a screen share upon request. MMA will work cooperatively and responsively throughout the contract period with the State resource who is identified for managing and validating all security compliance.
742	SC24	System Compliance and Security	Access	Vendor shall use State email account for all Pharmacy related business. State email and access to the State's system requires staff to submit their social security number for their user profile.				Meets	As the incumbent AME Pharmacy Contractor, MMA staff who have State email accounts use the State email account for all pharmacy-related business. MMA is familiar with State email access requirements, and our staff who require access to that State email account will continue to submit all required information, including their social security number, for their user profile.
743	SC25	System Compliance and Security	Alerts	Vendor shall alert appropriate State staff authorities of potential violations of privacy safeguards, such as inappropriate access to confidential information per DHS and HHS policies.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	One percent (1%) of monthly invoice for failing to complete a Compliance Scan during an annual quarter or upon a major system change, one percent (1%) of monthly invoice for every Compliance Scan that is not delivered to DHS with the monthly report (when applicable), and an additional one-half percent (.5%) of monthly invoice for every one (1)-business-day period succeeding initial delivery noncompliance. Assessed Quarterly and upon major system changes.	Meets	MMA agrees to complete a Compliance Scan during each annual quarter or upon a major system change. We will deliver the Compliance Scan to DHS with the monthly report (when applicable). MMA will alert appropriate State staff authorities of potential violations of privacy safeguards, such as inappropriate access to confidential information per DHS and HHS policies, throughout the life of the contract.

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744	SC26	System Compliance and Security	Deliverables	Vendor shall maintain compliance with NIST 850-53 published standards throughout the life of the contract. Compliance Vulnerability Scans for current version of NIST SP 800-53 must be completed quarterly and upon major system change. The results of these scans must be delivered to DHS with the monthly report ,when applicable. This requirement is applicable throughout the life of the contract.				Meets	MMA will continue to maintain compliance with NIST 850-53 published standards throughout the life of the contract. Our HITRUST certification and our SOC 2 Type 2 demonstrate our compliance with NIST SP 800-53 security and privacy standards. Our System Security Plan includes the processes and procedures we use for security controls, information classification, identity and access management, communication and operations management, and system and application security. We use modern technology and control techniques to safeguard our infrastructure and data, and we constantly monitor and regularly test our own security measures. MMA routinely performs internal control assessments and internal audits to assess our systems and processes according to our policies for safeguarding information systems and data which also align with State, Federal, and customer requirements to validate MMA's effectiveness of controls and safeguards in place. MMA's Pharmacy Solution undergoes recurring vulnerability assessments against its network, endpoints, applications (DAST/SAST), and web applications that exceed the quarterly requirement. Compliance Vulnerability Scans for the current version of NIST SP 800-53 will be completed quarterly and upon major system change. The results of these scans will be delivered to DHS with the monthly report, when applicable.
745	SC27	System Compliance and Security	Security	Vendor shall encrypt Pharmacy claims and eligibility data during transit and when stored following the current MARS-E guidelines.				Meets	MMA will continue to encrypt Pharmacy claims and eligibility data during transit and when stored following the current MARS-E guidelines. MMA's existing data encryption functionality for data in transit and at rest 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 follows all applicable privacy and security standards promulgated by CMS, enumerated under MARS-E, Version 2.0, including successor versions as required under 45 CFR §155.260. We will continue to provide proof of our adherence to security standards and provide associated reports to reflect our performance against contract metrics.
746	SC28	System Compliance and Security	Deliverables	Vendor shall provide the documented statements of the Data Center's ability to provide the following capabilities and assurances: 1. SSAE 16 Type II Audits (Statement on Standards for Attestation Engagements) 2. Information Technology Infrastructure Library (ITILv3) Best Practice Standards 3. Vendor shall provide security level with certificate (i.e., gov or FEDRAMP)				Meets	MMA will continue to provide documented statements of our Data Center/hosting environment security compliance as required by Requirement SC28. MMA uses hosting security best practices, including use of FEDRAMP certified Cloud Services; use of SSAE-18-TYPE I/SOC2 TYPE II certified Cloud Services; HITRUST; NIST 800-53 mod4; and HIPAA/HITECH. Our solution's hosting environment for all system environments is compliant with SSAE 18, Reporting on Controls at a Service Organization, Type II. To help maintain asynchronous communication, timely alerts, and notifications to ensure broad availability of data to authorized system users, MMA's Systems Infrastructure Team has employed ITIL v3 Best Practice Standards. MMA provides a proven, scalable, proprietary pharmacy solution, delivered as SaaS and securely running on shared hardware cloud-hosted in the FedRAMP-certified East/West region of Amazon Web Services (AWS).
747	SC29	System Compliance and Security	Security and Privacy Plan	Vendor shall establish Security and Privacy Plan governance structures designed to assess the audits and make recommendations to improve the Security and Privacy Plan obligations.				Meets	MMA will continue to maintain and design security and privacy governance structures and will work with the State to provide evidence and visibility to the systems for a third party or State audit.

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748	SC30	System Compliance and Security	Security	Vendor shall ensure that all data being stored or exchanged outside of the direct Vendor's System-certified data center and cloud solutions are either encrypted or de-identified so that all protected health information (PHI) data is protected from accidental disclosure, in accordance with current MARS-E requirements. This includes, but is not limited to, offsite backup media; desktop/laptop disk drives; and data exchanges between any Stakeholders, including State data centers. Any determined need for "live" program data for supporting testing phases must be approved in writing by the State's Contract Administrator.				Meets	MMA will continue to ensure that all data being stored or exchanged outside of MMA's System-certified data center and cloud solutions are either encrypted or de-identified so that all PHI data are protected from accidental disclosure, in accordance with current MARS-E requirements. This includes, but is not limited to, offsite backup media; desktop/laptop disk drives; and data exchanges between any stakeholders, including State data centers. MMA acknowledges that any determined need for "live" AMPP data for supporting testing phases must be approved in writing by the State's Contract Administrator. MMA's existing HIPAA-compliant data encryption functionality incorporates processes to ensure the safe exchange of PHI or 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.
749	SC31	System Compliance and Security	Security	Vendor shall implement and maintain procedures for removal/ destruction of ePHI from electronic media before the media are made available for reuse according to current MARS-E (current version) guidelines.				Meets	MMA maintains procedures for removal/ destruction of ePHI from electronic media before the media are made available for reuse according to current MARS-E (current version) guidelines. MMA ensures secure disposal and destruction of sensitive information (e.g., PHI, ePHI, PII) in hard copy or electronic media (e.g., hard drives, data tapes, USB drives, etc.) in accordance with the company's information technology security policy. We contract with a document destruction company to perform on-site secure destruction and disposal of confidential information (PHI, ePHI, PII) regardless of whether that information is in hard copy or electronic format. The document destruction company provides locked waste containers and bulk shredding services for the disposal of discarded hard copy materials. Special arrangements are made for the disposal of hard drives and other specific materials through the company's Facility Department. Protecting the security and privacy of confidential materials begins the moment they are deposited into the on-site document destruction console; these consoles are located throughout MMA's facilities. The chain of custody remains unbroken until the documents and electronic media are destroyed following the secure shredding process and the Certificate of Destruction is received. The document destruction company's locked security consoles keep materials safe. A security-screened service representative unlocks the console and takes the materials to a secure shredding truck waiting outside.
750	SC32	System Compliance and Security	Access	Vendor shall support configuration of permissions so that State Contract Administrator approval is required for the permissions or access of users to print certain items using the "Screen Print" function.				Meets	MMA will continue to support configuration of permissions so that State Contract Administrator approval is required for the permissions or access of users to print certain items using the "Screen Print" function. MMA's system uses a role-based security and credentialing approach and produces an immutable audit log that cannot be modified and that contains sufficient detail (e.g., access date and time, user identification, machine or IP identification, event actions/activity identification and chronology) for PII/PHI data related events. Properly credentialed users whose job requires the capability can access certain items and use Ctrl+PrtScr to print the view that is displaying. Any such required access will be tracked and logged.

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751	SC33	System Compliance and Security	Reporting Management	Vendor shall notify DHS within four (4) hours of identifying any potential or actual security incident. Vendor shall provide an initial written report to the Department within 24 hours following the identification of any Security Incident, detailing all actions taken concerning the incident. “Security incident” does not include pings, port scans, unsuccessful log-on attempts, denials of service, other broadcast attacks on our firewall, and any combination of the above, so long as such incident event did not result in unauthorized access, use or disclosure of PHI, or system unavailability; this includes communications to a defined list of personnel at the State (tied to COOP/DR). The State staff shall approve the Vendor's response plan, including specific steps and timeframes for resolution or indicate that it is continuing to investigate.	Yes	Vendor shall initiate communications with State staff during an incident and ongoing communications will be hourly and progressive.	One thousand dollars ($1000) in which notification has not been received within four (4) hours, and then $1,000 per State business day for each additional day a CAP is not submitted to the State.	Meets	MMA affirms that we will notify DHS within four hours of identifying a security incident, as described within Requirement SC33. We will provide an initial written report to the Department within 24 hours following the identification of any actual Security Incident, detailing all actions taken concerning the incident. MMA agrees that “Security incident” does not include pings, port scans, unsuccessful log-on attempts, denials of service, other broadcast attacks on our firewall, and any combination of the above, so long as such incident event did not result in unauthorized access, use or disclosure of PHI, or system unavailability; this includes communications to a defined list of personnel at the State (tied to COOP/DR). We understand that State staff will approve the MMA's response plan, including specific steps and time frames for resolution or indicate that it is continuing to investigate.
752	SC34	System Compliance and Security	Security	Vendor shall implement a Security Incident and Event Management System for analysis and reporting activities, on an independent server and provide client specific information (log files, data extracts) to State and other state-authorized Stakeholders in the event of a security event. The Vendor shall provide a dedicated security contact for all points of contact.				Meets	MMA will continue to provide a Security Incident and Event Management System for analysis and reporting activities, on an independent server and will provide customer-specific information (log files, data extracts) to the State and other state-authorized stakeholders as required in the event of a security event. Such information will not have any impact to any other customer’s data. MMA will provide a dedicated security contact for all points of contact. Agents are embedded within all our servers that collect and stream system audit and security events in real-time to the IBM QRadar SIEM Platform. Our IS Team works directly with infrastructure and product teams to determine the context and risk of any identity events. The IS Office is responsible for reviewing operating system and core network device security audit trails. Audit trails are analyzed regularly within a scheduled time frame; anomalies reported immediately to appropriate supervisory personnel for follow-up action. A review of the events to be audited is assessed on a regular basis in response to operational, security, and customer needs.
753	SC35	System Compliance and Security	Standards	Vendor shall ensure the system(s) maintains compliance with current and future applicable security, privacy, accessibility, and certification laws (State and Federal), throughout this RFP. Where any of these overlap, the Vendor shall ensure that the system(s) must always strive to attain the more stringent policy. Vendor shall retain responsibility for all modifications to the system(s) to maintain compliance.				Meets	MMA will continue to ensure that our solution maintains compliance with current and future applicable security, privacy, accessibility, and certification policy as described throughout this RFP as well as adhering to State and Federal laws. Where any of these overlap, MMA will ensure that our system(s) strive to attain the more stringent policy. MMA will retain responsibility for all modifications to the system(s) to maintain compliance. Having provided services to Medicaid programs for more than four decades, MMA has continuously demonstrated our extensive capabilities and our commitment to not only comply with, but often exceed, guidelines or current standards. In addition, we have also demonstrated our flexibility in adjusting to a rapidly changing and evolving set of regulations. Often MMA has been the first in the Medicaid pharmacy space to comply with new State and Federal mandates and standards, as well as to create road maps that align with MITA requirements to support our state government customers’ goals for increased MITA maturity. The MMA system architecture supports functionality for the broadest user base and ensures each of our customers has access to this re-usable architecture as a building block for meeting current and future business needs.

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754	SC36	System Compliance and Security	Standards	Vendor shall ensure the confidentiality, integrity, and availability of Electronic Protected Health Information (ePHI). Further, the Vendor shall ensure the system supports integrity controls to guarantee that transmitted ePHI is not improperly modified without detection. Vendor shall report any confirmed attempts of improper modification of ePHI to State contact immediately.				Meets	MMA will continue to ensure the confidentiality, integrity, and availability of ePHI. We ensure that our system supports integrity controls to guarantee that transmitted ePHI is not improperly modified without detection. MMA will report any confirmed attempts of improper modification of ePHI to our State contact immediately. We use FIPS-validated cryptographic mechanisms during transmissions to prevent unauthorized disclosure of information and detect changes to information. We utilize AES 256 and TLS 1.2 or higher for encrypting data in transit and at rest. MMA has established policies and procedures to ensure the proper handling, use, and disclosure of our customers' PHI and confidential information while administering pharmacy benefits and providing an appropriate level of customer service. Our written policies and procedures address the use of any PHI and meet all applicable Federal and State requirements, including HIPAA, U.S. DHHS, ARRA, and HITECH requirements. Our policies and procedures include restricted role-based access to all MMA systems and applications, and end-to-end procedures required for the privacy, protection, and processing of transactions, including correspondence and electronic communications, required by our customer contracts.
755	SC37	System Compliance and Security	System, Tools and Technical Capabilities	Vendor shall implement policies and procedures for guarding, monitoring, and detecting malicious software (e. g. viruses, worms, malicious code, ransomware, etc.), implement controls based on trends, and immediately report confirmed attempts or incidents to State.				Meets	MMA will continue to enforce policies and procedures for guarding, monitoring, and detecting malicious software (e.g., viruses, worms, malicious code, ransomware, etc.), implement controls based on trends, and immediately report confirmed attempts or incidents to the State. Our system utilizes various tools to detect and alert on security threats and violations. Different components of the system, such as infrastructure, database, application server, network, and operating system, are monitored on a regular basis. Malicious software or activity 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: Security Information and Event Monitoring (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; and Active Directory and IBM Security Identity Manager (IDM).
756	SC38	System Compliance and Security	Security	Vendor shall propose, for State approval, and implement system controls to ensure system security during software program changes and promotion in any environment that contains regulatory data. Vendor shall immediately report any confirmed security breaches during the software change or promotion. The Vendor shall notify the State within 4 hours of identification of any successful security breach.				Meets	As the State's incumbent AME Pharmacy Contractor, MMA has system controls in place to ensure system security during software program changes and promotion in any environment that contains regulatory data. MMA will share any information regarding our information security program including independent third-party audits of its system controls. MMA affirms that we will immediately report any confirmed security breaches during the software change or promotion. MMA will notify the State of any successful security breach as mutually agreed.
757	SC39	System Compliance and Security	Security	Vendor shall provide a network infrastructure solution that will be self-contained and in its own security perimeter. In securing the perimeter of the Vendor's network, the use of current and supported International Computer Security Association (ICSA) compliant firewalls are required.				Meets	MMA will continue to provide a network infrastructure solution that will be self-contained and in its own security perimeter. In securing the perimeter of our network, MMA uses current and supported International Computer Security Association (ICSA) compliant firewalls. A combination of virtual and physical environments is maintained and utilized throughout MMA's technology landscape. Our data centers employ high-availability (HA) firewalls, both to the Internet and to the secured business partner networks. MMA's network infrastructure consists of a demilitarized zone (DMZ) network for externally facing applications. A combination of Palo Alto Firewalls, F5 Load Balancers, F5 Web Application Firewalls and AWS Application Firewalls are utilized internally and at the perimeter to ensure external and internal traffic is routed to the appropriate locations and to prevent unauthorized access attempts. External communications are encrypted using Palo Alto Global Protect VPN technology. Remote users are required to authenticate to the network via an encrypted VPN requiring multi-factor authentication (MFA).

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758	SC40	System Compliance and Security	Standards	Vendor shall provide a flexible solution that is positioned to effectively meet the requirements of future changes to HIPAA regulations throughout the life of the contract.				Meets	MMA will continue to provide a flexible solution that is positioned to effectively meet the requirements of future changes to HIPAA regulations throughout the life of the contract. MMA's NCPDP/HIPAA-compliant Pharmacy Solution meets and will continue to meet all Federal requirements as prescribed by CMS, the requirements outlined by the National Archives and Records Administration CFR parts 42 and 45, and standards identified in OBRA 1990 and OBRA 1993, as well as the Social Security Act Section 1927 (g).
759	SC41	System Compliance and Security	Security	Vendor shall provide a solution that delivers logical isolation and segregation of State data from other Vendor's customers to prevent the access of State data from unauthorized parties. All access requests will be approved by designated State staff. Vendor's proposed solution must comply with all court ordered or warranted requests for data access.				Meets	MMA's solution for Arkansas delivers logical isolation and segregation of State data from our other customers to prevent the access of State data from unauthorized parties. We currently provide logical separation for Arkansas State data. MMA agrees that all Arkansas data access requests will be approved by properly credentialed, designated State staff. Our proposed solution will comply with all court ordered or warranted requests for data access. MMA will use appropriate security capabilities and measures and adequate data validation. We have appropriate policies and procedures in place to minimize or prevent unlawful access by any person who may have access to the database. MMA' s Pharmacy System is designed to comply with all applicable Federal Regulations and is in full compliance with all privacy and security aspects protecting data confidentiality, including those defined by the HIPAA Security Rule and the HITECH Act.
760	SC42	System Compliance and Security	Security	Vendor shall provide internet security functionality to include the use of firewalls, intrusion detection/intrusion prevention (IDS/IPS), https, encrypted network/secure socket layer (SSL), security provisioning protocols, and Internet protocol security (IPSEC), as well as provide data loss prevention tools (DLP) and use supported certificates.				Meets	MMA provides internet security functionality, including the use of firewalls, intrusion detection/intrusion prevention (IDS/IPS), https, encrypted network/secure socket layer (SSL), security provisioning protocols, and Internet protocol security (IPSEC), as well as provide data loss prevention tools (DLP) and use supported certificates. We use a combination of Palo Alto Firewalls, F5 Load Balancers, F5 Web Application Firewalls and AWS Application Firewalls are utilized internally and at the perimeter. MMA uses protection systems, including anti-virus systems and intrusion detection systems, and identification and authentication mechanisms. All web transmission is secured using SSL Certificates from Origin to RESTful. MMA SSL certificates rely on 2048-bit key encryption where appropriate. We will maintain industry-standard security certification throughout the life of the contract.
761	SC43	System Compliance and Security	Access	Vendor shall maintain system and access log files for all system(s) / database(s) on a timeframe when requested designated by the State. These log files must contain a complete accounting of all activity for a given system, tracking all security, or access request and approval documentation, as required by the most stringent relevant Federal regulation (CMS, NIST, MARS-E (current version). Vendor shall provide State-authorized Stakeholders' access to all logs in a State approved format.				Meets	MMA will continue to maintain system and access log files for system(s)/database(s) on a designated timeframe. These log files contain an accounting of activities for systems and maintain access request and approval documentation, as required by relevant Federal regulations. As required, MMA will provide State-authorized stakeholders with evidence of the logs. MMA uses a Security Information Event Manager (SIEM) system to collect logs from critical systems. The SIEM ensures that logs cannot be deleted or modified and provides continuous log correlation and alerting for review by security analysts. Audit data are stored in a secure database, access is restricted, and logs can be queried and analyzed by authorized users. MMA will work with the State on a mutually agreed approved format. Our solution collects and stores 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. For each event logged, the system captures user identification; type of event; date and time of the event; success or failure indication; origination of the event; and identity (name) of the affected information, system component, or resource.

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762	SC44	System Compliance and Security	Security	Vendor shall lead the coordination and management of all security processes for the system. Vendor shall ensure that all sub Vendors that have access to protected health information/confidential data, sign and comply with a Business Associate Agreement (BAA) or other Data Sharing agreement (DSA) documentation as required, which contains all requirements mandated by the BAA on file between the Vendor and State and comply with HIPAA regulations for such agreements. The required standards can be found under Title II, Subtitle F, Sections 261 through 264 of the HIPAA, Pub. L. 104-191. Further, the Vendor shall ensure that all individuals having access to the confidential data will agree in writing to abide by State and Federal rules and policies related to confidentiality at the time of initial contracting and annually.				Meets	MMA will continue to lead the coordination and management of all security processes for the system. We will require that any sub-vendors that have access to protected health information/confidential data, sign and comply with a Business Associate Agreement (BAA) or other Data Sharing agreement (DSA) documentation as required, which contains all requirements mandated by the BAA on file between the Vendor and State and comply with HIPAA regulations for such agreements. MMA will require compliance with the standards found under Title II, Subtitle F, Sections 261 through 264 of the HIPAA, Pub. L. 104-191. We will ensure that all individuals having access to confidential data will agree in writing to abide by State and Federal rules and policies related to confidentiality at the time of initial contracting and annually. MMA's written policies and procedures address the use of any PHI and meet all applicable Federal and State requirements, including HIPAA, U.S. DHHS, ARRA, and HITECH requirements.
763	SC45	System Compliance and Security	Security	Vendor shall implement and maintain a secure environment providing secure file encryption and transfer processing, such as the MOVE-it application, meeting the most current version of FIPS 140 standards as recommended by CMS and enabling all reporting of testing and review activities available to State. Vendor shall ensure full compliance with FIPS 140-3 required by January 2026 or per future guidance by CMS. FIPS 140-2 was made obsolete in March 2019 but the is accepted with migration plan to FIPS 140-3.				Meets	MMA will continue to maintain a secure environment providing secure file encryption and transfer processing. We will continue to meet the most current version of FIPS 140 standards as recommended by CMS and will provide reporting of testing and review activities available to the State. MMA's existing data encryption functionality meets HIPAA privacy requirements. This functionality incorporates processes to ensure the safe exchange of PHI or PII. We use FIPS-compliant cryptographic mechanisms during transmissions to prevent unauthorized disclosure of information and detect changes to information.
764	SC46	System Compliance and Security	Standards	Vendor shall ensure that the system(s) provides three (3) types of controls to maintain data integrity: 1. Preventive Controls: controls designed to prevent errors and unauthorized events from occurring 2. Detective Controls: controls designed to identify errors and unauthorized transactions which have occurred in the system 3. Corrective Controls: controls to ensure that the problems identified by the detective controls are corrected. Vendor shall ensure the controls must be in place at all appropriate points of processing to comply with current federal and state standards; should the proposed solution not meet these standards; the State may assess performance penalties accordingly. Compensating controls, approved by State, and will be implemented.				Meets	MMA's in-place solution provides preventive, detective, and corrective controls to maintain data integrity. For the upcoming contract period, we will continue to maintain controls at all appropriate points of processing to comply with current federal and state standards. MMA continuously monitors and follows industry standards for our automated systems and supporting hardware and software to ensure that our systems meet the highest levels of data integrity and system interoperability. We support the use of industry-standard data exchange by using industry-leading tools, including SnapLogic, Edifecs, and Informatica. We build data quality checks into processes that touch data. This includes data integrity and completeness checks as data are loaded and standardized. Quality checks are used to verify data integrity and include comparisons against expected values, domain analysis, and comparisons to standard code sets/values. Our FirstRx claims processing and adjudication system maintains data integrity through the strict enforcement of NCPDP standards and ensures that transaction data are consistent with the NCPDP field and valid code values.
765	SC47	System Compliance and Security	Standards	Vendor shall implement and maintain a secure environment for real time access to Arkansas Medicaid data, using a fully functional and documented security software package for all environments. This secure environment must not include the use of http. The use of code review software and secure file encryption and transfer must meet the most current version of FIPS 140 standards as adopted by NIST; enabling all reporting of testing and review activities available to State.				Meets	MMA will continue to maintain a secure environment for real-time access to Arkansas Medicaid data, using a fully functional and documented security software package for all environments. Our secure environment will not include the use of http. MMA's use of code review software and secure file encryption and transfer will continue to meet the most current version of FIPS 140 standards as recommended by CMS and adopted by NIST, and we will provide reporting of testing and review activities available to State.

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766	SC48	System Compliance and Security	Security	Vendor shall provide to the State their solutions to de-identify data, along with the provision of HIPAA Compliant statistical certification on the de-identification of data.				Meets	MMA will provide to the State their solutions to de-identify data, along with the provision of HIPAA Compliant statistical certification on the de-identification of data. When de-identification is required, MMA de-identifies confidential information in accordance with HIPAA de-identification standards. MMA relies on several different methods and protocols to de-identify data, depending on the amount of data in question and projected use of the data. Typical practices involve various data substitution algorithms that de-identify data yet retain the necessary "richness" to support detailed testing.
767	SC49	System Compliance and Security	Staffing	Vendor shall designate a full time privacy and security officer to ensure and maintain current compliance with HIPAA, NIST, MARS-E, and other Federal and State privacy and security standards.				Meets	MMA designates a full-time privacy and security officer to ensure and maintain current compliance with HIPAA, NIST, MARS-E, and other Federal and State privacy and security standards.
768	SC50	System Compliance and Security	Training	Vendor shall provide training to Vendor staff and authorized users in the use of the security management system for both initial implementation and ongoing operations. In addition, the Vendor shall provide workforce security awareness through such methods as security reminders (at log on or screen access), training reminders, online training capabilities, and/or training tracking. If users fail to complete required trainings, access to the system will be denied.		Calendar quarterly audit review and reporting must be provided to the state.	Two Hundred Fifty Dollars ($250) per business day the scheduled report is not received or is unacceptable to the State.	Meets	MMA will continue to provide training in the upcoming contract period for our staff and authorized users in the use of the security management system for both initial implementation and ongoing operations. In addition, MMA will continue to provide workforce security awareness through such methods as security reminders (at log on or screen access), training reminders, online training capabilities, and/or training tracking. Incomplete training by designated due date will be escalated to senior leadership. Violations of security policies will result in access restrictions, sanctions, or disciplinary action. MMA provides comprehensive privacy training for all employees, including Help Desk staff. We require all workforce members to take HIPAA Privacy and Security training when they are hired. Subsequently, all workforce members are required to take annual refresher training, which includes any updates or changes to the privacy policies since the previous annual refresher training. Additionally, each department incorporates appropriate privacy procedures into new hire orientation training and annual refresher training. The Privacy Office also delivers targeted training to specific departments that either request additional training or who are directly affected by changes to our privacy policies outside the normal training cycle. Each manager is individually responsible for ensuring his or her staff is informed and educated on policy and procedure changes and adherence to all privacy standards as required by laws and regulations.
769	SC51	System Compliance and Security	Access	Vendor shall conduct a review , and update (as applicable) access rights for all, quarterly or upon request of State. The Vendor will provide a workflow process for review of user activities and actions. System will also provide auditing capabilities for approved audit resources, such as CMS requests to audit access rights and user ids. Vendor shall supply this information to the State on a quarterly basis, broken down by department, and shall be submitted for State review and approval. All such documentation will be maintained a minimum of ten (10) years, per current HIPAA requirement.	Yes	Calendar quarterly audit review and reporting must be provided to the state.	Two Hundred Fifty Dollars ($250) per business day the scheduled report is not received or is unacceptable to the State.	Meets	All MMA user accounts are reviewed at least annually. Privileged accounts are reviewed quarterly. Any change in position will require the new manager to review and modify the user's account accordingly following MMA's RBAC workflow process. Systems will continue to provide auditing capabilities for audit resources. MMA will work with the State to provide quarterly review of State's users and will maintain a minimum of 10 years, per current HIPAA requirement.

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770	SC52	System Compliance and Security	Deliverables	Vendor shall propose a security access and management plan which ensures the system performs , at a minimum, the following functions: 1. Verifies the identity of all users and denies access to invalid users 2. Supports a user security profile that controls user access rights to data categories and system functions 3. Maintains a list of authorized users and their security profiles, including updating security files with State-approved additions of new staff and changes to existing security profiles and staff terminations. 4. Provides two-factor authentication that is scalable and aligns with federal guidelines 5. Initially grants users accounts with no access rights and builds each user's security rights profile based on user role and approved security access.				Meets	As the incumbent, MMA has a security access and management plan in place, supporting DHS and the AMPP. We will continue to ensure that the system performs the required functions as described in Requirement SC52. 1. MMA's system verifies the identity of all users and denies access to invalid users. 2. Our system supports a user security profile that controls user access rights to data categories and system functions. All our security permissions are role-based, granting users access to only the information they need to know to do their jobs. The users and their roles are defined by our corporate security policies, HIPAA standards, and industry best practices. 3. MMA maintains a list of authorized users and their security profiles, including updating security files with State-approved additions of new staff and changes to existing security profiles and staff terminations. MMA manages user identity and role-based security using IBM Identity Security Manager, including configurability of roles and associated privileges. This leading identity management tool provides role-based access control management and user and access management. 4. Our system provides two-factor authentication that is scalable and aligns with federal guidelines. MMA uses Okta and Microsoft Identity, our identity management tools, to provide both single sign-on and MFA for user sign-on activity. MFA provides another layer of security in addition to login credentials. With MFA in place, a user's identity is verified in multiple steps using different methods, such as identification through a registered device. 5. MMA's system initially grants users accounts with no access rights and builds each user's security rights profile based on user role and approved security access. Our systems employ a detailed set of rules governing the set-up and maintenance of login IDs and passwords.
771	SC53	System Compliance and Security	Security	Vendor shall review all security patches relevant to the environment and classify the need and speed in which the security patches should be installed as defined by security policies as outlined in MARS/NIST as critical, high, medium, and low.				Meets	MMA will continue to review all security patches relevant to the environment and classify the need and speed in which the security patches should be installed as defined by security policies as outlined in MARS/NIST as critical, high, medium, and low. MMA will ensure that all environments are secure and ensure software patches are done timely. We will maintain all hardware and software products required to support our solution, including timely and secure patches, fixes, upgrades, and releases for all software, firmware, and operating systems.
772	SC54	System Compliance and Security	Reporting Management	Vendor shall provide a documented process for evaluating security alerts from OS and application vendors, shielding systems from attack until patched, and installing security patches and service packs as outlined in MARS/NIST as critical, high, medium, and low.				Meets	MMA provides a documented process for evaluating security alerts from OS and application vendors, shielding systems from attack until patched, and installing security patches and service packs as outlined in MARS/NIST as critical, high, medium, and low. Security patches will be deployed at the most current level after thorough testing. Software patches affecting DHS and integrated/interfaced entities will follow customer notification procedures. In the event that an emergency patch or update is required to ensure continued system availability and function, MMA will notify DHS in an expeditious manner.

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773	SC55	System Compliance and Security	Security	Vendor's solution must provide Multi-factor authentication (MFA), as prescribed by the State (i.e., Vendor's UI systems), for achieving and maintaining compliance and reduce the risk of system penetration by unauthorized login attempts using the current State approved product (e.g., Azure). Vendor shall develop and document a process for Third Party Penetration testing that has been reviewed and approved by the State. This testing must be completed at least annually and the raw results and final reports will be provided to the State.				Meets	MMA will continue to provide MFA for achieving and maintaining compliance and reduce the risk of system penetration by unauthorized login attempts. Access to our network and information requires a unique user ID and password as well as a PKI (hardware) certificate on their MMA issued devices to authenticate. Password standards are established and configured to meet policy, including password minimum length, expiration, complexity, and account lockout. MFA provides another layer of security in addition to login credentials. With MFA in place, a user's identity is verified in multiple steps using different methods, such as identification through a registered device. MMA uses Okta and Microsoft Identity, our identity management tools, to provide both single sign-on and MFA for all user sign-on activity. As the incumbent AME Pharmacy Contractor for DHS, MMA has an in-place, State-approved process for Third Party Penetration testing. MMA's standard practice engages a third-party, independent, certified public account firm to perform an annual penetration test to perform an external and internal vulnerability assessment. Raw results can be viewed through a screen share, and MMA will provide an executive summary final report of the assessment to the State.
774	SC56	System Compliance and Security	Security and Privacy Plan	Vendor shall conduct an annual Security and Privacy Plan risk analysis to identify system security policies, procedures, and controls (e.g., administrative, physical, technical, and identity management).				Meets	MMA will continue to conduct an annual Security and Privacy Plan risk analysis to identify system security policies, procedures, and controls (e.g., administrative, physical, technical, and identity management). Our IS Team performs risk assessments, prepares action plans, evaluates vendor products, participates in 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. Additionally, information security controls are regularly audited and assessed by independent third-party audit organizations. Ongoing external audits and assessments consist of: SOC 1 Type II Annual Audit; SOC 2 Type II Annual Audit; HITRUST Certification with annual interim review (r2); and annual internal and external penetration test.
775	SC57	System Compliance and Security	Access	Vendor shall permit State designated officials to set and modify user security access profiles.				Meets	MMA permits State-designated officials to set and modify user security access profiles through our RBAC workflow process. MMA manages user identity and role-based security using IBM Identity Security Manager, including configurability of roles and associated privileges. Each User Role determines which functions and data elements are available, and MMA assumes responsibility for implementing the functions and permissions of each User Role within the application. We will continue to partner with designated DHS staff to determine provisions of access through assignation of User Roles, which are implemented and managed by our IAM Team.
776	SC58	System Compliance and Security	Access	Vendor shall assign a unique name or number for identifying and tracking user identity.				Meets	All users are assigned a unique user account to ensure actions are auditable to an individual user. MMA maintains a trackable record of a user's requests, transactions, status, and deactivations in Connect Online (CRM).
777	SC59	System Compliance and Security	Standards	Vendor shall comply with State computer application and network security policies (e.g., Active Directory authentication, data encryption, bandwidth, etc.).				Meets	MMA will continue to comply with State computer application and network security policies (e.g., Active Directory authentication, data encryption, bandwidth, etc.). MMA's existing data encryption functionality meets HIPAA privacy requirements to ensure the safe exchange of PHI or PII. We utilize AES 256 and TLS 1.2 or higher for encrypting data in transit and at rest. MMA provides sufficient bandwidth and redundancy to ensure accessibility, reliability/fault tolerance, and acceptable performance.
778	SC60	System Compliance and Security	Standards	Vendor's solution must meet current MARS-E (current version) compliance standards to ensure secure handing of Personally Identifiable Information (PII), Protected Health Information (PHI), and Federal Tax Information (FTI) of US Citizens. MARS-E is based on the National Institute of Standards and Technology (NIST) Special Publication (SP) 800.53.R5.				Meets	MMA's solution will meet current MARS-E (current version) compliance standards to ensure secure handing of PII, PHI, and FTI of US Citizens. MMA follows all applicable privacy and security standards promulgated by CMS, enumerated under MARS-E, Version 2.0, including successor versions as required under 45 CFR §155.260. Our system complies with NIST SP 800-53 Rev. 4 and will comply with Rev. 5.

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779	SC61	System Compliance and Security	Security and Privacy Plan	Vendor shall collaborate with DHS to provide a Security/Privacy Management Plan (SMP) that, at a minimum, documents the Vendor's plan to comply with State and Federal Security and Privacy rules, regulations, and guidelines, and sufficiently addresses the challenges represented within a multi-Vendor, integrated systems solution. DHS will initially approve the Security/Privacy Plan and will conduct audits/evaluations of the Plan established by the Vendor at least annually.				Meets	MMA will collaborate with DHS to provide an updated SMP that, at a minimum, documents our plan to comply with State and Federal Security and Privacy rules, regulations, and guidelines, and meets the needs of the new Arkansas Medicaid Enterprise environment. MMA agrees that DHS will initially approve the Security/Privacy Plan and will conduct audits/evaluations of the Plan at least annually. We will provide DHS with the updated SMP, along with our HITRUST certification and our SOC 2 Type 2, to demonstrate our compliance with NIST SP 800-53 or NIST SP 800-171 security and privacy standards. Our System Security Plan includes the processes and procedures we use for security controls, information classification, identity and access management, communication and operations management, and system and application security. We use modern technology and control techniques to safeguard our infrastructure and data, and we constantly monitor and regularly test our own security measures.
780	SC62	System Compliance and Security	Contract Management	Vendor shall conduct a weekly security meeting with DHS CISO, Privacy, Vendor's team, operations, and others as defined to update, plan and determine remediation strategy of all findings.				Meets	MMA will continue to conduct a weekly security meeting with DHS CISO, Privacy, our team, operations, and others as defined to update, plan, and determine remediation strategy of all findings. Our Vulnerability Management Team will continue to be responsible for assessing security vulnerabilities for risk, ensuring all systems are scanned on a continual basis, assigning all identified vulnerabilities to appropriate support teams for remediation, and ensuring that remediation is completed within the defined SLAs. By continuing to participate in regular meetings and facilitating ongoing dialogue, we will ensure that our strong collaborative relationship with DHS staff continues to support the secure operations of the AMPP.
781	SC63	System Compliance and Security	Reporting Management	Vendor shall support DHS in producing security related activities such as report development, controls documentation, HIPAA compliance activities, performing security audits, etc. Upon Vendor contract execution date, a State resource will be identified for managing and validating all security compliance.				Meets	As the incumbent AME Pharmacy Contractor, MMA currently supports DHS in producing security related activities such as report development, controls documentation, HIPAA compliance activities, performing security audits, etc. MMA routinely conducts security assessments and vulnerability testing, mitigates any issues or risks found in a timely manner, and will screen share results with DHS upon mutually agreed frequency. For the upcoming contract period, MMA will continue to partner responsively with the State resource who is identified for managing and validating all security compliance.
782	SC64	System Compliance and Security	Security	Vendor's solution must provide network-based intrusion detection systems (NIDS), which aggregates and analyses the security events from various sources. NIDS should monitor network traffic by sniffing (capturing) network packets and analyzing the traffic data according to intrusion detection rules.				Meets	MMA's solution provides network-based intrusion detection systems (NIDS), which aggregates and analyses the security events from various sources. MMA has a DMZ structure in place to support e-commerce that is monitored via firewall rules and correlated log monitoring to provide incident response and intrusion detection capabilities. Our protection systems will continue to include anti-virus systems and NIDS that monitor network traffic by sniffing (capturing) network packets and analyzing the traffic data according to intrusion detection rules.
783	SC65	System Compliance and Security	Deliverables	Vendor shall complete all required state and federal security documents including, but not limited to, System Security Plan, Risk Assessment and Contingency Plan.				Meets	As the incumbent AME Pharmacy Contractor, MMA has DHS-approved System Security, Risk Assessment and Contingency Plans currently in place supporting the AMPP. For the upcoming contract period, MMA will complete (or update, as applicable) all required State and Federal security documents including, but not limited to, System Security Plan, Risk Assessment, and Contingency Plan.
784	SC66	System Compliance and Security	Deliverables	Vendor shall provide planning deliverables as defined in the SOW (e.g., Security plan, Capacity plan etc.) using Microsoft software products and/or pdf. The software version to be used must match the State's approved standards and be approved by the State. The software version must be no less than a version still available on the common market and that is still supported by the manufacturer. The State will work with Vendor in approving specific versions to assure that the application is synchronized with the State standards and any broader State plans and schedules.				Meets	For the new contract period, MMA will provide planning deliverables as defined in the SOW (e.g., Security plan, Capacity Plan, etc.) using Microsoft software products and/or pdf. MMA will use a software version approved by the State. We acknowledge that the software version will be a version still available on the common market that is still supported by the manufacturer. This level of maintenance support follows the MMA System Refresh Policy, which addresses the procedures our IT Department uses to proactively address end-of-life software systems. MMA will continue to partner with DHS and the State in approving specific versions to ensure that the application is synchronized with the State standards and any broader State plans and schedules.

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785	SC67	System Compliance and Security	Standards	Vendor's system must adhere with the sub-parts of Section 508 of the Americans with Disabilities Act (ADA) guidelines, and any other appropriate State or Federal disability legislation (https://www.section508.gov/). Vendor shall provide the State with their Voluntary Product Accessibility Template (VPAT) explaining how their products meet (conform to) the Revised 508 Standards for IT accessibility. Vendor shall document how any relevant Change Requests will be certified ADA 508 compliant. Vendor shall also coordinate with any State Third Party ADA 508 compliance vendor and provide access to the system for testing purposes.				Meets	MMA's system will adhere with the sub-parts of Section 508 of the Americans with Disabilities Act (ADA) guidelines, and any other appropriate State or Federal disability legislation (https://www.section508.gov/). We will provide the State with our VPAT explaining how our products conform to the Revised 508 Standards for IT accessibility. MMA will document how any relevant Change Requests will be certified ADA 508 compliant. We will coordinate with any State Third Party ADA 508 compliance vendor and provide access to the system for testing purposes. MMA complies with all sections of the ADA, Section 508 of the Rehabilitation Act. We understand the importance of having an Internet solution that is equitable and accessible for everyone, including clients with disabilities. Our AMPP solution for the upcoming contract period provides accessibility to persons with disabilities and is compliant with the following standards and guidelines: Rehabilitation Act of 1973, Section 508c, as amended (29 U.S.C. 794d) and meets the standards published in the Federal Register on December 21, 2000 (36 CFR Part 1194). We also meet US Access Board Guidelines for Section 508 and W3C's WCAG 2.1. MMA's websites are fully compliant with Section 508 of the Rehabilitation Act. All user interfaces to the solution(s) provided will comply with the Act. MMA will continue to adhere to W3C markup standards and 508/W3C Web Accessibility Initiative (WAI) guidelines. MMA uses the Siteimprove Website Accessibility Checker to ensure compliance with applicable guidelines and scan our websites for on-page and technical accessibility issues and errors. Web page accessibility scans are performed using the WCAG international standard. MMA prioritizes and maintains website accessibility to provide the optimal user experience.
786	SC68	System Compliance and Security	Security	Vendor shall allow DHS to perform independent Vulnerability Scans.				Meets	MMA will allow DHS to perform independent vulnerability scans on any externally facing system(s) that currently provide business services to DHS. MMA's standard practice engages an independent qualified third party to perform an annual penetration test against MMA's internal and external environment.
787	SC69	System Compliance and Security	Security	Vendor's system must follow MARS-E (current version) standards and Vendor shall provide the State with updates weekly.				Meets	MMA's system will continue to follow MARS-E (current version) standards, and MMA will provide the State with any applicable updates weekly. MMA follows all applicable privacy and security standards promulgated by CMS, enumerated under MARS-E, Version 2.0, including successor versions as required under 45 CFR §155.260. We will provide proof of our adherence to security standards and provide associated reports to reflect our performance against contract metrics.
788	SC70	System Compliance and Security	Testing	Vendor shall work with a 3rd party vendor for Penetration testing which must be completed forty-five (45) calendar days prior to operational readiness, upon major System changes, and on an annual basis. Penetration testing results must be delivered to DHS within ten (10) business days of completed testing. Any issues resulting from the Pen testing must be corrected by Vendor within ten (10) business days	Yes	An occurrence is any instance the Vendor fails to complete Penetration Testing forty-five (45) calendar days prior to Go-Live, upon a major system change, and/or annually or fails to deliver Penetration Testing results to DHS within ten (10) business days of completion. Damages are applicable to every singular instance of an occurrence. Partial time periods succeeding initial noncompliance are rounded up to the nearest business-day increment and prorated.	$5,000 penalty for failing to complete Penetration Testing forty-five (45) calendar days prior to Go-Live, upon a major system change, and/or annually; one percent (1%) of monthly invoice for Penetration Testing results that are not delivered to DHS within ten (10) business days of completion; and an additional one-half percent (.5%) of monthly invoice for every ten (10)-business-day period succeeding initial noncompliance. Assessed annually, upon major system changes, and forty-five (45) calendar days prior to Go-Live.	Meets	MMA will work with a third party vendor to accomplish the Penetration testing, which must be completed 45 calendar days prior to operational readiness, upon major system changes, and on an annual basis. We will provide the penetration testing results to DHS within 10 business days of completed testing. Such results can be viewed through a screen share. MMA will attempt to resolve issue(s) within 10 business days. Issues requiring longer than 10 days will be monitored and tracked within the PO&AM process.

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789	SC71	System Compliance and Security	Security	Vendor shall transfer in full or in part, upon request of the state, all State-owned/specific data in a format usable by the state and without special support. Vendor shall respond with the amount of time required to perform the transfer and or format change within 24 hours.				Meets	MMA will transfer in full or in part, upon request of the State, all State-owned/specific data in a format usable by the State and without special support. Within 24 hours of receiving such a request from the State, MMA will provide the State with the timeframe required to perform the transfer and or format change.
790	SC72	System Compliance and Security	Documentation Management	Vendor shall provide online access to log data for ninety (90) calendar days, or as prescribed by the most current version of MARS-E (current version).				Meets	MMA will continue to provide online access to log data for 90 calendar days, or as prescribed by the most current version of MARS-E (current version). Audit data are stored in a secure database, and access is restricted to only the necessary personnel. Audit logs can be queried and analyzed by authorized users. Audit logs recording user activities, exceptions, and information security events will continue to be produced and retained online for 90 days. Upon request, MMA will collaborate with DHS to provide the requested audit data in a securely delivered report furnished on the State's secure document repository.
791	SC73	System Compliance and Security	Documentation Management	Vendor shall maintain the three (3) most recent calendar years, or as prescribed by the most current version of MARS-E (current version), of logged data.				Meets	MMA will continue to maintain the three most recent calendar years, or as prescribed by the most current version of MARS-E (current version), of logged data. These records will be archived to assist in future investigations and access control monitoring. MMA has established procedures in place to regularly review audit logs and to retain logs with respect to configured retention rules, in accordance with the Retention Schedule.
792	SC74	System Compliance and Security	Documentation Management	Vendor shall retain all logs related to security incidents for ten (10) calendar years, or as prescribed by the most recent version of MARS-E (current version).	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	Five percent (5%) of monthly invoice per incident of unretained logs. Assessed Monthly	Meets	MMA will retain all logs related to actual security incidents for 10 calendar years, or as prescribed by the most recent version of MARS-E (current version).
793	SC75	System Compliance and Security	Documentation Management	Vendor shall develop and maintain all documentation required for quarterly security audits and internal control and control testing in compliance with all dates and directions in accordance with all State and Federal regulations.				Meets	In the new contract period, MMA will continue to develop and maintain all documentation required for quarterly security audits and internal control and control testing, in compliance with all dates and directions in accordance with all State and Federal regulations. MMA's Pharmacy Solution undergoes recurring internal vulnerability assessments against its network, endpoints, applications (DAST/SAST), and web applications that exceed the quarterly requirement. We will provide a quarterly security readout to DHS that documents our internal controls and security testing.
794	SC76	System Compliance and Security	Standards	The Vendor shall allow authenticated, full access to the systems for security and compliance related activities. This includes, but is not limited to, penetration testing, vulnerability scanning, and application inventory. The State may choose to use third party or State resources for these activities.				Meets	MMA will work with the State to select a mutually agreed, reputable, approved, and qualified independent third party auditor to perform security and compliance related audit activities. MMA has long-standing practices and processes requiring the use of similar external third party agencies to audit our security posture and compliance framework in order to meet compliance standards. Our subject matter experts will work with the designated State agencies to establish the scope and ensure these officials have sufficient access or views (i.e., demonstrations, reports, over-the-shoulder screen shares) to validate the results of the third party reviews.

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795	SM1	Staffing Management	Staffing Managem	Vendor shall identify and maintain a complete set of all Key Personnel, Lead Personnel, and General Personnel job/labor categories in a labor rate card specific to Operations, that must be updated and submitted to the State with each contract amendment and/or renewal. The State must approve all individuals in Key Personnel positions, which are listed in Attachment A.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	For vacant key positions, the following is applicable: Five hundred dollars ($500) per business day for each day over 2 weeks for failure to fill vacant position with temporary replacement. One thousand dollars ($1,000) per business day for each day over 90 calendar days, for failure to fill a vacant key position with a permanent replacement. (Unless a different timeframe is mutually agreed upon for vacant position.) Two thousand five hundred dollars ($2,500) for failure to provide the services of a clinical manager at the DRC meeting per scheduled meeting.	Meets	As the incumbent AME Pharmacy Contractor, MMA has an Arkansas Account Team, as well as Key, Lead, and General Personnel in-place supporting AMPP today. These staff have worked with the State for many years and have developed positive, productive relationship with DHS staff and stakeholders that will continue into the new Contract term. A list identifying these personnel is on file with the State, and under the new Contract, we will continue to maintain a complete set of all Key Personnel, Lead Personnel, and General Personnel job/labor categories in a labor rate card specific to Operations. During the Project Planning Phase, we will work with the State to update and submit a new list that complies with the requirements of the new Contract. We acknowledge that the State must approve all individuals in Key Personnel positions listed in Attachment A of the RFP.
796	SM2	Staffing Management	Staffing Managem	Vendor shall ensure that all positions that are designated as Key Personnel which become vacant shall have a temporary replacement named within (2) weeks after the position becomes vacant. Vendor shall ensure a permanent replacement be approved by the State and filled within 90 calendar days of the date the position becomes vacant. No position may be filled with a temporary appointee for more than 90 calendar days in any (1) year period. The Vendor shall manage all staff representative of Key Personnel to the following guidelines: 1. Suggested to be full-time, equivalent positions (but FTE count should be managed at the Vendor's discretion based upon service level expectations and business needs) 2. Meet minimum state approved qualifications 3. Subject to minimum notice of vacancy/replacement 4. Does not remain vacant for more than 14 calendar days, or held on a temporary/replacement basis for more than 90 calendar days in any one-year period. 5. Subject to an optional/discretional State review and approval for assignment and/or replacement Additional Key Personnel positions may be recommended and/or proposed to the State by the Vendor; any such request must include documents that provide detailed justification for the addition(s), describe general responsibilities, and propose minimum qualifications.				Meets	As the incumbent AME Pharmacy Contractor, MMA currently complies with all DHS requirements regarding filling vacant Key Personnel requirements. Under the new Contract, we will continue to comply with these requirements, including: -Ensuring that all positions that are designated as Key Personnel which become vacant shall have a temporary replacement named within two weeks after the position becomes vacant -Ensuring a permanent replacement is approved by the State and filled within 90 calendar days of the date the position becomes vacant. MMA acknowledges that no position may be filled with a temporary appointee for more than 90 calendar days in any one year period. MMA will continue working with DHS to ensure that Key Personnel are managed according to State guidelines, including following FTE guidelines, meeting minimum state approved qualifications, and documenting responsibilities and justification for any new proposed Key Personnel.

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797	SM3	Staffing Management	Staffing Manager	Vendor shall provide staff proficient with data telecommunications knowledge to ensure communication connectivity is established and maintained. These resources may be supplied by a third-party vendor when the Pharmacy Claims Exchange Switch is delivered through a subcontract agreement with a third-party supplier. The State must approve the third-party supplier, if one is used.				Meets	As the incumbent AME Pharmacy Contractor, MMA's in-place FirstRx system that is supporting the current Contract today is connected with all major national pharmacy transaction switch vendors, which in turn are connected with pharmacy providers. Our staff is trained, experienced, and proficient with data telecommunications. Under the new Contract, we will continue to maintain the connection between FirstRx and all major national pharmacy switch vendors. Switch companies (also known as clearinghouses) serve as intermediaries between pharmacies and MMA. Switch vendors provide the telecommunication link between the pharmacy provider and our FirstRx system. When a client fills a prescription at a pharmacy, the information is transmitted to a Switch operator that directs the information to MMA. The response to the claim is transmitted from MMA to the switch operator that routes the information back to the originating pharmacy. The Switch operators are poised in the middle of every drug transaction. This functionality is supported by MMA staff who collaborate as needed with switch vendors to test and validate the accuracy of claims transactions. We will work with DHS and the switch vendors to obtain any required approvals.
798	SM4	Staffing Management	Staffing Management	Vendor shall maintain the minimum number and levels of qualified Product and Project staff required to maintain defined service level performance, and in all other respects meet the Product and Project staffing requirements. Vendor shall produce and submit to the State a functional operational organization chart, to be updated monthly, that will denote key/lead positions/titles and names, and that will be approved by the State.				Meets	MMA currently maintains, and will continue to maintain, the minimum number and levels of qualified Product and Project staff required to maintain defined service level performance, and in all other respects meet the Product and Project staffing requirements. During the DDI Phase, MMA will work with the State to update and submit a functional operational organization chart, that denoted key/lead positions/titles and names assigned to the new Contract. We affirm that the functional operational organization chart will be approved by the State and that we will update it monthly. During the M&O Phase of the new Contract, our Account Team will work with cross-functional teams that include business owners and SMEs for each relevant scope of work area to ensure that qualified Product and Project staff remain engaged to maintain service level performance.
799	SM5	Staffing Management	Lead	Vendor shall propose, for the State's approval, Lead Personnel Positions, based upon the current and anticipated demands and complexity of maintaining, operating the implemented solution: 1. Drug Rebate Lead 2. Pharmacy Technician Lead 3. Project Manager Lead				Meets	As the incumbent, MMA has State-approved Lead Personnel staff in place supporting our in-place AMPP Pharmacy Solution. For the new Contract, we are proposing the same staff for the State's approval. These proposed staff are based upon the current and anticipated demands and complexity of maintaining and operating the implemented solution and include: -Lynn Boudreaux, PharmD currently serves as the Drug Rebate Lead for the AME Pharmacy Contract and will continue to serve as the Drug Rebate Lead under the new Contract. Dr. Boudreaux manages the rebate program medical and pharmacy lines of business for both FFS and managed care entities. -Renee Seely, CPhT, currently serves as the Pharmacy Technician Lead for the AME Pharmacy Contact and will; continue to serve in this role under the new Contract. -Peter Benyah will serve as the Project Manager Lead for the DDI Phase of the new Contract.
800	SM6	Staffing Management	Lead	Vendor shall ensure the minimum qualifications for the Project Manager Lead are as follows: 1. Bachelor's degree in business administration, computer science or a related field; OR four years' suitable experience in lieu of a Bachelor's degree. 2. A minimum of two years of experience managing Pharmacy Management systems for a government or private sector health care payor, including a minimum of one year within a claims operation unit of similar size and complexity to the Arkansas Medicaid Pharmacy Program.				Meets	Peter Benyah will serve as the Project Manager Lead for the DDI Phase of the new Contract. He has over 27 years of experience in project management roles of progressive responsibility, with a total of 18 years of project management experience in the Medicaid pharmacy space. Mr. Benyah holds a Master of Science, Information Systems from Virginia Commonwealth University and a Bachelor of Arts, Business Administration from University of Wisconsin.

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801	SM7	Staffing Management	Lead	Vendor shall ensure the minimum qualifications for the Drug Rebate Lead are as follows: 1. An Arkansas licensed Pharmacist (Pharm D) in good standing. 2. Experience in rebate invoicing and 340B 3. Possess strong interpersonal skills; excellent oral and written communication skills. 4. Ability to function independently and as a team member. 5. Good organization and time management, with the ability to manage multiple tasks.				Meets	Lynn Boudreaux, PharmD, is the Rebate Pharmacist who serves as the Drug Rebate Lead for the AME Pharmacy Contract. Dr. Boudreaux is a licensed Pharmacist (PharmD) in good standing in Arkansas, with 14 years of pharmacy experience. She has eight years of PBA experience at MMA that includes rebate invoicing and 340B experience. Dr. Boudreaux has supported the AMPP since 2015. She has productive, positive relationships in place with DHS and stakeholder staff. Dr. Boudreaux will continue to serve as the Drug Rebate Lead under the new Contract.
802	SM8	Staffing Management	Lead	Vendor shall ensure the minimum qualifications for the Pharmacy Technician Lead are as follows: 1. Certified pharmacy technician 2. Minimum of one year experience with staff management				Meets	Renee Seely, CPhT, Pharmacy Technician Lead, has 13 years of experience as a certified pharmacy technician. She has been in a leadership role, managing Help Desk staff, for more than seven years, including supervising the team for the AME Pharmacy Contract.
803	SM9	Staffing Management	Lead	Vendor shall provide Lead personnel who are the State reviewed and approved functional, management-level positions that provide daily support and coordination of the staff that perform contract functions and responsibilities; inclusive of (but not limited to) deliverables, performance, services, reporting, analytics, maintenance, and operations of the currently implemented solution and as defined under the scope of the Contract arising out of this RFP. Vendor shall manage all staff representative of Lead Personnel to the following guidelines: 1. Suggested to be full-time, equivalent positions (but FTE count should be managed at Vendor's discretion based upon service level expectations and business needs) 2. Meet minimum state approved qualifications 3. Subject to minimum notice of vacancy/replacement 4. Does not remain vacant for more than 30 calendar days, or held on a temporary/replacement basis for more than 90 calendar days, in a one-year period 5. Subject to State review and approval for assignment and/or replacement. Additional Lead Personnel positions may be recommended and/or proposed to the State by Vendor; any such request must include documents that provide detailed justification for the addition(s), describe general responsibilities, and	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	Temporary replacement named within thirty (30) days position becomes vacant. Two hundred fifty dollars ($250) per business day for each day over 2 weeks for failure to fill vacant position with temporary replacement. A permanent replacement must be approved by the State and filled within 90 calendar days of the date the position becomes vacant. No position may be filled with a temporary appointee for more than 90 calendar days in any one (1) year period. Five hundred dollars ($500) per business day for each day over 90 calendar days, for failure to fill a vacant position. Unless a different timeframe is mutually agreed upon for vacant position.	Meets	As the incumbent AME Pharmacy Contractor, MMA currently provides, and will continue to provide, Lead personnel who are the State reviewed and approved functional, management-level positions that provide daily support and coordination of the staff that perform contract functions and responsibilities, including deliverables, performance, services, reporting, analytics, maintenance, and operations of our currently implemented solution. We will work with the State during DDI to ensure that these assigned Lead personnel continue to meet the DHS requirements under the new Contract. MMA will continue working with DHS to ensure that all Lead personnel are managed according to State guidelines, including following FTE guidelines, meeting minimum state approved qualifications, complying with minimum notice of vacancy/replacement, complying with vacancy maximum limits and time frames, and documenting responsibilities and justification for any new proposed Lead Personnel. We acknowledge that assignments and replacements are subject to State review and approval for assignment and/or replacement.
804	SM10	Staffing Management	General	Vendor shall provide sufficient staff for the Medicaid Pharmacy Program Help Desk who are always present during hours of operation, which are 8:00 a.m. - 5:00 p.m. CT, Monday - Friday, except for State holidays, unless otherwise directed by the State.				Meets	As the incumbent AME Pharmacy Contractor, MMA currently provides staff for the Medicaid Pharmacy Program Help Desk, and these staff are present during hours of operation, 8:00 am through 5:00 pm CT, Monday through Friday. We will continue to provide sufficient staff for the Medicaid Pharmacy Program Help Desk and make these staff available during hours of operation except for State holidays, unless otherwise directed by the State. Our proposed Help Desk staffing model is described in more detail in Requirement HD1.

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805	SM11	Staffing Management	General	Vendor shall provide General Personnel as a best practice, rate-card based, functional support positions that complete daily work and activities in support of contract functions and responsibilities; inclusive of (but not limited to) deliverables, performance, services, reporting, analytics, maintenance, and operations of the currently implemented System and as defined under the scope of the Contract arising out of these RFPs. Vendor shall manage all staff representative of General Personnel to the following guidelines: 1. At Vendor discretion and proposal for allocation/assignment to the State account 2. At Vendor discretion and proposal for amount/count of positions (but overall count should be managed at the Vendor's discretion based upon service level expectations and business needs) 3. Meet minimum State approved qualifications 4. Vacancies, replacements (temporary or permanent) should not negatively impact or affect operational performance metrics 5. Subject to an optional/discretional State review and approval for assignment and/or replacement if a specific performance issue is identified. Additional General Personnel positions may be recommended and/or proposed to the State by the Vendor; any such request must include documents that provide detailed justification for the addition(s), describe general responsibilities, and propose minimum qualifications and				Meets	MMA currently provides, and will continue to provide, General Personnel as a best practice, rate-card based, functional support positions that complete daily work and activities in support of contract functions and responsibilities; including deliverables, performance, services, reporting, analytics, maintenance, and operations of the currently implemented System. We will work with the State during DDI to ensure that these assigned General Personnel continue to meet the DHS requirements under the new Contract. MMA will continue working with DHS to ensure that all General Personnel are managed according to State guidelines, including meeting minimum State approved qualifications, ensuring that vacancies and replacements, whether temporary or permanent, do not negatively impact or affect operational performance metrics, and working with the State as needed to obtain State review and approval for assignment and/or replacement if a specific performance issue is identified. We will work with the State as needed to recommend and/or propose additional General Personnel positions to the State. These recommendations will be presented to the State for approval and will include detailed justification documentation, descriptions of general responsibilities, and minimum qualifications.
806	SM12	Staffing Management	General	Vendor shall maintain the minimum number and levels of qualified Product and Project staff specified in its proposal, and in all other respects meet the Product and Project staffing requirements of the Project Organization and Personnel Plan and WBS.				Meets	MMA will continue to meet the minimum number and levels of qualified Product and Project staff specified in our proposal, and in all other respects meet the Product and Project staffing requirements of the Project Organization and Personnel Plan and WBS.
807	SM13	Staffing Management	General	General Personnel Positions Vendor shall propose, for State approval, the number of General Personnel positions, based upon the current and anticipated demands and complexity of maintaining, operating the implemented solution.				Meets	MMA will propose, for State approval, the number of General Personnel positions, based upon the current and anticipated demands and complexity of maintaining operating the implemented solution.
808	SM14	Staffing Management	General	Vendor shall provide Documentation/Training Specialist - Please see Attachment A for further requirements: 1. Possess a minimum of five years' experience developing and executing testing programs for solutions like Vendor's solution for the AMPP. 2. Possess a Bachelors' Degree in a business administration, education, OR four years' experience, in addition to the general requirement for five years' experience, will be a suitable substitute for the Bachelor's degree.				Meets	MMA will provide a Documentation/Training Specialist who meets all requirements set forth by DHS. During DDI, MMA's Training Manager, Kimberly Brown, BBA, MEd, will work with MMA's Account Team and DHS to determine AMPP training needs and use these to identify and assign a Training Specialist who meets of all the State's qualification requirements.
809	SM15	Staffing Management	General	Vendor shall supply adequate support staff to support the administration of the Vendor's System. Vendor's key staff shall be reachable and responsive within four hours (4).				Meets	MMA will continue to supply adequate support staff to support the administration of our in-place Pharmacy System. We further affirm that our key staff will be reachable and responsive within four hours.

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810	SM16	Staffing Management	General	Vendor shall provide Training Specialist who must: 1. Possess a Bachelor's Degree; four years' experience in supervising training activities may be substituted for the Bachelor's degree 2. Possess a minimum of two years' experience in training, education, staff development, or personnel. Related post graduate education can substitute for experience on a year-for year basis. If experience is used in lieu of a Bachelor's Degree, the candidate must have at least four years' experience in training, education, staff development, or personnel.				Meets	MMA will provide a Training Specialist who meets all requirements set forth by DHS. During DDI, MMA's Training Manager, Kimberly Brown, BBA, MEd, will work with MMA's Account Team and DHS to determine AMPP training needs and use these to identify and assign a Training Specialist who meets all of the State's qualification requirements.
811	SM17	Staffing Management	General	Vendor shall ensure any Pharmacist Staff (Call Center Support) shall: 1. Possess a valid Pharmacist license in the State of Arkansas and be in good standing 2. Possess three years' experience working in a pharmacy				Meets	MMA will ensure any Pharmacist Staff (Call Center Support) meets the following DHS requirements: -Possess a valid Pharmacist license in the State of Arkansas and be in good standing -Possess three years of experience working in a pharmacy.
812	SM18	Staffing Management	General	Vendor shall provide Pharmacy Call Center Support Staff who are: 1. Certified Pharmacy Technicians 2. Possess One year of customer support experience				Meets	As the incumbent AME Pharmacy Vendor, MMA currently staffs our Help Desk with certified pharmacy technicians (CPhTs) who meet DHS' qualification requirements. MMA will continue to provide Pharmacy Call Center Support Staff who are: Certified Pharmacy Technicians and possess at least one year of customer support experience.
813	SM19	Staffing Management	General	Vendor shall ensure all Call Center Telephone Agents have the following credentials: 1. Possess a high school diploma or General Education Development (GED) 2. Have at least one year of customer support experience 3. Have at least one year of medical claims examination and billing experience				Meets	Our team of existing CPhTs serve as Call Center Telephone Agents, directly answering client calls, providing support, and answering inquiries from providers, clients, and other AMPP stakeholders. We provide a fully-trained Help Desk staff of skilled clinicians—including pharmacists (RPh and PharmD) and CPhTs. All CPhTs currently supporting the Help Desk meet the qualifications set forth in DHS' requirements, and we will ensure that these requirements continue to be met under the new Contract.
814	SM20	Staffing Management	General	Vendor shall provide the Call Center Telephone Agents to perform the duties required, but are not limited to, the following: 1. Researching telephone inquiries via Vendor supplied computers, by accessing the Arkansas Medicaid Pharmacy Program System files, the Internet, digitally stored images, CRM, and other available systems 2. Responding to all inquiries regarding covered health program billing procedures and issues, claim status, system problems, adjustments and general questions regarding policy and regulations. 3. Providing accurate and comprehensive responses to the caller (e.g., questions are thoroughly answered and, in the case of a billing issue, the caller can accurately correct a claim issue and resubmit the claim for a successful adjudication). If the issue is of a complex nature and requires detailed research, the Call Center Telephone Agent will: a. Refer inquiries that cannot be answered immediately by the Call Center Telephone Agent, to the appropriate State staff for more complete and intensive follow-up. These inquiries must be responded to by the State by 5:00 pm the following business day. b. Enter the details regarding the callers' issue into the				Meets	MMA's experienced and trained CPhTs respond to and resolve all telephone inquiries/questions from providers regarding pharmacy drug-related issues and concerns. We provide appropriate clinical personnel to respond to pharmacy-related questions, as well as inquiries regarding clinical interventions, reconsiderations, or decisions. MMA is committed to continuing to provide excellent Help Desk support and functionality for DHS, as well as the providers and clients the AMPP serves. Our Help Desk staff will continue to research telephone inquiries, respond to all inquiries regarding covered health program billing procedures and issues, claim status, system problems, adjustments and general questions regarding policy and regulations. They will provide accurate and comprehensive responses to the caller and if the issue is of a complex nature and requires detailed research, they will escalate the call. MMA has defined policies for escalations, where appropriate, to supervisors of other areas. Help Desk staff receive AMPP-specific training allowing them to provide quick resolution to callers' questions. To facilitate resolution, AMPP requirements are documented/maintained in the Arkansas QuikChek. This enables staff to provide accurate information, such as other pertinent telephone numbers, as related to the AMPP or other DHS programs.
815	SM21	Staffing Management	Staffing Managem	Vendor shall fill vacant clinical pharmacist(s) positions within 60 calendar days of vacancy.				Meets	MMA affirms that we will fill vacant clinical pharmacist(s) positions within 60 calendar days of vacancy.

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816	SM22	Staffing Management	Staffing Managem	Vendor shall ensure that the Design, Development and Implementation (DDI) required personnel must configure and install the Vendor's Pharmacy solution and ensure that the solution is fully capable of supporting operations.				Meets	As the incumbent AME Pharmacy Contractor, MMA's Pharmacy Solution is in-place and supporting DHS today. We anticipate that DDI activities will be limited to implementing new functionalities and enhancements to aligns with the requirements of the new Contract. These include the implementation of MRx Decide to support electronic Prior authorizations, Physician Administered Drug (PAD) claims functionality in FirstRx, and handling PAD Prior Authorizations and the development of a connection between MMA's JIRA application and the State's JIRA application to facilitate more seamless coordination and communication around defect management. Our DDI required personnel are experienced in implementing our Pharmacy Solution and have worked together as a team. They will build on the existing solution by using our established Project Management Methodology (PMM), described in more detail in the Business Proposal, to provide structure to our implementation activities for these new functionalities and enhancement and ensure that they are completed on time and according to DHS requirements.
817	SM23	Staffing Management	General	Vendor shall provide one (1) FTE staff for the Medicaid Pharmacy Program office to maintain existing and create new State Generic Upper Limits (GUL—also called State Maximum Allowable Cost or MAC, SAAC, or SMAC).				Meets	Mark Allen currently serves as the MAC/Reporting Analyst, and he will continue to serve in this role under the new Contact. He will be responsible for maintaining existing and creating new State Generic Upper Limits (GUL—also called State Maximum Allowable Cost (SMAC). He will also be responsible for MAC savings analysis, HIC3 comparison, IVIG cost savings, FFS and encounter reporting, various impact analyses, and340B reconciliation.
818	SM24	Staffing Management	General	Vendor shall provide adequate support during the Respiratory Syncytial Virus (RSV) season. These pharmacist(s) will assist State with Synagis PA process and any RSV related PAs, including maintaining the tracking of all RSV related PA requests and the outcomes of the requests on data file types (approved by the State) that can be accessed and updated by State and Vendor simultaneously.				Meets	As the incumbent AME Pharmacy Vendor, MMA currently provides Pharmacist support during the Respiratory Syncytial Virus (RSV) season. All of our in-place pharmacists assist the State with the Synagis PA process and any RSV-related PAs, including maintaining the tracking of all RSV-related PA requests and the outcomes of the requests in our State-approved FirstTrax system. FirstTrax can be accessed and updated by DHS and MMA simultaneously. FirstTrax is the repository for all automated/manual PA requests, dispositions, and clinical notes and records call types/reasons utilizing the CTI nomenclature. Each PA is documented in FirstTrax, allowing immediate access to all PA information by all MMA and DHS authorized users and Help Desk management. Reports are provided to DHS from FirstTrax as needed to track the season approvals (including the criteria that were met), monthly approvals, and denials. Our team of pharmacists will continue to provide this seasonal RSV support using FirstTrax under the new Contract.
819	SM25	Staffing Management	General	Vendor shall provide essential personnel experienced in MCO rebate to support the Medicaid Pharmacy Program.				Meets	Our current in-place solution includes supplemental and Federal rebate functionality that is supported by rebate personnel that are experienced in MCO rebate. We will continue to provide these essential personnel to support MCO rebate for the new AME Pharmacy Contract.
820	SM26	Staffing Management	General	Vendor shall provide staff to support the Medicaid Pharmacy Program Help Desk that can accomplish the required tasks and service levels performed by licensed pharmacists (of which one (1) assists with the drug rebate program) and pharmacy technicians supported by adequate clerical staff. Two (2) of the Vendor's pharmacists will be housed at the State offices with the AMPP team. Vendors shall clearly define staffing models that differ from the defined model used by the State and receive State approval.	Yes	One hundred percent (100%) of the time the Vendor shall meet the described service criteria.	Two hundred fifty dollars ($250) per calendar day the Vendor does not meet the specified criteria.	Meets	MMA currently maintains an Arkansas-dedicated Help Desk and will continue to do so for the new AME Pharmacy Contract term. MMA's experienced Help Desk staff for the AMPP is comprised of experienced pharmacists and certified pharmacy technicians (CPhTs). Our staffing model also includes Lynn Boudreaux, PharmD, Rebate Pharmacist, who provides support for the drug rebate program. Corporate clerical support staff are available, if needed. MMA is committed to maintaining strict requirements and a comprehensive strategy for ensuring appropriate operational staffing of the Pharmacy Help Desk and will work with DHS to review our staffing model, make adjustments, if necessary, and obtain State approval for the new Contract term. MMA affirms that under the new Contract we will continue to clearly define any staffing models that differ from the defined model used by the State and obtain State approval.

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821	SM27	Staffing Management	General	Vendor shall ensure Vendor's Operations Staff not otherwise defined must: 1. Possess a high school diploma or General Education Development (GED) 2. Possess education, experience, or training relevant to the business function they will be performing.				Meets	MMA affirms that any Operations Staff not otherwise defined will possess: a high school diploma or General Education Development (GED) and education, experience, or training relevant to the business function they will be performing.
822	SM28	Staffing Management	Staffing Managem	Vendor shall not employ or contract with any individual or entity named on the federally excluded provider list, in any capacity, whether as part of the Arkansas state contract or any other state's contract.				Meets	MMA affirms that we currently do not, and will not, employ or contract with any individual or entity named on the federally-excluded provider list, in any capacity, whether as part of the Arkansas state contract or any other state's contract.
823	SM29	Staffing Management	Staffing Managem	Vendor shall provide a list (must include first, middle and maiden and/or last name) of "Management Contacts" including every officer, director, owner, partner, key employee, or other person with primary management or supervisory responsibilities, and any person who has a critical influence on or substantive control over a transaction with the State of Arkansas, or any Arkansas state agency or official, whether employed by the Vendor. The Management Contacts list shall be drafted for State review and approval with the first thirty calendar days from go live. The Management Contacts lists shall be updated/revised to report changes, and as required/requested by the State; with updates performed no less than annually.				Meets	As the incumbent AME Pharmacy Contractor, MMA currently provides a list of Management Contracts in the form of an AMPP Project Organization Chart that is included as part of our monthly status report and DUR status reports. This Organization Chart is maintained and updated by Karen Evans, PD, ProDUR Manager. MMA will continue to do this under the new Contract. We will work with DHS as part of DDI to review what we currently provide and determine what adjustments are needed to ensure that the content and format include all of the details listed, and that they align with the new Contract requirements. MMA affirms the Management Contact List will be drafted for State review and approval with the first 30 calendar days from Go-Live, and will be updated/revised to report changes, and as required/requested by the State; with updates performed no less than annually.
824	SM30	Staffing Management	Staffing Managem	Vendor shall review the list of Management Contacts at least once each month and shall deliver the updated list to State with highlights of any additions, deletions, or other change.				Meets	As discussed previously, MMA currently maintains a Management Contact List that is updated monthly and provided to the State. We will continue to meet this requirement under the new Contract.
825	SM31	Staffing Management	Staffing Managem	Vendor shall make both support staff and service desk applications staff available during operational business hours.				Meets	As the incumbent AME Pharmacy Contractor, MMA currently makes both support staff and service desk applications staff available during operational business hours. We will continue to meet this requirement under the new Contract.
826	SM32	Staffing Management	Staffing Management	Vendor shall ensure that all personnel assigned by the Vendor to the performance of services under this RFP and executed contract, shall be fully qualified to perform the duties and responsibilities ascribed by their position.				Meets	As the incumbent AME Pharmacy Contractor, MMA currently has personnel assigned to the performance of services under the current AME Pharmacy Contract, and we actively work to ensure that these personnel are qualified to perform the duties and responsibilities ascribed by their positions. Under the new executed Contract, MMA will continue to ensure that all personnel assigned to the performance of services for DHS under the new Contract are fully qualified to perform the duties and responsibilities ascribed by their position.
827	T1	Testing	Deliverables	Vendor shall provide the qualification requirements, for State approval, that each hardware, software, and interface must meet (technical and operational) and incorporate these requirements into test procedures that exercise all aspects of the interoperability, including any required data processing.				Meets	As the incumbent AME Pharmacy contractor since 2014, MMA's solution is in-place, fully tested, and is comprised of existing hardware, software, and interfaces that currently meet technical and operational qualification requirements. During the Requirements Review and Validation process in DDI, MMA will work with DHS to develop qualification requirements for adequate software and hardware capabilities to support internal and customer SLAs under the new AME Pharmacy Contract. Once developed, we will work with DHS to incorporate these new requirements into test procedures that exercise all interoperability aspects for MMA's in-place pharmacy solution, including any required data processing.

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828	T2	Testing	Testing Management	Vendor shall prepare supporting documentation, conduct a formal review, and provide any appropriate demonstration of System capabilities, including the State participation in or observation of selected functional and integrations tests.				Meets	As the incumbent AME Pharmacy Contractor, we have worked collaboratively with the State during DDI and throughout M&O on an ongoing basis to demonstrate our in-place System capabilities using our established change management processes. This includes allowing the State to test benefit changes. We provide DHS with supporting documentation and a formal review in which State approvers walkthrough test cases for each benefit change. We also provide demonstration of system capabilities as appropriate. We complied with this requirement during the DDI phase of the current contract, and have continued meet testing SLAs throughout the M&O phase. We will leverage this experience and our established testing processes and infrastructure to continue meeting this requirement under the new Contract.
829	T3	Testing	Deliverables	Vendor shall develop each of the Testing Deliverables and Test Plans outlined in these requirements. These will be reviewed and formally approved by the State, through the process outlined in the Project Management Plan. Vendor shall complete these deliverables in compliance with the Project Schedule and complete the deliverables approval process (e.g., invoice) in a timely manner as agreed to in the final Contract arising out of the RFP. If the project schedule is delayed for more than a week (5 state business days) due to outstanding Defects, the State may impose a penalty.				Meets	MMA is the incumbent Medicaid Pharmacy Vendor and successfully tested and implemented AMPP's existing, in-place solution that went live in 2014 for POS and 2016 for PDL. As part of these activities, MMA developed Testing Deliverables and Test Plans to meet the existing Contract requirements. We will work with the State as part of the Requirements Review and Validation process during DDI to update these Testing Deliverables and Test Plans to meet requirements of the new Contract. MMA acknowledges that these will be reviewed and formally approved by the State, through the process outlined in the Project Management Plan. MMA will update and/or complete all deliverables for the new Contract in compliance with the Project Schedule and complete the deliverables approval process (e.g., invoice) in a timely manner as agreed to in the final Contract arising out of the RFP.
830	T4	Testing	Performance Management	Vendor shall perform and complete performance testing within the timelines of the DHS-approved project schedule for initial implementation and once annually. Additionally, performance testing must be completed when a major system change or major enhancements are made. Test cases and results must be provided to the State on the defined timeline. Any results that show a negative impact must be resolved by the Vendor including any increase in capacity prior to acceptance of the change. A major change or enhancement is defined as "any change deemed significant or large enough to negatively impact performance of the system". The State will work with the Vendor to determine if a performance test is required.				Meets	As the incumbent AME Pharmacy Contractor, we worked collaboratively with the State during DDI and throughout M&O as needed to conduct performance testing. We will leverage this experience and our established testing processes and infrastructure to continue meeting this requirement under the new Contract. MMA will conduct performance testing, as appropriate, within the timelines of the DHS-approved project schedule for initial implementation of new functionalities and once annually, as well as for major system changes or major enhancements. Performance testing gauges how smoothly the system operates under expected/simulated conditions in order to identify any possible bottlenecks in speed and responsiveness. In this phase, we ensure the system meets the minimum performance service levels required by DHS in terms of query and page response times under simulated load for a number of users for multiple concurrent functions in a given period of time. We conduct the Performance Testing on a production-ready version of the system on production IT infrastructure and Production-Managed Network Services (i.e., a version that has passed all requirements validation, system, and security testing). MMA affirms that any negative results will be resolved by MMA, and we will work with DHS to determine if performance tests are required.

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831	T5	Testing	Security	Vendor shall provide secure access, that conforms to security protocols, as applicable, and appropriate to the development and test environments to authorized users to prevent unauthorized physical, system, and remote access. Vendor's system authorization must be by implementation track within each environment. Some of the users will be State-authorized stakeholders supporting testing activities.				Meets	As the incumbent, MMA's solution currently provides, and will continue to provide, secure access to development and test environments for authorized users through role-based permissions that grant users access to only the information they need to know to do their jobs. This prevents users from obtaining unauthorized physical, system, and remote access. Role-based access leverages a unique login and complex password with appropriate password rules that has logging enabled for identification, authentication, and authorization. The user's role serves two primary purposes: provide the appropriate level of security to the application to read, write, update, delete, etc., and limit user access to certain screens, features, functionality, and data. As required by NIST SP 800-53 Rev. 4 Moderate Control Baseline, MMA uses Multifactor Authentication (MFA), including unique user login/password credentials and a second form of authentication (e.g., text, telephone call, email) to provide another layer of security. We will leverage this experience and our established security processes to continue meeting this requirement under the new Contract. MMA will work with DHS during DDI to review and update role-based access for State users as needed. We affirm that system authorization must be by implementation track within each environment, and that some users will be State-authorized stakeholders supporting testing activities.
832	T6	Testing	System, Tools, and Technical Capabilities	Vendor shall perform Static Code Scans upon code check-in and monthly. Vendor shall ensure zero defects for code check-in—both for code correctness and security. Vendor shall deliver Static Code Scans to DHS with the monthly report. Dynamic Code Scans must be completed monthly and upon major system changes. Dynamic Code Scans must be delivered to DHS with the monthly report.				Meets	As the incumbent AME Pharmacy Contractor, MMA's Security Team currently holds weekly meetings with DHS' Security Team to review the security scan and other issues. We also provide the state remediation plans for identified vulnerabilities and track security trends week to week on a per-application basis. As a result of this ongoing collaboration, these two teams have developed a positive and productive working relationship that we anticipate will continue under the new Contact. MMA affirms that we will continue to perform Static Code Scans upon code check-in as well as monthly, and ensure zero defects for code check-in—both for code correctness and security. MMA further affirms that we will deliver Static Code Scans to DHS with the monthly report, and that Dynamic Code Scans must be completed monthly and upon major system changes. Dynamic Code Scans will be delivered to DHS as part of the ongoing weekly meetings between MMA and DHS' Security Teams.
833	T7	Testing	TEMP	Vendor shall provide the State, for review and approval, all testing Dependencies – A plan detailing the Stakeholders' predecessor and successor activities and deliverables, including assumptions which are determined by the Vendor to be critical to the Test and Evaluation Master Plan (TEMP) for the Project's success.				Meets	As the incumbent, MMA currently has a Test Management Plan (TMP) on file with DHS to support testing of our in-place pharmacy for our existing contract, and we will work with the State as part of the Requirements Review and Validation process during DDI to update this plan to meet requirements of the new Contract. MMA will provide a plan detailing the stakeholders' predecessor and successor activities and deliverables. In order to begin testing for any new functionalities or enhancements, MMA will require the following: -Hardware platforms must be established and operational. Pharmacy claims history, patient eligibility information, drug file/lists, pricing files, and provider files must be received from the incumbent and/or the State. -State-approved requirements documents must be received by a mutually agreed-upon date, prior to testing. -MMA configuration set-up, and any additional development activities required to meet the expectations of this RFP, must be complete. -Security access privileges must be set up in the testing environments.

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834	T8	Testing	TEMP	Vendor shall provide to the State and it's designees, a detailed description (including tools, techniques and methodology) of their approach to the Testing and Evaluation Master Plan (TEMP) and overall testing methodology. Additionally, each testing level (e.g., unit, system, integration, regression, UAT, parallel, development, end-to-end, production, smoke testing, stress testing or time travel testing) and environment, as well as the agreed upon entrance and exit criteria for promotion to the next testing phase must be documented and delivered to the State for review and approval.				Meets	MMA is the incumbent Medicaid Pharmacy Vendor and successfully tested and implemented AMPP's existing, in-place solution that went live in 2014. As part of these activities, MMA developed a TMP, which is currently actively supporting a testing approach for our solution. MMA's existing TMP describes our SDLC, including testing tools, techniques, methodology and the steps and criteria which must be taken and met in order for software to be promoted from one environment to the next. In addition, MMA's TMP includes an overview of each environment which will describe its purpose and how it works in the overall plan to reduce risk to the enterprise as changes are introduced. We will work with the State as part of the Requirements Review and Validation process during DDI to update this plan to meet requirements of the new Contract. Our in-place TMP offers the State a low-risk approach to testing and implementation of the new Contract, and will support effective and efficient testing of new functionalities required to enhance our existing solution.
835	T9	Testing	Performance Management	Vendor shall commit to reduce organizational risks, facilitate better Stakeholder resource forecasts, improve testing schedules, and lower the incidence of reactive break / fix episodes.				Meets	As the incumbent, MMA currently works collaboratively with DHS and its stakeholders and other Vendors to reduce organizational risks, facilitate better Stakeholder resource forecasts, improve testing schedules, and lower the incidence of reactive break / fix episodes, and will continue to do so under the new Contract. MMA addresses reducing organizational risk, facilitating better stakeholder resource forecasts, improving testing schedules, and lowering the incidence of reactive break/fix episodes through: -A well-defined Requirements Management Process -Involving the Testing Team in requirements gathering phase -Measuring the testing effort on a periodical basis (e.g., defect rate by phase, schedule variance, test case effectiveness, requirements coverage analysis, rework effort ratio, etc.) -Lessons learned meetings.
836	T10	Testing	Testing Management	Vendor shall prepare and produce the Integration Test Summary Report, upon completion of end-to-end testing. This report must include definitions and descriptions of the testing environments and related scopes of testing activities performed, all the types of tests and the results of the tests to allow State visibility into all testing and test outcomes relative to the Requirements Traceability Matrix (RTM).				Meets	MMA is the incumbent Medicaid Pharmacy Vendor and successfully tested and implemented AMPP's existing, in-place solution that went live in 2014. We anticipate that testing under the new Contract will be limited to new functionalities and enhancements. We will work with the State to develop an Integration Test Summary Report upon completion of end-to-end testing of all any new functionalities and enhancements as described in this requirement. Many of these definitions and descriptions of testing environments, related scopes of testing, test types, and results are included in the TMP that supports the existing, in-place AMPP solution. We will work with the State as part of the Requirements Review and Validation process during DDI to align our TMP with the requirements of the new Contract to ensure we are able to continue providing the State visibility into all testing and test outcomes relative to the RTM.
837	T11	Testing	Test Plan	Vendor shall document and provide in the System Test Plan (STP), content that describes the following: deliverable reviews; roles and responsibilities; support tools for business application/information and technology infrastructure testing to facilitate efficient, responsive, and secure use and operation of these applications.				Meets	As the incumbent vendor, MMA has an existing Test Management Plan in place that documents well-defined roles and responsibilities for all participants. They have access, as part of their role, to the appropriate collaboration tools in order to both record and communicate the outcome of each test case and also to deal with any rare and unforeseen circumstances that arise during any phase of the testing. All deliverable reviews; roles and responsibilities; support tools for business application/information and technology infrastructure testing to facilitate efficient, responsive, and secure use and operation of these applications will be documented in the TMP. During the Requirements Review and Validation process in DDI, MMA will work with DHS to update the TMP to align with the new Contract requirements.
838	T12	Testing	Test Plan	Vendor shall design and identify in the STP opportunities to reduce organizational risk, facilitate better Stakeholder resource forecasts, improve testing schedules, and lower the incidence of reactive break/fix episodes.				Meets	As discussed in requirement T9, MMA affirms that we will design and identify in the TMP opportunities to reduce organizational risk, facilitate better Stakeholder resource forecasts, improve testing schedules, and lower the incidence of reactive break/fix episodes.

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839	T13	Testing	TEMP	Vendor shall provide to the State an interface testing methodology, in accordance with the TEMP, that emulates the behavior of the external system.				Meets	MMA's interface testing methodology is currently aligned with the TMP, and emulates the behavior if the external system. We will work with the State as part of the Requirements Review and Validation process during DDI to ensure that our testing methodology continues to emulate the behavior of external systems for any new functionalities that need to be implemented per the requirements of the new Contract.
840	T14	Testing	Test Plan	Vendor shall develop test procedures that support the Integration Test Plan and mutually agreed upon test automation tools with an appropriate set of tests to achieve the following test objectives (depending upon the Data Center available): 1. All Systems and Services, Shared Services components, technical infrastructure, interfaces, and computing environments are tested. 2. The testing environments must replicate the full functionality of the production environment. The testing environment must also provide the following functionality: Ability to "select" production claims (de-identified when applicable) to use in testing. UAT must have the ability to have production data. Vendor shall allow these users to create and edit Provider, Client, Reference, and health plan records for testing. Once testing is complete, the testing environment must be brought back to pre-testing status, if applicable. 3. All RTM entries and enabling business rules, controls, and evidence of the controls are tested, validated, confirmed independently, and certified as meeting the federally-mandated and state-defined requirements, to include trading partner requirements. 4. All workstations and peripheral equipment, software, and services are certified as meeting the configurations to enable business functionality supported by workflow, imaging, printing, copying, workstation commands, security and				Meets	As the incumbent vendor, MMA has existing test procedures in place and use mutually agreed upon test automation tools with an appropriate set of tests to achieve DHS test objectives. These procedures and tools were used to support DHS test objectives for the initial implementation and have evolved and matured to support subsequent enhancements for our in-place AMPP solution. These test procedures and test objectives are documented in our existing TMP that is in-place for DHS today. Because our systems are in-place and tested today, we anticipate testing will be limited to enhancements and new functionalities that are implemented under the new Contract, as well as validation of our current in-place solution. We will work with DHS during DDI to conduct Requirements Review and Validation and align the existing test procedures and objectives with new Contract requirements. We will work with DHS to ensure that our test procedures support all of the required test objectives listed in RTM Testing Requirement 14.
841	T15	Testing	System, Tools, and Technical Capabilities	Vendor shall plan, document, and test (working with the State) for basic system/network performance prior to any extensive upgrade, new release, or scheduled integration/system test. Vendor shall document any errors or issues identified and shall correct and present to the State for approval, before implementing into the system.				Meets	As the incumbent vendor, MMA has an existing test approach in place for basic system/network performance prior to any extensive upgrade, new release, or scheduled integration/system test. This approach is documented in our existing TMP that supports AMPP today. Because our systems are in-place and tested today, we anticipate testing will be limited to enhancements and new functionalities that are implemented under the new Contract, as well as validation of our current in-place solution. We will work with DHS during DDI to conduct Requirements Review and Validation and update/align our existing test approach with new Contract requirements. We use JIRA to document any errors or issues identified and monitor, track, report, and resolve defects. MMA affirms the need to document any errors or issues identified and shall correct and present to the State any AMPP-specific resolutions for approval, before implementing any new functionalities or enhancements into our in-place solution.
842	T16	Testing	Testing Management	Vendor shall document all RTM testing assumptions, issues, and action items, including strategies to manage execution and quality risks interfacing with the current State utilized tools (e.g., Jama, Jira).				Meets	As the incumbent vendor, MMA currently documents all RTM testing assumptions, issues, and action items, including strategies to manage execution and quality risks interfacing with the current State utilized tools, in our existing TMP that is supporting AMPP today. This TMP has been used successfully to implement our existing in-place pharmacy solution for DHS, as well as test enhancements during the current M&O phase. We will work with DHS during DDI to conduct Requirements Review and Validation and update/align assumptions, issues, and action items documented in the existing TMP with new Contract requirements.

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843	T17	Testing	UAT	Vendor shall participate in testing by providing the following: 1. A description of the tools, environments, and controls to be used during UAT. 2. Install any special software and other technical and operational environmental changes to ensure a "ready-to-go" computing environment for UAT. 3. Train State and its Stakeholders on the UAT testing tools and processes; management of test results, defect identification and problem resolution, and corrective action plans in the case of identified deficiencies. 4. A process for UAT problem reporting, tracking and resolution processes. 5. The proposed approach to the correction of deficiencies identified during UAT. 6. A description of Vendor and State roles, responsibilities and resources needed to perform UAT. 7. Participate in all UAT status review meetings with the State to review results of UAT and determine whether the Vendor has met all State requirements in advance of production deployment. 8. Vendor shall schedule and prepare all applicable documentation to present to the State's stakeholder for all changes or upgrades to the System. This review must be documented and a State signed approval must be obtained.				Meets	As the incumbent vendor, MMA has an existing UAT approach in place that we will continue to support this under the new Contract. We maintain both an isolated UAT environment and a Training environment. Once system and integration testing is completed and approved by the State, the code will be migrated to the UAT and Training environments. In the UAT environment, business and UAT testing is performed to ensure that the system performs according to the client and business expectations, as outlined in the approved requirements document. Extensive business test cases are written, executed, and stored in a test case database for review and evaluation by MMA subject matter experts, and by the State. These environments contain authentic converted data and reference data so that test cases can best reflect real-life scenarios. MMA affirms that we will provide all required UAT deliverables under the new Contract. MMA affirms that under the new Contract we will continue to participate in testing by providing all of the resources listed in RTM Testing Requirement T17.
844	T18	Testing	Test Plan	Vendor shall provide project test plans, test execution steps, test categories, including regression testing procedures and a final report on the test results. Vendor shall provide the State with a report of any special testing functions, along with any findings identified while testing.				Meets	As the incumbent vendor, MMA has an existing test strategy in place that has been used successfully to implement our existing in-place pharmacy solution for DHS, as well as test enhancements during the current M&O phase. This test strategy is documented in our existing TMP that is supporting AMPP today. We will work with DHS during DDI to conduct Requirements Review and Validation and update/align the existing TMP with new Contract requirements. The test strategy documented in the TMP includes test plans, test execution steps, test categories, regression testing procedures and reporting processes. Each test category includes descriptions of the test environment, entrance criteria, test planning, test execution, exit criteria, test deliverables/artifacts, and participants. Once requirements are reviewed and approved by the State as part of MMA's existing change process, a test plan is created for the specific change. The test plan consists of positive, negative, and boundary tests, as well as specific regression test cases. Once test results are approved, the QA Tester signs off on the test results and creates post-implementation trial test cases in the production environment to be executed by the Deployment Analyst at the time of the production release. All testing documentation is stored in MMA's JIRA for tracking and auditing purposes. MMA affirms we will provide the State with a report of any special testing functions, along with any findings identified while testing.
845	T19	Testing	System, Tools, and Technical Capabilities	Vendor shall provide System Development Life Cycle (SDLC) and testing plan to accomplish two (2) or more concurrent releases monthly.				Meets	MMA has a current SDLC in place to support the existing Contract, which is documented in our existing TMP that is supporting any testing required for AMPP today. MMA will update our existing SDLC and testing plan to accomplish two or more concurrent releases monthly. We will work with DHS during DDI to conduct Requirements Review and Validation and updates to the SDLC and TMP to reflect any new requirements.

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846	T20	Testing	Methodology	Vendor shall conduct testing in a manner that is deemed progressive; provide augmented deployments of Systems, Services, and Shared Services functionality, including exchange data services and third party or trading partner agreements, and State stakeholders; each one adding more functionality to the computing environments. Vendor shall adhere to the following: 1. Manage a testing repository to capture and manage all State-developed test cases, scenarios and associated datasets utilizing current State tools (e.g., Jama, Jira). Vendor shall ensure State designated users have access to this repository tool. 2. Provide a means to capture and manage the State-developed test scenarios and documentation. 3. Provide search capability for the test case library that is cross-referenced to the logic/edit that the identified test case is designed to test. 3. Support online inquiry and update access to all test data, test cases and use case scenarios in the testing tools. 4. Vendor shall use version control procedures and update schedules for testing, track discrepancies and facilitate regression test analysis. 5. Vendor shall provide a code set update audit trail to display who performed the update, along with the date/time of update. 6. Vendor shall provide a plan detailing the Stakeholder training for application in the test framework using the				Meets	MMA's existing, in-place testing approach is progressive and provides augmented deployments of Systems, Services, and Shared Services functionality, including exchange data services and third party or trading partner agreements, and State stakeholders that each add more functionality to the computing environments. We will continue to conduct testing in this manner for any new functionalities and enhancements that are implemented. Our existing TMP that is in-place and supporting AMPP today documents how we comply with each of the requirements listed in RTM Testing Requirement T20. We will work with DHS during DDI to conduct Requirements Review and Validation and update/align the existing TMP with new Contract requirements. We currently use JIRA to 1) manage a test repository in JIRA and will work with State to build a JIRA-to-JIRA connection to enable state designated user to access this repository tool through the State JIRA system. 2) JIRA enables us to capture and manage the State-developed test scenarios and documentation. 3) Users are given access to our testing library so that they can search for specific test scenarios/cases and online inquiry is supported and updated for access to all test data, test cases and use case scenarios in the testing tools. 4) JIRA supports version control procedures and update schedules for testing, track discrepancies and facilitate regression test analysis. 5) JIRA supports a code set update audit trail. Our current TMP includes a testing Training Plan and we will work with DHS during DDI to review and update this during DDI.
847	T21	Testing	System, Tools, and Technical Capabilities	Vendor shall test all interfaces with the ePrescribing network and validate that their ePrescribing Support Service complies with the requirements of the ePrescribing network and with current NCPDP SCRIPT and ASC X12 270/271 standards.				Meets	ePrescribing functionality through SureScripts is in-place supporting the existing AME Pharmacy Contract today. MMA has extensive working relationship with Surescripts and meets Surescripts certification requirements. All interfaces currently in place have been tested, and should any additional interfaces be required under the new Contract, we will work with SureScripts to conduct additional interface testing according to DHS requirements. As the NCPDP Script guidelines evolve we will continue to adapt our system to new requirements and test any new interfaces to ensure compliance with standards.
848	T22	Testing	Methodology	Vendor shall define the process for definition, build, capture, and report of all RTM test cases and test case data supporting use cases and modeling scenarios specific to the objectives of each category of testing, utilizing the State's requirement management tools (e.g. Jira, Jama).				Meets	For any testing required under the new Contract, MMA will define the process for definition, build, capture, and reporting of all RTM test cases and test case data supporting use cases and modeling scenarios. Testing begins with requirements, which are diligently captured by business analysts and MMA subject matter experts in a standard Requirements Management Document. The Master Test Matrix provides identifiers for each and every requirement, traces each to subsystems, and is the source document from which to maintain the RTM. This document also includes use cases for new requirements, also uniquely identified and eventually mapped to detailed test cases. There are multiple test cases associated with a given requirement and these are tracked in the RTM. The RTM can be summarized by test type, providing valuable information about testing coverage and depth.
849	T23	Testing	Documentation Management	Vendor shall develop, maintain, and submit for State approval, all SDLC documentation, including all requirements, test planning, technical specifications, and test results, as updated or following each approved project milestone ongoing throughout the contract.	Yes	Vendor shall submit SDLC documentation within thirty (30) calendar days of approved milestone.	Two hundred fifty dollars ($250) per calendar day the Vendor does not meet the schedule as mutually agreed upon with the State.	Meets	As the incumbent, MMA currently develops, maintains, and submits for State approval, all SDLC documentation, including all requirements, test planning, technical specifications, and test results, as updated or following each approved project milestone ongoing throughout the contract. We will continue to do this under the new Contract and will work with DHS during DDI to align our existing SDLC processes with any new requirements.

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850	T24	Testing	Test Plan	Vendor shall provide, for State approval, a comprehensive test plan that includes the test approach and integrate with State tools (e.g., Jira and Jama). This test plan shall be used to complete testing and provide the documented test results to State for review and approval, prior to placing a component in a computing environment beyond development/unit test.				Meets	As the incumbent, we are the lowest risk option because our systems are in-place and tested today. Therefore, we anticipate testing will be limited to enhancements and new functionalities that are implemented under the new Contract, as well as validation of our current in-place solution. MMA currently has a TMP in place to support AMPP as part of the current Contract. This plan contains a comprehensive and organized approach to testing our core pharmacy claims system (FirstRx), as well as our supporting systems and processes. A critical component of preparation for testing is the creation of an overarching guide to testing for all MMA, State, and Vendor participants involved. It reflects MMA's deep understanding of the State's business requirements that we have developed as the current AME Pharmacy Contractor. The TMP identifies roles and responsibilities, includes a comprehensive testing schedule, testing environments, outlines criteria for testing, defect management procedures, criteria for advancement from one phase of the project testing to another, communication plans, and approval check points. MMA will work with DHS during DDI to review, validate, and revise the existing TMP to that it aligns with the requirements of the new Contract.
851	T25	Testing	Testing Management	Vendor shall conduct system test walkthroughs to demonstrate to the State that all System functions have been completely and accurately planned, developed, and tested, as well as record problems using the State-approved online integrated Defect Management tool (e.g., Jira). These meetings shall occur after SIT, and before UAT hand over.				Meets	As the incumbent AME Pharmacy Vendor, MMA's solution is in-place and tested. During DDI for the existing Contract, we successfully conducted test walkthroughs to demonstrate to the State that all System functions were completely and accurately planned, developed, and tested. We will leverage this in-place testing experience and infrastructure to ensure testing functions are performed according to the new Contract requirements. MMA's solution is currently in-place and therefore testing will be limited to additional functionalities that will be developed to meet new Contract requirements. MMA will conduct system test walkthroughs as needed to demonstrate to the State that any new System functionalities and enhancements have been completely and accurately planned, developed, and tested. We will continue to record problems using the State-approved online integrated Defect Management tool, Jira and conduct walkthrough meetings after SIT, and before UAT hand over, as needed.
852	T26	Testing	Test Plan	Vendor shall identify in the STP the appropriate overall testing activities in test plan(s), along with a detailed order of functions and description of each of the planned tests. Vendor shall combine testing functions that maximize testing efficiencies.				Meets	MMA will work with DHS during DDI to identify the appropriate overall testing activities for new functionality that will be implemented as part of the new Contract in our TMP. The TMP will also include a detailed order of functions and description of each of the planned tests. The TMP will encompass the State-developed criteria by which success or failure of each testing phase allows us to move onto the next testing or development phase, and the defect severity levels for testing. Elements of our test plan will include scope, references, system overview and key features, test overview, organization, schedule, roles and responsibilities, tools, techniques, and methods, testing processes, test documentation, and test reporting.
853	T27	Testing	Performance Management	Vendor shall provide weekly updates and performance metrics on unit testing and development progress to State as part of the weekly status reports/meetings, to be determined by the State. The performance metrics must include the following: 1. Total test cases created by area 2. Total test cases passed by area 3. Total test cases failed by area 4. Total test cases remaining to be executed				Meets	As the AME Pharmacy incumbent, MMA provides status reports in weekly operations meetings to review outstanding Change Request tickets (work items) related to testing enhancements or changes to our solution. During DDI, we will work with DHS to conduct Requirements Review and Validation on this existing reporting process and update it to include the following performance metrics for any testing of new functionality that is required under the new Contract, and as determined by the State: -Total test cases created by area -Total test cases passed by area -Total test cases failed by area -Total test cases remaining to be executed.

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854	T28	Testing	Test Plan	Vendor shall include in the STP, data refresh and data rollback capabilities (for new releases, versions, upgrades, and critical fixes) for every testing environment(s) to facilitate clean and adequate testing cycles, online and batch, for all test categories.				Meets	As documented in MMA's existing TMP, although data refreshes can be accomplished, they are not recommended during the testing process. A data refresh would overwrite any testing results and test beneficiaries that are in use, causing the MMA QA team and the DHS UAT team to lose valuable information. If the need for a refresh does arise, all parties will discuss it prior to the actual refresh, in order to determine the criticality of the need and impacts to schedule. MMA will work with DHS during DDI to review, validate, and update the TMP to align with the requirements of the new Contract.
855	T29	Testing	System, Tools, and Technical Capabilities	Vendor shall work with the State and their designees, to identify and implement a robust automated testing tool that meets all stated requirements related to system testing and provides data and reporting to authorized users through various media including reports, dashboards, data extracts, and analytics interfaces. Vendor's tool, if different, must be approved by the State and have the ability to interface with JIRA and JAMA.				Meets	MMA currently uses industry standard testing tools to conduct system testing and reporting under the existing contract. As needed under the new Contract, MMA will identify and implement a robust automated testing tool that meets all stated requirements related to system testing and provides data and reporting to authorized users through various media including reports, dashboards, data extracts, and analytics interfaces. If different than the State's tool, our tool will be approved by the State and have the ability to interface with JIRA. We use industry standard test automation tools to fully and routinely end-to-end test applications. These include Zephyr Test Management suite, Cucumber/Java, and GitHub. For automated claims testing, the QA Team uses MMA's customized pharmacy claims test automation tool, MCAT to load and execute large batches of test claims into our adjudication system. MCAT auto-executes thousands of test cases at a time and performs more frequent effective regression testing much faster than a manual process would allow. It has been enhanced to effectively perform regression testing of configuration rules.
856	T30	Testing	Test Plan	Vendor shall document the following, including but not limited to, items in the STP: 1. Converted data validation tasks and activities 2. Testing assumptions 3. Issues 4. Action items 5. Strategies to manage execution and risks 6. Others, as requested by the State				Meets	As the incumbent AME Pharmacy Contractor, MMA has an existing TMP in place that illustrates our approach to testing execution and risk management. MMA will review and update this during DDI to document all testing assumptions, issues, action items, and strategies to manage execution and risks for any new functionalities that need to be tested under the new Contract.
857	T31	Testing	Test Plan	Vendor shall provide the overall testing activities that must be appropriately documented in a test plan(s), along with a detailed description of each of the planned tests. Vendor shall provide the test frameworks to be established by the Vendor to accommodate a comprehensive coverage of test objectives. These include, but not limited to, the following: 1. Infrastructure and Hardware: a. Data Center Computing Environments b. DDI Project Office c. Operations and Peripherals d. Shared Services Platforms 2. Software and Services: a. project components b. Shared Services c. Peripherals 3. Interfaces: a. Intra-domain (Medicaid) b. Inter-domain (Medicaid) c. Trading Partner Agreements 4. Architectures: a. Technical b. Information c. Business				Meets	As discussed in the response above to requirement T26, has a Configuration Management Plan in place that documents overall testing activities for the existing contract. MMA will work with DHS during DDI to identify the appropriate overall testing activities for new functionality that will be implemented as part of the new Contract and update the TMP to reflect any new requirements. This includes providing test frameworks to accommodate a comprehensive coverage of test objectives. These include all of the test objectives listed in RTM Testing Requirements T31: 1)Infrastructure and Hardware (Data Center Computing Environments, DDI Project Office, Operations and Peripherals, Shared Services Platforms) 2) Software and Services (project components, Shared Services, Peripherals) 3) Interfaces (Intra-domain (Medicaid), Inter-domain (Medicaid), Trading Partner Agreements) 4) Architectures (Technical, Information, Business).

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858	T32	Testing	Test Plan	Vendor shall provide a test plan, from an architecture perspective, for the application of services in a Service Oriented Architecture (SOA) and the testing of the scenarios of how the service is used by the business application.				Meets	MMA's current, in-place SOA architecture has been tested during DDI and as needed throughout the current Contract M&O phase. The existing TMP we have in place supporting AMPP today documents our approach for the application of services in a Service Oriented Architecture (SOA) and the testing of the scenarios of how the service is used by the business application. During this category of testing, the Service Oriented Architecture (SOA) is tested by creating scenarios and test cases that exercise the "life of a claim", meaning that these scenarios/test cases are designed to exercise all of the systems. Because our solution is currently in-place, we anticipate testing will be limited to additional functionalities or enhancements that will be implemented as part of the new scope of work. We will work with the State as part of the Requirements Review and Validation process during DDI to update/align our SOA testing approach with new Contract requirements.
859	T33	Testing	System, Tools, and Technical Capabilities	Vendor shall propose and implement any development of a unique product or employment of a Commercial Off-the-Shelf (COTS) product to create or present online training courses and track enrollment and progress.				Meets	As part of our in-place solution supporting the existing Contract, MMA provides a Learning Management System (LMS) tool to support the design and delivery of training and education initiatives for DHS staff. Our LMS enables MMA to easily create, catalog, manage, and track all types of learning activities, including web-based, instructor-led, video-based, or file-based courses and classes. Our LMS provides the ability to strategically plan, deliver, and manage all training initiatives. Authorized State staff will have 24/7/365 access to CBTs and other resource materials on our system(s). The LMS also supports status reporting for training efforts. We will continue provide training through our LMS tool under the new Contract and will work with DHS during DDI to conduct Requirements Review and Validation and update the LMS to reflect any new requirements.
860	T34	Testing	Methodology	Vendor shall define, develop, and maintain a development/test environment data refresh process that allows for a standard refresh schedule, State-approved exceptions, and ad hoc requests.				Meets	As documented in MMA's existing TMP, although data refreshes can be accomplished, they are not recommended during the testing process. A data refresh would overwrite any testing results and test beneficiaries that are in use, causing the MMA QA team and the DHS UAT team to lose valuable information. If the need for a refresh does arise, all parties will discuss it prior to the actual refresh, in order to determine the criticality of the need and impacts to schedule. Under the new Contract, MMA will work with DHS as needed to define, develop, and maintain a development/test environment data refresh process that allows for a standard refresh schedule, State-approved exceptions, and ad hoc requests. We will document any revised data refresh processes in the TMP.
861	T35	Testing	System, Tools, and Technical Capabilities	Vendor shall ensure the various test environments, based on State standards and approval, must mask critical and sensitive data fields, especially data classified as PHI and PII data. Vendor's system must ensure no PHI or PII shall be utilized in any environment lower than UAT.				Meets	Our system provides testers with a process for masking, sanitizing, scrambling, or desensitizing sensitive data (e.g., PII/PHI) when extracting data from the production environment for use in non-production environments. MMA's established processes ensure that no production data exists in any other environment other than production. Our non-production environments are configured to use data masking routines to transform personal and confidential data, while retaining its contextual meaning and referential integrity. MMA's system provides testers with a process for masking, sanitizing, scrambling, or de-sensitizing sensitive data (e.g., PII/PHI) when extracting data from the production environment for use in nonproduction environments. In addition, MMA's Database Management System (DBMS) supports masking and encryption of sensitive or personally identifying information. All communication to and from MMA will be encrypted with strong encryption of data in transit and at rest to protect the confidentiality of the data.

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862	T36	Testing	Deliverables	Vendor shall cooperate to identify and provide to the State-identified stakeholders, the applicable Deliverables for each milestone that meet the requirements of system development, testing, and implementation subject to State approval for all new projects.				Meets	Under its existing Contract, MMA successfully provided applicable Deliverables for each milestone that met the requirements of system development, testing, and implementation as part of our initial implementation efforts. We have continued to meet this requirement throughout the Contract as enhancements and new functionalities were tested and then implemented. We will continue to meet this requirement under the new Contract and will work with the State to ensure that deliverables for any new enhancements or functionalities implemented as part of the new scope of work are clearly defined up front and are delivered as agreed.
863	T37	Testing	Test Plan	Vendor shall cooperate with other project stakeholders to document an Integrated System Test Plan (STP) for testing and evaluating the results of the current and new project components integration and interoperability deployed in the new System.				Meets	As the incumbent, MMA currently cooperates with other project stakeholders to document a TMP for testing and evaluating the results of the current and new project components, including integration and interoperability, that are deployed in our existing system. A relevant example of this is n October 2020, we upgraded from 2-byte Group ID to a 4-byte Group ID format to enable interfaces with Gainwell and the new ARIES Eligibility system. We worked with DHS and Gainwell to update the layout, integrate the new system components, and then test and evaluate the results to ensure the new interfaces worked properly and to the satisfaction of the State. We will continue to do this under the new Contract for test results on any new project functionalities or enhancements that are implemented.
864	T38	Testing	Test Plan	Vendor shall include in the STP the proposed testing framework and methodology for requirements defined in this RFP. The STP requirements must ensure the testing functions performed: 1. Are iterative and repeatable 2. Are based upon the life cycle used 3. Are based upon the quality of test results produced by the testing activities 4. Establish baseline sizing and define benchmarks to size for future growth requirements 5. Provide additional assurance that the project components will execute as stable, reliable, predictive, and consistent functions in a production computing environment.				Meets	As the incumbent AME Pharmacy Contractor, MMA has an in-place testing framework and methodology that ensures testing functions are performed according to the Contract requirements. As documented in our TMP, which was used to successfully test and implement AMPP's existing, in-place solution that went live in 2014, our testing is comprehensive, repeatable, scalable, and iterative. As functionality in the system grows as a result of new client requirements, changes in third party transaction parameters, legislative changes, changing external vendors, national transaction or coding standards, MMA uses a structured approach to test each change. Once deployed, MMA employs a standard change management approach for gathering and documenting requirements, prioritizing, coding, testing, and documenting changes to support our client's programs. Regular code releases are scheduled and performed on at least a quarterly basis. Configuration changes, which can be made at almost any time, are 100% tested by the QA Department. We will work with the State as part of the Requirements Review and Validation process during DDI to update testing framework and methodology to meet requirements of the new Contract.
865	T39	Testing	Test Plan	Vendor shall provide in the STP, the testing methodology that accommodates comprehensive coverage of different types of testing (e. g. , component, system, regression, integration, parallel, UAT, production), including definition of the following: 1. Testing environments 2. Categories of testing and testing objectives 3. Test deliverables and artifacts 4. Test reviews and objectives 5. Testing roles and responsibilities 6. Testing preparations, tools, and techniques 7. Test automation tools 8. Production test data, test scenarios use cases and 9. Test results repository and status reporting.				Meets	MMA currently has a TMP on file with DHS to support testing for our existing contract, and we will work with the State as part of the Requirements Review and Validation process during DDI to update this plan to meet requirements of the new Contract. MMA will include details in the updated TMP that will include:1) Testing environments; 2) Categories of testing and testing objectives; 3) Test deliverables and artifacts; 4) Test reviews and objectives; 5 Testing roles and responsibilities; 6) Testing preparations, tools, and techniques; 7) Test automation tools; 8) Production test data, test scenarios use cases and; 9) Test results repository and status reporting. This TMP will also describe our SDLC, including testing tools, techniques, methodology and the steps and criteria which must be taken and met in order for software to be promoted from one environment to the next. In addition, MMA will include an overview of each environment which will describe its purpose and how it works in the overall plan to reduce risk to the enterprise as changes are introduced.

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866	T40	Testing	Test Plan	Vendor shall document in the STP content that describes the following: deliverable reviews; roles and responsibilities; support tools for business application/information and technology infrastructure testing to facilitate efficient, responsive, and secure use and operation of these applications.				Meets	MMA existing, in-place TMP describes deliverable reviews; roles and responsibilities; support tools for business application/information and technology infrastructure testing to facilitate efficient, responsive, and secure use and operation of these applications. MMA provides, and will continue to provide, a testing infrastructure in which all of the participants have well-defined roles and responsibilities. They have access, as part of their role, to the appropriate collaboration tools in order to both record and communicate the outcome of each test case and also to deal with any rare and unforeseen circumstances that arise during any phase of the testing. All cases are addressed and the outcomes communicated up through the MMA organization and to the State, allowing all appropriate parties to remain informed during testing. We will work with the State as part of the Requirements Review and Validation process during DDI to update our existing testing framework and methodology to meet requirements of the new Contract.
867	T41	Testing	Test Plan	Vendor shall design and identify in the STP, opportunities to reduce organizational risk, facilitate better Stakeholder resource forecasts, improve testing schedules, and lower the incidence of reactive break/fix episodes.				Meets	As discussed in the responses to requirements T9 and T12, MMA is committed to reducing organizational risk and has processes in place to design and identify opportunities to reduce organizational risk. We affirm that we will design and identify in the TMP opportunities to reduce organizational risk, facilitate better Stakeholder resource forecasts, improve testing schedules, and lower the incidence of reactive break/fix episodes.
868	T42	Testing	Test Plan	Vendor shall provide in the STP, from an architecture perspective, a test plan for the application of services in a Service-Oriented Architecture (SOA) and the testing of the ways the service is used by business applications.				Meets	As the incumbent Contractor, MMA's TMP provides a test plan for the application of services in a Service Oriented Architecture and the testing of the scenarios of how the service is used by the business application. This in-place SOA test plan supported the successful testing and implementation of AMPP's existing, in-place solution that went live in 2014. MMA's suite of test cases covers all core code, configurable plan coding, and conversion data and, in doing so, will exercise all of the services exposed within the MMA pharmacy enterprise. A subset of the exposed services is exercised during stress testing when a new environment is deployed. The services chosen for this subset are some that provide a particular load on the enterprise service bus, the storage subsystem, or both. This gives the Testing Group insight into not only the functionality of the service itself but also on its cost to the underlying infrastructure. We will work with the State as part of the Requirements Review and Validation process during DDI to update this SOA test plan to meet requirements of the new Contract.
869	T43	Testing	Test Plan	Vendor shall provide in the STP, tests for the shared services defined in this RFP and as much as possible, reuse of test plans, test cases, test scripts, and test data using automated testing tools where applicable.				Meets	As the incumbent AME Pharmacy Contractor, MMA maintains an existing TMP that includes tests for the shared services defined in the RFP. It is MMA's standard practice to automate testing wherever possible, especially in the creation of our regression test beds. Detailed test cases are reused to ensure that code remains stable with each build, and as data is converted and loaded into the testing environment. We will work with DHS to conduct Requirements Review and Validation as part of DDI to update the existing STP to align with any new Contract requirements.

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870	T44	Testing	Test Plan	Vendor shall document in the STP, test cases and test scenarios for all configurable components, including third-party software, interoperable data exchanges, business logic, electronic data interchange (EDI), and associated test data preparations.				Meets	As the incumbent AME Pharmacy Contractor, MMA's Quality Assurance (QA) Team currently documents in the TMP, test cases and test scenarios for all configurable components, including third-party software, interoperable data exchanges, business logic, electronic data interchange (EDI), and associated test data preparations. This includes all core code, configurable plan coding, and conversion data during our system and end-to-end testing. It is standard practice for the Data Integration Group to test and document all data interfaces, and all switch vendors are required to test their connections in our QA environment, and again during soft Go-Live in production prior to official Go-Live time for any new enhancements or functionalities. MMA will continue document test case and test scenarios for any configurable components of new functionalities that require testing. We will work with DHS to conduct Requirements Review and Validation as part of DDI to align the existing test case/test scenario documentation process with any new Contract requirements.
871	T45	Testing	Test Plan	Vendor shall provide in the STP, tests for every type of processing cycle, including daily, weekly, bi-weekly, monthly, quarterly, annually, year-end, financials, and specified/ad hoc requests, as necessary.				Meets	As the incumbent AME Pharmacy Contractor, MMA provides testing as needed for every type of processing cycle, including daily, weekly, bi-weekly, monthly, quarterly, annually, year-end, financials, and specified/ad hoc requests, as necessary. Under the new Contract, we will continue to provide this testing as needed, as well as for any new functionalities that require testing. When required, all reports and processing associated with time-referenced cycles will be tested. Test cases that exercise each appropriate cycle will be created, run, and verified. We will work with DHS to conduct Requirements Review and Validation as part of DDI to align our current testing processes with any new Contract requirements.
872	T46	Testing	Testing Management	Vendor shall organize, schedule, and conduct hand over meetings prior to UAT releases on a timeline mutually defined by the State and the Vendor. During this meeting, the Vendor shall deliver a completed code package to UAT, along with (but not limited to): list of all defects, proposed workarounds, release notes, regression scripts, test results. State will accept (or reject) the UAT handoff and deliverables during this meeting. State will not accept a multiple build UAT deployment. After this UAT hand over meeting, all code, configuration, system settings, etc. for this release, go into a complete code freeze, and no additional deployments will be made to UAT without pre-approval of the State (e.g. Code/bug fix release).				Meets	As the incumbent AME Pharmacy Contractor, MMA organizes, schedules, and conducts hand over meetings prior to UAT releases for any testing efforts required under the existing Contract. These meetings occur on a timeline mutually defined by the State and MMA. During these meetings, our QA Testing Team delivers a completed code package to UAT, along with (but not limited to): list of all defects, proposed workarounds, release notes, regression scripts, test results. MMA affirms that the State will accept (or reject) the UAT handoff and deliverables during this meeting, and that the State will not accept a multiple build UAT deployment. After these UAT hand over meetings, all code, configuration, system settings, etc. for this release, go into a complete code freeze, and no additional deployments are made to UAT without pre-approval of the State (e.g. Code/bug fix release). MMA will continue to follow these processes under the new contract for UAT releases related to any new functionalities that require testing. We will work with DHS to conduct Requirements Review and Validation as part of DDI to align the current UAT release hand over meeting process with any new Contract requirements.
873	T47	Testing	Testing Management	Vendor shall ensure that all dates agreed to for system changes are met without delay. Any delay from the vendor in supplying the test cases, code, or data needed for User Acceptance Testing will not reduce the timeline required by the State to perform thorough User Acceptance Testing, and will be considered late by the vendor.				Meets	As the incumbent Vendor, MMA works consistently to ensure that all dates agreed to for system changes are met without delay and will continue to do so under the new Contract. In cases where unforeseen delays do occur, we proactively work with DHS to adjust timelines and achieve project completion according to mutually agreeable terms that limit risk and cost for DHS. We acknowledge that any delay from MMA in supplying the test cases, code, or data needed for User Acceptance Testing will not reduce the timeline required by the State to perform thorough User Acceptance Testing and will be considered late.

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874	T48	Testing	System, Tools and Technical Capabilities	Vendor shall provide State users with ability to access both member and provider production environments to complete validation and testing, without updating any production data or transactions.				Meets	As the existing AME Pharmacy Contractor, MMA currently provides authorized DHS users with the ability to access our in-place FirstRx and FirstTrax systems. This access enables DHS users to run trial adjudications using member and provider information in the production environment to confirm claims are being processed correctly following the implementation of benefit and other system/program changes. FirstRx and FirstTrax are accessible through a user friendly, graphical user interface (GUI), and member and provider information is masked to protect confidentiality and PHI. We will continue to support this function under the new Contract. We will work with DHS to conduct Requirements Review and Validation during DDI to align our in-place solution with the new requirements.
875	TC1	Turnover & Closeout	Training	Vendor shall provide comprehensive training to any Successor Vendor's management, supervisory, and technical staff as required for the successful transition of duties under the Contract. All turnover training must be completed no earlier than two (2) months prior to the end of the Contract period.				Meets	As a longstanding AME Pharmacy Contractor for the State of Arkansas, MMA is committed to remaining the long-term partner of choice for DHS in the administration and oversight, as well as the service, clinical, and technical operation, of the AMPP. If unforeseen circumstances result in the need to turn over program collateral to an alternative Vendor, MMA will approach such an endeavor with the same level of excellence and discipline that we have demonstrated since 2014 when the Arkansas Medicaid POS Contract was turned over to us. Throughout our long and productive partnership with DHS, MMA has maintained a steadfast dedication to ensuring continuous, quality, and uninterrupted pharmacy operations for Arkansas Medicaid clients, providers, and other stakeholders regardless of business circumstances. Prior to the end of the contract, the Training and Development Department develops a training plan to ensure a successful transition. A needs assessment is conducted to determine any knowledge gaps, as well as the training at the management, supervisory, and staff level needed to fill those gaps. The results of the needs assessment are incorporated into the training plan to ensure all staff receive adequate turnover training. To ensure a successful transition, training sessions are completed two to three months before the end of the Contract Period.
876	TC2	Turnover & Closeout	Deliverables	Vendor shall ensure all system documentation listed must include completed and State-approved assessment reports.				Meets	MMA affirms that any necessary system documentation provided will include completed and State-approved assessment reports.
877	TC3	Turnover & Closeout	Deliverables	Vendor shall ensure that the following services are documented and electronically supplied to the State: 1. Operations Support: SFY Renewal Periods (Monthly Invoices) 2. Status Reporting 3. Maintenance and Operations Support Services 4. Modifications and Enhancements Services 5. Performance Analysis Services 6. Planning Analysis (Infrastructure) Services				Meets	MMA affirms that we will supply the State with documentation of the following services in a mutually agreeable electronic format: -Operations Support: SFY Renewal Periods (Monthly Invoices) -Status Reporting -Maintenance and Operations Support Services -Modifications and Enhancements Services -Performance Analysis Services -Planning Analysis (Infrastructure) Services.
878	TC4	Turnover & Closeout	Project Management	Vendor shall develop mutually defined and agreed upon transition schedules; a detailed project plan of tasks, activities, milestones, deliverables, and durations for transition to the successor Vendor within the first month of contract execution. Upon direction from the State, current Vendor shall provide training to any state staff and/or successor Vendor staff on the operations of the system.				Meets	MMA affirms that we will develop a mutually defined and agreed-upon transition schedule, a detailed project plan of tasks, activities, milestones, deliverables, and durations for transition of the AMPP to the Successor Contractor within the first month of Contract execution. We further affirm that upon direction from the State, MMA will provide operational training to any state staff and/or successor Vendor staff necessary to facilitate necessary knowledge and data transfers, as well as turnover testing support, required for each specific scope of work for AMPP.

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879	TC5	Turnover & Closeout	Documentation Management	Vendor shall establish and ensure that all technical, operational, and support documentation is current and up to-date with electronic copy of applicable deliverables. Vendor shall ensure that all documentation is complete and accurately reflects the System and Services according to the Vendor's contractual documentation requirements. Vendor shall provide comprehensive electronic copies of all documentation in a State approved accessible, and secure electronic media.				Meets	In the event it becomes necessary to Turnover the Contract, MMA will provide technical, operational, and support documentation necessary to support and maintain the AMPP. All information included in this documentation will be based on the current service model, which leverages MMA's enterprise-level infrastructure and specialized Information Technology services to support multiple state clients across the country. We affirm that we will verify that all documentation is current and up to date with electronic copy of applicable deliverables. MMA system operations and subject matter experts will also facilitate the transfer of any relevant non-proprietary reports or dashboards used to validate system availability and adherence to system-specific Service Level Agreements.
880	TC6	Turnover & Closeout	Documentation Management	Vendor shall ensure that Vendor's Check-list and Documentation List must include, but not limited to, a complete assessment of status and a report for each of the following: 1. Architectural design 2. System functional design 3. Detailed program design 4. Detail program specifications 5. Data descriptions 6. Data element dictionaries 7. Database descriptions 8. Job and process scheduling 9. Computer operations procedures 10. User and system documentation 11. Master list of all system manuals 12. An assessment of all system software 13. Documentation to facilitate successor Vendor's understanding of overall standards, network bandwidth needs, hardware capacity, software needs, and network topology to transfer, operate, and maintain the system 14. Master index of all records maintained by the Vendor pursuant to its records retention responsibilities that must, for each record, include the name, span of dates covered, and volume and medium.				Meets	MMA will work with DHS to determine what documentation is required in the Checklist and Documentation List to enable the State and its Successor Vendor to effectively take over operations of AMPP and implement their new solution. This will include a plan for MMA to facilitate the transfer of data necessary to fully manage AMPP operations going forward. All information included in Checklist and Documentation List will be based on the current service model, which leverages MMA's enterprise-level infrastructure and specialized Information Technology services to support multiple state clients across the country. Any necessary system or software documentation will be provided in accordance with licensing agreements governing MMA's pre-existing, proprietary software.
881	TC7	Turnover & Closeout	Documentation Management	Vendor shall provide written documentation listing State facilities and assets used to operate the system, if applicable, including but not limited to: 1. Desktop equipment 2. Meeting space 3. Workspace 4. Special software 5. Copiers 6. Inventory, supplies and consumables 7. Ancillary equipment 8. Voice and data telecommunications services and support 9. Desktop and conference telephones, and 10. Conferencing equipment.				Meets	MMA affirms that we will provide written documentation listing the State facilities and assets used to operate the system, if applicable, including: desktop equipment, meeting space, workspace, special software, copiers, inventory, supplies and consumables, ancillary equipment, voice and data telecommunications services and support, desktop and conference telephones, and conferencing equipment.

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882	TC8	Turnover & Closeout	Contract Closure Requirements	Vendor shall agree, if applicable, that any hardware, storage space or other media required to operate the system that has been purchased and maintained by the Vendor under this contract will become the property of State at the termination of the contract. Vendor shall deliver to the state-designated location, (including all packaging, shipping, and shipping warranty costs paid by Vendor) all hardware and/or other media used in the transfer of data, files, and tables.				Meets	MMA's existing, in-place solution consists of a suite of pharmacy applications that are currently hosted in our state-of-the-art data center using shared infrastructure (servers, data storage, switches, etc.). We successfully do this for other states to provide robust MITA-aligned and cost-effective pharmacy solutions. We agree that, upon the State's request, at the termination of the contract, any hardware, storage space, or other media outside of our shared infrastructure that was specifically purchased and maintained exclusively to support the State contract, may become property of the State. MMA agrees that, upon the State's request and on a schedule to be determined by the State, MMA will package, insure, and ship all hardware, storage space, or other media used exclusively by the State to a location designated by the State.
883	TC9	Turnover & Closeout	Deliverables	Vendor shall, upon the request of the State or Successor Vendor, provide the following Turnover and Close-Out report, including, but not limited to: 1. All the tasks, activities, durations, milestones, and deliverables associated with the Turnover process. 2. Work schedule of tasks, deliverables, and milestones to be performed during the Turnover, including timeline. 3. Narrative describing each task, deliverable, and milestone to be performed during the Turnover.				Meets	MMA affirms that at the request of the State or Successor Vendor, we will provide a Turnover and Close-Out Management report that includes all tasks, activities, durations, milestones, and deliverables. This comprehensive report will also include: -Work schedule of tasks, deliverables, and milestones to be performed during the Turnover along with a timeline for completion -Narrative description of each task, deliverable, and milestone on the work schedule.
884	TC10	Turnover & Closeout	Meeting Management	Vendor shall schedule turnover progress meetings, with the frequency determined by the State. Meetings must be attended by Vendor, Successor Vendor, the State, and the State's designated PMO.				Meets	MMA affirms that we will schedule turnover progress meetings at a frequency determined by the State, and that these meetings must be attended by MMA, the Successor Vendor, the State, and the State's designated PMO.
885	TC11	Turnover & Closeout	Deliverables	Vendor shall produce a weekly progress report summarizing progress that has been made on the Turnover and Closeout activities. This report must be delivered to the State within one week after each Turnover progress meeting and include: 1. Identities and job functions of the attendees at the Turnover progress meetings. 2. Agenda. 3. Description of any progress made on each task, deliverable, and milestone, including any variance from the baseline for that item's timeline. 4. Topics of general discussion at the progress meetings. 5. Action items and decisions made at the progress meetings, as well as who action items were assigned to. 6. A list of all problems and issues encountered, risks identified and status of resolution of each problem, issue and risk (e.g., a CAP for each problem, issue and risk, and timeline for resolution). 7. Planned tasks, deliverables, and milestones for the following two (2) months. 8. Status of Contractually defined tasks, deliverables, and milestones scheduled in the Turnover Project Plan. The status must include any baseline variances. 9. Any other information required by the State.				Meets	MMA firmly believes in reporting progress on all projects. We understand and agree to provide a weekly written progress report. This progress report will be delivered to the State within one week after each Turnover progress meeting. MMA affirms that we will ensure the report conforms with all State requirements, including the identities of all progress meeting participants and their job functions; an agenda, descriptions of progress made on each task, deliverable, and milestone, including any variance the baseline for that item's timeline; topics of general discussion at the progress meetings, action items and decisions made at the progress meetings, as well as who action items were assigned to; CAP for each problem, issue and risk, and timeline for resolution; Planned tasks, deliverables, and milestones for the following two (2) months; and Status of Contractually defined tasks, deliverables, and milestones scheduled in the Turnover Project Plan along with baseline variances. We will also include any other information required by the State.
886	TC12	Turnover & Closeout	Deliverables	Vendor shall create the Turnover Status Report and log and it must be delivered to the State five business days prior to each progress report meeting and must be current at the time of submittal. The format of these reports will be determined by the State.				Meets	MMA affirms that we will deliver a current Turnover Status Report and log to the State five state workdays prior to each progress report meeting. The progress report will be current at the time of submittal and be provided in a format determined by the State.

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887	TC13	Turnover & Closeout	Deliverables	Vendor shall provide at least weekly updates to fulfill the State's requests. Vendor shall produce a weekly report that lists the changes occurring from the previously updated report. Release periods will be specified to Vendor in writing by the State. Status changes of all documents must be denoted in the Release Report in a fashion that does not cause the Successor Vendor to review previous documents unnecessarily.				Meets	MMA affirms we will provide at least weekly updates to fulfill the State's requests. This includes producing a weekly report that lists the changes occurring from the previously updated report. We acknowledge that release periods will be specified to MMA in writing by the State. The status changes of all documents will be denoted in the Release Report in a fashion that does not cause the Successor Vendor to review previous documents unnecessarily.
888	TC14	Turnover & Closeout	Deliverables	Vendor shall submit, for review and approval by State, a turnover plan to facilitate transfer of the system to State or to the successor Vendor. Vendor shall submit a Turnover Results report, in a frequency and format approved by the State, for State review and approval that documents completion of each step of the turnover plan.				Meets	MMA will submit a turnover plan for review and approval by the State. The turnover plan will include all information necessary to facilitate the transfer of data and documentation necessary for DHS and the Successor Vendor to fully manage AMPP operations going forward. All information included in the plan will be based on the current service model, which leverages MMA's enterprise-level infrastructure and specialized Information Technology services to support multiple state clients across the country. Any necessary system or software documentation will be provided in accordance with licensing agreements governing MMA's pre-existing, proprietary software. MMA affirms that we will also submit a Turnover Results report, in a frequency and format approved by the State, for State review and approval that documents completion of each step of the turnover plan.
889	TC15	Turnover & Closeout	Staffing Management	Vendor shall provide a written statement listing an organization chart to the State, within their monthly report, which lists all the Vendor and State staff skill-sets, titles, and functions (resource requirements) based on the Vendor's volumes, experience, and 3rd party relationships devoted to the operation of the system.				Meets	MMA affirms that we will provide a written statement listing an organization chart to the State within their monthly report, which lists all MMA and State staff skill sets, titles, and functions (resource requirements) based on our volumes, experience, and third-party relationships.
890	TC16	Turnover & Closeout	Contract Closure Requirements	Vendor shall provide any other files, documentation, records, transaction information, and assistance to the State identified as necessary for the orderly and successful transfer of the System to the State or a Successor Vendor, as directed by the State.				Meets	MMA affirms that we will provide, as appropriate and necessary, any other non-proprietary files, documentation, records, transaction information, and assistance the State identifies as necessary for the orderly and successful transfer of management of the AMPP to DHS or a Successor Contractor, as directed by the State. All information and data provided to DHS as part of Turnover will be based on the current service model, which leverages MMA's enterprise-level infrastructure and specialized Information Technology services to support multiple state clients across the country.
891	TC17	Turnover & Closeout	Contract Closure Requirements	Vendor shall compile lists of all costs reimbursed by the State by SFY, pursuant to the Cost Reimbursement provisions: 1. Purchased or leased equipment and software. 2. Print shop supplies, forms, and specifications used within the System. 3. Reports for the end-of-Contract payments. 4. Any other costs as directed by the State.				Meets	MMA affirms that we will compile lists of all costs reimbursed by the State by SFY, pursuant to the Cost Reimbursement provisions: -Purchased or leased equipment and software -Print shop supplies, forms, and specifications used within the System -Reports for the end-of-Contract payments -Any other costs as directed by the State.
892	TC18	Turnover & Closeout	Contract Closure Requirements	Vendor shall provide the State access and the capability to extract items from Vendor's Turnover and Closeout documentation. The State and Vendor must maintain documentation folders and file hierarchical structure and thereafter for updates and revisions.				Meets	MMA affirms that we will provide the State access and the capability to extract items from Vendor's Turnover and Closeout documentation. We work with the State to maintain documentation folders and file hierarchical structure and thereafter for updates and revisions.
893	TC19	Turnover & Closeout	Contract Closure Requirements	Vendor shall coordinate the transfer of system documentation, software, and data files to the Successor Vendor and designated state staff.				Meets	MMA will coordinate the transfer of any non-proprietary system documentation, software, and data files necessary to assume operation of the AMPP to the Successor Vendor and designated DHS staff. All information and data provided to DHS as part of Turnover will be based on the current service model, which leverages MMA's enterprise-level infrastructure and specialized Information Technology services to support multiple state clients across the country. Any necessary system documentation or software will be provided in accordance with licensing agreements governing MMA's pre-existing, proprietary software.

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894	TC20	Turnover & Closeout	Documentation Management	Vendor shall provide all production documentation including, but not limited to, user and operations manuals, training materials, and system documentation needed to operate and maintain the System and the procedures of updating computer programs and other documentation.				Meets	MMA affirms that we will provide all production documentation including, but not limited to, user and operations manuals, training materials, and non-proprietary system documentation needed to operate and maintain AMPP technical and business functions. All information provided in this documentation will be based on the current service model, which leverages MMA's enterprise-level infrastructure and specialized Information Technology services to support multiple state clients across the country. These materials will be provided in accordance with licensing agreements governing MMA's pre-existing, proprietary software.
895	TC21	Turnover & Closeout	18 Month	Vendor shall provide a detailed listing of all System production jobs, job steps, processes, and job functions executed during the previous 12 months, eighteen (18) months prior to the end of the Contract term. Vendor shall provide this inventory list of System production jobs in a single, comprehensive, and complete listing to the State for review and approval. This documentation must be updated and delivered to the State every month thereafter through the end of the Contract term and must be delivered via secure electronic media and/or secure transmission.				Meets	MMA affirms that we will provide a detailed listing of all System production jobs, job steps, processes, and job functions executed during the previous 12 months, eighteen (18) months prior to the end of the Contract term. We will provide this inventory list of System production jobs in a single, comprehensive, and complete listing to the State for review and approval. This documentation will be updated and delivered to the State every month thereafter through the end of the Contract term and will be delivered via secure electronic media and/or secure transmission in a mutually agreeable format.
896	TC22	Turnover & Closeout	18 Month	Vendor shall provide operational performance statistics or copies of existing operational reports, within eighteen (18) months of the end of the Contract term or whenever requested by the State. Vendor shall ensure specific requested information must be delivered to the State, upon request.				Meets	MMA affirms we will provide operational performance statistics or copies of existing operational reports, within eighteen (18) months of the end of the Contract term or whenever requested by the State. We further affirm that we will ensure specific requested information will be delivered to the State, upon request.
897	TC23	Turnover & Closeout	18 Month	Vendor shall provide transfer Acceptance Testing support to both the State and the Successor Vendor within two (2) business days of the request, unless a longer timeframe is approved by the State, beginning eighteen (18) months prior to the end of the Contract term.				Meets	MMA affirms that we will provide transfer Acceptance Testing support to both the State and the Successor Vendor within two business days, unless a longer timeframe is approved by the State, beginning eighteen (18) months prior to the end of the Contract term.
898	TC24	Turnover & Closeout	18 Month	Vendor shall provide post-turnover support in the event of software malfunction, beginning eighteen (18) months prior to the end of the Contract term.				Meets	In the event a Turnover becomes necessary, MMA will work with DHS and its Successor Contractor to ensure that AMPP data integrity is maintained throughout Turnover. We will remain committed to fostering the integrity of both data and program files throughout the Turnover process so that client services and claims adjudication can continue without disruption and in an accurate and timely fashion. MMA systems operations and subject matter experts will be available to assist DHS and its Successor Vendor in facilitating knowledge transfers as well as transfers of any relevant non-proprietary data, reports, or dashboards required to operate the AMPP. All information provided to support DHS during the transition will be based on the current service model, which leverages MMA's enterprise-level infrastructure and specialized Information Technology services to support multiple state clients across the country. Any necessary system or software documentation will be provided in accordance with licensing agreements governing MMA's pre-existing, proprietary software.
899	TC25	Turnover & Closeout	Contract Closure Requirements	Vendor shall review the inventory of all Project and operations checklist of artifacts as evidence of a completeness of closeout with the State and provide for its checklist certification of existence, and proper packaging and delivery for formal written acceptance by the State including Contract-related correspondence, tools and databases.				Meets	MMA affirms that we will review the inventory of all Project and operations checklist of artifacts as evidence of a completeness of closeout with the State and provide for its checklist certification of existence, and proper packaging and delivery for formal written acceptance by the State including Contract-related correspondence and non-proprietary tools and databases.

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900	TC26	Turnover & Closeout	Contract Closure Requirements	Vendor shall create a log of all problems, issues, and action items with a brief chronology of the problem, issue, or action item and post this log to the appropriate Project management tool or software approved by State, and must be accessible by both State and Vendor staff. This log must include the identities and job functions of Vendor staff assigned to the problem, issue, or action item. Vendor shall exclude all Protected Health Information (PHI) or other confidential information, or information that will jeopardize security of the Technical Infrastructure as defined by State. Vendor's tool, if different, must be approved by the State and have the ability to interface with JIRA and JAMA.				Meets	MMA affirms we will create a log of all problems, issues, and action items with a brief chronology of the problem, issue, or action item and post this log to the appropriate Project management tool or software approved by State. We will ensure that the log will be accessible by both State and MMA staff. This log will include the identities and job functions of MMA staff assigned to the problem, issue, or action item. MMA typically uses ServiceNow for our issue and action item tracking, which allows for customer self-service to review, update and export all related project logs. MMA also has experience collaborating with customers and their project management or system integration vendors to use a centralized project repository and can work with DHS to ensure this process is seamless and compliant with all project requirements, if this is the preferred approach. MMA will exclude all Protected Health Information (PHI) or other confidential information, or information that will jeopardize security of the Technical Infrastructure as defined by State.
901	TC27	Turnover & Closeout	Deliverables	Vendor shall submit for State approval, the format of the Turnover Status Report and all Vendor Closeout deliverables within one (1) month of the Vendor's notice or notice by State to the Vendor of intent to end the contract.				Meets	MMA affirms that we will submit for State approval the format of the Turnover Status Report and all MMA Closeout deliverables within one (1) month of MMA's notice or notice by State to MMA of intent to end the contract.
902	TC28	Turnover & Closeout	Performance Management	Vendor shall create a corrective action plan (CAP) and include a response time, which will be determined by State, in the event that the State disagrees with the conclusions provided in the Vendor's Turnover Status Report. State will provide the Vendor with written notice of State's request for the CAP.				Meets	In the event that the State disagrees with the conclusions provided in MMA's Turnover Status Report, and upon written request for a CAP by the State, MMA affirms that we will provide a CAP document along with response times to the State for review and approval.
903	TC29	Turnover & Closeout	Contract Closure Requirements	Vendor shall produce a financial reconciliation report. The Vendor and the State's financial Reconciliation will include, at a minimum: 1. Final settlement of all Vendor invoices 2. Final reconciliation of all accounts receivables 3. Final assessment of any liquidated damages 4. An independent audit of Vendor's bank account by an entity with no contact or relationship with Vendor.				Meets	MMA affirms that we will produce a financial reconciliation report that minimally includes the following: 1. Final settlement of all Contractor invoices: MMA will maintain a comprehensive tracking of all invoices generated as a result of this contract. Upon contract termination, payment in full is anticipated once all final deliverables of the contract have been met. 2. Final reconciliation of all accounts receivables: MMA tracks Accounts Receivable on a monthly basis. Upon termination, MMA will provide the State with a listing of any outstanding invoices. Invoices will be paid in full upon successful delivery of all services. 3. Final assessment of any liquidated damages: MMA agrees that any final assessment of liquidated damages will be withheld from final payment to MMA. 4. An independent audit of the bank account by an entity with no contact or relationship with the Contractor.
904	TC30	Turnover & Closeout	Contract Closure Requirements	Vendor shall ensure that the system will be error-free and complete when turned over to State or the designated Successor Vendor. Vendor shall correct, at no cost to State, any malfunction that exists in the system prior to turnover, or that was caused by the lack of support by the Vendor, as determined by State.				Meets	MMA's existing, in-place solution consists of a proprietary suite of pharmacy applications that are currently hosted in our state-of-the-art data center using shared infrastructure (servers, data storage, switches, etc.). We successfully do this for other states to provide robust MITA-aligned and cost-effective pharmacy solutions. In the event that a Turnover becomes necessary, MMA will work with DHS and its Successor Contractor to ensure that AMPP data integrity is maintained throughout Turnover. We will remain committed to fostering the integrity of non-proprietary data and program files throughout the Turnover process so that client services and claims adjudication can continue without disruption and in an accurate and timely fashion. MMA systems operations and subject matter experts will be available to facilitate knowledge and data transfers as well as transfers of any relevant non-proprietary data, reports, or dashboards required to operate the AMPP, and ensuring that any transferred data is error-free.

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905	TC31	Turnover & Closeout	Contract Closure Requirements	Vendor shall provide to State or the successor Vendor all updated computer programs, data, and reference files, and all other documentation and records as will be required by State or the successor Vendor to operate the system in the production environment, at a turnover date to be determined by State.				Meets	MMA will work with the State or the successor Vendor to facilitate the transfer of data and reference files required to take over and manage AMPP operations going forward. All non-proprietary data and reference files provided will be based on the current service model, which leverages MMA's enterprise-level infrastructure and specialized Information Technology services to support multiple state clients across the country. Any necessary system documentation or software will be provided in accordance with licensing agreements governing MMA's pre-existing, proprietary software.
906	TC32	Turnover & Closeout	18 Month	Vendor shall notify the State in writing, according to the Notices Section herein this RFP, of its commitment to begin Project turnover and closeout planning, unless otherwise notified in advance by State.				Meets	MMA affirms that we will notify the State in writing, according to the Notices Section herein this RFP, of our commitment to begin Project turnover and closeout planning, unless otherwise notified in advance by the State.
907	TC33	Turnover & Closeout	Contract Closure Requirements	Vendor shall provide to the Successor Vendor, as requested by State or the Successor Vendor, the following: 1. Provide the State system software, files, test data files, tables, system document copies, and all other documentation and information requested by State or the successor Vendor to support at least two parallel tests and other testing as determined by State. 2. Aid State or the successor Vendor with interpretation and analysis of test results. 3. Provide any statistics requested by State or the successor Vendor regarding the levels of accuracy of the system and its components. 4. Provide to the successor Vendor any department-owned and/or leased equipment in the Vendor's possession that is necessary to conduct acceptance testing, if this does not, in the judgment of the Contract Administrator, jeopardize meeting contract requirements. 5. Provide update/transaction files for all files required for delivery prior to the cessation of claims processing activities (contract term), so that the successor Vendor's version will contain the same data as the Vendor's version. The updated files must be delivered to the State Contract Administrator weekly on the following Monday after each update. 6. Provide to successor Vendor certified production copies (certifying in writing that each is complete, current, accurate, and is what the Vendor uses for production) of each of the following, via electronic media and/or secure				Meets	In the event a Turnover becomes necessary, MMA will work with DHS and its Successor Contractor to ensure that operations of the AMPP are turned over in a smooth, organized, and efficient manner. This includes ensuring that data integrity is maintained throughout Turnover. MMA systems operations and subject matter experts will be available through the Turnover process to assist DHS and its Successor Vendor by: -Providing any data files needed to support at least two parallel tests and other testing as determined by DHS -Aiding in interpretation and analysis of test results. -Providing any statistics requested by the State or the successor Vendor regarding the levels of accuracy of the system and its components. -Providing any DHS-owned and/or leased equipment in the necessary to conduct acceptance testing -Providing update/transaction files for all files required for delivery prior to the cessation of claims processing activities (contract term) -Providing any non-proprietary data and documentation to enable DHS and its Successor Vendor to effectively take over operations of AMPP and implement their new solution.
908	TC34	Turnover & Closeout	Contract Closure Requirements	Vendor shall provide written notification to State of the Vendor's named Key Personnel and staff identified to serve as the Vendor's Turnover Team.				Meets	MMA affirms that we will provide written notification to State of our named Key Personnel and staff identified to serve as the Vendor's Turnover Team.
909	TC35	Turnover & Closeout	Contract Closure Requirements	Vendor shall include detail tasks, deliverables, and milestones for transitioning all work-in progress at the point of Contract Period closeout.				Meets	MMA affirms that we will include detailed tasks, deliverables, and milestones for transitioning all work-in progress at the point of Contract Period closeout.
910	TC36	Turnover & Closeout	Contract Closure Requirements	Vendor shall submit the staff for the Vendor's Turnover Team. Upon State's written approval, the Vendor's Turnover Team must commence the Turnover Project Plan activities.				Meets	MMA affirms that we will submit the staff for MMA Turnover Team. Upon the State's written approval, the MMA Turnover Team must commence the Turnover Project Plan activities.
911	TC37	Turnover & Closeout	Contract Closure Requirements	Vendor shall document and submit to the State for review and approval, a statement of resources which would be required to take over operation of the system.				Meets	MMA affirms that we will document and submit to the State for review and approval, a statement of resources which would be required to take over operation of AMPP. All information included in this statement will be based on the current service model, which leverages MMA's enterprise-level infrastructure and specialized Information Technology services to support multiple state clients across the country. This statement will be provided in accordance with licensing agreements governing MMA's pre-existing, proprietary software.

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912	TC38	Turnover & Closeout	Contract Closure Requirements	Vendor shall provide updates or replacements for all data and reference files, computer programs, and all other documentation that will be required by State or the Successor Vendor to execute parallel and acceptance tests.				Meets	MMA will work with the State or the successor Vendor to facilitate the transfer of data and reference files, computer programs, and all other documentation that will be required by State of the Successor Vendor to execute parallel and acceptance tests. All non-proprietary data and reference files provided will be based on the current service model, which leverages MMA's enterprise-level infrastructure and specialized Information Technology services to support multiple state clients across the country. Any necessary system documentation or software will be provided in accordance with licensing agreements governing MMA's pre-existing, proprietary software.
913	TC39	Turnover & Closeout	Contract Closure Requirements	Vendor shall submit the Systems Operations, Support, and Transition Plan to the State, ninety (90) calendar days prior to beginning of go-live, and again 90 days prior to the implementation. The Systems Operations, Support and Transition Plan must ensure the Vendor has a plan to smoothly migrate the Pharmacy System to M&O (from the point of release that has been validated and approved by the State to go into production). The plan must detail how the Vendor will leverage the M&O processes to manage the issues/defects and fixes and must report progress as part of the M&O reports.				Meets	As the incumbent AME Pharmacy Contractor, MMA's solution is currently in-place and operational, supporting the M&O phase for the existing Contract today. MMA affirms that we will submit a Systems Operations, Support, and Transition Plan to the State, ninety (90) calendar days prior to beginning of go-live, and again 90 days prior to the implementation. The Systems Operations, Support and Transition Plan will ensure MMA has a plan to smoothly migrate any new enhancements or functionalities for the Pharmacy System to M&O (from the point of release that has been validated and approved by the State to go into production). The plan will detail how MMA will leverage our existing M&O processes to manage the issues/defects and fixes and must report progress as part of the M&O reports.
914	TR1	Training	Training Management	Vendor shall provide any necessary (or as requested by the State) training courses, symposiums, or users' conferences, during Vendor's regular business hours. Vendor shall include all essential State staff in such trainings for the duration of the Contract, at no additional cost to the State.				Meets	Our Training and Development Department will provide any necessary or State-requested training as detailed in TR1 at no additional cost to the State. We employ many training methodologies and follow adult learning theory principles to determine the appropriate approach. This enables learners to easily transfer learning to performing job tasks. **Training Plan:** We conduct a training needs analysis, establish the tools/setting for training, pinpoint the target audience, and evaluate the audience's needs and training priorities. **Learning Management System:** Our LMS provides the ability to strategically plan, deliver, and manage all training initiatives. Authorized State staff will have 24/7/365 access to CBTs and other resource materials on our system(s). **Virtual Instructor-led Training:** We offer instructor-facilitated VIT through webcasts and webinars which provide attendees with a real-time, scenario-based, hands-on experience in an interactive session where learners can practice/ask questions. **Computer-based Tutorials:** CBTs allow users to take courses at their own pace. They consist of videos/tutorials providing instruction on system use and procedural changes. **On-site Classroom Facilitation (optional):** On-site training can be requested for State staff, and includes a lab, an instructor, and a structured approach to learning. **Support Tools:** All system courses delivered use basic support tools to optimize learning (e.g., system user guides, job aids, case studies, examples, hands-on activities, etc.) **Course Evaluation Forms:** Evaluation Forms are used to assess training effectiveness and allows learners to provide feedback on documentation, activities, the instructor, and overall effectiveness.

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915	TR2	Training	Lock-in	Vendor shall work with the State to provide approved educational material to prescribing and pharmacy providers, within ninety (90) days of go-live, by posting the materials on Vendor's website. Vendor shall develop educational letters and materials, including but not limited to educational newsletters and other materials as defined by the State, for the RDUR program, DUR Board, client, prescriber, and pharmacy providers. All educational materials must be approved by the State prior to distribution.				Meets	MMA will continue to work with the State to provide approved educational material to prescribing and pharmacy providers, within 90 days of go-live for the new Contract term. We will post or have links to AMPP information for clients and providers accessible through our AMPP Web Portal. Using our Arkansas-specific experience, we will continue to develop educational letters and materials as defined in TR2. For example, we created the layout for the first newsletter. Since the first newsletter in October 2021, we have posted eight newsletters that have been created by the AMPP with the RDUR Team's input. The quarterly newsletters are posted in designated quarterly newsletter section of the Arkansas Medicaid webpage. All educational materials will be submitted to the State for review and approval prior to distribution. MMA we will also update our Arkansas Provider Training Manual which covers all aspects of the PBA and PA processes and encompasses any changes made that may affect claims processing and PAs. All provider communications, including the Provider Manual, are maintained and distributed to the provider community via appropriate communication channels. In addition, MMA posts provider information, such as provider bulletins, to our AMPP Web Portal. We will submit the Provider Manual and training materials to the State for review and approval prior to publication to the website. Revisions are made to the manual, as needed, throughout the life of the Contract. As our applications are upgraded or enhanced, we are committed to providing continuing education to ensure that both the State and AMPP stakeholders have the most up-to-date information, reference materials, and resources.
916	TR3	Training	Training Plan	Vendor shall submit an annual detailed training plan to the State sixty (60) calendar days prior to the Contract year-end. The training plan must include, at a minimum, the following: 1. Types of training needed; 2. Specific areas of focus based on System experience; 3. Suggested changes or enhancements to the existing training methodology; 4. Training schedules and locations; and 5. Other information requested by the State.				Meets	MMA will submit an annual detailed training plan to the State 60 calendar days prior to the Contract year-end that includes all components listed in TR3. MMA has an established training plan in place for the current AME Pharmacy Contract that meets and/or exceeds the learning needs of authorized users. We will review and update our existing training plan, as needed, for the new Contract term. Our Training and Development Department will collaborate with the State to facilitate the development, review, and approval of the final detailed training plan. The MMA Training and Development Department, led by Training Manager, Kimberly Brown, BBA, MEd, will conduct all training in accordance with the approved solution training plan. We possess extensive training experience and have standard templates that can be readily customized to meet the training needs of the AMPP. MMA's standard training plan provides the foundation upon which AMPP training will be built and customized. To continue to ensure a successful program for the AMPP, we will work closely with the State to review the training plan specific to the new Contract term.

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917	TR4	Training	Training Plan	Vendor shall provide to the State for approval, a detailed training plan, curricula, and syllabi that addresses Vendor's solution to initial and ongoing training, including how ongoing training will be managed, for both Vendor and State staff. All training plans must be submitted to the State for approval and feedback a minimum of 30 calendar days prior to delivery of a training session. If changes are requested by the State, Vendor shall provide the final version back to the State within 15 calendar days of change request (or sooner if training is scheduled sooner).				Meets	The Training and Development Department will provide to the State for approval, a detailed training plan, curricula, and syllabi that addresses MMA's solution to initial and ongoing training, including how ongoing training will be managed, for both MMA and State staff in accordance with the time frames listed in TR4. Our standard comprehensive training plan outlines how we will use our experience and industry expertise to address training needs for State staff, participating pharmacies, MMA staff, and other AMPP stakeholders throughout the life cycle of the Project. This plan details the approach, methodology, curriculum, and schedule used for a customized learning program and discusses our comprehensive participating pharmacy training which offers information and methodologies on topics, such as claims submission and technical assistance. MMA's training plan also covers the number and type of participants to be trained; outline and agenda for proposed training sessions; description of the professional background, skills, training experience, and knowledge of subject matter of proposed trainers; examples of training agendas; descriptions of technology used to perform the AME Pharmacy Project responsibilities; training methodology and presentation modes; evaluation criteria; description of how evaluations will be used to improve course content and presentations; and process for operational inputs as a result of any issues identified.
918	TR5	Training	Training Materials	Vendor shall ensure that all training materials be based on the complete and current System and Services technical, operational, and support documentation manuals required under this contract.				Meets	MMA's Training and Development Department, with the input of appropriate internal functional areas, ensures that all training materials are based on the complete and current System and Services technical, operational, and support documentation manuals required under the AME Pharmacy Contract. MMA will continue to develop, update, and submit our system and user documentation, and subsequent training schedule, to validate that both system and operational changes are effectively managed and appropriately communicated to affected groups, identifying resources, modifying schedules, and adjusting priorities and contingencies, as needed. Our Training and Development Department will also provide refresher training, or ad hoc training, on applications and processes as requested by the State throughout the life of the Contract. In addition, MMA's content management strategy has strict procedures in place to maintain all types of training materials, program documentation, system documentation, Provider Manuals, operating procedures, or other documentation to ensure they remain current as program requirements, or our systems or processes change. An internal documentation review process validates that all revisions have been correctly made to the documentation in accordance with State-specific approved criteria and standards before it is made available to the State for review and approval.

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919	TR6	Training	Training Management	Vendor shall fully address any specialized training for State staff and designated Stakeholders whose assigned duties and responsibilities are related to the management, administration, and security of the Systems and Services.				Meets	MMA will continue to fully address any specialized training for State staff and designated stakeholders whose assigned duties and responsibilities are related to the management, administration, and security of the Systems and Services. To ensure the success of the training, the Training and Development staff conducts a training needs analysis, establishes the tools and setting where the training will take place, pinpoints the target audience, and evaluates the needs of the audience, training priorities, and training objectives. Our Training and Development Department uses the appropriate instructional design model to provide a systematic approach to the design, implementation, and evaluation of all training components. This methodology places the needs of the learner at the center of the process and provides a structure that allows the transfer of knowledge from the classroom to the job. Using a blended approach to learning that combines CBT and VIT, forms a powerful approach to learning. CBTs provide foundational knowledge that is built on during the virtual instructor-led sessions. Realistic scenarios with hands-on practice provide an opportunity for learners to mimic how they will perform their job roles during operations. All of MMA's delivery methodologies incorporate principles of Adult Learning, and have techniques identified to train personnel who have varying knowledge of Arkansas Pharmacy Solution tools and Program knowledge.
920	TR7	Training	System, Tools, and Technical Capabilities	Vendor shall implement and maintain CBT and WBT applications that can be accessed by various users as a training application, tutorial, or reinforcement training. The Computer Based Training (CBT) and Web Based Training (WBT) applications must be accessible via a secured internet log-on environment, 24 hours per day, 365 days per year, except for State-approved system downtime periods. Content for CBT and WBT applications must be reviewed and approved by State.				Meets	MMA has implemented and maintains CBT and WBT applications that are accessible to various users as a training application, tutorial, or reinforcement training. The CBT and WBT applications are accessible via MMA's LMS which is accessed using a secured Internet log-on environment, 24/7/365, except for State-approved system downtime periods. We will submit content for CBT and WBT applications to the State for review and approval. Our Training and Development Department conducts training via a combination of live instructor-led, hands-on learning experiences and CBTs that are available on demand. We provide user-focused online tutorials and online access to reference documents and training materials. CBTs consist of videos and tutorials providing instruction on system use and procedural changes. User guides, job aids, and tutorials are designed to be used in conjunction with web-based training and as stand-alone job support. In addition, MMA's LMS tool is used for training and education and provides status reporting for MMA and State staff training. With our LMS, MMA is able to easily create, catalog, manage, and track all types of learning activities, including web-based, instructor-led, video-based, or file-based courses and classes. Our LMS provides authorized State staff with 24/7/365 access to CBTs and other resource materials.

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921	TR8	Training	Training Management	Vendor shall conduct training sessions, as required by the State, throughout the life of the contract, after the initial training provided during the DDI phase.				Meets	Our Training and Development Department will conduct training sessions, as required by the State, throughout the life of the AME Pharmacy Contract, after the initial training provided during the DDI phase. Our experienced Training and Development staff will provide training to all users of our Arkansas Pharmacy Solution prior to the implementation of the new Contract term and on an ongoing basis during operations in accordance with the State-approved training plan and materials. MMA's Training and Development Department will coordinate training sessions to train authorized State staff on our systems and processes during the implementation period. State staff training is initially provided as a part of the implementation process. The training provided prior includes a demonstration of the application. Hands on training is scheduled just prior to Go-Live to maximize learning retention. The Training and Development Department can also provide follow-up or refresher training for designated State staff, if requested; we will work closely with the State to determine and provide additional training as mutually agreed upon. Our Training and Development Department also offers courses during the Operational period of the Contract for newly hired State staff. We provide refresher training, or ad hoc training, on applications and processes as requested by the State throughout the life of the Contract. MMA will develop, update, and submit our Training Plan, training completion reports, training participant guides, system and user documentation, and subsequent training schedule to validate that both system/operational changes are effectively managed and appropriately communicated. We recognize the importance of ensuring that MMA staff resources are trained and knowledgeable of AMPP requirements and provide appropriate training.
922	TR9	Training	Training Plan	Vendor shall document and confirm technical training objectives are met as part of the operational readiness checklist and preparations, for current and future system integrations, enhancements, modifications, or changes.				Meets	MMA will document and confirm technical training objectives are met as part of the operational readiness checklist and preparations, for current and future system integrations, enhancements, modifications, or changes. Trainings will occur prior to go-live, and training on specific advanced topics or functionality added to the system will be conducted as needed or requested, including after any update to systems releases and prior to implementation of new functionality. Our Training and Development staff will provide training to State staff prior to the implementation and on an ongoing basis during operations. State staff training is initially provided as a part of the implementation process. Hands-on training is scheduled just prior to go-live to maximize learning retention. Our scenario-based approach to learning ensures a strong understanding of the technical components and tools for the Contract and a level of comfort using the Arkansas Pharmacy Solution. The Training and Development Department can also provide follow-up training for designated State staff, if requested. Refresher training is also provided to ensure that users are made aware of all changes as program requirements, or our systems or processes change.
923	TR10	Training	System, Tools, and Technical Capabilities	Vendor shall utilize dashboards and reporting tools for State-approved training.				Meets	MMA will continue to utilize dashboards and reporting tools for State-approved training. We have the ability to provide both dashboards and training completion reports from the LMS when requested by the State.

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924	TR11	Training	Privacy and Security	Vendor shall provide online training on HIPAA privacy and security for initial system implementation and ongoing operations. If users fail to complete required trainings access to the System must be cutoff.				Meets	MMA provides online training on HIPAA privacy and security for initial system implementation and ongoing operations. If users fail to complete required trainings, access to the system is terminated. We require all workforce members to take HIPAA Privacy and Security training when they are hired. Subsequently, all workforce members are required to take annual refresher training, which includes any updates or changes to the privacy policies since the previous annual refresher training. Additionally, each department incorporates appropriate privacy procedures into new hire orientation training and annual refresher training. Each manager is individually responsible for ensuring their staff is informed and educated on policy and procedure changes and adherence to all privacy standards as required by laws and regulations. We also maintain a Privacy Office as part of the Compliance Department. The Privacy Office is responsible for the content of privacy training. The Privacy Office also delivers targeted training to specific departments that either request additional training or who are directly affected by changes to our privacy policies outside the normal training cycle. Any employee who requests additional training, or whose performance is judged to be out of compliance with PHI Privacy practices, is provided coaching or additional training, as needed.
925	TR12	Training	Training Materials	Vendor shall ensure that training materials are designed to address the specific job functions of the individuals being trained. The State may request specialized training or training material for specific entities not otherwise described in these requirements.				Meets	MMA's Training and Development Department ensures that training materials are designed to address the specific job functions of the individuals being trained. We will work with the State should specialized training or training material for specific entities not otherwise described in these requirements be requested. MMA's approach to training, including training materials, helps learners make connections to their job responsibilities and facilitates the transfer of knowledge to their operational functions. To accomplish this, MMA pinpoints the target audience when developing training objectives for each training initiative. This allows for a better assessment of the potential audience needs and expectations. The audience analysis informs the training priorities and the training objectives that will be central to learning. Collaboration with the State serves to promote dialogue to provide insight into determining the optimal approach, content, and delivery to use for each training group.
926	TR13	Training	Training Materials	Vendor shall maintain and report to the State, the following documentation of participation in facilitated training in the training enrollment and tracking tool: 1. Training course name 2. Trainer's name 3. Date and location of the training 4. The State's identified training invitees 5. Persons participating in the training 6. Persons completing or not completing training 7. Proficiency test results for each trainee, if applicable				Meets	MMA maintains and reports documentation of participation in facilitated training, including all elements listed in TR13, to the State. For example, our Training and Development Department creates a training report after all customer staff training initiatives. Once complete, the report is sent to the Arkansas Account Team and forwarded to the State. Our LMS tool is used for training and education and provides status reporting for MMA and State staff training. Value-added characteristics of the LMS include learning messaging and notification, online course enrollment and tracking, computer-based training, and assessment/testing capabilities. Utilizing the LMS, Training and Development staff tracks and provides confirmation of attendance at all training sessions. To track attendance, we require attendees to complete course sign-in sheets or register online. Training and Development Department staff also document the versions of training materials used for each training session. All documentation, including training materials, are stored in a shared electronic document repository that maintains version control and tracks all changes.

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927	TR14	Training	Training Management	Vendor shall schedule training rooms and maintain appropriate hardware, software, and telecommunications to support the development, maintenance, and presentation of Vendor's training programs and materials.				Meets	The Training and Development Department will schedule training rooms and maintain appropriate hardware, software, and telecommunications to support the development, maintenance, and presentation of MMA's training programs and materials. For example, onsite, hands-on classroom training provides the learner with an environment that includes a designated training location with access to equipment required for training purposes (e.g., computers, projector, etc.), an instructor, and a structured approach to teaching. This training delivery method gives participants the opportunity to exchange ideas with others and learn alongside their peers. In the classroom, participants are removed from day-to-day distractions so they can focus their energy on learning. We also offer VIT which is facilitated through video conferencing. Our VIT is delivered as a hands-on learning experience and is a scheduled webcast/webinar session.
928	TR15	Training	System, Tools, and Technical Capabilities	Vendor shall provide a training enrollment and tracking tool to capture enrollment, scheduling, attendance, class results and reporting requirements. Vendor shall generate training correspondence for users that do not have access to the web portal.				Meets	MMA uses our LMS to capture enrollment, scheduling, attendance, class results, and reporting requirements. Our Training and Development Department will generate training correspondence for users that do not have access to the web portal. Refer to our response to TR13 for additional details about our LMS.
929	TR16	Training	Training Plan	Vendor shall ensure that the annual training plan addresses the following areas: 1. General training 2. Training facility 3. Training staff 4. Training materials 5. State staff training 6. Provider training 7. Computer-based training (CBT) 8. Web-based training (WBT)				Meets	MMA's Training and Development Department will ensure that our annual training plan addresses all areas listed in TR16. Our Training Plan incorporates AME Pharmacy Project-specific training for AMPP stakeholders, including State staff. Training and Development Department staff will be responsible for the State's approved training plan, as well as all training activities needed to ensure efficient, effective business operations related to the Project. We will collaborate with the State to facilitate the development, review, and approval of the final detailed training plan for the new Contract term and will subsequently update the training plan on an annual basis and submit it to the State for review and approval.
930	TR17	Training	System, Tools, and Technical Capabilities	Vendor shall ensure all training tools and classroom instruction/medias are consistent. Vendor shall ensure electronic training modules include proficiency tests. For incorrect answers, the proficiency test must provide the correct answer, include narrative explaining why it is correct, and further direct the user to additional contextual and reinforcement information. Vendor shall ensure specific course tracking for each trainee also be included within the applications.				Meets	The Training and Development Department ensures that all training tools and classroom instruction/medias are consistent. Through our established LMS, proficiency tests are included for internal staff electronic training modules. For incorrect answers, the proficiency test provides the correct answer, includes narrative explaining why it is correct, and directs the user to additional contextual and reinforcement information. MMA's LMS also provides specific course tracking for each trainee. CBT and WBT courses are electronically tracked to provide a transcript for the trainee. The transcript will indicate all attempted and completed courses. Courses are not considered complete until a trainee has successfully passed an assessment at the end of the course. Assessments may include informational questions, scenario-based questions, or in the case of application training, assessments may test the trainee's ability to utilize the application.

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931	TR18	Training	Training Plan	Vendor shall develop and provide a comprehensive training rollout schedule that includes, but not limited to, all the following: 1. Courses offered 2. Training media and/or the training locations 3. Enrollment process 4. Any pre-training course instructions 5. The training materials to be used 6. Any supporting infrastructure and equipment 7. Passwords, log-on, and connectivity to the computing environment 8. All known operations and support procedures for using Vendor provided support resources. 9. The mechanisms to address questions, or resolve issues, including any defects that may be identified during the training courses.				Meets	MMA's Training and Development Department will develop and provide a comprehensive training rollout schedule for the new Contract term. The training schedule will include all elements listed in TR18. For example, we use a blended learning approach that combines self-paced and virtual instructor-led components and identifies potential prerequisites to any training session. This includes developing a plan for how trainees can fulfill the prerequisites. We have established processes in place to measure the skills sets of future solution users. MMA will also work with the State to ensure that all groups have access to systems and ensure that all subsequent training considerations are followed. The Training and Development Department will provide the State with drafts of the training schedules, as well as training plans and evaluation questionnaires, for review, feedback, and comments. These documents will be provided to the State at a mutually agreed upon time frame prior to the scheduled training session. The State will review the training schedule and materials and provide feedback to the MMA Training and Development Department. We will make all necessary changes or additions to the training schedule and documents and provide the final version to the State prior to the scheduled training session that would be impacted.
932	TR19	Training	Training Management	Vendor shall begin educating prescriber and providers within forty-five (45) calendar days from the Vendor's system go live date.				Meets	MMA will provide prescriber and provider educational materials related to any enhanced/new functionality for the new Contract term within 45 calendar days from Contract start date. As the current AME Pharmacy Contractor, the provider and prescriber communities are familiar with MMA and our current processes; therefore, we anticipate that this educational effort will be minimal. We will update our Arkansas Provider Training Manual which covers all aspects of the PBA system and PA processes and encompasses any changes made that may affect claims processing and PAs. All provider communications, including the Provider Manual, are maintained and distributed to the provider community via appropriate communication channels. We also post provider information, such as provider bulletins, to our Arkansas AMPP Web Portal. We will submit the Provider Manual and training materials to the State for review and approval prior to publication to the website. Revisions are made to the manual, as needed, throughout the life of the Contract.
933	TR20	Training	Training Materials	Vendor shall ensure the manuals used in the training must include, but are not limited to, procedural information, modules used for evaluating therapeutic problems, and therapeutic criteria, at the Vendor's expense.				Meets	We will continue to ensure training manuals include procedural information, modules used for evaluating therapeutic problems, and therapeutic criteria, at the MMA's expense. Training provided to our Help Desk staff is based on the same information included in the Provider Training Manual. Training materials will reflect the information in the Manual regarding claims processing, PAs, therapeutic problems, and criteria.

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934	TR21	Training	DUR	Vendor shall educate the Providers using oral, face-to-face, mail, email, fax, or telephone communications when the patterns demonstrate clinically inappropriate prescribing or dispensing practices based on explicit State and Vendor predetermined algorithms.				Meets	Our Arkansas Account Team facilitates provider education using oral, face-to-face, mail, email, fax, or telephone communications when the patterns demonstrate clinically inappropriate prescribing or dispensing practices based on explicit State and MMA predetermined algorithms. As the incumbent AME Pharmacy Contractor, MMA has established relationships with the Arkansas provider community and visibility within the State as a delegate of DHS to all stakeholders for the AMPP. We will leverage our extensive experience and relationships in Arkansas to develop and implement ongoing communication efforts for the Arkansas Medicaid provider community. Our deep knowledge of the AMPP allows MMA to provide value-added interactions on behalf of DHS, with the goal of enhancing the provider experience. We commit to identifying and targeting communication opportunities with pharmacy providers, and will continue to produce communications that are applicable to all provider types, as well as those that specifically target select provider types and specialties or specific provider groups. For example, we will conduct internal meetings that include MMA managers to identify current issues or proposed changes for the State. This includes the involvement of pharmacy Help Desk staff to target current State-specific issues and/or inquiries that are prevalent in the pharmacy Help Desk (e.g., based on a change, etc.).
935	TR22	Training	System, Tools, and Technical Capabilities	Vendor shall develop, maintain, and provide user trainings for a "front end" user-based interface or web-portal that enables end-users to search and obtain business information efficiently and effectively.				Meets	Our Training and Development Department will develop, maintain, and provide user trainings for a front end user-based interface or web-portal that enables end-users to search and obtain business information efficiently and effectively. MMA will provide training to assist in navigating the AMPP Web Portal so that designated State users can easily access transactional systems (e.g., FirstTrax, MRx Explore, LMS) they are authorized to use. We will continue to support a secure AMPP Web Portal for the State, participating providers, and clients that provides AMPP stakeholders with an interactive, user-friendly environment resulting in a positive experience with appropriate processing capability. The AMPP Web Portal offers a combination of services and static content. Private content on the Web Portal will be accessible through role-based security. Static and dynamic content, as well as downloadable documents maintained on the site, will also be accessible through the hypertext links, drop-down lists, and menus. In addition, MMA will train authorized State users on our Okta UI. Through the Okta UI landing page, authorized users can access designated components of MMA's pre-existing, proprietary pharmacy platform.
936	TR23	Training	System, Tools, and Technical Capabilities	Vendor shall create and post Frequently Asked Questions (FAQs) on the State Medicaid website under the Provider Section, organized, and searchable by topic, as directed by the State.				Meets	The MMA Training and Development Department will compile FAQs into a job aid and post it to the AMPP Web Portal as a resource document. FAQs will be located under the Provider Section, organized, and searchable by topic, as directed by the State. The FAQ document will be updated on a regular basis to provide for maximum benefit to users.

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937	TR24	Training	Training Materials	Vendor shall utilize and develop a training curriculum for the Helpdesk agents, to be reviewed and approved by the State, which enables Helpdesk agents to provide accurate and rapid responses to provider and client inquiries.				Meets	MMA has an established training curriculum utilized for Help Desk agents, that enables Help Desk agents to provide accurate and rapid responses to provider and client inquiries. Our Training and Development Department will present Arkansas-specific training curricula to the State for review and approval. MMA recognizes the importance of ensuring that all Help Desk staff resources are fully trained and knowledgeable of AMPP requirements. We provide new hires a structured combination of presentation, hands-on work, observation, and practice, to ensure excellent, knowledgeable service to our customers. All MMA staff members undergo rigorous training programs to ensure that both the newly hired and existing staff members are fully trained and knowledgeable in their job requirements, including the use of tools, reference documentation, customer service skills, and in the specific job-related performance requirements. MMA maximizes use of web-based training tools for ongoing training maintenance. Our Help Desk management and supervisory staff are trained in performing reviews with all staff to ensure we meet and/or exceed performance objectives for the AME Pharmacy Project. Help Desk staff will continue to receive Arkansas-specific training to ensure compliance with AMPP policies and guidelines.
938	TR25	Training	Staffing Management	Vendor shall provide the staff necessary to meet the training-related requirements specified in the documented contract requirements.				Meets	MMA will continue to provide the staff necessary to meet the training-related requirements specified in the documented AME Pharmacy Contract requirements. Our Arkansas Training Manager, Kimberly Brown, BBA, MEd, supported by additional Training and Development Department staff, as appropriate, oversees all training development activities during implementation for the new Contract term. She develops course curriculum, user manuals, training seminars, 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.
939	WI1	Work Item	Management	Vendor shall create an entry for all work/service items into a State-approved or managed tracking system, within 24 hours of identification. Work/service items may be identified due to a work need, such as Help desk & support, testing, Risk and Issue Management, or by the State.	Yes	Work item entry must be made within 24 hours of notification to the Vendor.	$100 per instance to meet schedule and $100 per each additional day thereafter.	Meets	MMA currently creates an entry for all work/service items into our electronic tracking tool. The data are then provided to the State for entry into the State's JIRA system. All work/service items are entered into our system within 24 hours of identification and are categorized based on specific work needs (e.g., Help Desk and support, testing, risk and issue management, or State identified). Our Arkansas Account Team logs, tracks, and manages work items using our electronic tracking tool. The electronic tracking tool assists MMA in ensuring that all work items have been completed in compliance with the State's quality and timeliness standards. For the new Contract term, MMA will identify opportunities to automate this process so that information from our electronic tracking tool is exported into the State's JIRA system.
940	WI2	Work Item	Tracking	Vendor shall provide the capability to track work/service items, which are defined as: a maintenance task , reference changes, data fix, or other non-systems items. Non-system items include procedural changes, requests for additional training, documentation updates, etc.				Meets	MMA's electronic tracking tool provides the capability to track work/service items, which are defined as a maintenance task, reference changes, data fix, or other non-systems items (i.e., procedural changes, requests for additional training, documentation updates, etc.). Our Arkansas Account Team ensures that all work/service items are captured in the system and correctly associated with State-specified categories. For example, MMA uses the electronic tracking tool to track and report all defects that occur. The system tracks defects, completed work, issue mitigation, and the testing performed to verify a defect has been addressed and corrected. The electronic tracking tool facilitates problem description and identification of root causes and accommodates information about areas impacted by a given defect. This provides enhanced traceability and an audit trail for all changes.

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941	WI3	Work Item	Tracking	Vendor shall schedule work/service item based on the priority level assigned to each and work with the State to establish an agreed upon baseline target and completion dates for each. The State will determine the priority of work/service item failures. Completion dates are determined by date completed. Vendor must respond based on the identified priority. Vendor shall provide resolution or Corrective Action Plan (CAP) within contractual time frames, as defined in Vendor's Contract for Help Desk Support, Maintenance Management Plan, or Business Continuity Plan. 1. Include but not limited to: access request, assistance, questions, system Issue, etc. 2. Priority levels and descriptions are provided below: Priority/Description: a. Priority One: Large business impact/Legislative request b. Priority Two: Impact to a single functional area or multiple users or multiple functional areas c. Priority Three: Questions or Issues with potential high impact or urgency d. Priority Four: Questions or Issues with low impact or urgency e. Priority Five: Items to be scheduled and mutually agreed upon by the State	Yes	Resolve all work/service items within the prescribed following timeframes: 1. Priority Level 1 - less than 24 hours 2. Priority Level 2 - within two (2) business days 3. Priority Level 3 - within five (5) business days 4. Priority Level 4 - within thirty (30) business days.	Two hundred fifty dollars ($250) per calendar day the Commitment Date is delayed	Meets	MMA will continue to schedule work/service items based on the assigned priority level and collaborate with the State to establish agreed upon baseline target/completion dates according to all requirements listed in WI3. To address system issues, MMA has a process for identifying the need for a repair (e.g., incident), requesting support, and categorizing the repair into a priority level of support needed. We use ServiceNow to manage incidents, needed repairs, and associated digital workflows. Levels of support range from urgent P1 –Service Loss, P2 – Functional Loss and Slowness, P3 – Single User Issue and P4–Issue Identified before impact to users. MMA's process includes active and continued resolution activity until the issue is resolved for reported incidents. We will report on systems issues to the State within agreed-upon time frames. The report will contain whether or not the issue is a categorized deficiency, particularly focused on P1 incidents, and, if it is a categorized deficiency, we will adhere to the requirements for corrective action as outlined in the Contract. Our standard performance management processes provide for root cause analysis process improvement plans, as necessary and indicated by performance indicators. If a deficiency is identified, the Arkansas Account Team will work with internal functional areas to perform an analysis to determine the impact of the deficiency and our proposed action plan. They will continue to collaborate with the State to implement the proposed action plan. Deficiencies are reported with a root cause analysis/process improvement plan (CAP) to prevent future reoccurrence. Time frames for process improvements will be mutually agreed-upon and may vary depending on complexity and system impact of improvement.
942	WI4	Work Item	Tracking	Vendor shall maintain all work/service items in a tracking system approved by the State. The tracking system must provide capabilities for workflow, auditing, reporting, and interfacing with other state systems. The system must track, at minimum, the following data elements: 1. Unique tracking identifier 2. Title – Short title 3. Description – Full description of the item 4. Source of identification 5. Status 6. Priority 7. Dates for: Due, Planned Completion, Actual Completion, Planned Release, Actual Release, Override 8. Date and Time of: Creation, status update, record update, closure 9. User Id and Name of: Requestor, record creator, item owner, and last updated by 10.Root Cause, Actions taken, Resolution 11.Categorization fields such as Type, Vendor, Department, System, System Component 12.Identification of related: Requirements, impacted components				Meets	MMA will continue to maintain all work/service items in our electronic tracking tool. Our tracking system provides capabilities for workflow, auditing, reporting, and interfacing with other State systems. MMA's electronic tracking tool includes all data elements as listed in WI4. The electronic tracking tool's documentation screens provide a uniform approach to the classification of work/service items, and explicitly require values that allow for the successful management and reporting associated with work/service items.
943	WI5	Work Item	Tracking	Vendor shall fully document and update each work item in a timely manner to reflect actions, discussion, mitigation, solutions, corrective action, etc., in the State approved format.				Meets	MMA's Arkansas Account Team will continue to fully document and update each work item in a timely manner to reflect actions, discussion, mitigation, solutions, corrective action, etc., in the State-approved format. We will collaborate with the State to ensure that our process for work item documentation, updates, and resolution continue to meet and/or exceed AMPP requirements for the new Contract term.

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944	WI6	Work Item	Reporting	Vendor shall provide reports on work/service items from the approved tracking system for designated State and Vendor staff acting on behalf of the State, for inquiry, ad-hoc, and audit reporting within a State approved timeframe. Please refer to Requirement R27 for penalty.				Meets	We will continue to provide reports on work/service items from our approved electronic tracking system for designated State and MMA staff acting on behalf of the State, for inquiry, ad-hoc, and audit reporting within a State approved time frame. MMA has reviewed and acknowledges the associated penalty as detailed in R27. Our Arkansas Account Team, led by Summer Gatica, has developed and maintains a Ticket Log for the current AME Pharmacy Contract. The Ticket Log is easily searchable, incorporates sorting functionality, and is used as a tool to track and ensure compliance with work/service item completion.
945	WI7	Work Item	Management	Vendor shall participate with the State in weekly meetings to review service item severity, status, and schedule. The frequency of the meetings may be changed at the discretion of the State.				Meets	MMA's Arkansas Account Team participates in weekly meetings with the State to review service item severity, status, and schedule. We will work with the State should the State determine a different meeting frequency. The Ticket Log serves as the basis for our weekly service item status meetings. Ms. Gatica reviews each service item and provides detailed information to the State related to the status of each service item. We will continue to engage in a collaborative dialogue during these meetings to ensure that service items are managed and resolved according to State-specific time frames.
946	WI8	Work Item	Reporting Management	Vendor shall provide reporting of all service items on a weekly basis or as agreed upon with the state. Reporting must provide the following: Status Description 1. All Open / In Process--All Open and In Process Requests including: a. Detail of each request including all identifying information, dates, status, assignments, work completed, work remaining, estimates, etc. b. Work not started or on hold and schedule of when that work will be started and completed. c. Schedule of work in progress showing the age of the request and demonstrating the planned resolution date within agreed plan and contractual SLA/KPI. 2. At Risk or Late--All Open and In Process Requests that are at risk of not meeting agreed schedule or contractual SLA/KPI. a. Detail of each request including all identifying information, dates, status, assignments, work completed, work remaining, estimates, etc. b. Status and reason for delay or non-compliance c. Corrective action d. Baseline planned or SLA/KPI date, revised planned dates (the State reserves the right to approve or deny revised planned dates) 3. Completed summary of all closed service items including description, approvals, and metrics demonstrating				Meets	MMA will continue to provide reporting of all service items on a weekly basis or as agreed upon with the State. Our established reporting incorporates all of the data elements listed in WI8 including service items all Open and In Process Requests, all Open and In Process Requests that are at risk of not meeting agreed schedule or contractual SLA/KPI, and a completed summary of all closed service items including description, approvals, and metrics demonstrating compliance to the baseline schedule and contractual SLA/KPI. Our Arkansas Account Team works closely with internal functional areas, as appropriate, to confirm the current status of each service item. The Arkansas Account Team then documents the status of each request on the Ticket Log and analyzes the completion date to determine impacts to the AMPP. MMA will review our current process with the State during Requirements Review and Validation meetings to ensure that our service item reporting continues to meet and/or exceed the State's expectations.

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947	WM1	Workflow Management	System, Tools and Technical Capabilities	Vendor's system must provide an automated, user-configurable workflow mechanism that responds and adapts quickly to organizational and business process changes, on an ongoing basis.				Meets	MMA's workflow management architecture provides the automated capability for business users to configure business process controls around key areas that produce the most value for the enterprise. As a PBA, many of our key workflows revolve around the adjudication of pharmacy claims and the processing of pharmacy PAs. These two categories of business processes are performed by two different front-end applications, FirstRx for claims and FirstTrax for PAs. To promote the concept of shared services and to increase enterprise efficiency while decreasing risk, these two applications leverage the same workflows on the back end wherever possible. MMA's architecture is designed to maximize shared functionality. System support workflows can be configured by business process specialists. The configurability of our applications allows us to respond quickly to changes in organizational and business processes without programming.
948	WM2	Workflow Management	System, Tools and Technical Capabilities	Vendor's system must link scanned images to workflow records to provide one view of all related material (e.g., images, letters, interactions, and tracking number).				Meets	In the pharmacy environment, the most common place to deal with images in the workflow is PA processing. FirstTrax is the system in which both workflow management and imaging are business processes. The application, through the configured workflow, reacts to the event of receiving a new fax or a scanned image and begins the flow with the resultant data. All images are indexed and assigned a unique tracking number which links them to workflow records. Access to the indexed images is based on the roles and security permissions defined within the imaging solution's domain. Our imaging solution can link scanned images to workflow records to provide one view of all related materials. All documents are indexed and stored within the imaging solution's storage manager. Once in the storage manager, users can retrieve documents based on the indexes within the workflow record. All images associated with that index will be retrievable.
949	WM3	Workflow Management	Reporting Management	Vendor's system must log every step in the process to a database for query and reporting purposes (e.g., employee production reporting, identification of low confidence areas).				Meets	Our imaging solution logs every step in the process to a database for query and reporting purposes. FirstRx tracks every step through claims adjudication process, and FirstTrax tracks the PA workflow. For example, the Notes field provides user IDs and time stamps for every update, showing the progress through the steps for adjudication as well as specific user activity. MRx Explore also tracks user activity in the reporting tool.
950	WM4	Workflow Management	Reporting Management	Vendor shall ensure that the workflow management function supports pre-defined and ad hoc reporting for items such as staff productivity, backlogs, and produce statistics for task-types processed, as defined by the State.				Meets	MMA routinely monitors staff productivity through reports and dashboards generated from the workflow functionality in our call tracking and PA system, FirstTrax. These tracking data are persisted to a database; so, it is possible to produce an ad hoc analysis as well. The output of these ad hoc reports can contain items such as staff productivity, backlogs, and statistics for task-types processed. The streamlined environment of a PBA should not require a large number of task types, and we have defined our business architecture to be lean. One of the benefits of this strategy is that productivity metrics, due to business processes being built around fewer task types, are easier to aggregate and are more meaningful, resulting in a better tuned process overall. Pre-defined and ad hoc reporting are available in MRx Explore.

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951	WM5	Workflow Management	System, Tools and Technical Capabilities	Vendor shall ensure that the workflow management function provides a single workflow management view that allows specific work configurations by business area. The workflow management function must be rules-based and easily modifiable by authorized users.				Meets	MMA's workflow management architecture allows business users to develop business process controls around key areas that produce the most value for the enterprise. We use business workflows that are customized to Arkansas' specific needs. Many of our key workflows revolve around the adjudication of pharmacy claims and the processing of pharmacy PAs. These two categories of business processes are performed by two different front-end applications, FirstRx for claims and FirstTrax for PAs. To promote the concept of shared services and to increase enterprise efficiency while decreasing risk, these two applications leverage the same workflows on the back end wherever possible. Our architecture is designed to maximize shared functionality. Our workflow architecture allows workflows to be modified by authorized users as necessary. This is most often done in FirstTrax. From a graphical user interface, authorized business specialist users may make modifications that result in different paths or different rules being applied to entities as they move through the system. We tightly control and test such changes before they are promoted to production.
952	WM6	Workflow Management	System, Tools and Technical Capabilities	Vendor's system must contain workflow management tools and reporting capabilities for all business processes supported by the Vendor's system. Vendor shall use or interface with the Arkansas Enterprise tools.				Meets	MMA's systems are rules-based, governed by workflow, and fully exposed to our reporting infrastructure. This open architecture allows us to be flexible as the operating environment changes and to be responsive to information requests both internally and externally to our organization. Our flexible, MITA-based environment allows changes in business process to be realized quickly with increased reliability and lower costs of implementation. We currently interface with Arkansas Enterprise tools.
953	WM7	Workflow Management	IAM	Vendor shall ensure the workflow management function provides audit trails.				Meets	Audit trails are implemented throughout the MMA enterprise. For the entities controlled by workflow management, a change history is maintained in the database. This history can be leveraged to show the specific path through any process that a particular entity has taken including the systems and authorized personnel whose interactions with the entity have resulted in persisted changes.
954	WM8	Workflow Management	System and Data Integration	Vendor shall ensure the workflow management function be integrated with imaging.				Meets	Audit trails are implemented throughout the MMA enterprise. For the entities controlled by workflow management, a change history is maintained in the database. This history can be leveraged to show the specific path through any process that a particular entity has taken including the systems and authorized personnel whose interactions with the entity have resulted in persisted changes.
955	WM9	Workflow Management	System and Data Integration	Vendor shall ensure the workflow management function integrate to the DIS.				Meets	MMA's workflow management architecture supports the integration with external entities, including DIS. MMA's SOA architecture dictates that we develop services and place them on our Enterprise Service Bus (ESB) to securely support such functionality in an efficiently manageable way. An example of this integration is the SSO process when users log in and are validated to obtain access to FirstRx, FirstTrax, and MRx Explore.
956	WM10	Workflow Management	System Testing and Certification	Vendor shall ensure the workflow management function supports the ability to run regression testing.				Meets	Regression testing is an important part of the development life cycle for both software and configuration changes. MMA supports regression testing for workflow management changes by providing current data contained in segregated test environments in which our set of regression test cases may be run with no risk to production functionality. Once the regression test cases are validated, then our process allows for the promotion of these configurations to the production environment.
957	WM11	Workflow Management	System, Tools and Technical Capabilities	Vendor shall ensure the workflow management function provides the ability to run historical recreation (playback in step fashion actual rule selection).				Meets	When analysis is being performed on a previously processed entity, it is sometimes necessary to recreate the environment in which the entity was processed. MMA does this by refreshing a test environment with the appropriate backup from production. This allows the entity to be reprocessed in a data context that is identical to that in which it was processed in production, thus allowing an analyst to watch the movement of the entity through the workflow. In production, all rules considered along with their outcome and all data changes are saved in various audit logs in the database. In the case of most analyses, these logs are sufficient to answer the ad hoc questions but it is possible, when necessary, to entirely reprocess the entity in a controlled environment.

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958	WM12	Workflow Management	System, Tools and Technical Capabilities	Vendor shall ensure the workflow management function provides the ability to back-out of implemented changes.				Meets	For the configuration elements such as workflow and rules, the MMA enterprise supports an in-place versioning strategy. This means that when a change is made, the existing version is not deleted but simply made inactive and a copy of that configuration item is created to which the user makes their changes, and which becomes the active item. There are many advantages to this architecture, but one key advantage is the automated roll-back of removed changes. In other words, an updated item may be logically deleted. Doing so triggers the next most recent version to be reactivated which has the desired effect of rolling back a change without having to do any sort of version control activity on the entire configuration database.
959	WM13	Workflow Management	System, Tools and Technical Capabilities	Vendor shall ensure the workflow management function maintains all history, as part of the entire claims history database, for use by the workflow management tool.				Meets	MMA's POS system, FirstRx, maintains a history of all decisions made and steps taken to process a claim and the processor's ID. These are persisted to the database so they can later be used for analysis of both individual claims and of the process in general when the data are taken in aggregate. MMA produces not just an extract, but the entire claim history.
960	WM14	Workflow Management	System, Tools and Technical Capabilities	Vendor shall ensure the workflow management function provides the functionality to support electronic approvals.				Meets	MMA has developed an innovative web-based PA process, using our proprietary MRx Decide clinical decision module which will be implemented for Arkansas, that allows physicians to not only request PAs, but also carry that request through to approval by answering questions based on the official PA criteria. Once the answers to the questions are submitted, the process evaluates the responses and, if the expected values are submitted, generates an electronic approval and inserts the necessary PA rules in the FirstRx adjudication system. This web-based process is HIPAA-compliant and ANSI 278 content-compliant.
961	WM15	Workflow Management	System Testing and Certification	Vendor shall ensure the workflow management function provides the functionality to run a what-if impact analysis.				Meets	MMA supports multiple, fully functional test environments for the purpose of segregating testing and what if impact analyses from the production environment. For example, when mass adjustments of claims are processed a what-if analysis can be run to determine the result of the mass adjustment before it is run. Trial adjudication of claims in FirstRx provides the same what-if impact analysis capability.
962	WM16	Workflow Management	Alerts	Vendor shall ensure the workflow management function supports priorities, security alerts, and multi-routing of tasks including escalation to multiple layers of management.				Meets	Following the agile architectural principle, we build only what is necessary, avoiding unnecessary risk, complexity, and maintenance expense. For high-end functionality associated with workflow management engines, we have implemented appropriately sized versions of each into our processes when the business need dictates. Call Center and PA Process: Our fax imaging solution is integrated within FirstTrax and provides a paperless PA process by creating the fax image, opening a contact record in FirstTrax, and routing the work into the appropriate customer queue. Our telephone system, configured with customer-specific routing, permits efficient management of all calls and staff assignments. CPhTs perform all initial reviews and resolve the majority at first contact and seek assistance from a Senior CPhT or a Registered Pharmacist, as appropriate. Senior CPhTs and Pharmacists have access to Lead Pharmacists and management staff as needed. Batch Interface: Alerts are always sent giving the status of any completed job, including metrics, allowing the health of the interface to be assessed.

PROPOSAL IN RESPONSE TO THE

Arkansas Department of Human Services – Division of Medical Services

RFP 710-24-0013 for
Arkansas Medicaid Enterprise Pharmacy System and Services
Technical Proposal Packet **REDACTED VOLUME II**

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

October 2, 2023

COPY – VOLUME II

System Proposal Exhibits

On the following pages, MMA provides the exhibits referenced in our System Proposal.

Exhibit 1 – Draft Data Conversion Plan

Exhibit 2 – Proposed System Security Plan

Exhibit 1 – Draft Data Conversion Plan

On the following pages, MMA provides our Exhibit 1 – Draft Data Conversion Plan. The draft timeline is provided in Business Proposal *Exhibit 3 – Draft Project Schedule*.

Magellan Medicaid Administration

THIS DOCUMENT HAS BEEN REDACTED IN ITS ENTIRETY

Arkansas Department of Health Services (DHS)

Data Conversion Plan

Version 0.1

September 20, 2023

Exhibit 2 – Proposed System Security Plan

On the following pages, MMA provides our Exhibit 2 – Proposed System Security Plan.

Restricted Information – Requires Special Handling

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FirstRx

System Security Plan (SSP)

Version 0.5

March 20, 2023

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